



Conference on Substance Abuse for Countries of the Western Indian Ocean Region

CONFERENCE REPORT

Sir Harilal Vaghjee Hall, Port-Louis

26 - 28 April 2023



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Acronyms

Chemis	Chemical Management Information System
CROSS	Cellule De Renseignement Opérationnel Sur Les Stupéfiants
DCEA	Drug Control and Enforcement Authority
DOT	Direct Observe Therapy
DUAP	Drug User Administrative Panel
EMCDA	European Monitoring Centre for Drugs and Addiction
EU	European Union
EWS	Early Warning Systems
GIS	Government Information Services
GITOC	Global Initiative on Transnational Organised Crime
GLCA	Government Chemist Laboratory Authority
HIV	Human Immunodeficiency Virus
IBBS	Integrated Biological and Behavioural Survey
INCB	International Narcotics Control Board
IOC	Indian Ocean Commission
LDAC	Local Drug Action Committees
MASE	Maritime Security
MDMA	Methylenedioxymethamphetamine
MoHW	Ministry of Health and Wellness
MS	Member state
MST	Methadone Substitution Therapy
NDCMP	National Drug Control Masterplan
NDO	National Drug Observatory
NEP	Needle Exchange Programme
NFP	National Focal Point
NGO	Non-Governmental Organisation
NPS	New Psychoactive Substances
OFASST	Office Anti-Stupéfiant

OST	Opioid Substitution Therapy
PCP	Phencyclohexyl Piperidine
PEN	Pre Export Notification
PSAF	Provisional Substance Abuse Forum
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
RCOC	Regional Coordination Operation Centre
RDO	Regional Drug Observatory
Reitox	Réseau Européen d'Information sur les Drogues et les Toxicomanies
RMIFC	Regional Maritime Information Fusion Centre
SACENDU	South African Community Epidemiology Network on Drug Use
SADC	Southern African Developing Countries
SOP	Standard Operational Procedure
TANCIS	Tanzania Customs Integrated System
THC	Tetrahydrocannabinol
TMDA	Tanzania Medicines and Medical Devices Authority
UNICEF	United Nations International Children Emergency Fund
UNODC	United Nations Office for Drugs and Crimes
VOI	Vessel Of Interest
VTMIS	Vessel Traffic Monitoring & Information Systems
WIO	Western Indian Ocean

1. Executive summary

The Representatives of Comoros, Djibouti, France/Reunion, Madagascar, Republic of Mauritius, Seychelles, Kenya, Tanzania, and South Africa, regrouping coastal and island states the Western Indian Ocean, as well as the General Secretariat of the Indian Ocean Commission, met in Mauritius on 26-28 April 2023, under the auspices of the Government of Mauritius. Were also present the Regional Maritime Information fusion Centre, the Regional Centre for Operations Coordination of the WIO region, the European Union, and the United Nations Resident representative, as well as various institutions and non-state actors of Mauritius. The opening ceremony was done by the Hon. Pravind Kumar Jugnauth, Prime Minister of Mauritius in the presence of Ministers and other eminent personalities. He expressed the commitment of the Government of Mauritius in the fight against the scourge of drug in the country. Country presentations regarding the drug situation, gaps and challenges and responses and the way forward were made by representative of each country of the coastal and island states of the Western Indian Ocean. Panel discussions were held following the country presentations. Following discussions during the different group work and deliberations in the plenary sessions as well as the visio conferences by representatives of the European Union, the following salient points were highlighted:

- The Western Indian Ocean region is at a crossroad in addressing the drug problem with an upsurge in the volumes of drugs trafficked within and through the region;
- The drug market is intricately interconnected in the region, linked mostly by the maritime routes; – As such, the region is experiencing rapidly rising consumption;
- The serious social and health consequences of drugs and substance abuse on individuals, including drug overdose and related death, HIV and AIDS, as well as the threats from drug trafficking on the social equilibrium, the security and stability of the States and the Region; and
- The diversification of drug consumption and trafficking through the region is of significant concern, and that the widespread synthetic cannabinoid use is already causing significant public health, social problems and disrupting family lives in the affected countries and is a serious threat.

The representatives of different countries of the region expressed their interest to establish a regional cooperation framework to address illicit drugs and substance abuse. The aim is to synergize the efforts, to seek a common approach and exchange of best practices, to reduce demand for drugs (through prevention, treatment, rehabilitation, and aftercare) and tackling the consequential damages associated with illicit drugs and substance abuse, and to fight against drug trafficking for preserving peace and stability of societies of the States.

Representatives acknowledged that National bodies responsible for coordinating drug response in charge of the fight against Drugs must reinforce their cooperation by establishing a regional network of contact points in all countries.

The conference encouraged countries in the region to set up an institutional framework where non existing, and to develop and implement their national drug strategy and/or action plans with clear monitoring and evaluation framework.

It was also recommended that the respective national agency responsible for drug response to meet and discuss a way forward for promoting regional cooperation, dialogue and exchanges against drugs and substance abuse and the establishment of a Regional Drug Observatory.

The participants thanked the government of Mauritius for organizing this conference and for their hospitality.

2. The background

The Government has taken a firm commitment to counter the threat posed by drug trafficking and drug abuse in Mauritius to national security and public health and to come forward with practical measures to protect the well-being of its people. To respond to drug trafficking, substance abuse and related matters, a National Drug Control Master Plan (NDCMP) has been developed in collaboration with line Ministries, Non-Governmental Organisations (NGOs), Civil Society and the Private Sector¹.

The drug threat to Western Indian Ocean countries.

The countries of the Western Indian Ocean (henceforth termed as the region) are not exempted from the multi-dimensional threat posed by shifts in drug production and trafficking and have been drastically impacted. While the dynamics of illicit drug markets are shaped by a range of domestic as well as exogenous factors, the region is rendered vulnerable by its proximity to a combination of major heroin trafficking and growing regional methamphetamine and cocaine routes. Several major maritime flows feed the drug markets (together with a few smaller flows by sea and air). In the first, heroin is trafficked to transshipment points on the East African seaboard, including Kenya, Tanzania, and Mozambique, before being later transported to Madagascar, Mauritius, and the Seychelles. The countries on the Eastern African coast are no longer only a transit route for drugs but also a destination point. Since 2015, drugs trafficking to and through the western Indian Ocean Islands has not only materially increased but also diversified. Long-standing heroin flows have been joined by a flood of synthetic cannabinoids, which have fundamentally disrupted drug markets¹

Health and Social consequences of drug use.

The region unfortunately bears the burden of the negative impacts of the drug scourge by infusing considerable resources at different levels to respond to the drug threat. The health consequences of drug use include a range of negative outcomes such as drug use disorders, mental health disorders, HIV infection, hepatitis-related liver cancer and cirrhosis, overdose, and premature death. The greatest harms to health are those associated with the use of opioids and with injecting drug use, owing to the risk of acquiring HIV or hepatitis C through unsafe injecting practices. Furthermore, the toll of drug use on the families and the society is inestimable in terms of financial cost due to loss of days of work, the health cost to implement the different programmes for treatment, care, and support to people who use drugs, the social security programmes to support families, resources related to law enforcement to minimise trafficking and ensure security and safety.

Projection on future trends of drug use in Africa.

Trends in drug use is difficult to forecast as they are determined by a multitude of factors. However, the size and composition of the global population are perhaps the only elements that can be easily considered to anticipate the global extent of drug use in the future. Assuming no change in the global prevalence of drug use, considering solely the projected increase in the global population would result in the global number of people who use drugs rising by an estimated 11 per cent, to 299 million people by 2030. This projection² is purely a reflection of population growth. As a result of its projected population growth and relatively young population, Africa is likely to be particularly vulnerable to an increase in the number of people who use drugs by 2030. Africa is also forecast to have the largest population growth of any region over the period 2018–2030 and thus appears to

¹ Source: GITOC Changing Tides

² Source: World Drug Report 2022

be particularly vulnerable to an increase in the number of people who use drugs in the next decade, merely because of population growth.

Regional annual/biennial forum on drug use for countries of the western Indian Ocean.

Mauritius has always been at the forefront in taking initiatives to deal with drug trafficking comprising Supply Reduction efforts as well as coming forward with appropriate health-oriented responses to reduce demand for drugs through targeted Prevention programme, Harm Reduction Services and other Detoxification and Rehabilitation programme for People Who Use Drugs. In fact, Mauritius was the first country in the African Region to come forward with Harm reduction Programmes namely the Methadone substitution therapy and the Needle Exchange programme. Mauritius is also quite up to date with evidence-based data by conducting regular surveys among people who inject Drugs and recently with a National Survey among People who use Drugs and through the establishment of a National drug Observatory which provides an annual report. The expertise in the field of the Forensic Science Laboratory is another major asset for the country which contribute in an efficient response to drugs by providing valuable scientific information. Even if every country/Island has its own vulnerabilities, the challenges faced by the countries of the Indian Ocean are quite like some extent and there is no doubt that there is need to deal with the use of drugs in a collaborative manner. Guided by the African Union Plan of Action 2019-2023, the UNGASS outcome document 2016, it is felt that the setting up of a regular consultative forum for the islands of the Indian Ocean through holding of a regional workshop on substance abuse every 1-2 years with participation of the different countries of the Western Indian Ocean.

This report aims at imparting the proceedings, deliberations, and recommendations of the three days conference held from 26 to 28 April 2023 which included nine countries namely Union of Comoros, Djibouti, France/Reunion, Kenya, Madagascar, Mauritius, Seychelles, South Africa and Tanzania.

3. Overall aim

The Conference, the first of its kind in the region, aimed at providing opportunities to the Western Indian Ocean countries and region to exchange and share experiences on addressing the challenges related to drugs and substance abuse and discuss collective way forward.

4. Specific objectives of the conference

More specifically, the Conference aimed at the following specific objectives:

- (i) To discuss and assess the drug situation and drug dependence in the countries of the region;
- (ii) To reflect on drug related cross cutting issues including all drug response strategies namely, supply reduction, harm reduction and demand reduction;
- (iii) To set up system to strengthen sharing of information and intelligence (including the Maritime Security Architecture for the WIO) through a formal network to combat drug trafficking in the region;
- (iv) To review measures used in prevention, treatment, and rehabilitation and to identify the most practical approaches to treatment and rehabilitation;
- (v) To identify and review practical approaches to manpower development;
- (vi) To examine and set up mechanisms through a regional strategy for co-ordination and collaboration within countries and between countries in the region; and
- (vii) To explore the feasibility of the setting up of Regional Drug Observatory (RDO).

5. Expected outcomes

Formulation of a common strategic document to respond to Drug trafficking and Substance Abuse based on three pillars are expected at the end of conference:

- (a) **Enhancing Knowledge and capacity**: Better understanding of the national situation regarding drugs traffic and substance abuse in the WIO region, the relating preventive and management of programmes and mechanisms, including the MASE.
- (b) **Setting up of Networks for collaborations**: Setting the conditions to build networks among experts and establish a framework for regional cooperation in the domain.
- (c) **Common strategic document**: Outputs paving the way for the formulation of a regional strategy enabling collective actions and identification of key elements for practical collective cooperation actions.
- (d) **Regional Drug Observatory**: Outputs paving the way for the formulation of a monitoring tool on the ever-evolving drug and substance abuse in the WIO.

6. Organisational Process for the conference

A series of consultative meetings were held under the chairperson of the Permanent Secretary of the Prime Minister's Office with officials of the Ministry of Foreign Affairs, the IOC and the National Drug Secretariat to start the groundwork and planning of the conference. Several Sub-committees were set up namely: (i) Technical committee, (ii) logistics and transport and (iii) travel and accommodation for foreign delegates.

This was followed by a series of meetings with officials from line ministries and departments for the overall organisation of the conference.

A consultancy service was hired by the IOC to draft a common strategic document to be submitted for discussion in the different working groups during the conference and to finalise the document following the group works. The consultancy also included a proposal to be made with regards to the feasibility of a RDO.

The Coordinator of the National Drug Secretariat and his team coordinated the operational organisation of the conference.

7. Venue and Agenda

The conference was held at the Sir Harilal Vaghjee Hall, New Government Centre, Port Louis, Mauritius and lasted for three days. The agenda of the conference is at Annex 1 . The conference was covered by local media and the opening ceremony is available on the GIS website on the link: <https://gis.govmu.org/SitePages/Index.aspx>

8. Participants

Invitations were launched to nine countries of the western Indian ocean through the diplomatic channel requesting the respective authority to delegate participants for the conference. A total of 33 delegates from the 8 countries of the western Indian Ocean and 41 from Mauritius including 2 from Rodrigues participated in the conference. The Mauritian participants were mainly from government institutions and NGOs concerned with drug trafficking and drug demand reduction

programmes. The names of participants, designation and institutions, organisations and agencies are at Annex 2.

9. The Opening Ceremony

Official opening of the conference was marked by the presence and keynote address of the Honourable Prime Minister of the country who also chairs the High-Level HIV and Drug Council. Several Ministers and other eminent personalities also attended the opening ceremony.

Mr Vêlayoudom Marimoutou- Secretary General of the Indian Ocean Commission (IOC) outlined that the IOC is fully committed towards its Member States and other countries in the region who believe in the relevance of regional mechanisms in the fight against drug trafficking. He stressed on the need to develop a strategy with a long-term horizon, with the implementation of an appropriate, autonomous, stepwise, and sustainable regional cooperation mechanism to create deterrence against drug trafficking.

The Secretary General stressed on the importance of strengthening the fight against drug trafficking and drug consumption in the region of the Western Indian Ocean and the need to work collaboratively against the challenges that member states (MS) are facing. The consequences of drug trafficking are numerous, and he elaborated on the “route du sud” (south maritime corridor/route) and the establishment of a surveillance programme of fishing vessels within the region of the Indian Ocean with the collaboration of European Union (EU). He reiterated his appeal to delegates of MS present to draw maximum benefit from this platform and also to facilitate the process for the development and adoption of common strategies to counter drug trafficking and its impact in the Western Indian Ocean Region.

Honourable Alan GANOO, GCSK, Minister of Foreign Affairs, Regional Integration and International Trade and Minister of Land Transport and Light Rail also addressed the audience, that Mauritius was the first country in Africa to come forward with harm reduction programmes, namely the methadone substitution therapy and the needle exchange programme. He also recalled that the Dangerous Drugs Act has been amended to consolidate the country’s legal framework as far as drug abuse is concerned.

The Minister highlighted the challenge faced by the Law Enforcement agencies with regard to the surveillance of the vast maritime zone which favours the illicit drug trade. He also mentioned the two regional agreements signed for Marine Security which led to the foundation of the Maritime Regional Information Fusion Centre in Madagascar and the Maritime Regional Operational Centre in Seychelles with the support of the IOC and funding support from the EU.

The Minister further announced the hosting of the third Ministerial Maritime Committee during the course of the year and that discussion was ongoing on the establishment of a regional investigating prosecution platform to provide judicial responses to maritime crimes, including drug trafficking. He concluded that in the field of regional cooperation, Mauritius shares its expertise and best practices on narcotic testing with the Seychelles and that the construction of a new complex to house the state of art National Forensic Science Laboratory testifies the determination of the government to address the issue of drug trafficking and drug addiction in a comprehensive manner.

Honourable Pravind Kumar Jugnauth welcomed participants from the neighbouring countries which according to him shows the commitment of their respective government to deal with the drug issue in a collaborative manner. The illicit drug business transcends boundaries and knows no borders and no rules. He pointed out that regional organisations are being increasingly called upon to play

a prominent role in dealing with the drug issue. Besides demand reduction and supply reduction, efforts should be also geared towards rehabilitation of drug addicts which is easier said than done. Willingness, determination and an open mind are essential to deal with the drug issue.

In order to eradicate the menace of drugs, it is imperative to formulate the right policies and that appropriate measures are implemented. The onus to crack down on dealers and disrupt the supply of illicit drugs is on political leadership, he said. Mauritius was the first country to introduce Harm reduction programmes, namely the Needle Exchange Programme (NEP) and Methadone Substitution Therapy (MST).

A National Drug Observatory (NDO) is also fully operational and publishes a report annually. He further pointed out that in Mauritius, a National Drug Secretariat has been set up as an apex body under the Prime Minister's Office to coordinate and monitor implementation of all activities with the different stakeholders involved in the field of supply, demand and harm reduction. The National Drug Secretariat reports directly to the high-level HIV and Drug Council which he personally chairs.

The Prime Minister stressed on the need of reliable data and intelligence to be able to fight the drug scourge. The implementation of a regional neighbourhood watch is very desirable, he added. It is high time to deal with the drug scourge collaboratively. Capacity building, in terms of training and knowledge, is an important component in the fight against drug. The Workshop on Forensic Science with participation of representatives from Southern African Developing Countries (SADC) in August 2022 is a vivid example of Regional Cooperation.

The Honourable Prime Minister also elaborated on the paradigm shift in the field of treatment and Rehabilitation of drug users in Mauritius with the setting up of the Drug User Administrative Panel (DUAP). This initiative is in line with the resolution of the United Nations, which recognises and defines drug addiction as a disease requiring treatment rather than punishment. The Prime Minister thanked the IOC for its support in this endeavour and wished the delegates fruitful discussions before declaring the conference opened

In his address, Honourable Pravind Kumar Jugnauth, Prime Minister of Republic of Mauritius highlighted that this Conference should develop the necessary framework and strategy for a coordinated response to the drug scourge. This platform, he stated, should also help to establish networks for information sharing, as the availability of data related to drug trafficking is an essential prerequisite in the fight against the drug trade. He thus exhorted participants to look at all the potential areas for further collaboration and knowledge sharing. The Prime Minister remarked that the presence of participants from various countries bears testimony to their respective governments' commitment to tackle the drug issue. The illicit substance business, he pointed out, transcends all boundaries and countries of the region need to strengthen their collaboration to be more effective in combatting drug trafficking.

Furthermore, the Prime Minister stressed on the need for a participatory approach of all key stakeholders to deal effectively with the drug issue, which includes the Government Officials, law enforcement agencies and health personnel to Non-Governmental Organisations (NGOs) and the public at large. He reiterated that Government is committed to eradicating the menace of drugs and would ensure the formulation and implementation of the right policies and appropriate strategies. Moreover, he emphasised on the need to develop a neighbourhood watch system at regional level of the Western Indian Ocean region. He also seized the opportunity to provide details on the role of the National Drug and HIV Council, the National Drug Secretariat, and the Drug Users Administrative Panel, while reminding that the National Drug Observatory was fully operational.

10. Overview of Drug Trafficking and Substance Abuse situation in the countries of the Western Indian Ocean Region- Country Presentations

Countries presentations include those of Comoros, Djibouti, Kenya, Madagascar, Mauritius, Mozambique, Seychelles, South Africa, and Tanzania. The countries presentations gave an overview of the national challenges around the substance abuse and addiction, and the national mechanism implemented for the fight against drugs. They highlighted the needs to:

- draft a national framework based on four strategic pillars as national response (supply reduction, demand reduction, harm reduction, coordinating mechanism & monitoring and international cooperation),
- establish coordinated mechanisms between institutions at every territorial level (continental, regional, national, local...)
- consolidate supply reduction strategies,
- consolidate intersectoral and multisectoral collaboration and understanding of addiction,
- consolidate harm reduction and treatment with focus on families and young people,
- mobilize an interministerial strategy against addictive behaviours,
- consolidate prevention with a focus on families and young people,
- establish or strengthen the national drug observatory,
- intensify training and human resource development to address addiction prevention, treatment, and rehabilitation.

(i) Union of Comoros

Responses

To fight against the scourge of drugs, Comoros has ratified various international laws and conventions of the United Nations. Measures taken and types of drugs Measures taken by the Government include the amendments of the Penal Code for criminalisation of illegal activities related to drugs, strict surveillance of the customs and reinforced surveillance by coastal guards. Comoros islands is being used as a transitional site for drug trafficking. Cannabis is the most common drug consumed and trafficked from Madagascar and countries of the East African Coast. Some cultivation of cannabis and sporadic cases of heroin have been noted in the country. Cocaine is also present in the country but the island is used more as a transitional point to other countries. Synthetic drugs have also been introduced in the country and recently a new drug named “La Flakka” has appeared on the drug market. The use of synthetic drugs is creating havoc in the country among vulnerable groups and there is no specialised treatment facility for drugs.

Substance	2021	2022
Cannabis	1 ton	410 kg
Cocaine	500g	1 kg
Heroin	3 kg	500g
Synthetic Chimique	47 kg	7kg
Unspecified	-	900 kg
La Flakka	-	67 kg

Seizures of drugs in the Union of Comoros

The major recommendations proposed are:

- sensitisation programmes;
- treatment facilities;
- employment programme for young people;
- establishment of forensic facilities;
- law enforcement;
- establishment of a network for sharing of information with partners of the western Indian ocean; and
- setting up of a platform for prosecution of drug traffickers outside jurisdiction of the island.

(ii) Djibouti

The significant spread of drug abuse has been a major factor for social problems and disruption of living conditions of different categories of people, particularly young ones, in the Republic of Djibouti. The Republic of Djibouti is a small country in the horn of Africa. Its geographical location, with its four land borders and six seaports increases its vulnerability to narcotics drug trafficking, mainly cannabis and stimulants. The route for the entry of Cannabis and stimulants are by land while the entry point for heroin and cocaine is mainly by maritime route.

Year	Substance	Quantity
2016	Cocaine	500 kg
2018	Cannabis Herb	280 kg
2019	Cannabis Herb	350 kg
2022	Cannabis Herb	120 kg

Drug seizures in Djibouti

75% of fatal or serious road accidents, violence, homicide, and damage to property have been mostly caused by people who have taken drugs or are in dealings with drug traffickers.

In the fight against drug in the country, the following measures have been put in place by the Police Force, namely the Forensic laboratory, Cynophile Brigade (Dog Section) and the Drone Brigade to trace out drug traffickers and carriers near borders or mountainous regions. To further address the drug scourge, prevention and awareness sessions have been carried out with in school youth, advocacy during inter-ministerial meetings, and awareness sessions with leaders of the community and parents.

(iii) Madagascar

Madagascar is a very vast island with 25 million inhabitants. The country has been exposed to the drug scourge during the past years as other neighbouring countries. It is a major transit point for drug trafficking.

The country is facing a proliferation of drugs on the local market with a significant increase in the number of drug users, resulting into an increase in crime rate.

The 'Law No. 97 -039 on the control of narcotic drugs, psychotropic substances and precursors of 4 November 1997 and Carnet Souche' is the legal framework for the fight against illicit drugs.

Illicit drugs enter the country either by sea through containers for import or export and by air through passengers and freight. Cannabis, heroin, and cocaine are predominant among the seizures conducted and a significant increase in seizure of cannabis has 11 been observed from 2021 to 2022.

Other seizures are seeds of cannabis, cannabis plants, marijuana, amphetamine and methamphetamine, ecstasy, and crack.

The age group of health seekers with dependence on drugs in the health care centres range mainly from 16 to 22 years and types of drugs commonly used are cannabis and heroin. Relapse rate is also high among drug dependents. A lack of resources to treat cases of substance use disorder in hospital settings is strongly felt. Strategies

A national action plan has been elaborated to fight against drug abuse with four strategic objectives:

- (i) legislation and institutional framework;
- (ii) prevention;
- (iii) care and support; and
- (iv) research and capacity building.

Implementation of the national action plan will need the establishment of a coordinating body including all actors involved in the fight against drug, concrete operational plans of the strategies, equipment for laboratory services, drug detection kits and capacity building.

(iv) France/Reunion

Reunion Island is an overseas department and region of the French Republic, of 2512 square kilometres and a population of 868,800 inhabitants. 42% of the population are under 30 years old.

Cannabis/Zamal is the mostly used illicit substance. The THC level in Cannabis/Zamal seized have been found to be relatively higher. There has been a significant increase on both the number of seizures and consumption of cocaine, MDMA, Ecstasy and new synthetic products.

Substance	Amount
Cannabis	241 kg
Cocaine	17.8 kg
Ecstasy	50 kg
Artane/Ritrovril	16,000 tablets

Drug Seizures in 2022 in France/Reunion

To date, the use of heroin is negligible. The new challenges are related to appearance of new psychoactive drugs (chimik) – vaping devices and cocaine.

Treatment, Care and Support Services

Care and Support Services related to drug addiction are as follows: (i) four teams specialised in addiction (ELSA); (ii) one specialised clinic in addiction; (iii) 5 centres for care and psychosocial support and prevention; (iv) one harm reduction unit for injecting drug users; and (v) consultation services for young drug addicts.

Coordinating Mechanism and Strategic Plan

The Inter-ministerial Mission for the fight against Drugs and addiction under the aegis of the Prime Minister co-ordinates the drug response with the line ministries (Health, Interior, Justice, Education) and oversees the implementation of the Interdepartmental Strategic Document against addiction (2023-2027). This document comprises strategic priorities – limiting accessibility to alcohol and

tobacco premises, reducing alcohol and tobacco use among youth, improving patient care and reducing crime and drug trafficking.

Funds to the tune of 1,250,000 Euros has been mobilised for activities against addiction under four key areas:

- Prevention among young vulnerable youth;
- Sensitisation and promotion of protective factors;
- assisting local authorities to develop policies against drug use and prevention; and
- Care, support and harm reduction for People Who Use Drugs (PWUD).

Supply Reduction Measures

To counter drug trafficking and drug use, law enforcement services have been mobilised through the establishment of Anti-drug unit (OFAST) and Intelligence Unit (CROSS) and mobilisation of the customs services. Entry of drugs have been mainly by Air and mail.

Way Forward

Reinforce regional cooperation to counter drug trafficking in the western region of the Indian Ocean.

(v) Republic of Seychelles

The Republic of Seychelles comprise 115 islands with an exclusive economic zone of 1.4 million km².

Around 100,000 inhabitants live on the three main islands and around 250,000 tourists visit the country yearly.

Drug Use and Seizures

Consumption of alcohol forms part of the folklore of the country. Seychelles is both a transit market as well a destination market for drugs. Commonly used drugs are heroin, and MDMA among others. Illegal drugs enter the country either by the sea route or air. It is estimated that around 10,000 people abuse substances, alcohol and tobacco in the country.

It is also estimated that around 5.6 % of the population (5,000- 6000) are addicted to heroin.

Substance	Amount
Ecstasy	5,600g
Cocaine	7230g
Heroin	4.0 kg
Cannabis	155 kg
Cannabis Plant	2,406 kg

Drug Seizures in 2021 in Seychelles

National Drug Control Master Plan and Strategies

To curb down the trends of illegal drug use, a National Drug Control Master Plan and Strategies (NDCMP) Plan 2018 – 2023 has been elaborated based on three strategies:

(i) Supply reduction.

The main actors for the supply reduction are the civil law enforcement and police forces, coast guards and customs. However, the surveillance of the extensive maritime zone is a challenge to the supply reduction teams.

(ii) Demand Reduction

Line ministries and private sector are agencies for the implementation of activities under the demand reduction.

(iii) Harm Reduction

The Harm reduction programme targets about 2500 to 3000 drug injecting users and offers a comprehensive package which includes Opioid Substitution Therapy (OST) targeted information and education, counselling, promotion of condom use and distribution of needles and syringes. Services are offered by a pool of trained and dedicated personnel.

Ownership of all stakeholders involved in the development of the national plan allows the implementation of intervention elaborated therein. But low community support, stigma and discrimination are barriers to the utilisation of harm reduction services.

Medical Cannabis

The Misuse of Drug Act was amended to allow prescription of cannabidiol by trained medical practitioners. A new association has been created in 2022 to advocate for the legalisation of cannabis for recreational and medical use. A National Observatory has been set up in 2022 to share information on illegal drug use with local and international agencies.

Recommendations

Several recommendations have been put forward:

- Drafting of a new NDCMP Plan for 2024 – 2028;
- Consolidating supply reduction strategies;
- Strengthening of the NDO; and
- Capacity building to address addiction, prevention, treatment, and rehabilitation.

(vi) Republic of Mauritius

Drug Use

The history of drug use in Mauritius dates back even prior to 1960's during which period locally grown cannabis was the main drug of consumption. The 1970s is considered as the turning point with regard to the drug landscape with the introduction of mandrax and opium which was available in smoking dens of the urban regions. Brown sugar and heroin became available by late 70s and early 80s. The method of intake of heroin started to change from sniffing to injecting mode. The injecting drug use largely contributed to the spread of HIV among PWIDs in the early years of the new millennium. This prompted the 15 authorities to introduce harm reduction measures to curb

the HIV epidemic. As from 2013 onwards another drug related challenge emerged in the form of synthetic drugs.

Two sets of data were used to describe the drug situation in Mauritius namely:

- service data, which consists of drug demand reduction data such as drug related admissions and attendances at health service points provided by Ministry of Health and Wellness (MoHW) and NGOs as well as drug supply reduction data from law enforcement agencies; and
- The second set of data was based on the findings of the survey conducted among PWUDs in the year 2021.

Findings of the Survey Report among PWUD

A Survey on People who use drugs was conducted in 2021. The population size estimate for People Who Used Drugs (PWUD) excluding injectors is around 55,000 with a prevalence of 7.4% in the age group of 18 to 59 years (PWUD survey 2021). The population size for People Who Inject Drugs (PWID) is estimated to be around 10,000 to 12,000 as per the Integrated Biological and Behavioural (IBBS) Survey in 2020. Five IBBS surveys have been carried out between 2009 and 2020 among PWUD.

87% of PWUD are male and 13% are female and over 75% are between 18 and 39 years. 8% of PWUD are above 50 years of age.

The findings of the report also show that heroin was used by 63% of PWUD, Cannabis by 61%, Synthetic drugs by 57%, cocaine by 0.9% and 21% used prescription drugs which indicates the poly drug use nature of PWUD in the country. 11% of PWUD consumed exclusively cannabis.

In so far as the age of initiation to drug is concerned 50% of PWUD consumed their first dose of cannabis when they were between 12 and 17 years old. 62.7% of PWUD were aged between 18 and 24 when they first consumed other substances namely heroin, synthetic drugs or prescription drugs.

Service Data – Drug Demand Reduction Data

The number of admissions due to complications following drug use in public hospitals which was roughly around 300 before 2013 increased significantly post 2015 and is currently around 900 per year. The presumed illicit substance consumed by those who were admitted in 2021 were new psychoactive substances (62%), opioid (31%) and cannabis (6%).

At the level of the addiction units which offer outpatient services to PWUD, in 2021, out of the 1368 new cases, 72% were due to heroin consumption, 10% for new psychoactive substances, 16% were related to use of unidentified substances and only 2% for cannabis consumption.

The number of beneficiaries currently accessing the MST is around 8000.

2375 new cases have attended NGOs in 2021 with heroin being the main drug of concern 68%.

Drug Supply Reduction Data

The drug offence rate per thousand inhabitants was 4.8% in 2021 indicating a quite stable trend for the past fifteen years. Out of the 4826 cases of drug offences in 2021, 45% were concerned with cannabis, 22% with synthetic cannabinoids and 26.3% with heroin.

The National Response - National Drug Control Master Plan

In response to Drug trafficking and Substance Abuse, the country stands guided by the NDCMP 2019 – 2023 and rests on four strategic pillars which are:

- (i) Drug supply reduction which encompasses laws, tracks drug related financial crimes and prevents entry of drugs at entry points, sea port or airport and around the island;
- (ii) Demand reduction – that includes prevention, treatment and rehabilitation and other support services provided by the MoHW and by NGOS;
- (iii) Harm Reduction – MST and NEP; and
- (iv) Coordinating mechanism, Monitoring and Evaluation.

Way Forward

- In terms of drug trafficking there is a zero-tolerance policy adopted by the authorities.
- Concerning drug demand reduction, the policy has been reviewed and the government has introduced a new set up through the DUAP, to divert PWUD from the judicial system towards treatment and rehabilitation programmes.

(vii) Tanzania

Tanzania is considered as a transit point for heroin in the western Indian ocean Region. The country's coastline which stretches for more than 1400 kilometres offer 17 opportunities for the entry of drugs on its territory.

The southern route is the preferred option for drug traffickers and the country serves as a transit point for drug markets in other destinations. Small quantities of drugs also penetrate on the local market.

Drug Enforcement Agencies

The Drug Control and Enforcement Authority (DCEA), Tanzania Police Force and other security organisations are the enforcing agencies for drugs control in the country. The Tanzania Medicines and Medical Devices Authority (TMDA) and Government Chemist Laboratory Authority (GLCA) are regulatory bodies, and they provide registration, certification and control of all pharmaceutical products. The DCEA is the body which is responsible for defining, promoting and coordinating and implementing all measures regarding control of drugs, drug abuse and drug trafficking.

Preventive Measures

Drug trafficking and Drug addiction in Tanzania is dealt through four strategic pillars:

- (i) Supply reduction- Investigate, Arrest, Search, prevent diversion of chemicals and controlled pharmaceuticals, Seize and Prosecute;
- (ii) Demand Reduction - Reducing the consumer demand for psychoactive drugs focusing on education and sensitization programmes, treatment and rehabilitation strategies;
- (iii) Harm Reduction - Focus directly on reducing the social, economic, and health related harms resulting from the use of drugs; and
- (iv) International Cooperation -Strengthened regional and international cooperation.

Seizures and Drug disposal

Cannabis is the main drug in the country with an annual average of 25.7 tons seized from 2017 to 2022, followed by Khat with an average of 20.6 tons for the same period. Cannabis is locally cultivated whereas Khat is imported from other countries.

The seizure of heroin is higher than any other drug in the country for the past six years. Other drugs like methamphetamine and cocaine are also seized and destroyed.

Substances	2020	2021	2022
Cannabis	13.2MT	22.7MT	20.5MT
Khat	11.8MT	10.9MT	15.2MT
Heroin	349.8KG	1.12KG	254.7KG
Cocaine	4.5KG	0.8KG	1.7KG

Precursors

The country has been controlling the entry of precursor chemicals since 2017. Tanzania has been used as a route for smuggling precursor chemicals from source countries like China, India and through land borders of neighbouring countries to other destination countries.

To counter the trafficking of precursors, a series of measures have been taken namely:

- a. legislative measures for registration and inspection of chemical companies.
- b. implementation of protocols and conventions for combatting Drug trafficking in East Africa Region and SADC. Conventions of 1961, 1971 and 1988.
- c. enhanced information sharing systems and use of electronic platforms for follow up of transactions of precursor chemicals. Platforms used are the Tanzania Customs Integrated System (TANCIS) and Chemical Management Information System (Chemis) and Pre-Export Notification (PEN) on line of the International Narcotics Control Board (INCB); and
- d. Public Private Partnership – to prevent diversion of licit substances and chemicals as well as controlled pharmaceuticals for illicit manufacture and use.

These measures have permitted the seizure of 304,513 litres and 22,143 kg and the objection for the import of 600 tons and 125 litres of precursor chemicals.as well as the seizure of 10,000 litres of licit substances for diversion.

Demand and Harm Reduction

Regarding Demand and Harm Reduction, more than 14,500 drug consumers have been treated at the Methadone assisted therapy. 95% of them were male. Treatment centres have increased from three in 2017 to fifteen in 2022. Other treatment options have been provided to 2500 drug addicts in sober houses.

Challenges and way forward

Challenges in the field of substance abuse are the rapid changes and evolving techniques in the modus operandi of the trafficking networks and concealment methods as well as lack of capacity to identify new psychoactive substances. The DCEA is committed through its mandate to strengthen

cooperation both at Regional and International level to counter drug trafficking and prevent the diversion of precursor chemicals within Western Indian Ocean region and beyond.

(viii) South Africa

South Africa faces the same situation as countries with proliferation of drug abuse and alcohol. Drug abuse is affecting many families irrespective of gender, culture social status or religion. It is a driver of gender-based violence, HIV and AIDS, mental health problems and other social ills.

A multisectoral approach has been used to develop strategies and interventions to address these issues.

Trends of drug consumption

Data collected by the South African Community Epidemiology Network on Drug Use (SACENDU) indicates that alcohol is the most widely used substance in South Africa.

Cannabis is the most used drug with around 9% of the population representing 2.2M. It is to be noted that the 2018 Constitutional Court has permitted adult persons to use, possess and cultivate cannabis in private and for personal consumption.

Heroin/Nyaope is the second most consumed drugs with an estimated number of 72,000 users and remains a challenge for the authorities with many cases of overdoses.

Over the counter and prescription drugs ranks third. Consumption of prescription drugs have been reported in treatment centres.

Legislation

All drug addicts have the right to treatment in South Africa as per the provision of law. The Drugs and Drug Trafficking Act 140 of 1992 (18) guides law enforcement agencies on measures regarding supply reduction.

The Prevention of and Treatment for Substance Act 2008 led by the Department of Social Development provides a comprehensive national response to substance abuse, through demand and harm reduction measures. It also makes provision for the establishment of the South African Central Drug Authority.

National Drug Master Plan 2019 - 2024

The aim of the seven goals of the National Drug Master Plan 2019 -2024 is to embrace a balanced integrated and evidence-based approach to drug trafficking, drug use, misuse and abuse.

Demand Reduction, Harm Reduction and Supply Reduction are the three pillars to the response to drug abuse.

Demand Reduction

Demand reduction focuses more on prevention measures and has shown positive outcomes. The KEMOJA youth programme, awareness campaigns, community outreach and social mobilisation are some of the programmes implemented under the Demand Reduction pillar.

Thirteen (13) public treatment centres and 40 private clinics are providing standardised treatment services.

Harm Reduction strategies

Opiates Substitution therapy and NEP are provided in a few metropolitan municipalities and needs to be strengthened.

Supply Reduction

The law enforcement agencies carry out seizures at the ports of entry, respond effectively to drug related crime and money laundering. There is also a close collaboration with other bodies to strengthen partnership on information sharing for trafficking and transactions of precursor chemicals.

Institutional Framework

The response to substance abuse and the implementation of the National Strategic Plan is done at three level:

- (i) The Central Drug Authority;
- (ii) Provincial level; and
- (iii) Local/Municipal level.

The Central Drug Authority is the monitoring and evaluation mechanism for the interventions and services provided by all stakeholders implementing the National Strategic Plan. It also advises on policy and legislation to substance abuse.

The Provisional Substance Abuse Forum (PSAF) has to ensure all provincial stakeholders shoulder their responsibilities for addressing the problem of substance abuse.

At the Local/Municipal level, there are Local Drug Action Committees (LDAC) and their role is to coordinate implementation of substance abuse programme by stake holders and organisations involved in combating substance abuse in their areas. Out of 213 municipalities, only 125 LDACs have been established and functioning.

Way forward

The following measures have been proposed for the way forward to address the response to drug abuse (a) Upscaling social behaviour change programs to reduce the abuse of alcohol and other drugs; (b) Fast track the review of current legislation and policies; (c) Strengthen cooperation and coordination efforts at regional, continental and global levels; (d) Exchange of information with regard to trends of substance of abuse; and (e) Continuously share best practices and strategies with partners and countries with common understanding.

- (ix) Kenya

Several agencies are mandated by law to tackle the issue of drugs and substance abuse in Kenya. The lead agency is the Directorate of Criminal Investigation, in particular the Anti-Narcotics Unit.

Moreover, the Kenyan coast guards play an important role in the fight against drug along the Indian Ocean coast and in land lakes.

The National Authority is responsible to address the drug scourge through treatment and rehabilitation among other means.

The mission of all these agencies is to significantly reduce and suppress the availability of narcotic drugs and psychotropic substances in order to make Kenya a safe country.

The focus of the agencies is to share responsibilities and inter-governmental integration through shared resources and shared work responsibilities.

The scope of agencies involved in countering drug trafficking are:

- (i) Prevent, detect and interdict drug offences;
- (ii) Investigate drug cases;
- (iii) Apprehend and prosecute offenders;
- (iv) Gather and disseminate drug intelligence to other law enforcement agencies locally, regionally and internationally;
- (v) maintain a data bank on reported drug cases;
- (vi) liaise with local and international organizations dealing in drug-related matters; and
- (vii) creating Community awareness and sensitization.

Drugs are trafficked in and out Kenya through the sea routes along the west Indian Ocean Coast, through air as well as postal services.

Gaps and challenges

There is limited role of non-state actors and limited data on drug users.

Enforcement challenges

The flux of movement at borders is a challenge in dealing with drug trafficking. The mechanisms for supply reduction are hampered by different factors like issues of security, jurisdiction, and territory as well as human rights aspects. The slow process in the recognition and enforcement of international treaties and agreements is a hinderance in dealing with illicit drugs trafficking, money laundering, asset recovery and related corruption. The amendment to the Narcotic Drugs and Psychotropic Substances (Control) Act of 1994 has enhanced the sentences of offenses.

Way Forward

The laws at borderlands should be tightened.

To fight against drug trafficking in the following areas of cooperation should be considered:

- Capacity building of officers in investigation
- Local and international training for new skills
- Development of harmonized policies across borders
- Strengthen national, regional, and international collaboration networks through information sharing
- Provision of state-of-the-art equipment to track down new illicit drug trafficking. Drug trafficking is a transnational crime that requires a multidisciplinary approach with collaboration networks that reinforce regional cooperation.

11. Group work presentation on Demand Reduction, Harm Reduction and Supply Reduction

Thematic 1: Reducing demand for drugs.

Each country discussed their national programme and highlighted their strengths and weaknesses. In general, all countries agreed on the need to develop a regional strategy to address the drug issue. They recommend the following:

i. *Need for Institutional Development*

- Participants conceded that despite the existence of a **policy** on drugs at the national level, it needs to be reinforced.
- It was felt important to set up **structures** both at the national and regional levels to better control and monitor both demand for and supply of Drugs.
- Need for **additional resources**, both technically and financially to address the drug issues.
- At the national level only two countries have a full-fledged Drug Observatory. There is need to set up National Drug Advisories in all participating countries. A **Regional Drug Advisory** is highly recommended.

ii. *Need for Capacity Building*

- Participants conceded that there is a general dearth of research and training at all levels on the issue of drugs.
- Existing research, though limited, are not adequately shared in the regions.
- Need for Research and Training.
- Advanced **technologies** to track down dealers and for investigations on types of drugs are limited in various countries. Need for more cooperation among countries to share expertise and knowhow.

iii. *Networking and Coordination*

- Intervention programmes are done in silo and in isolation, without proper communication and networking both at the national and regional levels.
- At the national level there is need to set up coordination and monitoring mechanism, especially for the outreach population.
- There is need to **reinforce networking** both nationally and regionally.

iv. *Programme for Vulnerable populations*

- Vulnerable populations like women and Children, people with diverse sexual orientations, the handicapped, and those living in depressed areas need special attention.
- Sharing of experiences among countries on successful interventions and best practices aiming at addressing vulnerable groups is recommended.

Thematic 2: Harm Reduction (HR)- Improve the quality of services and intervention through adoption best practices.

After discussion with the following member states as Comoros, Djibouti, France-Reunion, Kenya, Madagascar, Mauritius, Seychelles, South Africa, and Tanzania, the following observations, shortcoming and recommendation were made, and remedial actions proposed:-

All member states unanimously agreed on the intervention strategies proposed and recommend the following:

▪ **Capacity building**

Except for Mauritius and Reunion, all the member states expressed concern, some more than the others. For example, Seychelles had to close certain specialized services such as Rehabilitation because it had a short scarcity of specialized staff. Only 2 specialized doctors taking care of mainland and the 3 inhabited islands. No rehabilitation Programme exists due to limited Human Resources. South Africa has a big pool of staff, but they were not keen to serve certain areas due to stigmatization and high pay in the private sector. NGOs lack training.

Capacity building for dedicated medical/paramedical/technical/NGOs. Dedicated staff to be identified and sponsored for training in member states that have a solid HR structure and best practices achievement.

▪ **Infrastructure, services, and interventions**

Most of the countries did not have a well set up structure that can address the drug issue in a holistic manner. Certain states lack funds in the implementation of many major HR recommendations.

Encouraging /taking the private sector on board. Joint collaboration of P-P sector not often present.

Needle Exchange Programme (NEP) and Methadone Substitution Programme (MST) forms part of best practices and should be considered in all states that has opioid addiction.

Prison department is a focus for the propagation of HIV/AIDS and Hep C as a result of homosexuality between inmates. Establishment of HR units for MST and condoms distribution is highly recommended.

Rehabilitation is one of the pillars of HR. The creation of well-structured Rehabilitation centres is mandatory. Synthetic Drugs and psychoactive substances are a major threat, especially to youngsters and need to be addressed in a comprehensive manner.

Addressing the issue of diversion of Methadone and antisocial behaviours in certain member states such as Mauritius and Tanzania.

All policies, recommendations and implementation be in line with international guidelines, protocols and Human Rights protection.

Dangerous Drugs precursors be strictly controlled in every member state to prevent the manufacture of synthetic drugs in clandestine laboratories.

Forward thinking and planning. Representatives of Djibouti and Comoros pointed out that being given, cannabis accounts for the highest percentage of the drug in circulation, no strategies are focused on formulation of preventive measures for HR Programme in respect to opioids and other drugs. It is only a wishful thinking, that if something is not happening now, makes us believe that it won't happen in the future. Thinking out of the box is a wise precautionary measure.

Member states have expressed certain Barriers in the access to treatment for substance abusers. This could be the result of stigmatization or services provided at places beyond the reach of the clients. The NDO and RD can address such issues.

Doctor's prescription for psychotropic medicines should be closely monitored.

Promotion of Mass sensitization Programme at National and Regional level through a common channel or media. Change of mindset and a paradigm shift (hostile attitude of society towards HR measures) in the population at large.

- ***National and regional Drug Observatory***

Concerning the policy, there was a lack of a proper National Drug Agency /Secretariat. Collection, analysis, interpretation, and dissemination of information was of utmost importance in the war against drug. Every state should have a Drug Observatory.

Setting of **National Drug Observatory (NDO)** in all member states that do not have one is essential. Then, identifying and reinforcing high risk states from harm reduction perspective. Madagascar is a strategically situated state in the Indian Ocean due to its proximity to several countries and therefore an ideal platform for drug transiting. In view of that, a National Drug Observatory is of utmost importance, to disseminate crucial information for the formulation of National and Regional Policies regarding harm reduction, amongst other maritime measures.

Subsequently, the creation of a **Regional Drug Observatory (RDO)** to harmonize and coordinate all the strategies so guided by the individual Observatories.

- ***Networking and Sharing of Information***

Establish Best practices sharing mechanism. Regular Communique/newsletter/or notes sharing methods among the states.

- ***Advocacy***

Advocacy and facilitation in the setting up of MST, NEP and Rehabilitation Programme in states that are encountering difficulties to achieve it, or do not have one. At the same time Strengthening those states that show deficiencies. Advocacy for the allocation of additional funds to the needy states.

- ***Regional coordination***

Creation of a **Regional Secretariat /Regional Agency** to coordinate, liaise, disseminate, facilitate the HR process and other regional issues so deemed to the member states. At the same time Responsible for the drafting of Regional Drug Control Master plan after discussion, assessment of the drug situation in each country and coming up of common goals. Formulating common general and specific Protocol and guidelines for treatment in the entire Region. Thus, establishing a Network and information sharing Body.

- ***Research and development***

Research and Development (RD) is a strong pillar in the combat against drug trafficking, treatment, and HR. None of the member states have mentioned the establishment of research center in their country so far. Member states have requested the setting up of a Regional Research center with Special attention to be given to research for the youth.

A central, state of the art, **Regional Toxicology laboratory** for quick drug testing and analysis of psychoactive substances and opioids.

Pooled procurement of Lab equipment, drug detection equipment and medicines to cut cost and prevent fund diversion for all the states.

Thematic 3: Supply and reduction - Combatting drug trafficking and financial crimes relating drug.

Based on presentations and brain storming sessions with all representatives of states the following recommendations have been proposed.

- ***Policy Institutional Framework/ Overarching body***

Even all the MASE agreements are in place and regional with governance measures are in place, countries have not all signed the agreements, ratification and implementation are outstanding. So, it is recommended that Tanzania, South Africa, Mozambique and Somalia accelerate the signing of the MASE, the countries that have signed the agreements should proceed to the ratification, and whole region needs to be part of the MASE action plan.

- ***Cultivation/Production***

Efficient Sea route surveillance is needed. Disrupting the drug traffic through the sustainable architecture for maritime security. In that way, exchange of information in real time- Common system required Vessel Tracking Monitoring Information System (VTMIS), more speed boats and air patrol that are capable of patrolling effectively. Most of all, strengthen the cooperation of all countries with information sharing centre at national and regional level for quick response.

- ***Legislation and financial crimes.***

Legal processes are too lengthy in most of the countries, it is important to be communicating the information more regularly and consistently. Harmonization of laws as done as in piracy to enable search and seizure. To asset seizures in efficient way, it is recommended to swift sharing of information to the relevant authorities and to hold virtual meetings fortnight.

Promote cross-border cooperation, between law enforcement agencies and financial institutions as drug-related money laundering often involves multiple jurisdictions, making it difficult to investigate and prosecute. A harmonization of legislations is needed so that we deal with legal prosecutions with a similar manner (including extradition).

- ***Capacity building and financial crimes***

Capacity building is required (of law enforcement agencies as well as FIU, FSC, Central banks, etc...) in the use of new mechanisms to analyse and identify patterns in financial transactions indicative of money laundering. Combatting drug related money laundering via regional/international cooperation. Cooperation of all countries with information sharing centers is needed to combat silo mentality at national level, which needs better coordination. Strengthen public institutions responsible for following the money in the drug market and prioritize the allocation of resources.

- ***Research and innovation and financial crimes***

It is important to strengthen understanding from worldwide research on innovative means of identifying criminal dealings and detecting fraudulent transactions, for example on blockchain technology, increasingly being used in the financial industry, and its analysis which can help identify money laundering transactions across the blockchain network. Other areas in which knowledge sharing could be envisaged may include enhanced customer due diligence.

- **Networking and Sharing of Information**

It is recommended to implement more dynamism and better multisectoral communication at national level. It includes a national sharing platform Whatsapp group for ease of the communication.

12. European Monitoring Centre for Drugs and Addiction (EMCDA) presentation

The European Monitoring Centre for Drugs and Drug Addiction, based in Lisbon and created in 1995 is the EU reference on drugs. The EMCDA's vision is to provide the European Union and its Member States with factual, objective, reliable and comparable information at European level concerning drugs and drug addiction and their consequences. Their intervention includes monitoring, trends and threat assessments, responses and best practices, policies laws and economic issues. But the EMCDA will have increased mandate starting next year in 2024.

The work focuses on data collection, analysis and interpretation, dissemination of information, cooperation with key partners as in the Reitox network with National Focal Point nominated by MS. The EMCDA also co-finances the national drug observatory through grants to collect drug related information and can also organize trainings and meetings. This is because national drug observatory mirrors the missions of EMCDA at national level. It is an opportunity for the third countries to request a technical assistance in this field. The observatory is the key if the countries want to set up indicators to assess the progress at the national level and to consolidate the data at the regional level.

The number of drugs seized in the west Indian ocean region, which is estimated at less than 10 % of the traffic show that there is need to look at the bigger picture, to think and collectively agree on the need and the content on the observatory.

Presentation of the EMCDA

EMCDA And Reitox Network EMCDA – Who we are.

The policy drivers with regard to the creation of the European Monitoring Centre for Drugs and Addiction (EMCDA), was the HIV epidemic, drug related crimes and drug related deaths prevailing during the 1980s. The EMCDA is operational since 1995 and is the EU reference point on drugs The vision of EMCDA is a healthier and more secure Europe through better informed drug policy and action. Its mandate is to provide the EU and its MS with factual, objective, reliable and comparable information at European level concerning drugs and drug addiction and their 28 consequences. The agency also collects information on illicit drugs, poly drug use and new psychoactive substances.

Areas of work

The areas of works are to monitor the drug situation, measures the trends of new drugs and threats as well as responses which includes prevention, treatment, harm reduction and social integration. EMCDA also monitors supply reduction activities, policies, laws, and economic issues. Results are disseminated to the countries concerned and key partners.

Reitox

The Reitox (Réseau Européen d'Information sur les Drogues et les Toxicomanies) is the mechanism, for collecting and exchanging information between the EMCDA and the 27 EU MS as well as Norway,

Turkey, and the European Commission. A National Focal Point (NFP) also known as the NDO is nominated by the MS and is co-financed by the EMCDA.

National Focal Point/National Drug Observatory

The NDO of each country provides factual, objective, reliable and comparable information concerning drugs and drug addiction. It also fulfils its country's reporting obligations to the EMCDDA, UNODC and any other reporting organisations. The NFP is from public health institution and is the core of the national drug information system and liaises with all sectors and agencies providing services to drug users. The national network is linked to the Reitox network and to the EMCDA which eventually build the EU network system altogether. Quantitative and qualitative data are collected. Quantitative data are collected through key epidemiological indicators including supply indicators.

Early Warning systems

The Early Warning Systems (EWS) is a mechanism constituted by 29 countries with the objective to collect information on New Psychoactive Drugs (NPS) and provides for preparedness to threat to health caused by the NPS. The EWS is a three steps approach: (i) Early warning; (ii) Risk assessment; and (iii) control.

Since its establishment, more than 900 NPS have been detected out of which 170 alerts have been disseminated and conducted 37 risk assessment of NPS.

How does the EWS function?

The EWS cooperates with key partners through service provision (EU members and EU institutions), synergies and support with agencies and international organisations and technical assistance to third world countries. The strategic objectives are to assess the global drug situation, improve the knowledge of EMCDDA members on the drug situation including in the third world countries and to support EU policies and initiatives in the field of drugs.

All data which are collected are summarised in the annual European Drug Report.

Presentation of Regional Maritime Information Fusion Centre

The RMFIC monitors the movement of vessels in a predefined area. The predefined area is adjacent to the IFC Singapore on its right side and IFC Gulf of Guinea on its left. The RCOC coordinates multinational maritime operations with consent of the concerned states if the need arises.

Presentation of the Regional Coordination Operation Centre

The Regional Coordination Operation Centre is responsible for 14 million square kilometres for marine security. RCOC is equipped with 16 vessels, four assets from the MASE programme and complemented with assets of France/Reunion (through the French Navy), British Royal Navy, EUNavfor and the assistance of India with whom a Memorandum of Understanding has been signed. It has been observed by the RMIFC that many unregistered vessels use the joint management area which is shared by Mauritius and Seychelles as meeting points for maritime crimes – drug trafficking, human trafficking etc.

In 2022, the number of events reported in relation to drug trafficking by sea in the Indian Ocean (162) is slightly lower than the activities recorded in 2021 (184), but the quantity of drug seized in

2022 (109.38 tons) are clearly on the rise compared to previous years. The most frequently encountered substance is hashish. In addition, methamphetamine trafficking, which is constantly increasing, now exceeds that of heroin.

There have been some seizures of captagon in the region and the movement of khat which is legal in some countries is being monitored. Cocaine remains limited in the region because of its high value and less customers. The total heroin seizures in the western Indian Ocean amounts to 8.22 tons in 2022. The volume of hashish seized in the Western Indian Ocean reaches 72,994 tons in 2022.

Presentation of the IOC

The way forward for the sustainability of the MASE architecture is the improvement of institutional capability at both regional and national level. In this process, each country should have a mechanism to monitor movements of all vessels and that all vessels are equipped with transponders irrespectively. There is the need to have a unit at the national level to collect, analyse and coordinate and share findings with the regional centres. 32 Replying to a question regarding use of speed boats in drug trafficking, the representative of IOC stated that, country of the region has been advised to ensure that all vessels are equipped with transponders and their movements be easily monitored on the Vessel Traffic and Management System (VTMIS). He also mentioned that the IOC works within a framework of national, regional and international laws. The country has sovereignty of its maritime zone and its management. The IOC cannot substitute over the sovereignty of the country. It was also highlighted, that a major challenge to overcome, is the delay in the ratification of treaties and conventions which could be due to the long bureaucratic process in the countries.

Presentation of Barriers to health Services for PWUD by representative of Dr Idrice Goomany Centre

Dr Idrice Goomany Centre is an organisation which provides treatment, rehabilitation and harm reduction services to PWUDs since 1986. Services include recovery management, social assistance protection, Drug/HIV and Hepatitis prevention as well as community and family services. The representative of Dr Idrice Goomany Centre introduced the topic with a definition of drug addiction and went on to elaborate on the barriers to accessing the services by PWUDs.

Barriers

Drug addiction is a very complex and chronic relapsing disorder. There is no single treatment which is appropriate for all and thus matching clients to appropriate treatment is essential. A bio-psychosocial approach is required. Behaviour changes is a long-time process and the social worker should understand that relapse is part and parcel of the recovery process. There are two types of barriers: (i) structural; and

(ii) psychosocial.

Structural Barriers

The structural barriers which hinder treatment are:

- (a) accessibility to the centres i.e location and transport facilities;
- (b) affordability – free of charge or payment of fees;
- (c) proximity of services available as to where the PWUDs and PWIDs live;
- (d) availability of medications for detoxification; 33
- (e) stigmatisation of PWUDs by service providers; and
- (f) Community bias and rejection vis a vis PWUDs.

Psychosocial Barriers

PWUDs are all too often gripped by denial, refusing to admit that substance abuse is impacting on their lives and their loved ones. Psychosocial barriers to treatment include: a) fear of people knowing that one is following treatment, b) lack of support from family members and c) disruption of the daily routine.

All these impacts on the treatment seeking behaviours.

Presentation of Barriers to health Services for PWUD by representative of Chrysalide Centre

Chrysalide is a residential rehabilitation center operating since November 2004 providing psychosocial support exclusively to women suffering from drug addiction and their families. It was founded following a study by UNICEF on child prostitution in 2002.

The findings of the study showed the magnitude of drug abuse among women in Mauritius.

Barriers

Based on experiences at the level of the centre, the representative of the Chrysalide stressed on the fact that women with drug problem have specific needs and may include pregnant women or are parenting women and have specific treatment needs.

She enumerated that common barriers to seeking treatment by women which are: a) childcare, b) family responsibilities, c) lack of support from family and the community. d) waiting time to access treatment e) peer pressure and emotional blackmail from their partners; and f) stigmatisation

Replying to a question regarding the logo of the Chrysalide Centre, its representative replied that the logo of Chrysalide Centre represented a family cocoon where women with drug problem are admitted, provided with all psychosocial support and treatment, and then get reinserted in the mainstream.

Methadone Substitution Therapy-Direct Observe Therapy (DOT) v/s Take home doses

The presentation of the representative of France/Reunion highlighted that Opioids is the leading cause of death from overdoses in the world and in France. Since 1995, France has introduced the OST focusing not only on treating withdrawal symptoms but on harm reduction with regard to HIV, Hepatitis and Overdose. The objectives are to reduce the withdrawal symptoms, to reduce the use of illicit opiates, to accommodate beneficiaries on maintenance therapy and aiming to achieve complete abstinence from opioids. The ultimate goal is to resolve problems of misuse of psychoactive substances.

Substitution medications are prescribed either by a doctor specialized in addiction medicine or in hospital settings or private medical doctors.

Addiction is most often a chronic disease requiring a holistic approach. It requires a comprehensive medical-psycho-social approach and that the fundamental rights of the person using drugs should be respected. All health facilities should be accessible to the user.

Before the initiation of treatment, the treating doctor has to take into consideration several factors which includes:

- a) psycho-social environment,
- b) social situation,
- c) any somatic condition and/or
- d) psychiatric comorbidities,
- e) years of dependency,
- f) modes of use,
- g) previous experiences of treatment or relapses,
- h) motivation level.

The right treatment plan of care suitable to the patient is determined by the physician in consultation with the client. The OST is prescribed by the treating doctor and is dispensed by the retail pharmacist or through an ambulatory service. The initial care is provided in a specialized center/ addiction centre or in a hospital.

The pharmacist should observe all standard operating procedures regarding dispensing of the prescribed medication and inform the prescribing physician in case of suspicion of falsification of prescriptions to limiting the risk of diversion of the medication or trafficking.

The monitoring and follow up of patients is an essential process of the OST. The health personnel involved in the OST programme, should have the necessary clinical, biological and pharmacological knowledge on drug interactions. The representative concluded that according to the NDO, there is a very low number of injectors and very few people consuming heroin in Reunion Island.

Site Visits

Site visits were planned for the delegations in the afternoon of the second day of the conference. The objective was to showcase the work of the different of the agencies involved in the fight against drug. Each group constituted of participants from three different countries and from Mauritius. Each delegation was accompanied by an official of the National Drug Secretariat.

Visits were organised as follows: i. Forensic Scientific Laboratory, Reduit, ii. Mauritius Revenue Authority, Port Louis Harbour (Customs); and iii. Frangipane Methadone Centre (Harm Reduction). iv. Ste Croix Methadone Day Care Centre

The delegates expressed their satisfaction with the visits and appreciated the exchange of experiences and important role played by different agencies in the response to drug abuse.

Visio conference

[EU Drugs strategy 2021-2025](#)

Right at the outset the speaker, drew attention on the fact that unlike other major policies formulated for European countries like for example the common currency policy, drug policy is not decided at the level of the EU. However, she pointed out that the 27 EU countries joined together to develop the new EU Drug Strategy and Action Plan 2021 – 2025 which is guided by the evaluation report 2019 as well as report of other agencies like the EMCDA and Europol. The document articulates around the three strategies namely the drug supply reduction – enhancing security, drug demand reduction – prevention, treatment and care services and harm reduction. These three strategies are supported by crosscutting issues which are international corporation, research, innovation, foresight, coordination, governance and implementation. The policy of the EU Drug

strategy connects with several departments of the European Commission and focal persons around the world through its foreign policy. It provides for an 37 overarching political framework accompanied by an action plan which consists of eighty-five different actions with a multi-disciplinary approach.

EU Act

The second speaker of the EU spoke about the EU Act which is an EU funded project. The main objective of the projects concern capacity building to address drug organised crimes in the southern drug route. It covers a wide geographical area, Indian Ocean, part of Asia and Eastern Europe.

It also enhances the capacity and operational skills of criminal justice authorities for seizures as well as provision of good practices on issues of drug supply, reduction and other cross cutting issues.

In Tanzania, the project assisted in the formulation of the Drug Policy and supported the drafting of the national curriculum for drug professionals and SOPs. It also assisted in the assessment of drug policies in Mauritius and Seychelles. It also produced a Western Indian Ocean threat assessment document. This serves as a basis for the successor of the EU Act which is expected to start by the mid of 2023. It will focus more on the transregional cooperation dimension to support authorities to identify and tackle organised crime groups in the region.

Another initiative is the EU support to the East and South Africa Commission on Drugs, which was launched in Cape Town, in February 2023. Its aim is to adopt evidence-based policies to counter drug trafficking and substance abuse in the region. The East and South Africa Commission on Drugs is linked to the Global Commission on Drugs.

Some ex-Presidents of the African region are members of the Commission and includes Cassam Uteem, Ex President of Mauritius and other personalities from the academia and science world.

The Commission intends to mobilise public opinion and capitalise political support and further action at national, regional, and international level.

An awareness raising conference is scheduled in Mauritius around mid - August 2023. The support of the organisation to the Commission is channelled through the Global Initiative on Transnational Organised Crime (GITOC).

13. Countering drug trafficking through MASE

The MASE presentation emphasized that East African coast plays an increasingly significant role in the global heroin trade, feeding a system of criminal governance around an interconnected complex web of the organized network, and linked with other illicit maritime activities. The drug market is intricately interconnected in the region linked mostly by the maritime routes. Lots of effort is put inland with very little or no focus on the maritime zone. Drug trafficking patterns in the ESA-IO region since 2017: number of interventions decreased mainly due to the Covid-1 crisis, but the quantity of drug seized are on the rise. The region is at the crossroads of major global drug trafficking. Hashish is the main substance seized (Northern IO), cocaine remains limited for now. Interceptions increase from the period of March to May 2023.

It highlighted the issues and the prerequisites of the maritime security.

- No country alone can ensure adequate EEZ security. The regional and international cooperation improves national sovereignty. The piracy experience is the only example of success.
- A strong and responsive national base is essential for national and regional policy. Reinforce national level institutional processes and structures – National MASE Policy & Strategy, National MASE Committee, NISC and the national legal base...
- Investment choices: too skewed towards naval and air heavy assets which are too costly which anyway, the region can't afford and too little in MDA (new technology, intelligence & HRD)
- Optimal strategy: current (reactive to an event) versus an intelligence based focussed - Monitor movement of vessels and focus on abnormal movement of vessels – the common denominator for most maritime security threats.
- There is a real inter-linkage among maritime crimes. For example, fishing vessels may have licenses and VMS on, but fishing vessels are used for drug, arms, human trafficking... V/S National level silo operations instead of a coordinated one.

The Western Indian Ocean region needs a comprehensive and integrated approach to addressing all maritime security threats, specifically:

- Cross-border crime (all sorts of traffic)
- Maritime terrorism & unlawful acts at sea against critical maritime infrastructure.
- Dealing of massive destruction weapons.
- Threats against freedom of navigation.
- Environmental risks by intentional or accidental pollution, effects of climate change and illegal or accidental rejects and immersions.
- Violation of regulations relative to the protection of the sea or underwater cultural heritage.

MASE is a program to reform the management of states' maritime zones, focusing on vessel movements. The two agreements were signed in 2018 and ratified by 7 countries right now. These two agreements have allowed the establishment of two executive arms of the MASE architecture:

- i. Regional Maritime Information Fusion Centre (RMIFC) in Madagascar; and
- ii. Regional Coordination Operation Centre (RCOC) in Seychelles.

The RMIFC monitors the movement of all vessels, collects information, analyses information and decides whether the vessel is a Vessel of Interest (VOI) or not. Both centres work in close collaboration, complement each other, and liaise with the National Centres of the seven members states. Mauritius is yet to set up a National Centre.

The MASE architecture is conform to the Panafrican policy and supports the objectives of Djibouti Code of Conduct and Jeddah Amendment, African Union Integrated Maritime Strategy 2050 (AIM 2050), the Lomé Charter on Maritime Safety and Security.

One of the major concerns of the MASE architecture is how to address the issue of drug trafficking in the maritime zone of the region of MS. There exist multiple drug routes within the western Indian Ocean and the East African coast plays a significant role in the drug trafficking business within a well organised network and linked with other illicit maritime activities.

The desired outcomes of the MASE architecture are that all vessels should be monitored, and all suspicious movements are checked; all maritime crimes are being punished and that the sea environment should be respected.

The architecture is operational, and the sustainability should be ensured in three aspects:

- Domestication of MASE agreements including national framework inclusive of legal and financial implications
- Institutional capability in formulation and finalisation of national strategy for maritime security
- Legal finish including adequate legal framework adapted to TOC.

Replying to a question regarding use of speed boats in drug trafficking, the representative of IOC stated that, country of the region has been advised to ensure that all vessels are equipped with transponders and their movements be easily monitored on the Vessel Traffic and Management System (VTMIS). He also mentioned that the IOC works within a framework of national, regional, and international laws. The country has sovereignty of its maritime zone and its management. The IOC cannot substitute over the sovereignty of the country. It was also highlighted, that a major challenge to overcome, is the delay in the ratification of treaties and conventions which could be due to the long bureaucratic process in the countries.

14. The European Union Commission drug strategy to fight drugs.

Drug policy is not an exclusive competence not a supportive competence of the EU, it is a shared competence with the Member States since it is a cross boarder phenomenon. Each Member State has their own legislation on drugs. The EU action plan is grounded on impact of previous strategies and from evidence and data from ECDDA and Europol. It includes three strands: supply reduction, demand reduction, addressing drug-related harm, and addresses three cross-cutting themes: international cooperation, R&I and coordination within the EUC/governance and implementation.

The EU Drugs Strategy 2021-2025 of the EU Commission, accompanied by an Action Plan (takes a gender equality perspective) and comprises some strategic priorities:

- Supply reduction is very important because EU has a common market.
- Cooperation with private sector (e-commerce).
- Address environmental damage.
- Raise awareness of the adverse effects of drug (prevention at EU level wouldn't really work because each country is different so encourage national level action supported by the EU).
- Stigma is also present in EU (not only a poor country problem).
- Promotion of alternative sentences in lieu of criminalization sentences (prisons often don't work).
- Address needs of PWUD in prison and after release (increased risk of overdose).

Concerning the operational cooperation: European Multidisciplinary Platform against criminal threats (EMPACT) is working with the EUC on two operation action plans for CCH and Synthetic drugs/new psychoactive substances.

The EUD to Kenya is conducting program to enhance capacity and operation skills of justice authorities in the region. They conducted capacity building in Tanzania and Mauritius. They also worked on a threat assessment for the Indian Ocean. Program to being second half of 2023 to support authorities t fight organized crimes groups in the WIO.

The EU support to the ESA Commission on drugs launched in Cape Town in Feb 2023 (chaired by former President of SA), linked to the global commission on drugs. Aim to capitalize public support. Conference in Mauritius planned in August.

The overall objective is to enhance pan-African response to organized crime. The commission is to disseminate report on the scale of drug pb in ESA and propose recommendations to develop evidence based regional drug policies, contributing to the AU action on drug control and prevention. This commission will support the creation of drug observatory in Indian ocean region. The commission will continue public advocacy and campaign including IO states to promote findings.

It was highlighted that the EU strategy stresses the global nature of the drug threat and made provision for international cooperation. This WIO region will be working with EU and initiate the negotiation for the establishment of the cooperation, by enhancing the value of the two regional centers under MASE.

15. The recommendations of the Conference

a) Conclusions of the Group Work on Demand Reduction, Harm Reduction and Supply Reduction

The salient points presented by the rapporteur of the three working teams are as follows:

Thematic 1: Demand Reduction

- It was observed that three States namely Djibouti, Union of Comoros and Madagascar did not have any institutional framework and there was lack of coordination among stakeholders.
- Most States had well established evidence-based prevention programmes, except Djibouti and Union of Comoros.
- Established evidence-based programmes on treatment were limited in some countries due to scarce resources. Gaps in prison settings and with regards to vulnerable groups were highlighted.
- Lack of resources and know how were identified as major challenges to implement rehabilitation and social reintegration programmes in some countries.
- Only Mauritius and Reunion have established a NDO. Absence of quality data for Monitoring and Evaluation was noted for some MS.
- Capacity building was a cross cutting issue for all key areas.

Thematic 2: Harm Reduction

- Poly drug use was a concern for MS which would need to be addressed.
- There is access to OST programmes and NEP in Mauritius, Seychelles, Tanzania and Kenya.
- Access to the NEP in South Africa is limited.
- Stigma and discrimination against PWUDs, is still rampant in some countries.
- There is lack of professional skills and competencies in the addiction fields.
- Monitoring and evaluation – collection of data remains a challenge for most MS.

Thematic 3: Supply Reduction

- Agreements and regional plan for governance measures with regard to maritime security including drug trafficking have been finalised. However, some countries including those along the East African Coast have not yet signed the MASE agreement.

- Ratification and implementation are still outstanding.
- Legislation is in place with regard to cultivation, production and drug trafficking as well as for personal use and for possession.
- The surveillance of the sea route for drug trafficking is a major challenge.
- All States have legislations for financial crimes, but lengthy procedures allow disposal of assets by criminals.
- Inadequate capacity building across different sectors fighting the drug trafficking and related matters.
- Inadequate networking and sharing of information among MS have been highlighted.

b) The feasibility of a Regional Drug Observatory (RDO)

The Officer in charge of the IOC briefed the participants regarding the feasibility of a RDO. Several questions were enumerated, which according to him needs reflection and further discussion namely:

- whether there is the need of a RDO;
- what will be the target audience of the RDO;
- what will be the key areas of reporting; and
- which indicator will be monitored, amongst others.

However, he recognised the need to establish a regional network and to identify focal persons of the different countries for sharing information.

He also pointed out that indicators to be collected for reporting need to be finalised and harmonised across the different countries. He concluded by proposing to organise a technical meeting with focal persons of each country to move forward in that direction that is setting up of a RDO which at the end of the day must be endorsed by the council of the commission.

c) The common strategic document

One of the main objectives of the conference was to come forward with a common strategic document to counter the drug trafficking and substance abuse issue in the region. For this purpose, the IOC circulated a draft document among the participants to guide the formulation of the Common Strategic Document Against Drugs in the region. The draft has taken in consideration, the general strategy of the African Union Plan of Action. The consultants assisted to the deliberation and discussion in the different working groups. 40 Based on the recommendations made, the consultants have proposed a draft of the strategic document to counter drug trafficking and substance abuse in the countries of the Western Region of the Indian Ocean as well as a charter.

d) Recommendations of the Conference

- Reinforce structure and policies for institutional framework;
- Nominate focal points in each of the countries of the region;
- Mobilise resources for sustainability of programmes;
- Develop partnership with EU, UNODC and other international organisations;
- Ratification of the MASE Agreement by countries concerned;
- Setting up of a RDO;
- Exchange of best practices;
- Documentation of programmes in place;

- Setting up of evidence-based programme including demand reduction, prevention, harm reduction, treatment and rehabilitation;
- Vessel tracking information system to be installed on all vessels;
- National information sharing centre to be set up;
- Setting up of a regional legal framework as in the case of piracy for search and seizures of drugs;
- Swift sharing of information to relevant authorities and virtual fortnightly meetings between national agencies and regional ones;
- Cooperation among MS required, for crypto money and block chain;
- Establish a national platform for ease of communication, e.g., WhatsApp group; and
- Follow up meetings to be organised to sustain the regional collaboration in the fight against drug.

16. The conclusion of the conference.

The conference allowed a general acknowledgment to fight against drugs and psychoactive substances. It enabled the sharing of experiences between countries, the development of a network of agencies to better combat trafficking, and the consideration of a regional cooperation framework to strengthen the prevention and intervention capacities of national actors (for example a need to benefit from addictology trainings for Madagascar, Comoros, Seychelles from France/Reunion).

A regional strategy to address the challenges of drugs and substance abuse was proposed to serve as a framework for the promotion of the regional cooperation to enhance strategic response, to all the countries.

At the end of the conference, a few recommendations have been made to strengthen the fight against drugs and new psychoactive substances, at the national and regional levels with holistic, integrated, transversal approach.

The representatives of the delegations were unanimous on the success of the conference and on the need to strengthen regional cooperation to respond effectively to the challenges of drug trafficking and substance abuse. They expressed their commitment to the continuation of the process in their respective countries. In this respect, a communique was drafted by the heads of delegation of each country present at the conference. (Annex 3)

17. Closing remarks

Closing remarks were made by Bilkiss Rajahbalee-Cader (Mrs), Permanent Secretary, Rodrigues, Outer Island and Territorial Integrity Division, Prime Minister's Office. She thanked all the participants for having accepted the invitation of the Government of Mauritius to attend this conference, the fight against drug is indeed matter of emergency. She highlighted the importance of the drug issue and that this conference was just the beginning of many interactions among the countries of the Western Indian Ocean in order to foster strong partnership to face the drug threat in the region. She also spoke about sharing of knowledge, experience, and intelligence through a formal network.

This conference has attained its objectives. It allowed participants to take stock of the situation of the region, weaknesses and strengths and assess how to better tackle the problem. The hope is to come up with a national strategy leading to a regional strategy. This conference demonstrated consensus on cooperation in the Indian ocean region and will reinforce new partnerships to fight

against drug, and highlighted the IOC whose support and assistance, without their input this conference would have not taken place. At last, she expressed her gratitude to the regional integration division of the Ministry of Foreign Affairs.

18. Proposal for a Western Indian Ocean Regional Strategy to address the challenges of drugs and substance abuse by the Indian Ocean Commission

Introduction

The Western Indian Ocean (WIO) States are at a crossroads in addressing the challenges related to drug and substance abuse as they experience a rise in drug use and trafficking accompanied by a lot of societal problems, thefts and crimes, consequential to drug consumption. This poses serious health consequences such as drug use disorders, HIV and AIDS, as well as security and stability concerns that hinder, some more than others, the WIO States and the region's development.

UNODC has confirmed that efforts to eradicate and control the production of illegal drugs have not met the expected goals. It is an accepted fact that drug abusers are now considered, not only as victims but as patients suffering from a form of illness and need treatment in health care facilities by health specialists. It is important to adopt approaches that decriminalize drug use, that place the drug abusers (including the specific vulnerable groups and people living with HIV/AIDS and hepatitis) at the centre of policy-making and civil society response frameworks and to strengthen the public health response to drugs.

The damage done by drugs pervades the whole of society, covering the whole spectrum from antisocial behavior to serious violent crime. Also manifests in the interpersonal problem of domestic violence and can represent a range of risk, both psychological and emotional as well as violence, to known and unknown victims.

WIO States' action to combat drugs and substance abuse is facing structural hardships given the diversification of drug consumption and trafficking through the region, evolving with the widespread synthetic cannabinoid use already exerting a significant public health cost in affected countries.

The continuously evolving nature of the drugs and substance abuse, in terms of supply and demand suggests that national responses need to adapt to emerging issues. In this regard, as some countries may have accomplished much progress in responding to the new challenges, lessons can be learnt from their experience.

The supply dimension developed in this part includes the traditional locally produced, new psychoactive substances (synthetic drugs) which includes those which are manufactured in local laboratories and imports of major drugs such as Cocaine et Heroin. While it seems that States can deal with the first one, there are major challenges to dealing with the other two. The global consensus on prohibition is fragmenting and states around the world are adopting a range of non-binding approaches as an alternative to national prohibition, as a prerequisite to comprehensive state drug policy reform and the WIO Regional Strategy.

The Strategic Intervention 1b provides for dealing with the supply of new psychoactive substances.

As for hard drugs, the WIO is part of the traffic route with some countries being mostly transit points as well as a market, though small as compared to the overall market and some more than others. It has to be acknowledged that the WIO countries has difficulty in coping with the challenging

development of drug traffic with new drugs, ever greater quantities of drugs seized, the occurrence of violence or violent crimes, the expanding networks of distribution at all levels (global, regional, and national), the capacity of national drug control authorities, the huge amounts of money involved, the evolving of money laundering etc.

The proposed Regional Strategy is developed from the perspective that a regional strategic response can bring added value to efforts already undertaken at individual WIO State levels. It is based on the urgent need to address drugs and substance abuse and adheres to the overall objective of the African Union Plan of Action (AUPA) on Drug control and crime prevention (2019-2023) to improve the health, security, and socio-economic well-being of the people by addressing drug trafficking and problematic drug use in all its forms and manifestations and preventing the onset of drug use. Member States acknowledge that this objective reflects the African Common Position for the 2016 UNGASS General Assembly Special Session (UNGASS) on the World Drug Problem and the UNGASS Outcome Document about strengthening International and regional cooperation based on the principle of common and shared responsibility that makes provision for engagement with international partners. A framework for regional cooperation and exchange of good practices provides for collective actions among States on addressing the emerging challenges in drugs and substance abuse on top of the national level actions.

Goals of the Regional Strategy

The proposed WIO Regional Strategy to address the challenges of drugs and substance abuse aim at achieving the two following goals:

- ✓ **Reducing demand for drugs through prevention, rehabilitation, and treatment services and tackling the consequential damages associated with drugs and substance abuse.**
- ✓ **Curbing drug supply for preserving peace and stability of societies of member states.**

Objectives of the Regional Strategy

The following four Strategic Interventions are proposed concerning the demand and supply side issues:

- (i) **Strategic Intervention 1: Policy coordination, research and development, monitoring.**
For better understanding the challenges of drugs and substance abuse
 - a. *Strategic Intervention 1a: Step-up R&D in addressing the challenges of drugs including new psychoactive substances abuse on all the components of the Strategy including on monitoring, evaluation, and advocacy actions.*
- (ii) **Strategic Intervention 2: Improve the quality of services and interventions and adopt best practices:**
 - a. *to enhance the quality of Interventions and services*
 - b. *to enhance quality of Interventions and services in harm reduction*
 - c. *on rehabilitation and coping mechanisms*
 - d. *with special attention to specific vulnerable groups, including children, youth and women*
 - e. *on managing drug problems in prisons*
- (iii) **Strategy Intervention 3: Combatting drug trafficking and financial crimes relating drug**

(iv) Strategy Intervention 4: Coherency in national/regional/international policy advocacy, mobilizing resources and cooperation

Guiding Principles

The regional strategic framework proposed aims to inspire and support the national policies of Western Indian Ocean States. The added value of regionalism and the benefits from regional cooperation needs translating this regional Strategy on drugs and substance abuse in national on-going programmes, something which is often overlooked or absent.

Throughout the Strategy, measures proposed need to ensure gender mainstreaming and better consider the special situation of women in certain contexts, particularly barriers they may face in accessing counselling, treatment, and rehabilitation services. These barriers include domestic violence, trauma, stigma, physical and mental health issues, pregnancy, and childcare issues, all of which may be aggravated by demographic, socio-economic, situational, and personal factors. Effective service delivery should be sensitive to the specific needs and life experiences of women with drug-use problems and should recognise that patterns of drug use and problems may differ from those experienced by men. Should be explored, where possible, services dedicated to women only, as should services that take care of accompanying children and that offer other forms of specialist care, such as close working partnerships with care providers and with services working with vulnerable women and victims of domestic violence.

Apart from the gender dimension, which will be fully integrated in the initiative, the following strategies will be developed to meet the above goals, they will be supported by the crosscutting themes of regional coordination and cooperation, knowledge sharing, research, and innovation.

Strategic Interventions

Strategic Intervention 1: Policy coordination, research and development, monitoring. For better understanding the challenges of drugs and substance abuse, are proposed the following strategies:

Strategy 1a. Step-up R&D to addressing the challenges of drugs and substance abuse on all the components of the Regional Strategy including on monitoring, evaluation and advocacy actions.

It is well known that R&D play a very important part on the effectiveness of preventive measures and the delivery of services to addressing drug and substance abuse challenges. The Strategic Intervention will aim at enabling access to a knowledge base to assist in the development of strategic foresight and a future-oriented approach to increase preparedness to identify and respond to potential future challenges, helping to create institutional resilience and fostering more agile responses. This strategic Intervention aims at giving a new impulse to R&D in addressing the challenges of drugs and substance abuse in the region and includes the followings:

- (i) Setting up APEX body for coordination.
- (ii) Understand the root causes and factors in the wider sectors, such as education, poverty alleviation, family solidarity and socio-economic issues and the development of preventive measures.
- (iii) policy formulation, implementation, evaluation and related tools.
- (iv) human resource capacity in each pillar of the Strategic Intervention
- (v) facilitating access to world-wide research and dissemination to the region to improve national level knowledge base and promote a social innovation perspective.

- (vi) synthesis of replicable experiences available worldwide, looking for the latest scientific evidence, disseminating these tools, and identifying and remedies to the barriers to accessing in treatment.
- (vii) promote research to better understand the links between the drugs phenomenon and other important policy issues such as violence, health and societal problems, and environmental damage.
- (viii) setting up an Observatory, data collection, analysis, and production of policy briefs. Precise understanding of the situation regarding the psychoactive substances, trends and factors in the wider sectors, such as education, poverty alleviation, family solidarity and socio-economic issues.
- (ix) Improve capacity for laboratory testing and analysis, and identification of the various synthetic drugs as well as ingredients in circulation, considering the use of regional laboratory capacity.
- (x) Improve capacity for monitoring the importation, sale and use by customers of the various ingredients/precursors used for producing synthetic drugs.

Strategic Intervention 2: Improve the quality of services and intervention through adoption of best practices.

Strategic Intervention 2a: Regional exchange on best practices to enhance the quality of interventions and services.

Strategic Intervention 2a aims at understanding and exchanging on facilitation of access to the latest state of the art, contextually adapted, in the provision of evidence-based and universal prevention interventions and strategies and models of care including those that build resilience, increase health literacy, and promote life skills and opportunities to choose healthy lifestyles, is important for achieving health, welfare and well-being for all individuals. The Strategy is based on the premise that there are major initiatives taking place that address drugs and substance abuse in other regions, and that a synthesis of best practices noted elsewhere could usefully assist to enhance Member States on-going programmes.

General Actions under Strategy 2a will therefore aim at the followings:

- (i) Disseminate the latest scientific evidence on prevention and disseminate tools to practitioners and provide them with training.
- (ii) Bring in innovative measures in existing programmes.
- (iii) Strengthen the capacity to respond proactively rather than reactively to new challenges and emerging threats by innovation and the development and use of new methods and technologies and opportunities for interventions arising from digitalisation. Efforts should be intensified to develop, adopt and use early warning approaches, and forensic and new technologies, to better monitor, model, analyse and respond to new challenges and emerging threats to public health and security.
- (iv) Improve and coordinate monitoring and analysis of the threats posed by digitalisation, in particular the accessibility of illicit drugs via social media platforms, apps, internet.
- (v) Enhance knowledge and capacity of the National Drugs secretariats and related institutions to motivate and inspire the key concerned stakeholders.
- (vi) Strengthen effective measures to prevent drug overdoses if feasible or where they are missing from current responses. Existing programmes in other regions could therefore be studied and implemented as a way of responding to or intervening in overdoses and how drug services can have a role in preventing drug-related mortality. New measures should be considered, and

innovative approaches developed and tested for people who use stimulant drugs and for the youth. The monitoring and reporting of overdose deaths across the region needs to be undertaken. Overdose deaths should be a key indicator for measuring progress in implementing the Strategy.

- (vii) Strengthening further programmes that prevent and treat blood-borne infectious diseases, especially HIV and Hepatitis C (HCV) and reach high- risk populations and put them in touch with care and other support services. Strengthen Needle and Syringe programmes, linked to low threshold social and health care services, opioid agonist treatment, accessible HIV and HCV voluntary testing and treatment interventions implemented by States to prevent blood-borne infections among people who inject drugs. In addition, States are encouraged to apply various innovative risk- and harm- reduction measures to reach high-risk populations, to reduce risks and harm and put the most vulnerable groups in touch with care services. In addition, low threshold services, outreach work and co-operation with people who use drugs, and their families are also essential for reducing the negative health and social impacts of drug use.
- (viii) Addressing also the consequential damages associated with drugs and substance abuse.

Strategic Intervention 2b: Adoption of best practices w.r.t Harm Reduction:

The considerable increase in drugs related crime has prompted Governments to develop a harmreduction approaches to drug misuse. This strategic Intervention 2b focuses on reducing the overall harm that is caused to society by drug consumption and reducing the burden of drug related disorders that fuel the vicious cycle of unemployment, poverty, homelessness, stigmatization, crime, gender issues and in line with Human Rights.

During the early 2000 studies showed that HIV/AIDS was predominantly among persons who inject drugs. Furthermore, there was a high prevalence of Hepatitis C among injecting drug users.

The Harm Reduction strategy integrates the skills, competencies, knowledge, and authorities of staff from all organizations utilizing a diverse range of interventions including overcoming legal deterrents and implementation of therapeutic intervention when indicated.

Harm Reduction Strategies

The Methadone Substitution Therapy Programme and the Needle Exchange Programme were initially introduced in the 80's with a view to curb HIV infection in the injecting drug user population. Later during mid 2010 a detoxification Programme with Suboxone/Naltrexone was introduced together with the creation of Addiction centres in certain countries like Mauritius. A codeine-based detoxification Programme was also run by certain countries. Areas of exchange of experiences within the Strategic Intervention 2b includes:

- (i) Methadone Substitution Therapy: Methadone Substitution Therapy (MST) is accepted as a successful evidence-based drug demand reduction Programme although generally also considered as a Harm Reduction Programme for example. Initiation on the methadone for People who inject drugs [PWIDs] is being implemented in Mauritius since December 2006. The MST has, since then, been geared towards a dose tapering Programme in an attempt to wean off drug users and make them drug free.
- (ii) The Needle Exchange Programme (NEP): In view of curbing blood borne diseases, mainly HIV and Hepatitis C among PWIDs, the Needle Exchange Programme with the support of the NGOs was started by certain countries. This Programme has yielded good results despite some legal issues.

- (iii) The Suboxone/Naltrexone Programme: Drug users are admitted to a specialized centre under the care of relevant specialists and a detoxification plan with Suboxone /naltrexone is drawn on a case-to-case basis.
- (iv) Psychotropic substances: Over prescription of addictive drugs by complacent medical practitioners in the absence of a protocol devised and efficiently controlled by the authority. And abuse made by certain pharmacies which had been selling psychotropic substances over the counter to well-known drug abusers. Relevant authorities are promulgating standards of practice and strict protocols to reduce the harm caused by these substances.

Strategic Intervention 2c: Adoption of best practices w.r.t Rehabilitation and Coping Mechanisms

Exchange of experience and integrating universally acceptable and evidenced-based rehabilitation measures and techniques available for drug addicts, in national programmes, is an integral part of National Strategies, including the followings:

Bringing on board positive lessons learnt in other settings on behaviour therapy for changing attitudes and behaviours towards drugs, including cognitive-behavioural therapy for identification and reverse negative patterns of thinking and behaviour related to drug use, assisting drug users to develop coping skills to manage cravings and prevent relapse; motivational interviewing as a counselling technique for identifying the addict's motivations and goals for quitting drug use, building motivation and confidence for behavioural change.

Strategic Intervention 2d: Adoption of best practices w.r.t Children, Youth and Women

This Strategic Intervention 2d acknowledges the diversity of individuals at risk and provides services that can build on the acceptance that children, the younger age group and women constitute a group at risk. This group is often overlooked, as most programmes focus on the rehabilitation of adult drug addicts. Based on the trend in most countries, it is estimated that adolescents, youth, and students will constitute the bulk of the affected population in the years to come. This Strategic Intervention constitutes a proactive approach to supplement whatever is being done in programmes already implemented at the national level in States and includes the exchange of experience and best practices from the region and elsewhere to achieve the followings:

- (i) recognition that specific groups of people who use drugs and who have drug-use disorders that involve potentially more complex or specific care needs include children, youth and women.
- (ii) provision or strengthening of prevention interventions and approaches for populations of children, youth and women given they are a risk of drug use and also prone to become part of drugs distribution networks.
- (iii) provision, implementation and, where needed, increase the availability of evidence-based early intervention measures.
- (iv) provision of access to a broad range of effective evidence-based services, including professional counselling, psychosocial, behavioural and medication-assisted treatment, rehabilitation, social reintegration and recovery support programmes with the support of other social, health, employment and youth and women support services to provide the full continuum of care.
- (v) promote a coordinated response of public institutions and avoid working in silos and involving NDS and NGOs relating to children, adolescents, and women at risk, and out of school youth and/or those likely to be relapse.

- (vi) recognition that children, youth, and women require models of care that recognise the need for cross-service partnerships between healthcare, childcare providers, and youth organisation.
- (vii) training for staff on the basis of evidence-based measures. Counselling and evidence-based treatment addressing poly drug use and the specific needs of youth and women who use drugs, and their families.
- (viii) support peer-led outreach and peer group work as a key component of the care plan for promoting autonomy, empowerment and recognising the peer's expertise and experience. Peer-led work will be promoted as a way of sharing information, providing support and increasing awareness of relevant information among the community of people who use drugs.
- (ix) encourage the full use of new and innovative digital communication channels to reach the youth and women.
- (x) demonstration that the measures implemented are evidence-based and should support positive relationships with youth peers and with adults.
- (xi) promotion of preventive activities targeting the youth and women in multiple settings, including schools, families, night life, the workplace, the community and internet and social media. Special attention should also, however, be given to those groups identified as particularly vulnerable to drugs.
- (xii) address drug-related harms: Provide and increase the availability of effective measures to prevent the development of anti-social conduct, theft and crimes through appropriately targeted early interventions for youth and women at risk of such behaviour, also by facilitating collaboration between all stakeholders, including parents and families, those working in education or family support, networks, youth/women services and youth/women groups.
- (xiii) partnership with UN Agencies including UNICEF and conduct in-depth dialogue on related issues.

Strategic Intervention 2e. Recognizing vulnerabilities of specific vulnerable groups

These are adults with a history of long-term drug use and dependence, people with comorbid mental health problems, LGBTI, people with poly drug use, people who use drugs and are also parents, people with disabilities, ethnic minorities, migrants, refugees, asylum seekers, people who engage in sex work and prostitution and homeless people. This group forms part of a lot of vulnerable persons who face barriers, given their characteristics (age, gender, education, cultural background etc), situational factors (e.g. poverty, family circumstances, social circle, homelessness, migration, imprisonment), and personal factors (e.g. physical and mental health, disabilities, psychological well-being). This Strategic Intervention 2e includes the followings:

- (i) recognition and a better understanding of best practices for increasing the availability of targeted prevention interventions for specific vulnerable groups, often overlooked in drugs and substance abuse programmes.
- (ii) acknowledging the heterogeneity of individuals affected by drugs and stresses on the need to provide them with the appropriate services corresponding to their situation, especially as they have drug-use disorders that involve potentially more complex or specific care needs.
- (iii) building effective engagement with these groups would require models of care that recognise the need for cross-service partnerships between healthcare, youth/women and social care providers, and patients/carers groups.

Strategic Intervention 2f: Managing drug problems in prisons.

This Strategic Intervention 2f involves the exchange of experiences on approaches to managing drug problems in prisons with evidence-based techniques and solution that are universally effective, and how these are used in combination of strategies, such as drug interdiction efforts, drug testing, treatment and care services, drug-related harms programmes, and education. This Strategic Intervention includes the following:

- (i) Adopting policies and measures that prevent or reduce drugs and substance abuse, and health risks and harm for users in prison settings. This takes into account the universally recognised fact that prisoners are more likely to have used drugs compared with the general population, and they are also more likely to have engaged in risky forms of use, such as injecting drug use, and also, that drug problems can worsen in prison settings due to the difficulties in coping with incarceration and the availability of drugs, including new psychoactive substances.
- (ii) Exchange of experiences on how prison authorities use various methods to prevent drugs from entering prisons, to restrict the availability of drugs, to disrupt the channels that allow drugs to get in, how to improve the efficiency of measures such as physical searches, body scanners, drug-sniffing dogs, and other forms of surveillance, what new technology, such as drones and cell phone blockers, have been introduced to prevent drugs from being smuggled into prisons.
- (iii) Exchange of experiences on drug treatment programmes for inmates who are struggling with addiction, and how to improve the efficiency of counselling, medication-assisted treatment, and behavioural therapies. There are lessons to gain from other contexts where imprisonment provides an opportunity for treatment and rehabilitation as well as addresses the health and social needs of people who use drugs in prison settings and after release.

Strategy Intervention 3: Supply and reduction - Combatting drug trafficking and financial crimes relating drug

Taking cognizance of the main driver for drug trafficking which is money and the emerging channels of drug-related money laundering and the exchange of experience on new techniques to meet the challenge it poses to national authorities, constitute an essential element of the Strategic Intervention 3. This includes:

1. Strengthen public institutions responsible for following the money in the drug market and prioritize the allocation of resources.
2. Capacity building of law enforcement agencies as well as FIU, FSC, Central banks, etc...in the use of new mechanisms to analyse and identify patterns in financial transactions indicative of money laundering.
3. Understanding from worldwide research on innovative means of identifying criminal dealings and detecting fraudulent transactions, for example on blockchain technology, increasingly being used in the financial industry, and its analysis which can help identify money laundering transactions across the blockchain network.
4. Other areas in which knowledge sharing could be envisaged may include enhanced customer due diligence; strengthening the cryptocurrency regulatory framework, as cryptocurrencies can be used for money laundering but can be difficult to trace.
5. Promote cross-border cooperation, between law enforcement agencies and financial institutions as drug-related money laundering often involves multiple jurisdictions, making it difficult to investigate and prosecute.
6. Combatting drug related money laundering via regional/international cooperation
7. Disrupting the drug traffic through the architecture for maritime security – Annex 4

Strategy 4: Coherency in National/Regional/International policy advocacy

Strategic Intervention 4 aims to harness efforts towards improved and coherent advocacy at national, regional, and international levels in various aspects of addressing drugs and substance abuse based on the Strategic Interventions 1, 2 and 3 above. This also includes exchange of experiences and lessons learned from various stakeholders on related advocacy actions.

This Strategic Intervention 4 requires each country's National Drug Secretariat to have a Unit focusing on advocacy. Countries willing to cooperate may establish links with its equivalent Unit in other countries and exchange as and when necessary and may include the followings:

- (i) Recognition that an appropriate level of resources is required for the effective implementation of the Regional Strategy, including the national level strategy.
- (ii) Promoting the recognition that drugs and substance abuse lead to social and policy dysfunction that needs a large-scale national, regional and international mobilization, including the involvement of civil society, academics, media and high-ranking personalities to call for immediate action to enhance commitment for interventions and strategies for populations of children and young persons, for early intervention measures, access to services, including professional counselling.
- (iii) Seeking commitment for interventions for specific vulnerable groups, often overlooked in drugs and substance abuse programmes, and that barriers to access be reduced concerning these target groups.
- (iv) Strengthening the regional civil society response, particularly by enhancing media coverage of drug trafficking and its impacts.
- (v) Seeking political commitment to ensure that healthcare and social services are both sufficiently available, sufficiently funded and appropriate to the needs of their client groups,
- (vi) Seeking political commitment to ensure that interventions consider the gender perspective, and youth friendly.
- (vii) Acknowledging that effective service delivery should be sensitive to the specific needs and life experiences of women with drug-use problems.
- (viii) Advocacy and bringing together all stakeholders collectively to understand that prevention interventions and models of care success depends on cross-service partnerships between healthcare, childcare providers, and youth organisations.
- (ix) Sensitising that to achieve success in reducing the risks and harm associated with the use of drugs, it is crucial to promote and encourage the active and meaningful participation and involvement of civil society, including non-governmental organisations, young people, people who use drugs, clients of drug-related services, the scientific community and other experts in the development and implementation of drug policies.
- (x) Ensuring decision makers are informed of the latest scientific evidence on prevention and best practices on addressing drug and substance abuse.
- (xi) Enhancing knowledge of the National Drugs secretariats and related institutions to motivate and inspire the key concerned stakeholders and achieve better results.
- (xii) Revising anti-drugs laws to ensure they provide appropriate frameworks for effective response
- (xiii) Accessing the latest scientific evidence, disseminate tools and advocating for evidence-based prevention and training among decision makers, and opinion leaders.
- (xiv) Addressing the consequential damages associated with drugs and substance such as, theft and crimes and anti-social behaviour. There is a need for advocacy to facilitate collaboration

between all stakeholders, including parents and families, those working in education or family support, networks, and youth services youth groups.

- (xv) Mobilisation of the international Community and organisations, for resource mobilisation, for knowledge base, training etc.
- (xvi) Improving capacity-building and awareness-raising activities to be promoted and implemented on the systemic, legal and financial issues and on the provision, access to and availability of controlled substances for medical purposes, risk of misuse and diversion of these substances. The appropriate use of these substances is therefore imperative.
- (xvii) Networking (APEX) for exchange of experience across all strategies

Institutional Framework for the implementation of the Regional Strategy relating to Demand Side Drug and Substance Abuse issues

Regional Cooperation

The proposed Regional Strategy needs to bring added value to efforts already undertaken at individual Member State's level, while at the same time should provide a regional framework for cooperation among Member States on meeting the emerging challenges in drugs and substance abuse. There is a need to designate a Regional Organisation to promote the implementing the Regional Strategy with a focus on the followings:

1. Strategic collaboration with international organizations and partners, including UN Agencies relating to drug control matters, health, human rights, and development.
2. Ensure a sustainable level of policy dialogue and information sharing on strategies, goals, and relevant initiatives, advocacy for dialogues on drugs with international partners at both regional and bilateral levels. Such dialogues are a crucial aspect of the regional approach to inter-regional and international cooperation.
3. Identify International Partners and build synergy with the work of international actors, seeking the resources needed to strengthen its role, and assisting Member States in fulfilling their obligations in line with the Strategy.

The identification of a Regional Organisation is not a sufficient condition. There is a need for (i) a mechanism for the national level organisation for linkage with other countries and thus a Charter (*see Annex 5*) for practical cooperation is proposed, and (ii) a tool for the monitoring of progress with the establishment of a Regional Observatory (*see Annex 6*).

For the institutional Framework, it is suggested that the Member States agreeing to work together for the implementation of the Regional Strategy establish a network of their National Drugs Secretariats (NDS) to be facilitated by a Charter. The NDS will deal with their respective public, private and civil society organisations, while the regional Organisation will facilitate the implementation of the Charter and act as a Secretariat of the regional network of the NDS.

Way forward:

The Conference adopts a Communique on the willingness to cooperate on matters relating to drugs and substance abuse and endorses in principle the Strategy, Charter (which includes the Institutional framework for regional Cooperation) and agrees to establish a regional Observatory.

- (i) A Ministerial conference is organised to adopt an Indian Ocean Declaration for regional cooperation against drugs and substance abuse, including the Strategy, Charter, and the establishment of a regional Observatory.

AGENDA

Day 1: Wednesday, 26 April		
Time	Session	Resource Persons
08:30-09:15	Registration of Participants	Secretariat
09:15-09:30	Guests to be seated	
	<i>Opening Ceremony</i>	
09:30	Arrival of Hon Pravind Kumar Jugnauth, Prime Minister of the Republic of Mauritius	
09:30-09:32	Welcome Address by Mrs Diana Rengasamy	Master of Ceremony
09:32-09:37	Address by Representative of Indian Ocean Commission	
09:37-09:38	Video Clip-Highlights of the National Response to the Drug Scourge	Master of Ceremony
09:38-09:45	Address by Hon Alan Ganoo , GCSK	
09:45-10:00	Address by Hon Pravind Kumar Jugnauth	
10:00-10:05	Group Photo	Master of Ceremony
10:05-10:30	Tea Break	
10:30-10:40	Administrative Announcements	ADMIN
10:40-11:00	Presentation of Participating Countries	Facilitator-Mauritius
11:00-12:00	Country Presentation (15 mins each) i. Union of Comoros ii. Djibouti iii. Kenya iv. Madagascar	Representative Representative Representative Representative
12:00-12:15	Panel Discussions	Moderator (Seychelles)
12:15-13:30	Lunch	
13:30-14:15	Country Presentation (15 mins each) i. Mauritius ii. Mozambique. iii. France/Réunion	Representative Representative Representative
14:15-14:30	Panel Discussions	Moderator (Kenya)
14:30-15:15	Country Presentation (15 mins each) i. Seychelles ii. Tanzania iii. South Africa	Representative Representative Representative
15:15-15:30	Panel Discussion	Moderator (Mauritius)
15:30-16:00	Group Consultant on Charter (With Tea Break)	Facilitator- Consultant
<i>End of Day One</i>		

Day 2: Thursday, 27 April

Time	Session	Resource Persons
08:30-09:00	Registration	
09:00-09:10	Recap of the previous day	Rapporteur
09:10-10:00	Countering Drug Trafficking through MASE	Indian Ocean Commission
10:00-10:30	Tea Break	
10:30-11:00	Overcoming Barriers to health services for PWUDs	Representative of MoHW/NGOs (10 mins each) Mauritius
11:00-11:30	Methadone Substitution Therapy-DOT v/s Take Home Doses	France/Reunion
11:30-12:45	Lunch	
12:45	Participants at Assembly Point for Site Visits	
13:00-15:30	Site Visit: 3 Groups	
13:30-14:15 14:30-15:15 16:00-16:30	Group A Forensic Science Laboratory Methadone Centre (BSMHCC) Mauritius Revenue Authority-Port Louis Harbour	
13:00-13:30 14:00-14:30 15:15-16:00	Group B Methadone Centre (St Croix) Mauritius Revenue Authority- Port Louis Harbour Forensic Science Laboratory	
13:00-13:30 14:15-15:00 15:30-16:15	Group C Mauritius Revenue Authority- Port Louis Harbour Forensic Science Laboratory Methadone Centre (BSMHCC)	

End of Day Two

Day 3: Friday, 28 April

Time	Session	Resource Persons
08:30-08:45	Registration	
08:45-09:00	Recap of the previous day	
09:00-10:30	Group Work on Common Strategic Document and Recommendations (Thematic) (A) Supply Reduction (B) Demand Reduction (C) Harm Reduction	Facilitator- Consultant Chair IOC
10:30-11:00	Tea Break	
11:00-13:00	Presentation of group work on Common Strategic Document	Representatives of groups (A, B & C) Facilitator- Consultant
13:00-14:00	Lunch	

14:00-14:30	Presentation of the way forward	
14:30-14:45	Closing Remark	Master of Ceremony
15:00-17:00	Sightseeing	
<i>End of Day Three</i>		

Annex 2

List of participants

SN	Name	Designation	Institution/Organisation
1.	NUCKCHADY Bashir	Secretary	Council of Religions
2.	DULLOO Abdus Samad	Social Worker	Dr Idrice Goomany Centre
3.	GUNGARAM Ashvin	Director	AILES
4.	BAUHADOOR Deepa	Officer in Charge	Human Service Trust
5.	JHUREEA Marie Françoise Bianca	Coordinator	Groupe Renaissance de Mahebourg
6.	GOKULSING Ravi	Ag.Chief Occupational Safety and Health Officer	Ministry of Labour, Human Resource Development and Training
7.	NEEWOOR Rajiv	Director	Sangram Sewa Sadan
8.	RAMKOOSALSING Vida Shiamlee	Administrative Assistant	Private Secondary Education Authority
9.	JODHUN MOHIT Jaishree	Programme Coordinator	HELP
10.	PHILIPPE Danny	Prevention and Advocacy Officer	DRIP
11.	MONOHUR Sandhya	Senior Financial Intelligence Analyst	Financial Intelligence Unit
12.	SOOKOOL Nitish Raj (Dr)	Officer In Charge, Harm Reduction Unit	Ministry of Health and Wellness
13.	MUNGUR Jaya Prishni Devi (Dr)	Specialist Psychiatry, Harm Reduction Unit	Ministry of Health and Wellness
14.	KANGLOO, Poonam (Dr)	Specialist/Senior Specialist Psychiatry	Ministry of Health and Wellness
15.	GNANAPRAGASSA Andre Jacques Cherry	Ag. Head Prisons Health Service	Mauritius Prisons Service
16.	AH-SIAN Mario	Social Worker	Centre D'Accueil de Terre Rouge
17.	LINDOR JEANNETON Camie	Unit Lead	Centre de Solidarite Pour Une Nouvelle Vie
18.	RUGJEE Pravish	Forensic Scientist/Senior Forensic Scientist	Forensic Science Laboratory
19.	BOOBUN Rishi	Psychological Support Lead	Association Kinouete
20.	BHOODOO-RAMDANI Anishta	Family Welfare and Protection Officer	Ministry of Gender Equality and Family Welfare
21.	HOSSANEE Salim	Assistant Superintendent of Police	Anti-Drug Smuggling Unit
22.	JOSEPH Jean Marie Sebastien	Superintendent of Police	Anti-Drug Smuggling Unit
23.	RUNGEN Marie Liseby	Director	Groupe A de Cassis
24.	TREEBHOOBUN Annette	Executive Director	PILS
25.	TALARY Georgette	Director	Chrysalide
26.	NAIDOO Trishnee	Programme Officer	National Social Inclusion Foundation
27.	ANACOOA Louis Daniel	Senior Youth Officer	Ministry of Youth Empowerment, Sports and Recreation

28.	LEFORT Alladin Patrick	Coach (Vulnerable Youth)	Mauritius Sports Council
29.	KHODABUX Nathalie	Rehabilitation Social Worker	Centre Frere Rene Guillemin
30.	CARTICK Jamie	Director	CUT
31.	BHUNJUN Rajendra Kumar	Team Leader	Mauritius Revenue Authority
32.	PEERBUCCUS Noormamad		Groupe Tan Nu La voix
33.	JOHNSON Speville (Dr)	Specialist/Senior Specialist (Psychiatry)	Rodrigues Regional Assembly
34.	BAPTISTE Jean Mario	Head Youth Services	Rodrigues Regional Assembly
35.	PAPAIN Yolaine	Senior Investigator	Independent Commission Against Corruption
36.	SHIBDAT Sanjiv	Police Sergeant	Counter Terrorism Unit
37.	MOONSAMY Vedhiyen (Dr)	Assistant Director	Ministry of Education, Tertiary Education, Science and Technology
38.	MUNJHUREEA Shivraj	Acting Principal Social Security Officer	Ministry of Social Integration, Social Security and National Solidarity
39.	Mrs. TORRES Christine Nicole	Sous-préfète à la cohésion sociale et à la jeunesse	Reunion Island
40.	Mr. LARRIEU Hervé	Commandant l'antenne OFAST de l'Océan Indien.	
41.	Mr. PASCAL Benoît, Charles, Lucien, Paul, Emile	Directeur adjoint de la direction régionale des douanes	
42.	Mrs. FREUND Nathalie	Cheffe de la Section Criminelle et de la Brigade de Lutte contre le trafic de produits stupéfiants au sein du service territorial de la Police Judiciaire de la DTPN Reunion	
43.	Mr. COTELLON Gérard	Directeur général de l'Agence Régionale de Santé	
44.	Mrs. LE-CLERC'H Nathalie	La Substitut Générale	
45.	Mrs. FAIZA Abdallah	Inspectrice des Douanes	Union of the Comoros
46.	Mr. SOILIH Mahamoud	Secrétaire Général du Conseil de Supérieur de la Magistrature	
47.	Mrs. Mahamoud EPS WAHIDI Sarata	Commissaire Divisionnaire De Police	
48.	Mr. M'LIVA HOUSSEINI Fakri	Commissaire De Police	Republic of Madagascar
49.	Mr. RANDRIANOELY Herilala Augustin	Directeur de la Surveillance Douanière	
50.	Général de brigade Mr. RIKA Chan Kan	Coordonnateur, Office chargé de la lutte contre le terrorisme, les stupéfiants et la criminalité transnationale organisée	

51.	Dr RAVELOJOELIANDRIAMBELOARITAFIKA Aurelien	Directeur de L'Office National de Lutte Anti-Tabac	
52.	Mr. RAKOTOMALALA Lovaniaina	Commissaire de Police	
53.	Mr. VALENTIN Bernard	Principal Secretary	Republic Of Seychelles
54.	Mrs. SANGUYON Adelle Willet Sabrina	Nurse	
55.	Mr. SEEWARD Joseph Etienne Evan	Police Inspector	
56.	Mrs.BONNELAME Genila	Manager - Seychelles Airport Terminal Operations & Revenue Commission	
57.	Ms. MANGANGOE Angela Sizakele	Chief Director, National Department of Social Development	Republic of South Africa
58.	Mr. KALAEAMODIMO Mogotsi Jacob	Director	
59.	Mr. DE KOKER Devon	Board Member	
60.	Ms. DLAMINI Nomcebo Alice	Board Member	
61.	Ms NAMATHE Mametja Faith	Deputy Director	
62.	Mr. FARHAN Abdourahman Abdoulraguib	Commandant du Laboratoire Scientifique de la Police Djibouti	Republic of Djibouti
63.	Mr. ABDILLAHY Ahmed Aouled	Capitaine Antenne Judiciare du Port	
64.	Mr. HOUSSEIN Baragoita Abro	Sous Lieutenant de la Brigade de Lutte contre les Stupéfiants.	
65.	Mr. HAMZA Mohamed Djama	Sous Lieutenant du Commissariat du 3ème Arrondissement.	
66.	Mr. DOMINIC Domician Mutayoba.	Ag. Commissioner Drug Control and Enforcement Authority	United Republic of Tanzania
67.	Mr. NSOMBO Andrew Justo	Asst. Commissioner Drug Control and Enforcement Authority	
68.	Mr. KAKWALE Amon	Asst. Commissioner Police	
69.	Colonel MILANZI Johnbosco S.	Minister Counselor Embassy of the United Republic of Tanzania	
70.	Mr. MUNG ENG ETHI Isaiah Mulwa		Republic Of Kenya
71.	Ms NJOKI NDIRANGU Grace	Deputy, Anti Narcotics Unit	

**Conference on Substance Abuse for Countries of the Western Indian
Ocean Region**

Sir Harilal Vaghjee Hall, Port-Louis, 28 April 2023

The Final Communiqué

The Representatives of Comoros, Djibouti, France/Reunion, Madagascar, Republic of Mauritius, Seychelles, Kenya, Tanzania and South Africa, regrouping coastal and island states the Western Indian Ocean (WIO), as well as the General Secretariat of the Indian Ocean Commission, met in Mauritius on 26-28 April 2023, under the auspices of the Government of Mauritius. Were also present the Regional Maritime Information fusion Centre, the Regional Centre for Operations Coordination of the WIO region, the European Union, the United States of America and the United Nations Resident representative, as well as various institutions and non-state actors of Mauritius. They have expressed commitment to put in common their efforts and reinforce regional cooperation for promoting their respective mandates in addressing drug trafficking, substance abuse and addiction.

The following aspects were acknowledged:

- The Western Indian Ocean region is at a crossroad in addressing the problem, as it is experiencing rapidly rising consumption of drugs, the introduction of new psychoactive substances which represent serious threat, and an upsurge in the volumes of drugs trafficked within and through the region;
- The drug market is intricately interconnected in the region, linked mostly by the maritime routes.
- The core role of the Indian Ocean commission (IOC) has been highlighted, in particular the MASE programme, mainly financed by the EU, regarding maritime security.
- The serious social and health consequences of drugs and substance abuse on individuals, including drug overdose and related death, HIV and AIDS, as well as the threats from drug trafficking on the social equilibrium, the security and stability of the States and the Region;
- The diversification of drug consumption and trafficking through the region is of significant concern, and that the widespread synthetic cannabinoid use is already causing significant public health, social problems and disrupting family lives in the affected countries.

During the discussions, there was a general acknowledgment that the fight against drugs requires a holistic, integrated, transversal approach and regional cooperation through four main pillars:

1/ **Prevention** measures through sensitization and training of citizens and stakeholders in the society and outreach programs;

2/ **Break the supply chain by tracking** drug traffickers and their networks, exchange of information, police, customs and reinforced judicial cooperation among countries and at the regional level when possible;

3/ **The health and social aspects**, with exchanges of best practices and development of appropriate treatments, specialised medical care of addictions and training of health and social professionals.

4/ A strengthened regional and International Cooperation, coordination as well as political commitment and accountability:

- the challenges related to drugs trafficking and substance abuse concern all countries and cannot be solved by a country alone, requiring improved cooperation and that issues of common concern should be addressed collectively;
- lessons could be learnt from shared experiences,
- regional strategic response and improved cooperation among countries can bring added value to efforts already undertaken at national levels.

The representatives of different countries of the region expressed their interest to establish a regional cooperation framework to address illicit drugs and substance abuse. The aim is to synergize the efforts, to seek a common approach and exchange of best practices, in particular to reduce demand for drugs (through prevention, treatment, rehabilitation and aftercare) and tackling the consequential damages associated with illicit drugs and substance abuse, and to fight against drug trafficking for preserving peace and stability of societies of the States.

Representatives acknowledged that National bodies responsible for coordinating drug response in charge of the fight against Drugs must reinforce their cooperation by establishing a regional network of contact points in all countries.

The conference encouraged all countries in the region to develop and implement their national drug strategy and/or action plans with clear monitoring and evaluation framework.

It was also recommended that the respective national agency responsible for drug response to meet and discuss a way forward for promoting regional cooperation, dialogue and exchanges against drugs and substance abuse and the establishment of a regional drug Observatory.

The participants thanked the government of Mauritius for organizing this conference and for their hospitality.

A follow up Ministerial Committee may be organized in 2024 for consultations in view of promoting regional cooperation on drug and related matters and the setting up of a Regional Drug Observatory.

DISRUPTING THE DRUG TRAFFIC THROUGH THE ARCHITECTURE FOR MARITIME SECURITY

Maritime crime in the Indian Ocean is on the rise, with the East African coast playing an increasingly significant role in the global heroin trade, feeding a system of criminal governance around an interconnected complex web of the organized network, linked with other illicit maritime activities. The drug market is intricately interconnected in the region linked mostly by maritime routes. Lots of effort is put inland with very little or no focus on the maritime zone.

Establishment of an Architecture for Maritime Security

The Indian Ocean Commission (IOC) has spearheaded the establishment of an Architecture for Maritime Security (AMS) - a unique regional mechanism for maritime security which aims principally to improve the overall maritime capability of the region to better manage the maritime zone and thus disrupt the drug trade routes and curb down traffic.

The AMS is a strong, modern, and regionally owned mechanism and focuses on the movement of vessels given that maritime safety and security risks and threats emerge from their abnormal behaviour, including those related to the traffic of drugs and narcotics.

The AMS is a bottom-up solution to maritime security in the region facing the challenges of insufficient funding and the need for technology and improved skills and competences. It constitutes a holistic approach to maritime threats and crimes and is a regionally embedded and regionally-driven solution to maritime security challenges helping to avoid dependency on external actors.

The AMS enables the identification of threats through enhanced information and intelligence sharing and collaboration among regional States through the Regional Maritime Information Fusion Centre (RMIFC), that will improve the overall understanding of drugs trafficking in the region and bolster the regional response to dismantle the regional network through the Regional Coordination Operations Centre (RCOC). The AMS was institutionalised through the signing of the two regional Agreements in 2018 by Comoros, Djibouti, France, Kenya, Madagascar, Mauritius and Seychelles and the establishment of a governance body which includes the representatives of all the signatory States and the IOC acting as its secretariat. The RMIFC and RCOC are both manned by International Liaison Officers of the Agreement Signatory States and linked to the National Maritime Information Sharing Centres as well as any other Centres. It is currently equipped with state of art ICT Systems, both hardware equipment and software applications, which support them in fulfilling their respective missions.

Establishing a Regional Operational Cooperation Framework to deter, combat, investigate and prosecute drug trafficking through the following measures:

- (i) Establish well-defined national strategies on maritime security and relating institutional structures for addressing the national level constraints to reinforce the AMS.
- (ii) Improving the regional maritime capability through the pooling of limited resources and incentive for coordinated actions at sea.
- (iii) A holistic and integrated approach to maritime threats and crimes.

- (iv) Establishment of a Vessels Traffic and Monitoring Information System (VTMIS) and adoption of a Regional Policy on Ports Security and Safety of Navigation.
- (v) Legal finish and capacity.
- (vi) Establish a network of IFC/ISCs while building trust and collaborative support among all IFCs and enable a comprehensive maritime picture of the region.

Establish well-defined national strategies and relating institutional structures for addressing the national level constraints to reinforce the AMS:

It should be recognized that countries in the region have limited resources, and that among those limited resources, several competing security priorities exist. Countries have either extensive coastlines with hundreds of kilometres of isolated and unpatrolled beaches and coastlines or large EEZs while the maritime capability is limited and outdated. The countries cannot afford to have a sustained mechanism to address every maritime security challenge. There is a lack of national level strategies to focus on priority maritime security challenge and orient resources towards that end. The existing national level structures and mechanisms to address maritime security at national levels have not evolved much in decades, if not centuries. They have a narrow focus, resulting in several national agencies created, and missions developed with overlapping mandates, each working in isolation, while the work of one may be relevant to another agency with the result that there is no overall complete picture nor an understanding of criminal patterns of behaviour, making prevention and disruption of crimes very difficult. Given the state of governance structures and socio-economic opportunities in the region, one crime can flourish, while deterrence mechanisms dedicated to another type of crime are applied. There are confirmed cases of fishing vessels engaged in arms, drug or human trafficking. Concrete actions include:

- Establish National Maritime Security Strategy
- Strengthen the National Maritime Security Committee
- Reinforce a National Maritime Information Sharing Centre linking with other Centres (RMIFC/RCOC...)

The AMS rests on the assumption that there are National Centres in each country and are adequately equipped both in terms of technology and quality of staff and operating within a well-coordinated and organised national structure. The AMS requires adequate collaboration with the National Centres and other regional and international Centres to (i) define Maritime Zones of Interest for identification of VOIs, followed (ii) inspection and (iii) legal finish.

Improving the regional maritime capability through the pooling of limited resources and incentive for coordinated actions at sea:

Countries have vast EEZ with limited maritime and aerial assets for inspection of VOI. Thus, the mobilisation of assets becomes very costly for small administration. This is why there is a provision under MASE to provide a financial incentive for regionally coordinated actions at sea. A financial mechanism has been established and agreed for the use of a total of sixteen maritime and four aerial assets for coordinated inspection of VOI in a maritime zone of 14 Mkm². This enables the pooling of scarce assets and maritime crime in one maritime zone can be inspected in another. The system has been tested to facilitate regional and international cooperation following the provisions of the MASE Agreements, i.e. the assets remain under the responsibility of the country concerned. Furthermore, a partnership has been signed with EUNAFOR, UK and IFC/IOR to assist in the inspection. Other partnerships are being considered such as with CMF and other neighbouring countries.

Holistic and integrated approach to maritime threats and crimes: There were strong interlinkages between IUU fishing and other transboundary maritime crimes. Fishing vessels can have their VMS on but can also be involved in drug trafficking as they do not follow ISPS Code strictly, in arms trafficking as weapons can easily be concealed in fishing vessels, in transshipment as fishing vessels are very often having dark rendezvous with other support vessels to tranship catches or other illegal commodities, in human trafficking as human exploitation for unpaid labour is a common issue on board fishing vessels and human trafficking also by these ships cannot be disregarded. This situation is exacerbated by the lack of legal finish at the country level given the many legal and structural challenges to comprehensively address the interlinked TMC. The region cannot afford to have specific tools and mechanisms for each of the transboundary maritime crimes. In short, combatting drug trafficking requires addressing other maritime crimes as well.

Vessels Traffic and Monitoring Information System (VTMIS) and the adoption of a Regional Policy on Port Security and Safety of Navigation: While ports bring economic growth, they can also serve as the logistics for illicit activities. Approximate 500 million containers are shipped globally every year. Very few and in some case no inspection of vessels or containers is done in the region. There seems to be a direct relationship between economic growth, ports development and illicit activities. The IOC is coordinating the Port Security and Safety of Navigation Programme (PSP) and working on two major aspects of maritime security: increased risk management capabilities to monitor the risks associated with cargo, movements at ports and passengers crossing external borders, by strengthening the national and regional ports security risk management framework and the development of a comprehensive advance regional cargo information system, in line the International Ship and Port Facility Security Code (ISPS Code). Concrete actions include:

- (i) Develop a **Vessels Traffic and Monitoring Information System (VTMIS)** for the maritime territories of the countries including compulsory measures for vessels of all sizes to have detection devices and a system for information sharing, and reporting and exchange mechanism on cargo and passengers, both at national & regional levels
- (ii) Get the endorsement of a **Regional Policy on Port Security and Safety of Navigation** so that all the countries in the region adopts similar measures.

Legal finish and capacity: The legal basis for sanctioning crimes at sea remains largely inadequate in the region. Prosecution of pirates by Seychelles, Kenya and Mauritius has demonstrated that this is possible. the compatibility/harmonisation of the legal provisions in the region. Provision has been made for assessments relating to the security of ports and the safety of navigation. These assessments will also determine the existence or the absence of the provisions for the violation of the laws on maritime crimes, the applicable sanctions (and the degree of harmonisation among cooperating countries), the jurisdiction about the incidents of maritime crimes, the legal usage of evidence in other countries, the laws of the criminal proceeding and the existence of extradition treaties and/or of mutual legal assistance between the regional signatories. The assessments will provide input for a judicial reform aimed at removing obstacles in the fight against maritime crimes along the intervention chain (information, intervention, prosecution, custody). **Proposed major actions are:**

Legal support to complete the above assessments in line with International Standards for maritime crime prosecution with a review of the signatories' legal frameworks in place, proceed to legislative reform to prosecute all maritime crimes at sea, with a view to ensure that there are no legislative gaps in combating maritime crime from the disruption stage, prosecution stage, through to the detention stage, followed by:

- a) support through drafting of the necessary laws/ regulations to the relevant ministry or authority,

Establish a solid regional legal base against cross-border maritime crimes through:

- a) Signature of a regional Agreement of cooperation between the countries of the region, that facilitates investigation and prosecution against maritime crimes.
- b) The establishment of a regional permanent investigators and prosecutors' platform enabling a bilateral and multilateral case-to-case exchange and collaboration for legal finish.

Develop and strengthen Law Enforcement Agencies' capacity.

Advocacy for an international jurisdiction for prosecution of drug traffickers at sea, including in high seas.

Establish a network of IFC/ISC while building trust and collaborative support among all IFCs and enabling a comprehensive maritime picture of the region: Vessels in the area of focus of the MASE travel further all around the world. The MASE Centres are however limited in the coverage for tracking VOI. This situation is not unique to the RMIFC, but to all other IFCs. There is therefore a need for follow-up on each of the VOIs beyond the region. The IOC organised a meeting of Maritime Information Fusion/Sharing Centres in Western Africa, the Eastern Indian Ocean and Pacific on the 29 September 2021 which unanimously concluded on the need for networking of all the centres as an opportunity to build up global capacity in maritime safety and security through an operational collaborative arrangement. This network will allow a wider Indo-Pacific cooperation through formalising and structuring of exchanges between the maritime information fusion and sharing Centres under the provisions of the MASE agreements which provide for the realisation of institutional partnerships and collaborations with third-party States.

Draft Charter for Western Indian Ocean Cooperation against Drug & Substance Abuse

The Representatives of xxxxxxxxxx, regrouping coastal and island states of the WIO region (COUNTRIES, referred to as the Member States in this Declaration) having expressed commitment to put in common their efforts for promoting their respective mandates in addressing the drug problem,

Considering that Member States are at a crossroads in addressing their drug problem, as they experience rapidly rising consumption of drugs, the introduction of new chemically produced illicit substances, and an upsurge in the volumes of drugs trafficked within and through the region,

Conscious of the serious health consequences of drugs and substance abuse on individuals, including drug use disorders, HIV and AIDS, as well as the threats from the trafficking and abuse of illegal drugs on the social fabric, the security and stability of the Member States and the Region,

Subscribing to the overall objective of the African Union Plan of Action (AUPA) on Drug control and crime prevention (2019-2023) to improve the health, security, and socio-economic well-being of the people by addressing drug trafficking and problematic drug use in all its forms and manifestations and preventing the onset of drug use,

Acknowledging that the AUPA's objective reflects the African Common Position for the 2016 UNGASS General Assembly Special Session (UNGASS) on the World Drug Problem about strengthening International and regional cooperation based on the principle of common and shared responsibility,

Acknowledging that the diversification of drug consumption and trafficking through the region is of significant concern., and that the widespread synthetic cannabinoid use is already causing significant public health and social problems and disrupting family lives in the affected countries, Conscious that the problems related to drugs and substance abuse concern all countries and that lessons could be learnt from their experiences in dealing with them, and that there are issues of common concern that can be addressed collectively,

Conscious that a regional strategic response can bring added value to efforts already undertaken at individual Member State's level, while at the same time constituting a framework for cooperation among Member States on meeting the emerging challenges in drugs and substance abuse at national levels,

Acknowledging the mandate of the REGIONAL ORGANISATION in developing and implementing regional policy agendas, and establishing synergistic and strategic collaboration with international organizations,

Having expressed the need for establishing a Regional Operational Cooperation Framework to address drugs and substance abuse,

Subscribe to join forces to develop and implement a Western Indian Ocean Regional Strategy (referred to as Strategy in the present Declaration) to reduce demand for drugs through prevention, rehabilitation, and treatment services and tackling the consequential damages

associated with drugs and substance abuse, and to curb drug supply for preserving peace and stability of societies of Member States,

Subscribe to the adoption of a Strategy to inspire and support national policies of Member States at the country level to enhance the quality of drugs-related interventions, provide special attention to children, young persons, and women, provide interventions for specific vulnerable groups, build up a regional knowledge base, and promote advocacy,

Considering that the Strategy will result in a better understanding of the challenges posed by drugs and substance abuse by enhancing Research and Development (R&D) in addressing the challenges of drugs and substance abuse, including the rise in consumption and trafficking of new psychoactive substances (synthetic drugs), regarding all the components of the Strategy including on monitoring, evaluation, and advocacy actions,

Considering that the Strategy will result in improving the quality of services and interventions through regional exchange of best practices, including interventions/ services on harm reduction, rehabilitation and coping mechanisms, managing drug problems in prisons,

Considering that the Strategy adopted should give special attention to Children, Youth and Women, and specific vulnerable groups,

Considering that the Strategy adopted will address the fight against drug related money laundering via regional and international cooperation,

Considering that the Strategy adopted will provide for advocacy for enhanced coherent national/regional/international policies,

Considering that the Strategy adopted will provide for the setting up of an Observatory as an important resource for the region in collecting and disseminating factual, objective, reliable, and comparable information concerning drugs and drug addiction, and for guiding programme development, monitoring, and evaluation,

Calls on National Drugs Secretariats/ Member States to harness political commitment in the region to promote cooperation and coordination among the participating countries to fully support the implementation of the Western Indian Ocean Strategy for a peaceful and stable region, free from the scourge of drug consumption and trafficking.

The Western Indian Ocean Drugs and Illicit Substance Abuse Observatory

The Western Indian Ocean Drugs and Substance Abuse Observatory (WIO-DSAO) will be an important tool for the region in collecting and disseminating factual, objective, reliable, and comparable information concerning drugs and drug addiction. Its core functions of data collection and monitoring, analysis and interpretation of the data collected, and reporting and dissemination of results, are critical to providing strategic direction to decision-makers and policymakers, both at national and regional levels. The WIO-DSAO 's focus is on monitoring drug supply reduction, drug demand reduction, and other qualitative.

The WIO-DSAO's main objective is to provide factual, objective, reliable, and comparable information concerning drugs and drug addiction, and their consequences. The WIO-DSAO is part of a broader system/regional strategic response that combines a concerted and balanced national drugs coordination mechanism with a regional drugs information network.

Audience

The WIO-DSAO collects and produces information for two main audiences: firstly, the national audience, which includes decision-makers, the scientific community, professionals working in the drugs field, and the general public and the regional audience, within the context of overall efforts to reduce drugs and substance abuse at the regional level.

Core Functions

The core functions of the WIO-DSAO include data collection and monitoring, analysis and interpretation of the data collected, and reporting and dissemination of results. The WIO-DSAO also has the role of bringing together all available information into a regional picture. In order to do so, it identifies what information is available and creates an 'information map' document that identifies and classifies potential data providers of drugs information and partner organizations.

Areas of Strategic/Policy Interest

The WIO-DSAO monitors major areas of strategic/policy interest, which are monitored using a range of tools by international organizations. These areas of strategic/policy interest include drug consumption among the general population (prevalence and incidence), drug consumption by young people (prevalence and incidence), drug consumption by special or vulnerable populations, high-risk drug consumption (e.g., injecting, dependence, etc.), services utilization, drug-related morbidity, drugrelated emergency room visits, psychiatric morbidity directly attributed to drug consumption, drugrelated mortality, social exclusion and disadvantage, drug-related crime (violations of drug laws; the proportion of property crimes associated with drug consumption; the proportion of violent crimes associated with drug consumption), economic costs of drug consumption, and information on drug availability and drug markets.

Indicators

There are three main groups of indicators used by the WIO-DSAO: drug supply reduction, drug demand reduction, and other qualitative indicators. Supply reduction indicators include the number of drug seizures, the amount of drugs seized, the number of drug-related arrests, and the number of drug-related convictions. Demand reduction indicators include the number of drug users, the prevalence of drug use, the number of drug admissions, and the number of drug-related deaths. Other qualitative indicators include the availability and accessibility of drug treatment services, the level of drug-related violence, and the level of corruption in the drug trade.

Rehabilitation – An Important Aspect of Drug Treatment

The WIO-DSAO also monitors drug use and abuse, as well as the effectiveness of drug prevention and rehabilitation programs. Drug rehabilitation programs help people transition back into society in a way that enables them to be functional and productive while maintaining sobriety. These programs help patients learn how to reclaim their normal lives safely and healthily. Outpatient drug or alcohol treatment is a form of rehabilitation that allows patients to live at home while still attending treatment sessions at a centre, hospital, or mental health clinic. In general, outpatient treatment can be preferable due to its flexibility and reduced expense, and it is generally as effective as inpatient treatment.

Categories of Data /Indicators and justification

Data need to be collected and drug supply reduction, drug demand reduction, and other qualitative indicators are to be closely analysed in a fight against drugs and substance abuse to assess progress in meeting the objectives of programmes, evaluate drug use and treatment services, understand drug use patterns, assess performance and effectiveness of education, counselling, and related actions.

The WIO Drug Observatory is meant to generate such statistics that would allow assessment of progress in the fight against drugs. Hereunder, is an indicative list of drug-related indicators that can be used to measure the extent of drug use and the effectiveness of drug control policies, translating the justification for each set of indicators.

Prevalence and incidence rates will allow policy makers of Member States to know of the proportion of a population that has used drugs during a given period, as well as incidence rates for the same, ie, the number of new cases of drug use within that time frame. Collecting data on drug prevalence and incidence rates will enable policymakers to monitor trends and identify changes in patterns of drug use. Data gathered will provide the basis for the formulation of enhanced drug control policies and actions and their implementation. Prevalence and incidence rates will enable comparison of the status of drug use at the beginning and end of measures relating to drug control, and hence assess the effectiveness of interventions, and eventually inform rectifications to be brought to policies. Further, data on drugs and substance use will indicate the composition and location of vulnerable groups, thus facilitating targeted interventions, including sensitisation programmes which can be adjusted and be more focused to convey the appropriate messages, and more targeted allocation of resources for drug control efforts.

Public health drug-related services data including drug-related deaths and hospital admissions will indicate the acuteness of drugs and substance abuse and its impact on public health and its services. Such data will enable public health monitoring, ie identify trends in drug-related morbidity and mortality and can inform public health strategies aimed at reducing harm. It can

also enable policymakers to target resources to areas and populations with the highest need, groups experiencing a high rate of drug-related hospital admissions, which could lead to targeted intervention efforts.

This data can also enable assessment of the effectiveness of interventions aimed at curbing drug-related harms. Indicators generated will enable comparison at the beginning and end of the implementation of interventions so that policymakers' officials can determine to what extent the said interventions have been successful. Such data can also inform the development of drug control policies, reorient sensitisation campaigns and event influence legislation for enhanced control of specific drugs.

Data on confiscated drugs assist in determining the effectiveness of supply reduction measures. The quantity and types of drugs seized by law enforcement authorities, as the channels, operations and methods of drug distribution are useful information for focusing law enforcement efforts to dismantle drug networks and supply chains. Such data allow comparison of seizure data at the start and after the implementation of law enforcement interventions, policy makers of Member States can assess the effectiveness of these strategies in disrupting drug trafficking and reducing drug supply. Seizure data can also inform drug control policies by identifying emerging drug trends and patterns and enabling more targeted interventions. As regards relations with other countries data on confiscated drugs by law enforcement authorities can be used to support international cooperation in combating drug trafficking, through sharing of information to identify transnational drug trafficking routes and patterns and inform joint law enforcement efforts and mutual assistance between countries.

Data on repression measures, arrest and conviction rates are needed to evaluate the effectiveness of demand reduction policies and the effectiveness of law enforcement efforts in addressing drug-related crime. By comparing arrest and conviction rates before and after the implementation of law enforcement strategies, policymakers can assess the impact of these strategies. Data on drug-related arrests and convictions can inform drug control policies by identifying emerging drug trends and patterns. Such data also help to identify high-risk populations, such as repeat offenders or individuals involved in drug trafficking. This information can inform targeted prevention and intervention efforts. Further, data on drug-related arrests and convictions can help policymakers allocate resources for drug control efforts based on the areas and populations most affected by drug-related crime.

Data on treatment and care services concerns the number of people seeking treatment for drug use and the availability of treatment services provides an assessment of needs. They generate indicators of the prevalence of drug use and the need for treatment services. This information can inform the development of effective prevention and intervention programmes, and the corresponding allocation of resources by policymakers for treatment services aimed at targeting specific areas and populations most in need. Data collected will make possible evaluation of the effectiveness of treatment services and formulation of appropriate adjustments.

Data on treatment demand and availability can inform drug control policies by identifying gaps in treatment services and areas of need. For example, if data indicates a high demand for treatment services but a shortage of available providers, policymakers may consider implementing policies to increase the number of treatment providers. Data on treatment demand and availability can support research into the effectiveness of different types of treatment services and inform the development of evidence-based interventions.

Data on the cost of drug control policies and the cost of drug treatment. These are the economic indicators, and they measure the impact of drug-related crime and the cost of drug treatment provided by both public and private sector. This data helps policymakers of Member States evaluate the effectiveness of drug control policies. By monitoring the cost of drug control policies, policymakers can determine whether these policies are cost-effective and whether alternative policies would be more effective. Also, such data enable policymakers to allocate resources to address the most pressing drug-related issues in their communities. By understanding the cost of drug-related crime, policymakers can make informed decisions about where to allocate law enforcement resources. Further, data on the cost of drug treatment can help policymakers evaluate the effectiveness of drug treatment programs. By monitoring the cost of drug treatment and measuring treatment outcomes, policymakers can determine which treatment programs are most effective and allocate resources accordingly.

Data on drug use and drug-related harm can help public health officials design interventions to reduce drug-related harm. By understanding the prevalence of drug use and the harms associated with different types of drugs, public health officials can design prevention and harm reduction strategies to reduce drug-related harm.

Data on perception through surveys measure the public attitudes towards drug use and drug control policies and can help identify gaps in public education and awareness. Such data can help raise public awareness about the dangers of drug use and the importance of drug control policies. By understanding public attitudes towards drug use and drug control, policymakers can tailor their messaging and public education campaigns to be more effective in communicating key messages. Data on perception can also inform the development of drug control policies that are more responsive to public concerns and preferences. By understanding public attitudes towards drug use and drug control, policymakers can design policies that are more likely to be accepted and supported by the public. Such data can be used to evaluate the effectiveness of drug control policies by measuring changes in public attitudes over time. By monitoring changes in public attitudes towards drug use and drug control, policymakers can assess whether their policies are achieving the desired outcomes. Indicators obtained can help policymakers identify specific groups or communities with attitudes that may be hindering the success of drug control policies. By identifying these groups, policymakers can design targeted interventions to address their concerns and increase support for drug control policies.