



## **The Western Indian Ocean Conference on Drug and Substance Abuse**

### ***“Promoting Regional Cooperation to Enhance Strategic Response”***

Sir Harilal Vaghjee Hall, 26 to 28 April 2023

#### **Western Indian Ocean Regional Strategy to address the challenges of drugs and substance abuse WORKING DOCUMENT**

### **1. 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 anti-social 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.

## **2. 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:

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

### 3. OBJECTIVES OF THE REGIONAL STRATEGY

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

- 1. 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.*
  
- 2. 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*
  
- 3. Strategy Intervention 3: Combatting drug trafficking and financial crimes relating drug**
  
- 4. Strategy Intervention 4: Coherency in national/regional/international policy advocacy, mobilizing resources and cooperation**

### 4. 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.

## 5. 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:

1. Setting up APEX body for coordination.
2. 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.
3. policy formulation, implementation, evaluation and related tools.
4. human resource capacity in each pillar of the Strategic Intervention
5. facilitating access to world-wide research and dissemination to the region to improve national level knowledge base and promote a social innovation perspective.
6. 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.
7. 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.
8. 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.
9. 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.
10. 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 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:**

1. Disseminate the latest scientific evidence on prevention and disseminate tools to practitioners and provide them with training.
2. Bring in innovative measures in existing programmes.
3. 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.
4. 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.
5. Enhance knowledge and capacity of the National Drugs secretariats and related institutions to motivate and inspire the key concerned stakeholders.
6. 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.
7. 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.

8. 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 harm-reduction 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:

1. 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.
2. 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.
3. 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.
4. 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:

1. 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:

1. 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.
2. 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.
3. provision, implementation and, where needed, increase the availability of evidence-based early intervention measures.
4. 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.

5. 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.
6. 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.
7. 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.
8. 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.
9. encourage the full use of new and innovative digital communication channels to reach the youth and women.
10. demonstration that the measures implemented are evidence-based and should support positive relationships with youth peers and with adults.
11. 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.
12. 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.
13. 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:

1. 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.

2. 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.
3. 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:

1. 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.
2. 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.
3. 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 3

#### **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 focussing 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:

1. Recognition that an appropriate level of resources is required for the effective implementation of the Regional Strategy, including the national level strategy.
2. 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.
3. 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.
4. Strengthening the regional civil society response, particularly by enhancing media coverage of drug trafficking and its impacts.
5. 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,

6. Seeking political commitment to ensure that interventions consider the gender perspective, and youth friendly.
7. Acknowledging that effective service delivery should be sensitive to the specific needs and life experiences of women with drug-use problems.
8. 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.
9. 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.
10. Ensuring decision makers are informed of the latest scientific evidence on prevention and best practices on addressing drug and substance abuse.
11. Enhancing knowledge of the National Drugs secretariats and related institutions to motivate and inspire the key concerned stakeholders and achieve better results.
12. Revising anti-drugs laws to ensure they provide appropriate frameworks for effective response
13. Accessing the latest scientific evidence, disseminate tools and advocating for evidence-based prevention and training among decision makers, and opinion leaders.
14. 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.
15. Mobilisation of the international Community and organisations, for resource mobilisation, for knowledge base, training etc.
16. 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.
17. Networking (APEX) for exchange of experience across all strategies

## **6. 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 1*) for practical cooperation is proposed, and (ii) a tool for the monitoring of progress with the establishment of a Regional Observatory (*see Annex 2*).

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:**

1. The Conference adopts a Communiqué 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.
2. 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.

### 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, drug-related emergency room visits, psychiatric morbidity directly attributed to drug consumption, drug-related 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.

## **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 the 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:**

1. Establish well-defined national strategies on maritime security and relating institutional structures for addressing the national level constraints to reinforce the AMS.
2. Improving the regional maritime capability through the pooling of limited resources and incentive for coordinated actions at sea.
3. A holistic and integrated approach to maritime threats and crimes.
4. Establishment of a Vessels Traffic and Monitoring Information System (VTMIS) and adoption of a Regional Policy on Ports Security and Safety of Navigation.
5. Legal finish and capacity.
6. Establish a network of IFC/ISCs while building trust and collaborative support among all IFCs and enable a comprehensive maritime picture of the region.

**1. 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.

**2. 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 Mkm<sup>2</sup>. 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.

**3. 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.

**4. 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:

1. 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
2. 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.

**5. 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.**

**6. 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.