**Parallel report submitted by PILS**

**Right to physical and mental health (art. 12)**

*Please provide information on the legislative and policy framework put in place to address the use of illicit drugs and their impact. Please also provide information on the steps taken by the State party to scale up the provision of needle exchange programmes, opioid substitution therapy and harm reduction programmes. Please further provide information on the extent to which the State party has taken measures to reduce new HIV infections, particularly among people who inject drugs, sex workers and prison inmates, mother-to-child transmission and hepatitis C infections.*

**Drug laws in Mauritius**

The law that regulates drugs in Mauritius is the Dangerous Drugs Act which, and is essentially repressive. Mauritius has not had a National Drug Control Masterplan since 2009.

“Drug prohibition laws, stigmatisation and heavy-handed policing have all led to low levels of help or health seeking behaviour, distrust of the health system and little faith in the interventions that are available among [a] low-income community of people who use drugs”, and there remains limited access to legal services for this population. Mauritius has taken regressive steps in harm reduction-related policy, reducing and/or limiting access to comprehensive harm reduction services in recent years.

NSP sites in Mauritius, although still operational and financially supported by both the government and the Global Fund, remain restricted to a fixed quota of 30,000 needles per month. The restriction, implemented by the government that came to power in 2014, inhibits service providers (who cannot respond to need) and is harmful, given the increasing number of people who inject drugs in the country. People under the age of 18 do not have access to harm reduction programmes and, with paraphernalia illegal under the Mauritius Dangerous Drugs Act, young and old may be arrested for the simple possession of a syringe.

In 2015, under the newly elected Mauritian government, OST distribution was moved from health facilities to police stations, with daily fixed times and reduced hours (from 6.00 to 8.00 am) for people who use drugs to attend, with considerable negative impact on access to services. Methadone was also replaced with a buprenorphine and naltrexone combination. Successful advocacy by civil society organisations, resulted in the reintroduction of methadone in 2017.

In the first half of 2018, distribution continued to be carried out at police stations and at the afore mentioned fixed hours. However, in July 2018 the health minister of Mauritius announced that OST distribution would revert to primary healthcare settings with times of distribution to be reviewed. The restrictions placed around OST in Mauritius highlight the retreat from previously well-established services in this country.

Currently, our country does not have a standalone Harm Reduction policy. Similarly, protocols for NEP, MST, Naltrexone and Suboxone treatments are not yet validated.

In January 2019 the Mauritian government launched the National Drugs and HIV Council under the chairmanship of the Prime Minister, in the aim that high level policy matters will be discussed.

**Harm reduction in Prison settings**

In 2015, in prison settings methadone induction was also ceased. Currently, there have been reports that access to methadone treatment is challenging for inmates, especially females who are in smaller prisons. Access to condoms and NEP remain non-existent in prisons.

Linking of MST clients from prison to communities can take more than a day, resulting to released detainees to be off the treatment for one or two days.

Training of prison officers, especially methadone dispensing staff and high prison officials on harm reduction including overdose management is uncommon.

**Access to Hepatitis treatment**

Regarding Hepatitis C prevention and treatment, the major challenge is that there is no national testing, diagnosis and treatment plan. There has been records of patients living with HCV who have received genotype and viral load tests financed by the Government; however, those patients were apparently infected during blood transfusion (prior 1994). While most cases of HCV appear to come from People who inject drugs (PWIDs), access to HCV information, access to diagnosis and treatment is non-existent. Only PWIDs who can afford to pay for their diagnosis and for their HCV treatment were able to be cured from HCV. Whilst the Government has taken steps since 2018 to kickstart discussions around HCV treatment, currently the laboratory capacity to run key diagnosis tests and lack of treatment protocols remain a challenge.

**Certificate of Character Act**

Regarding the social integration of drug users, despite the amendments in the Equal Opportunity Act, any person who was arrested for a drug case will have this mentioned in his/her Certificate of Character- and criminal records stays for life. This directly impact on the drug users’ prospects for any formal employment since this certificate can be requested by any prospective employers.

**HIV transmission among sex workers**

Regarding reduction of HIV transmission among sex workers, there are reported cases of sex workers being arrested and condoms being used as proof in court; since ‘prostitution’ per se is not clearly put as illegal in our Criminal Code, sex workers are arrested, their handbags opened, and condoms and gels are used as proof of for ‘idle and disorderly’ or ‘rogue and vagabond’ type- behaviour.

Submitted on Wednesday 06/02/2019