



PRIME MINISTER'S OFFICE

**NATIONAL
DRUG CONTROL
MASTER PLAN
2026 – 2030**

**REPUBLIC OF
MAURITIUS**



NADC
NATIONAL AGENCY
FOR DRUG CONTROL



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Prime Minister
Republic of Mauritius

Foreword

The devastating human cost of drug trafficking, addiction, and substance use disorder calls for immediate and urgent action at the national level. Families are being torn apart, communities destabilised, and the future of our youth imperilled. The drug problem constitutes an existential threat to societies in many parts of the world.

It is worth recalling that prior to 2025, the modus operandi for dealing with this scourge was characterised by a total lack of coherence. Institutions were operating in an isolated manner with no cooperation at all among them.

Today, we are ensuring that institutions all operate in a collaborative manner to combat drug trafficking and use. The new team in place at the Anti-Drug & Smuggling Unit (ADSU) is adopting a much more proactive approach and a novel mode to track drug dealers. The collaboration with international organisations like the United Nations Office on Drugs and Crime (UNODC) and friendly countries is already yielding encouraging results.

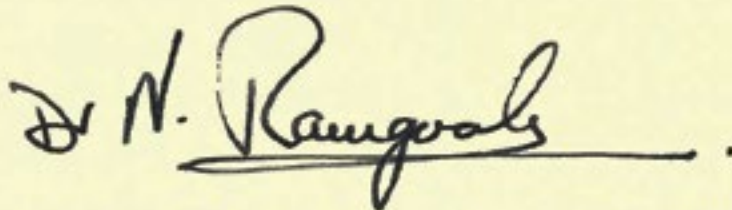
This Master Plan represents our collective determination to restore dignity, health, and safety to all Mauritians.

Anchored in evidence, inclusivity, and compassion, the National Drug Control Master Plan 2026-2030 has been informed by a wide cross-section of our society, from those with lived experiences of addiction to civil society, non-governmental organisations, health care professionals, law enforcement, and international partners. The Plan not only builds upon the foundation of our previous efforts but boldly charts a new course through four interconnected pillars: Supply Reduction, Demand Reduction, Health and Wellbeing, and Social Reintegration in a Coordinated Response.

The establishment of the National Agency for Drug Control (NADC), through an Act of Parliament in May 2025, marks a pivotal shift in the governance and implementation of our drug control policy. As the apex institution tasked with leading and coordinating the national response, the NADC brings together stakeholders under a single, strategic vision. Its work will be steered by the National Drug Control Commission, which I have the honour to chair, to ensure policy coherence, accountability, and impact at the highest level of government.

Central to this Master Plan is our moral imperative to uphold human dignity. We recognise that those struggling with substance use are not criminals but individuals in need of care, treatment, and reintegration. Through this Plan, we will expand access to evidence-based prevention, treatment, harm reduction, and aftercare services, while disrupting the drug supply chains that fuel this crisis. We will invest in prevention programmes that nurture resilience in our youth, support families, and create healthy, empowered communities.

To succeed, this Plan requires the commitment of every Mauritian. It is not merely a government endeavour but a national movement. It is a call for action to educators, parents, law enforcement and healthcare professionals, faith leaders, civil society, and most of all, our youth to stand united against the drug pedlars and help to dismantle their criminal networks.

A handwritten signature in black ink, reading "Dr N. Ramgoolam". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

*Dr the Hon Navinchandra Ramgoolam, GCSK, FRCP
Prime Minister*

29 April 2026

ACKNOWLEDGEMENT



The National Drug Control Master Plan (NDCMP) 2026 – 2030 offers a national response to drugs through a strategic framework that balances public health, law enforcement, safety, and human rights, is the result of the collaborative endeavours of numerous institutions, individuals and organisations.

We are particularly thankful to the United Nations Resident Coordinator in Mauritius, Ms. Lisa Simrique Singh, and her office, for their unflinching support throughout the exercise from conception to culmination. Our thanks also to the United Nations Office on Drugs and Crime (UNODC), Regional Office for Eastern Africa (ROEA), World Health Organization (WHO) and other UN entities for providing technical assistance and guidance.

Our deepest appreciation for the international consultant, Mr Angus Henderson, and the National Consultant, Mr Kunal Naik. Their insights and expertise contributed significantly to the plan's coherence, relevance and feasibility.

Our thanks also go to all stakeholders: representatives of the different Ministries, law enforcement agencies, civil society, health professionals, the private sector, NGOs, people with lived experience of drug use and all those who directly or indirectly contributed in the elaboration of the NDCMP.

Additionally, the support provided by the National Drug Secretariat team, under the **Prime Minister's Office – Rodrigues and Outer Islands Division**, has been instrumental in the successful development of this National Plan.

EXECUTIVE SUMMARY

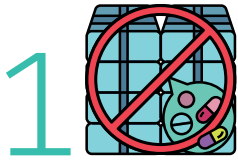
The Republic of Mauritius has embarked on developing the National Drug Control Master Plan (NDCMP) for 2026 – 2030, with the technical assistance of the United Nations Office of Drugs and Crime (UNODC), Regional Office for Eastern Africa (ROEA), and World Health Organization, under the strategic coordination of the UN Resident Coordinator's Office. This new plan aims to comprehensively address the multifaceted challenges posed by drug trafficking and drug use, guided by commitments to inclusivity, human rights, and gender responsiveness, ensuring that the needs of all segments of society, particularly marginalized groups, are addressed.

The NDCMP's development followed a rigorous methodological approach, starting with an independent evaluation which was conducted in November 2023. Recommendations from this evaluation, particularly those advocating for a holistic, inclusive, gender-sensitive and human rights-based approach, were fully integrated into the plan. Extensive stakeholder engagement was central to the process. This included consultative workshops with 84 stakeholders, site visits (to drug rehabilitation centres, methadone clinics, and prisons), and interviews with approximately 100 individuals who use drugs and their families. This ensured that the voices of those with lived experiences were heard, shaping a strategy that leaves no one behind.

The NDCMP envisions a healthier, safer Mauritius over the next five years. To achieve this, strategic interventions will be strengthened with a focus on two national priorities: a comprehensive National Drug Prevention Programme, and a holistic National Rehabilitation and Reintegration Programme. These initiatives will require significant support and resources – from programme management to service provision. Funding for NDCMP activities will be secured by the Government, National Social Inclusion Foundation (NSIF) and other agencies, as well as the private sector.

The NDCMP includes the operationalisation of National Drug Strategies, providing a clear roadmap for delivery, monitoring and evaluation across various sectoral plans.

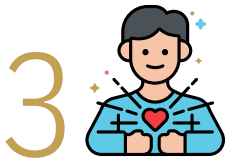
THE NDCMP OUTLINES A COMPREHENSIVE NATIONAL STRATEGY FOR DRUG CONTROL, CENTRING ON FOUR KEY PILLARS:



1 Reducing the availability of illicit drugs by disrupting trafficking networks and the proceeds of crime



2 Reducing drug demand through targeted prevention efforts.



3 Minimising harm to individuals and society by improving the health and well-being of people who use drugs.



4 Coordinating a whole-of-government response in collaboration with NGOs and international partners.

Success will rely on multiple stakeholders, with each relevant ministry or institution accountable for its part of the plan. Implementation partners will be held to account through a logical outcome framework, ensuring measurable progress toward the long-term goal. The impact of the NDCMP will be assessed over five years with progress monitored through periodic and annual reports to the National Drug Control Commission, chaired by the Prime Minister, and informed by a wide range of data sources. A comprehensive results matrix will guide monitoring to ensure each pillar is effectively evaluated and adjustments made as necessary.

The NDCMP includes the operationalisation of National Drug Strategies, providing a clear roadmap for delivery, monitoring and evaluation across various sectoral plans. Each sectoral plan addresses specific challenges, sets priorities and outlines steps to achieve the desired outcomes. Through this structured approach the NDCMP aims to realise its vision of a healthier and safer Mauritius.

INTRODUCTION

Mauritius has mandated the development of the NDCMP for the year 2026-2030 in order to comprehensively address the country's drug control challenges. The new plan builds on the foundations of the NDCMP 2019–2023, which was developed under the guidance of UNODC in 2018. This new master plan aims to address issues faced by the Republic of Mauritius involving drug trafficking, drug use, and the harm inflicted by drugs on individuals and society at large. Drugs include controlled narcotics and psychotropic substances as defined under international conventions, as well as emerging new psychoactive substances (synthetic drugs).

GUIDING PRINCIPLES

The development of the NDCMP adheres to the following guiding principles:



Leave No One Behind:

Ensure inclusivity and address the needs of marginalised groups.



Human Rights-Based Approach:

Embed participation, accountability, non-discrimination, empowerment and legality.



Gender Considerations:

Mainstream gender to protect women's and girls' rights.

FINDINGS AND RECOMMENDATIONS OF THE EVALUATION

The starting point for developing the NDCMP was an independent evaluation that was conducted in November 2023, with technical assistance provided by the UNODC and WHO, under the strategic coordination of the UN Resident Coordinator's Office.

The evaluation found that NDCMP 2019-2023 is critically important to Mauritius as it grapples with the challenges of drug trafficking, consumption and related public health issues. The plan, with its strategic pillars encompassing law enforcement and financial crime, harm reduction, drug demand reduction and coordination, remains highly relevant. It emphasises a balanced, health and human-rights based approach, targeting both supply and demand reduction, applicable across communities and prisons. The NDCMP is aligned with international and regional conventions including the UN Drug Control Conventions, the UN Convention against Transnational Organised Crime and Southern African Development Community (SADC) Drug Control Protocols.

The development of the NDCMP 2019 -2023 involved a consultative process with various stakeholders. The National Drug Secretariat (NDS), set up in 2020, was responsible for monitoring the implementation of the plan. However its effectiveness was constrained by limited resources, hindering its capacity for activity monitoring and impact assessment. Despite these challenges, the previous plan remains a coherent, holistic, human-rights-focused initiative, moderately successful at implementing activities and integrating cross-cutting issues like capacity building and gender mainstreaming.

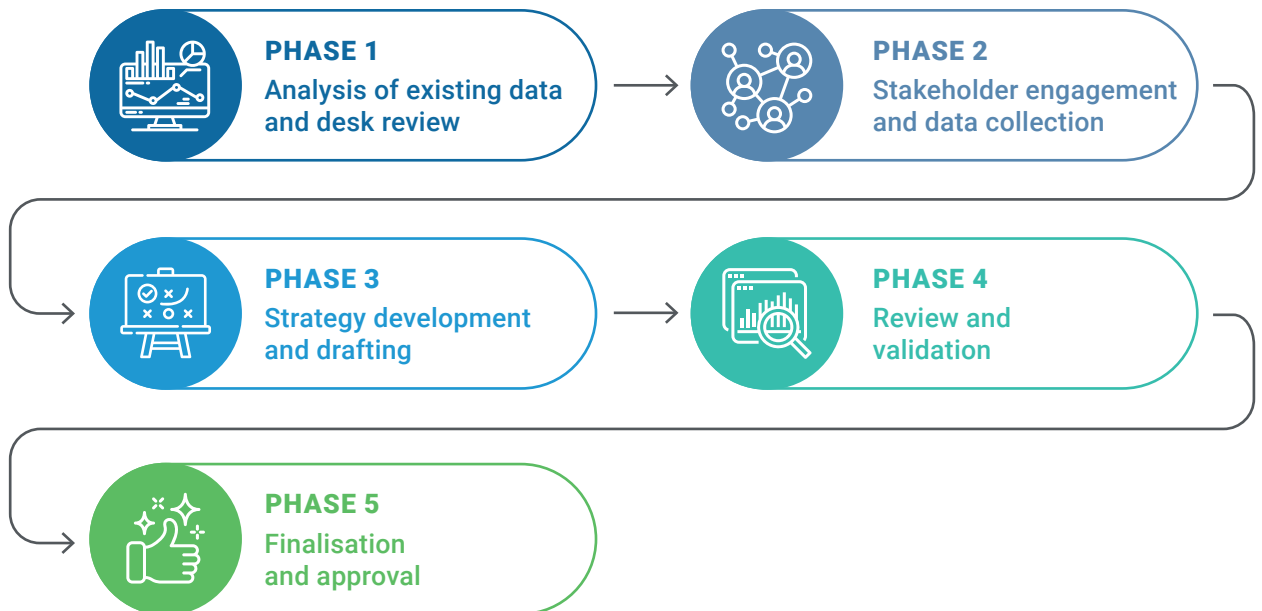
Significant progress has been made in legislative reforms, port security enhancement, inter-agency collaboration, and drug use prevention and disorder treatment services. However, the effectiveness of these efforts is challenged by issues like porous borders and internal drug proliferation. Areas of success centre on the establishment of the National Drug Observatory (NDO), the forensic laboratory and pharmacy online platform, an enhanced joint health and education system, increased capacity and competencies to provide drug use prevention and disorder treatment (including gender responsive) services, expansion of the port security and container control programme and strengthened regional cooperation in drug supply reduction.

The evaluation report made eight recommendations, all of which have been actioned in the development of this master plan. Six recommendations are addressed in the relevant sectoral areas they pertain to. Two recommendations, which are cross-cutting in nature, state that the next NDCMP should:

- **Be inclusive, holistic, and gender and human rights based**, with new multi-pronged actions which can tackle emergent drug trends of concern and ensure that vulnerable groups (women, children, adolescents and immigrants) are considered in policies and not left behind in future NDCMP programmes and services.
- **Ensure that all stakeholders** including funding agencies/partners and professionals operating in the field, as well as persons with lived experience of drug use, **are sufficiently included in consultations and development processes**.

METHODOLOGY

The new NDCMP was developed via a methodological approach developed through five interconnected phases, as follows:



To ensure that the drafting of the NDCMP adhered to the guiding principles, it addresses the recommendations of the evaluation and followed its own methodology, the drafting team:

- Ensured stakeholder engagement and buy-in from all relevant parties through:
 - **Workshops:** three days of consultative workshops involving 84 individuals.
 - **Visits:** the development team visited a young persons' detox and rehabilitation centre, a methadone centre, a drug treatment and rehabilitation centre and a prison. In total, 45 persons who use drugs were interviewed (comprising male, female, young people and prisoners)
 - **Focus Groups:** the team captured lived experience data and developed real-life stories as a means of ensuring that no one is left behind. In total 64 people who use drugs, their families and representatives from their communities, were interviewed by NGOs.
- Created an evidence-based and data-driven approach.
 - Data collection from 106 official documents.
 - Feedback and written submissions from 26 organisations (Ministries, Agencies and NGOs).
- Developed a comprehensive plan for drug control strategies.
- Provided a clear roadmap for implementation, monitoring and evaluation.

VISION AND NATIONAL STRATEGIES

The vision of the NDCMP is for a healthier and safer Mauritius over the next 5 years.

THE NATIONAL STRATEGIES FOR DRUG CONTROL

The logic behind the Government of Mauritius' response to drugs is to:





- **Reduce the availability of illicit drugs** – by disrupting drug trafficking and the proceeds of crime – controlling the availability of legal drugs (pain medications in sufficient amount).
- **Reduce the demand for drugs** – by using preventive measures aimed at individuals and society.
- **Reduce all types of harm done by drugs to individuals and society** – by supporting people who use drugs, people with drug use disorders and people who are recovering from the effects of drug use, their families and their communities.
- **Coordinate the overall response** – by ensuring a national response in coordination with government institutions, NGOs, civil society and international partners.

THE THEORY OF CHANGE CAN BE ARTICULATED AS:

IF access to drugs and substances is effectively controlled through regulation and laws; illicit drug trafficking, production and financing is disrupted through coordinated action; individuals understand the impact and chose not to use drugs; communities become more heathy and resilient; those who do use drugs, do so more safely; the residual harm caused by drugs is mitigated through holistic and evidence-based treatment; people who use drugs are successfully rehabilitated and integrated back into society; and all stakeholders respond in a coordinated manner,

THEN drug-related harm will be reduced and Mauritius will become healthier and safer.

NATIONAL STRATEGIES FOR DRUG CONTROL AND NDCMP AT A GLANCE

The National Strategies are delivered via the NDCMP				
Pillar				
Aim	Drug Supply Reduction	Drug Demand Reduction	Improved Health and Wellbeing	Coordination
What	REDUCE THE AVAILABILITY OF DRUGS	REDUCE THE DEMAND FOR DRUGS	REDUCE ALL TYPES OF HARM DONE BY DRUGS	COORDINATE THE RESPONSE
Why	Drug trafficking and supply chains are violent, degrading, corrosive and a source of corruption in our country and across the region.	Use of drugs has increased over the last ten years, particularly in young people. Drugs fuel high-risk behaviour, crime and lead to negative health outcomes.	Drug use disorder harms individuals, their families and society. The use of drugs, adverse physical and mental health impacts and deaths from drug use have increased.	The issue of drug use and drug supply are related to a multitude of factors that can only be addressed with multiple agencies acting in concert. Operating in silos limits the overall effect of even the most advanced plan.
How (Activities)	Preventing, stopping, disrupting and otherwise reducing the production, supply and financing of illegal drugs; and controlling, managing and regulating the availability of legal drugs.	Preventing the uptake and/or delaying the onset of drug use; reducing the misuse of drugs in the community; building healthier and more resilient communities, to limit the impact of drugs.	Reducing the harm done by drug use; treating those who have drug use disorders; managing the adverse health and social consequences of the use of drugs for the user, their families and their community; supporting people recovering from dependency, and rehabilitating and reintegrating them into society.	Improving internal coordination and cooperation between ministries, agencies and NGOs; standardising monitoring and evaluation; prioritising activities amongst all stakeholders; improving regional and international cooperation and collaboration.
Priority Areas	Upstream At the border In country	<ul style="list-style-type: none"> Professionalisation Targeted delivery: <ol style="list-style-type: none"> In educational institutions In the workplace In the community 	<ul style="list-style-type: none"> Harm reduction services Treatment and rehabilitation programmes Reintegration into mainstream society 	<ul style="list-style-type: none"> Research, guidance and evidence-based policies Coordination Monitoring and evaluation
Who	Mauritius Police Force, FCC, FIU, MRA (CANS)	NADC, Ministry of Education and Human Resource, Ministry of Tertiary Education, Science and Research, Ministry of Labour and Industrial Relations, Ministry of Youth and Sports Citizens Support Unit (PMO)	Ministry of Health and Wellness, NSIF, NGOs, NADC-line ministries	NADC

GOVERNANCE AND REPORTING

The overall governance structure is outlined in the diagram below. Each relevant division, sub-committee, working group or expert group is accountable for specific pillars of the strategy as illustrated. Individual ministries, agencies and NGOs are responsible for sub-elements within the NDCMP. Local delivery partners will be held accountable through a logical outcome framework outlined in Annex A. Success relies on a wide range of partners collaborating to achieve the strategy's long-term goals.

The NDS has been chairing various committees and working groups with relevant authorities and NGOs on a regular basis, fostering a culture of consistent communication and collaboration which will be taken over by the NADC in 2025.

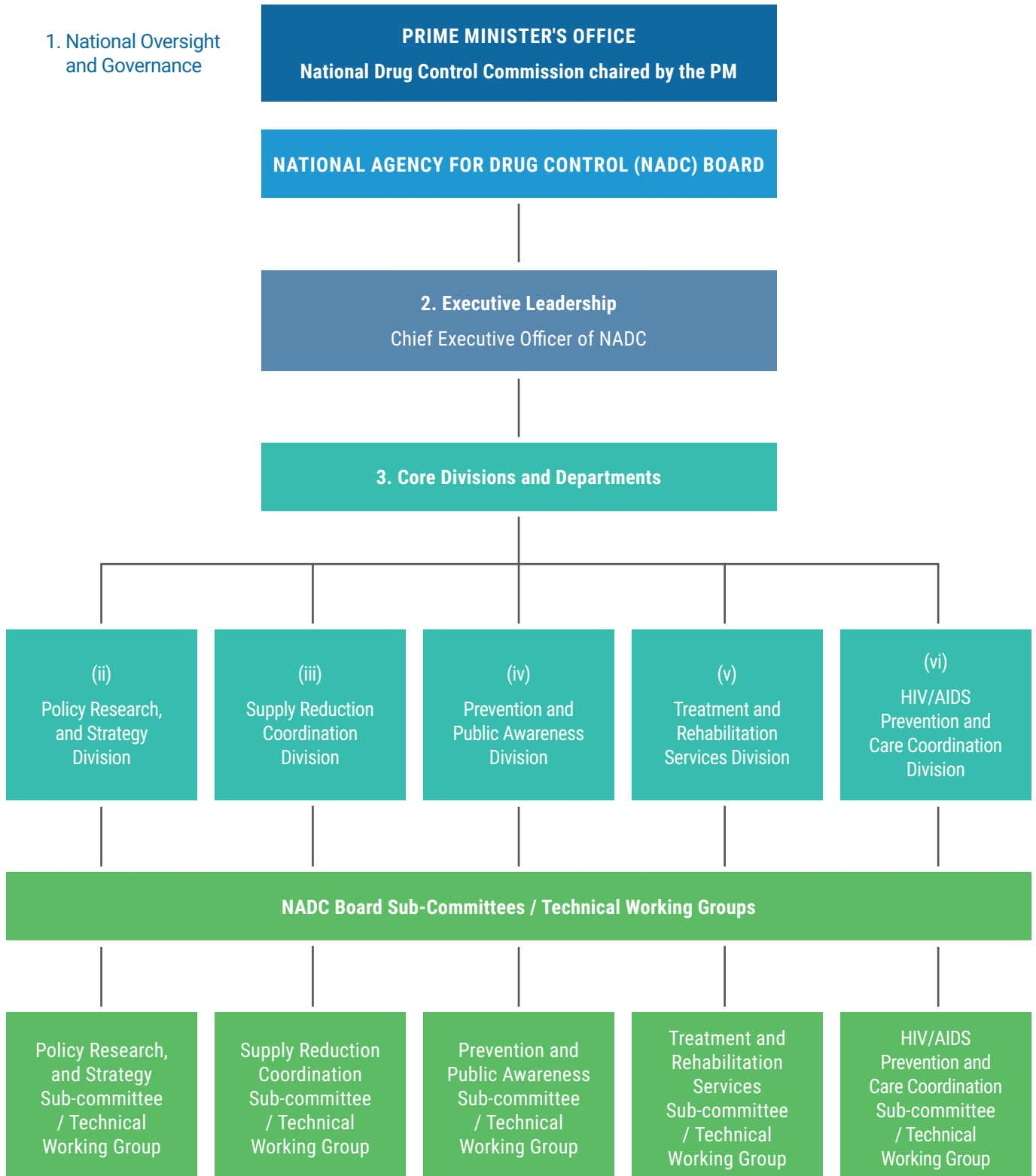
The comprehensive NDO reports are essential for shaping effective drug policies. They provide detailed data on drug use trends, treatment access and law enforcement efforts, offering valuable insights into substance use patterns, current treatment programs and the impact of enforcement strategies. This data enables policymakers to make informed decisions, enhancing prevention efforts, improving treatment services and optimising enforcement approaches, ultimately leading to more evidence-based drug control strategies.

The enhanced monitoring and evaluation (M&E) framework is the standard tool for systematically applying results-oriented M&E principles to the national drug control system. A well-functioning M&E system ensures accountability in resource use, guarantees achievement of results, provides a clear basis for decision-making and promotes knowledge sharing across all stakeholders.

Annex A contains a logical framework that will be used to monitor and report on the NDCMP. The completed matrix is a live database, distributed to ministries, outcome owners, lead agencies and collaborators, so that all stakeholders can identify their responsibilities in monitoring progress. Amendments to the matrix can be made by stakeholders, with the NADC updating and distributing it at minimum annually.

GOVERNANCE STRUCTURE

NATIONAL AGENCY FOR DRUG CONTROL (NADC)



IMPACT AND EVALUATION

Overall, the impact of the NDCMP will be measured against the requirement that in five years Mauritius will be healthier and safer.

A HEALTHY AND SAFER MAURITIUS	
HEALTHIER	SAFER
IMPACT IS MEASURED BY	
<ol style="list-style-type: none"> 1. Reduction in drug-related, non-fatal overdoses and fatal drug overdoses. 2. Reduction in hospital admissions for drug use. 3. Reduction in the prevalence of drug-related diseases. 	<ol style="list-style-type: none"> 1. Reduction in drug-related offences. 2. Reduction in the number of drug-related violent crimes. 3. Reduction in the number of people in prison for drug-related offences.

The strategy's success will rely on the commitment of numerous stakeholders, with each relevant organisation responsible for their respective elements of the plan. Implementing agencies will ensure the timely execution of all activities embedded in the NDCMP, under their respective mandates, to achieve the long-term goal of a healthier and safer Mauritius. The impact of the NDCMP will be assessed over the five-year period, with progress monitored through annual reports presented to the National Drug Control Commission by the NADC.

A mid-term evaluation of each sectoral plan and pillar will be conducted. These thematic evaluations will assist in helping to set priorities for the second half of the plan and will form the first layer of an overall final evaluation of the programme. UNODC will be invited to assist with a final evaluation of the entire programme.

RISKS AND BARRIERS TO SUCCESS

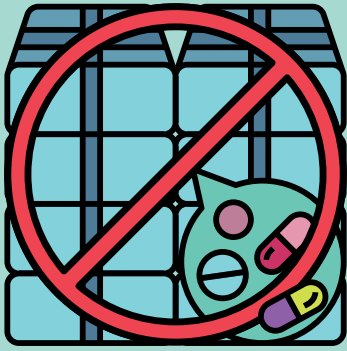
Implementing a comprehensive national drug control master plan can be challenging due to various risk factors. Annex B of this document identifies some of the major risks or barriers to success. For those involved in the implementation of the NDCMP, there needs to be an acknowledgement of these potential blockers.

The main risks to the NDCMP are that:

1. Activities may not be completed within the planned timeframe or there may be insufficient resources to carry out all the activities in the plan.
2. Social factors such as the impact of poverty, homelessness and childhood trauma, and other drivers of drug use and drug use disorder, may be overlooked within the drug response context.
3. Harm reduction efforts could be weakened due to differing perspectives on drug policy.
4. The balance between decriminalising drug use and maintaining a zero-tolerance approach may not be applied effectively.
5. Absence of a low threshold pathway towards social and other services.
6. Drug trafficking via the dark web and online pharmacies may not be adequately addressed, allowing traffickers to exploit these platforms.
7. The scope and nature of drug use disorders might not be understood across different sectors indirectly concerned, resulting in certain interventions failing to meet the objectives outlined in the plan.
8. Law enforcement agencies may not be proactively empowered to combat innovative criminal activities.
9. Mauritius may face emerging risk factors over the next few years. This could include the rise of more dangerous substances, precursors and increasing threats from transnational organised crime.

OPERATIONALISATION OF THE NATIONAL STRATEGIES: THE NATIONAL DRUG CONTROL MASTER PLAN

The NDCMP includes the operationalisation of the National Strategies and represents the ways and means of delivering and monitoring the plan. The NDCMP is exactly what it purports to be; it is the overarching plan which sits over several sectoral plans. The upcoming chapters provide in-depth information about each pillar. Each chapter focuses on a different sector and articulates the problems faced by the Republic of Mauritius, the current challenges, the priorities for the next 5 years and how change can be enacted. They also outline the sectoral plan, how this plan will make a difference, list thematic activities and opportunities for support from international partners. A full logical outcome framework for the entire NDCMP can be found in a database linked to Annex A.



PILLAR 1

DRUG SUPPLY REDUCTION

Preventing, stopping, disrupting and otherwise reducing the production, supply and financing of illegal drugs; and controlling, managing and regulating the availability of legal drugs (pain medications in sufficient amount).

”

Steeve, now 30, began using cannabis at 16, which quickly escalated to heroin and eventually synthetic drugs. Growing up in poverty, his life was fraught with difficulties – his father provided no support for the family and his brother was violent. The instability at home drove Steeve deeper into substance use and, by 17, he was sent to the Rehabilitation Youth Centre, where probation officers helped him better understand himself and how to function in society. Despite this, his struggles continued, leading to frequent run-ins with law enforcement and periods of unemployment, which only worsened his situation. After years of battling addiction and hardship, Steeve has finally sought help, determined to break the cycle and rebuild his life. A local NGO has stepped in to provide him with the support he needs.

WHAT IS THE PROBLEM?

Mauritius has been grappling with significant drug use and trafficking for several decades. Due to its geographical location along active trafficking routes, well-developed transportation infrastructure and wealth, the country has unfortunately become a prime target for drug trafficking networks. Drug use is prevalent on the island, with the Mauritius Police Force reporting that cannabis, heroin, and synthetic cannabinoids as the most common drugs. To a lesser extent, drugs like cocaine and methamphetamine are present but these are more expensive and in limited supply. Cannabis is the only homegrown drug in Mauritius, cultivated on mountain flanks, in forests and in remote, difficult-to-access terrain. Since 2013, there has been a noticeable rise in the trafficking and use of synthetic drugs.

In response to the issue of drug supply, the Mauritius Revenue Authority implemented a comprehensive programme to combat the smuggling of illegal drugs, including synthetic drugs, at all ports of entry. The Mauritius Police Force's Anti-Drug and Smuggling Unit actively addresses drug trafficking and drug use in accordance with current laws, taking proactive measures to combat the availability of illegal drugs by targeting and dismantling drug networks through arrests and seizures, both domestically and at points of entry. The Police Force's IT Unit aids in disrupting online drug markets by conducting regular cyber patrols, focussing on the darknet.

The Financial Intelligence Unit (FIU) plays a critical role in combating drug trafficking by focusing on the financial aspects of this illicit activity. Through the powers vested by the Financial Intelligence and Anti-Money Laundering Regulations 2018 (FIAMLA), the FIU analyses suspicious transaction reports and requests submitted by reporting persons. It also scrutinises financial transactions to identify suspicious patterns indicative of drug trade and disseminates financial intelligence to national and international agencies. For the financial year 2023-2024, the FIU received 1,744 suspicious transaction reports and 243 requests for assistance from local and overseas agencies. The FIU subsequently issued 2,278 requests for information to reporting persons in Mauritius and disseminated 469 intelligence reports to both national and international bodies.

The Forensic Science Laboratory is a regional leader within Eastern Africa, equipped with advanced technical capabilities and skilled personnel that detect new psychoactive substances (NPS) and precursors. The lab's specialised, forensic testing capacity positions it as a key player in sharing critical information about NPS. Despite the lab's technical expertise, challenges remain in fostering collaborations with healthcare and other stakeholders. Nonetheless, the growing number of samples submitted for analysis highlights the increasing demand for the Forensic Science Laboratory's services.

Mauritius relies on intelligence from two Fusion Centres – one in the Seychelles and the other in Madagascar – which report on suspected vessels, drug transactions and other transnational crimes. Additionally, Mauritius has agreements with Madagascar, Mozambique, Reunion Island, the Seychelles and Tanzania for regional sea cooperation. The National Coast Guard maintains a visible presence at sea to deter, detect and disrupt illegal activities within Mauritius's territorial waters.

Despite these efforts, the drug supply continues to fuel drug use in Mauritius, leading to a rise in drug use, drug use disorder and criminal activity. The availability of drugs not only perpetuates the cycle of addiction but also contributes to criminal activities and violence often linked to the drug trade. Implementing effective measures to reduce drug supply is crucial for addressing the broader concerns of public health and safety.

WHAT ARE THE CURRENT CHALLENGES?

Stakeholder consultations revealed that government agencies need to be more agile in their responses as they react to evolving threats. Challenges include porous borders, changes in the nature of drug smuggling, and evolving drug types and precursors. There is need for modern equipment such as satellite technology and analytical tools. Gaps in current legislation impede investigations and there are delays in obtaining evidence, mutual legal assistance (MLAs) and prosecution, as well as in the time it takes to go to trial. Despite the introduction of an information highway, there is a lack of timely information and intelligence and no central database exists. There is a need for well-trained personnel in law enforcement, coast guards, and financial crime specialists. Corruption compounds and facilitates existing drug trafficking challenges by compromising the systems that are designed to combat drug trafficking and drug use.

The independent evaluation recommended that the Government of Mauritius should continue to develop and strengthen the financial, human, and technical resources and coordination of all agencies tackling drug trafficking, including customs and port authorities, as well as institutions targeting financial crimes and criminal assets, forensics, community policing and law enforcement. The Government should further engage with the UNODC Global Maritime Crime Programme for technical capacity building, supported by membership in AIRCOP4, investment in satellite technology and public sensitisation around the use of a confidential Financial Crimes Commission (FCC) hotline.

WHAT ARE THE PRIORITIES IN DRUG SUPPLY REDUCTION FOR 2026 – 2030?

- Improving regional cooperation.
- Improving information and intelligence sharing.
- Enhancing frontline detection and seizures.
- Tracking funding of traffickers.

HOW CAN WE DELIVER CHANGE?

THE THEORY OF CHANGE CAN BE ARTICULATED AS

IF we share intelligence and disrupt trafficking with international and regional partners before drugs arrive, we will reduce the influx of illicit drugs into the country; we work across multiple agencies to ensure continuous border monitoring and early detection of traffickers, we will intercept drugs before they penetrate the market; we effectively identify and codify drugs and their precursors, and investigate breaches; we will effectively control access to all drugs and reduce their illegal distribution; we employ a multi-agency approach, in partnership with the private sector, to disrupt the financing of illicit drugs and recoup the proceeds of crime; we will weaken the financial power of drug trafficking networks,

THEN we will have reduced the availability of drugs.

WHAT IS THE PLAN?

Priority Area	Descriptor	What will the approach deliver?
Upstream	In conjunction with international and regional partners, share intelligence and disrupt trafficking upstream.	<ul style="list-style-type: none"> • Reduced drug trafficking in the region. • Enhanced regional security and cooperation.
At the Border	Working with multiple agencies to ensure that the border is continuously monitored and that traffickers are detected as they enter.	<ul style="list-style-type: none"> • Improved security at national borders. • Increased seizure rates of illicit drugs at entry points.
In-country	Effectively identify and codify drugs and precursors. Control access to drugs. Conduct investigations, searches, and seizures of drugs and related drug material.	<ul style="list-style-type: none"> • Controlled access to dangerous substances. • Lower instances of illegal drug availability and distribution. • Improved detection, regulation and communication relating to new substances. • Increased availability of controlled substances for medical purposes.
	A multi-agency approach, in partnership with the private sector that seeks to disrupt the financing of illicit drugs and recoup the proceeds of crime	<ul style="list-style-type: none"> • Weakened financial infrastructure of drug trafficking organisations. • Increased amount of assets seized. • Reduced reinvestment of funds obtained from illegal drugs related activities.

HOW WILL THIS APPROACH CHANGE THINGS FOR THE BETTER?



UPSTREAM

- **Enhance International Cooperation:** Strengthening collaboration between countries allows for shared intelligence, resources and best practices. This unified approach can help curb transnational criminal activities, reduce drug trafficking, improve public health and enhance security.
- **Strengthen Regional Coordination:** Coordinating regional efforts allows neighbouring countries to address shared challenges such as cross-border drug trade and organised crime. This results in synchronised operations and fewer opportunities for criminals to exploit gaps in enforcement.



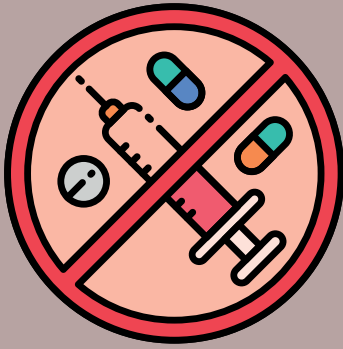
AT THE BORDER

- **Increase Access to Satellite Technology for Real-Time Information Sharing:** Providing border agencies with satellite technology enables real-time monitoring and data sharing, improving their ability to respond to emerging threats and coordinate with international partners. This leads to more efficient and responsive border controls.
- **Enhance Detection and Testing at Points of Entry:** Strengthening detection capabilities at borders will increase the interception of illegal substances, weapons and other contraband. This prevents harmful goods from entering the country, safeguarding citizens and national security.



IN-COUNTRY

- **Enhance Information Sharing:** Streamlining communication between agencies ensures vital information is shared promptly, leading to coordinated and effective actions against criminal networks and other threats.
- **Tighten Control of Substances for Medical, Scientific and Commercial Use:** Strengthening regulations on emerging and controlled psychoactive substances ensures they are used legitimately, while reducing their diversion to illegal markets and protecting public health.
- **Implement an Early Warning System:** A robust reporting system for new drugs will help authorities quickly identify and respond to emerging threats, mitigating harm before it escalates.
- **Increase Dual Investigations:** Conducting investigations that target multiple criminal activities, such as drug trafficking and money laundering, leads to comprehensive disruption of criminal networks.
- **Strengthen Anti-Money Laundering (AML) Efforts:** Enhancing AML measures will dismantle the financial networks that support criminal enterprises, limiting their ability to finance operations and expand.
- **Foster Public-Private Partnerships:** Collaboration with the private sector, especially financial institutions, will improve detection and reporting of suspicious activities. This will lead to more effective interventions and foster a resilient, transparent financial system.
- **Reinforce Anti-Corruption Measures:** Strengthening anti-corruption efforts builds public trust in institutions and ensures fair enforcement of laws, reducing the ability of criminals to exploit corrupt officials.



PILLAR 2

DRUG DEMAND REDUCTION

Preventing the uptake and/or delaying the onset of drug use; reducing drug use disorders in the community; building healthier and more resilient communities to limit the impact of drugs.

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Sarah, an 18-year-old from a modest family, worked at a supermarket and spent her free time hanging out with friends, often partying with alcohol. One weekend, she was offered heroin to smoke at a party. The next day Sarah began feeling unwell and didn't understand what was happening to her. She left work early and a friend picked her up, explaining that she was experiencing the after-effects of the drug.

To feel better, Sarah used heroin again and this cycle continued for several weeks—but now it wasn't free. She would spend long hours walking at night with her friends to get heroin, often risking arrest by the police. Her friends would abandon her at the first sign of trouble and would sometimes use her salary to buy heroin, even robbing her at times. Eventually, Sarah found the strength to ask her parents for help and they directed her to a centre where she could begin the recovery she so desperately needed.

WHAT IS THE PROBLEM?

Criminal networks of drug traffickers in Mauritius pose a significant social problem within communities, including to small children who become involved in drug activities, such as trafficking and acting as lookouts. Youth consumption and high-risk harmful drug use are on the rise with an estimated 55,000 people who use drugs (PWUD) (National Survey, 2021) and around 6,600 people who inject drugs (PWID) (Integrated Biological & Behavioural Surveillance (IBBS), 2020), which excludes those PWID who are on the opiate substitution therapy programme. A high proportion of those incarcerated are imprisoned for drug-related offences. Despite the efforts of various agencies, the effectiveness of prevention programmes and the use of evidence-based interventions remains largely unevaluated.

The establishment of the National Drug Prevention Committee in 2020 and the adoption of a Standardised National Drug Use Prevention Programme, targeting a specific age group of students, were intended to streamline efforts. However, challenges persist in having a lead agency at different levels of the drug prevention programme. As a result, stakeholders often operate in silos, lack a shared vision and there is limited joint planning, cooperation or coordination. This leads to ad hoc activities without proper monitoring, evaluation or impact assessment. Evidence-based prevention methods are not consistently applied and there are no standardised drug use prevention methodologies tailored for other specific age groups or those in diverse settings where these programmes should be implemented.

To provide holistic development programmes in a less competitive medium thereby giving every chance to the child to thrive, the National Programme Fortified Learning Environment unit under the National Social Inclusion Foundation (NSIF) has been set up to address specific educational challenges faced by vulnerable children at the primary and secondary levels.

The Mauritius Institute of Training and Development and the Mauritius Sports Council, in collaboration with the NSIF, target students who do not successfully complete the National Certificate of Education and empower them with life skills, healthy living behaviours and social mentoring through specific programmes.

At the level of the Ministry of Education and Human Resource, there is the National Education Counselling Service (NECS) which falls under the purview of the Health and Wellness Directorate. The NECS is comprised of Educational Psychologists (EPs) and Educational Social Workers (ESWs) who service all schools at pre-primary, primary and secondary levels. Students therefore already have access to counselling and mental health services, and NECS officers work in close collaboration with the students, their families, the school staff and the community to enhance their overall socio-emotional well being.

Key partners like the Ministry of Youth and Sports and the Mauritius Sports Council provides alternative activities, such as prevention programmes, as well as more opportunities for young people to thrive in a safe environment. Such initiatives include provision of afterschool sports and fitness programmes, Line Up Live Up UNODC programmes, the Duke of Edinburgh International Award, Zippy's Friends, swimming lessons, Natation Scolaire and revamping of youth centres to engage more young people in safe activities.

WHAT ARE THE CURRENT CHALLENGES?

With the assistance of key stakeholders, a number of gaps were identified in the current delivery plan. A comprehensive national drug prevention programme across various levels is yet to be finalised. There is insufficient professional training for prevention specialists and no central registry of trained professionals. There is no national policy that promotes drug use prevention in schools, universities and the workplace. There is inconsistent supervision and no monitoring or evaluation of prevention programmes. Additionally, priorities are not effectively resourced, and there is limited academic capability to analyse available data or design evidence-based solutions. There is a need for better coordination amongst prevention professionals. Currently, there is a lack of targeted needs assessments for disadvantaged groups including women, pregnant women, people with disabilities and young people.



A 7-year-old girl, living in a chaotic environment, tragically lost her father to suicide while her mother struggled with heroin addiction. Growing up in such an unstable environment put her in a vulnerable situation. However, through a community project, one NGO working in her locality offered her support. She was first introduced to a childhood drug prevention programme, which provided her with the care and guidance she desperately needed, helping her to cope with her circumstances and offering her a chance at a better future.

The independent evaluation recommended that public awareness campaigns should be continued and that evidence-based drug prevention be streamlined with the 'leave no one behind' approach. This should be an inter-ministerial and inter-sectoral led approach, inclusive of high-risk schools and communities, family strengthening initiatives and young people who are not engaged in school. Regular training and built-in evaluation should be incorporated across schools, universities, workplaces, sports programmes and other community settings.

NATIONAL PREVENTION PROGRAMME

NSIF will provide support for a National Drug Use Prevention Programme grounded in evidence-based practices. By prioritising initiatives that have demonstrated effectiveness in reducing risk factors and promoting positive outcomes, NSIF aims to ensure that resources are allocated to strategies that work. This funding will support programmes targeting critical issues like poverty, substance use disorder and social exclusion, fostering a data-driven approach to creating lasting, positive social change.

WHAT ARE THE PRIORITIES IN DRUG DEMAND REDUCTION AND PREVENTION FOR 2026 – 2030?

- Establish a National Prevention Programme with the support of the NSIF.
- Enhance research and understanding to inform the development of a national prevention strategy to include national policies for substance and alcohol use in the workplace and within educational settings .
- Standardised training and registration of prevention staff.
- Ensure institutions implement evidence-based prevention programmes in a structured manner to ensure maximum coverage within all educational settings, the workplace and the community.

HOW CAN WE DELIVER CHANGE?

THE THEORY OF CHANGE CAN BE ARTICULATED AS

IF we increase the use of universities and academics to develop a deeper understanding of the risks and protective factors related to drug use; we provide professional training and certification for prevention professionals; we provide clear guidelines and frameworks for educational institutions and workplaces with national policies; we increase awareness and reduce substance use among young people; integrate drug prevention activities into workplace safety policies; we implement comprehensive drug prevention programmes targeting out-of-school youth and vulnerable populations,

THEN we will have reduced the demand for drugs among the population, particularly in young people.

WHAT IS THE PLAN?

Priority Area	Descriptor	What will the approach deliver?
Evidence-based prevention programme	Identify, adopt and adapt evidence-based drug prevention programmes targeting different age and social groups.	<ul style="list-style-type: none"> • Reduction in drug demand. • Delayed use of drugs amongst young people. • Adherence to evidence-based prevention programmes.
Professionalisation	Drive professionalisation of prevention and healthcare staff. Creation of a National database of prevention professionals.	<ul style="list-style-type: none"> • Increased awareness amongst targeted populations. • Consistent and sustained implementation of prevention programmes. • Improved delivery of prevention programmes • Early identification of risk factors.
Targeted Delivery	Increase the delivery of evidence-based prevention activities which are tailored to different settings <ul style="list-style-type: none"> • Students • Workplace • Community 	<ul style="list-style-type: none"> • Early detection and intervention, and reduced substance use among different targeted groups. • Reduced substance use, increased workplace safety, and productivity. • Increased community awareness leading to a more resilient community and reduce stigma against people who use drugs and their families.

HOW WILL THIS APPROACH CHANGE THINGS FOR THE BETTER?



PROFESSIONALISATION

- **Provide standardised drug prevention courses:** Offering professional, standardised evidence-based courses will build a cadre of certified prevention professionals, ensuring that those working in drug prevention are highly skilled and knowledgeable, leading to more effective prevention efforts.
- **NGOs to train dedicated prevention staff:** Training NGO staff specifically in drug use prevention will strengthen the capacity of civil society to support communities in addressing substance use, increasing the reach and impact of prevention programmes.
- **Train stakeholders in early screening:** Educating stakeholders on early identification of risk factors will enable timely intervention, reducing the escalation of substance use issues and improving the effectiveness of referral processes for those in need of help.



TARGETED DELIVERY WITHIN EDUCATIONAL INSTITUTIONS

- **Strengthen early childhood drug prevention:** Implementing targeted education and intervention programs for young children will build a strong foundation of awareness and resilience, helping to reduce the risk of future drug use and its associated harms.
- **Strengthen socio-emotional programmes:** Promoting socio-emotional wellbeing at the primary level, including working with families, will help to address underlying issues that could lead to substance use, fostering a healthier, more resilient student population.
- **Extend coverage of prevention programmes:** Ensuring that drug prevention initiatives reach all secondary school grades, training and educational institutions, will provide continuous support and education, helping to mitigate the risk of substance use among adolescents.
- **Implement a policy framework for managing cases in educational institutions:** Developing a clear protocol for handling cases whereby students are found with substances will ensure that such incidents are managed fairly, with an inclusivity perspective supporting rehabilitation over punishment.



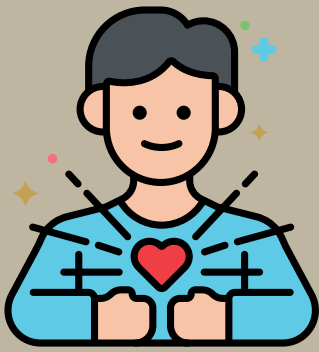
WITHIN THE WORKPLACE

- **Advocacy with employers:** Advocate with employers, employer's associations and Safety and Health Officers to implement comprehensive drug policy within their organisations, this will enhance workplace safety and wellbeing, leading to a more productive and supportive work environment.
- **Mandate drug prevention activities:** Requiring workplace Safety and Health committees and Safety and Health collaboration committees to engage in drug prevention activities will create a safer and healthier work environment, reducing the risk of substance-related incidents.
- **Integrate substance use prevention and management of drug cases into company policies:** Making substance use prevention a key part of workplace Safety and Health policies will encourage companies to take proactive steps in identifying and addressing substance use, protecting employees and business operations.



WITHIN THE COMMUNITY

- **Implement prevention programmes for the community:** Providing drug prevention programmes in the community will equip parents, caregivers and community leaders on key skills to keep the community safe and resilient from drugs and crimes. This includes countering entrenched drug activities in the communities where young children are used to circumnavigate the law by acting as runners and lookouts.
- **Increase the holistic development of youth and access to more alternative activities to drugs:** Using Sports and Arts as part of a broader drug prevention strategy in After-School models and setting up alternative safe and fun activities for youth who may otherwise have idle or unstructured time increases protective factors for young people by fostering key skills like discipline, empowerment and positive social interactions in safe spaces.
- **Increase Community Coalitions:** Providing opportunities, skills and recognition to communities to strengthen collaborations with several local and national stakeholders, such as religious leaders, sports associations and NGOs to foster local ownerships on community initiatives to address the shared goal of healthier and safer communities.



PILLAR 3

HEALTH AND WELLBEING

Reducing the harms done by drug use and treating those who have drug use disorders; managing the adverse health and social consequences of the use of drugs for individuals, their families and the community; supporting people recovering from dependency, and rehabilitating and reintegrating them into the community.

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Kelvin, a 20-year-old who had successfully quit using synthetic drugs and stayed clean for six months, found himself struggling against drugs, after a heated argument with his girlfriend. In fact he began smoking cigarettes at 13, eventually moving on to alcohol and cannabis. When cannabis became too expensive, he turned to synthetic drugs as a cheaper and more accessible alternative. Despite coming from a broken family—his father was a heroin-user—Kelvin managed to build a stable life, working in hotels and earning a good living. He had been through rehab twice and recovered both times. However, the emotional stress from the argument drove him to leave home and relapse into using synthetic drugs. His father, despite his own past, was saddened by the news of Kelvin's relapse. Both parents, recognising the seriousness of the situation, fully supported him as he sought help and began the path to recovery once again.

WHAT IS THE PROBLEM?

In 2021, the results of a survey of people in Mauritius who use drugs estimated their population at 55,000. This was exclusive of People Who Inject Drugs (PWID) which is estimated to be around 6,600 (as per the IBBS 2020 report). The IBBS report does not include those on the methadone substitution therapy programme. The most prevalent drugs in use are cannabis and heroin, with the latter primarily being injected. Alongside this, there is a growing use of new psychoactive substances and synthetic drugs. The emergence of injecting drugs in the 1980s and 1990s led to an HIV epidemic among PWID. From 2003 onwards there was a concentrated HIV epidemic and a high prevalence of Hepatitis C (above 90%) among PWID.

To address these public health crises, Mauritius became the first sub-Saharan African country to adopt harm reduction strategies in 2006. These initiatives included methadone substitution therapy, and needle and syringe programmes. Currently, harm reduction efforts are sustained through the operation of several methadone centres, alongside a needle and syringe programme managed by the Ministry of Health and Wellness, in partnership with two NGOs. Despite these measures, the high rates of Hepatitis C among PWID highlights the ongoing need for robust harm reduction strategies.

The drug use disorder treatment landscape in Mauritius includes medication-assisted therapies, such as methadone substitution therapy and suboxone-based detoxification, which are administered by the Ministry of Health and Wellness, alongside abstinence-based programmes provided by some NGOs. However, the effectiveness of these treatments is hampered by overcrowded dispensing facilities, restricted dispensing times, methadone diversion and inadequate dosing. There are also significant challenges related to patient loss to follow-up. Notably, there has been no formal evaluation of the potential benefits of decentralising methadone dispensing or the Take-Home Dose project. Additionally, gaps in clinical protocols and a lack of tailored treatment options for youth underscore the need for improved and more accessible treatment services.

Efforts in rehabilitation and social integration remain minimal in Mauritius. There is very limited investment from the private sector in supporting programmes that focus on family and community involvement in the recovery process. This shortfall contributes to the limited availability of comprehensive rehabilitation and reintegration services for individuals in recovery or transitioning out of prison.

DRUG USERS ADMINISTRATIVE PANEL (DUAP)

In April 2024, the Government of Mauritius implemented the Drug User's Administrative Panel (DUAP). As part of this initiative, individuals suspected of engaging in a drug-related offence for personal consumption may be able to avoid prosecution and are directed to the DUAP following recommendation by the Director of Public Prosecutions. Once referred, individuals will be directed to participate in rehabilitation programmes involving education, counselling, treatment, aftercare, social reintegration, or other approved therapies at public health institutions or facilities authorised by the Ministry of Health and Wellness. The Panel monitor their rehabilitation progress.

WHAT ARE THE CURRENT CHALLENGES?

Consultations with people who use drugs, those suffering from drug use disorders, individuals in prison settings and healthcare professionals, revealed that there is no single pathway that takes an individual from harm reduction through treatment, rehabilitation and ultimately reintegration. The independent evaluation made several recommendations to address these gaps:



Harm Reduction: One key recommendation was to ensure that harm reduction modalities continue to be prioritised and coordinated across government and NGO services. This should include enhanced demographic and health surveillance, scaling up harm reduction measures such as methadone substitution therapy and the needle and syringe programme to ensure sufficient coverage across both community and prison settings. Several NGOs emphasised that the strategy developed over the next five years should include effective overdose management and naloxone distribution, particularly through peer-based prevention.



Treatment: The Ministry of Health and Wellness should ensure that evidence-based drug use disorder treatment and detoxification are provided at scale. This should include robust pharmacovigilance training, clinical audits, up-to-date protocols, and linkage to care. The focus should also be on adolescent treatment, reducing methadone diversion, shortening waiting times and addressing patient loss to follow-up. Prioritising the decentralisation of methadone dispensing in primary care settings and increasing the accessibility of take-home methadone for those who clinically qualify is also essential.



Rehabilitation: The Government of Mauritius needs to continue investing in broad-based poverty alleviation, rehabilitation, social integration and throughcare programming. This would ensure that individuals at risk, in recovery or on release from prison are supported by community, NGOs, schools, families, the private sector and various related supports including social, housing, education, training and employment initiatives.



Reintegration: This is a vital component in the continuum of care for substance use disorder. This should involve a holistic approach that focuses on making individuals functional and productive members of society. Key initiatives such as vocational training, employment opportunities and housing support should be prioritised to promote stability. Strong collaborations with community organisations, employers and educational institutions are crucial to offering comprehensive services that guarantee ongoing assistance after treatment. The reintegration process must be tailored to the unique needs of each person, ensuring a smooth transition into self-sufficient living and minimising the chances of relapse by focusing on social reintegration and economic empowerment.

NATIONAL PROGRAMME FOR REHABILITATION AND REINTEGRATION

The National Social Inclusion Foundation (NSIF) will provide support for the National Programme for Rehabilitation and Reintegration based on evidence-based practices. By supporting initiatives that have proven successful in helping individuals recover from substance use disorder and reintegrate into society, NSIF aims to ensure that resources are directed towards effective strategies. This funding will back programmes that offer comprehensive, evidence-based rehabilitation services, focusing on long-term recovery and social inclusion, fostering a data-driven approach to achieving sustainable, positive outcomes for vulnerable populations.

WHAT ARE THE PRIORITIES FOR THE HEALTH AND WELLBEING PILLAR FOR 2026 – 2030?

- Creation of a pathway from harm reduction through treatment to social rehabilitation and reintegration.
- Setting up a National Programme for rehabilitation and reintegration.
- Increase capacity of all stakeholders to deliver services.

HOW CAN WE DELIVER CHANGE?

THE THEORY OF CHANGE CAN BE ARTICULATED AS

IF we provide safer environments, evidence-based approaches and appropriate materials to people who use drugs; we provide and up scale the range of evidence-based medical interventions that seek to stabilise, treat and support those with drug use disorders; we provide support, comprehensive services and seamless assistance that seek to rehabilitate those with drug use disorders by considering the individual needs, ensuring that they can play a full role in society,

THEN we will have reduced the harm done by drugs and improved the health and wellbeing of people who use drugs, ensuring their rehabilitation and social reintegration, so that no-one is left behind.

WHAT IS THE PLAN?

Priority Area	Descriptor	What will the approach deliver?
Harm Reduction	Provision of safe environments, evidenced-based strategies, including medical treatment and appropriate materials to minimise the physical and social harm associated with drug use.	<ul style="list-style-type: none"> Increased accessibility of all harm reduction services including MMT, NSP and Naloxone for Overdose Management to reduce harms caused by drug use. Increased provision of comprehensive drug use, and HIV related services and materials in prisons settings. Ensure referral to care services in the community upon release from prison. Strengthen the comprehensive psycho-social management of PWID.
Treatment and Rehabilitation	Evidence-based medical interventions that stabilise, treat and rehabilitate those with drug use disorders.	<ul style="list-style-type: none"> Increased availability and accessibility to quality, evidence-based drug treatment options, in line with national and international standards. Increased professional capacity of all stakeholders working in the field of treatment. Increased gender mainstreaming and inclusive services. Inclusion of mental health assessment, other comorbidities and care in the rehabilitation pathway. Strengthened, evidence-based and comprehensive rehabilitation services for PWUD/PWID.
Reintegration	Assist and support services for people who use drugs throughout the continuum of care for their reintegration into mainstream society.	<ul style="list-style-type: none"> Implementation of a pathway that takes an individual from harm through treatment, rehabilitation and reintegration. Strengthened reintegration of PWUD through up-scaled services and referral systems.

HOW WILL THIS APPROACH CHANGE THINGS FOR THE BETTER?



HARM REDUCTION

- Expanding Harm Reduction Strategies:** Reducing harm, particularly morbidity and mortality caused by drug use, through improving and scaling up access to methadone substitution therapy and the needle syringe programme. Establishing methadone substitution therapy dispensing sites, and the needle syringe programme, within public and private healthcare settings will make it easier for people with drug use disorders to receive their comprehensive package treatment, thereby reducing relapse rates. Increasing take-home doses will allow PWUD to manage their treatment more effectively, reducing the burden on healthcare facilities and ensuring consistent treatment.
- Overdose Management Programme:** Expanding access to Naloxone in healthcare settings, through peer-based networks and NGOs, and in overdose management centres, will empower communities to respond promptly to overdoses, potentially saving lives.
- Adaptability and Inclusivity:** The adaptability of harm reduction services, including gender mainstreaming, ensures that programmes are inclusive and cater to the specific needs of different groups. Improved communication and networking between health service providers will create a more cohesive support system, leading to better outcomes for individuals in need.



TREATMENT AND REHABILITATION

- Accessible:** Treatment services will be accessible to all groups including vulnerable people with special needs, women, people with disabilities, trans and gender diverse people, migrants and people in closed settings. Empowering service providers with tools to overcome gender bias in medical centres, and gender-sensitive treatment options, will ensure that all patients receive equitable care, improving treatment outcomes (There has been suggestions to include Ayurvedic based treatment as an innovative option to treat drug use disorders.).
- Multi-Disciplinary Medical Services and Protocols:** Revising medical protocols to include more treatment options involving multi-disciplinary health teams, including psychologists, psychiatrists, counsellors, social workers, nutritionists and other professionals, will enable a holistic management of PWUD and offer patients better chances for recovery.
- Medico-Psychosocial Follow-Up:** Improving access to medico-psychosocial follow up services will contribute to preventing relapses of people receiving treatment.
- Follow-up and Aftercare:** Implementing comprehensive follow-up and aftercare programmes will ensure that individuals who have undergone treatment continue to receive the support they need, reducing the risk of relapse.

- **Capacity Building:** Evidence-based capacity building for health care personnel in addiction is crucial for improving the quality of treatment provided. Ensuring that medical staff are trained to diagnose and treat co-occurring mental health issues, and addressing the needs of populations with special needs, will lead to more comprehensive care.
- **Rehabilitation Services and Infrastructure:** Preparing and implementing a national rehabilitation programme, which identifies key measures for housing, training and employment, nutrition and food security, physical activity, and health and wellbeing in accredited centres. Establishing inclusive residential rehabilitation programmes.
- **Environment and Resources:** Improving the social environment by reducing risk factors, including access to drugs, securing adequate funding and mobilising resources.



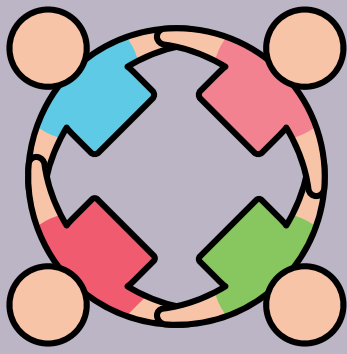
Cindy's story is one of resilience and transformation. After leaving an abusive relationship, she reconnected with an ex-partner who was a drug dealer. At that point, Cindy wasn't using drugs, but over time, she saw her partner, his friends and their wives using heroin. Wanting to fit in, she began using as well, not realising how deeply it would impact her. What started as casual use quickly escalated to injecting and, soon after, the relationship became abusive. Fearing for her children's safety, she made the difficult decision to send them to live with her parents in order to protect them.

Her turning point came when she met someone who was on methadone, and he encouraged her to try it, sharing how it had changed his life. Motivated to change, Cindy reached out to an NGO and enrolled in a methadone substitution therapy programme. As she became more stable, she got involved with a harm reduction NGO as a peer educator, using her own experience as a former drug user to help others.



REINTEGRATION

- Coordination and Networking:** Strengthening coordination among ministries, NGOs and other stakeholders will create a more integrated support system, helping individuals reintegrate into society successfully. Linkage and networking among services will ensure that reintegration efforts are holistic and well supported.
- Social Reintegration:** Social reintegration of recovering drug dependant persons pathway, defined and implemented for individual need, will enable individuals within the continuum of care to become socially functional.
- Employment and Family Support:** Providing family therapy and addressing issues related to employment, such as training programmes for job readiness, will be key to successful reintegration. Ensuring that former patients are treated with dignity and respect, by both medical and non-medical staff, will also improve their chances of leading a productive life post-rehabilitation, including food security and housing support to promote stability. Employment is critical to addressing poverty and economic disadvantage, and has a valuable role in treating drug addiction. Individual placement and support programmes will be promoted for drug users to receive re-skilling, support to develop their business plans or help with securing placement opportunities.
- Long-Term Support:** Continuous follow-up and the availability of aftercare services will provide the ongoing support necessary to maintain long-term recovery and reintegration into the community. This approach also includes addressing and removing gender biases, and other barriers, that might hinder successful reintegration.
- Review Legislation with Regard to Employability of Ex-Detainees and Drug Users:** Reviewing legislation and policies, in order to facilitate the reintegration of ex-detainees and rehabilitated individuals into society, will reduce the likelihood of relapse, and support their successful recovery, contributing to lower recidivism rates



PILLAR 4

COORDINATION

Improving internal coordination and cooperation between Ministries, agencies, and NGOs; strengthening monitoring and evaluation; thorough research and development; better strategic information; enhancing the legislative framework; and improving regional and international cooperation and collaboration.

WHAT IS THE PROBLEM?

Since its establishment in 2020, the National Drug Secretariat (NDS) has been responsible for monitoring the implementation framework and for monitoring and evaluation of the NDCMP 2019-2023, as well as all related drug control activities. Strategic information on drug use and its consequences has been generated through operational research, the National Drug Observatory and the M&E system. Ongoing efforts are being made to review, harmonise and amend specific legislation to further strengthen drug control capabilities and address financial crime implications, which require additional resources and time. However, the limited resources of the NDS have hindered its capacity to fulfil its set objectives.

WHAT ARE THE CURRENT CHALLENGES?

Despite efforts to achieve the goals set in the last NDCMP, several gaps have been identified. The evaluation recommended that the Government of Mauritius invest further in the capacity of the coordinating agency to strengthen its mandate, capacity and resources, thereby enhancing coordination, implementation oversight, M&E and technical support to agencies across strategic pillars. This would ensure that evidence-based interventions are operationalised and include built-in evaluation. There is a need to strengthen legislation in order to enhance the capacity and capability of law enforcement and agencies combatting the smuggling, trafficking and supply of drugs. There is a particular need in terms of technological documentary evidence, new psychoactive substances and emerging drugs, and precursors. Legislation relating to drug treatment, rehabilitation and harm reduction, as well as an appropriate framework for monitoring and evaluating to chart progress against national criteria, is also necessary. Improved coordination among stakeholders involved in prevention is required to increase public awareness and outreach, particularly among the youth. Additionally, enhancing the detection capacity of the Forensic Science Laboratory is essential, particularly regarding the incidence, pattern and trends of NPS, along with improved information flows.

WHAT ARE THE COORDINATION AND COOPERATION PRIORITIES FOR 2026 – 2030?

- Review of policies and legislation.
- Increased information sharing both within and between sectors.
- Incorporate a communication mapping exercise with defined information flows to enhance inter-agency collaboration and information sharing.
- Establish an annual reporting cycle that enables agile prioritisation and responsive resource allocation.
- Strategic information encompassing research and development (R&D) and M&E.
- Strengthening the coordination of the national response.

HOW CAN WE DELIVER CHANGE?

THE THEORY OF CHANGE CAN BE ARTICULATED AS

IF appropriate legislation is amended or enacted, policies are evidence-based and aligned with international best practices, coordination across Ministries, agencies and organisations is strengthened to achieve a comprehensive approach, focusing on agreed priorities, supported with effective monitoring and evaluation to measure impact,

THEN improved coordination between Ministries, agencies and NGOs, and increased regional and international cooperation with our partners will enable the achievement of expected outcomes.

WHAT IS THE PLAN?

Priority Area	Descriptor	What will the approach deliver?
Research, Guidance and Evidence-Based Policies	Promotion of R&D, and capacity building. Review and align policies, and amend legislation to achieve an effective response that is based on evidence.	<ul style="list-style-type: none"> • Better insight of the drug situation. • Increased awareness and adherence to evidence-based protocols and guidelines. • An agile legislative and policy environment. • Increased effectiveness of interventions.
Improve Communication and Collaboration among Stakeholders	Sharing of information, communication and collaboration between national and international partners to achieve a comprehensive, informed and coordinated approach.	<ul style="list-style-type: none"> • Improved communication and cooperation inter and intra ministries, agencies and NGOs in relation to drug control. • Increased collaboration with international partners. • Increased ability to review and adapt the action plan, and prioritise activities.
Monitoring and Evaluation	Generate strategic information.	<ul style="list-style-type: none"> • Effective monitoring of the progress of the implementation of the NDCMP. • Improved resource allocation. • Conduct evaluation at agreed intervals. • Informed policies and interventions based on factual and evidenced based data.
Enhancing Coordination	An empowered National Coordinating Agency will increase capacity to ensure timely and effective implementation of the NDCMP	<ul style="list-style-type: none"> • Well-coordinated approach for implementation of the NDCMP. • Progress will be closely monitored and evaluated, enabling decision makers to address barriers and bottlenecks as they are identified. • Improved effectiveness of the NDCMP.

HOW WILL THIS APPROACH CHANGE THINGS FOR THE BETTER?



RESEARCH, GUIDANCE AND EVIDENCE-BASED POLICIES

- **Ensure that conventions/MOUs/agreements cover issues such as capacity building, information sharing and staff exchange programmes:** Embedding these elements into agreements ensures that all parties involved are empowered and have a clear understanding of the expectations and responsibilities, fostering stronger cooperation.
- **Ensure that existing international drug control conventions are adhered to:** This ensures that international commitments become binding, providing a robust drug control framework.
- **Legislation changes/policy decisions:** Necessary legislative and policy changes are crucial to align with international standards and enhance the drug control framework.
- **Increase involvement of academics and universities:** Engaging educational institutions in drug and substance use research will provide critical data to inform policy decisions, ensuring that interventions are scientifically sound and effective, and based on strategic information. This evidence-based approach will lead to more targeted and successful strategies in combating substance use. Increased collaboration with academic institutions, including postgraduate medical and public health students, will lead to more agile research in areas of public health and addiction, responsive to gaps in evidence, such as loss to follow-up among people who use drugs, needle syringe programme (NSP) clients and young people who use drugs, which are essential for shaping effective rehabilitation policies and practices.
- **Examine best practice and increase technical support:** Learning from global best practice and leveraging technical support from organisations like UNODC and WHO will enhance the country's ability to implement proven and effective drug prevention and intervention strategies, leading to better outcomes in public health and safety.
- **Develop a National Policy on Substance Use:** Establishing a national policy that integrates substance use education within schools and workplaces will create a consistent and widespread understanding of the risks associated with drug use, promoting prevention and early intervention across society.



COORDINATION

- **Establish different thematic committees to coordinate activities/exchange information/identify gaps and loopholes under each pillar.** The committees will bring together key stakeholders to ensure coordinated efforts, reduce duplication, identify and address any gaps in the current system.
- **Implementation of a platform for all stakeholders:** A centralised platform will facilitate better communication, coordination and collaboration among all stakeholders involved in drug control efforts.
- **Improve connectivity and networking among stakeholders:** Strengthening networks will lead to more cohesive and synchronised efforts, improving the overall effectiveness of drug control initiatives. The NADC will ensure that the level and reach of strategic health information improves including the communication of routine forensic analyses of new psychoactive substances.
- **Increase the number of MOUs and regional agreements:** Expanding the network of agreements will enhance collaboration with international and regional partners, providing more resources and support for drug control efforts.
- **Improved communication with members of AU, SADC, IOC, IORA and COMESA:** Streamlining information sharing across borders will improve regional cooperation and coordination in drug control.
- **Steering committee headed by NADC supported by NSIF and other funding agencies and all relevant NGOs:** This will ensure that all initiatives are well-funded, resourced, coordinated, and aligned with national objectives.



MONITORING AND EVALUATION

- **Conduct and disseminate timely strategic analysis, trends and risk assessment report:** Regular dissemination of information through early warning systems will provide stakeholders with the insights they need to adapt and improve their strategies, leading to more effective drug control efforts. Continuing to conduct surveys at regular intervals, such as the IBBS.
- **Increased information sharing:** The Forensic Science Laboratory can play a crucial role in NPS information sharing and treatment planning, though its potential is not fully leveraged. With an increase in information sharing, steps must be taken to ensure that sensitive information is protected, so as to maintain the integrity of drug control efforts and prevent them from being compromised.
- **Regular monitoring:** Continuous monitoring and mentoring will ensure timely implementation and improve the effectiveness of the drug control programme
- **Planned Evaluations:** Plan and deliver midterm and final evaluations of the NDCMP.

INDICATIVE BUDGET

The indicative budget needed for the implementation of the four strategic pillars, within the NDCMP 2026 – 2030, has been worked out by stakeholders (owners) and will, essentially, be met by the government through its annual budget allocation to different ministries, institutions and departments.

Furthermore, the NSIF will, to a large extent, financially contribute to the different programmes under the Strategic Pillars 2 and 3, in order to support NGOs in their endeavours to respond effectively to the scourge of drugs.

The private sector and public sector agencies will provide support to the national programmes identified in the NDCMP 2026 – 2030.

			Current Budget	Indicative Budget			
		2024/2025 (000) Rs	2025/2026 (000) Rs	2026/2027 (000) Rs	2027/2028 (000) Rs	2028/2029** (000) Rs	TOTAL (000) Rs
Total (A+B+C+D)		946,570	1,269,150	1,561,670	1,698,925		5,476,315
A. Pillar 1: Supply Reduction		710,870	865,800	1,098,660	1,180,600		
OWNER	1 Mauritius Police Force (ADSU)	350,200	399,700	449,700	449,700		
	2 MRA/CANS	154,670	238,500	393,000	448,000		
	3 FSL	156,000	171,600	188,760	207,636		
	4 FCC	50,000	56,000	67,200	75,264		
	5 FIU*	90,000*	99,000*	109,000*	120,000*		
B. Pillar 2: Demand Reduction		18,200	75,350	93,510	106,325		
OWNER	1 Ministry of Education and Human Resource and Ministry of Tertiary Education, Science and Research	-	50,000	60,000	70,000		
	2 Ministry of Labour and Industrial Relations	-	350	360	360		
	3 CSU/MSC	18,200	21,500	28,650	30,965		
	4 Private Sector (Business Mauritius & Ors)		3,500	4,500	5,000		
C. Pillar 3: Health and Wellbeing		217,500	258,000	294,500	332,000		
OWNER	1 Ministry of Health and Wellness	130,000	160,000	180,000	198,000		
	2 NSIF/NGOs	87,500	98,000	114,500	134,000		
D. Pillar 4: Research, Guidance and Evidence-based Policies		-	70,000	75,000	80,000		
OWNER	1 NADC	-	70,000	75,000	80,000		

*This is the total budget for FIU and is excluded from the total annual budget of the NDCMP 2026 – 2030.

** Budget for 2028-2029 and 2029-2030 will be finalized following the mid-term evaluation of the NDCMP 2026 – 2030.

LOGICAL FRAMEWORK FOR RESULTS BASED MANAGEMENT.

An example of the NDCMP's logical framework is below.

Outcome	Indicator	Owner	Progress	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration

This logical framework has been designed to capture information that it required to monitor implementation across four pillars and 15 outcomes, however it does not represent all the details required to project manage the delivery of each and every activity. Instead, the framework attempts to describe what will be achieved, sets realistic targets and measures of success, lists activities, ascribes a lead agency and lists who that lead should collaborate with. The matrix represents a plan which, for numerous reasons, will change, morph and alter. The importance of the matrix is that it provides a framework to report against, so that overall progress can be assessed and context given to what has been achieved, what has not been achieved and what needs to alter. Conversely, the matrix not only provides agencies and NGOs with a framework to report against, but also a rationale for requesting additional funds.

PILLAR 1 DRUG SUPPLY REDUCTION

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
UPSTREAM														
1.1 Improved Regional Security.	Increased cooperation, collaboration and coordination relating to drug trafficking and other transnational crimes measured via an increase in the quantity and quality of actionable intelligence.	Mauritius Police Force	<p>Enhance International Cooperation: Strengthening collaboration between countries allows for shared intelligence, resources, and best practices. This unified approach can help curb transnational criminal activities, reduce drug trafficking, improve public health, and enhance security.</p> <p>Strengthen Regional Coordination: Coordinating regional efforts allows neighbouring countries to address shared challenges such as cross-border drug trade and organised crime. This results in synchronised operations and fewer opportunities for criminals to exploit gaps in enforcement.</p>	1.1.1 Increased international coordination and cooperation.	Increase in the number of multi-national investigations.	Proactively collaborate and establish links with international institutions in the fight against financial crimes.	X	X	X	X	X		MPF/ADSU	FIU
				1.1.2 Increased regional coordination and cooperation.	Increase in multi-national information sharing.	Collaborate with regional partners and establish links with regional institutions in the fight against financial crimes.	X	X	X	X	X	X	X	
					Increase in the number of reports with regional partners and number of joint investigations.	Access Interpol database 124.	X	X	X	X	X		MPF/ADSU	FCC
						Participate in The Plan Regional de Surveillance des Pêches (PRSP) under the Indian Ocean Commission.	X	X	X	X	X		MPF/ADSU	Ministry of Agro-Industry, Food Security, Blue Economy and Fisheries

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration			
AT THE BORDER																	
1.2 Increased disruption of drugs and other contraband entering the country.	Increased actionable intelligence that enables counter narcotic operations, measured by an increase in the amount of drugs and other contraband seized and passage of information passed, that leads to an arrest or a seizure.	MRA/ CANS Customs	<p>Increase Access to Satellite Technology for Real-Time Information Sharing: Providing border agencies with satellite technology enables real-time monitoring and data sharing, improving their ability to respond to emerging threats and coordinate with international partners. This leads to more efficient and responsive border controls.</p>	1.2.1 Increased information sharing.	Increase instances of individuals being pre-screened.	Develop and update watchlist/suspect list to target more people.			X	X	X		MRA/CANS	ADSU/MPF			
				1.2.2 Increased detection of high-risk individuals.	Increase instances of individuals being screened on arrival.	Implement AIRCOP.	X	X							MRA/CANS		
				1.2.3 Increased identification of suspicious goods.	Increase in seizure rates of illicit drugs at entry points.	Share information regarding travel movement of suspected individuals and pleasure crafts with the FIU such that financial profile of individuals/ owners can be built, information can be requested from the departing country and intelligence disseminated to law enforcement agencies.						X	X	X		MRA/CANS	FIU/MPF/ADSU
				1.2.4 Increased drug detection.	Increase in seizure rates of illicit drugs at entry points.	Increase the number of luggage scanned through increase in number of scanners in arrival hall.						X	X	X		MRA/CANS	
			<p>Enhance Detection and Testing at Points of Entry: Strengthening detection capabilities at borders will increase the interception of illegal substances, weapons and other contraband. This prevents harmful goods from entering the country, safeguarding citizens and national security.</p>			Train new detection techniques - by international partners.			X	X	X		MRA/CANS				
						Enhance coordination between LEAs at different points of entry.	X		X	X	X		MRA/CANS	All LEAs			
						Establish joint task forces between postal services, customs and ADSU (law enforcement agencies) to streamline operations and improve communication.			X	X	X		MRA/CANS	MPF/ ADSU/ MPL/ Courier services			
						Develop a secure platform for sharing real-time information on intercepted packages and emerging threats.			X	X	X		MRA/CANS	MPL, ADSU			
						Improve regulatory and policy frameworks.			X	X	X		MRA/CANS	MPL, ADSU			

PILLAR 1 DRUG SUPPLY REDUCTION

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
AT THE BORDER														
1.2 Increased disruption of drugs and other contraband entering the country	Increased actionable intelligence that enables counter narcotic operations, measured by an increase in the amount of drugs and other contraband seized and passage of information passed, that leads to an arrest or a seizure.	MRA/ CANS Customs	<p>Enhance Detection and Testing at Points of Entry: Strengthening detection capabilities at borders will increase the interception of illegal substances, weapons and other contraband. This prevents harmful goods from entering the country, safeguarding citizens and national security.</p>	1.2.4 Increased drug detection	Increase in seizure rates of illicit drugs at entry points	Process map procedures under current legislation and identify gaps		X	X				MRA/CANS	MPL, ADSU
						Conduct risk assessment of courier personnel		X	X				MRA/ CANS/MPF	MPL
1.2 Increased disruption of drugs and other contraband entering the country	Increased actionable intelligence that enables counter narcotic operations, measured by an increase in the amount of drugs and other contraband seized and passage of information passed, that leads to an arrest or a seizure.	MRA/ CANS Customs	<p>Enhance Detection and Testing at Points of Entry: Strengthening detection capabilities at borders will increase the interception of illegal substances, weapons and other contraband. This prevents harmful goods from entering the country, safeguarding citizens and national security.</p>	1.2.4 Increased drug detection	Increase in seizure rates of illicit drugs at entry points	Control access to shipping and ports, and share intelligence		X	X	X			MRA/CANS	ADSU National Security Service and Field Intelligence Unit CID Port Police/ CANS
						Control the entry/exit of fishing vessels across Mauritius			X	X	X		Ministry of Agro-Industry, Food Security, Blue Economy and Fisheries	NCG
1.2 Increased disruption of drugs and other contraband entering the country	Increased actionable intelligence that enables counter narcotic operations, measured by an increase in the amount of drugs and other contraband seized and passage of information passed, that leads to an arrest or a seizure.	MRA/ CANS Customs	<p>Enhance Detection and Testing at Points of Entry: Strengthening detection capabilities at borders will increase the interception of illegal substances, weapons and other contraband. This prevents harmful goods from entering the country, safeguarding citizens and national security.</p>	1.2.5 Increased seizures	Increase in seizure rates of illicit drugs at entry points	Enhance coordination between LEAs at different points of entry			X	X	X		MRA/CANS	ADSU
						Provide the necessary support and assistance, as and when required, to other stakeholders such as the Police, National Coastguard or Customs Department to combat drug trafficking.					X		Ministry of Agro-Industry, Food Security, Blue Economy and Fisheries	
1.2 Increased disruption of drugs and other contraband entering the country	Increased actionable intelligence that enables counter narcotic operations, measured by an increase in the amount of drugs and other contraband seized and passage of information passed, that leads to an arrest or a seizure.	MRA/ CANS Customs	<p>Enhance Detection and Testing at Points of Entry: Strengthening detection capabilities at borders will increase the interception of illegal substances, weapons and other contraband. This prevents harmful goods from entering the country, safeguarding citizens and national security.</p>	1.2.5 Increased seizures	Increase in seizure rates of illicit drugs at entry points	Increase the number of sea operations jointly with other LEAs (blitz, rummage, etc)		X	X	X	X		MRA/CANS/ ADSU	NCG

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
IN-COUNTRY														
1.3 Increased disruption of drug trafficking and producing networks	Improved cooperation between drug supply related agencies, measured by number of investigations that lead to an arrest of drug traffickers, producers or their accomplices	ADSU	<p>Enhance Information Sharing: Streamlining communication between agencies ensures vital information is shared promptly, leading to coordinated and effective actions against criminal networks and other threats.</p>	<p>1.3.1 Reduction in illegal drug trafficking and distribution</p>	<p>Increase in the amount of in country seizures: Current: 3327 Target: increase by 5%</p>	Conduct crackdown operations	X	X	X	X	X		ADSU	Customs, Forestry, Pharmacy
						<p>Increase the use of drones</p> <p>Increase monitoring of the Dark Web and use of crypto currencies</p> <p>Increase surveillance of internet pharmacies and inspection of goods</p> <p>Establish an active enforcement unit in the Pharmacy Department to coordinate regular inspection of public and private pharmacies, with regard to the sale and dispensing of scheduled drugs.</p>								
				<p>1.3.2 Enhanced intelligence sharing</p>	<p>Increase in number of actionable intelligence reports that are a) shared and b.) lead to a joint or combined operation</p>	Enhance LEAs collaboration		X	X	X	X		ADSU	Customs, Forestry, Pharmacy
						<p>Establish Focal Points in LEAs to facilitate collaboration and sharing of information</p> <p>Report suspicious individuals immediately to ADSU</p> <p>FIU to disseminate intelligence reports, related to drug trafficking, to ADSU, FCC and MRA Customs upon request and of their own volition.</p>								

PILLAR 1 DRUG SUPPLY REDUCTION

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration		
IN-COUNTRY																
1.3 Increased disruption of drug trafficking and producing networks	Improved cooperation between drug supply related agencies, measured by number of investigations that lead to an arrest of drug traffickers, producers or their accomplices	ADSU	<p>Tighten Control of Substances for Medical, Scientific and Commercial Use: Strengthening regulations on emerging psychoactive substances ensures they are used legitimately, reducing their diversion to illegal markets, protecting public health.</p>	1.3.3 Controlled access to dangerous substances	Periodic review of the Dangerous Drugs Act to continually include emerging substances.	Establish a joint monitoring Committee for the periodic review and inclusion and classification of New Substances			X				Pharmacy board	FSL/ADSU		
								X				Pharmacy board	ADSU/CANS			
			<p>Implement an early warning System: A robust reporting system for new drugs will help authorities quickly identify and respond to emerging threats, mitigating harm before it escalates.</p>	1.3.4 Improved detection, regulation and communication relating to new substances	Implementation of new technologies for improved detection	Review existing instrument pool acquiring new equipment	X	X	X						FSL	FSL
					Implementation of an early warning system for information sharing on emerging substances	Establish a digital database with a web-based interface for information sharing				X			NADC	FSL/ADSU/ CANS		

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
DRUG RELATED FINANCIAL CRIME														
1.4 Increased financial disruption to drug traffickers and their proxies	Improved cooperation between drug supply related agencies, measured by an increase in the number of financial investigations, that lead to recovery and/or seizure of asset.	FCC	<p>Increase Dual Investigations: Conducting multiple criminal activities, such as drug trafficking and money laundering, leads to comprehensive disruption of criminal networks.</p>	1.4.1 Increased use of dual investigations.	Increase in the number of investigations conducted in conjunction with other agencies which lead to an increase in the amount of assets seized.	Review MOUs and updating them in line with the new context			X				FCC	ADSU / Customs
				1.4.2 Weakened financial infrastructure of drug trafficking organisations.	Increase in the number of reports related to drug-related offences and money laundering.	Investigate financial crimes, corruption offences, money laundering offences and fraud		X	X	X		FCC	FIU	
				1.4.3 Improved Public - Private Partnerships.	Increase in the number of investigations conducted in conjunction with and/or using private sector data.	Increase powers of FIU to disrupt drug trafficking and money laundering		X				FIU		
			<p>Strengthen Anti-Money Laundering Efforts: Enhancing anti-money laundering measures will dismantle the financial networks that support criminal enterprises, limiting their ability to finance operations and expand.</p>			Trace and recover assets involved in drug dealing financing and disrupt the drug supply		X					FCC	FIU
			<p>Foster Public-Private Partnerships: Collaboration with the private sector, especially financial institutions, will improve detection and reporting of suspicious activities. This will lead to more effective interventions and foster a resilient, transparent financial system.</p>			Establish special investigative techniques, namely controlled remittance and surveillance. Intrusive surveillance, the conduct and use of covert intelligence human source and equipment interception				X			FCC	FIU
						Motor Vehicle and Pleasure Craft Dealers registered with the FIU and have the obligation to file STRs.			X				FCC	

PILLAR 1 DRUG SUPPLY REDUCTION

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
DRUG RELATED FINANCIAL CRIME														
1.4 Increased financial disruption to drug traffickers and their proxies	Improved cooperation between drug supply related agencies, measured by an increase in the number of financial investigations, that lead to recovery and/or seizure of asset.	FCC	Reinforce Anti-Corruption Measures: Strengthening anti-corruption efforts build public trust in institutions and ensures fair enforcement of laws, reducing the ability of criminals to exploit corrupt officials.	1.4.4 Increased Anti-Corruption activity	Increase in the number of anti corruption investigations	Supervisors such as BOM, FSC, ROC, MIPA, FIU Compliance, FRC and Registrar of Associations, are to carry out aggressive outreach so as to increase the number of STRs filed with the FIU.				X				
						Establish whistle blowing practices		X			FCC			
					Increase in the number of corruption allegations or complaints	Educate the public against financial crimes and any other offence under this Act and the Declaration of Assets Act.		X	X	X	X			

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
DEMAND REDUCTION - PROFESSIONALISATION OF PREVENTION														
2.1 Increased professionalism of all prevention staff and delivery of standard prevention programmes at all levels	Increase in the number of trained, registered and practising prevention staff	NADC	<p>Provide standardised prevention courses: Offering professional, standardised evidence-based courses will build a cadre of certified prevention professionals, ensuring that those working in drug prevention are highly skilled and knowledgeable, leading to more effective prevention efforts.</p>	2.1.1 Standardised course developed	Completion and approval of the standardised course curriculum	Develop standardised prevention course curriculum		X	X					
					Number of certified prevention professionals	Establish certification criteria and processes		X						
						Launch standardised prevention course				X			NADC	Academic institutions
						Provide ongoing professional development				X				
						Monitor and evaluate course outcomes					X			
						Develop and provide training to NGOs		X	X					
			<p>dedicated prevention staff of NGOs: Training NGO staff specifically in drug use prevention will strengthen the capacity of civil society to support communities in addressing substance use, increasing the reach and impact of prevention programmes.</p>	2.1.2 NGOs Staff Trained	Number of NGO staff trained in drug prevention	Facilitate certification for trained NGOs staff			X	X	X			
		Increase in community participation in prevention programmes by trained staff			Establishing partnerships with prevention experts and organisations						X	X		
						Support the implementation of prevention programmes by trained NGOs				X				
						Monitor and evaluate the impact of NGO-led prevention programmes					X			

PILLAR 2 DRUG DEMAND REDUCTION

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
DEMAND REDUCTION - PROFESSIONALISATION OF PREVENTION														
2.1 Increased professionalism of all prevention staff and delivery of standard prevention programmes at all levels.	Increase in the number of trained, registered and practising prevention staff.	NADC/ Ministry of Education and Human Resource and Ministry of Tertiary Education, Science and Research	Train stakeholders in drug use prevention and early screening: Recruitment and training of prevention professional stakeholders on early identification of risk factors will enable timely intervention, reducing the escalation of substance use issues and improving the effectiveness of referral processes for those in need of help.	2.1.3 Prevention and other concerned staff trained	Number of staff trained in drug use prevention and early screening. Improvement in access to support services for at-risk individuals.	Develop a standardised drug use prevention and early screening curriculum.	X		X				NADC/ Ministry of Education and Human Resource and Ministry of Tertiary Education, Science and Research	Academic institutions
						Recruit staff for drug use prevention and early screening.	X		X					
						Conduct training in drug use prevention and early screening.		X		X				
						Facilitate certification of trained stakeholders.			X	X				
						Strengthen the referral pathways and collaboration.			X	X				
						Monitor and evaluate early screening efforts.					X			
2.2 Greater awareness, early intervention and reduced substance use among children.	Reduction of prevalence rates of substance use among school and university students.	Ministry of Education and Human Resource and Ministry of Tertiary Education, Science and Research	Strengthen early childhood drug prevention: Implementing targeted education and intervention programmes for young children will build a strong foundation of awareness and resilience, helping to reduce the risk of future drug use and its associated harms.	2.2.1 Early years, age appropriate programme delivered	Number of early childhood educators trained.	Develop an age-appropriate drug prevention curriculum.	X						MOE	MOHW/Min of Gender and Family Welfare/ NGOs
						Create parental engagement programmes.	X		X					
						Implement the curriculum in early childhood education settings.		X	X	X				
						Train early years educators in prevention.		X	X	X				
						Conduct community and awareness campaigns.	X							
						Provide targeted interventions for at-risk children.		X	X		X			
						Monitor and evaluate the effectiveness of early prevention programmes.		X	X	X				

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration	
TARGETED DELIVERY - IN EDUCATIONAL INSTITUTIONS															
2.2 Greater awareness, early intervention and reduced substance use among children	Reduction of prevalence rates of substance use among school and university students	Ministry of Education and Human Resource and Ministry of Tertiary Education, Science and Research	Strengthen early childhood drug prevention: Implementing targeted education and intervention programmes for young children will build a strong foundation of awareness and resilience, helping to reduce the risk of future drug use and its associated harms.	2.2.2 School age programme delivered.	Completion and integration of the updated curriculum.	Revise and update the substance use education curriculum.		X						MOE	MOHW/Min of Gender and Family Welfare/ NGOs
						Train educators and youth cadres in substance use prevention.		X							
						Implement interactive student prevention programmes.			X						
						Establish and strengthen school and university support systems.			X						
						Engage parents, religious bodies and the community in prevention efforts.			X						
						Monitor and evaluate the impact of enhanced education.			X						
						Integrate socio-emotional learning competencies into core subjects.			X						
						Develop and implementing age-appropriate SEL curriculum and lessons.			X						
						2.2.3 Socio-emotional programme delivered.	Student, Parent and Community satisfaction surveys.								

PILLAR 2 DRUG DEMAND REDUCTION

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
TARGETED DELIVERY - IN EDUCATIONAL INSTITUTIONS														
2.2 Greater awareness, early intervention and reduced substance use among children	Reduction of prevalence rates of substance use among school and university students	Ministry of Education and Human Resource and Ministry of Tertiary Education, Science and Research	<p>Extend coverage of prevention programmes: Ensuring that drug prevention initiatives reach all secondary school grades will provide continuous support and education, helping to mitigate the risk of substance use among adolescents.</p>	2.2.4 Young person's programme delivered	Increase in the number of courses and interventions	Integrate drug prevention education into core subjects (e.g. health, science, social studies)				X			MOE	MOHW/Min of Gender and Family Welfare/ NGOs
						Provide students with access to counselling and mental health services			X					
						Involvement of parents and families in drug prevention efforts			X	X	X			
						Collaborate with local law enforcement, healthcare providers, and community organisations to deliver comprehensive drug prevention programmes in educational institutions.		X	X	X	X			
						Develop and implement age-appropriate drug prevention curricula for all secondary school grades				X	X			
						Conduct a thorough review of existing policies related to minors and students.		X	X					
						Consult with experts, educators, mental health professionals and law enforcement to develop a comprehensive policy framework			X	X				
						Define clear procedures for reporting, investigating and addressing substance-related incidents.			X	X	X			
						Establish guidelines for determining appropriate consequences, including disciplinary actions and referrals to support services.				X	X			
						Ensure that the policy framework prioritises rehabilitation and support over punishment.				X	X			

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration			
IN THE WORKPLACE - MINISTRY OF LABOUR AND INDUSTRIAL RELATIONS																	
2.3 Reduced substance use, and increased workplace safety and productivity		Ministry of Labour and Industrial Relations	<p>Mandate drug prevention activities: Requiring workplace Safety and health committee and Safety and health collaboration committee to engage in drug prevention activities will create a safer and healthier work environment, reducing the risk of substance-related incidents.</p>	2.3.1 Developed and implemented drug prevention policies and procedure	Number of drug prevention policies and procedures implemented.	Mandate drug prevention training for workplace Safety and health committee and Safety and health collaboration committee.		X		X	X		Ministry of Labour and Industrial Relations	Ministry of Public Service and Administrative Reforms			
						Develop drug prevention policies and procedures, including drug-free workplace policies.		X									
						Integrate drug prevention programmes and policies into overall workplace safety programs.		X									
						Collaborate with EAPs to provide substance abuse resources and support.		X									
			<p>Integrate substance use prevention and management of drugs related cases into company policies: Making substance use prevention a key part of workplace safety policies will encourage companies to take proactive steps in identifying and addressing substance use, protecting employees and business operations.</p>	2.3.2 Reduced incidents related to substance use in the workplace	Percentage of employees trained on substance use prevention policies.	Develop comprehensive substance use prevention policies that align with company values.		X		X		Business Mauritius/Min of Labour	Ministry of Public Service and Administrative Reforms				
						Provide substance use prevention training awareness campaign for employees		X		X	X		Business Mauritius/Ministry of Labour and Industrial Relations	Business Mauritius			
						Promote a culture of open communication and support around substance use issues.		X		X	X		Ministry of Labour and Industrial Relations	Business Mauritius			
						Collaborate with industry associations and healthcare providers on best practices.		X		X	X		Ministry of Labour and Industrial Relations	Business Mauritius			
			<p>Advocacy with employers: Advocate with employers, employer's associations and safety officers to implement comprehensive drug policy within their organisations, this will enhance workplace safety and wellbeing, leading to a more productive and supportive work environment.</p>	2.3.3 Enhanced workplace safety and productivity	Increased participation in employer training programmes on substance use. Increased utilisation of employee assistance programmes (EAPs).	Develop comprehensive employer training programmes on substance use prevention and intervention.				X	X						
						Provide information on recognising signs and symptoms of substance use.			X	X	X						
						Offer guidance on addressing substance use concerns with employees in a supportive and confidential manner.				X	X		Ministry of Labour and Industrial Relations	Business Mauritius			
						Provide resources on available treatment and recovery options.					X						
						Encourage collaboration with EAPs and mental health professionals.				X	X						

PILLAR 2 DRUG DEMAND REDUCTION

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration	
2.3 Reduced substance use, increased workplace safety and productivity		Business Mauritius	<p>Mandate drug prevention activities: Requiring workplace safety committees to engage in drug prevention activities will create a safer and healthier work environment, reducing the risk of substance-related incidents.</p> <p>Integrate substance use prevention and management of drug cases into company policies: Making substance use prevention a key part of workplace safety policies will encourage companies to take proactive steps in identifying and addressing substance use, protecting employees and business operations.</p> <p>Advocacy with employers: Advocate with employers, employer's associations and Safety and Health Officers to implement comprehensive drug policies within their organisations, enhancing workplace safety and wellbeing, leading to a more productive and supportive work environment.</p>	2.3.1 Developed and implemented drug prevention policies and procedure	Number of drug prevention policies and procedures implemented.	Explore employee drug testing possibilities in specific sectors (for safety of employees). Promote open communication and a supportive environment for employees seeking help. Collaborate with local community organisations for drug prevention resources.		X	X	X	X		Business Mauritius	Ministry of Labour and Industrial Relations	
				2.3.2 Reduced incidents related to substance use in the workplace	Percentage of employees trained on substance use prevention policies.	Develop comprehensive substance use prevention policies that align with company values. Provide substance use prevention training awareness campaign for employees		X	X	X	X			Business Mauritius/ Ministry of Labour and Industrial Relations	Ministry of Public Service & AR
				2.3.3 Enhanced workplace safety and productivity	Increased participation in employer training programs on substance use. Increased utilisation of employee assistance programs (EAPs).	Establishing clear procedures for reporting and addressing substance use concerns. Offer confidential counselling and support through EAPs. Review and updating substance use prevention policies to reflect industry standards.		X	X	X	X			Business Mauritius	Ministry of Labour and Industrial Relations
						Early intervention and referral to appropriate services		X	X	X	X		Business Mauritius	Ministry of Labour and Industrial Relations	

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
IN THE COMMUNITY														
2.4 Increased community awareness and reduced stigma		CSU/CAB	<p>Implement prevention programmes for the community: Providing drug prevention programmes in the community will equip parents, carers and community leaders with key skills to keep the community safe and resilient from drugs and crimes. This includes countering entrenched drug activities in the communities where young children are used to circumnavigate the law by acting as runners and lookouts.</p> <p>Increasing the holistic development of youth and access to more alternative activities to drugs: Using sports and arts as part of a broader drug prevention strategy in after-school models, and setting up alternative safe and fun activities for youth who may otherwise have idle or unstructured time, increases protective factors for young people by fostering key skills like discipline, empowerment and positive social interactions in safe spaces.</p>	2.4.1 Out of school, youth programmes delivered	Increased participation in drug prevention programmes by out-of-school youth.	Conduct needs assessments involving youth leaders and youth officers to identify out-of-school youths' specific needs and challenges.	X	X	X	X	X		CSU/CAB	MSC/Min of Youth and Sports/ National Youth Council/NGOs
						Develop age-appropriate prevention programmes	X	X	X	X		MSC/Min of Youth and Sports/ National Youth Council/NGOs		
						Establish partnerships with community organisations	X	X	X	X		MSC/Min of Youth and Sports/ National Youth Council/NGOs		
						Utilise peer education and mentoring programs. Provide opportunities for skill development, such as job training and life skills workshops.	X	X	X	X		MSC/Min of Youth and Sports/ National Youth Council/NGOs		
						Facilitate access to mental health and substance use treatment services.	X	X	X	X		MOHW		
						Create safe and supportive environments for programme participants.			X	X		MSC/Min of Youth and Sports/ National Youth Council/NGOs		
						Monitor and evaluate programmes	X	X	X	X		MSC/Min of Youth and Sports/ National Youth Council/NGOs		

PILLAR 2 DRUG DEMAND REDUCTION

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration	
2.4 Increased community awareness, societal reintegration and reduced stigma	IN THE COMMUNITY	CSU/CAB	Increasing community coalitions: Opportunities, skills and recognition are provided to communities to strengthen collaborations with local and national stakeholders, such as religious leaders, sports associations and NGOs, to foster local ownership of community initiatives in order to address the shared goal of healthier and safer communities.	Community level interventions delivered	Increased attendance at community drug prevention events and meetings. Implementation of local drug prevention programmes and initiatives.	Conduct community needs assessments to identify substance use challenges.	X	X	X	X	X	X		CSU/CAB	MSC/Min of Youth and Sports/ National Youth Council/NGOs
						Build strong partnerships between community organisations, schools, healthcare providers, law enforcement and faith-based groups.	X	X	X	X	X	X			
						Empower community members to take ownership of drug prevention efforts through training and capacity building.		X	X	X	X				
						Develop and implement relevant prevention programmes that address local needs.	X	X	X	X					
						Create opportunities for community members to participate in planning, implementation and evaluation of drug prevention initiatives.		X	X	X	X				
						Utilise media and social media to raise awareness and promote healthy lifestyles.		X	X	X	X				
						Advocate for increased funding and resources for community-based drug prevention programmes.			X	X	X				
						Engage with young persons to dissuade them from becoming the stooges of drug dealers.									
						Establish residential programmes on self-esteem on self esteem using capacity building and life skills management to help youngsters make the right choice.									
						Provide training to care givers on substance use.									
Develop and implement community-based drug prevention initiatives.															

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration	
3.1 Reduction in drug related morbidity and mortality.	Current prevalence of drug related diseases is: Y	Ministry of Health and Wellness	<p>Expanding Harm Reduction Strategies: Reducing harm, particularly morbidity and mortality caused by drug use, through improving and scaling up access to methadone substitution therapy and the needle syringe programme. Establishing methadone substitution therapy dispensing sites and the needle syringe programme, within public and private healthcare settings, will make it easier for people with drug use disorders to receive their comprehensive package treatment, thereby reducing relapse rates. Expanding take-home doses will allow PWUD to manage their treatment more effectively, reducing the burden on healthcare facilities and ensuring consistent treatment.</p>	<p>3.1.1 Increased availability and accessibility of harm reduction services at community level, as well as within the public and private healthcare system.</p>	Availability of Naloxone in all health care facilities.	Improve the identification and management of overdoses.		X	X	X					
					Materials available in treatment centres and associations frequented by IV drug users.	Improve access to sterile injection equipment.	X	X	X						
					Number of clinics and number of patients receiving treatment in private clinics.	Run workshops, seminars and public information campaigns in schools, community centres and online platforms to inform the public about harm reduction services and how to access them.									
					Number of people taking methadone in health care settings. Number of clinics and number of patients receiving treatment in private clinics.	Organise outreach activities in the most at-risk regions for high-risk PWUD/PWID in the Republic of Mauritius and Rodrigues.		X							MOHW
					Percentage of care services where an NGO is present.	Set up additional harm reduction service points in health care setting. Dispense methadone in private clinics.		X	X	X					
						Promote the presence of NGOs in the main care areas.			X	X	X				

PILLAR 3 HEALTH AND WELLBEING

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
3.1 Reduction in drug related morbidity and mortality.	Current prevalence of drug related diseases is: Y.	Ministry of Health and Wellness	<p>Overdose Management Programme: Expanding access to Naloxone in healthcare settings, through NGOs, through peer-based networks and in overdose management centres, will empower communities to respond promptly to overdoses, potentially saving lives.</p>	<p>3.1.2 Non-fatal and fatal overdose cases are reduced.</p>	Currently XX, Target YY	Train and employ peers—individuals with lived experience of drug use—to engage with people who use drugs, provide harm reduction education, and encourage safer use practices.			X	X	X		MOHW/ HRU	
			<p>Adaptability and Communication: The adaptability of harm reduction services, including gender mainstreaming, ensures that programmes are all inclusive and cater to the specific needs of different groups. Improved communication and networking between health service providers will create a more cohesive support system, leading to better outcomes for individuals in need.</p>	<p>3.1.3 Harm reduction treatment of PWUD is more effective and consistent.</p>	Number of personalised treatment plans. Current: x Target: xx	<p>Improve the adaptability of harm reduction services, including gender mainstreaming to ensure that programmes are all inclusive and cater to the specific needs of different groups.</p> <p>Improve communication and networking between health service providers to create a more cohesive support system, leading to better outcomes for individuals in need.</p>	X	X	X	X		MOHW/ HRU		

PILLAR 3 HEALTH AND WELLBEING

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
TREATMENT AND REHABILITATION														
3.2 Increased number of people maintained on the treatment and rehabilitation continuum of care.	Adoption of evidence-based treatment and rehabilitation programme as recommended by WHO and UNODC.	Ministry of Health and Wellness	<p>Accessible: Treatment services will be accessible to all groups, including vulnerable people with special needs, women, people with disabilities, trans and gender diverse people, migrants and people in closed settings. Empowering service providers with tools to overcome gender bias in medical centres, and gender-sensitive treatment options, will ensure that all patients receive equitable care, improving treatment outcomes.</p>	<p>3.2.1 Increased number of Opioid Substitution Therapy (OST) treatment options offered</p>	Number of services created	Create additology departments which include a multidisciplinary team in each of the five regional hospitals.	X	X	X	X			MOHW/HRU	
					Number of primary health centres offering specialised addiction consultations	Decentralise addiction consultations to Medi clinics and certain AHCs.	X	X	X					
					Offering better and safer methadone	Provide pre-filled and secured liquid methadone vials and tablets Discontinue the use of diluted methadone.	X							
					Number of clinics and number of patients receiving treatment in private clinics.	Allow the prescription, monitoring and distribution of Methadone in private clinics.	X	X						
					Number of patients started on take-home dose (THD) each year.	Upscale the take-home dose.	X	X	X	X				
					Percentage of care services where an NGO is present.	Promote the presence of NGOs in the main care areas (hospital admissions and consultations).	X	X	X	X				
					Percentage of patients whose families and close ones are cared for.	Care for users' families / loved ones and encouraging dialogue between the family and the user.		X	X	X				
					All protocols are correctly implemented in the 5 health regions.	Develop Treatment options which are adapted to specific segments of the PWUD such as minors, the elderly and women/girls.	X	X	X	X				
			<p>Multi-Disciplinary Medical Services and Protocols: Revising medical protocols to include more treatment options involving multi-disciplinary health teams, including psychologists, psychiatrists, counsellors, social workers and other professionals, will enable a holistic management of PWUDS and offer patients better chances for recovery.</p>											
			Increase in the number of people who remain under treatment after one year. Currently XX Target YY.											

PILLAR 3 HEALTH AND WELLBEING

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
3.2 Increased number of people maintained on the treatment and rehabilitation continuum of care.	Increase in the number of people who remain under treatment after one year. Currently XX Target YY	Ministry of Health and Wellness	Multi-Disciplinary Medical Services and Protocols: Revising medical protocols to include more treatment options involving multi-disciplinary health teams, including psychologists, psychiatrists, counsellors, social workers and other professionals, will enable a holistic management of PWUDS and offer patients better chances for recovery.	3.2.2 Collaborative care model established, supported by multidisciplinary teams within the healthcare system.	Creation of at least one, one-stop shop, in each of the five regions during the plan.	Increase the number of one-stop shops to provide comprehensive care.			X	X	X			
									X	X	X			
				3.2.3 Relapse prevention programme established.	Medical follow-ups attendance increased. Target % of LTFUs re engage with medical services.	Provide relapse prevention programmes and re-entry opportunities for patients who have relapsed after treatment/rehabilitation.		X	X	X				

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
TREATMENT AND REHABILITATION														
3.2 Increased number of people maintained on the treatment and rehabilitation continuum of care.	Increase in the number of people who remain under one treatment after one year. Currently XX Target YY	Ministry of Health and Wellness	Capacity Building: Evidence-based capacity building for health care personnel in addiction is crucial for improving the quality of treatment provided.	3.2.4 Increased number of trained personnel available across the continuum of care to PWUD.	Number of psychologists in post.	Recruit psychologists.	X	X	X	X	X		MOHW/ HRU	DU in Addiction Medicine of the Indian Ocean and DU in AIDS/ Addiction Medicine NGOs
					Number of specialised Harm Reduction Nurses.	Recruit specialised nurses for HRU.	X	X	X	X				
					Presence of social workers for the Harm Reduction Unite (HRU) in each region.	Recruit social workers.	X	X	X	X	X			
					Number of trained doctors.	Training of doctors posted in HRU through DU programmes.	X	X	X	X	X			
					Number of trained community workers in place.	Train NGO personnel in harm reduction strategies.		X						
			Rehabilitation Services and Infrastructure.	3.2.5 Increased capacity of rehabilitation centres.	Number of individuals benefiting from this intervention. Success rate in year one.	Develop aftercare plans with scheduled follow-up sessions and peer support groups.		X	X	X	X			
					Environment and Resources: Improving the social environment by reducing risk factors, including access to drugs and securing adequate funding and mobilising resources.	Number of healthcare services with NGOs.	Organise the presence of NGOs in healthcare services.	X						

PILLAR 3 HEALTH AND WELLBEING

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
REINTEGRATION														
3.3 Increased number of people stabilised on treatment, and personally and socially functional.	A year-on-year increase in the number of PWUD stabilised on treatment, and personally and socially functional. Current: Target:	The NSIF/ Ministry of Social Integration, Social Security and National Solidarity under the National Program.	Coordination and Networking: Strengthening coordination among ministries, NGOs and other stakeholders will create a more integrated support system, helping individuals reintegrate into society successfully. Linkage and networking among services will ensure that reintegration efforts are holistic and well supported.	3.3.1 Improved coordination between all stakeholders.	Number of joint initiatives launched	Establish a coordination platform or task force. Conduct regular coordination meetings. Develop and sign collaborative agreements. Set up and launch joint programmes or initiatives.	X	X	X					
							X	X	X					
			Social Reintegration: Social reintegration pathways, defined and implemented as per individual need, will enable individuals within the continuum of care to become socially functional.	3.3.2 Improved outcomes for those entering rehabilitation.	Duration of stay for individuals. Percentage of success in year one.	Organise residential stays within associations for each type of population: men, women, adolescents. Set up a working group to specifically monitor this aspect in order to evaluate the effectiveness of the system and adapt it to the needs.	X	X	X	X			NSIF	NGOs

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
REINTEGRATION														
3.3 Increased number of people stabilised on treatment, and personally and socially functional.	A year-on-year increase in the number of PWUD stabilised on treatment, and personally and socially functional. Current: Target:	The NSIF/ Ministry of Social Integration, Social Security and National Solidarity under the National Program	Employment and Family Support: Providing family therapy and addressing issues related to employment, such as training programmes for job readiness, will be key to successful reintegration. Ensuring that former patients are treated with dignity and respect by both medical and non-medical staff will also improve their chances of life post-rehabilitation, including food security and housing support to promote stability. Employment is critical in addressing poverty and economic disadvantage, and has a valuable role in treating drug addiction. Individual placement and support programmes will be promoted for drug users to receive re-skilling programmes, support to develop their business plan or placement opportunities.	3.3.3 Improved living conditions and occupational outcomes in both public and private sector.	Number of job readiness training programmes conducted. Percentage of participants successfully employed post-training. Number of MOU signed with private companies.	Develop and implement job readiness training programmes to increase employability. Facilitate job placement services. Conduct dignity and respect training for staff. Establish aftercare services. Develop a well defined re-integration programme at the last stage of rehabilitation programmes. Collaborate with local businesses, vocational training centres and employment agencies to create job training and placement opportunities, tailored to the needs of individuals in recovery.		X	X	X	X		NSIF	NGOs
								X	X	X	X			
									X	X	X			
								X	X	X	X			
								X	X	X	X			

PILLAR 3 HEALTH AND WELLBEING

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
REINTEGRATION														
3.3 Increased number of people stabilised on treatment, and personally and socially functional.	A year-on-year increase in the number of PWUD stabilised on treatment, and personally and socially functional. Current: Target:	The NSIF/ Ministry of Social Integration, Social Security and National Solidarity under the National Program	<p>Long-Term Support: Continuous follow-up and the availability of aftercare services will provide the ongoing support necessary to maintain long-term recovery and reintegration into the community. This approach also includes addressing and removing gender biases and other barriers that might hinder successful reintegration.</p>	<p>3.3.3 Improved living conditions and occupational outcomes in both public and private sector.</p>	<p>Number of job readiness training programmes conducted.</p> <p>Percentage of participants successfully employed post-training.</p> <p>Number of MOU signed with private companies.</p>	Implement regular follow-up systems			X	X	X			
						Develop and implement a prevention programme for relapse	X							
						Develop empowerment programme of support for affected parents.			X	X	X			
						Develop and promote gender-sensitive programmes.		X	X	X			NSIF	NGOs
						Train staff on gender sensitivity and bias reduction.		X	X	X	X			
						Sensitise communities and religious bodies.			X	X	X			
						Create feedback channels for reporting barriers and biases.		X	X	X	X			
						Conduct a comprehensive review of the Certificate of Character Act and Employment Rights Act.		X						
						Draft and advocate for legal reforms.			X					
						Facilitate legal assistance for rehabilitated individuals.			X					

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
RESEARCH, GUIDANCE AND EVIDENCE-BASED POLICIES														
4.1 Increased national adherence to evidence-based policies and best practices.	Number of amendments to polices, taking into account international best practice, reviewed annually.	NADC	Ensure that conventions/MOUs/agreements cover issues such as capacity building, information sharing and staff exchange programmes: Embedding these elements into agreements ensures that all parties involved are empowered and have a clear understanding of the expectations and responsibilities, fostering stronger cooperation.	4.1.1 MOU/agreements signed.	Increase in the number of MOU / agreements signed that included capacity building.	Embed capacity building into all agreements.		X	X	X	X		NADC	ADSU
			Ensure the existing international drug control conventions are adhered to: This ensures that international commitments become binding, providing a robust drug control framework.	4.1.2 Laws amended.		Review international commitments, conventions, MOU, MLA etc and ensure that they can be abided by, cognisant of national law- annual review.	X	X	X	X				
			Legislation changes/policy decisions: Necessary legislative and policy changes are crucial to align with international standards and enhance the drug control framework.			Advocates and brings amendments to laws.		X						
						Provide amendments for consideration.		X						
						Provide specialist advice to legislators.			X					

PILLAR 4 COORDINATION

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
RESEARCH, GUIDANCE AND EVIDENCE-BASED POLICIES														
4.1 Increased national adherence to evidence-based policies and best practices.	Prevention staff empowered by standard national prevention programmes. Measured by the number of standard prevention programmes and guidelines.	NADC	<p>Increase involvement of academics and universities: Engaging academic institutions in drug and substance use research will provide critical data to inform policy decisions, ensuring that interventions are scientifically sound and effective and based on strategic information.</p> <p>This evidence-based approach will lead to more targeted and successful strategies in combating substance use. Increased collaboration with academic institutions, including postgraduate medical and public health students, will provide more agile research in areas of public health and addiction, responsive to gaps in evidence, such as loss to follow-up among people who use drugs, needle syringe programme clients and young persons who use drugs, which are essential for shaping effective rehabilitation policies and practices.</p>	4.1.3 Research partnerships with universities established.	<p>Number of research partnerships established with universities and academic or reports on substance use conducted and published.</p>	Establish research grants and funding opportunities for universities.			X	X	X			MOE
						Conduct research in addiction medicine.			X	X	X			MOE/ MOHW
						Create a national research consortium on substance use.			X	X			NADC	
						Organise conferences and symposia on substance use research.		X	X	X				
						Create internships and fellowships for students in substance use research.					X	X		

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration	
RESEARCH, GUIDANCE AND EVIDENCE-BASED POLICIES															
4.1 Increased national adherence to evidence-based policies and best practices.	Prevention staff empowered by standard national prevention programmes. Measured by the number of standard prevention programmes and guidelines.	NADC	Examine best practices and increase technical support: Learning from global best practices, and leveraging technical support from organisations like UNODC and WHO, will enhance the country's ability to implement proven and effective drug prevention and intervention strategies, leading to better outcomes in public health and safety.	4.1.4 International best practice incorporated.	Number of technical support initiatives established with international organisations.	Conduct a comprehensive review of global best practices.		X	X						MOE
						Establish and deepen partnerships with international organisations.		X	X						MOE/ MOHW
						Organise workshops and training sessions with international experts.		X	X						NADC
						Adapt and pilot best practices locally.		X	X						
4.1 Increased national adherence to evidence-based policies and best practices.	Prevention staff empowered by standard national prevention programmes. Measured by the number of standard prevention programmes and guidelines.	NADC	Develop a national policy on substance use: Establishing a national policy that integrates substance use education within schools and workplaces will create a consistent and widespread understanding of the risks associated with drug use, promoting prevention and early intervention across society, including treatment and rehabilitation programmes.	4.1.5 National policy on substance use published.	Completion and approval of the national substance use policy.	Draft the national substance use policy.	X	X	X						
						Conduct public consultations and stakeholder workshops.		X							
						Integrate substance use education into school and university curricula and workplace policies.		X	X	X					

PILLAR 4 COORDINATION

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
COORDINATION														
4.2 Increased communication and coordination intra agency, and between sectors, including NGOs as well as at regional and inter-national level.	Internal publication of quarterly reporting and updates to stakeholders at inter and intra sectorial level.	NADC	<p>Establish different thematic committees to coordinate activities/exchange information/identify gaps and loopholes under each pillar. The committees will bring together key stakeholders to ensure coordinated efforts, reduce duplication, and identify and address any gaps in the current system.</p>			Establish a multi-agency task force and conduct regular meetings.			X	X	X			
			<p>Implementation of a communication platform for all stakeholders: A centralised platform will facilitate better communication, coordination and collaboration among all stakeholders involved in drug control efforts.</p>	4.2.1 Increased inter-sectoral information sharing.	Multi-agency task force is established and meeting as per TORs.	Create a platform for communication.	X	X	X			NADC		
			<p>Improve connectivity and networking among stakeholders: Strengthening networks will lead to more cohesive and synchronised efforts, improving the overall effectiveness of drug control initiatives. NADC will ensure that the level and reach of strategic health information improves, which should include the communication of routine forensic analyses of new psychoactive substances.</p>			Establish a programme for networking.						X	X	

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
COORDINATION														
4.2 Increased communication and coordination intra and inter agency, and between sectors, including NGOs as well as at regional and inter-national level.	Internal publication of quarterly reporting and updates to stakeholders at inter and intra sectorial level.	NADC	<p>Improved communication with members of AU, SADC, IOC, IORA and COMESA: Streamlining information sharing across borders will improve regional cooperation and coordination in drug control.</p>	<p>4.2.2 Increased regional cooperation.</p>	<p>Increase in the number of regional MOU / agreements with regional partners that lead to information sharing.</p>	Use regional and international platforms.			X	X	X		NADC	Regional Partners
			<p>Increase the number of MOUs and regional agreements: Expanding the network of agreements will enhance collaboration with international and regional partners, providing more resources and support for drug control efforts.</p>			<p>Develop and establish MOUs/agreements under different pillars.</p>		X	X	X		Other ministries		
			<p>Steering Committee headed by NADC, supported by NSIF and other funding agencies, and all relevant NGOs: A steering committee will ensure that all initiatives are well-funded, resourced, coordinated and aligned with national objectives.</p>	<p>4.2.3 Increased availability in strategic health information.</p>	Notes published	Resource allocation.			X	X				
			<p>4.2.4 Increased coordination of initiatives aligned with national priorities/plans.</p>	<p>Number of initiatives funded and stakeholder meetings conducted.</p>	<p>Establish a national workplan with specific dates.</p>	X				Monitor initiatives.				

PILLAR 4 COORDINATION

Outcome	Indicator	Owner	Description	Output	Indicator	Activities	2025	2026	2027	2028	2029	2030	Lead Agency	Collaboration
MONITORING AND EVALUATION														
4.3 Increased understanding of progress, which provides an ability to prioritise and resource activities.	Publication of annual and evaluation reports.	NADC	<p>Conduct and disseminate timely strategic analysis, trends, threat reports and typologies: Regular dissemination of information through early warning systems will provide stakeholders with the insights they need to adapt and improve their strategies, leading to more effective drug control efforts.</p>	4.3.1 Increased shared awareness of drug related issues	Number of studies / progress report published and updates released.	Develop progress reports quarterly/ bi-annually.			X	X	X			
			<p>Increased information sharing: The Forensic Science Laboratory can play a crucial role in NPS information sharing and treatment planning, though its potential is not fully leveraged. However, increased information sharing must ensure that sensitive information is protected, will maintain the integrity of the drug control efforts and prevent it from being compromised.</p>						X	X	X			
			<p>Regular monitoring: Continuous monitoring and mentoring will provide ongoing support and guidance, helping to maintain and improve the effectiveness of drug control programmes over time. Continue to conduct Integrated Biological and Behavioural Surveys every two years and carry out comparative youth surveys.</p>	4.3.2 Increased monitoring and evaluation programme progress	Increase in number and quality of progress reports .	Develop and implement a monitoring plan to assess NDCMP outputs and outcomes. Achieved via annual self-evaluation of services.		X	X	X				NADC
		<p>Planned evaluations: Plan and deliver midterm and final evaluations of the NDCMP.</p>						Establish annual self-evaluation of services and external evaluation every three years.			X	X		

For ease of reference, a condensed version of the matrix showing outcomes and outputs is included below.

OUTCOME	OUTPUTS
PILLAR 1 - DRUG SUPPLY REDUCTION	
UPSTREAM	
1.1 Improved regional security	1.1.1 Increased international coordination and cooperation 1.1.2 Increased regional coordination and cooperation
AT THE BORDER	
1.2 Increased disruption of drugs and other contraband entering the country	1.2.1 Increased information sharing 1.2.2 Increased detection of high-risk individuals 1.2.3 Increased identification of suspicious goods 1.2.4 Increased detection of drugs 1.2.5 Increased seizures
IN COUNTRY	
1.3 Increased disruption of drug trafficking networks	1.3.1 Reduction in illegal drug trafficking and distribution 1.3.2 Enhanced intelligence sharing 1.3.3 Controlled access to dangerous substances 1.3.4 Improved detection, regulation and communication relating to new substances
1.4 Increased financial disruption to drug traffickers and their proxies	1.4.1 Increased use of dual investigations 1.4.2 Weakened financial infrastructure of drug trafficking organisations 1.4.3 Improved public-private partnerships 1.4.4 Increased anti-corruption activities
PILLAR 2 - DRUG DEMAND REDUCTION	
PROFESSIONALISATION	
2.1 Increased professionalism of all prevention staff and delivery of standard prevention programmes at all levels	2.1.1 Standardised course developed 2.1.2 NGO staff training conducted 2.1.3 Healthcare staff training conducted
IN EDUCATION	
2.2 Greater awareness, early intervention and reduced substance use amongst children	2.2.1 Early years programme delivered 2.2.2 School age programme delivered 2.2.3 Socio-emotional programme delivered 2.2.4 Young person's programme delivered 2.2.5 Policy developed and adopted
IN THE WORKPLACE	
2.3 Reduced substance use, increased workplace safety and productivity	2.3.1 Drug prevention policies and procedures developed and implemented 2.3.2 Incidents related to substance use in the workplace reduced 2.3.3 Workplace safety and productivity enhanced
IN THE COMMUNITY	
2.4 Increased community awareness, societal reintegration and reduced stigma	2.4.1 Out of school, youth programmes delivered 2.4.2 Community level interventions delivered

OUTCOME	OUTPUTS
PILLAR 3 - HEALTH AND WELLBEING	
HARM REDUCTION	
3.1 Reduction in drug related morbidity and mortality	3.1.1 Increased availability and accessibility of harm reduction services at community level, as well as within the public and private healthcare systems 3.1.2 Non-fatal and fatal overdose cases reduced 3.1.3 Harm reduction treatment of PWUD more effective and consistent
TREATMENT AND REHABILITATION	
3.2 Increased retention of the number of people on the treatment and rehabilitation continuum of care	3.2.1 Number of Opioid Substitution Therapy (OST) treatment options offered increased 3.2.2 Collaborative care model, supported by multidisciplinary teams within the healthcare system, established 3.2.3 Relapse prevention programme established 3.2.4 Number of trained personnel available across the continuum of care to PWUD increased 3.2.5 Capacity of rehabilitation centres increased
REINTEGRATION	
3.3 Increased number of people stabilised on treatment, and personally and socially functional	3.3.1 Coordination between all stakeholders improved 3.3.2 Outcomes for those entering rehabilitation improved 3.3.3 Living conditions and occupational outcomes in both public and private sector improved 3.3.4 Legislation amended
PILLAR 4 - COORDINATE THE RESPONSE	
RESEARCH, GUIDANCE AND EVIDENCE-BASED POLICIES	
4.1 Increased national adherent to evidence-based policies	4.1.1 MOU/agreements signed 4.1.2 Laws amended 4.1.3 Research partnerships with universities established 4.1.4 International best practice incorporated 4.1.5 National policy on substance use published
COORDINATION	
4.2 Increased communication and coordination intra and inter agency, and between sectors, including NGOs, as well as at regional and international level	4.2.1 Inter-sectorial information sharing increased 4.2.2 Regional cooperation increased 4.2.3 Availability of strategic health information increased 4.2.4 Coordination of initiatives aligned with national priorities/plan increased
MONITORING AND EVALUATION	
4.3 Increased understanding of progress, which provides an ability to prioritise and resource activities	4.3.1 Shared awareness of drug related issues increased 4.3.2 Monitoring and evaluation programme progress increased

ANNEX B - RISK MANAGEMENT MATRIX

RISK DESCRIPTION	IMPACT ON DELIVERY	MITIGATION
Administrative – lack of timeframes for delivery, no set targets, resource limitations and bureaucratic delays	<p>Ineffective Prevention Programmes: Bureaucratic delays and limited resources can lead to poorly designed and implemented prevention activities, reducing their effectiveness in deterring drug use.</p> <p>Limited Treatment Access: Lack of resources can result in limited provision of treatment services, leaving many individuals struggling with addiction without the necessary support.</p> <p>Weak Enforcement: Inadequate funding and manpower can hinder law enforcement efforts to combat drug trafficking and distribution, allowing drug networks to thrive.</p>	<p>Prioritisation and Resource Allocation: Carefully prioritise key objectives and allocate resources accordingly to ensure that the most critical areas receive the necessary attention.</p> <p>Efficient Implementation: Streamline procedures and reduce bureaucratic delays to accelerate the implementation of drug control measures.</p> <p>Public-Private Partnerships: Foster partnerships with private organisations, NGOs and international agencies to leverage additional resources and expertise.</p> <p>Data-Driven Decision Making: Utilise data and research to inform decision-making and identify areas where resources can be most effectively allocated.</p> <p>Long-Term Planning: Develop a long-term vision for drug control and plan accordingly to ensure sustained progress over time.</p>
Social factors – drivers for addiction stigma, poverty discrimination and other social inequalities such as negative social environments	<p>Reduced Trust: Stigma and discrimination can erode trust between people with drug use disorders and service providers, making it difficult to deliver effective interventions.</p> <p>Limited Access to Services: Ineffective community engagement can result in limited access to prevention, treatment and harm reduction services, particularly for marginalised populations.</p> <p>Increased Criminalisation: A focus on law enforcement without adequate prevention and treatment can lead to increased criminalisation of people with drug use disorders, further exacerbating social problems.</p> <p>Unequal Allocation of Wealth: Economic disparity can result in unequal distribution of resources, with vulnerable communities receiving insufficient support.</p>	<p>Community-Based Interventions: Foster strong partnerships with community organisations to ensure that the master plan is responsive to local needs and priorities.</p> <p>Comprehensive Prevention Programmes: Develop comprehensive prevention programmes that address both individual and societal factors that contribute to drug use.</p> <p>Economic Development Initiatives: Support economic development initiatives to create job opportunities and reduce poverty, which are key factors in preventing drug use.</p> <p>Stigma Reduction Campaigns: Conduct public awareness campaigns to challenge stigma and discrimination against drug users.</p> <p>Data-Driven Decision Making: Use evidence-based data to inform the development and implementation of the master plan.</p> <p>Collaboration with Key Stakeholders: Collaborate with government agencies, healthcare providers, law enforcement and community organisations to ensure a coordinated approach to drug control.</p>
Harm reduction – different attitudes	<p>Limited Funding and Resources: Harm reduction programmes may face challenges in securing adequate funding and resources from governments or donors, especially in the face of competing priorities.</p> <p>Community Resistance: Negative attitudes towards harm reduction within communities can create barriers to programme implementation and acceptance.</p> <p>Ineffective Service Delivery: Poorly designed or implemented harm reduction programmes may fail to achieve their intended goals, leading to disappointment and disillusionment.</p>	<p>Evidence-Based Policy Making: Use rigorous research and evaluation to demonstrate the effectiveness of harm reduction strategies and address concerns about their potential drawbacks.</p> <p>Community Engagement: Foster partnerships with community organisations and individuals with lived experience of drug use to ensure that harm reduction programmes are responsive to local needs and priorities.</p> <p>Advocacy and Education: Conduct public awareness campaigns to promote understanding of harm reduction principles and address stigma and discrimination.</p> <p>Collaboration with Key Stakeholders: Work with government agencies, healthcare providers, law enforcement and other relevant stakeholders to develop a coordinated approach to drug control that includes harm reduction.</p> <p>Integration with Prevention and Treatment Services: Ensure that harm reduction programmes are integrated with broader prevention and treatment efforts to address the complex needs of people with drug use disorders.</p> <p>Ethical Considerations: Develop ethical guidelines to ensure that harm reduction programmes are conducted in a respectful and non-judgemental manner.</p>

RISK DESCRIPTION	IMPACT ON DELIVERY	MITIGATION
<p>The balance between public health approach vs zero tolerance</p>	<p>Increased Crime: A purely zero-tolerance approach may lead to increased crime, as people with drug use disorders may resort to illegal activities to obtain funds.</p> <p>Stigma and Discrimination: Zero-tolerance policies can perpetuate stigma and discrimination against people with drug use disorders.</p> <p>Ineffective Resource Allocation: A focus on either decriminalisation or zero tolerance without a balanced approach may result in ineffective allocation of resources.</p>	<p>Evidence-Based Policy Making: Use rigorous research and evaluation to inform the development and implementation of drug control policies.</p> <p>Community Engagement: Foster partnerships with community organisations and individuals with lived experience of drug use to ensure that policies are responsive to local needs and priorities.</p> <p>Harm Reduction Strategies: Implement harm reduction strategies, such as needle exchange programmes and safe consumption sites, to reduce the negative health consequences of drug use.</p> <p>Treatment and Prevention: Invest in addiction treatment and prevention programmes to address the underlying causes of drug use.</p> <p>Targeted Enforcement: Focus law enforcement efforts on drug trafficking and other serious drug-related crimes, rather than on minor possession offences.</p> <p>Ethical Considerations: Develop ethical guidelines to ensure that drug control policies are implemented in a respectful and non-judgemental manner.</p>
<p>Homeless and those not formally in the system</p>	<p>Ineffective Outreach: A lack of targeted outreach programmes may result in these populations being overlooked and not receiving the necessary support.</p> <p>Barriers to Treatment: Systemic barriers can hinder access to treatment services.</p> <p>Increased Criminalisation: If not addressed, the vulnerabilities of these populations may lead to increased criminality and incarceration.</p> <p>Public Health Concerns: The health disparities experienced by homeless individuals, and those not in the system, can contribute to broader public health concerns.</p>	<p>Targeted Outreach Programmes: Develop and implement outreach programmes specifically designed to reach homeless individuals and those not in the system.</p> <p>Mobile Treatment Services: Provide mobile treatment services that can be accessed in locations where these populations congregate.</p> <p>Harm Reduction Services: Expand access to harm reduction services, such as needle exchange programmes and safe consumption sites, to reduce the negative health consequences of drug use.</p> <p>Collaboration with Community Organisations: Partner with community organisations that work with homeless individuals and those not in the system to ensure that their needs are met.</p> <p>Addressing Underlying Social Issues: Address underlying social issues, such as poverty, inequality and lack of affordable housing, that contribute to homelessness and drug use.</p>
<p>Dark web, internet drugs pharmacy and use of couriers</p>	<p>Increased Drug Availability: The dark web and internet pharmacies can increase the availability of drugs, making them more accessible to a wider range of individuals.</p> <p>Reduced Deterrence: The anonymity provided by the dark web can reduce the deterrent effect of drug laws, as individuals may feel they are less likely to be caught.</p> <p>Health Risks: The use of counterfeit or impure drugs can pose significant health risks to consumers, including overdose, poisoning and other adverse effects.</p> <p>Organised Crime: The dark web and internet pharmacies can facilitate the activities of organised crime groups involved in drug trafficking.</p>	<p>International Cooperation: Strengthen international cooperation to address cross-border drug trafficking and cybercrime.</p> <p>Law Enforcement Collaboration: Enhance international cooperation between law enforcement agencies to combat drug trafficking on the dark web and internet pharmacies.</p> <p>Technological Advancements: Invest in technological advancements to improve the ability of law enforcement to track and disrupt online drug markets.</p> <p>Public Awareness Campaigns: Conduct public awareness campaigns to educate people about the risks associated with purchasing drugs online and the importance of seeking legitimate medical care.</p> <p>Regulatory Measures: Implement regulatory measures to control the sale of prescription drugs online, including requiring a valid prescription and verifying the legitimacy of online pharmacies.</p> <p>Treatment and Prevention: Invest in addiction treatment and prevention programmes to address the underlying causes of drug use and reduce demand.</p>

RISK DESCRIPTION	IMPACT ON DELIVERY	MITIGATION
Addiction changing patterns and trends	<p>Ineffective Resource Allocation: Inaccurate or incomplete data can lead to inefficient allocation of resources for prevention, treatment and harm reduction services.</p> <p>Limited Access to Services: Underreporting of drug use can result in limited access to services for individuals in need.</p> <p>Delayed Response: Changing patterns of drug use may require a rapid response, but delays in data collection and analysis can hinder timely intervention.</p> <p>Stigma-Driven Policies: Stigma and discrimination can influence the development of drug policies, leading to ineffective or harmful approaches.</p>	<p>Data Quality Improvement: Invest in improving data collection and analysis methods to ensure the accuracy and completeness of information on drug use and addiction.</p> <p>Community-Based Surveys: Conduct community-based surveys to capture data on drug use in populations that may be under-represented in official statistics.</p> <p>Data Sharing and Collaboration: Promote data sharing and collaboration between government agencies, researchers and community organisations, to enhance understanding of drug use patterns.</p> <p>Stigma Reduction Campaigns: Conduct public awareness campaigns to challenge stigma and discrimination associated with drug use.</p> <p>Evidence-Based Policy Making: Use evidence-based data to inform the development and implementation of drug control policies.</p> <p>Rapid Response Mechanisms: Establish mechanisms for rapid response to emerging drug trends and public health crises.</p>
Police and prosecution knowledge of new investigative techniques	<p>Ineffective Investigations: Lack of application of new investigative techniques can hinder the ability of law enforcement agencies to effectively investigate drug-related crimes.</p> <p>Loss of Evidence: Failure to utilise appropriate techniques can lead to the loss of crucial evidence, potentially resulting in the release of offenders.</p> <p>Public Trust Erosion: Misuse, or unethical use of investigative techniques, can erode public trust in law enforcement agencies.</p> <p>Increased Crime: Ineffective investigations can contribute to a sense of impunity among drug traffickers and other criminals, potentially leading to increased crime rates.</p>	<p>Training and Development: Invest in ongoing training and development programmes for law enforcement officers and prosecutors to ensure they have the knowledge and skills to effectively use new investigative techniques.</p> <p>Ethical Guidelines: Develop and implement clear ethical guidelines for the use of new investigative techniques to protect privacy and civil liberties.</p> <p>Technology Assessment: Conduct regular assessments of new technologies to determine their potential benefits and risks.</p> <p>Collaboration with Experts: Collaborate with technology experts and academics to stay informed about the latest advancements in investigative techniques.</p> <p>Accountability and Oversight: Establish mechanisms for accountability and oversight to ensure that investigative techniques are used ethically and legally.</p> <p>Resource Allocation: Allocate sufficient resources to support the implementation and use of new investigative techniques.</p>
Emerging trends in drug use, precursors and trafficking	<p>Health Risks: Emerging trends in drug use can pose significant health risks to individuals, including overdose, addiction and the spread of infectious diseases.</p> <p>Increased Crime: Drug use and trafficking can contribute to increased human trafficking, crime rates, property crimes, violence and organised crime.</p> <p>Public Health Burden: The public health burden associated with drug use can strain healthcare systems and resources.</p> <p>National Security Threats: The involvement of drug trafficking in organised crime and terrorism can pose a threat to national security.</p>	<p>Early Warning Systems: Develop early warning systems to identify emerging trends in drug use and precursor chemicals.</p> <p>International Cooperation: Strengthen international cooperation to combat cross-border drug trafficking and the diversion of precursor chemicals.</p> <p>Regulatory Measures: Implement regulatory measures to control the sale and distribution of precursor chemicals and to regulate online pharmacies.</p> <p>Public Awareness Campaigns: Conduct public awareness campaigns to educate people about the risks associated with emerging drugs and to promote healthy lifestyles.</p> <p>Treatment and Prevention: Invest in addiction treatment and prevention programmes to address the underlying causes of drug use and reduce demand.</p> <p>Law Enforcement Capabilities: Enhance the capabilities of law enforcement agencies to investigate and disrupt drug trafficking networks.</p>

ANNEX C - LIST OF STAKEHOLDERS CONSULTED

Organisation	Workshop Attendees	Written Submission	Provided Comments	Attended Integration Workshop
Mauritius Police Force, Anti-Drug and Smuggling Unit	2	Y	Y	
Mauritius Revenue Authority	2		Y	
National Coast Guard	2	Y	Y	
Forensic Science Laboratory	2	Y	Y	
Department of Civil Aviation	2			
Mauritius Ports Authority	2		Y	
Mauritius Post	2	Y	Y	
Ministry of Agro-Industry, Food Security, Blue Economy and Fisheries (Fisheries Department)	2		Y	
Ministry of Agro-Industry, Food Security, Blue Economy and Fisheries (Forestry Division)	2	Y	Y	
Financial Intelligence Unit	2		Y	
Financial Crimes Commission	2	Y	Y	
Ministry of Social Integration, Social Security and National Solidarity	2			
Ministry of Education and Human Resource & Ministry of Tertiary Education, Science and Research	2		Y	
Ministry of Health and Wellness (Harm Reduction Unit)	2	Y	Y	
Ministry of Health and Wellness (Pharmacy Section)	2	Y	Y	
Ministry of Labour and Industrial Relations	1	Y	Y	
Ministry of Public Service and Administrative Reforms	1			
Ministry of Youth and Sports	1	Y	Y	
Ministry of Gender Equality and Family Welfare	1			
Citizens Advice Bureau (Citizen Support Unit)	2			
Mauritius Prison Service	2	Y	Y	
Mauritius Sports Council	2			
National Social Inclusion Foundation	2			
Private Secondary Education Authority	1			
Business Mauritius	1			
Rehabilitation Youth Centre	1			
Correctional Youth Centre	1			
Groupe Renaissance de Mahebourg	2	Y	Y	
Actresa	2	Y		
Association Kinouete	1			
Dr Idrice Goomany Treatment Centre	2	Y	Y	
APPEL	2	Y	Y	
AILES	2	Y	Y	
PILS	2	Y		
Sangram Sewa Sadan	2	Y	Y	

Organisation	Workshop Attendees	Written Submission	Provided Comments	Attended Integration Workshop
Help De-Addiction	2	Y	Y	
Centre de Solidarite pour Une Nouvelle Vie	2			
Chrysalide	2	Y	Y	
Collectif Urgence Toxida (CUT)	1	Y	Y	
Tan Nou La Vwa	1			
CATR		Y		
DRIP	1		Y	
Groupe A de Cassis	1	Y	Y	
Action for Health Care and Prevention	1		Y	
NDS Staff	6	Y	Y	
Political Advisors	3			
Consultants	3	Y	Y	
United Nations Agencies	3		Y	
FOCUS GROUP				
PWUD (male and female)	64			
Families of PWUD	20			
Community Leaders	13			
General Public	62			
VISITS				
Prison Beau Bassin	24			
Dr Idrice Goomany Community Centre (mixed female and male)	12			
Nenuphar Treatment Centre	6			
Methadone Clinic St Croix	8			
Methadone interview at Long Mountain Hospital	1			

ANNEX D - ACRONYMS

ADSU	Anti-Drug and Smuggling Unit	MPF	Mauritius Police Force
AIRCOP	Airport Communication Project	MRA	Mauritius Revenue Authority
AIS	Automatic Identification System	MST	Methadone Substitution Therapy
AU	African Union	NAS	National AIDS Secretariat
BOM	Bank of Mauritius	NDCMP	National Drug Control Master Plan
CANS	Customs Anti-Narcotics Section	NDO	National Drug Observatory
CESCR	Committee on Economic, Social and Cultural Rights	NDS	National Drug Secretariat
COMSEA	Common Market for Eastern and Southern Africa	NGO	Non-Governmental Organisation
DUAP	Drug User Administrative Panel	NPMD	National Preventive Mechanism Division
DUD	Drug Use Disorder	NPS	New Psychoactive Substance
FCC	Financial Crimes Commission	NSIF	National Social Inclusion Foundation
FIU	Financial Intelligence Unit	NSP	Needle Syringe Programme
FRC	Financial Reporting Council	OST	Opioid Substitution Therapy
FSC	Financial Services Commission	PMO	Prime Minister's Office
HIECU	Health Information Education and Communication Unit	PWID	People Who Inject Drugs
HIV	Human Immunodeficiency Virus	PWUD	People Who Use Drugs
HRU	Harm Reduction Unit	R&D	Research and Development
IBBS	Integrated Biological & Behavioural Surveillance	ROC	Register of Companies
IOC	Indian Ocean Commission	SADC	Southern African Development Community
IORA	Indian Ocean Rim Association	SEL	Social Emotional Learning
LEA	Law Enforcement Agencies	STR	Suspicious Transactions Report
M&E	Monitoring and Evaluation	UNODC	United Nations Office on Drugs and Crime
MIPA	Mauritius Institute of Public Administration	WHO	World Health Organization
MoEHR	Ministry of Education and Human Resource	WWUD	Women Who Use Drugs
MoHW	Ministry of Health and Wellness		

ANNEX E - REFERENCES

1. AU plan of Action on Drug Control 2019 – 2023.
2. PMs Speech First Ministerial Conference 24-25 April 2024.
3. Mauritius: Dangerous Drugs Amendment Act 2022.
4. National Drug Control Master Plan for Mauritius 2019-2024.
5. Ministry of Health and Wellness (MoHW), Republic of Mauritius. 2016. National Drug Observatory Report.
6. Ministry of Health and Wellness (MoHW), Republic of Mauritius. 2017. National Drug Observatory Report Ministry of Health and Wellness (MoHW), Republic of Mauritius. 2018. National Drug Observatory Report. Ministry of Health and Wellness (MoHW), Republic of Mauritius. 2021. National Drug Observatory Report.
7. NDCMP Evaluation report 022024.
8. National Drug Observatory Report 2021.
9. National Drug Observatory Report 2022.
10. The Commission of Inquiry on Mrs A. Gurib-Fakim Former President of the Republic.
11. Harm Reduction International Global State of Harm Reduction report 2022.
12. Synthetic drugs on the rise despite Mauritius's best efforts [Internet]. ENACT Africa. 2020 Link: <https://enactafrica.org/enact-observer/synthetic-drugs-on-the-risedespite-mauritiuss-best-efforts>
13. Usage dans l'océan Indien : l'expérience de Maurice, Kunal Naik <https://saome.fr/wp-content/uploads/2023/12/Experience-Maurice.pdf>
14. United Nations Sustainable Development Cooperation Framework Mauritius 2024 – 2028.
15. UN Common Country Reports – Mauritius, Kenya, Comoros, Seychelles, Madagascar, Tanzania.
16. UNODC World Drug Report 2024.
17. US State Department 2023 Trafficking in Persons Report: Mauritius.
18. UNDOC Global Initiative against TOC: Hanging Tides, The evolving illicit drug trade in the western Indian Ocean.
19. UNODC Mauritius-Financial Crime Threat Deep Dive 2020.
20. One-earth-future, Secure-fisheries: UNODC Maritime security in the Indian Ocean 2019.
21. UNODC Gender Guidance Note: Gender Main Streaming.
22. UNDP International Guidelines on Human Rights and Drug Policy.
23. Chenin, R. Breaking Bans. The scourge of synthetic drugs in Mauritius - ENACT Africa.
24. Collectif Urgence Toxida. Internal Monitoring & Evaluation Reports. Collectif Urgence Toxida; Quatre Bornes, Mauritius: 2017.
25. Committee on Economic, Social and Cultural Rights (CESCR): Concluding observations on the fifth periodic report of Mauritius 2019.
26. Financial Crime Threat Assessment Mauritius 2020.
27. Government of Mauritius (2023). Performance Audit Report. Enhancing the effectiveness of interventions related to drug demand and harm reduction.
28. Government of Mauritius. National Drug Control Master Plan of 2019-2023 for Mauritius.
29. Harm Reduction International. Global State of Harm Reduction Mauritius 2022.

30. Commission of inquiry on drug trafficking 2018.
31. Mauritius Police Force: National Strategy and Action plan Gender Based Violence (GBV) 2020-2024.
32. Mauritius Police Force, Anti Drug and Smuggling Unit (ADSU) Annual Reports 2020-2022.
33. Ministry of Health and Wellness (2020). Health Sector Strategic Plan 2020-2024.
34. National AIDS Secretariat, Integrated Biological and Behavioural Surveillance Survey among People Who Inject Drugs 2017: A Respondent Driven Survey (RDS) among People Who Inject Drugs [PWIDs] in the Island of Mauritius.
35. Ministère de la santé et du bien-être île Maurice (2023). Protocoles de Prise en Charge de L'usage de drogues a Maurice. 21 March 2023.
36. National AIDS Secretariat. Fourth IBBS survey among female sex workers 2020.
37. National Campaign Against Drugs (2023). 'Unis Contre la Drogue' 2023.
38. Exploring substance use disorders and relapse in Mauritian male addicts.
39. SADC (2022) Regional Opening Ceremony of the Regional Workshop to assess the status of implementation of the protocol on combating illicit drug trafficking.
40. UNAIDS Mauritius(2022).
41. United Nations Annual Results Report Mauritius 2023.
42. Anti Drug and Smuggling Unit – Mauritius Police Force.
43. Reports & Publications – Mauritius Police Force.
44. HIV AIDS and Harm Reduction Unit – Ministry of Health Wellness.
45. Health Statistics 2022.
46. Health Statistics 2021.
47. Health Statistics 2020.
48. Health Statistics 2019.
49. Health Statistics 2018.
50. Ministère de la santé et du bien-être île Maurice. Protocoles de Prise en Charge de L'usage de drogues a Maurice 2023. 21 Mars 2023.
51. Naik K - Global State of Harm Reduction 2022 survey response Mauritius.
52. Twaibu W - Global State of Harm Reduction 2022 survey response Mauritius.
53. The European School Survey Project on Alcohol and Other Drugs.
54. NACADA STRATEGIC PLAN 2019 -23.
55. South African Drug Master Plan 2019 – 2024.
56. Nigeria NDCMP 2021-2025.
57. Kenya NDA Strategic Plan.
58. Australian National Drug Strategy 2017–2026.
59. USA National Drug Control 2022 Strategy.
60. UK From harm to hope: 10-year plan.

ANNEX F - VIEWS OF THE MINISTRY OF GENDER EQUALITY AND FAMILY WELFARE ON THE NATIONAL DRUG CONTROL MASTERPLAN

The Master Plan has been perused and it is proposed that it be widely disseminated to the general public by well-versed Resource Persons through the existing network of Social Welfare Centres, Community Centres, and Family Support Bureaux. This initiative is expected to significantly enhance the active involvement of civil society in the national effort to combat drug abuse.

Importantly, the document gives due consideration to gender-sensitive issues related to drug use and treatment. Specifically, it highlights the importance of gender mainstreaming and inclusive treatment and rehabilitation services. The Plan also emphasises the need for harm reduction strategies, improved accessibility of services to diverse population groups, gender-sensitive treatment option, and efforts to overcome medical biases.

ROLE OF THE MINISTRY OF GENDER EQUALITY AND FAMILY WELFARE (MGEFW) UNDER PILLAR 2: DRUG DEMAND PREVENTION

Under Section 2.2 (Targeted Delivery in Educational Institutions), the Ministry of Gender Equality and Family Welfare is explicitly recognised as a key collaborating institution across all subsections (2.2.1 to 2.2.5), including:

- Early childhood drug prevention
- School-age and adolescent-focused interventions
- Integration of socio-emotional learning
- Counselling and mental health support
- Policy formulation with a rehabilitation-first approach

These responsibilities are shared alongside key partners such as:

- The Ministry of Education and Human Resources
- The Ministry of Health and Wellness
- Relevant NGOs and academic institutions

ALIGNMENT WITH THE MINISTRY'S MANDATE

This collaborative approach aligns well with the Ministry's core mandate in the areas of:

- Early childhood development
- Parental empowerment
- Family welfare and protection

It also leverages the Ministry's extensive community-level infrastructure, including Family Support Services, Women Empowerment Centres, Social Welfare Centres, and Community Centres. Moreover, it builds upon existing Ministry-led programmes on:

- Positive parenting
- Prevention of gender-based violence
- Child safeguarding

KEY AREAS OF CONTRIBUTION BY THE MINISTRY

Area	Ministry's Role
Curriculum Design	Co-develop age-appropriate modules on drug awareness, resilience, positive parenting, and healthy gender norms.
Parental Engagement	Mobilise Family Welfare Officers and parenting programmes to sensitise and support parents and guardians.
Counselling Support	Deploy trained psychologists and social workers for early screening, support and referrals.
Community Outreach	Utilise the Ministry's nationwide footprint to conduct awareness campaigns targeting families
Policy Development	Participate in Inter-Ministerial working groups to promote child- and gender-sensitive policies.

RESOURCE COMMITMENT

The Ministry is committed to using its own financial resources to support its role in the implementation of the Plan.

RECOMMENDATIONS

While validating the document, the Ministry recommends the following:

1. **Formalisation of Coordination Mechanisms:** Establish clear coordination frameworks between the Ministry of Gender Equality and Family Welfare, the Ministry of Education and Human Resources, the Ministry of Health and Wellness and the National Drug Control Commission (NADC), potentially through Memoranda of Understanding (MoUs) or inter-ministerial taskforces for implementation and follow-up.
2. **Budgetary and Capacity Support:** Ensure that appropriate budget allocations and capacity-building initiatives are planned and made available to support the Ministry in fulfilling its collaborative responsibilities.

GENDER INTEGRATION

- Incorporate a stronger gender perspective within the new framework, including gender-specific capacity-building programmes focusing on drug-related issues.
- Ensure the collection of gender-disaggregated data to better understand the impact of drug-related problems on women, girls, and families, which will facilitate more informed policy-making.

CONCLUSION

The Ministry notes that the Master Plan is a comprehensive and well-structured document. It supports the initiative, recognising that drug-related issues are closely tied to the well-being of families encompassing women, men, and children. The Ministry is committed to actively contributing to the implementation of the Master Plan, in alignment with its mandate and resources.

ANNEX G - COMPLEMENTARY PAPER TO THE NATIONAL DRUG CONTROL MASTER PLAN 2026 - 2030

1. INTRODUCTION

This Complementary Paper is prepared pursuant to the request of the Minister of Social Integration, Social Security and National Solidarity, and as approved by the Board at its meeting held on 29 January 2026 in the context of the proposed submission of the National Drug Control Master Plan (NDCMP) 2026 - 2030 to the Ministerial Committee.

While the NDCMP was updated in 2025, it was originally conceptualised before the November 2024 general elections, and therefore does not sufficiently reflect the new Government Programme 2025 - 2029 (A Bridge to the Future).

This paper outlines the areas in which the NADC, under my leadership as the newly appointed Chief Executive Officer, proposes to reassess, modernise, and realign national drug policies with the Government's strategic direction, international best practice, and the realities faced by affected populations.

2. NEED FOR A CRITICAL REASSESSMENT OF NATIONAL DRUG POLICIES

The Government has articulated a clear intention to revisit Mauritius' drug policies, recognising that certain approaches have remained unchanged for at least 25 years. Several areas—such as cannabis legislation, treatment systems, prevention frameworks, and criminal justice responses—require evidence-based and context-sensitive policy reform.

3. KEY POLICY AREAS FOR REASSESSMENT

3.1 Cannabis policy reform

Mauritius is at a juncture where a sober, data-driven evaluation of cannabis laws is necessary.

The review should consider:

- public health and human rights impacts;
- criminal justice consequences;
- socio-economic factors, including the impact of cannabis criminalisation on government spending;
- comparative international models;
- safeguarding measures for youth and vulnerable populations.
- enhance medical cannabis eligibility and accessibility

The objective is not to endorse a specific model at this stage, but to develop a holistic and informed policy brief for Government deliberation.

3.2 Drug treatment system reform

Current treatment systems require renewal to:

- strengthen scientific and clinical standards;
- ensure continuity of care;
- address capacity gaps;
- align with the latest health, social, and human-rights-based approaches;
- strengthen and improve harm reduction services, including more inclusivity for women and young people.
- enhance referral pathways and aftercare services.

A national audit of treatment services should be commissioned in 2026.

3.3 Prevention

Prevention strategies must shift from sporadic campaigns to sustained, evidence-based programmes, including:

- school-based life-skills curricula;
- early childhood interventions
- family-centred interventions;
- workplace interventions;
- community-based interventions;
- early diagnosis and referral mechanisms;
- early warning system (new emerging substances)
- digital-platform-based prevention targeting youth.

3.4 Law enforcement and criminal justice approaches

A review is required to ensure that the enforcement strategies:

- remain robust against trafficking;
- avoid unnecessary criminalisation of people who use drugs;
- integrate health-oriented diversion programmes, including harm reduction services;
- strengthen intelligence-led policing and inter-agency collaboration.

3.5 Institutional coordination and governance

The NADC will lead a reassessment of coordination mechanisms across ministries and other institutions, including:

- Health
- Education
- Social Integration
- Youth and Sports
- Labour and Industrial Relations.
- Police
- Judiciary and Human Rights
- Gender equality
- National Social Inclusion Foundation (NSIF)
- Non-Governmental Organisations (NGOs) and civil society organisations (CSOs)

4. RELATIONSHIP WITH THE NATIONAL SOCIAL INCLUSION FOUNDATION (NSIF)

The Minister has confirmed:

- No objection for NSIF to guarantee the previously approved Rs 87 million funding for NGOs working in the drug sector for the next two years.
- Any future increases will depend on the availability of NSIF funds.
- The NSIF Board will henceforth consider funding only NGOs formally recommended by the NADC.

The NADC will therefore establish:

1. A transparent NGO evaluation and recommendation framework;
2. Annual performance assessments of funded NGOs;
3. Clear criteria based on service quality, governance, and alignment with the national strategy;
4. Clear guidelines regarding drug prevention programmes content.

5. INTEGRATION WITH THE NATIONAL DRUG CONTROL MASTER PLAN 2026–2030

This Complementary Paper should be read as an official annex to the NDCMP, ensuring:

- alignment with the Government's post-2024 policy orientation;
- acknowledgement of areas requiring reform;
- a mandate for structured cannabis policy review, as well as other drugs during 2026 and beyond, as and when required;
- strengthening of NADC's leadership role.

6. CONCLUSION

Mauritius is at an important moment to shape modern, balanced, and effective drug policies. This complementary paper signals the NADC's readiness to lead a transparent, evidence-based, and Government-aligned policy review process, while ensuring that the needs of people, families, and communities remain at the centre of the national drug strategy.

Kunal Naik

Chief Executive Officer, NADC

NATIONAL DRUG CONTROL MASTER PLAN **2026 - 2030**

REPUBLIC OF MAURITIUS