



INTERNATIONAL HARM REDUCTION ASSOCIATION

## Media Release

For immediate release

**Thursday, April 29, 2010 (Liverpool, UK)--** The International Harm Reduction Association (IHRA) and Collectif Urgence Toxida (CUT) approach UN human rights monitors to call on the Mauritian Government to rescind its plans to re-introduce the death penalty less than one week out from national elections in the country.

The organisations' report, which analyses the country's human rights record in relation to drug control, outlines the need to implement scaled up harm reduction services in Mauritius and was submitted to the UN Committee on Economic, Social and Cultural Rights, an independent international human rights monitoring body. It coincides with the forthcoming meeting between the Government and the Committee in May.

On February 24, Mauritian Prime Minister Ramgoolam announced that he intended to reinstate the death penalty for drug offences.

"Prime Minister Ramgoolam would do well to look to the evidence - international experience has shown time and again that disproportionate criminal justice responses to a public health problem such as this just do not work," said IHRA's Senior Human Rights Analyst and the report's co-author Damon Barrett, who is attending the 21st International Harm Reduction conference in Liverpool, United Kingdom.

"This kind of draconian measure has shown time and again to have no effect on trafficking, while breaching international human rights law and driving people away from existing services for fear of excessive punishment," said Barrett.

The number of injecting drug users in Mauritius is alarmingly high, estimated at between 17,000 and 18,000 people. The majority of people inject buprenorphine (Subutex), a synthetic opioid. The overall prevalence of HIV in Mauritius has been estimated at 1.8 % by UNAIDS in 2007, representing approximately 12,000 people. In 2005, 92% of new HIV cases were related to unsafe injecting practices.

In recent years Mauritius has recognised the scale of its injecting drug use problem and injection driven HIV, scaling up harm reduction programs in the form of needle and syringe exchange and methadone prescription.

"Availability, accessibility and quality of HIV prevention services targeted at people who inject drugs in Mauritius remain inadequate", said Dr Hussein Rassool, a Mauritian

expert on harm reduction who is also presenting at the IHRA conference. "This limits their reach and effectiveness. These problems include, for example, legislative barriers impeding both needle and syringe programs (NSP) and Opioid Substitution Treatment (OST), limited harm reduction interventions, lack of availability of harm reduction in prisons and a lack of youth specific services."

In 2009, the World Health Organization visited Mauritius to examine these programmes and has made a series of detailed recommendations aimed at improving their availability, accessibility and quality.

There is unequal protection afforded to women who inject drugs. Women who inject will be turned away from residential shelters creating an important protection gap. Men, however, can access two residential shelters regardless of their status as a drug user.

Hepatitis C (HCV) is also a major problem, exacerbated by co-infection with HIV. Availability of treatment for HCV is poor, available only to those who can pay in the private sector. For people who are drug dependent, this is a major barrier to accessing a potentially life-saving treatment.

The report makes **7 key recommendations:**

1. In co-operation with the World Health Organization and civil society, implement in full the WHO recommendations designed to improve availability, accessibility and quality of harm reduction services – in particular needle and syringe exchange and opioid substitution therapy with methadone. People who use drugs should be a key partner in this initiative.
2. Scale up needle and syringe programmes to all geographical areas. The Government should amend the Dangerous Drugs Act 2000 to remove prohibitions on distributing or carrying drug paraphernalia as these impede HIV prevention services.
3. Implement pilot prison needle and syringe exchange and opioid substitution therapy programmes based on international best practice standards
4. Remove age barriers to accessing opioid substitution therapy and develop youth-friendly harm reduction services tailored to the specific needs of young people who use drugs
5. Remove restrictions on access to residential shelters for women who use drugs
6. Make hepatitis C treatment freely available to all injecting drug users
7. Immediately rescind the proposal to re-introduce the death penalty for drug offences and consider instead public health based alternatives such as the decriminalisation and prescription of buprenorphine.

## NOTES TO EDITORS:

### About The Treaty, the Committee and the reporting process:

- The UN Committee on Economic Social and Cultural Rights is the independent expert body mandated to monitor implementation of the International Covenant on Economic social and Cultural Rights. <http://www2.ohchr.org/english/bodies/cescr/index.htm>
- This treaty has been ratified by 160 States and is a core document in the International Bill of Rights. <http://www2.ohchr.org/english/law/cescr.htm>
- As part of each State's obligations under the treaty, they must report every 5 years to the Committee on legislative, budgetary, administrative and other measures that have been taken to achieve progress towards the full realisation of the rights contained in the covenant, which include the right to health, and the right to an adequate standard of living. The report is followed by a meeting between the Committee and a delegation from the Government.
- Mauritius has recently submitted its periodic report to the Committee on Economic Social and Cultural Rights. It is a consolidated report comprising earlier reports that were due not submitted. <http://www2.ohchr.org/english/bodies/cescr/cescrs44.htm>
- NGOs are an integral part of this reporting process and 'alternative' or 'shadow' reports may be submitted to critique the state report, raise concerns and offer recommendations. NGOs may also meet the Committee in person prior to the Committee's meeting with the Government delegation to discuss the State's report.

### Further information:

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### About CUT

Collectif Urgence Toxida (CUT) is the leading network of NGOs in Mauritius working on drug policies and harm reduction.

### About IHRA

The International Harm Reduction Association (IHRA) is the leading organisation promoting a harm reduction approach to all psychoactive substances on a global basis. IHRA exists to prevent the negative social, health, economic and criminal impacts of illicit drugs, alcohol and tobacco for individuals, communities and society. IHRA

supports the engagement of people and communities affected by drugs and alcohol around the world and works to promote harm reduction and human rights issues within national, regional and international bodies (such as the UN). [www.ihra.net](http://www.ihra.net)

**About the Harm Reduction 2010 conference:**

Harm Reduction 2010, the International Harm Reduction Association's 21st International Conference, is currently being held in Liverpool, England, April 25-29, 2010 [www.ihra.net/Liverpool/Home](http://www.ihra.net/Liverpool/Home)