



Republic of Seychelles

**National Drug  
Control Master Plan  
2019-2023**

# Republic of Seychelles

## National Drug Control Master Plan

2019 -2023

*Overall, the drug problem in Seychelles is becoming a national development issue with multiplier effects in many parts of society.*

President Danny Faure

***UNAIDS High-Level event "Fast Track: Quickening the Pace of Action to end AIDS"*** New York, 24 Sept. 2017

*"We are all involved"*

Dr Patrick Herminie, 4 June 2018

Secretary of State For the Prevention of Drug Abuse and Rehabilitation

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Dr. Fabienne Hariga  
Mr. William Anderson

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## FOREWORD BY THE PRESIDENT

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I am pleased to present the National Drug Control Master Plan for 2019–2023. This fourth National Strategy on drugs has been developed with the technical support of the Agency for the Prevention of Drug Abuse and Rehabilitation (APDAR), the United Nations Office on Drugs and Crime (UNODC) and the Agency's local strategic partners. This Master Plan is in line with the Government policy of providing an integrated and balanced approach based on prevention, treatment and drug interdiction, supported by evidence-based research and established best practices. Whilst there is a growing recognition that treatment and rehabilitation of illicit drug users can be more effective than punishment, my government firmly believes that pressure to mitigate the drug trafficking trade needs to continue if not increase. This Master Plan recognizes the need for supply and demand reduction strategies to complement each other.

Although progress has been made in lowering rates of substance abuse in Seychelles, the use of substances continues to take a major toll on the health of individuals, families and communities. Substance abuse involving drugs, alcohol, or both, is associated with a range of destructive social conditions, including family disruptions, financial problems, loss of productivity, poor academic performance, health issues, domestic violence, child abuse and crime. Moreover, both social attitudes and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues facing Seychelles. Indeed, it is safe to say that, if not appropriately tackled, the ongoing drug epidemics represents an existential threat to our small Island State. To note that our youth are the ones being largely affected by this scourge.

In a nutshell, drug control for Seychelles means creating a balance between supply reduction activities, such as seizures and arrests and demand reduction (drug prevention and treatment); and paying greater attention to the health issues related to drug misuse and abuse, such as reducing overdoses, psychiatric problems and the incidence of diseases and infections, such as HIV and hepatitis. Prevention, treatment, rehabilitation, reintegration and health all have to be recognised as key elements in the strategy to reduce drug demand along with strategies for supply reduction. Our direction is guided by the Misuse of Drugs Act 2016, the Prevention of Drug Abuse and Rehabilitation Act 2017, and the 2016 United Nations General Assembly Special Session (UNGASS) on the World Drug Problem Outcome Document.

Substance abuse is multi-faceted and requires system-wide reform. It is my belief, that as we work to implement the National Drug Control Master Plan for 2019–2023, we need to be united in our vision for a healthy and drug-safe community with each sector of our community playing its role.

The Agency for Prevention of Drug Abuse and Rehabilitation (APDAR) and its strategic partners should be commended for their input and unparalleled support in the planning and drafting of this National Drug Control Master Plan.

Together, let us strive to realise our vision of a drug-safe Seychelles so that more emphasis can be put on improving our quality of life.



**Danny Faure**

**President of the Republic of Seychelles**

## PREFACE BY THE SECRETARY OF STATE

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It is my privilege today, to deliver this address amongst colleagues of the same mind. When I say 'colleagues of the same mind', I refer to our common goal to reduce significantly the abuse of drugs in Seychelles; our common goal in addressing head-on a scourge that most would rather not even hear or mention of; our common goal in securing in whatever way we can a more equitable treatment policy for those who need it and a more secure future for the generations of tomorrow.

I would like to begin by thanking all of you here, who have taken the time to sit down and read the literature, who have taken the time to analyse and observe, and who have also taken the time to comment and make proposals. I assure you that all of your input is valued as we seek to include as many people from all corners of this issue. Those who are users and those who are dependents; the victims, the parents and families, the counsellors and the health-care providers, the peer educators; all of those who are involved at one level or another- your input is valuable to us.

In its pursuit to seek a solution to the many problems arising from substance abuse disorders, the government supported by the legislature saw it fit to include into the Act for the Prevention of Drug Abuse and Rehabilitation Agency 2017, the formulation and review of a National Drugs Master Plan. Such an action shows the level of importance that the formulation of such a plan is given by our government and legislature and also provides a legal framework to safeguard the actions and plans of the Agency. Now that we have been given such a legal safeguard, it is incumbent upon all of us to ensure that we fulfil this obligation as comprehensively as we can. Now is not the time to shy away from the radical proposals that are required to address a situation that has reached, dare I say, epic proportions in our small country.

A recently conducted survey laid it all out in glaringly disturbing numbers for us all to see and ponder upon- 76% of persons who inject drugs are Hep C positive, and 13% of them are HIV-positive; almost 5000 addicted to heroin out of which 2500 inject drugs.



And that in a population of 90 thousand, which translates into 5.6% of our population or 11% of our work-force. These statistics are not only frightening but speak volume about our dire situation, one of poor economic output, rampant criminality, a vicious cycle of poverty in many communities and a public health time bomb.

As I said before, the situation has reached epic proportions. We, therefore, need to propose an epic response, using as many evidence-based studies that are at our disposal as possible and putting aside any misguided emotional notions of what the problems of drug use and addiction actually are. It is time that we turn to an approach that values empirical data and evidence-based solutions, no matter how 'radical' or 'controversial' they may seem to those who are not 'in the know'.

We need to focus on several aspects that should be catered for in our quest to address drug abuse and these includes criminal law issues, the construction of a proper rehabilitation centre and why not, heroin prescription programmes. In other words, we need to dramatize this appalling situation.

I am pleased to note that in the first draft proposals that I have seen, harm reduction features prominently. This is a much needed tool in our current situation, as we seek to not just address the reduction of harmful practices and its negative public health consequences; but it is also a necessary approach that will allow us to fulfil the obligations that we have under our own Constitution as well as International Instruments. Harm reduction measures have and will always be mired in controversy. It is our duty to ensure that all citizens have access to health care, all citizens including those who are victims of drug use and abuse; and not just those who have the less 'controversial' illnesses such as the common cold or cardiovascular diseases which coincidentally can also be as a consequence of a questionable lifestyle choice.

The life of people with substance abuse disorders is still sadly fettered by discrimination. And so we take this opportunity to remind everybody of the fierce earnestness of now. Now is the time to tackle the drugs and HIV problems in prison through a well-established Methadone Maintenance Programme and Needle and Syringes Programme. No country in the world has succeeded in completely eradicating illegal drug use in prisons, and it is for this reason that our Agency together with the Ministry of Health will soon conduct a survey in prison to provide the arguments for such programmes.

A casual conversation with most people will reveal that the issue of 'drug abuse' is a foreign concept of which they know very little, of which they know only the surface consequences such as 'nodding in a corner of the street' or 'prostitution' or 'child neglect'. We must seek to therefore educate our public on what drug abuse actually really is, and what 'drugs' actually really are. In putting together this Master Plan, we must keep in mind the need to raise awareness on all facets of the drug problem in new and innovative ways.

We must engage our minds seriously in effective modes of disseminating information that will not only trigger 'just say no' responses but provide real and evidential information to target groups so that they may not just understand the situation as is, but also appreciate the efforts that are required on the part of everyone involved (or not involved) in this war. In fact, may I suggest that we begin by highlighting a simple fact-that 'we are ALL involved'! The mother who has a young adolescent son who may one day fall under intense peer pressure is involved. The man who has a brother he has not seen or heard from in years without wondering why, is involved. The teacher or educator,

who speaks lightly of a serious situation either through lack of interest or lack of correct information, is involved. The lawmaker sitting in the National Assembly is involved. Parents, through good or ineffective parenting techniques are involved.

We are all involved, at one level or another, no matter how seemingly obscure.

Let us make it our goal to bring home to everyone just how delicate and yet far-reaching this situation is. And so therefore, let me remind you once again of our mantra; advocacy, advocacy, advocacy.

All of us here are aware that the issue of drugs must be addressed on two main fronts, the demand side and the supply side. This is why our National Drugs Master Plan will also include a section that will address the issue of supply reduction. Again, this is commensurate with our international obligations of doing the necessary to reduce the supply of illicit drugs through criminal venues and also ensure a reduction in drug-related crimes. We must, however, approach this with a realistic mind-set: cognizant of the role that law enforcement has to play and also without being afraid to admit, that an overabundance of resources are frequently diverted to supply reduction while those of us who are fighting the battle on the side of demand reduction are left to toil under a constant lack of adequate resources while also dealing with bureaucratic and administrative quagmires that reduce the efficiency of our responses.

Rhetoric aside, let us follow the money in our own country Seychelles; money allocated to supply reduction has always more than double, at times triple and even quadruple the sums apportioned to treatment and rehabilitation. And that despite evidence that such a strategy has had little impact on the consumption and availability of drugs or drug-related crimes. I am thus compelled today to reiterate the necessity for both sides of drug control to be on par and that should feature prominently in the Master Plan. It is our role to also ensure that an effective and efficient network is put in place to allow us to fight this problem together rather than on two divided fronts.

The recently launched low-threshold programme has demonstrated beyond all shadow of a doubt that many victims of substance abuse disorder yearn for treatment, and also that by scaling up the programme we can effectively break the backbone of the dealer-users network. This strategy will surely go a long way to reduce the ravages of heroin addiction.

It would be inappropriate on my part to end this discourse and to not address the issue of prevention. Our war on drugs stands no chance of succeeding unless we put in place a prevention programme in school that would prevent or delay the use of drugs. We urgently need to de-normalise substance abuse in this country. We need to sensitise the community and the workforce and armed them with the necessary knowledge to keep heroin addiction at bay. Unless prevention is strengthened, we would surely be trying to carry water in a basket.

I would like to end by also thanking our international partners, especially United Nations Office on Drugs and Crime (UNODC). A special thank you to the facilitators and the dynamic Ms. Sylvie Bertrand. Your expertise and advice are invaluable and will assist us in viewing all these issues from a more global perspective. It is always good to know that in a battle, one is not alone.

I would also like to thank all our local stakeholders and the staff of our local agencies and organisations. That you turn up every day to do what most would not want to, is

testament to your dedication in our quest to reduce the negative impacts of drug use in our country. I salute you all.

My office looks forward to engaging with all of you and receiving your proposals and comments on our National Drug Master Plan.

I thank you.



**Dr. Patrick Herminie**

**Secretary of State For The Prevention of Drug Abuse and Rehabilitation**

## Acknowledgements

The National Drug Control Master Plan (NDCMP) 2019-2023 has been developed with the combined efforts and support of the Agency for Prevention of Drug Abuse and Rehabilitation (APDAR), international collaborators and other stakeholders.

APDAR would like to express its appreciation for the support and commitment by all stakeholders. The NDCMP 2019-2023 is a plan that has been developed by all stakeholders involved in the national drug response and coordinated by APDAR.

APDAR takes this opportunity to thank all the stakeholders who participated during the two consultations for their dedication, contributions and all stakeholders who reviewed and provided their inputs to the final document.

The agency also expresses its sincere gratitude to the UNODC for their support to the Seychelles, especially for the development of the NDCMP 2019-2023. Appreciations go also to the consultants: Dr Fabienne Hariga and Mr. William Anderson, for their efforts in ensuring the development of this document.

## Executive summary

The National Drug Control Master Plan (NDCMP) 2019-2023 is an operational planning tool that provides a coherent framework for comprehensive national drug control in Seychelles. It incorporates new approaches in line with the international drug control conventions and the national legislation. Its development has been inspired by the 2016 United Nations General Assembly Special (UNGASS) on the World Drug Problem Outcome Document; the 2016 High Level Meeting (HLM) on ending AIDS Political Declaration; and the 2030 Agenda for sustainable development and its Sustainable Development Goals. It is aligned with the relevant national strategies including the Vision 2030 and National AIDS Strategy.

The overall aim of the NDCMP is to improve the wellbeing and safety of the individuals and population at large.

Developed to respond to continuous increase in the number of people who use heroin, including those injecting, and increase in the number of new HIV and Hepatitis C infections it has a strong emphasis on drug prevention and on harm reduction.

Its main goal is to ensure a coordinated and comprehensive approach to national drug control in Seychelles.

The NDCMP has four strategic areas.

**The strategic area 1, on Health and Human Development**, includes five themes. The first theme focuses on drug prevention with emphasis on youth, while the second theme centres on drug dependence treatment, aimed at increasing the access to evidence-based treatment. The third theme, social support and insertion, focuses on providing support to People Who Use Drugs (PWUD) to ensure they can be reintegrated in society and contribute to its economic development. Fourth theme, harm reduction services, embraces the nine interventions of the WHO, UNODC and UNAIDS comprehensive package for HIV among PWUD and preventing deaths by overdose. And the fifth one, related to access of controlled substances for medical purpose, explore the level of access, identify needs, barriers and remedies.

**The strategic area 2, on Supply reduction**, includes four themes. The first theme is on intelligence-led policing and aims at strengthening the capacity of the police to collect and use information related to drug trafficking. The second theme, which focuses on links with other organised crime, will increase cooperation and sharing of information and expertise with other forms of crime. The third theme will allow for the early identification of new Psycho Active Substances (NPS) and entails collaboration with the other sectors to allow for early warning system and information on possible risks. The last theme is focusing on strengthening collaboration on issues related to drug trafficking at regional and international level.

**The strategic area 3, a cross cutting area on Human Rights, Children, Women, Communities and on proportionate laws and effective criminal justice.** Its implementation will ensure that the programmes are in line with national human rights instruments, including; the Convention on the Rights of Child (CRC); that services are responsive to the needs of children; pregnant women and people in prison can access health services, including harm reduction services and drug dependent treatment equivalent to the community. The NDCMP aims to review the *Misuse of Drugs Act 2016* to make it more efficient, align other relevant laws and develop more access, alternatives to incarceration including strengthening the probation services.

**The strategic area 4, on Strategic Information and Coordination**, contains three themes. The first theme aims at strengthening the capacity to collect and use strategic information to allow the



monitoring of trends and developments in drug use, availability as well as health and social consequences. The second theme, monitoring and evaluation, is critical to ensure the NDCMP is implemented properly. The last theme, coordination, cater for establishment of strong links and communication channels between the different actors involved in the response to ensure coherence of the implementation and effective information sharing.

The NDCMP 2019-2023 has a strong monitoring and evaluation framework to allow for proper monitoring. In addition, it makes provision for an in-depth mid-term evaluation and an end of cycle evaluation.

The costed NDCMP is the most critical /essential tool to guide the effective implementation of the plan.

The NDCMP amounts to a total of SR 314,036,490.70 of which SR 254,465,558.20 will be from the Seychelles Government consolidated funds and SR 59,570,932.50 grant.

## Acronyms

<b>ADAMS</b>	Anti-Drug and Marine Squad
<b>AG</b>	Attorney General
<b>AIDS</b>	Acquired Immuno Deficiency Syndrome
<b>ANB</b>	Anti-Narcotics Bureau
<b>ART</b>	Antiretroviral Therapy
<b>AUC</b>	African Union Commission
<b>APDAR</b>	Agency for Prevention of Drug Abuse and Rehabilitation
<b>CDCU</b>	Communicable Diseases Control Unit
<b>CGPCS</b>	Contact Group on Piracy of the Coast of Somalia
<b>CB</b>	Community Based
<b>CMR</b>	Centre Mont Royal
<b>CRC</b>	Convention on the Right of the Child
<b>CSO</b>	Civil Society Organisation
<b>CSR</b>	Corporate Social Responsibility
<b>DALY</b>	Disability Adjusted Life Years
<b>DURNS</b>	Drug Utilisation Response Network of Seychelles
<b>HAART</b>	Highly Active Antiretroviral Therapy
<b>HBV</b>	Hepatitis B virus
<b>HCV</b>	Hepatitis C virus
<b>HTMP</b>	High Threshold Methadone Programme
<b>HIV</b>	Human immunodeficiency virus
<b>HLM</b>	High Level Meeting
<b>GSHS</b>	Global School Health Survey
<b>IBBS</b>	Integrated Biological Behavioural Surveillance Study
<b>IDU</b>	Intravenous Drug Use
<b>IEC</b>	Information Education Communication
<b>INCB</b>	International Narcotics Control Board
<b>IOC</b>	Indian Ocean Commission
<b>IOFMC</b>	Indian Ocean Forum on Maritime Crime
<b>LEA</b>	Legal Environment Assessment
<b>LTMP</b>	Low Threshold Methadone Programme
<b>MEHRD</b>	Ministry of Education and Human Resource Development

<b>MDMA</b>	Methylenedioxy-methamphetamine
<b>MoH</b>	Ministry of Health
<b>MoFIEP</b>	Ministry of Finance, Investment and Economic Planning
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MODA</b>	Misuse of Drugs Act
<b>MSM</b>	Men having Sex with Men
<b>NAC</b>	National AIDS Council
<b>NCB</b>	National Central Bureau
<b>NDCMP</b>	National Drug Control Master Plan
<b>NDEA</b>	National Drug Enforcement Agency (until November 2017)
<b>NGO</b>	Non-Governmental Organisation
<b>NPS</b>	New Psychoactive Substance
<b>NSP</b>	Needle and Syringe Programme
<b>OD</b>	Overdose
<b>OST</b>	Opioid Substitution Therapy
<b>PLWHA</b>	People Living with HIV/AIDS
<b>PWID</b>	People Who Inject Drug
<b>PWUD</b>	People Who Use Drug
<b>RCOC</b>	Regional Centres for Operational Coordination
<b>SADC</b>	Southern African Development Community
<b>SDG</b>	Sustainable Development Goals
<b>SMR</b>	Standard Minimum Rules for the Treatment of Prisoners
<b>SNYC</b>	Seychelles National Youth Council
<b>SPF</b>	Seychelles Police Force
<b>SRH</b>	Sexual Reproductive Health
<b>SRP</b>	Southern Route Partnership
<b>STI</b>	Sexually Transmitted Infection
<b>UN</b>	United Nations
<b>UNAIDS</b>	Joint United Nations Programmes on HIV/AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNGASS</b>	United Nations General Assembly Special Session
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>WHO</b>	World Health Organization

## 1. Background and rationale of the National Drug Control Master Plan [2019-2023]

To respond effectively to the complex and changing situation of illicit drug use, trafficking and related health consequences, the national response should be evidence-based. This requires an efficient monitoring system to monitor the situation and detect new trends. It also needs international cooperation, identification of norms and standards in health, justice, human rights, and police, including where possible joint operations.

The National Drug Control Master Plan (NDCMP) cannot be separated from the international context, in the field of drug control, development and health. The international framework for drug control is founded on the three international conventions<sup>1</sup>, based upon concern for the welfare of mankind. The need to put health and human rights at the centre of national and international drug policy has been further stressed in the UNGASS on the World Drug Problem Outcome Document<sup>2</sup> adopted in April 2016.

The 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs) adopted in September 2015 by the UN General Assembly<sup>3</sup> highlighted the interaction between health, inequalities, gender, rules of law, partnership and development. More specifically related to drug use and health it calls for ending AIDS and combat hepatitis by 2030, for achieving universal health coverage and for strengthening prevention and treatment of substance use. The commitment for ending AIDS, including among PWUD, were reiterated in the 2016 High Level Meeting on Ending AIDS Political Declaration<sup>4</sup>.

The African Union (AU) is currently engaging with countries to develop the new plan of action on drug control 2019-2022 to be adopted in second quarter 2019 during the 3<sup>rd</sup> Session of African Union Commission (AUC) Specialised Technical committee on Health, Population and Drug Control. In 2017 the Indian Ocean Commission 32<sup>nd</sup> Council of Ministers adopted two decisions relevant to drug policy: (1) On Security and Fight against terrorism and drug trafficking, acknowledging the threat of drug trafficking and calling for enhanced regional cooperation<sup>5</sup> and (2) a regional HIV/AIDS strategy and a plan of action 2017-2019<sup>6</sup>, in line with the 2016 HLM Political Declaration. The strategy identifies the HIV transmission through sharing drug injection equipment as one of the major challenges. Finally, the Republic of Seychelles signed the 1996 Southern African Development Community (SADC) Protocol on Combating Illicit Drugs<sup>7</sup>.

To respond to the evolving situation, the Seychelles has developed and implemented several NDCMPs. The first NDCMP 2002 - 2006 focused on conducting drug prevention activities, on the fight against drug trafficking, including the then Task Force or the Anti-Drug and Marine Squad (ADAMS) and on establishing stronger local and international links.

The second NDCMP 2009 – 2012 targeted the use, abuse, misuse, distribution and trafficking in all its forms of all illicit drugs in the Seychelles with the mission “to reduce and possibly eliminate illicit drug use, abuse and trafficking in the country”.

The third NDCMP 2014-2018, was adopted to address the health consequences of a dramatic increase in the use of heroin, including in injection, and related increase in HIV and Hepatitis C Virus (HCV) infections. It focused on four areas for action: prevention, treatment, law enforcement and

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1UNODC The International Drug Control Conventions. UNODC: New York 2013

[https://www.unodc.org/documents/commissions/CND/Int\\_Drug\\_Control\\_Conventions/Ebook/The\\_International\\_Drug\\_Control\\_Conventions\\_E.pdf](https://www.unodc.org/documents/commissions/CND/Int_Drug_Control_Conventions/Ebook/The_International_Drug_Control_Conventions_E.pdf)

2 General Assembly resolution S-30-1, annex. Adopted on 19 April 2016. <https://undocs.org/A/RES/S-30/1>

3General Assembly Resolution A/RES/70/1 Transforming our world: the 2030 Agenda for Sustainable Development. Adopted on 25 September 2015. <https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>

4 General Assembly Resolution A/RES/70/266. Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030. Adopted on 9 June 2016. [http://www.unaids.org/sites/default/files/media\\_asset/2016-political-declaration-HIV-AIDS\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/2016-political-declaration-HIV-AIDS_en.pdf)

5[http://commissionoceanindien.org/fileadmin/resources/COPLO117/point%201/1.8\\_Annexe%201%20Plan%20d%27action%20regional%20de%20lutte%20contre%20le%20SIDA.pdf](http://commissionoceanindien.org/fileadmin/resources/COPLO117/point%201/1.8_Annexe%201%20Plan%20d%27action%20regional%20de%20lutte%20contre%20le%20SIDA.pdf)

6 <http://commissionoceanindien.org/fileadmin/resources/COPLO117/point%201/1.8%20VIH.pdf>

7Southern African Development Community (SADC) Protocol on Combating Illicit Drugs (1996) <http://www.sadc.int/documents-publications/show/1057>

national coordination. It gave prominence to rehabilitation and social reintegration of people dependent to drugs and recognised the need to develop harm reduction programmes in response to the increasing prevalence of HIV and Hepatitis C.

*The NDCMP 2019 - 2023 has been developed to respond to the further increase in the prevalence of drug use, including injecting drug use, and in the number of new HIV and Hepatitis C cases.*

### 1.1. Aim, goal and main objectives and guiding principles

The National Drug Control Master Plan 2019 - 2023 has been developed to strengthen the coordination, cooperation and engagement of all stakeholders for an effective and ambitious health and development-oriented response within a human rights perspective. It is a response to the increasing prevalence of drug use, especially injecting drug use, and related increase of HIV and Hepatitis C prevalence. It has a strong emphasis on health, on addressing stigma and discrimination, gender, and cohesion of the society including in prisons. The NDCMP 2019 - 2023 builds on the principles of the 2016 UNGASS on the World Drug Problem Outcome Document and adopts its structure.

#### 1.1.1. Aim, goal and main objectives

The overall aim of the NDCMP is to improve the wellbeing, safety and security of the individuals and population at large.

Its main goal is to ensure a coordinated and comprehensive approach to national drug control in Seychelles.

*The overall objectives of the NDCMP are:*

- *To provide national coordination for identifying and addressing drug related issues.*
- *To promote participatory processes that facilitate stakeholders engagement and involvement in identifying and responding to drug related issues.*
- *To foster better understanding between the key national partners to ensure proper coordination in the prevention, management and rehabilitation of drug related issues.*
- *To develop programmes that supports evidence-based interventions.*
- *To support nationally consistent, drug related legislative and regulatory responses.*

#### 1.1.2. Guiding principles

The NDCMP 2019 – 2023 is based on four principles:

- **Participatory:** ensure the meaningful engagement of all stakeholders in its implementation, monitoring, evaluation and review.
- **Evidence-based:** implement interventions that have been scientifically evaluated to be effective as per international standards and norms
- **Needs-based:** programmes and activities developed and implemented to respond to the needs based on strategic information
- **Human Rights based:** promote respect for human-rights and gender equality principles.

The NDCMP 2019 - 2023 is aligned to the three international drug control conventions, the UNGASS 2016 Outcome document, Agenda 2030 (SDGs) and 2016 HLM on Ending AIDS political declaration including the AU Plan of action on drug control (2013-2017), IOC 32<sup>nd</sup> Council of Ministers decisions (2017) and SADC Protocol on Combating Illicit Drugs (1996) as well as national related policies and strategies.



## 1.2. Formulation process

The NDCMP 2019 -2023 was developed through a multistake-holders consultative process ensuring the contribution of governmental and non-governmental organizations – including representative of PWUD and People Living with HIV/AIDS (PLWHA). Two consultative meetings were held in June 2018 to spearhead the first draft of the document. A three-day consultation to review the situation, relevant initiatives and identify the main lines of work and develop draft content of the NDCMP. Based on the discussions and identified priorities, a first draft was developed and reviewed in a two-day consultation (see list of participants/contributors in annex 3). The process was coordinated by APDAR while UNODC provided technical and financial support.

The development of the 2019 - 2023 NDCMP was supported by an extensive literature review and an analysis of the current Strengths, Weaknesses, Opportunities and Threats (SWOT) conducted by the participants in the first consultation.

The final draft of the NDCMP 2019 – 2023 was disseminated for electronic consultation among the stakeholders.

### 1.2.1. NDCMP 2014-2018 SWOT analysis

The NDCMP 2014-2018 had not been evaluated, but participants in the first consultation meeting outlined lessons learnt from its implementation (see table in annex 3). The elements of information on lessons learnt are mentioned in the introductory statement of each strategic area.

The results of the SWOT analysis are presented in the table 1 below. In terms of strengths the common recognised element is the establishment by law of a coordination body, the political will and increased financial support. While weaknesses were identified as the needs to further elaborate the regulatory framework and limited funding in all areas of work and the lack of clear political support. The decentralisation of treatment and harm reduction programmes together with an increase engagement of international organisations was recognised as important opportunities to build on, though the lack of sufficient budget was identified as the main threat in all areas.

The lack of coordination in the implementation and absence of a monitoring framework have been major weaknesses of previous plans. Consequently, for this NDCMP, framework and tools will be developed to operationalise the coordination role of APDAR, thus establishing good communication and sharing of information processes. As such the set up will monitor and evaluate the implementation and efficiency of the NDCMP in view of possible situational changes in the country.

**Table 1: NDCMP 2014 - 2018 SWOT Analysis**

<b><u>STRENGTHS</u></b>	<b><u>WEAKNESSES</u></b>
<p><b>Coordination</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The establishment by law of one coordinating and dedicated agency (APDAR)</li> <li><input type="checkbox"/> Political and financial support</li> <li><input type="checkbox"/> Opportunities for capacity building and in-service training</li> </ul> <p><b>Prevention</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Coordination by APDAR by law</li> <li><input type="checkbox"/> Increased number of school-based prevention programmes and holistic approach of prevention in school</li> <li><input type="checkbox"/> Increased number of programmes and training</li> <li><input type="checkbox"/> Political commitment</li> </ul> <p><b>Treatment, Harm Reduction and Rehabilitation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dedicated Agency</li> <li><input type="checkbox"/> Political will</li> <li><input type="checkbox"/> Increased media awareness</li> <li><input type="checkbox"/> Legislations and regulations in place</li> </ul> <p><b>Monitoring &amp; Evaluation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Existence of organizations that collect information on socio-economic conditions</li> </ul> <p><b>Law Enforcement</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Strong cause for existence</li> <li><input type="checkbox"/> Powerful organisation</li> <li><input type="checkbox"/> International support</li> <li><input type="checkbox"/> Well coordinated</li> </ul>	<p><b>Coordination</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> National AIDS Council (NAC) similar coordinating power</li> <li><input type="checkbox"/> Limited human resources</li> <li><input type="checkbox"/> Limited specialised training</li> <li><input type="checkbox"/> Regulatory framework &amp; protocol not fully developed</li> </ul> <p><b>Prevention</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Translation of political will into actions</li> <li><input type="checkbox"/> Limited access to data</li> <li><input type="checkbox"/> Limited funding for prevention</li> <li><input type="checkbox"/> Limited commitment for behaviour change</li> </ul> <p><b>Treatment, Harm Reduction and Rehabilitation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Policy maker need be more supportive and understanding</li> <li><input type="checkbox"/> Readiness for engagement and cooperation from stakeholders</li> <li><input type="checkbox"/> Community involvement and after care services need to be improved on</li> </ul> <p><b>Monitoring &amp; Evaluation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No Monitoring &amp; Evaluation (M&amp;E) framework</li> </ul> <p><b>Law Enforcement</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Not enough support from other local law enforcement entities</li> <li><input type="checkbox"/> Lack of trust in sharing intelligence</li> <li><input type="checkbox"/> Lack of common intelligence sharing system</li> <li><input type="checkbox"/> Lack of certain resources</li> <li><input type="checkbox"/> Inadequate internal communication</li> </ul>
<b><u>OPPORTUNITIES</u></b>	<b><u>THREATS</u></b>
<p><b>Coordination</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> International aid more forthcoming</li> <li><input type="checkbox"/> International training &amp; exposure</li> <li><input type="checkbox"/> Better cooperation from sectors</li> </ul> <p><b>Prevention</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Community engagement</li> <li><input type="checkbox"/> CSR funds for some organizations</li> </ul> <p><b>Treatment, Harm Reduction and Rehabilitation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Access to treatment</li> <li><input type="checkbox"/> Train Peer Educators</li> <li><input type="checkbox"/> Intensify programme in Personal Social and Citizenship Education (School Curriculum)</li> <li><input type="checkbox"/> Decentralise programmes</li> </ul> <p><b>Monitoring &amp; Evaluation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Work with international organizations (World Bank, UNODC) to execute standard M&amp;E Programme</li> </ul> <p><b>Law Enforcement</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Maximise &amp; exploit legislation powers</li> <li><input type="checkbox"/> Improve mutual legal assistance and international cooperation</li> </ul>	<p><b>Coordination</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Less funding from private sector because a government entity (CSR)</li> <li><input type="checkbox"/> Emerging drug trends (medication)</li> <li><input type="checkbox"/> Internet /social media info on access drugs exposure</li> <li><input type="checkbox"/> Precursor Drug for NPS</li> </ul> <p><b>Prevention</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Increase no. of entities working independently on prevention</li> <li><input type="checkbox"/> Risk factors outweighing protective ones</li> <li><input type="checkbox"/> Normalisation/banalisation of drug use</li> <li><input type="checkbox"/> Limited access to CSR</li> </ul> <p><b>Monitoring &amp; Evaluation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No budget allocation</li> </ul> <p><b>Law Enforcement</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of international support</li> <li><input type="checkbox"/> Leakage / corruption</li> <li><input type="checkbox"/> No budget to match Crime Group methodologies</li> <li><input type="checkbox"/> Retention / de-motivation of staff</li> </ul>

### 1.2.2. Structure of the NDCMP 2019 -2023

The structure adopted for the NDCMP 2019 - 2023 has been inspired by the UNGASS 2016 Outcome Document, indicating a balanced and health-oriented approach to drug control. The NDCMP 2019 - 2023 has four strategic areas and 14 themes.

**Table 2 Strategic areas and themes of NDCMP 2019 - 2023**

Strategic Areas	Themes
<b>1. Health and Social Development</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Drug use prevention</li><li><input type="checkbox"/> Drug dependence treatment</li><li><input type="checkbox"/> Social support and integration</li><li><input type="checkbox"/> Harm Reduction (HIV, Hepatitis, including drug overdoses and other diseases)</li><li><input type="checkbox"/> Access to controlled substances for medical &amp; scientific purpose</li></ul>
<b>2. Supply reduction</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Intelligence-led policing &amp; collaboration for countering illicit traffic in narcotic drugs and psychotropic substances</li><li><input type="checkbox"/> Addressing links with other forms of organized crime</li><li><input type="checkbox"/> Evolving reality, trends and existing circumstances, emerging and persistent challenges and threats, including new psychoactive substances</li><li><input type="checkbox"/> Improved national and international cooperation in criminal matters</li></ul>
<b>3. Human rights and proportionate policies</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Drugs and human rights, youth, women, children, vulnerable members of society, and communities, (including in prisons)</li><li><input type="checkbox"/> Proportionate and effective policies and responses, criminal justice</li></ul>
<b>4. Coordination &amp; strategic information</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Situation and trends monitoring through an established national platform (i.e. observatory) that collects, analyses and shares strategic information</li><li><input type="checkbox"/> Monitoring, and evaluation of the plan (including frequency of reporting).</li><li><input type="checkbox"/> Coordination mechanism and implementation</li></ul>

### 1.3. National Policy Framework

The NDCMP 2019 - 2023 is aligned with the 1993 Constitution of the Republic of Seychelles and other regulations, policies and strategies. The 1993 Constitution of the Third Republic <sup>8</sup> guarantees the following rights in the Seychellois Charter of Fundamental Rights and Freedoms: life, dignity, liberty, fair and public hearing, work, health, education, clean environment and freedoms of movement, speech, expression, thought and conscience. Article 29 of the Constitution further declares the commitment of the State in health care provision, recognising “the right of every citizen to protection of health and to the enjoyment of the highest attainable standard of physical and mental health”. The Constitution also provides protection from violations of rights through various mechanisms, such as the Courts, National Human Rights Commission, the Ombudsman and the Public Service Appeal Board.

<sup>8</sup>Constitution of the Republic of Seychelles <https://greybook.seylli.org/w/se/CAP42>

The NDCMP 2019 - 2023 is aligned with

- The Seychelles Sustainable Development Strategy (SSDS) 2012-2020<sup>9</sup>
- The draft Vision 2032 and National Development Strategy 2018-2022
- The Seychelles National Health Strategic Plan (NHSP) 2016-2020<sup>10</sup>
- The Seychelles 2012 National Policy on HIV and AIDS and Other STIs<sup>11</sup> and draft National Strategic Plan for HIV/AIDS plan 2018-2022 and its goals for ending AIDS among people who inject drugs aligned on UNAIDS strategy for ending AIDS
- The government HEALTH IN ALL policies (September 2017)<sup>12</sup>

Since 2014, a few major developments occurred in relation to drug policy, indicating a trend towards the implementation of a health-oriented drug policy in line with developments at the international level.

### *Misuse of Drugs Act 2016 (MODA)*

The new Misuse of Drugs Act<sup>13</sup> (Act 5, 2016) was adopted in 2016, repealing the Misuse of Drugs Act 1990. The Misuse of Drugs Act 2016 aims at providing effective measures to address drug use and fight trafficking thus facilitating investigation of such offences and prosecution of offenders. The Act further promotes treatment, education and rehabilitation for people dependent on drugs, subsequently reducing the incarceration rate of PWUD. The implementation of the new Misuse of Drugs Act allows for the decongestion of the judicial and prison systems through the provision of non- custodial/alternative sentencing, shifting away from mandatory minimum prison terms to rehabilitation and social reintegration for drug offenders. Incarceration of PWUD is limited to aggravated offences as defined in the Misuse of Drugs Act 2016. The Act also allows for PWUD to carry needles and syringes and/or pipes if these have been delivered by a harm reduction programme.

### *Organization of the National Drug Response*

As of August 2017, all existing prevention, treatment and harm reduction services offered by the Public Sector have been transferred to the Agency for Prevention of Drug Abuse and Rehabilitation (APDAR) within the office of the Designated Minister. Established under the Prevention of Drug Abuse and Rehabilitation Agency Act (Act 13, 2017), APDAR's mandate is to coordinate the activities of various institutions and organisations engaged in the prevention of drug abuse, treatment and rehabilitation. The changes occurred following the pronouncement of the 2017 State of the Nation Address by President Danny Faure. APDAR replaces and integrates the former National Drug and Alcohol Council (DAC) and Centre Mont Royal (CMR).

In October 2017, the Head of State further repealed the National Drug Enforcement Agency Act (Act 19 of 2017) that was working under the authority of the Minister for Home Affairs. The former National Drug Enforcement Agency (NDEA) has been merged with the Police Department under the name Anti-Narcotic Bureau (ANB).

(See organigram and stakeholders in [annex 1](#))

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<sup>9</sup>Seychelles Sustainable Development Strategy 2012 - 2020 Volume 1 Seychelles Sustainable Development Strategy 2012-2020 (Volume 1) and (Volume 2) <http://www.gov.sc/edoc/pubs/frmpubdetail.aspx?publd=27>

<sup>10</sup><http://www.health.gov.sc/wp-content/uploads/SEYCHELLES-NATIONAL-HEALTH-STRATEGIC-PLAN.pdf>

<sup>11</sup> Seychelles 2012 National Policy on HIV and AIDS and Other STIs <http://www.health.gov.sc/wp-content/uploads/Seychelles-National-HIV-AIDS-and-STIs-Policy-2012.pdf>

<sup>12</sup><http://www.health.gov.sc/index.php/news-posts/ministers-pledge-health-policies/>

<sup>13</sup>MISUSE OF DRUGS ACT, 2016 (Act 5, 2016)

## 2. Situation Analysis

### 2.1. Introduction

The Republic of Seychelles consists of over 115 islands scattered over 1 million square kilometres of sea in the middle of the Western Indian Ocean. The archipelago is divided into two distinct collections: the granitic and coralline islands. Mahe is the most important island hosting 81.8% of the total population and the other islands of major importance as regards to size and population are Praslin and La Digue.

According to the *Population and Vital Statistics*<sup>14</sup> No. 2 of 2017, the population of Seychelles is estimated at 95,843 at 30<sup>th</sup> June 2017, indicating a growth rate of 1.3% over 2016. In mid-2017 there was an approximate ratio of 1,037 men for every 1000 women. In 2016, life expectancy was 74.8 years, 69.5 years for male and 80.8 years for female<sup>15</sup>. About one fifth (20.1%) of the population is below 15 and 35% of the population is between 15 to 49 years of age.

Based on World Bank classification, the Republic of Seychelles is a “High Income Country” and experiencing a stable economy with a 4.2% economic growth in 2017. In 2016, the GDP per capita was estimated at 19,320.4 million rupees (approx. USD 13,963.60). Although Seychelles is classified as a “high income country” there is a large gap between the rich and the poor which has not been considered, thus, misrepresenting Seychellois wealth (GINI coefficient of inequality: 46.8)<sup>16</sup>.

Map 1: Map of Seychelles



The country is well developed with accessible health services including family planning clinics, home visiting and school health. With 18 health centres and 300 hospital beds in six primary health care clinics, the country has one doctor (public and private) per 550 inhabitants.

#### *The Indian Ocean High Seas: a new route for heroin trafficking*

Over recent years there has been a major shift in the trafficking patterns of heroin out of Afghanistan, away from the northern land routes to the southern routes to Africa and overland to Europe and North America. The increased presence of naval forces to counter the threat of piracy in the Indian Ocean region has resulted in significant seizures of heroin consignments, disrupting the

<sup>14</sup> National Bureau of Statistics. Seychelles. Population and vital statistics mid-year population estimates 2017. Statistical Bulletin. Population 2017/2. <https://www.nbs.gov.sc/downloads/data-acquisition-census/population-and-vital-statistics>

<sup>15</sup> National Bureau of Statistics. Seychelles in Figures. 2017 Edition. 2017. <https://www.nbs.gov.sc/news/91-seychelles-in-figures-2017>

<sup>16</sup> <https://data.worldbank.org/indicator/SI.POV.GINI?locations=SC>



southern route trafficking<sup>17</sup>. The key attraction of the southern route for narcotics trafficking is the lack of enforcement capacity on the high seas.

*Map 2 Indian Ocean drug trafficking routes*



Source: UNODC (2014)

## 2.2. Prevalence of Drug Use

Since 2006, the country is experiencing an increase in the use of illicit drugs other than cannabis, including heroin, cocaine and MDMA, of which the main concern is the increased use of heroin.

### 2.2.1. Young People (School)

Based on 2015 Global Student Health Survey (GSHS - Seychelles)<sup>18</sup> life time prevalence of illicit drugs is 15% among all students. Lifetime prevalence of cannabis use was 11% (boys 16% and girls 6%). Lifetime prevalence of any other drug (e.g. cocaine, heroin, “lapoud”, “sache”, “nof”, or ecstasy) was reported by 14% of the students including 5% for amphetamines (7% boys /4% girls). An important proportion of students seem to experience severe mental health problems with 21% reporting having consider attempting suicide during the past 12 months.

### 2.2.2. Prevalence and Size of Populations Who Use Heroin and Who Inject Heroin

Based on the 2017, Integrated Biological Behavioural Survey (IBBS)<sup>19</sup>, it is estimated that 4318 people are using heroin. Findings of the survey indicated that the population of people who inject drug (PWID) has increased by 53%, from 1,671 in 2011 to 2,560 in 2017. People who use drugs (PWUD) represent 3.3% of the total population of Seychelles, aged 15 years and above.

## 2.3. Health Consequences

In 2014, AIDS was the highest contributor to Disability Adjusted Life Years (DALYs)<sup>20</sup>, accounting for a 10.33% increase of DALYs. Additionally, cirrhosis due to hepatitis C was responsible for 4.13% DALYs increase.

In Seychelles, the Ministry of Health (MoH) estimates that drug use disorders are responsible for 1.55% increase of DALYs<sup>21</sup>. Furthermore, data reveals that sharing of injecting equipment among

<sup>17</sup> UNODC Maritime Crime Programme . Addressing Narcotics Trafficking on the High Seas of the Indian Ocean f

<sup>18</sup> Chacon ALM., Viswanathan B., Bovet P. 2015 Seychelles Global School-based Student Health Survey . Ministry of Health. Victoria: 2016 <http://www.health.gov.sc/wp-content/uploads/2015-Seychelles-School-based-survey.pdf>

<sup>19</sup> Benjamin Vel. SEYCHELLES BIOLOGICAL AND BEHAVIOURAL SURVEILLANCE OF HEROIN USERS 2017: ROUND ONE FINAL REPORT APDAR. February 2018. <http://www.apdar.com/wp-content/uploads/2018/05/IBBS-HU-FINAL-REPORT-2017-Version-8-21-03-2018-1.pdf>

<sup>20</sup> DALYs: the sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability.

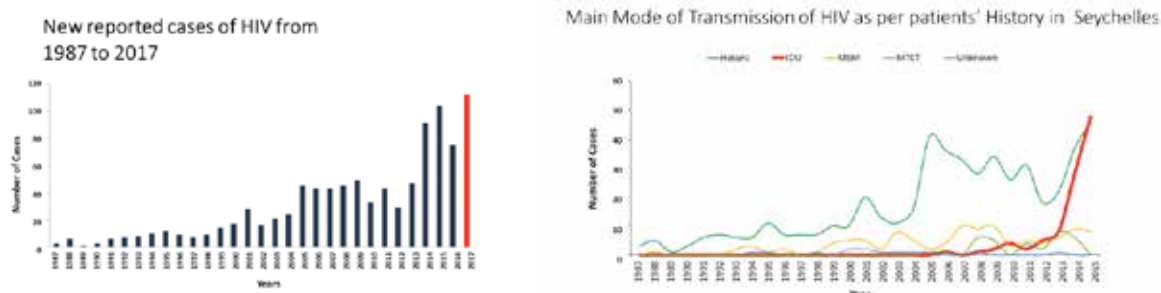
<sup>21</sup> Seychelles National Health Strategic Plan 2016-2020 <http://www.health.gov.sc/wp-content/uploads/SEYCHELLES-NATIONAL-HEALTH-STRATEGIC-PLAN.pdf>

PWID is responsible for half of the new HIV infections that are increasing exponentially, and for 99% of the new Hepatitis C infections.

### 2.3.1. HIV and Hepatitis B and C

Between 1987 and 2016, the numbers of new HIV cases have gradually increased over the years notably from 2005 onwards; the year 2015 reported the highest number of new cases of HIV in history with 103 (76 males and 27 females) cases, an increase of 13% compared to 2014.

*Figure 1 Number of new HIV cases per year*



In 2015, based on service data, almost half of the new cases (47%) occurred among PWID, followed by heterosexual transmission at 45% and Men having Sex with Men (MSM) at 8%. The trend for HIV mode of transmission in Seychelles has changed over the years from mainly heterosexual to intravenous drug use and heterosexual. With this exponential increase in the Intravenous Drug Users (IDU) transmission, the epidemic has completely changed its dynamics with no sign of slowing down.

In the IBBS report of 2017, it was estimated that the prevalence of HIV among PWID was 12.7%. Compared to 2011, the prevalence of HIV among PWID has doubled. PWID are the second most affected population groups after MSM. However, sharing injecting equipment for drug use has become the first mode of transmission. In 2017, the estimated Hepatitis C prevalence among PWID was 76.1%.

**Table 3 HIV prevalence rates and population groups**

Populations	Sources	HIV Prevalence
Men who have sex with men	IBBS, 2011	13.2%
People who inject drugs	IBBS, 2011	5.8%
General population 15 to 64 years	IBBS, 2012	0.87%
General population 15 to 19 years	IBBS, 2012	0.76%
Female sex workers	IBBS, 2015	4.6%
Heroin users	IBBS, 2017	8.0%
People who inject drugs	IBBS, 2017	12.7%

**Table 4. HIV & Hepatitis among Drug Users and in Prison Population**

	People who inject drugs		People who use heroin	Prison population
	IBBS 2011	IBBS 2017	IBBS 2017	Sentinel 2015
HIV prevalence	5.80%	12.7%	8%	9.4%
HCV prevalence	54%	76.1%	32%	

### 2.3.2. Hepatitis C and HCV/HIV co-infection

A cumulative of 761 (635 males and 126 females) cases of Hepatitis C was reported from 2002 to October 2016, of which 99% of reported cases were PWID. Of note, out of the 761 cases, 104 (86 males and 18 females) were HIV and Hepatitis C co-infected. Based on IBBS survey 2011 and 2015, the coinfection rate of HIV with HBV is 0.3% of HBV cases and 57.8% with HCV (UNAIDS Fact sheet).

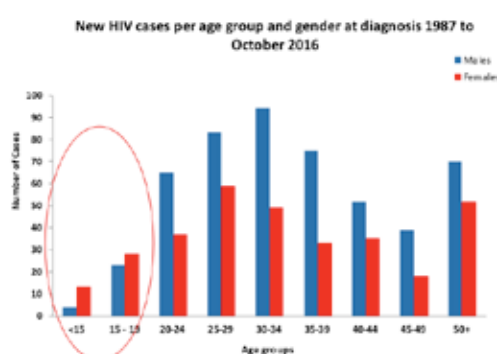
### 2.3.3. HIV/HCV among PWUD

In 2015, the HIV prevalence in prison was estimated 9.4% (sentinel surveillance 2015).

### 2.3.4. Gender (including gender-based-violence)

In Seychelles the prevalence of drug use in female is lower than male. The 2015 GSHS indicated that prevalence of life time use of illicit drugs is twice more frequent among boys than girls.

*Figure 2 Number of new HIV cases per age group and gender*



In 2014 there were 10 new HIV positive pregnancies, an increase of 43% compared to 2013 and four (4) Mother to Child Transmission (MTCT). Out of the 80 babies born in 2014, three (3) were living with HIV corresponding to 4% of the deliveries while in 2015, almost  $\frac{3}{4}$  (74%) of the total number of new HIV cases occurred among male.

Of the 761 cases of Hepatitis C reported from 2002 to October 2016, 16.5% were female, whereas in 2017 there were  $\frac{1}{4}$  (26%) of the new HIV cases reported among female (MoH).

Female represented 15% of the participants in the IBBS 2017, with 80% of them having children. The female who participated in the survey use heroin more frequently than male (78% of female compared to 55% of male use more than 3 times a day).

The research findings showed that almost half of the female (49%) compared to 13% of male, are exchanging sex for money. In the sample, both female and male who use heroin have relative similar risks for HIV and hepatitis and have similar access to services, although the HIV prevalence rates among female who use drugs was 8.8% compared to 8% among male.

**Table 5. IBBS 2017 - HIV and Hepatitis Prevalence rates by gender**

	Male	Female
<i>Number using heroin</i>	<i>338</i>	<i>59</i>
HIV prevalence	8.0%	8.8%
HCV prevalence	35.8%	33.9%
HBV prevalence	0.9%	1.8%

At the Wellness Centre, in 2017 out of 194 admissions, 49 were female, which indicated 25% of female patients on drug dependence treatment.

An IBBS conducted in 2015 among female sex workers showed that 94% were using drugs of which 39% were injecting.

According to the IBBS 2017, 7% of female compared to 5% of male reported having been victim of sexual violence during the last 12 months. Among the respondents, about 12% of the female compared to 0.5 % of the men were abused when they experienced sex for the first time. Recent survey on gender-based violence did not cover Women Who Use Drugs (WWUD) or those in prisons.

#### 2.3.5. Mortality related to the use of drugs

The country does not have data on drug overdoses or overdoses related deaths nor data on deaths among PWUD or PWID. Between 2002 and 2016, there were 26 (16 males and 10 females) Hepatitis C related deaths of which 7 were also HIV co-infected, whereas 2017, one person who inject heroin was reported to have died of endocarditis.

There was a total of 136 (82 males and 54 females) AIDS related deaths reported between 1993 and 2014, with 19 deaths (4%) out of 441 PLWHA in 2014. The latter reported the highest number of AIDS related death since 1993, with an increase of 137% compared to 8 cases in 2013. Of the 19 deaths, 42% were newly diagnosed with HIV and 47% were those who have defaulted treatment.

#### 2.3.6. Access to Controlled Substances for Medical and Scientific Purpose

The Constitution of Seychelles enshrines health care as a basic human right that is available and accessible to the entire population. The Seychelles Essential List of Medicines (2010) includes the following opioid analgesics: Codeine, Fentanyl, Morphine, Pethidine and Tramadol with other controlled medicine (e.g. Methadone) also available for medical purpose. Volume and quantity of importation of controlled medicines are regulated by the International Narcotic Control Board (INCB) based on a quota system, through the Public Health Authority (PHA).

In 2009, Seychelles has developed a National Medicine Policy<sup>22</sup> to address problems in the provision of quality pharmaceutical services in Seychelles and ensuring access to good quality medicines to all people, and in particular to the most vulnerable.

There is no information on access to controlled substances for medical purpose in the country.

### 2.4. Health Response: Prevention, Treatment and Harm Reduction

#### 2.4.1. Drug Prevention Programmes

The health sector has put in place a network of activities targeting the individuals and households, to promote their health, and healthy behaviours. Advocacy events are taking place directly with at-risk households, in schools and using mass media to build awareness on health risks, particularly for non-communicable diseases- (National Health Strategic Plan draft Nov.2016).

<sup>22</sup> Seychelles National Medicine Policy (2009) <http://apps.who.int/medicinedocs/documents/s19286en/s19286en.pdf>

Until the establishment of APDAR in 2017, Campaign for Resilience and Education (CARE) was coordinating much of the drug prevention activities, with several prevention programmes targeting children and young people. Some of which include;

- School CARE Clubs: Awareness, Education & Resilience building (in all primary and secondary schools of Mahé, Praslin & La Digue with 986 active members as at February 2016.
- The Rainbow Project: works with children who have been identified by schools as being at risk and in 2016, the project was running in four schools.

As of August 2017, a Prevention and Education Division was created within APDAR to plan, coordinate, implement and evaluate prevention programmes for different target population within different settings (e.g. family, schools, communities and the workplaces) to complement programmes currently being undertaken.

#### 2.4.2. Drug Dependence Treatment Programmes and Rehabilitation

Upon setting up, APDAR reported continual increment on number of clients dependent on drugs in need of treatment. In 2017, 194 patients were admitted (25% Female) to Wellness Centre.

Currently APDAR offers residential and out-patient treatments, of which options include;

- (1) Detoxification not medically assisted;
  - (2) Detoxification medically assisted and Naltrexone to prevent relapse;
  - (3) Methadone Maintenance Therapy
- All facilities provide psycho-social services.

There are two residential programmes for PWUD, and that is Dove Centre, located Amitié, Praslin and Wellness Centre, Anse Royale, Mahé. Drug testing, assessment of dependency and outpatient treatment as well as harm reduction services are available in five locations:

- Communicable Diseases Control Unit (CDCU), Victoria (also Needle Syringe Programme [NSP])
- Grand Anse, Praslin (also NSP)
- Logan Hospital, La Digue (also NSP)
- Wellness Centre, Anse Royale (detoxification)
- After Care, Reliance Building (out-patient/day care)

*Map 3 Location of drug treatment facilities (Gov. and NGO)*



Clients seeking services come on a voluntarily basis or through referral from outreach activities, referral from social workers, community leaders, schools, workplaces, hospital, family members and by judicial courts (alternative sentencing or family tribunal).

#### **Opioid Substitution Therapy (OST)**

OST is initiated in residential facility for a one-week period and it can be continued in community programme in After Care, Reliance Building, Providence (see also below under harm reduction). In addition, clients are provided with Naltrexone therapy at the community level.



Currently the services offered for drug dependence treatment does not meet demand. The lack of human and material resources limits the capacity of the services and is responsible for long waiting lists. This leads to the interruption of access to treatment and rehabilitation through court as an alternative to incarceration. The introduction of the Low Threshold Methadone Programme (LTMP) has made a significant improvement.

Seychelles faces two main barriers when it comes to accessing services;

1. Stigmatization against PWUD
2. Discrimination of key populations (e.g. Prison)

#### 2.4.3. Harm Reduction Programmes

Harm reduction programme is part of the newly established APDAR<sup>23</sup>. The programme is based on the nine interventions of the WHO, UNODC and UNAIDS comprehensive package for HIV and injecting drug use as well as the 1978 Health for All Alma-Ata declaration<sup>24</sup> on primary health care. The harm reduction programmes offer medical doctor's consultation and health-based approach team force (psychologist, counsellor, nurses and community program) at the community-based level.

The Communicable Disease Control Unit runs a fixed site for needle and syringe exchange program with 55 PWIDS receiving injecting kits. 6000 injecting kits were distributed in 2018.

All people attending a NSP need to be registered and given a Unique Identifier (UID) based on their ID card number. NSPs also offer screening tests for HIV, Syphilis, Hepatitis C and B on the first day and referred accordingly.

NSP is available in three (3) locations, providing services on weekdays as stated below:

- ☐ The Communicable Disease Control Unit (CDCU) (11.00 am - 12.00 pm)
- ☐ Grand Anse Praslin Health centre (01.00pm - 04.00pm)
- ☐ Logan Hospital at la Digue (01.00pm- 04.00pm)

**Table 6 Number of clients in the NSP programme (2017)**

	Female	Male	TOTAL	%
Communicable Disease Control Unit (CDCU)	56	593	649	90
Logan Hospital La Digue	4	41	45	6
Grand Anse Praslin Health Centre	2	25	27	4
TOTAL	62	659	721	100

#### 1. **Opioid Substitution Therapy (OST) and Other Evidence-Based Drug Dependence Treatment**

High Threshold Methadone Programmes (HTMP) are provided at the community level in nine areas in the country and one detention facility: Pointe Larue, Anse Royale, Les Mamelles, English River, Beau Vallon, Bel Air, Reliance Building, Praslin, La Digue and a detention centre at Bois de Rose.

In 2018, 1664 patients were on OST, (23%) in five locations of Mahé.

<sup>23</sup> APDAR ANNUAL REPORT FOR THE HARM REDUCTION PROGRAM FOR 2017.

C:\Users\fabie\Documents\ConsultancyUNODC\Seychelles ROEA 2018\Seychelles Drug master Plans\Background info

<sup>24</sup> [www.who.int/publications/almaata\\_declaration\\_en.pdf](http://www.who.int/publications/almaata_declaration_en.pdf)

To respond to the long waiting list, and increase coverage, a LTMP was initiated in May 2018. During the period of May to August 2018, 1053 (14%) clients were registered, from September to December 2018, 611 (8%) new clients were registered on the LTMP, 161 enrolled in the HTMP program.

## 2. **HIV Testing and Counselling (HTC) for all clients in the Harm Reduction Programme**

In 2017, 15 users of the harm reduction services tested positive for HIV and 77 tested positive for HCV.

**Table 7 HIV and HCV positive tests among clients of harm reduction services (2017)**

	Female	Male	Total
HIV+	5	10	15
HCV+	20	57	77

3. Patients on **Anti-Retroviral (ARV)** Treatment are referred through the CCDU to specialist clinics; for the management of HIV and/or viral hepatitis, follow-up and tracing. From January to June 2015, 39 HIV cases (22 males and 17 females) were initiated on Highly Active Antiretroviral Therapy (HAART), representing 56% males and 44% females, an increase of 69% compared to the same reporting period in 2014. There is no data available on coverage of ARV among PWID.
4. **Condoms** are distributed within the community.
5. Prevention, treatment and screening of **Sexually Transmitted Infections (STI's)** are available.
6. Targeted **Information, Education and Communication (IEC)** for PWUD and their sexual partners (including abscess prevention, condoms use etc.) are provided.
7. Prevention services, vaccination, diagnosis and treatment for viral **Hepatitis B Testing and Treatment Hepatitis C** are accessible for PWUD.
8. APDAR performs screening of clients as part of prevention services for **Tuberculosis**. Clients who are diagnosed positive are referred to CDCU for treatment.
9. **Other harm reduction interventions**
  - ☐ Naloxone to prevent overdose related deaths is available in emergency rooms used by health professionals only
  - ☐ Management of abscess

### **Coverage of Harm Reduction Interventions**

NSP: Based on programme data, in 2017, 721 PWUD attended NSP, corresponding to coverage lower than 30% of the 2,560 estimated number of PWID.

Each client only receives three (3) syringes per week equivalent to 150 per person per year. WHO, UNODC and UNAIDS recommend 200 syringes per person per year for HIV prevention and *WHO recommends 300 per person per year for Hepatitis C prevention* (WHO recommendations<sup>25</sup>: 200 and 300 syringes per person year by 2020 and 2030 to prevent Hepatitis C - and UNAIDS<sup>26</sup> recommends 90% coverage by 2020)

<sup>25</sup> WHO GLOBAL HEALTH SECTOR STRATEGY ON VIRAL HEPATITIS 2016–2021  
TOWARDS ENDING VIRAL HEPATITIS <http://apps.who.int/iris/bitstream/handle/10665/246177/WHO-HIV-2016.06-eng.pdf;jsessionid=09801DFF720658372577AFF7045EAA4F?sequence=1>

<sup>26</sup> UNAIDS strategy 2016- 2021: On the fast track to end AIDS  
[http://www.unaids.org/sites/default/files/media\\_asset/20151027\\_UNAIDS\\_PCB37\\_15\\_18\\_EN\\_rev1.pdf](http://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf)

OST: Based on programme data, in 2018, 1664 clients (or 23% of the PWUD) were on OST (UNAIDS recommendations<sup>27</sup>: 40% and 60% of PWID on OST by 2020 and 2030)

HIV/HCV test: HIV 29.4%; HCV: 25.6% and HBV: 23.5% of all heroin users (UNAIDS, recommendations<sup>28</sup>: 90% testing: by 2020)

Following an IBBS among inmates at the Montagne Posée Prison, Seychelles, 72.4% of the respondents admitted to using non-injecting drugs since their incarceration while 38% admitted to ever using illegal injecting drugs of which 68% of them had injected at least once in the preceding one week in prison before the study. HIV sero-prevalence was 25.5%, the highest from any most at-risk population study to date in Seychelles. Hepatitis C sero-prevalence was 41% with a HIV, Hepatitis C co-infection of 87% among the HIV positive. As of February 2019, harm reduction services are available in the Seychelles Prison.

One of the challenges in the implementation of the harm reduction services is the lack of resources (human and material).

## 2.5. Law Enforcement

A recent, major shift in the heroin trafficking patterns has resulted in significant seizures of Heroin consignments, by anti-piracy naval forces and this emphasises the external threat. Seychelles law enforcement previously rose to the challenge of piracy gaining transferable skills and expertise that can be capitalised upon.

In November 2017, all law enforcement activities were handed over from the NDEA to the Anti-Narcotics Bureau (ANB) under the authority of the Seychelles Police Force (SPF). Police Strategic Plan (2016-2019) states that, “drug abuse is still rampant in most areas in the country” and “addiction to drugs inevitably contributes to property related crime”.

### 2.5.1. Seizures and Arrests (2014 -2017)

Arrest for drug related offences has increased from 637 in 2010 to 1,240 persons in 2016 and 1,307 in 2017. In 2016 the majority of arrests were 71% for drug possession and 5.5% (49) for drug trafficking.

**Table 8 Seizures 2014 -2017**

Year	Heroin seized (kg)	Cannabis products (kg)	Cannabis plants (N)
2014	2.8	81.2	985
2015	39.5	61.9	1690
2016	100.8	60.2	2012
2017	2.6	48.8	3633

## 2.6. Human Rights

### 2.6.1. Police Cases and Incarceration

In 2017, 411 police cases were drug related offences, representing 2% of the total number of cases. or 23% if road traffic accidents are excluded. During the first two quarters of 2016, 10% of people entering remand prison arrested for drug related offences (total 97), representing respectively 10% and 33% of male and female entering remand prisons.

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FAST-TRACK COMMITMENTS TO END AIDS BY 2030. [http://www.unaids.org/sites/default/files/media\\_asset/fast-track-commitments\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/fast-track-commitments_en.pdf)

<sup>27</sup> Ibid

<sup>28</sup> Ibid

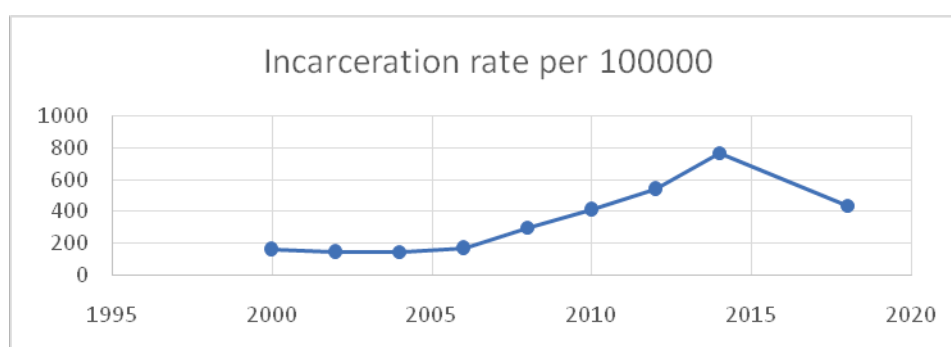
**Table 9 Reception into prison (2016 Q1 and Q2)**

	Male	Female	Total
Drug related remand and % of total remand	9 (10%)	1 (33%)	10 (10%)
Drug related convicted and % of total convicted	24 (21%)	5 (45%)	29 (23%)

### Prison population<sup>29</sup>

With an incarceration rate of 437 per 100 000, Seychelles ranks 11<sup>th</sup> in the world, however this has been on the decrease since 2014. There is an estimated total of 383 prisoners in two prisons (Montagne Posée and Coëtivy Island) and one remand centre (Bois de Rose)

**Figure 3: Incarceration Rate**



Following the enactment of the MODA in 2016, a number of prisoners (158 prisoners as of June 2017) have been released from which seven were sent for rehabilitation.

#### 2.6.2. Rights of the Child

Seychelles drug programme focuses on the need for preventive measures to reduce demand for drugs among children and youth. It also gives prominence to rehabilitation and social integration of recovering drug dependent young people<sup>30</sup>, as per article Convention of the Rights of the Child (CRC).

#### 2.6.3. Rights to Health

In 2013, with the support of UNDP, a Legal Environment Assessment (LEA) for HIV response was conducted. The LEA report recommended the enactment of laws among others, namely:

- ☐ to protect and promote human rights in the context of HIV and AIDS and prohibit all forms of discrimination on the basis of actual or perceived HIV status
- ☐ to review the provisions in the Penal Code 1955 acting to prohibit aspects of consensual sex work with a view to repeal; and to using the public nuisance 'laws to punish, penalise or harass sex workers as harm reduction measures
- ☐ to amend the Misuse of Drugs Act, 2012 to make provision for needle exchange and substitution therapy programmes as well as for the referral of drug offenders to effective rehabilitation programmes in place of imprisonment

<sup>29</sup> Source: World Prison Studies Brief School of Law at Birkbeck, University of London  
<http://www.prisonstudies.org/country/seychelles>

<sup>30</sup> REPUBLIC OF SEYCHELLES. MINISTRY OF SOCIAL AFFAIRS, COMMUNITY DEVELOPMENT AND SPORTS. Convention on the Rights of the Child. Combined Fifth and Sixth periodic reports of States parties due in 2016  
[tbinternet.ohchr.org/Treaties/CRC/.../SYC/CRC\\_C\\_SYC\\_5-6\\_6724\\_E.docx](http://tbinternet.ohchr.org/Treaties/CRC/.../SYC/CRC_C_SYC_5-6_6724_E.docx)

- to ensure that all prisoners are afforded access to acceptable, affordable and accessible quality HIV voluntary testing and counselling and prevention, treatment and care services

Based on these results, in September 2016, the National AIDS Council, with the support of UNDP, published the Seychelles HIV & AIDS National Action Plan 2017-2021 to guide the actions in removing legal barriers related to HIV and AIDS<sup>31</sup> implemented with the support of a multi-sectoral steering committee. The Misuse of Drugs Act, 2016, covers some of these recommendations (see 1.3, pg 5).

## Stigma and Discrimination

Stigma, discrimination and the capacity of services remain major barriers for PWUD and people living with HIV to access health services. Stigma is observed in the general population and in health and social sectors, which is encouraged by stigmatising media reports. The engagement of representatives of PWUD as peers to implement services are encouraged and subsequently help in reducing barriers for PWUD to access services.

At the core of the National Health Strategic Plan and the foundation of all HIV/AIDS interventions there is a need for respect, protection and fulfilment of human rights as stipulated in the 2012 National HIV Policy.

### 2.6.4. Access to justice, fair trial and rights to health of people deprived of liberty

Since 2009, through the maritime crime projects, with the support of UNODC Global Maritime Crime Programme, the capacity of the criminal justice system has been strengthened to effectively and efficiently implement the piracy prosecution model. This includes infrastructure development (including construction of prison health facility); capacity building of prison managers based on the UN Standard Minimum Rules (Nelson Mandela Rules) for the Treatment of Prisoners (SMRs); capacity building of prosecutors and to access legal aid.

People in prisons do not access health care equivalent to the community, including HIV prevention, harm reduction and drug dependence treatment.

## 2.7. International Co-operation

### 2.7.1. Indian Ocean Commission (IOC)

The Contact Group on Piracy off the Coast of Somalia (CGPCS) is an instrument by which the international community, plans, coordinates and steers the fight against Somali piracy (United Nations Security Council Resolution 1851 of 18 December 2008). In 2016-2017, Seychelles had the presidency of the IOC and CGPCS, and was handed-over to Mauritius in 2018. To support the work of the CGPCS, a Regional Centre for Operational Coordination (RCOC) has been established in Seychelles. In July 2017, cabinet approved for Seychelles to continue to play an important and active role in the CGPCS.

### 2.7.2. Indian Ocean Forum on Maritime Crime: Southern Route Partnership

The Indian Ocean Forum on Maritime Crime (IOFMC), was established in 2014 to coordinate action to combat criminal activity at sea, both at operational level and policy level. It has the participation of 22 littoral states of the Indian Ocean with five (5) networks including the Southern Route Partnership (SRP), a coordination mechanism for counter narcotics initiatives in the Indian Ocean region.

Seychelles has developed a high level of expertise and capacity in the delivery of the piracy prosecution process including on handover, investigation, trial, incarceration and transfer stages. Seychelles as a viable piracy prosecution centre offers an effective deterrent to maritime piracy and a legal finish to acts of piracy in the Western Indian Ocean Region.

<sup>31</sup>Seychelles HIV & AIDS National Action Plan to Remove Legal Barriers. Aug.2016[https://hivlawcommission.org/wp-content/uploads/2017/07/Seychelles\\_National\\_Action\\_Plan\\_to\\_Remove\\_Legal\\_Barriers\\_.pdf](https://hivlawcommission.org/wp-content/uploads/2017/07/Seychelles_National_Action_Plan_to_Remove_Legal_Barriers_.pdf)

#### 2.7.3. Southern African Development Community (SADC) Regional Strategy on Drugs

In August 2017 at the 37<sup>th</sup> SADC Summit for Heads of States and Governments, the Seychelles proposed a Regional Strategy to address the Scourge of Drugs in the SADC region. This proposal for the introduction of a comprehensive regional strategy to collectively address drug issues, including HIV, in the SADC region was agreed and a Task Force established to elaborate and contribute to a strategic roadmap.

#### 2.7.4. INTERPOL

Since 1<sup>st</sup> of September 1977, Seychelles is a member of Interpol. The National Central Bureau (NCB) for the Seychelles is located at the Victoria-based Police Headquarters. Its mandate includes assisting in domestic or international investigations involving the Seychelles and drugs.

### 3. National Drug Control Master Plan – Strategic Areas of interventions

#### Strategic Area 1: Health and Human Development

Health and Human Development is at the core of the strategy adopted by the Seychelles in recent years illustrated by the ratification of the MODA 2016 and through the reorganization of the response to the drug problem – i.e. the establishment of APDAR.

Strategic area 1, counts five themes, namely: (1) Prevention; (2) Drug Dependence Treatment; (3) Social Support and Integration; (4) Harm Reduction and; (5) Access to Controlled Substances for Medical or Scientific purpose

This strategic area aims at eliminating problems linked to the use of drugs, bringing a halt to the current increasing trends in the use of drugs and related harm, and to prevent relapse. With the emphasis on the needs to adopt a holistic and people-centred approach, it also aims at promoting and reinforcing harm reduction strategies. Under this NDCMP, there will also be a review of the access to controlled substances for medical and scientific purpose.

Interventions will be implemented in all relevant population groups or settings:

- *Community (including out of school children and young people)*
- *Families and individuals*
- *Educational establishments including professional centres*
- *Treatment and rehabilitation centres*
- *Workplaces*
- *Prisons /correctional facilities/juvenile centres*
- *Recreational settings*

Based on experience gained through the implementation of the NDCMP 2014-2018, participants in the consultation identified as a priority the need to develop a comprehensive national plan on prevention based on a good assessment of the needs, including the mapping and assessment of existing initiatives. The increased numbers of entities working independently on drug prevention constitute a threat for the quality of the prevention programmes and require better coordination and information sharing. The meeting also indicated several strengths on which the NDCMP 2019-2023 can build, including the strengthening of school-based prevention programmes and the holistic approach of prevention in school. While the Corporate Social Responsibility Tax (CSR) is an opportunity for some NGOs to get funding for their prevention interventions, the sustainability of these funding is not guaranteed and might put in jeopardy the prevention programmes.

In reviewing past experience, consultation with stakeholders identified many achievements in accessing services to treatment, rehabilitation and harm reduction. These include the NSP, OST, the availability of detoxification programmes both in residential and outpatients setting, relapse prevention interventions and prevention of overdose related death. The availability of community programmes, aftercare services, increased number of services, improved coordination, training of staff, quality programme and the engagement of trained peer educators are all positive developments that have occurred in treatment, harm reduction and social support.

Among lessons learnt, the participants identified the need for decentralisation of NSP and OST, strengthening of after care services and outreach programmes, increase engagement of families and increase the number of NGOs involved in the implementation of programmes. Additionally, there is a need to established programmes that are responsive for the needs of specific populations including children, young people, women and prisoners.

During the consultation, participants also identified the reinsertion component as a weak part of the programme with minimal opportunities to support the reinsertion of people who use drugs after



treatment. The high level of stigma makes it very difficult for PWUD to be employed even after completion of treatment.

### Theme 1: Prevention

The overall goal of prevention interventions is to avoid or delay the onset of drug use.

Under the theme prevention, three main objectives have been identified.

The **first objective** is to develop and establish prevention programmes to enhance protective factors and counter or reduce risk factors through strengthening the quality of the community-based response (outcome 1). Under this objective it is planned to map existing initiatives and stakeholders and to design a comprehensive prevention programme for the country based on the situation and international norms and standards. Capacity of professionals to deliver evidence-based drug prevention interventions will be strengthened through a comprehensive training programme.

The **second objective** is to promote healthy student development and prevent problematic substance use (outcome 2) through the integration of drug prevention and health promotion programmes and the Personal Social and Citizenship Education (PSCE) programme within a school-based prevention framework. The following have been identified as key to the success of school-based interventions: the engagement of parents, community leaders and members, the provision of establishment of appropriate support services for the students and for parents; the promotion of a conducive environment and capacity building for teachers.

The **third objective** is to promote supportive environment in the communities and in the families. It makes provision for the implementation of environmental measures with the development of laws and policies related to drug use in workplace and recreational settings (outcome 3). It also aims also at introducing family-based programmes (outcome 4).

### Theme 2: Drug Dependent Treatment

Under this theme, one of the priorities is to increase the capacity of the drug dependent treatment services through recruitment of more staff and capacity building of staff. Providing support for the staff to prevent burn-out, and to eventually retain the staff (via incentives and supervision) is also a key element for maintaining the quality of services. The engagement of peer educators is an important achievement realised under previous NDCMP although there is a need to provide financial and other incentives for their work.

**The goal** of drug treatment component is to reduce the demand for illicit drug consumption in Seychelles and the main objective is to create a conducive environment where treatment can be administered effectively.

In order to increase access to drug dependent treatment services, there is a need for decentralisation with emphasis on user friendly services. The programme will also address barriers such as stigmatisation and discriminations, faced by PWUD when accessing general health services.

This NDCMP also include programmes addressing specific needs for vulnerable populations such as women, children, young people and people in prisons. More details are provided in the strategic area 3.

### Theme 3: Social Support and Reintegration

**The main goal** is to ensure that people on treatment or leaving treatment are able to find their place in society including employment with the objective to develop and establish a comprehensive rehabilitation and social integration programme.

The NDCMP will provide comprehensive psycho-social support, including life-skills, training for people enrolled in treatment. Comprehensive services will be available at all facilities under the principle of one-stop shop.

The aim is to ensure that 80% of people leaving treatment facilities are re-integrated in society. It will entail strong advocacy to remove stigmatization, discrimination and promote policy requiring the employment of people in recovery as part of CSR.

#### Theme 4: Harm Reduction

A strong harm reduction programme is essential to halt the increase of new HIV and hepatitis infections. All interventions of the WHO UNODC UNAIDS comprehensive package for HIV prevention, treatment and care for PWUD are available in the country, including naloxone for the prevention of deaths and care for wounds and other infections. However, the access to these interventions is relatively low. To remedy this situation, the NDCMP plans to increase access through decentralisation of services; strengthening outreach work and further engagement with the community; increased support from policy makers and decision makers. Low level of awareness and knowledge on harm reduction among health staff and staff from other relevant departments such as police and justice will be addressed through sensitization and capacity building

The overall **goal** of the harm reduction programme is to reduce negative consequences, blood borne related diseases and criminality amongst people who use drugs.

It has two objectives under the NDCMP: (1) To create a conducive environment for the implementation, strengthening and scaling up the harm reduction services in the country; and (2) To increase access to harm reduction services in the country.

To improve the quality of services (outcome 1), the NDCMP will address stigma and discrimination through sensitization of policy makers, decision makers and training of professionals across the relevant sectors. It will also establish effective mechanisms for referral of PWUD across the health system and ensure the continuity of treatment and care. Finally, the empowerment of the community of PWUD to engage meaningfully in the response, including in providing IEC and delivering services, is key to create among the population a demand for the services and therefore increasing the usage of harm reduction services such as OST, NSP, testing for HIV and hepatitis and access to ARV treatment. The community is also the first responder in case of overdoses (OD) and therefore needs to be empowered, including in delivering naloxone to prevent OD deaths.

To increase access to harm reduction interventions (outcome 2) the NDCMP will ensure the decentralisation of all interventions in the different regions thus guaranteed services are accessible geographically and user friendly taking into consideration the opening hours and days. The targets of the programme are aligned with the target of the national AIDS programme with which strong coordination will be maintained.

#### Theme 5: Access to Controlled Drugs For Medical And Scientific Purpose

Controlled substances are indicated for the treatment of patients in several medical specialities such as palliative care, surgery, intensive care, gynaecology, neurology, psychiatry and for opioid substitution therapy. During the consultation participants indicated that, it is suspected that the access to controlled substances for medical treatment are not ensured everywhere. The consultation recognised the need to conduct a comprehensive survey of the situation including quantification of needs, stock management, training of health professionals including medical doctors to identify the gaps and barriers. Based on the results, develop a plan to improve this access in the entire country, including rural areas. At the same time, it will assess the level of diversion and raise awareness of health professionals and of patients of risks related to misuse of these medications. The main goal is to ensure all patients in need do access controlled drugs for medical treatment and deter prescription drug misuse and abuse.

## STRATEGIC AREA 1. HEALTH AND HUMAN DEVELOPMENT

### THEME 1: Prevention

PREVENTION	OBJECTIVE 1 <i>To develop and implement comprehensive community and evidence-based prevention programmes to enhance protective factors</i>									SA1. HEALTH AND HUMAN DEVELOPMENT
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line	Cost	
	1. Strengthened community-based prevention system	1.1. A comprehensive community-based (CB) evidence-informed programme developed, piloted, evaluated and rolled-out	No of people reached by CB prevention	0	Increased awareness by 80% in all groups	APDAR	Local Gov. Dpt. Family Affairs MoH SPF Prison Services MEHRD Private Sector CSOs Faith-based	Dec 2022	SR 168,000.00	
			A comprehensive community-based drug prevention plan developed	0	At least 1 Community-Based prevention programme per region/ year					
			No of community-based prevention programme per region (annual report)	0						
ACTIVITIES										
	1.2. Training of service providers and professional cadres	Comprehensive training curriculum No of training		1  1 module /type of	APDAR	Local Gov. Dpt. Family Affairs MoH SPF	2020	SR 392,000.00		

		to develop and deliver evidence-based prevention programmes and interventions	modules developed		programme		Prison Services MEHRD Private Sector CSOs Faith-Based	2022		
			No of service providers /cadres trained	0	40					
			N. of training conducted	0	2					
		<b>ACTIVITIES</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Develop comprehensive drug prevention training curriculum and module for each group (school; family; vulnerable group etc.)</li> <li><input type="checkbox"/> Pilot drug prevention curriculum / module and review</li> <li><input type="checkbox"/> Develop training calendar and conduct training</li> <li><input type="checkbox"/> Evaluate training and conduct periodic review of drug prevention curriculum / module and training methodology</li> </ul>								

PREVENTION	OBJECTIVE 2 To promote healthy student development and prevent problematic substance use								SA1. HEALTH AND HUMAN DEVELOPMENT	
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost
	2. Reduced prevalence of drug use and problems linked to drug use among school-children (11-17 years old)	2.1 School evidence-based prevention framework piloted and implemented	Prevalence drug use reduced by 5% (Global School-Based Student Health Survey)	15%	Lower than 15%	APDAR	Local Gov. Dpt. Family Affairs MEHRD MoH SNYC CSOs Private Sector	2022		SR 558,000.00
			No of schools covered	0	3 schools per year			2019 - 2022		
		ACTIVITIES								
<div><input type="checkbox"/> Establish dialogue with partners / stakeholders (including parents, teachers, students, community leaders)</div> <div><input type="checkbox"/> Integration of relevant programmes / intervention</div> <div><input type="checkbox"/> Set up working group</div> <div><input type="checkbox"/> Pilot, evaluate and roll-out.</div>										

PREVENTION	OBJECTIVE 2 To promote healthy student development and prevent problematic substance use (Cont.)								SA1. HEALTH AND HUMAN DEVELOPMENT	
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost
	2. (cont.). Reduced prevalence of drug use and problems linked to drug use among school-children (11-17 years old)	2.2. Policies on the use of drugs in educational establishments developed and implemented	Document describing drug policy in each educational establishments published and disseminated	1	3 educational establishments	APDAR	Local Gov. Dept. Family Affairs, MEHRD MoH SPF SNYC CSOs Private Sector	2022		SR 248,000.00
		ACTIVITIES								
		<div><div><input type="checkbox"/> Review evidences</div><div><input type="checkbox"/> Engage all stakeholders (including parents, teachers, students) in the development of the policy</div><div><input type="checkbox"/> Pilot and evaluate the pilot</div><div><input type="checkbox"/> Implement the final policy in 3 schools</div></div>								

PREVENTION	OBJECTIVE 2 To promote healthy student development and prevent problematic substance use (Cont.)									SA1. HEALTH AND HUMAN DEVELOPMENT
	2. (cont) Reduced prevalence of use of drugs and problems linked to drug use among school-children (11-17 years old)	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line	Cost	
		2.3. Institutionalised drug prevention programmes and strengthen PSCE (Personal Social and Citizenship Education) in educational establishments	No of schools covered		1 school in each level per region (primary; secondary and Professional Centre levels)	APDAR	Local Gov. Dept Family Affairs MEHRD MoH SNYC CSOs Private sector SPF	2020		
		ACTIVITIES								
		<input type="checkbox"/> Strengthen PSCE								
		<input type="checkbox"/> Pilot and evaluate								
		<input type="checkbox"/> Develop prevention programmes for specific groups								
		<input type="checkbox"/> Capacity building								



PREVENTION	OBJECTIVE 3 <i>To promote supportive environment in the communities and families</i>								SAL. HEALTH AND HUMAN DEVELOPMENT		
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost	
	3. Enhanced policy environment in public and work settings	3.1. Drug community level prevention through legislation and policies developed (enforced / enacted)	Reduced drug use in recreational setting and workplace (reported events)			APDAR	Local Gov. Dpt. Family Affairs SPF Private Sector CSOs Faith-Based organizations	2020		SR 150,000.00	
			Mandatory drug policies established in all workplaces Drug policies for bars, restaurants, nightclubs etc	3  0	10  5						
		ACTIVITIES									
<div><input type="checkbox"/> Advocacy to policy makers</div> <div><input type="checkbox"/> Sensitize general population</div> <div><input type="checkbox"/> Review existing legislation and policies</div> <div><input type="checkbox"/> Ratify legislation</div> <div><input type="checkbox"/> Enforce legislation</div> <div><input type="checkbox"/> Random drug testing at check points</div>											

PREVENTION	OBJECTIVE 3 <i>To promote supportive environment in the communities and families(cont.)</i>								SA1. HEALTH AND HUMAN DEVELOPMENT	
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost
	4. Increased availability of Family-Based prevention programmes	4.1. Evidence-based family prevention programmes implemented	No of families benefitting from family-based prevention programmes	0		APDAR	Local Gov. Dpt. Family Affairs MEHRD Judiciary MoH SNYC CSOs Private sector Faith-Based organizations	2022		SR 366,000.00
			No of programmes implemented	0	2 Family-Based programme per year					
		ACTIVITIES								
<div><input type="checkbox"/> Establish working group</div> <div><input type="checkbox"/> Conduct desk review of literature / best practices</div> <div><input type="checkbox"/> Conduct review of existing programmes</div> <div><input type="checkbox"/> Design, implement and evaluate the pilot programme</div> <div><input type="checkbox"/> Roll-out family-based interventions programme in different regions</div>										

## STRATEGIC AREA 1. HEALTH AND HUMAN DEVELOPMENT

### THEME 2: Drug Dependence Treatment

TREATMENT	OBJECTIVE 1 <i>To create a conducive environment where treatment can be administered effectively</i>									SA 1. HEALTH AND HUMAN DEVELOPMENT
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line	Cost	
	5. Increased access to evidence-based treatment service users	5.1. Increased capacity for provision of drug dependence services	No of patients in treatment /covered (disaggregate by gender /geographic area)	20% (IBBS 2017)	40%	APDAR	MoH Private clinics CSOs DURNS CAR	2022	SR 12,000,000.00	
			No of staff recruited	65	Increase by 50 -70% 20 per year 10	APDAR	MoH Private clinics CSOs DURNS CAR	2023	SR 5,728,000.00	
			No of training conducted	12						
			No of programmes	4						
ACTIVITIES										
<div><div><input type="checkbox"/></div> Increase the human resources through recruitment of additional staff</div> <div><div><input type="checkbox"/></div> Capacity building of staff in treatment facilities and health care (training, team building, communication, coordination, leadership programmes)</div> <div><div><input type="checkbox"/></div> Provide financial and other incentives to staff incl. peer educators and address staff welfare including supervision</div>										
5.2. User friendly and accessible drug dependence treatment services	Retention in treatment (No of drop out)  Percentage of PWUD accessing treatment services	50%  50%	Increase retention by 50-75%  80%	APDAR	MoH Private clinics CSOs DURNS CAR	2023	SR 983,000.00			

	<p style="text-align: center;"><b>ACTIVITIES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identify needs of the patients</li> <li><input type="checkbox"/> Design quality psychosocial support programme for patients - including support for adherence</li> <li><input type="checkbox"/> Engage representatives from the community in the design, implementation and evaluation of services</li> <li><input type="checkbox"/> Conduct mid-term evaluation (2021)</li> <li><input type="checkbox"/> Diversify programmes and treatment offers - develop a treatment programmes for special population groups (prison, youth, women (see SA3)</li> <li><input type="checkbox"/> Establish and implement evidence-based protocol for all health specialists and departments (surgery, gynaecology, infectious diseases etc.) for management PUDs patient</li> </ul>	
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## STRATEGIC AREA 1. HEALTH AND HUMAN DEVELOPMENT

### THEME 3: Social Support and Reintegration

SOCIAL REINTEGRATION	OBJECTIVE 1: <i>To develop and establish a comprehensive rehabilitation and social integration programmes</i>								SA 1. HEALTH AND HUMAN DEVELOPMENT	
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost
	6. Increased social reintegration of people using drugs in treatment	6.1 Comprehensive psycho social programme - including life skills- available in treatment facilities (one-stop shop)	No of people in/after treatment who are employed	41	85%	APDAR	Employment Local Gov. Dpt. Private Sector Social Services CSOs	2023		SR 216,000.00
			No of crimes	0						
			No of comprehensive programmes established and implemented	5	9					
			No of beneficiaries	Structure d Program mes	2500					
			Policy for reintegration for recovering clients in employment	500	1					
	Functioning drug rehabilitation centre	0	1							
		0						SR 59,570,932.50 SR 15,512,958.20		
	ACTIVITIES									
<div><div><input type="checkbox"/></div>Conduct survey to assess situation</div> <div><div><input type="checkbox"/></div>Design the comprehensive support programme including life skills, vocational training, health education and family support</div> <div><div><input type="checkbox"/></div>Implement and evaluate</div> <div><div><input type="checkbox"/></div>Advocate for policy where 8% of employed staff within the country are reintegrated in employment</div>										

## STRATEGIC AREA 1. HEALTH AND HUMAN DEVELOPMENT

### THEME 4: Harm Reduction

HARM REDUCTION	OBJECTIVE 1: <i>To create a conducive environment for the implementation, strengthening and scaling up the harm reduction services</i>								SA 1. HEALTH AND HUMAN DEVELOPMENT	
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost
	7. Improved quality of services and standard of practice in the harm reduction program	7.1 Policy makers, Ministries, heads of agencies, parliamentarian, political and community leaders are sensitized on harm reduction components and on services available/need in the country	Financial support for harm reduction services	5	15	APDAR	MoH NAC CSOs MoFIEP UNODC	2019 -2023		SR 4,504,000.00
			No of partnerships established with other relevant services					2019 -2023		
			No of high-level briefing /visits/ No of public statements supporting harm reduction	2	8			2019 -2023		
<b>ACTIVITIES</b>  <input type="checkbox"/> Establish an advocacy working group with stakeholders <input type="checkbox"/> Develop and implement advocacy strategy on harm reduction targeting high level policy makers <input type="checkbox"/> Organise briefing /visits <input type="checkbox"/> Review of public statement and reports in media										
	7.2. Professionals in health, social services, Home Affairs, Judiciary are sensitized / trained on harm	No of training and sensitization sessions with representatives of health, social services, Home			APDAR	MoH SPF Prison Services Social Affairs Dept.	2020 - 2023	SR 248,000.00		

		reduction services	Affairs, Judiciary				Judiciary			
		<b>ACTIVITIES</b> <input type="checkbox"/> Organise workshop / sensitisation meetings for professionals from relevant sectors								



HARM REDUCTION	OBJECTIVE 1: <i>To create a conducive environment for the implementation, strengthening and scaling up the harm reduction services (Cont.)</i>								SA 1. HEALTH AND HUMAN DEVELOPMENT	
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost
	7 (cont.) Improved quality of services and standard of practice in the harm reduction program (cont.)	7.3. Effective referral and coordination system established	No of patients referred and provided with other services	0	1	APDAR	CSO MoH/ NAC DURNS HASO	2020		No need for new costing as similar activities to M&E
		ACTIVITIES								
		<div><input type="checkbox"/> Identify needs and design referral (including communication) system</div> <div><input type="checkbox"/> Evaluate ion a yearly basis the effectiveness of the system and review accordingly</div>								
		7.4. PWUD are empowered to participate in the development, implementation and evaluation of harm reduction services	No of men and women from PWUD community trained	40	200	APDAR	CSO MoH/ NAC DURNS HASO	2020 – 2023		SR 713,500.00
			No of trained peers working in harm reduction services	35	200			2020 – 2023		
	No of PWUD organizations/ networks receiving financial support		1	5	2020 – 2023					
	ACTIVITIES									
	<div><input type="checkbox"/> Engagement of community representatives in the planning, implementation and evaluation of all components of harm reduction</div> <div><input type="checkbox"/> Establish /strengthen capacity of networks /organisation of people who use drugs</div> <div><input type="checkbox"/> Training of representatives of PWUD in the community on harm reduction services</div>									

HARM REDUCTION	OBJECTIVE 2 <i>To increase access coverage of harm reduction in the country</i>								SA 1. HEALTH AND HUMAN DEVELOPMENT		
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost	
	8. Increased access to effective harm reduction services for all clients in the country.	8.1. Harm reduction services are decentralised within the country	Coverage indicators in line with National AIDS Strategy indicators for access to HIV prevention, treatment and care	NSP OST HTC ARV	90% 40% 90% 90%	APDAR	CSO MoH NAC DURNS HASO	2019 - 2023		Health costing for HTC & ARV	
			No of NSP by region	0	400					2020 – 2023	51,200,000.00
			No OST by region	0						2020 – 2023	147,168,000.00
No Testing (HIV/Hepatitis) region			0	5	2020 – 2023						
No drop in centres per region	0	5	2022 - 2023								
		No outreach workers by regions					2022 - 2023				
	<b>ACTIVITIES</b>  <input type="checkbox"/> Mapping existing services and access (geographic access; opening hours and days) <input type="checkbox"/> Conduct analysis of needs and feasibility study (with participation of community) and identify barriers <input type="checkbox"/> Establish mobile and fix services in adequacy with the need of the population										

## STRATEGIC AREA 1. HEALTH AND HUMAN DEVELOPMENT

### THEME 4: Access to controlled substances for medical or scientific purpose

A ACCESS TO CONTROLLED SUBSTANCES FOR MEDICAL PURPOSES	OBJECTIVE 1 <i>To ensure all patients in need can access controlled drugs for medical treatment</i>								SA 1. HEALTH AND HUMAN DEVELOPMENT	
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost
	9. Increased knowledge access to controlled drugs for medical treatment, level of diversion and health consequences in the country	9.1 Comprehensive Situation assessment	Assessment report	0	1	MOH	APDAR	2020		SR 100, 000.00
<b>ACTIVITIES</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Inventory of medical conditions requiring prescription of controlled drugs (pain management; gynaecology; neurology; palliative care, anaesthesia etc.)</li><li><input type="checkbox"/> Develop a research protocols and tools to assess needs, barriers, availability and access to controlled medicines for pain management and other relevant medical conditions g and to estimate degree of diversion and related health problems such as dependence; abuse; overdoses, accidents. (including analysis of sample of urine specimen and questionnaire on use of medications)</li><li><input type="checkbox"/> Approval of research protocol and tools</li><li><input type="checkbox"/> Conduct surveys, data collection, analyse data, prepare and disseminate report including recommendations and action plan.</li></ul>										

ACCESS TO CONTROLLED SUBSTANCES FOR MEDICAL PURPOSES		OBJECTIVE 1 (cont.) <i>To ensure all patients in need can access controlled drugs for medical treatment</i>								SA 1. HEALTH AND HUMAN DEVELOPMENT
OUTCOME		OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line	Cost	
10. Increased quality of quantification of needs of controlled substances for medical or scientific purpose		10.1. Guidelines and instrument for quantification	% shortage of drugs			MOH	APDAR	2020	SR 60,000.00	
			Guidelines	0	1					
		ACTIVITIES								
		❑ Develop guidelines for quantification of annual needs in line with international WHO/INCB standards								
		OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line	Cost	
10.2. Training programme	No training organised No of professional trained	0		MOH	APDAR Medical /Pharmacy professional associations	2020	SR 60,000.00			
ACTIVITIES										
❑ Develop training curriculum ❑ Organised training										

ACCESS TO CONTROLLED SUBSTANCES FOR MEDICAL PURPOSE	OBJECTIVE 2 To reduce serious adverse outcomes resulting from inappropriate prescribing, misuse and abuse of opioid analgesics, while maintaining patient access to pain medications								
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line	Cost
	11. Improved rational prescription and dispensing of controlled substances for medical purpose	11.1 Pain management protocol	Protocol	0	1	MOH	APDAR	2022	SR120,000.00
		11.2 prescription and dispensing guidelines	Guidelines		1				
	ACTIVITIES <ul style="list-style-type: none"><li>❑ Develop and implement evidence-based guidelines and protocol for pain management and palliative care</li><li>❑ Develop prescription and dispensing guidelines for controlled substances for pain management</li><li>❑ Training for health care providers involved in the management of patient with pain, including dentists, nurses, pharmacists and pharmacy technicians</li></ul>								

SA 1. HEALTH AND HUMAN DEVELOPMENT

ACCESS TO CONTROLLED SUBSTANCES FOR MEDICAL PURPOSE	<b>OBJECTIVE 2</b> <i>To reduce serious adverse outcomes resulting from inappropriate prescribing, misuse and abuse of opioid analgesics, while maintaining patient access to pain medications(cont.)</i>								SA 1. HEALTH AND HUMAN DEVELOPMENT
	<b>OUTCOME</b>	<b>OUTPUTS</b>	<b>INDICATOR (source)</b>	<b>Baseline</b>	<b>Target</b>	<b>Lead</b>	<b>Partners</b>	<b>Time line</b>	
	<b>12. Reduced risk for abuse, misuse, dependence and overdoses death due to prescription of opioid analgesics</b>	12.1 Information campaigns for health professionals and for patients on the risk of opioid pain medications	No of leaflets for professional distributed	0		MOH	APDAR	2020 Q1	
		12.2 Information leaflets for patients	No leaflets for patients distributed						
	<b>ACTIVITIES</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Develop and implement communication strategy to raise awareness of health care professionals and patients on the serious risks related to the use of opioid pain medications</li> <li><input type="checkbox"/> Develop information material for health professionals</li> <li><input type="checkbox"/> Develop information leaflets for patients (and general population)</li> </ul>								

## Strategic Area 2: Supply Reduction

The overall goal of the strategic area 2, is *“To enhance law enforcement co-ordination with all partners by maximising collective resources in the identification, detection and disruption of drug trafficking, distribution and related threats.”*

The consultation had identified the need for better intelligence processes, to improve communication flow, and cases preparation. This component of the NDCMP builds on progress made in previous years including the availability of new databases, the training of the officers, the use of the UNODC asset recovery resources and improved international liaison. New legislation and improved mutual legal assistance as well as international cooperation constitute opportunities to strengthen supply reduction activities.

This NDCMP 2019 - 2023 focuses on increasing capacity for collecting and using information and on increasing coordination and information sharing between law enforcement agencies as well as wider partnerships where applicable.

Law enforcement is key to reduce the availability of drugs that cause harm and to enforce the legislative provisions that seek to prevent and reduce crime that adversely affects society and the economy. The interrelation of drugs and other crimes requires law enforcement to address the direct and indirect factors that impact on crime, to maintain law and order and protect citizens.

The main objectives are (1) To use all resources to pro-actively tackle drug-related crime; (2) To reducing the illicit trafficking in narcotic drugs and psychotropic substances; (3) to identify and exploit links with other forms of organized crime and; (4) to improve national and international cooperation in drug-related criminal matters.

This strategic area has four themes.

### Theme 1: Intelligence-Led Policing and Collaboration

The first theme -Intelligence-led policing and collaboration- has two main objectives: *(1) to use all resources to pro-actively tackle drug-related crime and (2) to focus on reducing the illicit trafficking in narcotic drugs & psychotropic substances.* As priority, the consultation identified the need to increase collaboration between the parties involved in drug law enforcement and to move from reactive to more pro-active engagement. The aim is to maximize all resources both primary and secondary to proactively tackle drug related crimes to greater effect. It also foresees that if all parties involved in drug law enforcement are mandated towards a unified approach to engage in enforcing all relevant/related laws by effective means, their collective ability to identify, detect and disrupt drug trafficking/ distribution and related narcotics drugs threats at all levels will be greatly enhanced.

It also aims to apply more efforts in identifying the introduction of new or foreign narcotic drugs or substances into the local drug market, whilst focusing on the most serious, prolific and harmful narcotic drugs that are being manufactured for trafficking purposes.

All parties involved in drug law enforcement should be provided with sufficient human and financial resources to finally be empowered to deliver the right level of quality and quantity of work focused on reducing the growing illicit trafficking in narcotics drugs and psychotropic substances.

### Theme 2: Identify and Exploit Links with Other Forms Of Organized Crime

The second theme, Identify and exploit links with other forms of organized crime, focus on the linkages between various criminal activities. Indeed, organised crimes in general remains closely interconnected to drug related crimes specifically, and the people involved in drug trafficking are always finding new ways and means to beat the counter measures law enforcement have in place. It is by using modern and innovative technologies that law enforcement can match or be ahead of drug trafficking transactions and through making linkages with other types of crime committed by same organised crime groups or individuals.



### Theme 3: Early Identification of New Psychoactive Substances

The third theme focuses on the early identification of new psychoactive substances. The consultation acknowledged that there are indications that narcotic drugs are being transformed into new forms to subvert legislative provisions and can be easily accessed on the markets to maximise criminal profits without risk. The intention is to apply more efforts in identifying early the introduction of new or foreign narcotic drugs into the local drug market. It also implies close cooperation with the drug demand reduction sector and requires that all parties involved in drug prevention be empowered to remain alerted to new psychoactive substances, their features and characteristics at all levels.

### Theme 4: Improvement of National and International Cooperation on Drug Related Criminal Matters

Finally, the fourth theme focuses on the improvement of national and international cooperation on drug related criminal matters. Participants in the consultation stressed that drug related crimes at country level is a multi-agency challenge but remains connected to the higher, global level requiring dedicated international collaboration. It intends to enhance the sharing of knowledge, experience and information to help tackle common challenges nationally, regionally and internationally, including through the establishment of formal and informal liaison channels that are essential for both evidential and intelligence-related co-operation.

## STRATEGIC AREA 2. SUPPLY REDUCTION

### THEME 1: INTELLIGENCE-LED POLICING AND COLLABORATION

INTELLIGENCE LE POLICING AND COLLABORATION	OBJECTIVE 1 Use all resources to pro-actively tackle drug-related crime								SA 2 DRUG SUPPLY REDUCTION	
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost
	13. Enhanced access to reliable intelligence to support proactive supply reduction activities	13.1 Established, well-maintained & reliable intelligence database system(s)	Nominal Files	0	200 (year 1)	SPF	FIU Customs Immigration Defence Force Coastguard SCAA & AVSEC Port Authorities	2020		SR 450,000.00
			Annual system weeding-out Date	0	100 (yrs 2-5)					
			Target Identified	0	50 p.a.					
Intelligence Reports			0	50 p.a.						
		Procedure developed to share and manage intelligence	0	SOP document						
	ACTIVITIES									
	<div><input type="checkbox"/> Develop networked databases and database management system (IT System Management)</div> <div><input type="checkbox"/> Data entry</div> <div><input type="checkbox"/> Planning, analysis &amp; Research</div> <div><input type="checkbox"/> Develop policy and procedures for managing and sharing intelligence between ANB and LEAs</div> <div><input type="checkbox"/> Actionable Intelligence Supporting Operational Activity</div>									

INTELLIGENCE LE POLICING AND COLLABORATION	OBJECTIVE 1 Use all resources to pro-actively tackle drug related crime (Cont.)								SA 2 DRUG SUPPLY REDUCTION	
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost
	13. (cont) Enhanced access to reliable intelligence to support proactive supply reduction activities	13.2. Inventory of information databases held by various agencies (non LEA)	Database Description Inter-agency Database List	0 0	100%	SPF	Air Line Companies Interpol Int'l Partners Government Aviation TELECOMMS ISP'S Port Agency APDAR Min. Education & Human Resources Commercial Bankers Association Travel Agents	2020		SR 125,000.00
	ACTIVITIES: <div><input type="checkbox"/> Agencies share description of database(s) held <input type="checkbox"/> Create Supply Reduction agency list of databases held <input type="checkbox"/> Develop policy and procedures for sharing information between agencies <input type="checkbox"/> Identify hot spots with a view to eradicate drugs supply</div>									

INTELLIGENCE LE POLICING AND COLLABORATION	OBJECTIVE 1 Use all resources to pro-actively tackle drug related crime (Cont.)								
	OUTCOME	OUTPUTS	INDICATOR	Baseline	Target	Lead	Partners	Time line	Cost
	14. Increased capacity of all LEAs personnel to address drug related crimes	14.1 Updated training curriculum and material for all	Staff Update (Newsletter)	0	100%	SPF	Air Line Companies Interpol Int'l Partners Judiciary AG's Office Aviation TELECOMMS ISP'S Port Authority APDAR MEHRD SPDF	2022	SR 600,000.00
			Updated curriculum	0	1				
			Updated Training Material	0	1				
		Law Enforcement Agencies and NDCMP awareness sessions for LEAs staff held	No participants	0	100%				
ACTIVITIES									
<div><input type="checkbox"/> Review and update training curriculum of all LEA staff</div> <div><input type="checkbox"/> Conduct sensitization sessions for all LEA staff on the NDCMP</div> <div><input type="checkbox"/> Review staff document</div>									

SA 2 DRUG SUPPLY REDUCTION

SA 2 DRUG SUPPLY REDUCTION

OBJECTIVE 2 <i>Reduce the illicit trafficking in narcotic drugs &amp; psychotropic substances</i>								
OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line	Cost
15. Improved proactive response against drug dealers	15.1 Capacity of ANB to use and analyse electronic data increased	No of Overt and visible activity Operations	0	12	SPF	Customs Immigration SPDF AVSEC Interpol Int'l Partners Government Aviation TELECOMMS ISP'S Port Authority Other Commercial	2023	SR 460, 800.00
		No of Covert Operations	0	24			2022	SR 200,000.00
		No of training events	0	1 p.a				
		No of people trained	0	10				
		No of I2 and relates charts produced	0	20 p.a.				
	<b>ACTIVITIES</b> <input type="checkbox"/> Identify information needs and develop software for production of tailored mad charts and tables <input type="checkbox"/> Develop training curriculum, training calendars and conduct training for ANB officers <input type="checkbox"/> Acquiring /Renewing IT licences <input type="checkbox"/> Organise briefing and debriefing							
15.2. Financial data and intelligence used efficiently	Shared FIU Reports	Reports	0	20 p.a.	FIU	ANB	215,000.00	
<b>ACTIVITIES</b> <input type="checkbox"/> Engagement with Commercial Partners <input type="checkbox"/> Liaison with partner investigating agencies <input type="checkbox"/> Develop FIU reports <input type="checkbox"/> Sharing of intelligence								

INTELLIGENCE LE POLICING AND COLLABORATION

SA 2 DRUG SUPPLY REDUCTION

	OBJECTIVE 2 Reduce the illicit trafficking in narcotic drugs & psychotropic substances									
INTELLIGENCE LE POLICING AND COLLABORATION	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line	Cost	SA 2 DRUG SUPPLY REDUCTION
	16. Improved coverage of port & border movements of people and goods	16.1 Operational activity and planned events in port & borders	Investigation Files	0	20 p.a.	Customs Immigration SPF (Joint Leads)		2023	SR 230,400.00	
		ACTIVITIES: <input type="checkbox"/> Operational planning <input type="checkbox"/> Investigations mounted and reported								

## STRATEGIC AREA 2. SUPPLY REDUCTION

### THEME 2: Linkage with other organised crimes

LINKAGE WITH OTHER ORGANISED CRIME	OBJECTIVE 1. <i>Identify and exploit links with other forms of organized crime</i>								SA2: SUPPLY REDUCTION	
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost
	17. Improved identification of primary and secondary crimes linked to illicit drug activity	17.1 Crime Pattern and Link analysis reports and briefing	Reports	0	12 p.a.	SPF FIU Customs Immigration Defence Force Coastguard AVSEC (Lead – All)	Interpol Int’l Partners Government Aviation TELECOMMS ISP’S Port Authority	2020		SR 225,000.00
		ACTIVITIES								
		<div><div><input type="checkbox"/></div><div>Research Criminal and associated databases</div></div> <div><div><input type="checkbox"/></div><div>Create Report / Charting</div></div> <div><div><input type="checkbox"/></div><div>Identify interdiction opportunities</div></div> <div><div><input type="checkbox"/></div><div>Identify forensic opportunities</div></div>								



## STRATEGIC AREA 2. SUPPLY REDUCTION

### THEME 3: New Trends

NEW TRENDS	OBJECTIVE 1 <i>Early identification of new psychoactive substances</i>								SA2: SUPPLY REDUCTION	
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost
	18. Maximised use of open sources for intelligence purposes	18.1 New psycho active substances identified in the country								
			Identification of new NPS	0	50 tests p.a.	SPF FIU Customs Immigration SPDF AVSEC	Interpol Int'l Partners Government Aviation TELECOMMS ISP'S Port Authorities APDAR	2020		SR 850,000.00
		Reports received of suspected new drug use	0	10						
	<b>ACTIVITIES</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Environmental scanning for anti-narcotic relevant information</li><li><input type="checkbox"/> Record of Open Source Searching</li><li><input type="checkbox"/> Research via Stand-alone, anonymized IT hardware</li><li><input type="checkbox"/> Exploit timely forensic identification opportunities</li><li><input type="checkbox"/> Exchange information with APDAR</li></ul>									

## STRAEGIC AREA 2. SUPPLY REDUCTION

### THEME 4: National and International cooperation

NATIONAL AND INTERNATIONAL COOPERATION	OBJECTIVE 1 <i>Improve national and international cooperation in drug-related criminal matters</i>								SA2. SUPPLY REDUCTION	
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost
	19. Enhanced coordination and cooperation between LE organizations and ANB	19.1 Updated departmental / national anti-narcotic activity profile	L.E. /APDAR Website updates meetings N. of joint training	0 0 0	12 p.a. 20 p. a 5 p.a.	SPF FIU Customs Immigration SPDF Coastguard AVSEC	Interpol Int'l Partners Aviation TELECOMMS ISP'S; Port Authority	2020		SR 370,000.00
		ACTIVITIES								
		<div><input type="checkbox"/> Prepare monthly updates and upload on NDCMP website</div> <div><input type="checkbox"/> Prepare information material / flyers and briefing notes</div> <div><input type="checkbox"/> Organise joint meetings for LEAs</div>								
		19.2. Synchronised anti-narcotic efforts nationally	Meetings report Meeting / Event Operations reports	0 0 0	10 p.a. 5 p.a. 5 p a	SPF FIU Customs Immigration SPDF Coastguard AVSEC		2020		SR1,200,000.00
ACTIVITIES										
<div><input type="checkbox"/> New and existing Partner Liaison and networking</div> <div><input type="checkbox"/> Conduct joint training</div> <div><input type="checkbox"/> Joint meetings to share proposed activity areas</div> <div><input type="checkbox"/> Mount Joint/parallel operational activity</div> <div><input type="checkbox"/> Establish non-formal lines of partnership communication for timely intelligence purposes</div>										

NATIONAL AND INTERNATIONAL COOPERATION	OBJECTIVE 1 <i>Improve national and international cooperation in drug-related criminal matters (Cont.)</i>								SA2. SUPPLY REDUCTION
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line	
	20. Strengthened international cooperation on drug trafficking related matters	20.1. Identified/ exploit common Int'l anti-narcotic interests	Meeting / Event/MOU's	0	5 p.a.	SPF		2020	SR 730,000.00
<p style="text-align: center;"><b>ACTIVITIES:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Publish, share and promote to partners, stakeholders and public as appropriate</li> <li><input type="checkbox"/> New and existing Partner Liaison and networking events</li> <li><input type="checkbox"/> New and existing Partner Liaison and networking events</li> </ul>									

### Strategic Area 3: Human Rights and Proportionate Policies

The consultation reaffirms that in the context of Seychelles, citizen rights and freedom need to be protected and promoted. It is important that young people, being the future of the country be protected; that women can access the services they need; that vulnerable groups are offered appropriate services for their wellbeing and generally that all citizen including people in prisons, men and women who use drugs are treated fairly and equally.

The consultation also identified the need to provide adapted treatment facilities for drug dependent children and their parents, including the possibility for residential treatment as the needs arise. The continuity or access to drug dependence treatment and harm reduction, including OST, especially for pregnant women or women after delivery, is critical both for themselves and the health of their babies. Programmes should be adjusted to the specific needs of women together with provision of sexual and reproductive health such as family planning, pre and post-natal care.

The consultation further noted that parts of the *Misuse of Drugs Act 2016 (MODA)* need to be reviewed to clear out ambiguities, resolve possible discrepancies between the MODA and other existing legislations and ensure it fits the current context of the country.

Finally, the consultation stressed the need to prevent the overuse of prison as the only response to drug use offences and focus on alternative sentencing in accordance with emerging evidence worldwide. It was noted that the probation services are not adequately resourced to support the PWUD diverted from prison. It was felt that there is a need to assess the effectiveness of the Probation Services.

The overall goal of the strategic area is to ensure that human rights are promoted and protected at all levels.

The area has two main themes (1) Human rights, young people, women and people in prisons and (2) Proportionate and effective policies and responses, as well as legal guarantees and safeguards pertaining to criminal justice proceedings and the justice sector

#### Theme 1 Human rights, Young People, Women and People in Prison

The first theme focuses on ensuring the compliance with national, regional and international human rights instruments, including the CRC, or the conventions related to gender equality. It also addresses implementation of accessible services, responding to the specific needs of young people, women and people in prison without stigma and discrimination.

The first theme has four objectives: (1) To adopt Human Rights approach in the implementation to drug related services; (2) To decrease use of drugs among minors; (3) To ensure women access services responding to their specific needs and; (4) To ensure people in prisons can access harm reduction and treatment services equivalent to those in the community. The objective will specifically look at the introduction of harm reduction services in prison.

#### Theme 2 Proportionate, Effective Policies and Responses from The Justice Sector

The second theme has two objectives (1) To ensure legal framework adapted to the context that provides supportive legal environment for PWUD and; (2) To increase alternative sentencing to prison incarceration for PWUD

The first objective plans to review the MODA and related laws, making it more efficient, contextual, responding to the needs of the country in accordance to international norms and standards.

The second objective aims to reduce incarceration of PWUD by improving probation services, through increased resources and offering services alternative to imprisonment.

### STRATEGIC AREA 3. Human Rights and Proportionate Policies

#### THEME 1: Human Rights, Young People, Women and People in Prison

HUMAN RIGHTS, YOUNG PEOPLE, WOMEN AND PRISON	OBJECTIVE 1 <i>To ensure human rights approach to the implementation of drug related services</i>								
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line	Cost
	21. Human rights approach is mainstreamed and complied with by all providers and beneficiaries	21.1. Reporting and monitoring processes in place	SOPs on procedures and mechanisms  No of complaints received by people accessing drug related services & in the application of drug laws	0  0	5  0	National Human Rights Commission	APDAR Office of the Ombudsman	2020	SR 140,500.00
		ACTIVITIES  <input type="checkbox"/> Setting up committee <input type="checkbox"/> Monthly Meetings <input type="checkbox"/> Development of SOPs by each organisation <input type="checkbox"/> Produce report on complaints							
		21.2 Trained stakeholders on human rights , stigma and discrimination	No and type of staff trained (Training report)	0	20 per year	APDAR	Office of the Ombudsman Family Affairs Dept. National Assembly CSOs	2019 - 2023	Costing inclusive with 21.1.
		ACTIVITIES  <input type="checkbox"/> Develop training material and training calendar							
		21.3 Sensitisation/Advocacy & Programmes (IEC) in place	No of workshops; No of participants trained IEC material	0	1 20 4 (per year)	National Human Rights Commission	Office of the Ombudsman Family Affairs Dept.		SR 200,000.00
SAS: HUMAN RIGHTS AND PROPORTIONATE POLICIES									

			developed			n	National Assembly CSOs APDAR			
		<b>ACTIVITIES</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Develop Information Education Communication (IEC) material</li> <li><input type="checkbox"/> Develop workshop material and calendar</li> </ul>								

### STRATEGIC AREA 3. Human Rights and Proportionate Policies

#### THEME 1: Human Rights, Young People, Women and People in Prison

HUMAN RIGHTS, YOUNG PEOPLE, WOMEN AND PRISON	OBJECTIVE 2 <i>To decrease drug use and abuse among minors</i>								SA3: HUMAN RIGHTS AND PROPORTIONATE POLICIES	
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost
	22. Increased availability of specialised treatment programmes for minors	22.1 Specialized programmes for minors developed and established	No of programmes developed and Implemented	2	One specialized programme developed	APDAR	Min. of Family Affairs MEHRD SPF Prison Services MoH	2020 – 2023		SR 556,500.00
		Residential facility to cater for drug dependant minors	No participant in programme	14				2022		
<div>ACTIVITIES</div> <div><div><input type="checkbox"/> Set up working committee to develop programme</div><div><input type="checkbox"/> Review and develop programmes</div><div><input type="checkbox"/> Sensitize partners and stakeholders on programme</div><div><input type="checkbox"/> Identify target population</div><div><input type="checkbox"/> Implement programme</div><div><input type="checkbox"/> Evaluate programme</div></div>										

HUMAN RIGHTS YOUNG PEOPLE, WOMEN AND PRISON	OBJECTIVE 3 To ensure women access services responding to their specific needs								SA3: HUMAN RIGHTS AND PROPORTIONATE POLICIES	
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost
	23. Improved access for women who use drugs to harm reduction services	23.1 Gender responsive laws, policies, programmes in place	Number of needles per year per woman	0	200	APDAR	Gender Commission / Min. of Family Affairs AG's Office CEPS Community Leaders CSOs	2020 - 2023		SR 64,000.00
			% of women dependent to heroine on OST	0	6% (300)					
			% of women who use drugs tested for HIV and knowing results last 12 months	0	12% (600)					
			Revised policies	0	1					
		23.2. Harm reduction services specific to Women Who Use Drugs (WWUD)	No of beneficiaries	0	55	APDAR	Gender Commission / Min. of Family Affairs AG's Office CEPS Community Leaders CSOs	2020 - 2021		SR 182,500.00
			No of trained staff	0	50					
			No of trained peers	0	50					
			Level of satisfaction (%)	0	85% (per year)					
ACTIVITIES										
<div><input type="checkbox"/> Review laws and policies</div> <div><input type="checkbox"/> Conduct focus groups with women who use drugs</div> <div><input type="checkbox"/> Advocacy</div> <div><input type="checkbox"/> Develop gender responsive programme</div>										
ACTIVITIES										
<div><input type="checkbox"/> Needs assessment</div> <div><input type="checkbox"/> Develop programme</div> <div><input type="checkbox"/> Conduct training for service providers including peers</div>										





HUMAN RIGHTS YOUNG PEOPLE, WOMEN AND PRISON	OBJECTIVE 4 <i>To ensure people in prison can access harm reduction and treatment services equivalent to the community</i>								SA3: HUMAN RIGHTS AND PROPORTIONATE POLICIES	
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost
	25. Increased access to harm reduction services for men and women in prison	25.1 Increased capacity building of staff working in prison	% pf people in prisons accessing a package of harm reduction services in prisons	32%	16%	APDAR	MOH NAC Prison Services	2019		
			Components of harm reduction services available Number of beneficiaries Number trained staff	7  4	10  all staff	APDAR	MOH NAC Prison Services	2019 - 2023		SR 557,000.00
		<b>ACTIVITIES</b>  <input type="checkbox"/> Organise consultation with prison management and harm reduction providers <input type="checkbox"/> Conduct situation analysis in prison <input type="checkbox"/> Advocate for resources with policy makers <input type="checkbox"/> Location for service delivery <input type="checkbox"/> Training of service providers in prisons <input type="checkbox"/> Sensitization of prison inmates <input type="checkbox"/> Sensitization of prison inmates								

### STRATEGIC AREA 3. Human Rights and Proportionate Policies

#### THEME 2: Proportionate, Effective Policies and Responses from the Justice Sector

PROPORTIONATE, EFFECTIVE POLICIES & RESPONSES FROM THE JUSTICE SECTOR	OBJECTIVE 1 <i>To ensure legal framework adapted to the context that provides supportive legal environment for PWUD</i>								SAS3: HUMAN RIGHTS AND PROPORTIONATE POLICIES	
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost
	26. A more comprehensive Legal Framework	26.1 Reviewed drug related laws	No of ineffective punitive policies or laws amended or repelled			APDAR / AG's Office	Home Affairs Min. Health AG's Office CSOs Parliamentarians PWUD	2020		
			No of consultative meetings	10	15					SR 8000.00
			No of drug related laws reviewed	3	4					
		<b>ACTIVITIES</b> <input type="checkbox"/> Review drug related laws <input type="checkbox"/> Stakeholders/Public Consultative meetings <input type="checkbox"/> Amend laws as per recommendations								
		26.2 Stakeholders sensitized and trained on revised drug related laws	No of sensitization sessions	10	20	APDAR / AG's Office	Min. Home Affairs APDAR Staff Min. Family Affairs CSOs PWUD	2020 - 2023		SR 689,000.00
			No of professionals sensitized	50	150					
			No of training conducted	0	10					
			No of professionals trained	0	25 (per year)					
<b>ACTIVITIES</b> <input type="checkbox"/> Sensitization sessions on revised laws <input type="checkbox"/> Training on revised laws										

OBJECTIVE 2 <i>To increase alternative sentencing and reduce prison incarceration for PWUD</i>								
OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line	Cost
27. Diversification in sentencing for drug related offences	27.1 Reviewed legal framework and policy allowing for diversified alternatives	No of cases diverted from incarceration	47	75%	APDAR / AG's Office	Home Affairs MoH CSOs Parliamentarians PWUD	2022	
		No of people incarcerated	37					
		Policy document	0	1				SR 8000.00
	ACTIVITIES							
	<div><input type="checkbox"/> Consultation meeting</div> <div><input type="checkbox"/> Review law to ensure wider offer for alternatives</div> <div><input type="checkbox"/> Develop policy document on diversification in sentencing</div>							
27.2 Strengthening of resources and capacity building for relevant partners	No of staff trained No of service providers				APDAR	Home Affairs Family Affairs	2023	SR 110,500.00
		ACTIVITIES						
<div><input type="checkbox"/> Conduct an assessment of capacity and effectiveness of probation modalities and needs</div> <div><input type="checkbox"/> Setting up dissuasion commission</div> <div><input type="checkbox"/> Recruit additional staff to accompany and support people under probation</div>								

PROPORTIONATE, EFFECTIVE POLICIES & RESPONSES FROM THE JUSTICE SECTOR

SAS: HUMAN RIGHTS AND PROPORTIONATE POLICIES

PROPORTIONATE, EFFECTIVE POLICIES & RESPONSES FROM THE JUSTICE SECTOR	OBJECTIVE 2 To increase alternative sentencing and reduce prison incarceration for PWUD (Cont.)								
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line	Cost
	27. (Cont.) Diversification in sentencing for drug related offences	27.3. Strengthen the capacity and resources for community services as alternative for PWUD	No staff trained Number of services offering alternatives Nor of beneficiaries			Home Affairs	Family Affairs APDAR MEHRD SPF	2023	
ACTIVITIES									
		<div><input type="checkbox"/> Develop guidance document</div> <div><input type="checkbox"/> Develop training curriculum and roll out training</div> <div><input type="checkbox"/> Consultative Meetings with Professional Centres</div>							

S A3: HUMAN RIGHTS AND PROPORTIONATE POLICIES

#### Strategic Area 4: Strategic Information & Coordination

The availability of reliable, comparable strategic information and a good coordination of interventions addressing the national drug problem are essential to ensure an efficient national response. The absence of evaluation, reporting mechanism and systematic coordinated data collection of the 2014-2018 NDCMP, has been identified as a major weakness of previous plans. Consequently, decisions were taken based on limited or unrecorded information.

The strategic area has three separate themes namely (1) Situation and trends monitoring (2) Monitoring and evaluation; (3) Coordination.

The main goal is to support the effectiveness of the NDCMP in ensuring the availability of reliable information on the situation related to drugs in the country. This can be done through continuous monitoring and evaluation of the implementation of the NDCMP and strong coordination of the interventions.

##### Theme 1: Situation and Trends Monitoring

The consultation recognised limitation in the situation analysis and trends monitoring in the 2014 – 2018 NDCMP. This came out in recent surveys conducted. To address the limitations and weaknesses, the 2019 -2023 NDCMP will make provision to establish a national drug observatory to collect, analyse, report and disseminate standardized information provided by service providers and key population surveys. The objective is to monitor trends and detect new developments in the country or in specific population groups. This will also detect new trends that could be harmful for health such as use of New Psychoactive Substances or medications.

##### Theme 2: Monitoring and Evaluation

A strong Monitoring and Evaluation (M&E) framework is needed to monitor the implementation of the 2019-2023 NDCMP and support the evaluation of individual projects or initiatives across the different sectors to ensure effectiveness and efficiency. The indicators of the 2019-2023 NDCMP will allow successful implementation of the plan.

##### Theme 3: Coordination

The lack of coordination was identified as a weakness for effective response in the Seychelles. The recent establishment of APDAR, with a clear mandate, is a first and major step towards a strong needed coordination. The NDCMP 2019-2023, will operationalise the coordination by improving national coordination mechanisms to have a comprehensive, coherent and coordinated national response to drug related issues.

The NDCMP 2019-2023 coordination area has 3 objectives and 4 expected outcomes. The first objective and related outcome will set the basis for an effective coordination of the implementation of the NDCMP through the development of a framework for the multi-sectoral coordination. It will ensure proper communication between stakeholders on achievements, initiatives, new developments and allow for identifying joint initiatives. The second objective - To increase a coordinated national participation in international cooperation activities – is required to avoid duplication and/or missing opportunities; to ensure that the benefits from international cooperation are shared with all stakeholders. The main outcome will be an “Improved quality of engagement between international bodies and local partners /entities”. Finally, the third objective is to ensure the quality of all interventions. On one hand, it will look at standardizing the interventions through guidelines and Standard Operating Procedures and at establishing a system for accreditation of services to reach the first outcome that is “Improved standards for all interventions and services “. On the other hand, the coordination will ensure that knowledge and expertise existing or acquired through training is shared and contribute to an “Increased use of new knowledge and capacity to address drug related issues”.

## STRATEGIC AREA 4. STRATEGIC INFORMATION AND COORDINATION

### THEME 1: Situation and Trends Monitoring

SITUATION AND TRENDS MONITORING	OBJECTIVE 1 <i>To ensure that programmes and interventions implemented are based on the needs</i>								SA4: STRATEGIC INFORMATION AND COORDINATION	
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost
	28.Increased availability of information related to drugs, health, social and crime to better inform policies and programmes	28.1 An established national comprehensive drug monitoring system reporting system for the collection and analysis of health, sociologic and criminal justice data	Annual comprehensive drug monitoring report published	0	1/yr	APDAR	MoH NAC Home Affairs International Partners	2019 - 2023		SR 631,000.00
			Set of data collection tools developed	0	3			2021		
			Number of professionals trained on data management and analysis	1	10			2021		
			Established unit (Observatory)	0	1			2023		
ACTIVITIES										
<ul style="list-style-type: none"><li>❑ Setting up of Steering Committee</li><li>❑ Identify and define indicators and sources of information</li><li>❑ Develop reporting format, databases, and software</li><li>❑ Build capacity for data collection, monitoring and reporting</li><li>❑ Analysis the current situation and compile reports</li><li>❑ Publish and disseminate reports</li></ul>										
	28.2 Updated information on drug use and health consequences in the populations through research	School based survey	1	1	APDAR	MoH International Partners	2020	SR 2,5 00,000.00		
		IBSS (size estimation and risks (HIV, Hep, OD)	2	1		NAC Service providers	2020			
		Other research (gender, OD, need)	1	1 /2 years		PWUD MEHRD				

		<p><b>ACTIVITIES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identify needs for research</li> <li><input type="checkbox"/> Plan and conduct surveys</li> <li><input type="checkbox"/> Prepare reports</li> <li><input type="checkbox"/> Publish and disseminate reports</li> </ul>	
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# STRATEGIC AREA 4. STRATEGIC INFORMATION AND COORDINATION.

## THEME 2: Monitoring and Evaluation

OBJECTIVE 1: <i>To effectively monitor, evaluate and report on the implementation of the NDCMP between 2019 – 2023</i>								
OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line	Cost
29. Enhanced capacity to monitor the effectiveness of the implementation of the NDCMP	29.1 A National Monitoring and Evaluation framework in place	No of meeting reports of multi sectoral NDCMP monitoring committee	0	1/month	APDAR	MoH Social Affairs Dpt. CSOs Home Affairs MEHRD Employment Dpt. NISTI Private sectors	2019 - 2023	SR 194,100.00
		No of monitoring reports submitted by implementers		1/Q/org				
Quarterly NDCPM reports	1/Q							
No of projects/ prog. evaluated in depth	2/year							
Annual report published	1/year							
ACTIVITIES								
<div><div><div><input type="checkbox"/> Establish functional multi sectoral NDCMP monitoring committee</div><div><input type="checkbox"/> Develop a National Monitoring and Evaluation framework</div><div><input type="checkbox"/> Develop Monitoring tools and reporting format</div><div><input type="checkbox"/> Develop evaluation tools calendar</div><div><input type="checkbox"/> Validate and launch the National Monitoring and Evaluation framework</div><div><input type="checkbox"/> Distribute the National Monitoring and Evaluation framework and tools</div><div><input type="checkbox"/> Collect, compile and analyse data and prepare reports</div><div><input type="checkbox"/> Training on evaluation methods</div><div><input type="checkbox"/> Develop /adapt annual plan of action including possible corrective measures as needed</div><div><input type="checkbox"/> Conduct field Visits</div></div></div>								

MONITORING AND EVALUATION

SAA: STRATEGIC INFORMATION AND COORDINATION

S44: STRATEGIC INFORMATION AND COORDINATION

OBJECTIVE 1 To effectively monitor, evaluate and report on the implementation of the NDCMP between 2019 - 2023(cont.)								
OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line	Cost
29. (cont.) Enhanced capacity to monitor the effectiveness of the implementation of the NDCMP	29.2. NDCMP mid-term and end of cycle evaluation report	Mid-term evaluation report	0	1	APDAR	MoH Social Affairs Dpt. CSOs Home Affairs MEHRD Employment Dpt. NISTI Private sectors	Mid 2020  End 2022	SR 210,000.00
		End of cycle evaluation reports	0	1				
ACTIVITIES								
<div><input type="checkbox"/> Conduct yearly progress evaluation report</div> <div><input type="checkbox"/> Presentation of the evaluation report</div> <div><input type="checkbox"/> Disseminate reports</div> <div><input type="checkbox"/> Conduct mid Term Evaluation</div> <div><input type="checkbox"/> Compile reports</div> <div><input type="checkbox"/> Conduct in-depth participative End of cycle Evaluation</div> <div><input type="checkbox"/> Use results of yearly evaluation for mid-term review of the 2019 2022 NDCMP</div> <div><input type="checkbox"/> Conduct External audit</div> <div><input type="checkbox"/> Use results of the End of Cycle Evaluation to prepare new NDCMP</div>								

MONITORING AND EVALUATION

SA4: STRATEGIC INFORMATION AND COORDINATION

## STRATEGIC AREA 4. STRATEGIC INFORMATION AND COORDINATION.

### THEME 3: National Coordination

NATIONAL COORDINATION	OBJECTIVE 1 <i>To establish a multidisciplinary and multi sectoral coordination framework</i>								SA4: STRATEGIC INFORMATION AND COORDINATION	
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost
		30.1 A functional National Multi sectoral coordination Committee established	No of stakeholders on the committee	0	15	APDAR	MoH	2020		SR 75,000.00
			No of meetings per quarter	0	At least 1		Social Affairs Dpt. CSOs Home Affairs	2022		
			Coordination framework in place	0	1		MEHRD Employment Dpt. NISTI Private sectors	March 2020		
ACTIVITIES										
	<div><input type="checkbox"/> Identify partners and stakeholders through mapping exercise</div> <div><input type="checkbox"/> Organise meetings, prepare agenda, and draft meeting reports</div> <div><input type="checkbox"/> Develop framework</div> <div><input type="checkbox"/> Validation and launching of the national coordination framework</div>									

NATIONAL COORDINATION	OBJECTIVE 2 <i>To increase coordinated national participation in international cooperation activities</i>								S44: STRATEGIC INFORMATION AND COORDINATION	
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line		Cost
	31. Improved quality of engagement between international bodies and local partners /entities	31.1 International cooperation strategy and guidelines developed	% of international engagement that have been reported for information sharing	0		APDAR	MoFIEP Dept. FA	2021		SR 45,500.00
			Strategy Document	0	1					
			Guideline	0	1					
<div>ACTIVITIES</div> <div><div><input type="checkbox"/> Consultations Meetings with different partners (Mapping of key stakeholders)</div><div><input type="checkbox"/> Develop the strategy document for engaging with international organizations</div><div><input type="checkbox"/> Develop the international cooperation guidelines</div><div><input type="checkbox"/> Organise feed-back information sharing</div></div>										

NATIONAL COORDINATION	OBJECTIVE 3 To ensure quality of all interventions								
	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line	Cost
		32.1 Established Functioning regulatory unit	No of meetings and minutes of meeting Terms of Reference	0 0	5 1	APDAR	International Partners AG's Office MoH Home Affairs Ministry of Family Affairs	2020	SR 225,000.00
	ACTIVITIES								
	<input type="checkbox"/> Develop terms of reference <input type="checkbox"/> Organise meetings and reports of meetings								
	32.2 Standard, protocols and guidelines developed /reviewed /updated and disseminated	No of documents reviewed, updated or developed	0	5 per year	APDAR	International Partners; AG's Office; MoH; Home Affairs; Ministry of Family Affairs	2020		
	ACTIVITIES								
	<input type="checkbox"/> Review/update or develop and align standards, protocols and guidelines <input type="checkbox"/> Identify gaps and develop accordingly new, protocols and guidelines								
	32.3 Established criteria and system for accreditation of institutions and staff	No of meetings & reports per quarter	0	4	APDAR	International Partners; AG's Office; MoH; Home Affairs; Ministry of Family Affairs		SR 106,800.00	
		No of organizations accredited	0	2 per year	APDAR				
	ACTIVITIES								
	<input type="checkbox"/> Set up accreditation body <input type="checkbox"/> Develop TOR for the body <input type="checkbox"/> Review/update or develop and align standards, protocols and guidelines <input type="checkbox"/> Standards of Care Procedures developed <input type="checkbox"/> Set criteria and system for accreditation for institutions and staff								

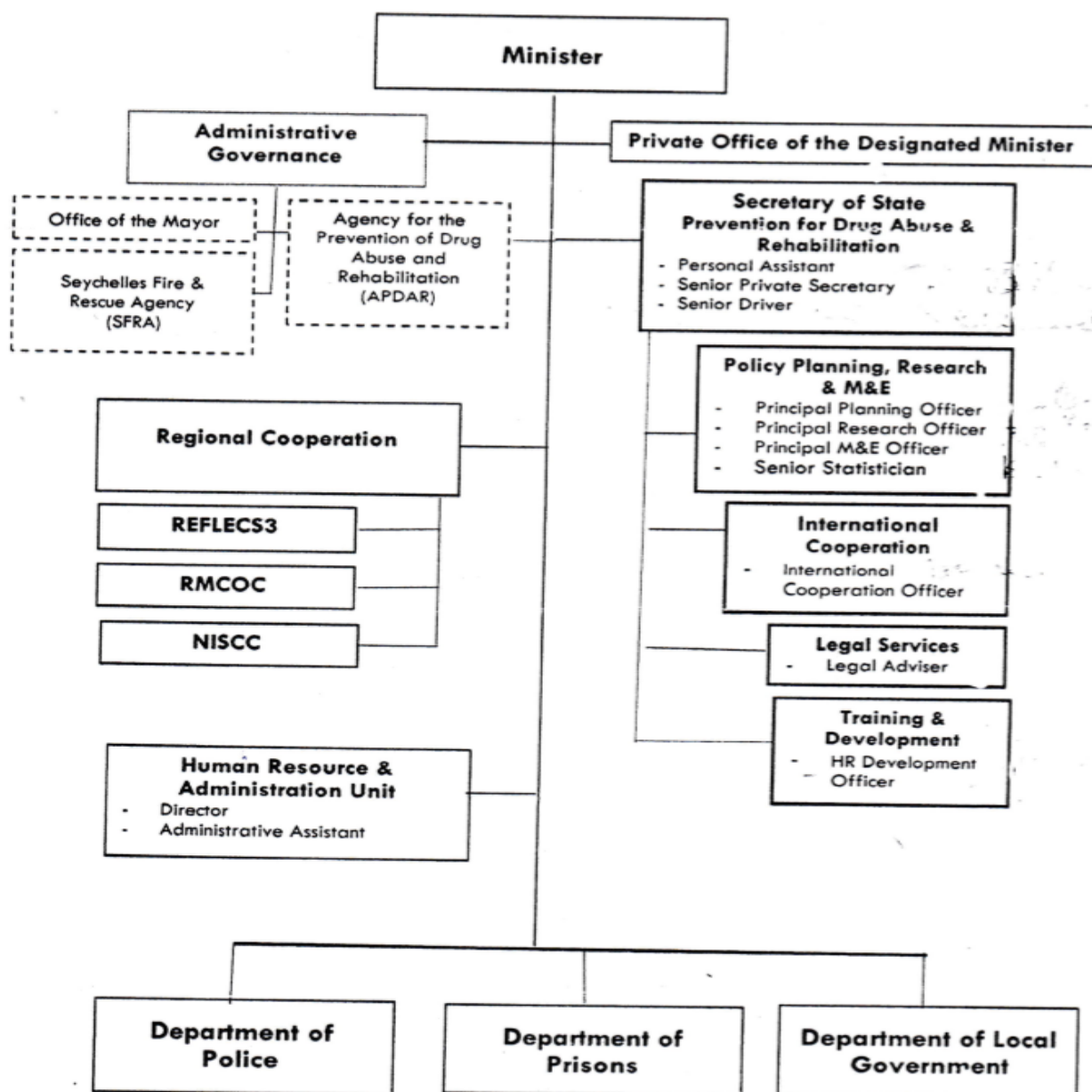
SAA: STRATEGIC INFORMATION AND COORDINATION

NATIONAL COORDINATION	OUTCOME	OUTPUTS	INDICATOR (source)	Baseline	Target	Lead	Partners	Time line	Cost	S4: STRATEGIC INFORMATION AND COORDINATION	
	33. Increased use of knowledge & capacity to address drug related issues	33.1 Established directory of expert in drug related field and training database	% of activities (training, expert groups) conducted by/with national experts Accessible and updated directory	0	1	APDAR	International Partners Home Affairs CSOs MoFIEP MoH NISTI	2020	SR 148,000.00		
		ACTIVITIES									
		<div><input type="checkbox"/> Inventory of expertise in the field related to drugs</div> <div><input type="checkbox"/> Established a pool of expertise</div> <div><input type="checkbox"/> Established service agreement for service providers</div> <div><input type="checkbox"/> Develop training database to report training activities attended</div> <div><input type="checkbox"/> Develop and share training reports and knowledge acquired</div> <div><input type="checkbox"/> Share information on latest international norms and standards in the field related to drugs</div> <div><input type="checkbox"/> Update programmes/interventions in light of new knowledge/scientific evidence/international norms and standards</div> <div><input type="checkbox"/> Initiate new evidence-based programmes to respond to the needs</div>									
		33.2 Programmes developed or reviewed based on new knowledge & latest international norms and standards	No of programmes updated or developed	1	20% of the programmes reviewed /year	APDAR	International Partners Home Affairs CSOs MoF MoH NISTI	2020-2023			
ACTIVITIES											
<div><input type="checkbox"/> Update programmes/interventions in light of new knowledge/scientific evidence/international norms and standards</div> <div><input type="checkbox"/> Initiate new evidence-based programmes to respond to the needs</div>											

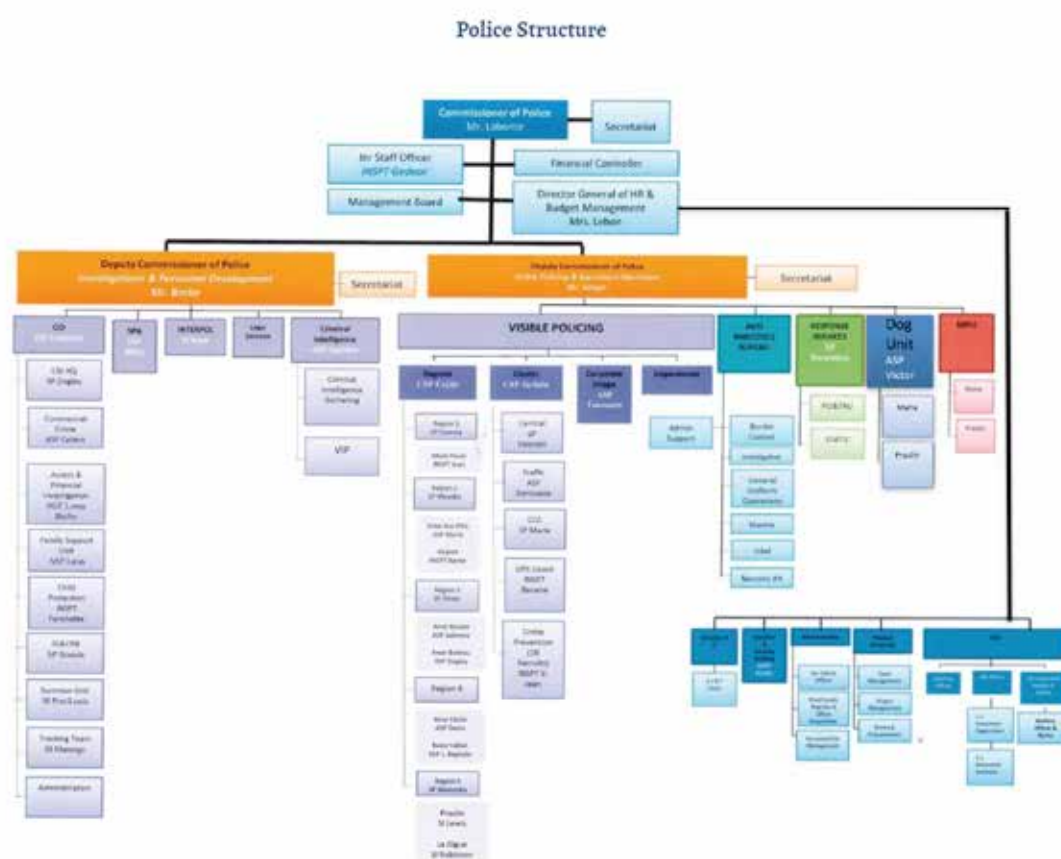
## ANNEX 1: STRUCTURE AND STAKEHOLDERS

### a. Organigram of response to drugs in the Seychelles (2018)

#### Office of the Designated Minister



## b. Organisation of Police and Anti-Narcotic Bureau



## c. Other Stakeholders<sup>32</sup>

### Governmental authorities:

Ministry of Education and Human Resources  
 Ministry of Family Affairs  
 Ministry of Health including National AIDS Council  
 Ministry of Home Affairs  
 Seychelles Police Force <http://www.police.gov.sc/>  
 Judiciary  
 Seychelles Human Rights Commission

### CSOs/Community networks

Drug Utilisation Response Network Seychelles (DURNS)  
 H.I.V AIDS SUPPORT ORGANISATION (HASO)  
 Campaign for Awareness Resilience and Education (CARE)  
 Association for Rights, information & Democracy (ARID)  
 Centre D'Accueil de la Rosière  
 National Council for the Disabled (NCFD)  
 Alliance of Solidarity for the Family (ASFF)

### Media

Association of Media Practitioners Seychelles (AMPS)

<sup>32</sup> A full mapping of the stakeholders is part of the plan. This list is tentative.



**Development partners: United Nations**

The Strategic Partnership Agreement (SPA) 2018-2022 describes the United Nations Systems' areas of collaboration with the Government of Seychelles. This represents a collective, coherent and integrated response by the UN Country Team aligned with the government's national development priorities based on the country's economic and social needs, challenges and other aspirations in line with the National Development Strategy (NDS), the Sustainable Development Goals (SDGs) and other key documents. The SPA translates these into a common Strategic Results Framework for development activities based upon which UN organisations, individually or jointly, formulate their actions in coherent results-based frameworks. The SPA has two overarching strategic priorities:

- Promoting Blue/Green Economy (in line with NDS Key Result Area 2: Economic Development and Key Result Area 4: Environment and Energy)
- Promoting Health, and addressing HIV / AIDS and Substance Abuse (in line with NDS Key Result Area 3: Social Development and Key Result Area 1: Governance)

**UNODC:** Seychelles COUNTRY COOPERATION STRATEGY 2016-2021 includes, among others, the following focus:

Focus area 1.1 Enhanced Maritime Law Enforcement capabilities for the prevention and deterrence of all types of crime at sea.

Focus area 1.2 Improved capacity to investigate, prosecute and judge maritime crime.

Focus area 1.3 Improved Maritime Domain Awareness capability through the use of relevant technology and training.

**WHO:** Seychelles COUNTRY COOPERATION STRATEGY 2016-2021 includes, among others, the following focus:


Focus area 1.2 Improve access to interventions addressing substance use and abuse and rehabilitative services to address drug use and mental health challenges

Focus area 1.3 Improved capacity for evidence generation on the magnitude, root causes and consequences of violence and injuries and the development of prevention strategies.

Focus area 2.3 Support equitable access to innovative approaches and evidence-based interventions for prevention, treatment and care of HIV/AIDS, STIs and Hepatitis.

## ANNEX 2: LAWS AND REGULATIONS

(<http://ndeaseychelles.com/index.php/laws-regulations/>)

- ❑ [CONSOLIDATED TO 31 DECEMBER 2015, NATIONAL DRUGS ENFORCEMENT AGENCY ACT, 2008, \[15th September, 2008\]](#)
- ❑ [CONSOLIDATED TO 31 DECEMBER 2015, CHAPTER 133, MISUSE OF DRUGS ACT \[1st July, 1995\]](#)
- ❑ [CONSOLIDATED TO 1 DECEMBER 2014, CHAPTER 158, THE PENAL CODE \[1st February 1955\]](#)
- ❑ [TRANSFER AND DELEGATION OF STATUTORY FUNCTIONS ACT \(Cap 240\)](#)
- ❑ Prevention of Drug Abuse and Rehabilitation Agency Act, (Act 13, 2017 – Aug.2017)
- ❑ [ACT 5 OF 2016 MISUSE OF DRUGS ACT, 2016 \(April 2016\)](#)
- ❑ [National Drugs Enforcement Agency \(Repeal\) Act ,2017 \(Act 19,2017 -18 Oct.2017\)](#)
- ❑  [Act 13 of 2013 National Aids Council of Seychelles Act, 2013 \[g.pdf\]](#)

## ANNEX 3 NDCMP 2014 2018 Rapid analysis

<b>Achievements</b>	<b>Lessons learnt</b>
<p><u>National coordination</u></p> <ol style="list-style-type: none"> <li>1. International cooperation Good) Ravann, Arasa, Kanco, Cut, Pills AU, UNODC, WHO</li> <li>2. In service Training</li> </ol> <p><u>Prevention</u></p> <p>No evaluation conducted of the 2014 2018 master plan</p> <p><u>Treatment Harm Reduction Rehab</u></p> <ol style="list-style-type: none"> <li>1. Needle exchange</li> <li>2. OST- Methadone Programme</li> <li>3. Detoxification Programme in closed and open setting follow by relapse prevention and Naltrexone support)</li> <li>4. Community programmes and social after care</li> <li>5. Rehabilitation</li> <li>6. Peer education training</li> <li>7. Services are Better structured and coordination.</li> <li>8. Training for staff and Capacity building</li> <li>9. Better selection of patient with particular programmes.</li> <li>10. Improve availability of services and treatment</li> </ol> <p><u>LE</u></p> <ol style="list-style-type: none"> <li>1. Information sources</li> <li>2. Contact networks</li> <li>3. New &amp; Enhanced Databases</li> <li>4. International liaison</li> <li>5. Agent Training</li> <li>6. Using asset recovery resources (UNODC)</li> </ol> <p><u>M&amp;E</u></p> <ol style="list-style-type: none"> <li>1. Raised awareness of M&amp;E (of the need to use data for evidence-based decisions)</li> <li>2. Some research/survey conducted by some stakeholders</li> </ol>	<p><u>National coordination</u></p> <ol style="list-style-type: none"> <li>1. Lack of Awareness of cooperation amongst stake holders</li> <li>2. Lack of Legal Frame work</li> <li>3. Lack of Funding</li> <li>4. Lack of coordination in Legislation</li> </ol> <p><u>Prevention</u></p> <p>Needs to develop national strategic plan on drug prevention</p> <p><u>Treatment Harm Reduction Rehab</u></p> <ol style="list-style-type: none"> <li>1. Re-look at outreach programme</li> <li>2. Number of pregnant women on substance abuse are on increased and need to make family planning programme accessible</li> <li>3. Get more NGO's on board</li> <li>4. Need to have more family engagement</li> <li>5. Integrate, decentralised and maintain the services</li> <li>6. Programme should be adjusted to special population e.g young, women, prisoners.....</li> </ol> <p><u>LE</u></p> <ol style="list-style-type: none"> <li>1. Improving case preparation</li> <li>2. Improved communication flow and speed</li> <li>3. 'Need to Know' and better intelligence process</li> <li>4. Need to improve speed of operational interdiction &amp; authorisation of special resources</li> </ol> <p><u>M&amp;E</u></p> <ol style="list-style-type: none"> <li>1. No proper monitoring evaluation as there was no framework developed for M&amp;E</li> <li>2. No provision for proper data collection hence decisions made were based on limited or unrecorded information</li> <li>3. Require the involvement of various stakeholders involved in budgeting and collection, and require the involvement of data collection/compilation stakeholders</li> <li>4. No reporting mechanism of possible impacts</li> <li>5. Not monitoring possible impacts</li> <li>6. Stakeholders are working in silos (each department is collecting its own data, without informing each other).</li> </ol>

ANNEX 4 Participants in the Consultation and Development Process

MASTER PLAN 04 - 06 June and 14 - 15 June 2018				
No.	Participant	Department	4-6 June	14 -15 June
1	Mr. Jeevan Pacani	Department of Investment		
2	Sylvette Gertrude and Tressy Dine	Human Rights Commission		
3	Lt. Sandy Moncherry	Seychelles Defence Force		
4	Dr. Marie-Reine Hoareau, Jacques Kouï	Ministry of Education		
5	Ms. Amanda Padayachy, Director General for International Cooperation & Regional Integration Ms. Shanan Allazki, Third Secretary	Department of Foreign Affairs-		
6	Ms Margarette Lawen	Ministry of Local Government		
7	Mrs. Marie Josee Bonne	Ministry of Family Affairs		
8	Dr. Danny Louange	Ministry of Health	Health Care Agency	
9	Mr. Jeff Confiance		Mental health	
10	Mrs. Lucile Decomarmond		Pharmacy Department	
11	Dr. Anne Gabriel		National AIDS Council	
12	Dr. Jude Gedeon		Public Health Authority	
13	Mrs. Beryl Naiken	Agency for the Prevention of Drug Abuse and Rehabilitation	CEO	
	Ms. Geralda Desaubin		Deputy CEO	
			Harm Reduction Division	
14	Ms. Fadette Estico		After care	
15	Ms. Michelle Sabury and Martin Santache		Prevention and Education Division	
16	Ms. Yvana Thérésine		Demand Reduction Division	
17	Mrs. Diana Gerry		International Cooperation Unit	
	Ms. Aruna Sunassee		Monitoring and Evaluation	
	Mrs. Sibylla Mederic and Ms. Romia Mellie		Wellness Centre-Detox	
	Dr. Milana Poznic-Jesic and Mr. Gerard Julie	United Nations Office on Drugs and Crime		
	Sylvie Bertrand			
	Dr. Fabienne Hariga			
	William Anderson			
	Juan Sebastian Marquez			
	Mr. Joshua Revera	Attorney General's Office		
	Mr. Nichol Fanchette	Seychelles Police Force		
	Mr. Derek Samson			
	Ms. Allah Nil			
	Ms. Christa Ernesta	Seychelles Licensing Authority		

	Ms. Shanan Alazki	Department of Foreign Affairs		
	Mr. Kevin Fabien	National Institute of Science, Technology and Innovation (NISTI)		
	Ms. Ghislaine Belmont	Seychelles National Youth Council (SNYC)		
	Mr François Freminot (Analyst and Investigation Manager)	Anti-Corruption Commission Seychelles (ACCS)		
	Mr. Ronny Belmont	Seychelles Financial Intelligence Unit (FIU)		
	Mr. Francois Ally	Seychelles Revenue Commission (SRC)		
	Ms. Marina Souffe	Seychelles Postal Services		
	Ms. Elsa Nourrice	Probation		
	Ms. Helena De Letourdis, Ms. Maria Payet, Ms. Sylma Benstrong	National Bureau of Statistics		
	Bishop Denis Wiehe, Robert Moumou	Seychelles Inter Faith		
	Mr. Benjamin Vel	Consultant		
	Mrs. Noella Gonthier and Henry Bastienne	<b>Non-Governmental Organisations</b>	Campaign for Awareness, Resilience and Education (CARE)	
	Mr. Faddy Banane		DURNS (Drugs Utilisation Response Network Seychelles)	
	Mr. Justin Freminot		HIV AIDS Support Organisation (HASO)	



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