

TREATMENT OF DRUG OFFENDERS IN THE MAURITIUS PRISON SERVICE

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I. DRUG SITUATION IN MAURITIUS

Substance abuse and illicit trafficking is a matter of serious concern throughout the world. Even the Republic of Mauritius has not been spared to that scourge. Situated in the Indian Ocean, it is a small island with a population of approximately 1.35 million¹. The country is facing an unprecedented situation from drug trafficking and drug use, posing a threat to its national security and public health. Mauritius recorded, in 2016, an estimated market value of about 10m USD on seized drugs. Cannabis is one of the most popular drugs available in the Mauritian market, with an increase of 4% compared to year 2015, due to its easy cultivation on our island². Since 2013 there is an emerging demand for new psychoactive substances. The supply is abundant due to the ease with which these drugs are imported and cheap price which leads to its easy availability among the young public.

The country has passed a number of laws in order, on one hand, to curb drug trafficking, money laundering and financial crime and, on the other, to provide evidence-informed policies and interventions to protect and promote the health and well-being of its citizens. The Dangerous Drug Act 2000, the HIV and Aids Act 2006, the Financial Intelligence and Anti Money Laundering Act 2002, henceforth known as FIAMLA, POCA (2002), the Bank of Mauritius Act 2004 are examples of this legislation.

II. CURRENT SITUATION

Problematic drug users are among the most vulnerable among prisoners and are over-represented within the prison population, often due to a growing trend towards the criminalization of drug use and possession and the use of custodial sentences for drug-related crime.

Effective delivery of drug interventions is key — until drug addiction can be broken, offenders remain dysfunctional and incapable of engagement with programmes that, collectively, help them lead law-abiding lives on release. Prison represents the first opportunity for offenders to have their drugs-misuse problems addressed in a coherent, structured way.

Against this backdrop, the Prison Service is tasked with addressing the needs of individuals who are both dysfunctional and often unable to engage effectively with others. The demand for drug interventions, therefore, places the prison system under considerable pressure.

Since implementation of Methadone Maintenance Therapy (MMT) in 2006 in the community, the Prison Service ensured continuity of methadone therapy to detainees already induced at community level. However since December 2011, a methadone induction unit has been set up for induction and dispensing of methadone for People Who Inject Drugs (PWID). Drug rehabilitation programmes are delivered in different prison institutions to those people.

A team of healthcare workers comprising of Prison Doctors and Nurses provides round-the-clock medical service, assisted by a full time psychologist, Prison Welfare cadre, and trained Prison Officers, at reducing the

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¹ Indexmundi.com. (2018). *Mauritius Demographics Profile 2018*. [online] Available at: https://www.indexmundi.com/mauritius/demographics_profile.html [Accessed 23 Apr. 2018].

² Statsmauritius.govmu.org. (2018). *Statistics Mauritius - Crime, Justice and Security Statistics - Year 2016*. [online] Available at: http://statsmauritius.govmu.org/English/Publications/Pages/CJS_Stats_Yr2016.aspx [Accessed 22 Apr. 2018].

supply of illegal drugs into prison — through a range of practical supply reduction initiatives — and at reducing the demand for drugs among prisoners through effective treatment interventions, clinically managing their withdrawal from drug dependency, providing rehabilitation, and support to remain drug-free.

About 60% of those admitted into prison are problematic drug-misusers (PDMs) with about 75% reporting some drugs-misuse; With an annual through-flow of about 7,500 offenders, an average of 4,500 drug-misusing prisoners may be in custody during the course of a year, with about 1,200 being present at any one time, out of which 11.4% are HIV positive cases. The total prison population as at March 2018 was 2,354 and 13.9% were on MMT.

The Mauritius Prison Service manages 7 prisons for men and 2 for women, a rehabilitation youth centre and a correctional youth centre. In 2017, the prison recorded an admission rate of 7,517 out of which 3,027 averred to be intravenous drug users. During that same year 317 were convicted due to offences directly related to drug:

Offence	Number
1. Drug Possession/Use	211
2. Drug Dealing	61
3. Drug Trafficking	33
4. Drug Importation	12

III. CHALLENGES

- i. Prisons are not therapeutic institutions;
- ii. The prison staff and administration often do not have the capacity to respond adequately to the health problems of drug users;
- iii. Many drug users in prison are serving short-term sentences or are on remand, which means the time available for therapeutic interventions is often limited;
- iv. Diversion of methadone is becoming a recurrent feature in prison;
- v. Few cases of overdose have been reported;
- vi. Impersonation during methadone dispensing;
- vii. Sharing of unsterile injecting equipment.

IV. WAY FORWARD

Due to the chronic relapsing nature of drug dependence and the need to address social and psychological dimensions, achieving abstinence for many people is often a lengthy and difficult process. The period of time when a prisoner is incarcerated represents an opportunity to intervene in the cycle of drug use and crime and to reduce the harms of drug use.

Therefore, to address the underlying causes of addiction, a proposal is made for the establishment of residential rehabilitation based on the principle that a structured, drug-free environment provides an appropriate context for treatment. The programme will be developed to assist drug users in developing appropriate skills and attitudes to make positive changes towards a drug-free way of life. Thus, Therapeutic Communities (TCs), a subset of residential rehabilitation characterized by an emphasis on accepting personal responsibility for decisions and actions, will be established.

The objective of drug dependence treatment is the achievement and maintenance of physical, psychological and social well-being through reducing the risk-taking behaviours or practices associated with drug use or through abstinence from drug use.

Action to reduce prison populations and prison overcrowding should accompany — and be seen as an integral component of — a comprehensive strategy to prevent HIV transmission in prisons, to improve prison health care, and to improve prison conditions. This should include:

- The development of non-custodial strategies to reduce the over-incarceration of drug users and to establish government targets for reducing prison overcrowding generally;
- Multi-sectoral collaboration among law enforcement, health, judiciary, human rights, social welfare and drug control institutions to assist in developing frameworks of action to support people who use drugs;
- Setting up of a drug court to expedite referral of drug users to the Drug Detention and Therapeutic Centre;
- To establish a drug and detention treatment centre under the jurisdiction of the Mauritius Prison Service exclusively for the purpose of rehabilitation and treatment of substance use disorders;
- Capacity-building of officers selected to work in this centre.

In view of the increasing number of detainees on methadone, and to curb the problem of diversion, a separate institution should be identified to accommodate methadone recipients in prison. This measure would enable the provision of comprehensive services in terms of support and rehabilitation. The creation of a separate harm reduction unit with trained and adequate personnel is highly important to provide care, treatment and support to these groups of detainees.

Nongovernmental organizations are also lending a helping hand in the harm reduction programme. Close links between prison and public health services will be strengthened for prisoners to have access to an appropriate quality of healthcare.

V. CASE STUDY

The Prison Department receives admission on a daily basis and for several offences. Recurrent cases that are received are those related to drugs. On admission, detainees go through an induction programme where the detainees are informed about their rights and privileges and prison rules during the period of incarceration and at the same time the Prison Staff obtain baseline information on the detainees regarding their health status and behaviour patterns. This programme is conducted with a panel of Prison cadre namely Prison Officers, Welfare Officers and the health care team.

The drug problem remained a priority issue in the Mauritius Prison Service. So far, several stakeholders are collaborating with the prison service to address the drug issue among detainees, including Non Governmental Organizations (NGOs), during the incarceration period and on discharge.

Since each detainee has a specific perception and attitude towards his offence it is important to modify their risky behaviour. Therefore, the Transtheoretical Model describes the process of behaviour change and accounts for an individual's readiness to make and sustain behaviour changes. This model is useful as it helps planners design programmes based on an individual's readiness, motivation, and ability. It was developed by Prochaska and DiClemente in the late 1970s, to monitor the steps in changes and focuses on decision making³.

During the Induction Program, the inmates are encouraged to join the Drug Rehabilitation Program in different Prison institutions. But the study was mainly focused on the Beau Bassin Prison. On three

³ Wayne, W. 2016. Behavioural Change Model. Boston University School of Public Health. (accessed on 26 Apr 2018)

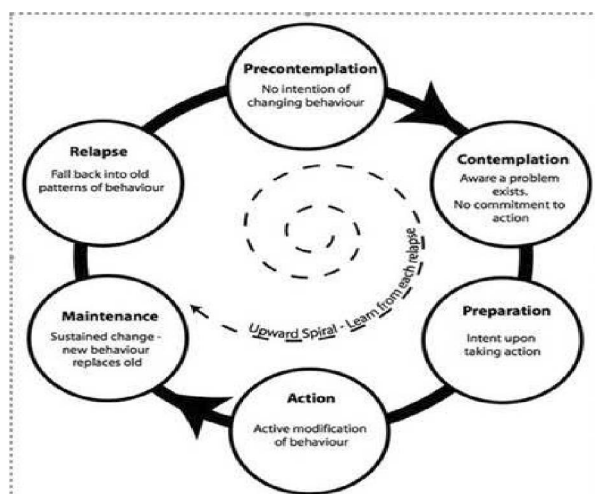
consecutive days, intravenous drug users were identified on admission. 35 detainees started an awareness programme for about three weeks. The programmes were carried out by Prison health professionals, Welfare Officers and NGOs.

VI. SELECTION CRITERIA

The main criteria were to identify people who inject drugs on admission. The 35 participants were male convicted detainees with more than 6 months' imprisonment. All 35 detainees attended the awareness programme.

The Transtheoretical Model of Change comprises 5 stages⁴:

- i. Pre-contemplation
- ii. Contemplation
- iii. Preparation
- iv. Action
- v. Maintenance



A. The Pre-contemplation Phase

At this stage the individual has no intention to change. Two detainees among them previously embarked on unsuccessful attempts. This previous experience made an impact on the actual situation as they were discouraged.

Education is of utmost importance to pull the detainees out of ignorance. With the support of NGOs, awareness and sensitization classes were conducted. The time spent from pre-contemplation to move to the next stage depends on each individual. 5 detainees were identified as being very participative and showing willingness to change. As the Methadone Induction Program enrolled batches of 5 participants at a time, the five detainees were selected to step ahead. The project milestones were explained to them and all their uncertainty was being clarified. The 30 remaining participants were involved in other sensitization programmes; Alternative activities were established to encourage these clients to give up their previous habitual behaviour patterns until the next intake of methadone induction therapy in prison.

⁴ Extension.purdue.edu. (2018). [online] Available at: <https://extension.purdue.edu/extmedia/HHS/HHS-792-W.pdf> [Accessed 26 Apr. 2018].

B. Contemplation

In the contemplation stage people are more aware of the personal consequences of their bad habits, and they spend time thinking about their problem. Although they are able to consider the possibility of changing, they tend to be ambivalent about it. In this stage, the individual weighed the pros and cons of quitting drugs or modifying their behaviour. The five detainees were moving toward healthy behaviour.

C. Preparation Phase

The 5 detainees are prepared to adopt another lifestyle. Psychological support is provided in order to help them to set goals and priorities to change. They were given one hour individual counselling sessions per day. A detainee worksheet was introduced to assist them during this phase. The five detainees were asked to identify barriers that prevent them from stopping drug abuse. A team of 3 trained Prison Officers was entrusted to work according to the detainees' particular problems. For example, some wanted to change cell so as to avoid gangs whereas others preferred to avoid remaining idle in the yard so as to avoid visual triggers induced by other drug using inmates. The hospital staff assisted the detainees to work on introspection. At the sight of drugs, they postpone their decision to change. So they were placed in another cell during the night and placed in the day care rehabilitation unit to avoid exposure with detainees involved in drug use. More information was given to them about the Methadone Induction programme in prison.

D. Action Phase

In this stage, the 5 detainees start implementing direct action in order to accomplish their goals. The main action that was focused on was to stop injecting drug. They were placed in the self-care unit designed for those on methadone. Health-related posters were placed in their dormitories and pamphlets were distributed.

After a couple of days, it was noted that two detainees presented with withdrawal symptoms: muscle cramps, body pain, and runny nose etc, which was a good sign prior to start methadone therapy. They were referred to the medical section to evaluate their health status and eligibility for induction to the methadone programme. After assessment, they were found suitable for enrolment for the programme. Both of them started the harm reduction programme. According to their behavioural pattern and to urine tests performed after six months of the project, the other 3 inmates were maintaining drug-free lifestyles.

Emotional support and family bonding is important during that phase. Welfare officers arranged for regular visits and even close contact visits were allowed at time.

E. Maintenance Phase

The prime concern of this phase was to involve the social environment of the detainees in order to acquire efficient rehabilitation. Welfare Officers were requested to contact their family members. NGOs were working with the participants and their families. At the end of the project the detainees were compliant with the treatment. Regular follow-up to assess the 3 participants that were not induced on methadone reveal that they were maintaining drug-free lifestyles. They were encouraged to motivate other detainees to join the harm reduction programme.