

# The Seychelles National Drug Control Master Plan 2009 - 2012



Graphic Design: Jude Barallon UNLIMITED GRAPHICS, 51 65 02

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Drug Free

*Ministry of Health and Social Development  
Drug and Alcohol Council*

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May 2009

### National Networking and Coordination

Establishment of direct links between key agencies involved in intelligence gathering and sharing (NDEA, Immigration, Customs, Coast Guards, etc.), with IT links between the various departments.

Establishment of clear and solid investigation and prosecution procedures to ensure that court cases are not lost due to technicalities.

### Strategies in Care and Treatment

#### National Coordination

Establishment of a National Coordinating Committee for rehabilitation services.

#### Capacity-Building

Training of personnel at community health centres with one focal person appointed to guide clients to appropriate services for drug-dependence treatment and care.

#### Policies and Procedures

Provision of a routine programme for pregnant women & women with newborns, with drug tests, early identification, intervention and detoxification during pregnancy.

Establishment of proper procedures in all medical treatment facilities, including veterinary services, to control and account for equipment (syringes, needles) & controlled drugs (psychoactive & narcotics)

Establishment of clear standard procedures to handle emergency care at the Psychiatric Unit, followed by investigations & appropriate actions taken. Use the Family Tribunal for the court orders so as to take care of the variety of issues regarding the patients being placed at the Psychiatric Unit.

Encouragement of financial contributions by clients for treatment, esp. detoxification.

### New Facilities

Establishment of a detoxification unit, with a multidisciplinary team and the availability of the right medicines & testing kits.

Establishment of other rehabilitation centres, with trained multidisciplinary personnel (counsellor, psychologist, psychiatrist, doctors, nurses, etc.) & fully equipped.

Creation of support groups within the community for follow-up & after-care (DA's, churches, youth workers), using an integrated approach.

### Public Education Campaigns

Development of media programmes to foster an attitude of ownership for rehabilitation, and reinforcement of family involvement in the treatment and rehabilitation of the patients.

Establishment of residential treatment centres, preferably with private funding and management, for teenagers, with the multidisciplinary team.

### Treatment for Vulnerable Groups

Early identification for vulnerable groups for long-term management of their health problems:

- a. patients with dual diagnoses;
- b. homeless young persons;
- c. clients who relapse frequently;

Development of a comprehensive multi-faceted and multi-tiered rehabilitation programme for prisoners / detainees.

### Conclusion

National drug control programmes and their coordination by all key stakeholders are complex and require that all parties concerned are committed to the cause. Drug traffickers and the peddlers of this evil trade are "solidaire". They show it when they are present in huge numbers when one of their own is being judged. We, involved in countering their activities, must also show this kind of strength, if not in numbers, then in heart, mind and spirit. We must become more efficient and effective in controlling illicit drugs in this country.

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# Executive Summary

**T**he second **Seychelles National Drug Control Master Plan 2009 - 2012** targets the use, abuse, misuse, distribution and trafficking in all its forms of all illicit drugs in the Seychelles. There is no doubt about the level of damage and problems caused by illicit drugs, in terms of health, family and social issues and economic impact. The main areas for action are demand reduction, supply reduction, treatment and rehabilitation. All stakeholders have been considered, with special emphasis on the home and family, schools, the community, religious communities, health, legislation and law enforcement, media, workplaces and society in general. Therefore, the target groups for drug control activities are parents and children, school and out-of-school youth, teachers, social workers, health professionals, religious leaders, legislators and members of parliament, police and customs officers, employers, and all members of the community.

This Master Plan, as its predecessor, is a comprehensive document with a wide variety of aims and actions. The mission is to reduce and possibly eliminate illicit drug use, abuse and trafficking in the country. These reductions are expected to be accompanied by reductions in family-based violence, child abuse and neglect cases, school behaviour problems, alcohol and drug related hospital admissions and deaths, accidents in the workplace and on the roads, and other alcohol and drug related social ills.

The Master Plan proposes a series of strategies for the next five years, i.e., from 2009 to 2012. It should again be reviewed as appropriate. Numerous partners have been involved in formulating the Plan and they come from all sectors of the Seychelles society government, non-governmental organisations, media, faith communities and the private sector. The strategies also involve all partners in one way or the other to ensure that there is maximum impact of the proposed actions in addressing the issue of substance abuse in Seychelles.



Conducting of training sessions with Immigration, Coast Guards, Customs to help young recruits keep away from the possible lure of money (corruption).

## International Cooperation and Mutual Assistance

Use of the Indian Ocean Commission to spearhead and coordinate international links within the region.

Development of exchange programmes with police officers, within the Indian Ocean region and in neighbouring countries, from which drugs are imported or transited: Kenya, Tanzania, South Africa, Dubai, Qatar, Mauritius & Madagascar.

Monitoring of the training offered to officers to ensure that the right persons attend overseas training & refuse to fund & assist organisations if they nominate the wrong person.

## Administrative Measures

NDEA should be more independent, with its own boat & sniffer dogs.

Have an NDEA branch on Praslin & La Digue.

Need for better career and financial incentives for NDEA & other officers.

## Special Measures

Intensification of investigations into private unaccounted assets leading to seizures & application of the Anti-Money Laundering Act.

Purchase of equipment, e.g., drug-testing kits, protective kits (masks, disguises), scanners.

Working with the media to foster better public relations and to encourage communities to assist the Police & the NDEA with intelligence / information.

Appointment of foreign judges specifically for drug cases, to resolve the issue of delays in court cases (every 3 months, 2 or 3 times a year).

Establishment of reasonable delays for drug cases to be heard in court to avoid delaying tactics by the defense teams.

Establish a *Witness Protection Programme* (e.g., taken abroad awaiting their trial in a safe house with Interpol, pre & post-trial)

Intensify efforts to apply the law, especially with **Section 19 of the Misuse of Drugs Act 1995** concerning traces of drugs in or on the body (procedures are already well established, with consent form).

## National Networking and Coordination

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# Message From Chairperson DAC



Minister Marie-Pirere Llyod  
Minister for Health and Social Development  
Chairperson DAC

Over the past six years since the publication of the first **Seychelles National Drug Control Master Plan 2002 - 2006**, there has been much change in the patterns and trends of drug use, misuse and abuse, as well as trafficking. The situation of substance abuse has become more complex and complicated. When the first Master Plan was written, the main drugs of abuse were cannabis and alcohol. There were mostly anecdotal reports of “white powder” being sold in a few districts.

Nowadays, there is a myriad of drugs on the local market, from cannabis to heroin to cocaine and ecstasy. Drug tests conducted by the National Sports Council, Centre Mont Royal and the Psychiatric Unit now regularly picks up heroin, cocaine and amphetamine-type substances (ATS). Some problems previously unknown in Seychelles have begun to emerge: marginalization, youth sub-groups and sub-cultures, indigence and “homelessness”.

## Does that mean the first Master Plan was a failure?

Much has been achieved since 2002. There is now more public awareness and education. More importantly, whereas before only a few dedicated individuals and organizations tried to handle the problems on their own, nowadays, groups of citizens and parents are galvanized into action. We have seen the birth of a concerned parents' group: “Parents With Hope”. Faith communities have developed inspiring initiatives, such as sustained campaigns in one or two particular districts, targeting families.

Other NGO's, such as the “Alliance of Solidarity for the Family” have integrated drug abuse prevention in their normal programmes in the districts. Training sessions have been conducted with a wide variety of resource-persons - youth workers, social workers, nurses, teachers, counselors, doctors, etc. Numerous mass media campaigns have been launched on alcohol, cannabis and heroin, and substance abuse in general.

In supply reduction programmes, the Anti-Drug and Marine Squad (ADAMS) has been active over the years with a steady increase in the number of people being arrested for drug possession, trafficking, importation and cultivation. In 2007, there were 700 arrestees, whereas in 2008, there were more than 1500 cases. For greater efficiency and effectiveness, a new organization, the National Drug Enforcement Agency (NDEA) was established as a statutory body in 2008 and entrusted with the fight against illicit drug trafficking. Whilst law enforcement cannot replace the prevention and education strategies, we need to have a **Zero-Tolerance** attitude to drug abuse and trafficking in the country.

Indeed, over the past five years, I believe that the number of activities have helped to stem the flow of drugs into our communities, neighbourhoods and families.

present in the community, handling first hand the issue of drug and alcohol abuse prevention, education, care and rehabilitation with their clients, their families and other members of the society.

The **Youth Division** of the Ministry of Community Development, Youth, Culture and Sports has been influential. Both the Roman Catholic Mission and the Anglican Church have youth ministry programmes to provide children and youth with a strong spiritual focus on their own life and with alternative activities. In recent times, other churches, Christian and non-Christian, have become more involved in working with young people and families on this issue.

Police officers also undertake drug demand reduction activities as part of their normal duties, with some anti-drug talks conducted in schools.

## Law Enforcement

The main actor is **National Drug Enforcement Agency (NDEA)**. Formed in 2008 and having replaced the **Anti-Drug and Marine Squad (ADAMS)**, its major role is to curtail the trafficking of drugs in the country, through intelligence gathering and coordination of daily and special operations.



## Care and Treatment

Two organizations are the most active: the **Psychiatric Ward** of the Victoria Hospital and the sole rehabilitation centre in the country, **Centre Mont Royal**. Some private doctors also offer some detoxification and prophylactic medicines, mostly codeine and diazepam, for heroin addicts. There is at present no official Opiate Substitution Treatment / Therapy offered in any centre or site.

## National Coordination

As for national drug control coordinating body is the **Drug and Alcohol Council**. It is composed of members from all key stakeholders government (key ministries, the police and the Attorney-general's office), NGO's, churches, private sector and media. Dac provides the government and other partners with research findings, data collected so that policies and regulations are guided by up-to-date information and research findings.



# The National Drug Control Strategies

## Strategies in Demand Reduction

### National Coordination

The creation of **Demand Reduction Coordinating Sub-Committee** to ensure harmonisation of prevention programmes, with regular meetings to review the Master Plan periodically.

### Prevention Programmes in Schools

Implementation of early identification & intervention programmes in educational institutions, including day care centres, crèches, early childhood development cycles, such as P1 to P3.

Development of gender-sensitive drug prevention and education programmes to look at the issues of males and academic failure with different programmes for different target groups, e.g., bright students & those with learning problems, ADHD.

Development of special education programmes & classes, which will include drug prevention, for students who have been suspended or with low ability, (students with learning problems who are being promoted automatically, drop-outs).

### Media Campaign

Strengthening of existing parenting programmes and development of new ones, as needed and appropriate, incorporating drug prevention in all on-going and new parenting programmes.

Development of a drug prevention programme specifically for **Foetal Alcohol Syndrome (FAS)**.

- (a) Development of radio/TV programmes on drug issues for different target groups including children.
- (b) Establishment of guidelines for youth entertainment, having a compromise between what youth likes & decency; e.g., music & song competitions.

## Prevention Programmes in Communities

Advocacy for relevant authorities (ministries, schools) concerned with youth education and development encourage youth programmes that are uplifting & positive, e.g., musical groups that have positive messages.

Establishment of support groups, such as concerned citizens against drugs, especially those in housing estates.

Making better use of present facilities, such as churches, community centres for educational and recreational activities for young people, by encouraging young people themselves to organise drug-free and alcohol-free activities for themselves.

Development of **Employee Assistance Programmes (EAP's)** in key workplaces, such as the hospitality industry, ministries and interested companies or organisations.

Establish a **Home Away From Home Programme** under the auspices of Care to provide services for students who have been suspended or expelled from school

Advocacy for the setting up of **Neighbourhood Watch Teams** in sub-districts/housing estates to encourage neighbours to look after their own safety and security, as the first line of defense in cases of burglary and theft, and other crimes linked to drug abuse and trafficking in the districts.

Lobbying for housing estates to be more organised & have more comprehensive services, with more involvement of the community in the planning process, such as in the District Community Council or as done for the Environmental Impact Assessment. There needs to be a Social Impact Assessment for major projects

## Strategies in Supply Reduction

### Capacity-Building

Conducting of joint training sessions for NDEA, Coast Guards, Immigration, Port Authority, CIU & FCU, especially for controlled delivery of drugs. Focus should be on procedural measures, confidentiality, and handling of evidence, drug trafficking patterns & methods, DNA (forensic) evidence.

# Foreword



Sarah Zarqani-René (Mrs.)  
Coordinator Drug and Alcohol Council

Words can hardly convey the level and depth of human potential that is crushed and devastated by drug use, misuse, abuse and trafficking. Children, youth and their families become emotional, financial and psychological hostages and victims of this evil trade. Souls are lost and many of our young people become walking living dead.

As Coordinator of the **Drug and Alcohol Council**, and as a mother, it grieves me to see the human ruins caused by drug abuse and trafficking. However, what I see around me everyday and what many of our Seychellois experience in their daily life, is more than enough to propel me forward in this unwavering fight against the scourge of drug addiction and its social, economic, moral, emotional ramifications in our small society. I strongly believe that this war can be won. I strongly believe that we all must pull together to ensure that it is won for the sake of our own children, for our families, for our neighbourhoods and for the nation.

But, I also strongly reiterate that this war is a moral and spiritual one. The measures laid out within this master plan are designed in many ways to reach our people at their very essence - their very existence. The measures invite all of us - the people and the various organisations working diligently and tirelessly to clean up our streets and districts - to reflect on our purpose in life, and why we are walking this planet today.

The plan outlines the role of major stakeholders at different levels, from prevention, law enforcement, treatment and rehabilitation. It is up to all concerned to translate the plan into concrete daily actions.

When we seek to teach parents better practices to guide their children, we are assisting them in preparing their most valued treasures for life as productive, positive-minded, caring and nurturing adults. When we seek to limit or eliminate the importation of drugs into our country, we are reducing access for our young people to substances that rob them of their will, that severely curtail their ability to form and maintain strong positive bonds with others. God dictates that it is through relationships and interactions with others that we are most able to manifest His will and acquire His attributes. And when we seek to help those who have fallen into darkness and are merely existing, we are revealing the light of Life itself to them. Yes, indeed, we are our brothers' keepers.

Dear readers, that is the spirit in which this **National Drug Control Master Plan 2009-2012** has been written. I urge all of us to make a choice today - between Light and Darkness, between Good and Evil, between a drug-free society and drug-infested one, between national development and national ruin. Our children will judge us by the decisions, actions and values that we espouse today.

# Key Organisations and Partners

## The main actors

The main actors in national drug control are in three main fields of intervention: prevention, law enforcement and legislation and treatment and rehabilitation.

Demand Reduction Programmes **Campaign for Awareness, Resilience and Education** against drug and alcohol abuse (**CARE**) is in the forefront, with its numerous and consistent campaigns in the national media, in schools and in communities. The Care Clubs in schools are excellent avenues to promote healthy drug-free lifestyles to children and youth.

The **Ministry of Education** also provides prevention activities that take place at different levels in and out of class at school, and at national level. The Personal and Social Education (PSE) programme is part of the school curriculum, with allocated time for all grade levels. In addition to the PSE classes, there are also Religious Education lessons, again taught at all grade levels. Some key personnel, such as counsellors, the PSE teachers and the deputy headteacher for Pastoral Care at school level also undertake demand reduction activities.

There is an Extra-Curricular Activities (ECA) Programme run in each state school. The teachers organise clubs of all types: sports, environment, arts, craft, etc. At the level of the Ministry headquarters, the Students' Support Unit supervises the work of the school-based counselors, as well as providing them with training, support visits, equipment and materials. They also conduct sessions in schools when

requested. The Zero-Tolerance Policy on Drugs and Alcohol Use/Abuse in Schools has recently been reviewed and is in force in the school. It provides specific guidelines for handling, possession and trafficking of drugs in the school.

Other partners are involved in demand reduction, such as specialized units in the **Ministry of Health and Social Development** (MoHSD). The **Unit for the Prevention and Control of Cardiovascular Diseases** handles more specifically the issue of tobacco and alcohol, and their impact on health. The **Nutrition and Health Education Unit** prepares public education materials on all substances and all other health issues. The **Youth Health Centre** conducts public education campaigns through its staff and the peer educators/counsellors.

Social workers and probation officers are involved in prevention work through community mobilisation, counselling and community-based activities, as part of their normal duties. They are



Young children participating in Extra-Curricular Activities



However, we cannot rest on our laurels. Much more needs to be done to deal with the new complexities of drug abuse and trafficking in the country.

This is where the new **National Drug Control Master Plan 2009 - 2012** has a vital role to play in ensuring that we, in Seychelles, conduct evidence-based programmes to limit or possibly eliminate the abuse and trafficking of illegal substances. This document encapsulates the hopes and dreams of a nation. It also details our vision and strategies for best practices to adopt in the next five years to control substance abuse.

The new Master Plan looks at the three main areas of intervention: prevention, care and treatment, and law enforcement. The key focus is on networking with all stakeholders to ensure proper coordination and holistic approach to the issue. Most programmes will be conducted with partners to help foster ownership of the presenting problems. Moreover, prevention is given a new dimension with more emphasis on actions in communities,

and reaching people where they are. The Master Plan understands that the war can only be won if demand for drugs decreases so that peddlers of this evil trade cannot profit from others' anguish, pain and misery.

I personally call on every Seychellois who has this country and its future at heart to chip in, to make a contribution, however small it may be, to rid our Seychelles of the scourge of drug abuse and trafficking. It is time for us, as nation, to work together so that our own future and that our children will be brighter, freer, healthier and happier. The **“National Drug Control Master Plan 2009 - 2012”** leads the way and gives guidance on what we need to do. Let us do it together.

**Annou koste, Seselwa!**



# Seychelles - at a Glance

The Republic of Seychelles is situated in the western Indian Ocean, 4 degrees south of the Equator. The archipelago consists of 115 islands, spread out in two clusters scattered across 1.4 million square kilometres of the Indian Ocean, 1800 km east of Kenya and 1800 km north of Mauritius. The landmass itself is relatively small - around 455.3 square kilometres, three quarters of which is constituted by the main islands of Mahé, Praslin and Aldabra. The capital is Victoria on the main island of Mahé. The country experiences an equatorial climate with temperatures ranging from 24 degrees Celsius to a maximum of 32 degrees Celsius.



The Seychelles was first uninhabited, until the French colonisers settled in 1770 with their African slaves. Indentured African labourers released from slave ships joined them, followed by small numbers of Indian and Chinese immigrants. The islands were colonised by both the French and the English, exchanging hands a number of times during its history. At one time, the Seychelles was administered by and from Mauritius. In 1976, the Seychelles became a republic. In 1977, there was a coup d'état and the country was under one party rule until mid 1993. Then, the country had a new constitution and became a multi-party state.

The population is made up mostly of the descendents of the African slaves, their French masters, other Europeans, Asians (Indian and Chinese), and Arab traders, and is estimated around 80,410 according to the 1994 census. Around 30.4% of the population are less than 15 years of age. 5.6% are aged 65 and over. 89% of the population lives on the main island, Mahé. The official languages are English, French and Creole. The latter is the native language of most Seychellois and is French-based. Economically, the country is heavily dependent on tourism and fishing. Tourist arrival declined over the last few years, but it is still the dominant sector of the economy. The major tourist markets are from France, Germany, United Kingdom and Italy. Tourism gives the Seychelles some 60% of the total foreign exchange earnings. Most of the industrial activities are limited to small-scale

manufacturing linked in particular to agro-processing and import substitution. A total of 25,376 people are in formal employment, 40% in the service sector, 18% in the manufacturing, construction and utilities sectors, 15.1% in non-tourism related transport, distribution and communication sectors, and 14.3% in the hotel and restaurant industry.

Seychelles is considered a middle-income country with a Gross Domestic Product of USD6,000/-. Culturally, the country is homogenous in sharp contrast to the other neighbouring islands of Mauritius and Réunion, where there are clear communities such as the White, Creole, Muslims, Hindus and Chinese. There are no tribes or specific rites that are performed other than the Christian ones (Roman Catholic - 90% of the population and Anglican - 5%) of Baptism, First Holy Communion, Confirmation, and Marriage. Some people still consult witchdoctors or traditional healers. Recently, there has been implicit official approval of people seeking health-related assistance from herbalists and traditional healers.



**ANTI-MONEY LAUNDERING ACT, 2006**  
Provision is made for the seizures of assets that are proceeds of criminal activity after conviction and the prevention of money-laundering activities by criminal elements, both individuals and groups.

In 2008, with renewed vigour and commitment to fight against drug abuse and trafficking, the government enacted three laws to deal with particular thorny issues. The three acts are as follows: **Proceeds of Crime (Civil Confiscation) Act of 2008**, **Anti-Money Laundering (Amendment) Act of 2008**, and the **National Drugs Enforcement Agency Act of 2008**.

**PROCEEDS OF CRIME (CIVIL CONFISCATION) ACT, 2008**  
The act stipulates in clearer terms the property and income that may be seized and confiscated by the courts. Investigation may be done by the FIU (Financial Intelligence and Assets Recovery Unit) that was already established under the Anti-Money Laundering (Amendment) Act of 2006.

**ANTI-MONEY LAUNDERING (AMENDMENT) ACT, 2008**  
The new amendments provide for extension of the powers, duties and functions of the FIU, giving more access to properties under investigation for seizures and forfeiture.

**NATIONAL DRUGS ENFORCEMENT ACT, 2008**  
The act establishes an agency whose primary role is to combat illicit drug trafficking, allowing it to conduct its investigations with as little impediment as necessary. The agency key authority figures are the Chief Officer, the Deputy Chief Officer and as needed the Acting Chief Officer. These appointments are made at the discretion of the President.



# Institutional Framework

The main legislative measures The Seychelles is a party to the following UN Conventions:-

- 1 UN Single Convention on Narcotic Drugs, 1961
- 2 UN Convention on Psychotropic Substances, 1971
- 3 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988
- 4 Southern African Development Community (SADC) Protocol on combating Illicit Drugs
- 5 The UN Convention Against Trans-National Organised Crime and its Protocols

## National Laws

A wide range of laws addresses the issue of substance abuse. These are the following:-

**PHARMACY ACT**, enacted on 31<sup>st</sup> August 1899, as amended in 1991 and revised in 2001. The Act, obviously outdated, controls the prescription and dispensing of medical drugs by pharmacists. The Ministry of Health and Social Development is also preparing a National Drug Policy to address the issue of the accessibility, availability and distribution of medicines and their precursors, as well.

## MISUSE OF DRUGS ACT 1995

This is the principal law for the control of illicit drugs. Sections 3 to 9 prohibit certain activities involving controlled drugs, as follows:

- Importing or exporting a controlled drug (Section 3).
- Manufacturing a control drug (Section 4).
- Trafficking in a controlled drug (Section 5).
- Possessing or smoking, consuming or administering to oneself a controlled drug (Section 6).
- Possessing or have in one's custody or control any pipe, syringe, utensil, apparatus or other article intended for smoking, consumption, or administration of a controlled drug (Section 7(1)).
- Possessing or have in one's custody or control any instrument, utensil apparatus or other article intended for the manufacture of a controlled drug (Section 7 (2)).
- Cultivating cannabis, poppy, coca plants may be extracted or prepared or any other plant which the Minister may by notice in the Gazette,

specify and from which a controlled drug may be extracted or prepared (Section 8).

- An owner, occupier or person in charge of or concerned with the management of any land, place or premises shall not permit the activities prohibited under sections 3, 4, 5, 6 and 8 to take place on such land or in such places or premises (Section 9).



Above: Sample of different kinds of drug

## CHILDREN ACT

Section 72 of the above-mentioned Act provides NO person shall give to a child, or allow a child in his custody, care or charge to drink, any liquor in a quantity which might be detrimental to the child's health.

Section 73 of the same provides that no person shall give or sell to a child a controlled drug, including tobacco. The above-mentioned section also prevents a person from allowing a child to purchase or allowing a child in his custody, care or charge to use or take any controlled drug.



# The Drug Situation in Seychelles

From cannabis and alcohol to a wide variety of drugs, Both licit and illicit During the last five years, the drug situation in Seychelles has changed dramatically for the worse. From the prevalence of cannabis and alcohol, the picture is now filled with a wider variety of drugs. These include heroin, which now accounts for the majority of people seeking treatment at the unique rehabilitation centre in the country Centre Mont Royal.



Youngsters playing video-games, an alternative to negative activities

In 2007, some 140 patients were admitted for heroin addiction, compared to 67 in the previous year. Cocaine is being picked up in urine tests: 5 athletes during regular tests and 1 boy of 16 years at the Psychiatric Unit in 2008. 3, 4 methylenedioxymethamphetamine (MDMA), better known as ecstasy, has also been seized by the police. Moreover, anecdotal reports from young people who go to discotheques indicate widespread use in some of these premises. Use is primarily for sexual performance enhancement, rather than as a drug for dancing or raves, even this is also part of the overall picture.

Indigence also continues to rise with some 120 people living away from their family and home. They are usually in precarious positions, with some of them sleeping outside. In addition, at least 45% of inmates at the Montagne Posée Prison have committed offences that are linked to drug dependence, usually theft.

The Psychiatric Ward of the Victoria Hospital also reports that patients are being admitted with dependence on benzodiazepines, especially Diazepam. There is some diversion of psychotropic drugs leading to some patients being asked to be present at the hospital every day for their treatment.

## Emerging trends

With young women also using heroin, there has been a marked increase in the number of mothers with heroin-dependent neonates 11 in total from January to August 2008. At least one death of a newborn has been reported. the age of first use of illicit drugs continue to fall with some patients having begun with heroin at their experimenting stage, instead of the usual situation of experimentation with cannabis. Patients as young as 15 or 16 have been admitted to Centre Mont Royal and the Psychiatric Ward.

Some key workplaces have discovered widespread cannabis use amongst their workforce. Others are concerned because whilst they have not done any testing, the management noticed behaviours such as sleeping on the job, lateness, absences and poor response speeds.





## The Challenges Ahead

There are numerous challenges in combating substance abuse in Seychelles. These are cultural, social, economic and geographical.

### Social and Cultural Challenges

There are some social and cultural beliefs that pose particular challenges to the fight against drug abuse. It is often not clear where the beliefs originate. However, they are so entrenched in the Seychellois psyche that they are taken as truths and are perpetuated in some families. The task of removing these cultural myths is made even more difficult by their widespread use in popular entertainment, such as theatre, music, dance, poems, short stories and jokes. Some of the more popular beliefs about drugs include the idea that cannabis is a medicinal plant, with expected benefits for asthma, even when it is smoked.

Cannabis is also seen by some young people as a sign of being part of the in-crowd the usual drugs are “cool” attitude. There is more insidious problem of some young people seeing cannabis as having some kind of special spiritual powers the so-called holy herb.

### Economic Challenges

Combating drug trafficking and abuse is an expensive exercise. There is a need for adequate and costly equipment, such as breathalysers, sniffer dogs, fast boats, helicopters, etc. With the continual foreign exchange problem, it is quite difficult for the Seychelles to acquire these resources. Moreover, there are the costs of training personnel for various key departments, such as the police, customs, immigration and the Attorney-General's Office.

On the demand reduction side, the problem is as acute. Funds are needed to plan, coordinate, implement and evaluate public education and prevention programmes. Local production of audio-visual resources is prohibitive, and sometimes, even more so than purchasing those from overseas.

### Geographical Challenges

Being an archipelago with over a hundred islands and having limited economic resources, it is difficult for the Seychelles to patrol, control and monitor adequately its waters and coastal areas. It is quite likely that some trafficking takes place through smuggling by sea.

The Seychelles is in the tropical zone. Moreover, the main islands are mountainous and some areas are difficult to reach, even on foot. Many of the other islands are very isolated. It is therefore likely that cultivation of cannabis could take place in the mountainous areas of the main islands and on the outer-lying islands. The traffickers could do so with relative ease, requiring little attention for the plants and with the knowledge that their plantations would not be detected easily.

