



SEVENTH NATIONAL ASSEMBLY

PARLIAMENTARY

DEBATES

(HANSARD)

FIRST SESSION

THURSDAY 10 NOVEMBER 2022

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Hon. Louis Steven Obeegadoo	Deputy Prime Minister, Minister of Housing and Land Use Planning, Minister of Tourism
Hon. Mrs Leela Devi Dookun-Luchoomun, GCSK	Vice-Prime Minister, Minister of Education, Tertiary Education, Science and Technology
Dr. the Hon. Mohammad Anwar Husnoo	Vice-Prime Minister, Minister of Local Government and Disaster Risk Management
Hon. Alan Ganoo	Minister of Land Transport and Light Rail Minister of Foreign Affairs, Regional Integration and International Trade
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Hon. Mrs Kalpana Devi Koonjoo-Shah

Minister of Gender Equality and Family
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Hon. Avinash Teeluck

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Hon. Teeruthraj Hurdoyal

Minister of Public Service, Administrative
and Institutional Reforms

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MAURITIUS

Seventh National Assembly

FIRST SESSION

Debate No. 28 of 2022

Sitting of Thursday 10 November 2022

The Assembly met in the Assembly House, Port Louis, at 4.00 p.m.

The National Anthem was played

(Mr Speaker in the Chair)

PAPERS LAID

The Prime Minister: Mr Speaker, Sir, the Papers have been laid on the Table.

A. Prime Minister's Office

Ministry of Defence, Home Affairs and External Communications

Ministry for Rodrigues, Outer Islands and Territorial Integrity

Certificate of Urgency in respect of the Mauritius Standards Bureau (Amendment) Bill (No. XVI of 2022). (In Original)

B. Ministry of Finance, Economic Planning and Development

- a) The Income Tax (Amendment of Schedule) Regulations 2022. (Government Notice No. 289 of 2022)
- b) The Income Tax (Amendment No. 2) Regulations 2022. (Government Notice No. 290 of 2022)
- c) The Mauritius Revenue Authority (Alternative Tax Dispute Resolution) (Amendment) Regulations 2022. (Government Notice No. 291 of 2022)
- d) The Public Procurement (Amendment) Regulations 2022. (Government Notice No. 292 of 2022)
- e) The Public Procurement (Amendment of Schedule) (No. 3) Regulations 2022. (Government Notice No. 293 of 2022)
- f) The Public Procurement (Electronic Bidding System) (Amendment) Regulations 2022. (Government Notice No. 294 of 2022)

C. Ministry of Energy and Public Utilities

The Annual Report and Report of the Director of Audit on the Financial Statements of the Central Water Authority for the year ended 30 June 2019.

D. Ministry of Financial Services and Good Governance

The Annual Report and Report of the Director of Audit on the Financial Statements of the Financial Intelligence Unit for the year ended 30 June 2021.

MOTION
SUSPENSION OF S.O. 10(2)

The Prime Minister: Mr Speaker, Sir, I beg to move that all the business on today's Order Paper be exempted from the provisions of paragraph (2) of Standing Order 10.

Mr Seeruttun seconded.

Question put and agreed to.

STATEMENT BY MINISTER

TRANSITION UNEMPLOYMENT BENEFIT - ALLEGED CASES OF FRAUD

The Minister of Labour, Human Resource Development and Training, Minister of Commerce and Consumer Protection (Mr S. Callichurn): Mr Speaker, Sir, I wish to make a Statement on alleged cases of fraud regarding the Transition Unemployment Benefit (TUB).

The Acting Deputy Director of Labour has been informed on 27 September 2022 and 17 October 2022 about cases of dubious applications concerning payment of Transition and Unemployment Benefit to laid off workers. I was made aware of the matter on 17 October 2022 and immediately ordered for an in-depth internal enquiry.

On Tuesday 08 November 2022, I took cognizance of an Interim Report based on the outcome of the enquiry which revealed potential fraudulent activities involving some 100 applications for the payment of TUB registered at Curepipe and Chemin Grenier Labour Offices. It is suspected that 5 officers of the Labour Department and other persons are involved in the alleged fraud.

Upon receipt of the Interim Report, I immediately instructed the Acting Deputy Director of Labour to report the matter to ICAC as potential offences, under the Prevention of Corruption Act, are suspected to have been committed. Instructions have also been given to report the matter to CCID for an enquiry.

In the meantime, the following courses of action have been taken –

- (a) All the officers involved in the alleged fraudulent activities are being transferred with immediate effect;

- (b) The advice of the Attorney General's Office has been sought on the charges to be levelled against those officers, on the basis of the preliminary report, and the subsequent actions, including suspension/interdiction of the officers, in line with the regulations in force;
- (c) The Ministry of Financial Services and Good Governance has been contacted in order to request the Office of Public Sector Governance (OPSG) to carry out an audit exercise in all the Labour Offices, and
- (d) Finally, a Committee has been set up under the chairmanship of the Acting Deputy Director of Labour to review the processes of the TUB applications and the monitoring systems.

Thank you.

PUBLIC BILLS

First Reading

On motion made and seconded, the Mauritius Standards Bureau (Amendment) Bill (No. XVI of 2022) was read a first time.

Second Reading

THE DANGEROUS DRUGS (AMENDMENT) BILL

(NO. XV OF 2022)

Order read for resuming adjourned debate on the Dangerous Drugs (Amendment) Bill (No. XV of 2022).

Question again proposed.

Mr Speaker: Hon. Teeluck!

(4.06 p.m.)

The Minister of Arts and Cultural Heritage (Mr A. Teeluck): Thank you, Mr Speaker, Sir. Mr Speaker, Sir, we are here called to debate on a Bill and as the title suggests, a Bill relating to drugs. And coincidentally, *l'événement qui monopolise l'actualité ces derniers jours gravite autour de plusieurs saisies de drogues et d'arrestations et particulièrement cette*

saisie de quelque 45 kg de haschisch, estimée à plus de R 200 millions. Une enquête est en cours and I will not comment further on the substance of the investigation, as to who has been incriminated and who is the suspect. We read the news, we are very much aware. From where all these drugs come from, the investigation will surely reveal. So, I leave these in the hands of the Police and the relevant authorities. But, Mr Speaker, Sir, leaving aside these investigations which would be dealt by the Police and matters relating thereto, the fundamental fact remains that drugs have been seized. *Saisie, il y a eu* and drugs were found. *45 kg de haschisch!* 45 kg of substance which if were not seized, would have had found their way on the market and as shards would have pierced their way to all those helpless, desperate drug addicts and drug users.

Mr Speaker, Sir, each gram of drug delivered adds to the trauma of a family, adds to the trauma of a mother, of a father whose son or daughter is held trapped in the quagmire of despair and misery of drug. Each gram, Mr Speaker, Sir, of drug delivered makes of a youth another slave of dependency and opens door to an infernal spiral to addiction. Drugs not only kill, they ruin families. Drugs bring parents to knees, drugs bring thefts, robberies, *la décadence sociale* and in certain cases, murder. We all witness - we read the news - the atrocious crimes committed on siblings, on parents for that few hundreds of rupees to satisfy the craving for drugs.

This is why, Mr Speaker, Sir, we should all agree, first and foremost, to rise against all considerations including politics when it comes to the fight against drugs. There is no politics when it comes to drugs. It will not see your political affiliation; it will not be politically selective when it hits a victim. We have enough subjects and matters to argue and have our political gains. For the sake of our country and for the sake of the children of this country, I call upon everyone, including Members of the Opposition and all those so-called saviours of democracy outside, running wild on all fronts, painfully and in vain trying to gain political mileage on this very sensitive issue. And, Mr Speaker, Sir, not merely because *un activiste ou* other high profiles are arrested that we should start hitting on the Police, start questioning the credibility of the arrest or the investigation. *Il faut cesser avec cette attitude.* We should not, Mr Speaker, Sir. Do not disrespect, discredit the effort of the Police! Allow them, let them do their work! Stop with these ridiculous conspiracy theories, these fabulations! Yes, maybe there are some *brebis galeuses*. But save for these *brebis galeuses*, we have all those officers who are doing a remarkable job. Encourage them! *Et j'en profite* to congratulate all these brave soldiers, these officers who are fearlessly engaging in this fight against drug trafficking *au péril de leur vie*, taking all risks to

face those heinous monsters who are trading poison in exchange of life of people. *Alors*, let us all, *unis d'une seule voix dans l'intérêt de la nation*, rise above politics in this fight. We should not be fighting each other. Let us not lose focus. The focus should be how to remove the mask on the face of those who are either themselves traffickers or breeding drug traffickers.

The Bill, Mr Speaker, Sir, its provisions follow the recommendations set out in the 2018 Report of the Commission of Inquiry on Drug Trafficking and yet another set of recommendations being implemented by the Government. As at date, more than 80% of the recommendations of that report have already been implemented or are being implemented. *Et déjà la mise en place de cette commission d'enquête sur la drogue fut l'initiative de feu Sir Anerood Jugnauth alors Premier Ministre en 2015*. A second Commission of Inquiry on drugs following the first one, again initiated by Government led by Sir Anerood Jugnauth in 1986. It requires leadership and strong will to fight drug-trafficking. The Government is addressing in terms of implementation one after the other all the recommendations of the 2018 Commission of Inquiry Report and the leadership and strong will of Sir Anerood Jugnauth, which he had to fight drugs, that same leadership and strong will is been demonstrated by the Prime Minister in this fight. We don't just talk, we act. See the number of measures being taken! See the number of seizures! Just the amount of resources which have been put into ADSU, increasing staff, additional equipment, advanced technologies, more vehicles, and it is showing results today. We should not turn blind eyes on the figures. We should not pretend or make people believe that it is only now that there are so much drugs coming into the country.

It has always been the case; *depuis longtemps, très longtemps!* Previous international reports on drugs have shown that but it is unfortunate, very unfortunate that nothing was done to tackle the issue 10 or even 15 years back. *Par exemple*, while doing some research on the subject, I came across two particular Parliamentary Questions in 2011 and 2012 qui *définissent la position du gouvernement d'alors*. And my friend, the hon. Aadil Ameer Meea himself did put those questions to the then Prime Minister requesting for the institution of a Commission of Inquiry on drug trafficking. And what was the answer then? That, there is no need for a Commission of Inquiry. Despite the scourge of drugs in the country, the alarming situation, the answer was simple and straightforward: no need for a Commission of Inquiry.

This is why I say, Mr Speaker, Sir, we can spend hours talking but it needs leadership and strong will to fight drugs and the Prime Minister is committed to tackle drug trafficking in this country and he has the support of his Government. We will stand by him against drug traffickers; at least, I will. And sadly enough, when someone stands for the Prime Minister, stands for measures and actions being taken, whether when it comes to tackling COVID-19, whether for our elderlies, whether for the youths or whether it comes for the fight against drugs, sadly, Mr Speaker, Sir, that person is coined as a *chatwa*. Then, if standing by a leadership where between 2017 à mid-2022, more than 17,000 drug cases have been detected and more than 15,000 persons arrested, where the street value of drugs seized during that same period is estimated to be around Rs13.7 billion; if standing by a Prime Minister who is striving for the safety and security of the country then, Mr Speaker, Sir, that person is not a *chatwa*; he is someone who has the guts to stand against drugs traffickers and to stand against those who are the real *chatwas* and bootlickers of drug traffickers.

Mr Speaker, Sir, coming to the provisions of the Bill, firstly allow me to congratulate my friend, hon. Kailesh Jagutpal, for coming up with this piece of legislation; a Bill which is avant-gardist, with a visionary approach to the issue of drugs. With these amendments to the Dangerous Drugs Act, we are moving towards a new more human-right approach in the treatment of people having substance abuse, disorders and improving treatments and rehabilitation instead of criminalisation. Addiction should be treated, not penalised.

The proposition where a person suspected of having committed a drug offence for his personal consumption not to be prosecuted for that offence but instead, being referred to the Drug Users Administrative Panel for rehabilitation is a fundamental leap in addressing the drug issue in Mauritius. With this new legislative approach, we are extending our hands to those thousands of citizens who have fallen in the trap of addiction. We are giving them a chance to redeem themselves, a chance to follow treatment and to reintegrate the society.

We all agree that filling up our prisons with drug users is not and will not help these individuals. Rather, they become victims of stigma. Stigmatised not only because of the prosecution and the sentencing but also stigmatised with the ink on their Certificates of Character. And by bringing these amendments, we are not only treating addiction but also ensuring that the person does not bear the cross of a tainted Certificate of Character thus

allowing him or her to reserve the opportunity to find a job and to integrate or reintegrate the job market.

Mr Speaker, Sir, it is equally important to highlight the introduction of a legal framework for the use of medicinal cannabis where a patient suffers from specific therapeutic conditions. The global debate around the regulation of medicinal cannabis has intensified in recent years and many jurisdictions have increasingly amended their legislation to allow for medicinal use of the plant. More than 30 countries in the world have legalised cannabis for medicinal use and now Mauritius is aligning itself with countries like Australia, Finland, France, Germany, New Zealand, just to name a few which have regulated the use of medicinal cannabis.

So, congratulations again to the hon. Kailesh Jagutpal and to the Prime Minister for taking this bold and historic decision to bring this Bill to the House. Mr Speaker, Sir, we have a long way to go but the crusade is on and I am convinced that at the pace and with the measures the Government is taking, we will bring down these monsters of drug traffickers.

Thank you, Mr Speaker, Sir.

(4.20 p.m.)

Mr X. L. Duval (The Leader of the Opposition): M. le président, premièrement, je dédie mon discours cet après-midi à toutes ces personnes tombées, qui vivent en fin de compte dans l'enfer de la drogue, avec une pensée spéciale pour leurs familles; surtout pour tous ces pères et mères victimes au quotidien de vol, de violence venant de leurs propres enfants sans jamais pouvoir ou vouloir même porter plainte à la police; souvent, M. le président, impuissants d'aider leurs propres enfants.

Je dédie aussi ce discours à tous les volontaires qui œuvrent sans relâche au sein des ONG et aussi, je dois dire, à tous les fonctionnaires qui travaillent dur pour aider les toxicomanes. Mais avant de commencer mon discours, M. le président, je voulais parler de la lutte que mène le gouvernement, supposément 'sans merci', contre la drogue – je dis bien supposément 'sans merci' – parce qu'il n'y avait qu'à écouter la *PNQ* de la semaine dernière, combien révélateur, adressée au ministre du Commerce. Il n'y avait qu'à écouter cette *PNQ* pour bien comprendre qu'il y a quelque chose de très louche, avec un gouvernement qui autorise sur la base d'un *pro forma invoice* daté de sept ans auparavant l'importation de 22 millions de *ti*

papier d'une valeur marchande de R 460 millions, que le ministère à l'époque prétend être pour 'usage personnel'. Et quand savons, nous, que ces *ti papier* servent principalement à fumer la drogue synthétique. Donc, il y a quelque chose d'extrêmement louche, M. le président.

Mr Callichurn: Mr Speaker, Sir, on a point of clarification. I never mentioned 'for *usage personnel*'. It was for personal storage. There is a difference between personal storage and *usage personnel*. And 'personal storage' was mentioned in the letter provided by the Company.

Mr X. L. Duval: Je remercie le ministre pour ce *pointless explanation*. *Personal storage* pourquoi ? Pour regarder toute la journée ? Pour faire quoi avec ça ? Il va regarder ? C'est une décoration chez lui ça ? Expliquez ! Ça veut dire quoi *personal storage*, d'après-vous ? Une valeur marchande de R 460 millions qu'on va amener chez soi pour usage personnel ? Pour *personal storage* ? Enfin ! Il ne faut pas exagérer sur le ridicule, M. le ministre.

J'ai fini avec ça. Je viens maintenant sur la situation sur le terrain. Pour pouvoir faire ce discours, M. le président, j'ai pris la peine non seulement de consulter des documents officiels, des réponses parlementaires, mais j'ai aussi parlé à de nombreux professionnels du secteur. Ce qui est clair, c'est qu'après non pas des années mais des décennies de cette lutte supposément 'sans merci' contre la drogue, la situation sur le terrain continue à s'empirer de jour en jour. Personne à Maurice ne pourra dire le contraire. La situation sur le terrain continue à s'empirer de jour en jour.

C'est pour cela, M. le président, qu'au vu de la gravité de la situation, je vais, dans ce discours aujourd'hui, proposer quelque chose de très important; un événement qui, pour moi, serait ou pourrait être catalyseur en vue de dégager une nouvelle dynamique dans la lutte contre la drogue.

M. le président, je souhaite l'organisation, dès janvier 2023, d'une grande conférence que j'appellerai les Assises de la toxicomanie. Je ne vais pas entrer dans la politique politicienne; je vais rester au-dessus de tout cela. Les Assises de la toxicomanie, M. le président, réuniraient, pour moi, pendant une semaine ou plus, non seulement les autorités compétentes, le gouvernement, le ministère de la Santé, etc., mais aussi les professionnels, les chercheurs, les ONG, la police, les politiciens de tous bords, les représentants des toxicomanes, les rastas, tous les gens directement concernés par la drogue à l'île Maurice. Il nous faut prendre le taureau par les cornes. Il nous faut considérer toute la problématique entourant ce fléau, et non pas un petit

bout par ici, un petit bout par là-bas. Il faut le voir d'une façon holistique. Il y a de nombreux sujets à discuter et il ne faut pas tarder, M. le président, parce qu'il y a des milliers de personnes qui souffrent quotidiennement. Et donc, dans ce discours, je vais présenter ci-dessous quelques-uns des sujets principaux qui je considère méritent d'être discutés dans ces Assises.

Premièrement, M. le président, - on vient de parler de *ti papie* - la montée de la drogue synthétique. Quatre ans après la publication du rapport Lam Shang Leen, nous venons avec une petite loi, que certains diront un pas dans la bonne direction, d'autres pourront dire *too little, too late*. Allons voir quatre ans après ; seulement, M. le président, nous sommes tous témoins d'une montée fulgurante de la drogue synthétique à Maurice. Ça, c'est une première chose.

Second, ce qui peut être surprenant, c'est l'*over supply* de l'héroïne sur le marché local, c'est-à-dire, M. le président, une sur-présence de l'héroïne sur notre marché à l'île Maurice. Malgré les saisies valant des milliards, le marché, on peut dire - j'exagère un petit peu - est inondé. Et M. le président, la preuve de cet *over supply*, c'est quoi ? La preuve de cet *over supply*, c'est la baisse considérable des prix de l'héroïne à Maurice dans le *retail*. On me dit, M. le président, que les gens sont témoins aujourd'hui d'une baisse de près de R 2,000 par gramme. J'ai vérifié; il faut vérifier. R 2000 par gramme; sortant de R 5,500 pour un gramme à R 3,500, dépendant des régions et des périodes - R 3,500 par gramme. C'est-à-dire, M. le président, à peu près R 100 par dose parce que pour un gramme, on fait apparemment 30 ou 40 doses. Donc, nous sommes vraiment témoins d'une inondation de l'héroïne sur le marché.

M. le président, le cannabis, lui, prend le chemin contraire. Le cannabis prend une direction opposée avec une augmentation considérable des prix. Apparemment, autrefois c'était à R 1,500 par gramme; c'est arrivé à R 2,500 par gramme. R 300 par *poulia* de cannabis. Pourquoi je dis tout cela, M. le président ? C'est pour bien expliquer qu'aujourd'hui, et tout le monde le reconnaît, qu'il y a un mouvement des jeunes qui délaissent le cannabis, qui est trop cher, et se mettent à consommer de la drogue synthétique, ce qu'on appelle chimique à Maurice. La drogue synthétique, M. le président, se vend à R 100 par '*pocket*'; trois fois moins cher que la cigarette et le *poulia* de cannabis. Résultat des courses: 62% des personnes admises dans les soins publics pour overdose en 2019 avaient consommé de la drogue synthétique. C'est dans le rapport du gouvernement, du *National Drug Observatory*. C'est dans le rapport de 2019; 62%, M. le

président ! Donc, baisse des prix de l'héroïne, montée du prix du cannabis, et tout le monde quitte le cannabis et se tourne vers la drogue synthétique.

L'*African Organised Crime Index*, en date de février 2021, classe Maurice, M. le président, en tête de liste pour la consommation de drogue synthétique par tête d'habitant. Ça, c'est l'*African Organised Crime Index* en date de février 2021. Mais il y a peut-être même pire que cela. Nous avons tous lu le journal *Le Mauricien* qui a rapporté, il y a quelques jours seulement, que quatre jeunes sont morts d'overdose de drogue synthétique en seulement cinq jours. Voilà la situation, M. le président ! Ce que j'aurais souhaité, c'est que ces Assises puissent se pencher sur ce phénomène; non seulement, - tout à l'heure nous en avons parlé - du nombre de consommateurs qui augmentent, mais ce *shift*, ce changement vers les drogues très, très dangereuses, M. le président.

Maintenant, bien sûr, ces Assises auront à voir toute la question concernant la décriminalisation, la dépénalisation éventuelle du cannabis. Je sais que c'est possible de venir faire le *cheap politics*, etc., mais je dis cela parce que je sens le besoin d'aider mon pays et ces jeunes. Je pense que c'est un sujet crucial sur lequel les Assises pourront se pencher, M. le président. La dépénalisation pour usage personnel, pour usage récréatif comme le font énormément de pays, parce qu'ils se trouvent tous dans une situation où il faut empêcher, endiguer la montée de la drogue synthétique et d'autres drogues encore plus dangereuses. C'est pour cela que les gens font cela.

Les pays phares, M. le président, - j'ai une petite liste: le Canada, Malte, l'Afrique du Sud, la Hollande, l'Espagne, 19 états des États-Unis, l'Autriche, la Belgique, l'Australie, le Portugal, la Suisse, l'Angleterre à sa façon, l'Allemagne aussi. Tous ces pays-là, M. le président, leurs Premiers ministres, leurs Présidents, ce ne sont pas des fumeurs de '*mass*' qui sont là et qui veulent absolument faire cela. C'est parce qu'il y a un phénomène mondial que Maurice subit et qu'il faut trouver une solution. On ne peut pas rester simplement comme spectateur de ce qui se passe dans notre société.

Donc, M. le président, les types de drogues deviennent de plus en plus dangereux, mais aussi le nombre de consommateurs ne cesse d'augmenter. Dans une question parlementaire d'avril 2022, le ministre de la Santé a parlé de l'existence de 62,000 toxicomanes dans notre petit pays - 62,000 ! ; 6,600 qui s'injectent du poison tous les jours, avec 55,000 qui fument et qui

sniffent. Dieu seul sait ce qu'ils font. Mais d'après les professionnels du secteur, M. le président, il se pourrait qu'il y ait deux fois plus de toxicomanes, soit 120,000 toxicomanes dans notre petite île Maurice. Cela, c'est aussi la situation sur le terrain. Donc, les Assises doivent aussi discuter de comment faire pour endiguer cette augmentation dans le nombre de consommateurs, et le chiffre augmente tous les jours.

Mais il y a aussi, M. le président, et c'est très, très grave, le rajeunissement des toxicomanes. C'est extrêmement inquiétant, surtout pour les parents et les parents à devenir, M. le président. Toujours d'après le rapport du *National Drug Observatory*, 16% des admissions dans les centres de désintoxication sont des jeunes de 15 à 19 ans. Et là, je vais vous choquer encore plus, M. le président; 2% des admissions sont des enfants de moins de 14 ans ! C'est le rapport officiel du *National Drug Observatory*. La drogue, comme on le sait tous, pénètre même dans nos meilleures écoles. C'est pour cela, M. le président, que je dis que la situation est grave.

M. le président, prévention et réhabilitation, voilà un autre sujet qu'il faut absolument aborder. Il faut se pencher, M. le président, sur toute la problématique de la désintoxication et de la réhabilitation des toxicomanes. Vous le savez ou peut-être vous ne le savez pas, le secteur public a environ 50 lits - de Mahébourg à Montagne Longue, à Beau Bassin, à Brown Sequard - à la disposition des gens qu'il faut désintoxiquer et réhabiliter. 50 lits pour 60,000 à 120,000 toxicomanes ! 60,000, c'est ce que le ministre de la Santé, lui-même, à travers sa réponse parlementaire, dit. 50 lits pour 60,000 toxicomanes ! Et vous savez, ce qui est encore plus surprenant, c'est que souvent ces lits-là sont vides ! Dans le *Public Accounts Committee* il y a quelque temps, les docteurs sont venus nous dire qu'ils sont à 50% de remplissage pour ces lits-là parce qu'il manque de dynamisme dans la promotion de ces centres de désintoxication, et ça c'est encore une fois la vérité.

Encore une autre vérité, M. le président, en 2018-19, le ministre des Finances, dans sa sagesse - je ne sais pas trop qui c'était - avait donné R 23 millions pour la prévention et la réhabilitation des *drug addicts* au ministère de la Santé. Vous savez combien ils ont dépensé de ces R 23 millions ? Ils ont dépensé R 13 millions. Ils ont rendu R 10 millions au ministère des Finances. Voilà, M. le président, avec quelle désinvolture on traite la réhabilitation et la prévention des drogués. Et c'est pour cela bien sûr, non seulement un manque de lits, plus de 80% des patients rechutent.

Ainsi, M. le président, c'est pour cela que je dis qu'il nous faut une politique nationale de réhabilitation. Il ne suffit pas d'emmener une personne pendant deux semaines à Mahébourg, peut-être encore deux ou trois semaines dans un autre centre de réhabilitation pour qu'il soit *drug free*. Ce n'est pas possible, parce qu'il y a d'autres choses qui entrent en considération. Il y a son logement ; son état psychologique; il y a le travail; est-ce qu'il pourra même travailler.

Et maintenant, quand on considère aujourd'hui qu'un toxicomane aura, s'il est condamné, un casier judiciaire et que pour le réhabiliter, il faut absolument qu'il puisse avoir un travail, mais qu'il aura bien plus difficilement un travail s'il a un casier judiciaire, on comprend pourquoi la politique de criminaliser la consommation n'est pas acceptable, et que la politique de criminaliser la consommation condamne les toxicomanes à une vie de vols et de crimes et condamne les toxicomanes, parce qu'ils sont dépressifs, etc., à pourrir dans l'enfer de la drogue. C'est pour cela, M. le président, qu'il ne faut pas que les toxicomanes héritent d'un casier judiciaire. C'est même contre-productif et ça détruit leur vie. Les toxicomanes, comme l'a bien dit M. Lam Shang Leen, sont des malades, il faut les soigner, il faut les envoyer tous, - pas quelques-uns d'après le *Drug Users Administrative Panel* - tous les gens qui sont condamnés pour la consommation. Je n'ai pas de problème s'ils héritent d'une amende, mais il ne faut pas toucher à leur casier judiciaire. Il ne faut pas qu'ils aillent en prison. Il faut qu'ils aillent, tous s'il le faut, dans des centres de réhabilitation dont nous avons pour l'instant que 50 lits dans toute l'île Maurice, M. le président. L'accès au traitement ne devrait pas être une option mais une obligation pour les toxicomanes, et ce serait une obligation de la part du gouvernement.

Le *Drug Users Administrative Panel* est un petit pas dans la bonne direction, mais quel est le *time scale* ? Combien de temps est-ce que les gens auront à attendre avant que le commissaire de police - il a d'autres choses à faire, paraît-il, ces jours-ci aussi - ne se penche dessus ? Il va envoyer cela au DPP; vous voyez combien de temps cela va prendre au bureau du DPP, et après ça va retourner pour qu'il sache ce qu'il va faire. Tout ce temps-là, qu'est-ce qu'il fait ? Un an, deux ans, trois ans, qu'est-ce qu'il fait ? Il continue dans la drogue même ? C'est cela la solution du gouvernement ? Ce n'est pas, M. le président, une vraie solution.

Concernant la police, M. le président, nous devons aussi parler dans les Assises de l'efficacité des forces de police. Il y a une perte de confiance bien réelle. Le ministre, tout à l'heure, a parlé de ça, sans le dire ; il y a une perte de confiance bien réelle, parce que le ministre,

lui-même, a fait un appel pour que les gens maintiennent ou regagnent confiance dans la police. Ce qui est une contradiction quand même assez surprenante. Voilà, donc, on a une perte de confiance dans la police, une institution clé. Ça c'est une chose.

Autre chose aussi, M. le président, c'est la lenteur extrême des enquêtes et du système de justice. Il ne s'agit pas que de la police; c'est la police, le Bureau du *DPP*, tout le monde. Dans une récente *PNQ*, M. le président, j'avais clairement démontré que dans 120 cas d'importantes importations de drogues depuis 2017, seuls trois cas avaient été poursuivis dans les cours de justice. Seuls trois cas sur 120 ! 117 étaient à plusieurs stages, soit à la police, soit au bureau du *DPP*, soit au *Forensic Science Laboratory*. C'était partout sauf où ça aurait dû être, c'est-à-dire dans une cour de justice, M. le président. Voilà la lenteur ! Et là, je parle des cas de drogues - il y avait quatre ou cinq cas de drogues - valant des milliards et des milliards de roupies, dont les enquêtes n'ont jamais pu être terminées après cinq ans. Aucun gros cas de drogue en fin de compte dans ces 120-là n'avait été emmené en cours de justice, M. le président. Il n'y avait que quelques trois cas relativement moins importants.

Donc, M. le président, à ce qu'il paraît, c'est que malgré d'importantes saisies de drogues, - il y en a presque tous les jours, les unes plus sensationnelles, plus choquantes que les autres - les drogues dures continuent d'inonder le marché. Donc, il faut bien regarder, il faut bien comprendre ce qui se passe. Comme témoin, M. le président, je prends la baisse du prix de l'héroïne sur le marché.

Qu'en est-il de l'efficacité de la police dans la lutte contre la drogue synthétique ? Très difficile d'agir contre la drogue synthétique, M. le président. C'est internationalement reconnu. Il est beaucoup plus facile de déraciner les plants de *gandia* que d'appréhender les producteurs et les vendeurs de drogues synthétiques. Encore une fois, je fais référence à ce fameux rapport du *National Drug Observatory* de 2019. A la page huit, ce rapport indique, M. le président, que seulement 3% des arrestations de cette année-là étaient liés à la drogue synthétique. Seulement 3% ! On a parlé de 62% de cas d'overdose synthétique et là, 3% d'arrestations, M. le président, malgré la grande popularité de la drogue synthétique. Donc, il y a un problème de comment faire - et cela c'est international - pour appréhender les vrais trafiquants de drogue synthétique. Donc, M. le président, les Assises de la toxicomanie devront se pencher sur une recommandation importante du juge Lam Shang Leen concernant le *National Drug Investigation Commission*. On

n'entend pas parler de cela. Je pense que le gouvernement a mis cela de côté et je pense que ce serait une erreur d'ainsi ignorer cette recommandation importante, parce qu'on me dit que la majorité des gros trafiquants sont encore en liberté à l'île Maurice.

M. le président, je vais maintenant venir sur le cannabis médical. J'ai l'impression que là c'est un peu *akoz ki a fer* qu'on a emmené cela. Ça me donne l'impression *akoz ki a fer*. M. le président, depuis 2019, le *Committee of Experts* du *World Health Organisation* s'était adressé et avait approuvé le cannabis médical. Depuis 2019 ! Il y avait une *PNQ*, ici, que j'avais moi-même posée, et puis on a dit qu'on va attendre la réunion politique des États. C'était en 2020. Donc, on a déjà, M. le président, trois ans depuis 2019 jusqu'aujourd'hui concernant le cannabis médical.

Alors, M. le président, pourquoi deux poids, deux mesures ? Pourquoi la morphine, codéine, etc., tout ça à base d'opium, extrêmement dangereux, et des psychotropes sont prescrits par les médecins, même pas des spécialistes, on me dit; par les médecins sur une forme spéciale que le ministère de la Santé leur donne, et ici, pour le cannabis médical qui, sur papier en tout cas, me paraît moins dangereux que ces autres médicaments, il faut passer tout un chemin. Ok, la formation c'est bon. Pourquoi ne pas former les gens ? Tout un chemin; on va passer par le *Regional Health Director* qui va présider, quand il a du temps, un comité de personnes qui vont décider si telle ou telle personne aura ou n'aura pas accès au cannabis médical pendant trois mois.

M. le président, on parle de gens malades. On ne parle pas là de n'importe qui; pas tout le monde qui est drogué ! Je suis persuadé que la grosse, grosse majorité de ces gens-là sont des gens vraiment malades, qui souffrent. Pourquoi est-ce qu'ils ont besoin d'avoir ce parcours de combattant pour avoir accès à un médicament alors que pour d'autres médicaments, beaucoup plus dangereux, l'accès est beaucoup plus facile ? Il faut nous dire pourquoi. J'aurais peut-être compris si toutes les drogues dangereuses, codéine, passaient par ce comité-là. J'aurais compris ! Mais non, juste ça ! Donc, on dirait comme si *pe fer akoz ki a fer, oblize fer, be nou fer*. Mais seulement, mettre tant de bâtons dans les roues alors que si ça prend un mois, six mois, un an ou deux ans pour que ce comité-là se penche sur les recommandations, les personnes vont continuer à souffrir et les personnes vont continuer à ne pas recevoir les soins qu'elles auraient pu avoir dans d'autres pays, ça c'est ma question. Et encore maintenant - ça c'est assez comique -, l'importation de ces drogues limitée, s'il vous plaît, au ministère de la Santé ! Voilà un autre cas.

Nous aurons des cas de Molnupiravir tous les jours maintenant ! On a vu Molnupiravir; on ne sait pas où est passée l'enquête. Un jour, c'était à R 9, le lendemain c'était à R 80; même capsule. Mais ce sont ces gens-là qui sont les seuls habilités à importer ? Moi je suis d'accord que beaucoup de ces petits cow-boys, mais on peut choisir quelques personnes, des compagnies réputées dans le secteur privé qui ont une licence spéciale. Peu importe. On ne peut pas laisser ça simplement au ministère de la Santé ! Pendant le Covid, Molnupiravir ! Tout cela nous dit clairement qu'on ne peut pas leur faire confiance surtout concernant les prix, surtout concernant le *procurement*, surtout concernant l'achat des médicaments. On va se retrouver avec des fournisseurs un peu par ici, par là-bas, à des prix quatre fois plus cher que le marché.

Donc, M. le président, le cannabis médical, comme l'a dit le ministre qui a parlé avant moi, est aujourd'hui populaire et autorisé dans je crois 53 pays. Donc, encore une fois, ce n'est pas une différente façon. Pour quelques-uns, c'est extrêmement facile d'y avoir accès; pour d'autres, il faut passer par un spécialiste, mais je crois, aucun, M. le président, aussi difficile qu'à Maurice. Je n'ai pas tout regardé, mais ça me paraît être le cas. 53 pays, M. le président ! Et nous avons attendu trois ans pour que le ministre amène sa loi, et maintenant avec ces comités qu'il va faire, combien de mois, d'années encore est-ce que les malades auront à attendre ? Et là encore, M. le président, je crois qu'il y a une petite méchanceté dans tout cela. La liste des maladies, on se serait attendu que cette liste de maladies soit dans une *schedule* de la loi qui permettrait une certaine flexibilité plus tard ; retirer, ajouter, parce qu'il y a des recherches tous les jours sur l'effet du cannabis sur certaines maladies. Mais non, là, la liste est dans la loi elle-même ! Cela est très rare. La liste est dans la loi elle-même. Là, il faudra à chaque fois qu'on veut ajouter ou retirer, venir au Parlement avec tout un débat comme maintenant, pour amender cette liste-là, M. le président. C'est pour cela que je dis qu'il faut quand même être réaliste. Il faut au moins une certaine flexibilité pour que si demain, il y a de nouvelles recherches, on puisse améliorer, étendre l'application du cannabis médical.

M. le président, en conclusion, on nous dit qu'il y a beaucoup de recommandations du rapport Lam Shang Leen qui ont été mises en pratique. 80% ! Mais nous savons tous ; nous avons tous été au gouvernement ! Mettre en pratique et mettre bien en pratique, ce n'est pas la même chose. Tout dépend des ressources - on peut mettre en pratique sur papier ! - quelles sont les ressources humaines ; quelles sont les ressources financières ; avec quelle vigueur on applique ces recommandations ; avec quels moyens financiers, M. le président. Donc, les Assises

auront aussi besoin de regarder non seulement quelles sont les recommandations mises en pratique mais quels sont leur effet, les résultats ; si elles sont mises en pratique correctement ou pas.

M. le président, les Assises de la toxicomanie réuniraient les autorités gouvernementales, les professionnels, les ONG, comme j'ai dit, la société civile, les politiciens de tous bords. J'ai consulté mes collègues sur les bancs de l'opposition et nous sommes tous d'accord, M. le président, que ce serait une bonne chose pour le pays et nous, nous allons participer si le gouvernement prend les devants. Nous avons besoin d'un constat précis, un plan d'action national. J'ai eu l'honneur aujourd'hui de présenter donc cette demande formellement au gouvernement et je vais attendre la réaction du ministre de la Santé. Nous allons attendre, dans son *summing-up*, la réaction du ministre de la Santé, dans son discours, la réaction du Premier ministre. Nous avons besoin d'une meilleure compréhension de la situation. Un peu comme le ministre de la Culture avant moi, nous avons besoin de dépolitiser le débat. Nous avons besoin d'une analyse des meilleures pratiques internationales mais surtout d'une vision commune pour combattre le fléau de la drogue.

Merci, M. le président.

Mr Speaker: Hon. Mrs Jeewa-Daureeawoo!

(4.51 p.m.)

The Minister of Social Integration, Social Security and National Solidarity (Mrs F. Jeewa-Daureeawoo): Thank you, Mr Speaker, for giving me the floor to speak on the Dangerous Drugs Amendment Bill, a Bill which gives effect to the recommendation of the Commission of Inquiry on Drug Trafficking Report 2018.

To start with, allow me to express my thanks to my colleague and Minister of Health and Wellness, Dr. Jagutpal, who has made this Bill happen.

Mr Speaker, before coming to the Bill itself, I wish to commend the determination, dedication, commitment and drive of our Prime Minister in the fight against drug scourge. The fight against drug abuse and trafficking is a national priority and the Prime Minister is personally monitoring this serious social issue. The Prime Minister has taken this priority to a national level and in December 2018, he set up the High Level Drugs and HIV Council chaired by himself to

provide a strong, effective and efficient response to drugs and HIV and at the same time, to oversee the implementation of the recommendations of the Commission of Inquiry on Drug Trafficking Report 2018, the National Drug Control Master Plan 2019-2023 as well as the National Action Plan for HIV Aids 2017-2021. So, we cannot deny the fact that not much has been done in the past to combat drug addiction and trafficking in the country. Since we are here, 2014, we are doing our level best to address the issue in a serious manner.

Mr Speaker, I have listened very carefully to the four hon. Members of the Opposition who spoke before me; hon. Bérenger, the hon. Dr. Boolell, hon. Juman and today, hon. Duval, Leader of the Opposition. Well, they have expressed certain reservations, apprehensions. On this side, Mr Speaker, a lot has already been said by my colleagues. I will limit myself to respond to some remarks which concern mostly the first part of the Bill, that is, the Drug Users Administrative Panel.

Before addressing some remarks, I do have a few things to say. Mr Speaker. I am sure many of us, inside and outside this House, have witnessed the devastating effect of drug use. We all know that cheaper drugs are available on the market to our youth. The addicts are ready and willing to do anything for their daily doses. Anything! They stop at nothing to get their daily doses; stealing, robbery, using physical and mental abuse and violence on their parents, wives and children. Drug addiction is causing pain and suffering in many families. Families, NGOs and the community at large are feeling the brunt. So, we cannot continue to just arrest and put in prison people with addiction. What we need, Mr Speaker is a shift in our response. We need a health-led response. This is, in fact, what we are doing with the introduction of the present Bill in the Assembly. That is why we are saying that the Bill is incredibly important.

Having said that, this brings me to CHAPTER 17E of the Report of the Commission of Inquiry on Drug Trafficking 2018 where it was recommended, I quote –

“Small dealers, first time offenders who may not be consumers ought to be given a chance of being reformed instead of being thrown in the arena of our prison where they will interact and cohabitate with seasoned dealers/trafficker and get a chance at mastering their budding skills at the expense of tax payers.”

Moreover, Mr Speaker, at paragraph 17E.4 of the same Report, statistics show that up to 38% of persons who have issues with drug use are drug consumers and about 20% of our prison

population consist of drug addicts. So, as you can see, these figures are alarming and it was high time for our Government to act.

Moreover, Mr Speaker, as at December 2021, the total number of drug offenders convicted was 1,817 as per the annual report of the Judiciary, it continues to be an alarming figure for a small country like Mauritius. The House can only imagine how significantly this figure would have increased if Government did not take concrete actions to seize billions of rupees worth of drugs. Therefore, Mr Speaker, the primary purpose of this legislation is to tackle the problem through a human rights based approach. For too long, we have looked at drug use as a criminal justice issue. With the present Bill, we are presenting a new Government policy, as I said earlier, a health-led response.

It was high time to develop new policy to tackle issues of addiction. So, with the right actions, we will be giving them a helping hand, a different path for their rehabilitation, kick the habit and break the circle of dependence and enable them to integrate society.

As you can see, Mr Speaker, the Bill has been approached with an open mind. One thing that is consistent is that paramount consideration is being given to the rehabilitation of drug addicts. I should remind the House that the Panel will also have the responsibility to monitor the progress of the drug user during the period of rehabilitation and may do such other things as may be required to assist the drug user to kick the habit.

Now, Mr Speaker, allow me to address some of the remarks made by Members on the other front. They have expressed concerns with regard to the composition of the Panel. Hon. Dr. Boolell stated in his intervention that the Drug Users Administrative Panel is focussed on law enforcement and lacks professional trained in addiction. Hon. Juman stated that persons from NGOs specialised in drug treatment should form part of the Panel. So, Mr Speaker, Sir, allow me to direct the hon. Members to Clause 59A (3) (d) of the Bill where it is clearly stated that the Panel will also consist of two social workers having knowledge and experience in the field of drug dependence.

Moreover, Mr Speaker, the Bill makes provisions for the Panel to co-opt such other persons as it deems necessary at Clause 59A (5) (c) of the Bill. So, as we can see, the composition of the Panel has been well thought of, provision has been made. If ever more members with specific skills are needed, the Panel can co-opt.

Now, moving to Clause 59B of the Bill, it provides for the suspension of prosecution under certain conditions where the Commissioner of Police is of the opinion that the offence under section 34 of the Dangerous Drugs Act was committed for –

- (i) Personal consumption;
- (ii) No aggravating circumstances, and
- (iii) The drug user is not a drug trafficker.

Then, he shall make the recommendation to the DPP for the drug user to undergo rehabilitation in lieu of being prosecuted for that offence.

There have been critics regarding the powers of the Commissioner of Police to make recommendations to the DPP for the drug user to undergo rehabilitation. Allow me, Mr Speaker, to clarify. The proposed Bill puts the responsibility on the Commissioner of Police to recommend rehabilitation to the DPP for persons suspected of having committed an offence under Section 34 of the Dangerous Drugs Act. The DPP will have the final word about whether to agree to the recommendations of the Commissioner of Police. It is good to note that the DPP will act only after examining the whole file. It is only when the DPP is satisfied that the drug user may undergo rehabilitation that he will support the recommendation of the Commissioner of Police.

Moreover, Mr Speaker, I also fail to understand how the issue of expertise can crop up, as stated by one Member on the other side. We know very well that the Police have the expertise to carry out a thorough investigation, gather all the facts and prepare the file to be sent to the DPP. They are doing a wonderful job. We need to trust our Police institution.

With regard to saturation in our health institution raised by hon. P. Bérenger, I will draw the attention of the hon. Member to the fact that provisions have been made for not only public health institutions, but also for other institutions to carry out rehabilitation as may be approved by the Minister. So, I will humbly direct hon. Member to Clause 59C of the Bill.

The same Member also said that this Bill does not add *grand chose* to the present law. Mr Speaker, how can we say that the present Bill does not add *grand chose* as we have brought a shift in our approach to drug use that the Republic of Mauritius has ever seen? The addicts will be given a chance to be rehabilitated and reinserted in the society.

So, this approach, in my humble opinion, will save lives.

Mr Speaker, despite our endeavours and relentless efforts to help vulnerable persons on the Social Register of my Ministry to kick the habit of taking drugs, we find that more and more young people are victims of the drug scourge. Prohibitive methods have proved to be futile. There are beneficiaries on the Social Register who have been reported as drug addicts.

Hon. Dr. Boolell stated during his intervention that it is best to allow the person or his lawyer to refer the case to the DPP for examination instead of involving the Police in the referral process. Mr Speaker, how can we expect drug addicts to follow the process on their own if they can't retain the services of a lawyer? So, we should give a helping hand. The introduction of the Drug Users Administrative Panel will surely provide such help and support.

To a reservation expressed by hon. Juman in respect of what kind of drug users will be referred to the Panel, I quote –

“Is it only for those using cannabis, synthetic drugs, brown sugar or does it apply to those using cocaine also or other drugs amongst others?”

I wish to point out that the Drug Users Administrative Panel covers offences under Section 34 of the Dangerous Drugs Act which clearly refers to any dangerous drug. Hence, we are talking of any dangerous drug as defined in the Dangerous Drugs Act at Section 2, and under Schedule I, II or III. So, I will not go through the list, may I humbly invite the hon. Member to have a look at the list for more details?

The hon. Member also questioned as to whether a drug trafficker who is also a drug user will be considered as a sick person who needs rehabilitation. Mr Speaker, I will once again direct the hon. Member to the provisions of Clause 59B where it is stipulated that the user should not be a drug trafficker in the opinion of the Commissioner of Police. So, traffickers are being dealt with properly.

Mr Speaker, the Bill has been well thought through. The spirit of the Bill is of course to help the drug users but parameters have also been set to ensure that the drug user is doing his part. For instance, Clause 59C, subsection 4 provides for the possibility of prosecution if the drug user has not turned up before the Panel when required or fails to meet the terms and conditions of the Panel. The Bill does set a balance by emphasising the willingness of the drug user to help

himself. The legal framework exists but the drug user has to show some willingness to undergo rehabilitation.

To reply to the hon. Leader of the Opposition, well, hon. X. L. Duval agrees that the situation is deteriorating. He mentioned countries that have decriminalised use and possession of drugs. So, by the introduction of this new piece of legislation, which is incredibly important, I am of the opinion that we are following the same path.

Hon. X. L. Duval also spoke about the procedure which is too lengthy. Well, this is a question of approach. Each Government could have a different approach. I can safely say that our approach has been well thought of and it is the best possible way forward. So, appropriate structures will be set up to reach out, assess, treat, rehabilitate, and reinsert drug addicts into our society.

Mr Speaker, the rehabilitation of drug users in lieu of prosecution has worked effectively in other jurisdictions. For instance, in Portugal, where since 2001 they have introduced a Commission for the Dissuasion of Drug Addiction. The mechanism is such that the Police refer people who are found in possession of drugs to the Commission for the Dissuasion of Drug Addiction. The primary aim, of course, is to encourage drug users to undergo treatment.

Mr Speaker, at this stage, allow me to share with the House the message of the Secretary-General of the United Nations, Mr António Guterres, on the International Day Against Drug Abuse and Illicit Trafficking in June 2018 and I quote –

“ (...) I urge countries to advance prevention, treatment, rehabilitation and reintegration services; ensure access to controlled medicines while preventing diversion and abuse; promote alternatives to illicit drug cultivation; and stop trafficking and organized crime - all of which would make an immense contribution to our work to achieve the Sustainable Development Goals.”

Mr António Guterres spoke with experience as he introduced the non-criminal responses to drug possession for personal use while he was the Prime Minister of Portugal in 2001. So, the proposed Bill, Mr Speaker, translates the message of Mr Guterres into concrete actions by promoting rehabilitation and social integration of drug users.

So, as we can see, Mr Speaker, there is a real need to break the cycle of dependence and enable drug users to find their way back into society. I am confident that this change in policy and approach will improve the life of many people and will save lives also. So, before closing, Mr Speaker, I would like to take a moment to place on record and praise the commitment of many people in our society who spend their lives giving support to drug addicts to recover.

Mr Speaker, this Bill bears testimony of the unflinching commitment of our Prime Minister to fight drug scourge. I can safely say that the present Bill has been drafted in the best possible way and we are doing the things that need to be done for a better society and leave no one behind. It is also important for us to bear in mind that the law is never a fixed thing but develops, evolves and alters as time passes. So, if ever we need to bring amendments, we will be able to do it.

Mr Speaker, I have much pleasure in supporting the present piece of legislation which, I think, is very important.

Thank you.

(5.12 p.m.)

Dr. F. Aumeer (Third Member for Port Louis South & Port Louis Central):

Mr Speaker, Sir, thank you. Any Bill that has as its main objectives changes or amendments that will bring a better legal provision that will ensure equality, fairness and respect the dignity with care and compassion of those involved without undermining our democratic institutions within the respect of law and order will definitely have my support. Needless to say that there is no such perfect legal provision, that is the reason why I am sharing my views on the proposed Bill today.

Mr Speaker, Sir, debate about drugs is passionate considering the impact that it has on our families, our friends and members who live in our constituencies. Throughout years and many debates, the two main concerns have always been about two issues: drug-related legislation and drug control.

Mr Speaker, Sir, I will go straight to the Bill, the setting up of a Drug User Administrative Panel. Such Panel must be the gateway of drug users to a better living in the future since it will view the drug consumer or offender merely as a medical patient with the proviso of treatment, rehabilitation and social integration. Mr Speaker, Sir, it is equally important

that drug users and consumers do not get the wrong signals that such change means a way of relaxation of controls and law enforcement but simply, a response to representation made by the scientific community and societies and social welfare group about the need to revisit our legislations because of some of the consequences that were not intended when they were originally drafted.

Mr Speaker, Sir, this takes me to Section 59(c); it is of utmost importance that rehabilitation is being conducted in institutions that have proven record in such delicate issues and are fully transparent in regard to independent inspection, otherwise institutions for rehab – which I am sure we will be needing plenty, considering that there are approximately only 50 places for an estimated 50 to 60,000 possible drug consumers – will pop out. These rehab centres will pop out like mushrooms irrespective of experience, quality of care and logistic available. COVID-19 gave us a full proof of what I am saying; many blue-eyed boys became immediate experts in gloves, sanitizers and respirators. Therefore, there will definitely be a need for more institutions and I hope the Minister will ensure the transparency and particularly, that there is quality in those new rehabs if they were to be recruited.

Mr Speaker, Sir, I have also got some concerns. We must ensure that neither the proposed change to drug offence policy nor any change adds to the problems we already face in controlling the use of drugs. In this respect, law enforcers must ensure that drug traffickers, once caught, do not take any advantage of any unfortunate loopholes in the Bill to present themselves as drug users or just drug consumers but rather they have a gargantuan appetite for self-consumption of drugs and get away from full wrath of law but more worryingly, they will continue their evil and criminal business.

Mr Speaker, Sir, Section 59A: ‘the Drug User Administrative Panel and its composition’. I did listen to the rebuttal just made by the hon. Minister Jeewa-Daureeawoo with regard to what has been said before; I would like to say that I am of the opinion that there should be – and I mean it and the hon. Minister who is a respected Psychiatrist will understand exactly what I mean – there should be an active senior specialist in Psychiatry with special interest in substance abuse as a permanent member, not co-opted, since the world of drugs is constantly evolving namely, we have seen now liquid cocaine coming into the country and the surge of synthetic drugs.

Mr Speaker, Sir, I cannot help referring to Section 59B: ‘Suspension of prosecution’. That whole process is unfortunately based on the decision of the Commissioner of Police and I have serious concerns regarding such powers conferred to the Office of the CP. One must remember, not very long ago, as confirmed, the holder of the Office of the Commissioner of Police in his best honest judgement or natural judgement, decided to sign passports papers to one notorious person, allegedly involved in drugs and now we are investing powers to one Commissioner of Police alone to decide who should be referred to Drug User and Administrative Panel or be prosecuted. We are opening a can of worms and we should be worried.

Mr Speaker, Sir, it is worth noting that some of the amendment goes in line with the recommendation of the Commission of Enquiry on drugs by former judge Lam Shang Leen. But I regret to say that such piecemeal implementation is a far cry from many of the very serious and consequent recommendations of the Commission such as certain whole sections that have been referred to where section 19.5.3 referred as Black Sheep. And that section referred particularly to certain pseudo-politicians which I have said as black sheep and today, are being paraded in the public, in political arena as if they are the most innocent individuals on earth. Yesterday, I was however, reassured and glad to note that the Prime Minister, while he was conferring the new recruits of Police Officers at Vacoas, said that those and I quote him in his speech. He said –

“the black sheep in the Police and other public institution will have to bear the full brunt of the law and its consequences”

And I hope the hon. Prime Minister and his Government do the same when it comes to section 19.5.3 Black Sheep and those people involved.

Mr Speaker, Sir, the concept of harm reduction – there is nothing more important than preserving the health of our citizens at large who fall prey to these criminals. It is, therefore, high time to consider different options and avenues based on what would effectively reduce harm, that is, overdose prevention units also known as drug consumption rooms whereby places that takes people off the streets, a novel concept that is being considered in certain developed countries.

Mr Speaker, Sir, moreover, many of us here, on both side of the House, have heard week in and week out of youngsters being found dead on bare lands because they have had a drug overdose. Only last week, in this country, three places: Cap Malheureux, Grand Baie, Pointe aux Piments; reason why the idea of a drug consumption risk must at least be the subject of

discussion and consideration and provide these unfortunate consumers with a safe environment, clean needles and a focal point where they can engage with appropriate authorities to combat their addiction. Consumption risks would be a logistical continuity of the Needle Exchange Programme and the Outreach Programme targeting people who inject drugs. I have drifted a little away from the actual debate but I felt compelled to mention the consumption risks.

Mr Speaker, Sir, Section 2.7 of the Commission of Inquiry clearly points out the failure of incarceration policy which unfortunately is linked to further addiction, poverty or drug dealing to serve their own daily doses. At section 2.8 of the Drug Commission, it is equally important that responsible authorities monitor the progress of the drug user during the period of rehabilitation and be assisted with the necessary tools to ensure that the drug user has overcome his addiction. Authorities must be conscious of the devastating relapsing syndrome of drug users who, at that crucial moment, require greater attention and long-term follow-up.

Mr Speaker, Sir, the hair test; the hair test is not novel – I am sure the hon. Minister knows what I am talking about. The hair test poses itself as one of the most reliable, accurate means of drug detection and has proved to be very useful in social service matters and as evidence of abstinence in Court and legal matters. Such test, if implemented, will provide a game changer as to post-rehabilitation check and recurrence. And as for those who have no head hair, rest assured their tests can still be performed and do not cause a problem since body hair from other areas can equally be analysed.

Mr Speaker, Sir, keeping in line with the same thought, there is nothing mentioned in the Bill for tourists who visit our country and consume drugs for personal consumption. Such lack of clarity may provide for some a safe haven to indulge into unlawful practices. The simple question: will the tourists have to be referred the DUAP following the recommendation of the CP or be prosecuted or be deported? I think we need much clarification on that.

There is also the issue of juvenile offenders. Will they be referred in institutions mixed with adults or will there be specific institutions for them? I am sure the hon. Minister will give us some clarifications later.

Mr Speaker, Sir, section 29 deals with what I consider has been the major hurdle of ex-convicted drug users in re-entering the workforce. The obtention of a clean certificate of character poses an enormous pressure on those who unfortunately had a blot by previous

convictions. This is a huge handicap for re-insertion of those who have been convicted for minor drug offences, especially drug consumers. The question that arises today is whether the certificate of morality will bear testimony for those who have been referred to the DUAP or those who have already been convicted and may now be suitable candidates to be referred to DUAP. Clarification is highly needed in this aspect as the certificate of morality is the entry visa, and I repeat it, the entry visa of these unfortunate victims to re-enter the employment market.

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Mr Speaker, Sir, I will now comment briefly on the authorised use of cannabis for medical treatment. One cannot be oblivious to the positive impact that medical cannabis has had for certain families in the face, sometimes, of home bound medical conditions. I am well aware that there are no simple answers to many of the questions facing well reputed scientific authorities. Opinions raised in this forum and throughout society are sometimes conflicting.

Mr Speaker, Sir, I hope and I am sure that we can all agree on both sides of the House that those with chronic health conditions, sometimes causing unimaginable pain and suffering, will no longer be denied the potential fruits of research in cannabis and surely now in our country legislation is being kept pace with scientific progress. We owe it to the families out there in despair, many of whom, felt forced in the past to smuggle in life threatening treatment for their children and loved ones.

Mr Speaker, Sir, while the Bill will allow the prescription of medicinal cannabis for specific therapeutic conditions as per Part IIA section 28A, allowances must be made as to other debilitating medical conditions that may have proven relief from its use, for example, chronic debilitation secondary to Aids, multiple sclerosis, autism with self-inflicted injuries with

associated aggressive behaviour. More so, the question of whether an authorised specialist will be allowed to refer a patient with a condition not listed in section 28A, but in his opinion and based on emerging medical evidence, will benefit from the treatment?

From the Bill, it will be the Medicinal Cannabis Therapeutic Committee at section 28E that has the final say. I cannot see any option left to the authorised specialist in case of rejection of request when he feels that the said condition has already been earmarked by highly reputed scientific medical authorities with evidence based practice that have proven quality care with patients who have been given cannabis.

Mr Speaker, Sir, regarding the dispensing of medicinal cannabis, there are concerns about the lengthy queues that may occur at regional hospitals for dispensation of medical cannabis according to many social workers. There are thousands of unfortunate patients who will make a demand for same from the authorised specialist. Needless to say that in all genuine cases, these patients are mostly debilitated; the elderly with limited mobility. Will the already, unfortunately, suffocated dispensing pharmacy at public hospitals able to cope and provide the necessary waiting facilities and service for them?

Mr Speaker, Sir, secondly, if other dangerous and controlled drugs, as the hon. Minister, who is a Medical Practitioner like myself knows, these drugs are dispensed by private pharmacists or private health institutions and are dangerous and controlled drugs. I am of the opinion that whilst training has been given to doctors and are thereby referred as authorised specialists, likewise, same should have been done for pharmacists, private health institutions or private pharmacists so that patients can have a choice to obtain such treatment, whether public or private. This in return will decrease the burden on the public service. Mistakes, errors, abuses in the dispensing of drugs have occurred in the past, but it is not limited only to particular private entities. Recent unfortunate dispensing of chemotherapy drugs in the public hospital for eye treatment show that there is continuous need for improved coding, storage and continuous training of those involved at all levels.

M. le président, la solution n'est certainement pas de restreindre l'accès. Il faut au contraire ouvrir l'accès en libéralisant le cannabis pour que le spécialiste autorisé du privé puisse le prescrire et aussi pour qu'on l'achète en pharmacie, bien sûre, après l'aval du *Medicinal Cannabis Therapeutic Committee*.

Mr Speaker, Sir, one last thing is the safety of medicinal cannabis. I suggest the setting up of a Monitoring Committee working together with the authorised specialist to detect cases of psychosis and dependency on the medicine, though small, among those who have been prescribed.

Mr Speaker, Sir, on a final note, all speeches from both sides of the House so far with regard to this Bill - I am sure until the end, - will echo the will and sincere wish that the drug user regains control of his life and recovers his freedom from addiction. Hopefully, this Bill will go some way to achieve this goal.

To conclude, my message is to those drug consumers for personal use. As late Lady Diana said during an international workshop on Treatment and Relapse Prevention, I quote –

“You alone can do it, but you cannot do it alone.”

And, I add, we will help you. Thank you.

Mr Speaker: At this stage, I will suspend the Sitting for 45 minutes.

At 5.30 p.m., the Sitting was suspended.

On resuming at 6.25 p.m. with Mr Speaker in the Chair.

Mr Speaker: Please be seated! Hon. Nuckcheddy!

Mr S. Nuckcheddy (Third Member for Flacq & Bon Accueil): Thank you, Mr Speaker, Sir. At the very outset, I would like to congratulate the hon. Minister of Health and Wellness for this Bill. While bringing my contribution in this debate I have in mind the families who have suffered and continue to suffer because one of theirs has become a victim of those predators that we call drug traffickers.

Before I start, let me first remind this House and the public at large that the objective of this Bill is to amend the Dangerous Drugs Act. And why are we amending this current Act, Mr Speaker, Sir? The answer is simple. Because we are a caring Government, we are implementing the recommendations of the Commission of Inquiry on Drug Trafficking, which was set under the advice of late Sir Anerood Jugnauth. A Commission of Inquiry, Mr Speaker, Sir, which lots of people, whom we see walking on the streets of Port Louis, sitting on the other

side of the House, have only talked but never had the courage to set up this Commission of Inquiry.

As a caring Government, we are duty bound in continuing to take our country to a new height. This Government during its mandate of 2014-2019 did lots of things. Like I said earlier, people sitting on the other side of the House only talked, talked and talked and never showed any interest in their own talk. Apart from the Commission of Inquiry which this Government brought, worked for three years and three months and came out with more than 450 recommendations, a report of 260 pages. A report which was made public *in toto*. In the last mandate, we also had the electoral reforms which, fortunately for us but unfortunately for our country, showed us the true colours of the so-called historical leaders.

In this mandate, we came with the Children's Bill, and now, this Bill on the dangerous drugs. And we will have some more up to the end of our mandate. And then, when we will be back in 2024, we will have some other historical measures and you will see the marvel that we are going to do. And let me remind our hon. friends on the other side of the House that we are working for the whole country and not just for 4 - 14 as they usually say. It is our duty to make laws, but not any law. Our duty is to make good laws and amend existing ones to improve our system and maintain peace in our country, and also where people will benefit.

So, you see, Mr Speaker, Sir, as a caring Government, we are bringing solutions to our problems. But when I listen to our hon. Members on the other side of the House, we can say that they seem to be a problem to every solution. I would like also to point out their dishonesty. As usual, they always try to mislead the population. Some even try to say that this Bill is just about medicine from cannabis, while we all know this is not the case. A hon. Member from the other side of this House mentioned the following, and I quote –

« *Le rapport n'a pas été tendre envers l'équipe gouvernementale.* »

Of course, he was mentioning about the Commission of Inquiry, which was set by this Government. But, Mr Speaker, Sir, because of whom the hon. Member now believes that the report was not *tendre envers le gouvernement*. That person, is he not a hero for his Party now? When today, we see people of the Opposition who use as a ladder to gain some popularities have been involved in lousy transactions, then the same Members are talking of planting, of magic, and I do not know of what else. The same hon. Members from the other side of the House

mentioned that the use of cannabis as a medicine figured in the manifest of *L'Alliance Nationale* in 2019. But why, Mr Speaker, Sir, was it not in the manifest of the Labour Party in 1995? And was it not in that of 2005 and 2010 for instance? And hon. Dr. Boolell had the guts to say that the recommendations of the Commission of Inquiry are being done at a snail's pace. Is that what you said?

Dr. Boolell: Snail! Snail!

Mr Nuckcheddy: Snail's pace! The hon. Minister, Dr. Jagutpal, mentioned - I think he did not listen to the hon. Minister when he moved the Bill - that 80% of the recommendations of the Commission of Inquiry have either been already implemented or are being implemented. So, this is the truth that our people of this country should know, that our citizens' welfare is our priority.

And let me remind this House, Mr Speaker, Sir, that when the Labour Party was in power, especially between 2005 and 2010, do you know what their priority was? Their priority was sodomy. Some hon. Members of the other side of the House even intended to say that some people who are close to the Government will be allowed to import these medicines made of cannabis. This is again a *malhonnêteté de leur part*. Let us not forget how when the Labour Party was in power, their *petites copines* was as if the Queen Mumtaz of Shah Jahan. We had a Prime Minister who was dazzled by his love, by the love for his 'Mumtaz' and everything was being done just for the 'Queen Mumtaz'.

An hon. Member: *Arvin dakor li!*

Mr Nuckcheddy: Of course, he should be because that is a fact. That is true.

(Interruptions)

Mr Speaker, Sir, as a caring Government, we care for the needs of the Mauritian society. Mr Speaker, Sir, this Parliament where, we elected Members, we vote laws; and use this Parliament as a bridge between the State and the society. So, this Government is treating the issues of drugs in all its aspects, that is, repression, prevention, treatment and rehabilitation so that the end winner in all the process is the Mauritian society.

Mr Speaker, Sir, there is a famous African proverb which says that it takes a whole village to raise a child. Our society is that village. We, Members of this House, whether we are

on this side of the House, bringing our contribution for the betterment of the country or we are on the other side of the House, busy organising marches and negotiating alliances, we all have got a responsibility towards our society. We are all part of this country and this smart village that we dream of but it is the responsibility of everybody to work hand-in-hand to achieve that.

Mr Speaker, Sir, hon. Dr. Aumeer mentioned, during his intervention, a famous quote –

“You alone can do it, but you can’t do it alone.”

It is in fact a saying written in one of our rehabilitation centers. As you enter that center, you will see this phrase written and so this Bill is about an inclusive approach to deal with the issue of drugs. The drug users need our support to come out of this turmoil they are in. We should not drag this issue too much into a political field. Our honorable friends on the other side of the House must admit that we are doing things they could not do. Hon. Paul Bérenger mentioned that this amendment is only about two things; first drug use and trafficking and then medical cannabis but in fact, this Bill treats four major elements –

1. The treating of people who are suspected of having committed a drug offence for his personal use;
2. The medical cannabis;
3. Empowerment of the FSL, and
4. Redressing the shortcomings on the current act and amendment of the Court Act.

This is the spectrum of the Bill.

In one paper published by Mr Michael Bostwick, the latter stated that cannabis had been used throughout the world as a medicine for 5,000 years up to the year 1913s when the Federal Government of America imposed restrictions on its use, otherwise physicians used to prescribe it for a plethora of indications.

Let me take the provisions of this Bill which deals with people who are suspected of taking cannabis for their personal use. We must be careful here. We should not take it that cannabis is being legalised as stated by hon. Bérenger. We are not doing what Portugal did in the year 2001 and actually what Germany is doing. These two countries are part of Europe and where these European countries are allowing cannabis to be used for a recreational purpose, we have all the European countries like Sweden, for example, where there is zero tolerance policy. These three

countries form part of the European Union and yet have different approach on dealing with drug issues. Similarly, we might be very close to the Réunion Island but hon. Dr. Boolell, our culture, our history is different to Réunion Island so we just cannot copy and paste what Réunion Island has been doing. We have our own identity and history. I will say that here, we are coming with an amendment to our existing law which will provide policy on drug which will suit our society.

The proposed amendments are in fact audacious measures in the treatment of people having substance use disorders and rehabilitation in lieu of criminalisation. The suspect will be referred to the Drug Users Administrative Panel by the DPP where the user will not be treated as a criminal but as a patient who will be rehabilitated, treated and follow up will also be made on social reintegration. The hon. Leader of the Opposition mentioned that we have only 50 beds but when he mentioned that, he was assuming that when we identify someone as a drug user, he will be admitted in those centres. It's not the case. Admission will be a process which people later on and maybe these drug users will not have to attend to that stage of the process. That aspect of social reintegration is the most important, Mr Speaker, Sir. While I was in my early twenties, I participated in a residential seminar on drugs and one of the assessors of the Commission was a resource person who talked about the reintegration of drug users and mentioned that the importance of it was not given much consideration.

I must thank the hon. Minister of Health and Wellness who is providing in this amendment that the panel will not only have the responsibility to monitor the rehabilitation but also to assist the user as may be necessary to overcome his addiction to drugs. During his intervention, the hon. Minister of Health and Wellness mentioned something which is very important. He mentioned that in addition, the police will be given wider powers so as to enable it to detect drug offences. I believe here the hon. Minister is making reference to the section 55 where the current subsection is repealed and replaced by the following –

“The police officer may, if he thinks fit, cause the consignment of dangerous drugs to be lawfully intercepted...”

And this is very important, Mr Speaker, Sir, as this will prevent what we saw in August at Palma where someone who takes himself to be a great defender of the democracy, who always blames this Government that it is not governing properly. So, what we saw shocked the whole nation, that despite being a lawyer, not respecting the orders of the police, holding a bag tightly that you

can say it valued it more than his life. *Sac dan la main, la main dan sac* and then *sac dan toilet*. And then finally, the same people coming on the street to say that his DNA was not found in the drugs which were found in the toilet at one of his close relative's place. The Minister also explained how more than 30 countries in the world have legalised cannabis for medical use and we, here, did set a technical committee which had several consultations, expression of views and opinions and came with several recommendations. Thus Mr Speaker, Sir, a new part 2 (a) is being introduced in the Dangerous Drugs Act so as to provide an appropriate legal framework so that cannabis can be used as a medicine for several diseases.

Now, we should not believe that a floodgate is being opened. The person issuing a prescription to a patient to be treated with medical cannabis will be someone authorised as per the provision of the Section 28 (a) where it is stated that he should be someone registered under the section 20 of the Medical Council Act and had completed a training approved by the Ministry of Health and Wellness.

Mr Speaker, Sir, there is a famous saying which says 'kill the sin, not the sinner'. We have heard of this sentence several times. Trafficking of drug is a sin and the use of it makes someone become the sinner. So this amendment is coming with measures where the panel will provide an opportunity to the users to be treated through education, counselling, treatment and rehabilitation. Section 59 (b) –

“...in respect of an offence committed by a drug user under Section 34, the Commissioner of Police is of the opinion that –

- (a) the offence was committed by the drug user for his personal consumption;
- (b) no aggravating circumstances exist in the commission of the offence, and
- (c) the drug user is not a drug trafficker,

he shall make a recommendation to the Director of Public Prosecutions for the drug user to undergo rehabilitation in lieu of being prosecuted for that offence.”

While this Bill provides a soft way to deal with the drug users, at the same time it conveys a strong message that the Government's determination to deal with drug traffickers by for instance, the Section 41 (3) is amended by increasing the fine for such an offence from Rs2 m. to Rs10 m.

Mr Speaker, Sir, we have traffickers and these traffickers are tracked by policemen who, at the risk of their lives, carry on raids and recently we have seen how the police officers were attacked causing bodily harm and even damages to their vehicles. When the police bring the traffickers to trial, we do have instances where these traffickers are released because of false statement or false evidence. This Bill now is increasing the punishment for such an offence by increasing the fine from Rs1 m. and increasing the term of imprisonment from not less than two years to between five to ten years. So, those people are warned. I acclaim these measures and would like to have seen similar fines for those people and to anyone even if they were former Members of this Parliament or former Deputy Speakers of this House, when found involved in road accidents after celebration of their birthday and then lying that they were not driving the car and it was found that there exist a video recording, they came and tell the truth; these people should also face similar severe punishment even if the father comes and blames the Government afterwards. Our laws shall send a strong message to the nation.

Earlier, I mentioned a reintegration. We cannot reintegrate without rehabilitating. The Section 59C treats about rehabilitate of drug users and it elaborates on the whole process of rehabilitation which will end up with a comprehensive report on the rehabilitation process. The users need treatment and to be able to treat, we need to provide them a comfort. We need to gain their trust and the Section 59D aims at protecting the drug users where any evidence given by them to the Panel shall not give rise to any civil or criminal proceedings.

Mr Speaker, Sir, the Bill is a message to our people that we are determined to leave no stone unturned in our fights against drugs. We are here by the side of Mauritians and together we are working for the betterment of our island.

We want the population to understand that in addition to the health problems, the destruction of families due to substance abuse, narcotics trade is a great threat to the safety and security of the country. Narcotics trade is one of the biggest sources of income for terrorists and anti-national elements and the money sourced by these elements through drugs trade is used to destabilise the nation.

Recent seizure of drugs is an eye opener. So, we must be careful. We, on this side of this House, we are doing our utmost for a healthy life, happy family, better future and a security of our nation.

With these words, Mr Speaker, Sir, I welcome this Bill and recommend it on the name of our future generations. Long live Mauritius!

Mr Speaker: Hon. Dr. Ramdhany!

(6.44 p.m.)

Dr. A. Ramdhany (First Member for Grand' Baie & Poudre d'Or): Mr Speaker, Sir, I am thankful for the opportunity to participate in this debate. Mr Speaker, Sir, it should be emphasised that this Bill does not consider the social recreational use of cannabis, and the arguments for and against its legalisation and decriminalisation in this context. This Bill's sole purpose is with the separate and distinct issue of the medical use of cannabis and a shift from punishment to rehabilitation.

Mr Speaker, Sir, debate about medical cannabis is challenging. The basic foundations of the accepted practice in the medical, legal and ethical communities, a major criticism of alternative therapy like medical cannabis, is they have not been scientifically tested leading many to question their safety and efficacy. However, proponents in the medical community of youth of medical cannabis use based on its effectiveness in managing, debilitating pain, nausea, vomiting associated with chemo therapy as well as its efficacy in treating severe weight loss commonly experienced by AIDS sufferers.

Medical cannabis can be used as a stand-alone treatment for these conditions or as a complement to conventional one in order to help patients better withstand the conventional treatments effects and thereby obtain the full benefit whether a cure or improvement in their conditions. The history of cannabis use for medicinal purpose extends back through millennia and can be traced back to 2737 B.C. when Emperor Shen Nung was prescribing cannabis tea to treat gout, rheumatism, malaria and even poor memory.

The drug's popularity spreads throughout Asia to the Middle East and into Africa and many Asian physicians prescribed cannabis for numerous ailments from pain relief to child birth. In western medicines, from 1840 to 1900, more than 100 articles citing cannabis therapeutic

qualities were published in America and European medical journals. These early American medical journals were recommending hemp seeds and roots for conditions including inflamed skins in continents and venereal disease. In 1851, the United States pharmacopeia included hemp in its catalogue of medicines.

While the subject of medical cannabis is becoming an increasingly heated medical issue, it also continues to steer the angers of legal arguments. The main objection to the medical use of cannabis is largely attributed today to a national policy of zero tolerance towards illicit drugs. In addition, it is argued that cannabis is a gateway drug that leads to serious drug use. It is therefore essential to have the correct legal framework in place to control the use of cannabis for medical purpose.

Mr Speaker, Sir, this Bill also makes provision for rehabilitation as opposed to punishment. Accordingly, where a person is suspected of having committed a drug offence for his personal consumption, he will, on the recommendation of the Director of Public Prosecutions, not be prosecuted for that offence, but will instead be referred to the Drug User Administrative Panel.

This, Mr Speaker, Sir, is a commendable decision and will address the problem of drug addiction at its root. Finally, the Bill also provides for empowerment of the Forensic Science Laboratory (FSL) by allowing the FSL to analyse a sample of drug seized rather than analysing all the drugs seized, a trend which has been adopted in several jurisdictions. This will enable the Police in turn to destroy dangerous seized rather than keeping the same to be produced in Court as exhibits.

Mr Speaker, Sir, once enacted, the Dangerous Drugs (Amendment) Bill 2022 will define the parameters within which medicinal use of cannabis can be controlled and to provide for matter related thereto. This Bill comes at a time where there has been a recent surge in number of cancer patients worldwide including our island.

As a medical doctor myself, I have come across patients suffering from gout, cancer and medical conditions which are not always relieved by modern medicines. This Bill will empower the Medicinal Cannabis Therapeutic Committee which will be set up in every regional hospital to determine on a case to case basis whether a patient needs medicinal cannabis for his treatment.

The use, dispensing and importation of medicinal cannabis will be supervised by the Ministry under very strict conditions. As a medical doctor, I thank the hon. Minister of Health and Wellness for this bold decision under the leadership of the hon. Prime Minister. This will help doctors and patients alike.

This Bill, Mr Speaker, Sir, will be crucial to ensure that there is no improper use of cannabis and will also be able to help relieve patients suffering from medical conditions which have defeated modern medicines.

Mr Speaker, Sir, the expression ‘hit a wall’ and ‘hit bottom’ best describes the current situation with cannabis and its status as an illegal substance. Nothing including the status quo will improve the situation. I need to emphasise that we are not condoning the use of this product, but simply attacking the root of the problem for the patient and drug addicts. The supposed deterrent message about prison sentence has failed and maintaining it would be inconceivable.

Prevention is already happening and we will step up our effort because this is what we, as a reasonable Government, are making an admittedly extreme difficult decision, permitted to do it. This is a monumental challenge related to an extreme sensitive issue, but this decision had to be made. There will be never a perfect time when we can say that all of the elements are in place and we can go ahead with allowing the medical use of cannabis.

The Government’s decision will truly be good for our communities. The Government will oversee the process and will be able to anticipate outcomes. Unlike the Members of the Opposition, I will make no prediction based on speculation or clairvoyance. In reply to some hon. Members and hon. Dr. Aumeer and his clairvoyance, *M. le président, permettez-moi maintenant de faire référence à des copains ou autres bailleurs de fonds du parti de l’opposition.*

En 2017, le nom de S. A., un proche du leader du parti, est cité avec fermeté, d’être suspecté de convenue avec MK dans le saisi record de 135 kilogrammes d’héroïnes dans le port. S. A. était également incarcéré pendant deux ans après qu’un constable du *PIO* l’a accusé d’avoir donné des instructions pour récupérer la drogue valant de 18.9 millions dans les toilettes de l’aéroport de Plaisance dans la nuit de 11 juin 2017. Il y a encore d’autres.

M. le président, je tiens à préciser que ce sont des faits publiés par la presse dans son ensemble dont je me suis documenté. Dans l’élan d’un gouvernement responsable, le Premier

ministre, Pravind Jugnauth, a encouragé à ce que la police soit désormais équipée de *drug kits* et les utilisés pour dépister les consommations de drogues lors des contrôles routiers.

Maintenant, M. le président, permettez-moi de poser une question et inviter les membres de cette Chambre : pourquoi le fils d'un leader politique, après un grave accident de la route, s'est obtempéré à soumettre à des tests ?

(Interruptions)

Mr Speaker: Wait! This is freedom of speech. Please!

Dr. Boolell: According to you!

Mr Speaker: The Leader of the Opposition has spoken a lot outside subject. He is talking on the subject. Please, continue!

Dr. Ramdhany: C'est clair comme de l'eau sur la roche de l'action des membres de l'Opposition. Ils sont toujours prêts à attaquer pour défendre ceux impliqués dans cette affaire de drogue. Parmi tant d'autres, permettez-moi, M. le président, de citer un cas, en l'occurrence l'affaire de Peter Uricek. Mes amis de l'autre côté de la Chambre étaient au four et au moulin de défendre celui qui incriminait leur trafiquant de drogue, une personne dangereuse qui était même sous le coup d'un arrêt de mandat international. Il aurait fui son pays pour échapper à la justice. Au lieu de défendre l'indéfendable, l'honorable membre, vous auriez dû féliciter l'action du gouvernement qui, en respectant la loi, a remis Peter Uricek à l'autorité slovaque où il a été condamné à 22 ans de prison le 22 avril dernier.

Mr Speaker, Sir, like I said, I will make no prediction based on speculation and clairvoyance but I will say that based on our objective, we can expect results similar to the experience and the best practice of other countries that have gone down this path and succeeded in alleviating the pain of medical patients, drug addicts and their families throughout the promotion of rehabilitation. This Bill will empower the Police and will also ensure an efficient disposal of drug sales. This is made possible by the Bill empowering the FSL, as in the case of other several jurisdictions, to analyse sample of dangerous drugs rather than analysing all the dangerous drugs seized. Thus, the Police can expedite the destruction of drugs seized instead of preserving same to be produced as exhibits in Court. Mr Speaker, Sir, this Bill will enhance the

medical, legal and ethical scene by providing the right legal framework and standard required to face challenges laying ahead.

Let me end by saying, Mr Speaker, Sir, that this Government is continuing with its vision to upgrade the lifestyle and the protection of its citizens. This Bill is another step in the right direction and is evidence of the visionary approach of this Government under the leadership of the hon. Prime Minister to ensure that Mauritius is adapting with the international trends but also ensuring the necessary safeguards are in place to achieve the best results.

Thank you, Mr Speaker, Sir.

(6.56 p.m.)

Mr K. Lobine (First Member for La Caverne & Phoenix): Thank you, Mr Speaker, Sir. Mr Speaker, Sir, I will not be responding to previous orators on this Bill with regard to cheap allegations and also things that are not conducive to the nice environment that we have in this House to debate on a very important Bill. I would instead limit myself to what this Bill is all about and the importance of this Bill because we owe it to this nation that we debate in a serious and also a very factual manner.

Mr Speaker, Sir, the year the Drug Commission Report came out in 2018 calling for a national rethink on cannabis and how cracking down on it was fuelling the rise of synthetic drugs, Mr Speaker, Sir, 50% of all drug prosecutions in the Courts were cannabis-related. The following year the Government came out with its National Drug Control Master Plan 2019-2023 that continued to list the crackdown on cannabis and seizures of cannabis and plants as key deliverables when it came to the Government's drug policy.

Mr Speaker, Sir, the hon. Leader of the Opposition in his speech made an excellent plea that we need to adopt a human approach with regard to how do we, as a nation, treat our victims of drugs. Mr Speaker, Sir, the technical report of the Ministry also refers to a number of African countries that seem to have taken a soft approach in view of cannabis. Lesotho, for instance, has issued licences in 2017 to grow cannabis for medical purposes. South Africa, authorising in 2017, the use of medicinal cannabis with its Court ruling that South African adults had the right to grow and use cannabis privately. Zimbabwe, Mr Speaker, Sir, Zambia, Ghana, each introducing between 2018 to 2020 their own licences to grow cannabis for medicine. Malawi,

Mr Speaker, Sir, has established a Cannabis Regulatory Authority in 2020 and Morocco legalising in May 2021 cannabis use in medicine and cosmetics.

So, Mr Speaker, Sir, right from the outset, I am of the humble opinion that there should be an overall rethink of our national strategy with regard to our approach to the whole issue of cannabis. In many ways, Mr Speaker, Sir, the technical report of the Ministry is merely following an emerging consensus with regard to the potential of medical cannabis. Back in January 2019, the World Health Organisation recommended changing the international drug categorisation of cannabis leading the United Nations Commission on Narcotic Drugs at its meeting in Vienna in December 2020 voting to take cannabis off schedule 4 of its 1961 UN Convention on narcotic drugs which for the past 60 years, Mr Speaker, Sir, had blocked the international recognition of cannabis as having therapeutic value while maintaining it on Schedule 1 of the Convention still listing it as a drug liable to be abused and illegal for non-medical and scientific purposes. Thus, the technical committee has, Mr Speaker, Sir, logically given its report to the use of medicinal cannabis.

Thus, today, it is indeed a stepping stone and a move in the right direction to be debating on this Bill before this august Assembly. I do welcome the main object of this Bill as embedded in the Explanatory Memorandum but Mr Speaker, Sir, it is worth to recall that way back in 2017, the PMSD was calling for the decriminalisation of cannabis and allowing its medical use. In our electoral manifesto in 2019, PMSD together with the Labour Party, proposed and I quote –

“an amendment to the law to allow the use of medicinal products derived from cannabidiol under strict medical supervision and under conditions approved by a board of doctors”

which is quite similar to the proposal made by the technical committee of the Ministry. If I may recall also, Mr Speaker, Sir, the MMM too called for the medicinal use of cannabis and the dropping of prison sentences for cannabis possession. However, it is also worth recalling that when on 09 July 2019, hon. Xavier-Luc Duval, as Leader of the Opposition, asked a PNQ to the then Minister of Health, our good friend, the Vice Prime Minister, hon. Dr. Husnoo, whether after the drugs commission, the Ministry of Health would commission research and trials into the use of medicinal cannabis and its derivatives such as cannabidiol in Mauritius. Hon. Dr. Husnoo at that time responded and I quote –

“Now, as far as research is concerned, a lot of countries are doing it. Do you think Mauritius is such a big country to do large scale research? No!”

And, Mr Speaker, Sir, one of the technical committees’ ancillary recommendations is a four-week trial use of cannabidiol to treat multiple sclerosis for example. Precisely, the type of research that Government was saying was impossible just a couple of years ago. Mr Speaker, Sir, the MSM was thus since very recently adopting a rigid policy approach to all debates surrounding the decriminalisation of cannabis and the use of medicinal cannabis. And I am glad that good sense is prevailing and we are all united to fight illicit drug trafficking but also to encourage rehabilitation and treatment to the victims who have fallen prey to illicit drugs but most importantly to provide a cure and alleviate the pains of hundreds of children and parents through the use of medicinal cannabis as rightly canvassed by the hon. Leader of the Opposition in his speech.

So, this debate, Mr Speaker, Sir, as also rightly pointed out by hon. Minister Teeluck, is above party politics and for the sake of allowing a wider dissemination of all information pertaining to why this Bill is getting a wide consensus, it is important to point out the following. Mr Speaker, Sir, I would refer widely to the UK as a case study and I would introduce as to what we are all debating about. Cannabis, which is arguably the world’s oldest medicine, after a period of being banned for political reasons in the second half of the 20th century, cannabis has now been restored as a medicine in an ever-increasing number of countries, Mr Speaker, Sir. Interest in the therapeutic benefits of medical cannabis has grown rapidly in the past 20 years and since 2019, when the Director General of the World Health Organisation recommended the rescheduling of medicinal cannabis in the International Drug Control Convention Framework to facilitate the use of cannabidiol substances for medicinal and scientific purposes, this recommendation has brought along legislative changes across the globe – in Israel in 2001, Canada in 2001, way back, Netherlands in 2003 and later other countries like Switzerland in 2011, Italy in 2013, Australia in 2016 and Germany in 2017. They legislated the use of medical cannabis under specified conditions. An increasing number of States in the United States are also legalising cannabis for both medicinal and non-medicinal purposes.

Mr Speaker, Sir, I shall refer, as I said, to the UK as an example that we could take upon as a case study due to the similarities, in our administrative model of government. In the UK,

Mr Speaker, Sir, cannabis was made up medicine on 01 November 2018 largely as a result of patient pressure including high-profile media campaigns for children whose intractable epilepsy had been remarkably improved. Nevertheless, by March 2020, Mr Speaker, Sir, the medicine is still unavailable to most patients. The current National Institute for health care excellence have issued guidelines as to the use of medicinal cannabis. Whilst welcomed by patients as a move in the right direction, these guidelines have been criticised as being too restrictive and too limiting. Many questioned the narrow choice of recommended products and the lack of recommendation of medical cannabis for the treatment of chronic pain.

Despite the lack of scientific evidence in many cases, Mr Speaker, Sir, there is significant patient demand for access to medical cannabis. Mr Speaker, Sir, in the UK when medical cannabis was approved, it led to many patients to believe that the medicine would now be available on the NHS and this is the aspiration also of many people in Mauritius that this would be made available through our National Health System. Yet, as per statistics that I have gathered Mr Speaker, Sir, figures available in 2020, there have been only 12 NHS prescriptions and less than 60 prescriptions in total. And in marked contrast, Mr Speaker, Sir, a recent patient survey by the Centre for Medical Cannabis in the UK, it was found that 1.4 million people are using illicit cannabis for medical problems – 1.4 million people, Mr Speaker, Sir!

Mr Speaker, Sir, due to the current narrow medical cannabis legislation in the UK, there is a large amount of people in the country who turn to illegal cannabis to relieve their symptoms. It is estimated that over 41% of those currently suffering are using cannabis, what they call from the street, to help alleviate their pain.

Mr Speaker, Sir, my concern is that adopting the same last resort approach to medical cannabis as in the UK, we might be opening the floodgates to a novel form of illicit trafficking of now, medicinal cannabis thus defeating the whole purpose of running down the business of the drug mafia. This last resort approach, Mr Speaker, Sir, as it is being called by the medical profession will unfortunately help in creating this new pillar of illicit trafficking that the drug mafia shall be more than happy to grab with both hands.

So, Mr Speaker, Sir, I urge the hon. Minister to consider the issue I am raising and to take into account what has happened in the UK and as I have pointed out earlier and to address same properly so that we could learn from the experience of other countries and create a model that

shall suit our country and to prevent emergence of yet another pillar of illicit business of medicinal cannabis now in Mauritius.

Mr Speaker, Sir, I have a few proposals to make with regard to this Bill - with regard to clause 7, Mr Speaker, Sir, with the introduction of a new Section 28C; creating the Medical Cannabis Therapeutic Committee. At Section 28C (3), I would invite the hon. Minister to consider instead of –

“Every Medicinal Cannabis Therapeutic Committee shall regulate its meetings in such manner as it thinks fit and may co-opt such other person as it may determine.”

I should invite the Minister to make it mandatory to co-opt such other persons. So, instead of “may” to insert the word “shall”.

And I also invite the hon. Minister, with regard to clause 21 of the Bill which introduces a new Part IIIA by setting up of a new Section 59A, the Drug Users Administrative Panel, I propose the following amendment to the new Section 59B: Suspension of Prosecution by amending Section 59B(1) and same to be rephrased as follows. Instead of the Commissioner of Police seeking his opinion and having a subjective approach I propose the following –

‘the Commissioner of Police shall refer to the Director of Public Prosecution for the drug user to undergo rehabilitation in lieu of being prosecuted for that offence where in respect of an offence committed by drug user under section 34 –

- (a) the offence was committed by the drug user for his personal consumption;
- (b) aggravating circumstances exist in the commission of the offence, and
- (c) the drug user is not a drug trafficker.’

Mr Speaker, Sir, I will fail in my duty if I do not address the issue of synthetic drugs in our country. The Leader of the Opposition made reference to the ENACT Organised Crime Index for Africa where we are ranked 1st, No. 1 in the synthetic drug trade in the SADC and we are amongst the top 10 on the African continent.

Synthetic drugs present a new era of the drug market in Mauritius, Mr Speaker, Sir. The low price and availability of the ingredients coupled with greater reach to the youth through advanced technology enable traffickers to remain a step ahead of the law enforcement agencies.

Thus, Mr Speaker, Sir, we need to prioritise our combat against illegal drug trafficking and to do so, we have no choice than to review our national strategy and treat cannabis as the lesser evil, Mr Speaker, Sir. I join the hon. Leader of the Opposition to ask for the setting up of the *Assises de la Toxicomanie* which shall englobe all stakeholders and work together to urgently devise short term, medium term and long term strategies to face the new enemy: synthetic drugs. And now we are also hearing about the rise in the consumption of Hashish and liquid cocaine as well, Mr Speaker, Sir.

A rethink as to how we look at cannabis will allow our enforcement agencies to concentrate their skills and manpower to fight the drug mafia with regard to synthetic drugs amongst others.

Unfortunately, in many countries where a rigid approach has been adopted towards cannabis, drug trafficking englobing all illicit drugs have taken a surge, thus, stretching our manpower, making it even more difficult to battle on all fronts. And Mauritius is no exception, Mr Speaker, Sir.

Despite enormous number of drugs being seized, as canvassed by hon. Members from the other side of House, yet, Mr Speaker, Sir, many of our youngsters are succumbing to regular consumption of drugs. This is alarmingly the reality. Yes, this Bill is an effort in the right direction, but it is high time to act and come forward with major policy reforms on all of our politics of rehabilitation. We need to come forward with a national drug rehabilitation policy. We need to review the provisions of the Certificate of Character Act with regard to its applicability towards users and victims of drug. As being suggested by the hon. Leader of the Opposition, the setting up of the *Assises de la toxicomanie* as from January 2023 will be a major milestone to unite our forces.

We need to restore public confidence in our institutions, Mr Speaker, Sir, and law enforcement agencies. The introduction of a Police and Criminal Justice Bill will go a long way to provide our Police Officers with clear guidelines as to how they can do their jobs and conduct enquiries within the very well defined legal parameters. We need also to set up the National Drug Investigation Commission, Mr Speaker, Sir, which was one of the main recommendations of the drug report.

Mr Speaker, Sir, I shall also conclude by urging this Government that, in view of the fact that we are all united to fight this common enemy that is putting into jeopardy the future of our youth, to consider also setting up a special committee of this House, as we have in the UK, to oversee the implementation phase of this Bill when same will be enacted and to report to this House on a regular basis as to ways and means to improve the legal mechanism being put in place to make sure that we are dressing and tackling the real problem of drug trafficking, drug consumption and fight the drug mafia, but most importantly, Mr Speaker, Sir, to treat and assist our youth who have been victims of illicit drugs consumption.

In the UK, again, Mr Speaker, Sir, way back in 2018 when the law was introduced, there has been a Private Member Bill, the Medical Cannabis Access Bill that was being debated last year in the House of Commons because in the United Kingdom, things have not gone as they were expecting. So, we need to learn from this example. We do not need to go to oversee policy reforms in other countries. The UK is a clear cut example and I would urgently and most humbly invite the hon. Minister to consider what is happening in the UK. I would end by urging the Minister also to trigger a national campaign to say no to drugs by any means, like campaigns to say no to consumption of alcohol, and no to smoking of cigarettes. This is our responsibility and it should be an on-going process at all cost as well, Mr Speaker, Sir.

So, I would end by urging the hon. Minister that yes, we are taking a stepping stone with regard to medical cannabis, with regard to decriminalisation of the use of cannabis, but we have to go a step forward. Make way for the other major recommendations of the Drug Commission Report. The institution of a National Drug Investigation Commission will go a long way to combat drug trafficking because we are losing the battle. The battle is not with regard to seizure of drugs.

Seizure of drugs is not impacting on the price that you can procure drugs on the local market. It is not working. We are failing; the system is failing the fight against illicit drug consumption in Mauritius with regard to the amount of youth that are falling prey to that. So, I urge the hon. Minister to take a holistic approach, to take into account what Members from this side of the House are proposing and to go ahead with this *Assises de la toxicomanie* which will englobe the whole nation. United we fight drug trafficking and drug consumption in this country.

Thank you, Mr Speaker, Sir.

Mr Speaker: Hon. Doolub!

(7.18 p.m.)

Mr R. Doolub (Third Member for Mahebourg & Plaine Magnien): Merci, M. le président. L'introduction de ce projet de loi, le *Dangerous Drugs (Amendment) Bill*, témoigne de cette culture de travail qui nous anime de ce côté de la Chambre ou encore de la volonté de ce gouvernement à lutter contre le trafic de drogue; que cela n'en déplaie au leader de l'opposition.

Comme le ministre Hurreeram l'a si bien mentionné et énuméré jeudi dernier, nombre de projets de loi ont été présentés et débattus dans cette Chambre durant ces trois dernières années, le tout ayant pour objectif l'avancement du pays, l'avancement de notre société et la qualité de vie de nos citoyens. Qui dit qualité de vie se résume aussi à la santé de nos citoyens et je considère que les amendements proposés au *Dangerous Drugs (Amendment) Bill* est un autre grand pas franchi.

Mr Speaker, Sir, the fight against drug traffic has been since many years now one of the top most priorities of this Government, of our Prime Minister. Back in 2014, when some were lost in their calculations of $40+40=80$, the population clearly and overwhelmingly expressed its faith and trust in the then MSM/ML led government, to bring meaningful changes to the daily life of our people and to lead them towards happiness, prosperity and a better future. To this end, our Government made a pledge to the population to combat drug consumption and drug trafficking.

As a caring Government, Mr Speaker, Sir, we could not remain indifferent to the thousands of men and women who have been suffering from this scourge. Compassion is crucial in this fight and our Government remains sensitive to families, especially young people who have their careers and lives compromised.

Mr Speaker, Sir, whilst many others have been talking and walking or repeatedly doing walkouts, the MSM led government walked the talk by establishing a Commission of Inquiry on drug trafficking and through this present Bill, number of recommendations of the latter report will be implemented. In addition, Mr Speaker, Sir, the Government came forward with the National Drug Control Master Plan 2019-2023 with appropriate policies for drug control for a safer and healthier Republic of Mauritius.

M. le président, je vais brièvement commenter sur trois axes de ce projet de loi que je considère comme des game changers. Firstly, the introduction of medicinal cannabis, Mr Speaker, Sir, I will not dwell lengthily into the proposed amendments as I deem same have been sufficiently canvassed. Whether it is for spasticity associated treatments, severe refractory epilepsy or severe intractable pains unresponsive to conventional treatment, these medicines will most probably act differently depending on the condition of the patient. Literature besides, Mr Speaker, Sir, have varying conclusion on level of efficacy and this is undisputed in medicine.

However, Mr Speaker, Sir, what I consider highly commendable with the introduction of medicinal cannabis is that our public health system, an entirely free service, will see its array of services being enhanced and henceforth provide with another alternative. A wider array of up to date healthcare services align to advanced medical centres of the world. Mr Speaker, Sir, this is what we call initiatives of a caring Government.

Mr Speaker, Sir, from few comments made from Opposition Members, I think it is worthy to note and remind them that medicinal cannabis will be prescribed only if the conventional methods have not performed and that under very strict, well defined processes of dispensing.

Hon. Mrs Foo Kune-Bacha raised apprehensions with regard to side effects mentioning insomnia and a patient should be forbidden to drive, etc.

Mr Speaker, Sir, most obviously, the treating specialist will advise the patient of precautions to be taken as it is the case most of the time, if not always, whenever a medicine is prescribed by a treating doctor.

Mr Speaker, Sir, without the introduction of medicinal cannabis, patients undergoing the conventional treatment unsuccessfully, would not have had any other alternative for treatment.

M. le président, je commenterais maintenant brièvement sur les amendements visant à donner plus de pouvoir et de moyens à l'ADSU, la police et les autorités dans l'exercice de leurs fonctions. Le combat contre le trafic de la drogue ou contre cette mafiosi n'est pas tâche facile pour la police. Et je souhaiterais saluer le formidable travail abattu par ces braves policiers qui n'hésitent pas à braver les menaces, les intimidations pour se battre contre les trafiquants. Et les

amendements proposés visent justement entre autres à renforcer l'arsenal légal avec des provisions encore plus adaptées et des pénalités plus sévères.

Amongst new proposed amendments, Mr Speaker, Sir, provision at Section 35 (2) concerning action taken by Police in execution of his duty in the detection of offences has been couched in a new full-fledged provision at Section 57A, encompassing a wider scope of intervention under supervision of a Police Superintendent.

A new provision at Section 39A will now provide for prosecution for conspiracy to commit drug offence so that any person who agrees with one or more other persons to commit an offence under the Dangerous Drugs Act shall commit an offence, and on conviction, be liable to the same penalty as would have been applicable to an accomplice. It was too easy, Mr Speaker, Sir, for those intercepted with drugs to claim being ignorant or innocent and transferring the responsibility.

Additionally, Section 41 (1) will be amended by including Court premises as another place where the offence will be considered as an aggravative one. And subsection (3) will now provide for a fine not exceeding "10 million rupees" instead of "2 million rupees".

In this connection, Section 42 (4) of the Principal Act will also be amended to provide for tougher penalties of not less than "100,000 rupees" instead of "10,000 rupees" and not exceeding "one million rupees" instead of "100,000 rupees" together with an increase in initial term of imprisonment of not less than "5 years" instead of "2 years" with the same upper limit of 10 years.

À travers ces amendements, M. le président, c'est un autre signal fort que nous envoyons à ces passeurs de la mort. If they want and believe they will keep on doing good business, on this side of the House, we mean business and we shall continue to fight the drug traffic scourge.

Another major improvement, Mr Speaker, Sir, will be achieved through amendments proposed to empower the Forensic Science Laboratory, enabling them to analyse only a sample of drugs seized rather than analysing all the drugs seized. Presently, the Forensic Science Laboratory, I believe, is still with a tedious and cumbersome method to examine suspected prohibited drugs. With the increasing drug seizures, we are bound to find more effective ways for quicker sampling. Tedious and cumbersome methods of analysis, Mr Speaker, Sir, definitely

impedes on timely reports and which in turn will result in delayed and expensive Court time. These costs are borne by taxpayers who carry the burden of inefficient legal aid spending and Court administrative costs. I believe that the proposed amendments which are besides aligned with international best practices will give a better, a faster and bring about a more efficient sampling methodology.

Troisième point que je souhaiterais commenter, M. le président, du reste un des amendements phares, modernes, en diapason avec le respect des droits humains, de l'égalité des chances, vise à donner une deuxième chance, une autre avenue de sortir des couloirs de la mort avec l'institution du *Drug Users Administrative Panel*.

M. le président, nous l'avons souvent entendu, les études tant qualitatives que quantitatives l'ont prouvé, dans la plupart des cas les consommateurs de drogues surtout les jeunes n'ont pas forcément volontairement choisi le chemin de la drogue mais ils l'ont fait par ignorance, par vulnérabilité ou par circonstance. Un gouvernement responsable ne peut les abandonner, il se doit de leur offrir de retrouver leur dignité, M. le président.

The coming in force of the DUAP, Mr Speaker, Sir, is a game changer. A radical change in the way we tackle the drug scourge in the country. There are so many cases where the future of so many people, youngsters, older people, men and women of our country are compromised as they are arrested either for possession of *gandia* also known as cannabis or synthetic drugs. They are prosecuted as criminals, fined and imprisoned even if the drug found in their possession were for personal consumption. This conviction inevitably appears on their morality certificates and even if they have all the educational certificates necessary, they will not be able to find a proper job. We want this to change, Mr Speaker, Sir. The DUAP is hence *une lueur d'espoir*.

And since we are talking about Certificate of Character, I heard hon. Paul Bérenger mentioning, I quote –

« *Avec la mise en place du DUAP, il fallait aussi penser à amender le Certificate of Character Act de 2012.* »

I believe, Mr Speaker, Sir, that question would not even arise as I understand that the drug user found in possession of drugs will be directed to the DUAP and diverted from the criminal justice

system without appearing in Court following DPP's decision. As such, no issue will arise concerning having a clean Certificate of Character.

Mr Speaker, Sir, in recent years, policy makers, especially in advanced countries have continuously been under increasing pressure to find effective and appropriate responses to manage people who come into contact with the criminal justice system for drug use offences. Besides, the numbers reflect the importance of this challenge.

Drug addiction, Mr Speaker, Sir, is also considered a form of social disease like prostitution for example. Not so long ago, HIV was also regarded as a social disease. In that case, we are inclined to differentiate between those who intentionally hook other people to become addicts and those who are the victims of the former group. And here, Mr Speaker, Sir, starts the idea of treating drug addicts as victims. As victims, they deserve empathy, treatment and assistance to get rid of their addiction through rehabilitation. These alternatives have received more attention in the last years as the evidence builds to question the effectiveness of the deterrence model, and users, particularly problem drug users, are viewed more as sick than as deviant.

These alternatives, Mr Speaker, Sir, or additions to punishment or cohesive sanctions may be implemented to solve a variety of problems at different levels –

- the first is at the level of the individual to deliver a proportionate response to an offence, to treat addiction and reduce the stigma attached to it;
- the second, Mr Speaker, Sir, is at the level of society to reduce drug related crime such as acquisitive crime, as treatment has been shown to be effective at reducing such crime (Research by Holloway et al., 2008) or also to reduce disease transmission and other public health and societal harms, and
- the third is at the level of State structure to reduce the pressure on the criminal justice system and the resources used by Courts and prisons.

The objectives of this policy can therefore be manifold.

Hence, Mr Speaker, Sir, I welcome the setting up of the Drug Users Administrative Panel to help deal with victims of substance abuse in a holistic way and in order to break the cycle of dependence and enable these people to find their way back to society.

To conclude, Mr Speaker, Sir, the fight against the drug scourge is a very challenging one, requiring the support and participation of each of us. The scale of the problem makes it essential for all stakeholders to get engaged in collaborative platforms to ensure that proposed policies and strategies remain responsive and relevant. I hence salute the unflinching determination of our Prime Minister in this battle and the courageous Minister of Health and Wellness. Despite having to deal with the COVID, he is ever available as a true patriot, a team player to work relentlessly for the wellness of our citizens and children.

I am done, Mr Speaker, Sir. Thank you.

Mr Speaker: Hon. Mrs Luchmun Roy!

(7.34 p.m.)

Mrs S. Luchmun Roy (Second Member for Port Louis North & Montagne Longue):

Thank you, Mr Speaker, Sir. At the very outset I would like to thank you for the opportunity given to me today to land my voice to the Dangerous Drugs (Amendment) Bill tonight, a very passionate debate indeed.

Mr Speaker, Sir, I have been listening attentively to Members on both sides of the House. It is undoubtedly that amendments which have been brought to this Bill bring unanimity beyond all the political borders. However, as we all know it, it is kind of normal and logical for us to be in the Parliament and to rebut Members of the Opposition. So, I would like with your permission, Mr Speaker, Sir, to rebut some of the points brought forward by the hon. Member on the other side, hon. Lobine. In his speech, he mentioned, at least twice, rethink of how we look at cannabis. Mr Speaker, Sir, if I am not mistaken, this is what this Bill is about. I think we need to set the context very right. This is only an amendment. The Dangerous Drugs Act has been since 2000 and when I have been going through all the amendments brought, you have been having amendments in 2001, 2011, 2013, 2019, 2020, 2021, 2022, which means that we have relentlessly been working towards rethinking. But then, when we think about rethinking, should we rethink this Bill as into Mauritius or should we extrapolate, should we take the context out of Mauritius and take it to UK? Because the hon. Member on the other side spent like at least five minutes of his speech comparing Mauritius with UK. I totally agree. Even the Leader of the Opposition mentioned about the Africa Organised Crime Index, stating about the position of Mauritius. Yes, we do agree, we are not the good children but we are doing very well. Trust me,

since 2016, we have been relentlessly working towards drug trafficking but then, why not compare like with like? When you compare us with an index which states Mauritius as being number one in Africa but then, how about talking about what is happening to the world? We are only a small island and in his speech, hon. Lobine mentioned about 1.3 or 1.5 people in UK going through illicit drug trafficking, consumption, something like that. But this makes it the population of Mauritius itself, so how do we compare Mauritius with UK?

(Interruptions)

Mr Speaker: Wait! Wait!

Mrs Luchmun Roy: Of medical, exactly!

Mr Speaker: Nobody interrupted you! Wait! Wait! Don't interrupt! This is a very good speech! Listen!

(Interruptions)

Mrs Luchmun Roy: Thank you, Mr Speaker, Sir. Mr Speaker, Sir, when we talk about Mauritius, we have different religions, we have different people of different kind of belief as well, but when he mentioned about UK, talking about those figures, it does not make sense when you come here in Mauritius. And I think he did not go through the Bill exactly because in the Medical Cannabis Therapeutic Committee, where he mentioned about those people who are going outside and taking the illicit trafficking for cannabis medical, what he mentioned in his speech, this is exactly what we find in this Bill. I will invite the hon. Member to read it, it is on page six, Section 28 (c), the Medical Cannabis Therapeutic Committee, where there is going to be a committee, there is going to be a request for treatment - and it is very clear - where we talk about the approval being given, the training being given to those in the Medical Section as well. There is a proper ...

(Interruptions)

No, I did understand, hon. Lobine! There is a proper legal system which has been set up. If there is a patient who needs to get treatment for cannabis, and let me hear quote someone he is not in UK, he is a Mauritian hero, he is an ex-athlete, Shirish Ruman, who, in an article requested that he is suffering from a cancer since 2018 and he has been requesting for this medical cannabis treatment. So, do we go ahead and say no, this ex-athlete, this hero of Mauritius, will go for

illicit trafficking? Should we judge people like this easily? No! But when you go through this Bill, you will see that all the amendments brought, everything that has been brought into the Bill is clear that you have the proper parameters, you have the proper guidelines through which this medical cannabis could be applied.

Mr Speaker, Sir, let me get back to my speech now. As I mentioned initially, it is absolutely important for us to set the context of this Bill which is from the recommendations of the Commission of Inquiry on Drug Trafficking 2018. But instead of having Members of the Opposition congratulating the Government for working towards drug trafficking and for implementing the recommendations, they will always try to find fault in whatever we are doing. According to the Recommendation, it is clear that we have been able to set up, as it is mentioned on page 122, Section 10.8.4 of the Recommendation –

“The Commission, in furtherance to Chapter 17E, recommends that the occasional recreational consumer and the person suffering from addiction be diverted from the criminal justice system and referred to Drug Offenders Administrative Panel.”

It is a recommendation of the Commission of Inquiry on Drug Trafficking and the Explanatory Memorandum of this Bill states clearly that –

“The main object of this Bill is to amend the Dangerous Drugs Act so as to implement the recommendations of the Commission of Inquiry on Drug Trafficking (2018).”

Secondly -

“Accordingly, where a person is suspected of having committed a drug offence for his personal consumption, he will, on the recommendation of the Director of Public Prosecutions, not be prosecuted for that offence but will instead be referred to the Drug Users Administrative Panel (DUAP).”

And also, it mentions about rehabilitations which has been much canvassed in the House about giving the youngsters a second chance by going through the rehabilitation process. The Bill also makes provision for a patient to be treated with medical cannabis. It's all there in the Explanatory Memorandum and what I think is laudable is the Forensic Science Laboratory which has been empowered as in the case of several jurisdictions to analyse a sample of dangerous drug seized rather than analysing all the dangerous drugs seized. Here, I would like to set on record as

well that we have been comparing and bringing some statistics to the House. We have been comparing ourselves to Africa, to UK, to some other countries like South Africa but no one mentions that there are some reports where Mauritius has been made fun of because why we keep all those exhibits for quite some long time, long period. But this Bill comes forward giving the FSL more power so that they can just go and do the testing, only of sampling. So, I think this is very important.

There is another thing which came out of this passionate debate, not only today, since last week, Mr Speaker, Sir, is our youngsters, the youth and we all have been talking that our youth have been the one who have been mostly affected whether it is by cannabis or by any other kind of drugs. But let me tell you that it is not only the case in Mauritius but throughout the world.

The world is going through the same process. Drug is not only affecting young people in Mauritius, but it is part of the world now. Young people may use drugs, be involved in the cultivation or even in the production of drugs. According to the World Report 2018, it clearly mentions that patterns of drugs amongst young people, cannabis remains the most commonly used drug with the exception of tobacco and alcohol.

Cannabis is considered the most commonly used drug among people. Epidemiological research, which is mainly concentrated in high income countries, suggests that the perceive easy availability of cannabis coupled with perceptions of low risk of harm makes cannabis, after tobacco and alcohol, the most common substance. But cannabis, yes, it is good for medical reason as well, but there are studies which prove that too much of cannabis can be harmful for your health as well.

So, you can have some risks of acute harm on your health as well. So, I think we are into the process; we are into rethinking our system, but, for that, we need to be ready as a society and as an island; we need to rethink the right legal framework so as to bring people together to have a consensus about this Bill.

Mr Speaker, Sir, there is also one thing that I would like to share with Members in this august Assembly. Let us all be honest, all of us sitting here must have come across someone; it could be an adolescent; it could have been a youngster; it could have been a family member of ours who, unfortunately, under peer pressure or any kind of depression, feeling isolated or whatever kind of problem that they have been going through, they have been tempted and they

have done it. What do they do? Very often, we have gone through the newspapers and the radio headlines, where we hear that a youngster age of 16 *ratrapé avec un poulia de gandia*. And what happens to his life? We have been talking about the *certificat de moralité*, but what happens to his life? He cannot come back again in the society. But I think through these amendments brought, I think the youngsters are given a second chance and I think we need to really congratulate the hon. Minister for this measure and this amendment.

I would like to share my personal experience. In my Constituency, we have the Long Mountain Hospital where we have the Nenuphar Centre. It is a new Detoxification and Rehabilitation Centre which aims at providing a treatment programme for the young victims of synthetic drugs. I think so far, right now, we have reached more than hundred youngsters who have been there - more than hundred I am sure - who have been there getting psychological support, getting medical support, getting all types of support. When they leave from there, they are given a second chance to get into the society. They are given a second chance to get a job, they are given a second chance to go to school, and they are given a second chance to go to university to get their education and to become someone in the society.

Mr Speaker, Sir, the amendments proposed for the Drug Users Administrative Panel Part IIIA – Non-Prosecution and Rehabilitation of Drug Users, – 59B – Suspension of prosecution (1)

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“Where, in respect of an offence committed by a drug user under section 34, the Commissioner of Police is of the opinion that –

(a) the offence was committed by the drug user for his personal consumption.”

I think these amendments are really very important in the actual context that we are.

Furthermore, 59(3), it mentions that the –

“The Commissioner of Police shall, on the advice of the Director of Public Prosecutions, forthwith refer the drug user to the Panel.”

Very often in this House, we have been hearing complaints about giving too much power to the Police Commissioner, giving too much power to the Police. I think it is very important to highlight here that the Police Commissioner is not taking the power on himself, but he is on the advice of the Director of Public Prosecutions. So, it is the DPP who will decide whether that

person who was caught with drugs for his own consumption whether he goes through rehabilitation or he goes for prosecution. So, it is not about the Police who judge everything. It is the DPP who will take the decision.

Furthermore, the new section, 58A – Destruction of dangerous drugs – , as I mentioned previously, Mr Speaker, Sir, is very important because, as I have mentioned, there have been several reports mentioning about Mauritius keeping those exhibits for quite some time which cost the State huge amount. You need to have the SMF to be there until the court case is over. But now, they can just take samples, they can do everything. So, I think it is something which is very much welcome by the people outside.

To conclude, Mr Speaker, Sir, these amendments are here to give our youngsters a second chance and these amendments are very important, as mentioned by hon. Lobine, that it is a rethinking of the process. We are not here to stop. Members of the Opposition are using this Bill, Members of the Opposition - from what I could understand from few Members, not all of them -, they want us to legalise everything - *décriminalisation du cannabis*. They are not saying it bluntly. So, what do they do? They use words, they use terms. But to reach there, we need to rethink the system. I strongly believe that we need to have the right, legal framework which we are working on.

So, I think it is commendable and it is very important that we congratulate the hon. Minister of Health and Wellness, hon. Dr. Kailesh Jagutpal, for his motivation and dedication in rethinking and readapting the system, the new normal that we are right now. I would also like to set on record the laudable job being done by the Police Officers, under the leadership of our Prime Minister, because we have the figures which state for themselves that since 2015-2016 till now, the figures show that we have been *casse lerein baron la drog* as we say. And that is being done fearlessly.

I thank you for your attention, Mr Speaker, Sir. I am done. Thank you.

(7.50 p.m.)

Mr N. Bodha (Second Member for Vacoas & Floréal): Thank you, Mr Speaker, Sir. From the start, I would like to say, Mr Speaker, Sir, that this is a national issue which is extremely serious because when we think in terms of the narco-economy, it can rock the

foundation of a nation and unseat democracy. Debates in the House should not overshadow of what is happening now; the horror of drug trafficking happening in dark alleys in a number of areas in Mauritius, Mr Speaker, Sir.

M. le président, ces dernières années, le trafic de la drogue a pris des dimensions terrifiantes. Trois preuves –

- (1) le volume de l'importation - je vais donner quelques chiffres;
- (2) le nombre de cas qui a été évoqué par le ministre et le Premier ministre. On a parlé de ces cinq dernières années d'une augmentation de 400%, et
- (3) l'ampleur des saisies.

Alors je me pose la question, M. le président, combien de drogues seraient-ils en stock dans notre pays ?

Pendant le confinement, j'avais évoqué la question du pourquoi ne pas mettre tous nos efforts et nos moyens dans la région du port et sur la côte, alors que l'aéroport était fermé en 2020.

Mr Speaker: May I, with your permission, interrupt you. Do you intend to talk on the amendment itself? Because from the very outset, you are out of subject. Please come back to the subject.

Mr Bodha: But I am coming to the subject because I have to set the scene, Mr Speaker, Sir.

(Interruptions)

Non, ce que je voulais dire, M. le président, c'est que l'importation illicite de produits à Maurice a repris de plus belle et je me pose la question, est-ce que nous ne sommes pas déjà devenus une plaque tournante, comme beaucoup de spécialistes le pensent, concernant le trafic de la drogue dans l'océan indien ? M. le président, un rapport de la *Global Initiative Against Transnational Organized Crime* évoque cette possibilité et déclare que les trafiquants profiteraient du positionnement géographique de Maurice pour œuvrer en toute impunité.

Mr Speaker: Again, you are going too far. All this has already been canvassed by so many Members.

Mr Bodha: Nobody spoke, Mr Speaker, Sir.

Mr Speaker: It is just out of bad luck that you are talking at this hour. Please, come back to your subject, namely amendment of the Dangerous Drugs Act.

Mr Bodha: M. le président, je pose la question si nous sommes devenus une plaque tournante. Maintenant, je vais vous donner quelques chiffres; les chiffres que le ministre lui-même a donnés. Nous parlons de 6,500 personnes qui s'injectent de la drogue. Nous parlons de 50,000 personnes qui sont sous l'influence de la drogue synthétique, ce qui explique l'utilisation des 23 millions de petits papiers qu'on a trouvés, M. le président. Alors, moi je vais vous parler du terrain, de ce qui se passe en ce moment dans certaines régions de Port Louis, de Plaines Wilhems, de Quatre Bornes. Tout le monde est au courant.

(Interruptions)

Out of subject? It is happening now!

Mr Speaker: Hon. Bodha! You are insisting. I have been flexible so far. So many Members have been speaking about all these, which is out of subject, but out of freedom of speech, I allowed. But you are going too far. Come to the amendment! Either you have a speech or you don't have a speech.

Mr Bodha: I have a speech. Of course!

Mr Speaker: Please, go ahead!

Mr Bodha: Ce que je suis en train de dire en ce moment même parce que nous parlons de tout ce qu'on veut réhabiliter. Ceux qu'on veut réhabiliter sont en train d'acheter de la drogue en ce moment. On parle de 66,500 personnes qui s'injectent de la drogue. On parle de 55,000 qui s'achètent de la drogue de synthèse et ça a lieu en ce moment. Je peux vous donner des exemples. Je vous donne un exemple, M. le président. Tout le monde est au courant. Un voisin, un collègue, un parent qui est tombé dans l'enfer de la drogue et qu'on veut réhabiliter. Je pense c'est un pas dans la bonne direction d'avoir une touche humaine, la réhabilitation. Mais la réhabilitation ne peut pas aller seul, la réhabilitation doit se faire avec une diminution de l'importation et de la quantité de drogues dans le pays, M. le président.

Je vais vous donner deux exemples. Un étudiant d'université pendant quatre ans qui est tombé dans l'enfer de la drogue, qui a essayé avec ses parents dans divers centres. Il y a des

centres de luxe où on paye R 10,000 par jour, M. le président, pour la réhabilitation. Il y a des centres à Montagne Longue où c'est gratuit. Pendant quatre ans, avec ses parents, il s'est battu. Il a été à l'université. Après un dernier traitement à Mahebourg, il revient à la maison mais il rechute. Il commande la drogue. On lui fournit la drogue à crédit pendant quelque temps. Après on lui dit : « Il faut que tu payes .» Et là, on lui demande : « Mais qu'est-ce que tu peux faire ? » Il dit : « Je suis comptable.» Et on l'emmène là où la drogue se vend pour qu'il puisse compter les chiffres, M. le président. Et les recettes de ce jour s'étaient R 1 million. Après avoir fait la comptabilité, on lui dit : «On te donne R15,000 pour ce que tu as fait, tu veux ça en drogue ou tu veux ça en espèces ? » C'est ça la réalité ! Et lui aussi il veut s'en sortir et c'est sa maman qui lui dit « *be plito to mor* » parce qu'il y a l'épuisement moral, émotionnel, financier. Je suis d'accord avec le ministre qu'il faut se battre, qu'il faut emmener cette touche humaine, qu'il faut sauver les gens. Je vous donne un autre exemple, M. le président. Je connais un jeune travailleur social qui est en train de tout faire pour sortir les jeunes de ce fléau et dans les derniers six mois, il a réussi dans 15 cas. Deux ont rechuté.

Alors, je me pose la question c'est que nous allons avoir des milliers de cas qui vont se retrouver sous cette clause de la loi, des jeunes qui vont se dire que quand j'ai été pris par la police, c'était pour ma consommation personnelle. Il y aura des milliers. L'honorable Leader de l'Opposition a parlé de 50 lits. Il y a des institutions de luxe, il y a des institutions qui ne coûtent pas cher. Alors, comment nous allons traiter tout ce beau monde ?

Maintenant, je vais prendre un autre aspect et je crois que le ministre sera d'accord avec moi, la désintoxication chimique. Ça prend une semaine, 10 jours. N'est-ce pas, M. le ministre ? Mais ce n'est que 20% du travail. La désintoxication psychologique, elle est beaucoup plus difficile. C'est pour ça qu'il y a la rechute. N'est-ce pas, M. le ministre ? Alors, quand nous sommes en train de dire, dans le projet de loi, *that we will give him at the health institution all the treatment, the counselling, the aftercare, social integration during the period of rehabilitation and may do so as may be necessary to assist the drug user to overcome. Therein lies the issue, Mr Speaker, Sir, of how to overcome?*

Nous sommes en train de parler aujourd'hui de narco économie de R 20 milliards à R 25 milliards et la mafia est en avance avec tous ces moyens sophistiqués pour étendre ses tentacules. Alors, aller vers la réhabilitation, focaliser sur la réhabilitation, c'est une très bonne chose. Moi

aussi je suis d'accord. La question c'est : donnons-nous les moyens, la logistique, le personnel pour qu'on puisse justement assister ces gens qui sont devenus des éparcs, des zombies, qui n'ont plus de sensations ? *They don't have feelings anymore, Mr Speaker, Sir. You have to talk to them, then you will know. Debating in the House is one thing. Knowing what is happening in the terrain, there are two things which are happening: the narco economy with billions and the zombies who are walking around.* Si on compte 60,000 personnes qui sont considérées comme toxicomanes officiellement, mais il y a tellement de gens qui ne se déclarent pas. Il y a des parents qui sont en train d'acheter la drogue pour leurs enfants pour que les enfants ne deviennent pas des *dealers*, pour que les enfants ne tombent pas dans le piège des réseaux de *dealing* et de prostitution. Vous en connaissez les cas. Il faut éviter que l'île Maurice devienne un pays où la narco économie remet en cause la démocratie et le pouvoir même. La réhabilitation, je suis entièrement d'accord est une bonne chose. Il faut aller dans cette direction mais il faut y aller comme une croisade nationale avec les moyens. Ce n'est pas une législation qui va aider ça.

Laissez-moi vous dire autre chose, 20% seulement du traitement est chimique et 80% est psychologique. Maintenant il y a le Certificat de Moralité, il y a le sigma qui va avec. Comment trouver un emploi ? Comment avoir la réinsertion dans la vie de tous les jours ? On n'est pas une génération sacrifiée par la drogue de synthèse dont la disponibilité et l'abondance à un prix très bas, est en train de détruire une jeunesse.

M. le président, j'ai travaillé longuement là-dessus. C'est pour ça que je fais ces réflexions. Par exemple, si dans le cas on a quelqu'un qui a été arrêté et le Commissaire de police recommande qu'il soit traité, après quelque temps il est arrêté à nouveau, quel sera le traitement ? Est-ce que le commissaire de police va encore une fois dire au *DPP* que non, il devrait suivre un traitement ? Deuxième chose, s'il y a quelqu'un qui a été arrêté et qui veut éviter la prison et lui il demande la réhabilitation, comment l'institution va le traiter ? Alors, M. le président, il faut mettre en place des institutions; il faut qu'il y ait les ressources; il faut qu'il y ait de l'expertise pour que ce soit un succès parce que de ce succès, dépend l'avenir d'une nouvelle génération.

Laissez-moi dire encore quelques mots sur le cannabis. Vous savez, M. le président, qu'il y a 150 variétés de cannabis et il y a 500 dérivés de cannabis. Et dans le cannabis, il y a deux solutions – deux produits –

- (i) il y a ce qu'on appelle le THC, le tétrahydrocannabinol, *which has the addictive element*, et
- (ii) le CBD, c'est-à-dire le *cannabidiol* dont on est en train de parler.

Nous sommes en train d'introduire quelque chose; nous ne sommes pas encore à la dépénalisation, M. le président. Nous sommes en train d'introduire parce qu'effectivement c'est en train d'être utilisé. Donc il faut que ce soit fait dans les conditions les plus strictes, dans les meilleures conditions et qu'il n'y ait pas un commerce illégal cette fois-ci de ces produits et qu'au nom de *cannabidiol* ou de *CBD*, on soit en train de vendre le THC.

Alors ce que je dis, M. le président, bien sûr je reviens au projet de loi mais le projet de loi n'est pas dans un vacuum. Le projet de loi a comme arrière *as a background the whole situation of drug addiction, drug dealing and narco trafficking in Mauritius today*.

M. le président, c'est un pas dans la bonne direction et je pense aussi que quand on regarde le rôle des différentes institutions, le rôle de la police ; les saisies, effectivement il y a des saisies astronomiques – 400 millions en 2020, 4 milliards en 2021, les chiffres de mon collègue ministre. Cette année une seule saisie des 3 milliards et il y avait déjà des saisies avant. Donc, cette année, ce sera le double. Mais est-ce qu'on doit prendre cela comme un succès ou est-ce qu'on doit prendre cela comme un chiffre qui nous fait frissonner ? Si on a saisi 10 milliards et bien, combien de drogues se trouvent dans les pays ? Donc, ce combat, cette croisade, M. le président, est essentiel pour la survie même de notre pays, de notre génération et pour la survie de notre démocratie.

Alors on a dit aussi, je pose la question, dans le projet de loi on parle de « *is suspected of having committed a drug offence* ». *A drug offence*, c'est large, il y a possession; je ne sais pas si planter est considéré dedans. Il y a aussi *a drug offence* c'est toutes les drogues – *a user of heroin, a user of cocain, a user of synthetic drugs*, tout le monde est dedans. Alors, le commissaire de police va demander à quelqu'un qui se shoote à la cocaïne et bien on va le traiter. Donc, c'est beaucoup plus compliqué qu'on ne le pense. Bien sûr, on peut dire que comme politique c'est une politique un pas en avant.

Alors, M. le président, moi ce que je pense qu'il faut faire absolument, il faut absolument diminuer l'importation. Les saisies ont un problème. On n'arrive pas à agir en amont; c'est-à-dire

empêcher l'entrée et on n'arrive pas à agir en aval, c'est-à-dire faire les enquêtes appropriées pour que les trafiquants soient amenés devant une Cour et soient condamnés. On sait très bien que parmi les cents cas les plus récents, les cents cas les plus graves avec des quantités impressionnantes, il n'y a que quelques cas où les enquêtes ont été menées jusqu'au bout et ces personnes-là sont arrivées devant la Cour et ont été condamnées. Donc, il y a la saisie mais il y a le problème en amont, il y a un problème en aval.

Maintenant, M. le président, pour moi il faut la volonté politique, la volonté réelle et non pas venir après chaque *PQ* ou *PMQT* de dire '*my unflinching, my unflinching*', non ! L'invasion de la drogue dans notre société, elle est partout. Et la narco économie est partout dans les courses, dans les *real estates*, dans le *retail*, dans les *malls*. Il faut s'attaquer à tout cela. Il faut empêcher à tout prix, diminuer – vous êtes en train de me dire qu'il me reste quelque minutes, M. le président ?

Mr Speaker: You have only one minute! You are out of subject!

(Interruptions)

Mr Bodha: Oui vous pouvez en rire bien sûr. Moi je suis convaincu qu'il faut la volonté politique réelle avec des hommes et des *squads* qui veulent vraiment éradiquer ce fléau parce que pour moi c'est clair. *Si nou pa fini ladrog, ladrog pou fini nou* ! La réhabilitation, c'est une chose parce que la nouvelle génération mérite qu'on leur donne une seconde chance.

M. le président, je vous remercie.

Mr Speaker: Thank you very much. Thank you very, very much!

I suspend the Sitting for one hour.

At 8.10 p.m. the Sitting was suspended.

On resuming at 9.18 p.m. with Mr Speaker in the Chair.

Mr Speaker: Please be seated!

Hon. Dr. Husnood!

(9.19 p.m.)

The Vice-Prime Minister, Minister of Local Government and Disaster Risk Management (Dr. A. Husnoo): Mr Speaker, Sir, thank you for giving me the opportunity to intervene on the Dangerous Drugs (Amendment) Bill No. XV of 2022.

Before I go any further, I would like to take a point raised by the hon. Member from Constituency No.15, hon. Lobine. He mentioned that while answering a PNQ in 2019, I said that the Government at the time will not consider medicinal cannabis because no research was done in Mauritius and he found this a lame excuse. I would like to ask him whether, in Mauritius, we have the facilities and the population to do this kind of research.

I am just going to mention one or two researches which have been published in the last few weeks, Mr Speaker, Sir. Cannabis has been dubbed according to the latest research as a new tobacco by doctors after a raft of new researches – in the State of Canada – reveal that it is as damaging to the heart as smoking. Now, these studies involve large population studies; thousands of people; do you think we could have done that in Mauritius? That's what I said at that time but he did not understand.

In a trial done in Canada recently, after a single session of inhaling cannabis, it was enough to alter the heart rate and the blood pressure of the person and this change could be enough to induce a heart attack in susceptible person. Could we have done that in Mauritius, Mr Speaker, Sir?

Another study, a New Jersey study, a New Jersey-based cardiologist said –

“When the tobacco industry first began years ago, we did not know the damage caused by smoking. It was only once it was in widespread use that we started seeing the health consequences of tobacco smoking and thus we acted to limit smoking”.

Unfortunately, by this time, millions of people have died of these avoidable deaths. Is that what we should do again for cannabis? The expert said “I feel that we are going through the same thing with cannabis now as we did with tobacco.”

Another American study involved 35 million hospital administrations – I wonder whether we can do that in Mauritius. The odds that cannabis use caused the patients to develop acute coronary syndrome, that is, heart attack, was the same as in cigarette smokers. Yes. Patients over 60 years of age who use cannabis were more likely to have a stroke – what I mean by a stroke for

those people who do not understand what a stroke is, *c'est enn thrombose cérébrale* which can paralyse someone.

And another – I am going to cite all these studies because the gentleman, the hon. Member, said that we should have done the studies here in Mauritius. When I said that we cannot do them, he was perplexed about it. For another American Heart Association expert, the worry is that we are seeing an increase risk of heart attack and stroke even in younger adults. These are the consequences of cannabis smoking, Mr Speaker, Sir. And I mentioned that at that time, in 2019, we could not do these studies and I am just citing the studies now.

That is why I cited it at that time because we could not do it in Mauritius. What I find interesting is in that particular PNQ, I also mentioned that this Government is going to consider medicinal cannabis after we have got the report from the WHO and the UN Commission on Narcotic Drugs. As we have received the report and it has been accepted by WHO and the UN Committee on Drug, this Government has come with this Bill, Mr Speaker, Sir. That is what I said at that time, but he conveniently forgets to mention that bit. I do not know why.

The Leader of the Opposition says that the price of heroin is about Rs100 per dose, synthetic is about Rs100 per dose, cannabis is Rs300 per dose, that is why a lot of people are being admitted to the hospital with synthetic intoxication. I find this *raisonnement* very naive. Is he going to say that because the price of cannabis is high that people are taking synthetic? No! If you take cocaine, the price is very high; meth, the price is very high, but you still have people taking that. People take the drugs that they want; they want to have a certain kind of experience, different drugs give you difference experience, and they take the drugs that they want and what they like. To say that he can decrease the admission by decreasing the price of cannabis, that is, to flood the island with cannabis and that is going to decrease the admission to hospital. I think that this is a bit of a naive reasoning.

Well, Mr Speaker, Sir, I do not think that I am going to go too much in detail on what hon. Lobine said and as well as what the Leader of the Opposition said because I get the impression that they have an agenda to legalise or to decriminalise cannabis. I have cited some of the studies to show what havoc cannabis is doing now in the States, in Canada, in UK, and I leave it to the House to make a decision.

If you allow me to come back to my speech, Mr Speaker, Sir, as you are aware, Mr Speaker, Sir, the drug problem in Mauritius has been a long standing one. In fact, the MSM Government under the prime ministership of Sir Anerood Jugnauth did set up a Commission of Inquiry on drug trafficking in March 1986 under the Chair of Chief Justice, Sir Maurice Rault. In 2011, the then Government refused to consider a Commission of Inquiry on Drug Trafficking. In 2018, it is again the MSM Government, under the leadership of Pravind Kumar Jugnauth, which set up a second Commission of Inquiry on Drug Trafficking. Now, some Members of the Opposition say that we have not given due consideration to this problem. I do not know what to say!

This Commission, the second one, looked at the different aspects of drug problems from the supply side to the demand side. Hon. Nando Bodha was talking about the supply side, but this Bill is mainly about the demand side. The Government has been taking care of both sides; the supply side and the demand side. This Bill is mainly about the demand side, Mr Speaker, Sir. I will not be too long on the supply side.

As we have seen in the last few years, and the last few weeks as well, a very commendable work has been done by the different departments of the Police Force. It is not an easy task, it is going to take time, but I am sure that with the determination of the Prime Minister, courageous and sustainable actions are being taken and will continue to be taken in the future to disrupt the network and the tentacles of these drug dealers.

Almost every week, major seizures, in term of billions of rupees are being done. Here, we have to say a special thanks to all the different authorities that are coordinating this difficult work. Only yesterday, in the passing out parade, the Prime Minister mentioned loud and clear that the Government is giving all necessary support to the Police to dismantle the drug ring. He is giving all the necessary manpower, sophisticated equipment, to control the situation. That is the determination of this Government, Mr Speaker, Sir.

On the demand side, allow me to mention a few statistics, Mr Speaker, Sir. At present, we have about 7,000 patients on Methadone Substitution Therapy; 6,704 males and 301 females. There is also a significant number of admissions due to complication of drug intake. For example, in 2021, 927 persons were admitted to hospital in severe conditions. This includes 864 males and 63 females; and the maximum age group affected was between 15 and 39 years. The

main drugs involved were the new psycho active substances, that is, synthetic in 55% of cases, opioids: 31% of cases, and cannabis: 6% of cases. The above figures I have just mentioned refer to the acute admissions.

In a survey carried in the community where people taking drugs were interviewed, 60% of them said that they have been taking heroin in the last one month; 61% have been taking cannabis, and 57% have been taking synthetic drugs. The Methadone Substitution Therapy has been very effective in curbing the complications of intravenous drug administration. For example, the prevalence of HIV in 2009 was 47% amongst the IV drug users, and in 2020, that is, 11 years later, the prevalence has come down to 22%. This shows that the Methadone Substitution Therapy has decreased the number of complications in IV drug users and hence, the prevalence of HIV in the community.

As far as Hepatitis C is concerned, this has come down slightly, but this is a much more infectious disease and recently, we have started the treatment for Hepatitis C. The Government is working, Mr Speaker, Sir, to decrease the prevalence of Hepatitis C in the future as well. The number of petty crimes related to drug addiction has also come down significantly following the start of Methadone Substitution Therapy.

While the Methadone Substitution Therapy has been a success, as I have mentioned above, it has also a number of challenges. For example, we have the overcrowding at the dispensing site with loitering of the methadone beneficiaries, thus invading the public spaces, and cause antisocial and sometimes aggressive behaviour. There is also the problem of diversion of methadone at dispensing sites, not to mention complaints from health personnel, *forces vives*, residents of the localities where methadone is being dispensed and complaints from educational institutions.

Here, Mr Speaker, Sir, I would like to add that this Government has already put in place mechanisms which are focused on the rehabilitation of drug users, for example, *le Centre Nénuphar* at Montagne Longue Hospital and another rehab centre at Mahebourg Hospital. *Le Centre Nénuphar* was opened in October 2018 and caters mainly for young people. Why? For young people, we need a different centre because it is not wise to mix young people taking drugs with other drug users. It can create more complications. Previously, we did not have any centres to treat young people. This is why we opened the centre at Montagne Longue. In 2021, 24 youth

in the bracket age of 15 to 18, and 54 in the age bracket of 19 to 23 were admitted for in-patient treatment in this centre. Despite all these measures, there are still some shortcomings in the management of patients taking drugs. That is why this Government has come up with this Drug User Administrative Panel. That is why the Government comes with this amendment, Mr Speaker, Sir.

In its report published in July 2018, the Commission of Inquiry on Drug Trafficking recommended the setting up of the Drug Offenders Administrative Panel. The main functions and objectives of this panel would be to help deal with victims of substance abuse, not just to criminalise action, but try to help the drug user in a holistic way to break the cycle of dependence, and hopefully, to enable them to find their way back in society. The Drug User Administrative Panel will thus ensure that those people are not tried under the criminal justice system as it is presently done, but will have the chance to undergo rehabilitation such as education, counselling, treatment, after care and social reintegration.

In this context, under the Chairmanship of the Prime Minister, the High Level Drugs and HIV Council recommended the setting up of the Drug User Administrative Panel to be set as an administrative body completely independent from the criminal justice system and, the DUAP would be under the purview of the Ministry of Health and Wellness.

A Technical Committee was set under the Ministry of Health and Wellness, as I mentioned, and a flowchart has been established, from the interception of a drug user by the Police until referral to the DUAP for medical and social management.

Mr Speaker, Sir, I am sure this new setup will help the drug users but specially, these young people who fall in the abyss of drug addiction. Without these professional helps, these young people would just waste their lives away and may eventually die prematurely.

As mentioned in Section 2 of this Bill, the above setup will apply for rehabilitation of suspected person who has committed a drug offence for his personal consumption, not drug traffickers. Here, Government is moving towards a humane approach in giving that particular person a fair chance to rehabilitate himself to overcome his addiction to drugs and find his way back to the society. This section of the Bill, Mr Speaker, Sir, makes mention about Government waiving off Police prosecution on the recommendation of the Director of Public Prosecutions for that particular person and, instead, refer him to the Drug Users Administrative Panel.

Mr Speaker, Sir, if you would, please, allow me now to say a few words on medicinal cannabis. In January 2019, WHO Director General, Dr. Tedros Ghebreyesus, made recommendations to the United Nations to update the scope of control of cannabis and cannabis related substances to reflect emerging therapeutic role of cannabis based medicines whilst at the same time, continue to prevent the diversion, misuse and other public health related harms that may arise from cannabis use.

On 02 December 2020, the United Nations Commission on Narcotic Drugs, the drug policy making body of the UN, reclassified cannabis and cannabis resin. One of the main decisions was to delete cannabis and cannabis resin from Schedule IV of the 1961 Convention but maintain it in the Schedule I of 1961 Convention for control purposes. This decision was taken on 02 December 2020 by the United Nations and on 11 December 2020, Cabinet here, in Mauritius set up a Technical Committee on Medicinal Cannabis. And now, these people are saying that we are not doing anything; we have not done anything for the last three years.

This Technical Committee met six times and had four sub-committees which were set up to come up with recommendation on the medicinal use of cannabis. The report of the Technical Committee was submitted to Cabinet on 26 November 2021.

Following the report of the Technical Committee, a Steering Committee was set at the Ministry of Health and Wellness to look into the implementation of the recommendation on medicinal cannabis. A very detailed and comprehensive study was carried out by the Steering Committee which included representatives of different medical specialities including oncology, psychiatry, neurology, paediatrics, geriatrics, amongst others. The Steering Committee looked at the different aspect of the problem including formulation to be adopted, guidelines and protocols. The Committee based its recommendations on the National Institute of Health and Care Excellence (NICE) Guidelines from UK and *Agence nationale de sécurité du médicament et des produits de santé* guidelines from France.

The indication for use of cannabis as agreed by the Steering Committee were as follows –

- (i) spasticity associated with multiple sclerosis resistant to all conventional treatment;

- (ii) severe refractory epilepsy that has failed to respond to conventional anti-convulsant treatment;
- (iii) intractable nausea and vomiting associated with chemotherapy that has failed to respond to conventional treatment, and
- (iv) severe intractable pain unresponsive to a conventional treatment.

I am sure with time if the necessity arises other indications would be included in this list, Mr Speaker, Sir.

It is to be noted that the medicinal cannabis is not a first line drug. It is only when medical condition does not respond to the usual medicine that the doctor would consider medicinal cannabis. Medical cannabis would be a second or third line treatment.

The Committee has also agreed that cannabis-based medication approved by the following Bodies would be considered to be used in Mauritius. That is very important, not anybody can come out with a concoction of cannabis and says he wants to take it as medicinal compound. No way. The Bodies whose formulation has been accepted are the: FDA from the United States; European Medicine Agency; Health Canada; Therapeutic Goods Agency of Australia; South African Health Product Regulatory Agencies.

It is to be noted also that cannabis-based medication will be in the form of capsules, oil-based solution or suspension or an oromucosal spray. Smoking and vaping formulation have not been included in the above regulation. *Très important*, Mr Speaker, Sir.

It must also be emphasised that a Medicinal Cannabis Therapeutic Committee will be set up in every regional hospital and will, on a case to case basis, determine whether a patient needs medicinal cannabis for his treatment or not.

I would like also to mention that several countries have authorised the use of medicinal cannabis, this include as we have heard before, Canada, Czech Republic, Germany, amongst others.

Mr Speaker, Sir, may I also mention that in the present Bill provision has also been made to empower the Forensic Science Laboratory to analyse a sample of drug seized rather than analysing all the dangerous drugs seized. In addition, provision has also been made to allow the

Police, on the order of a District Magistrate, to destroy dangerous drugs seized rather than keeping same to be produced in a Court of law.

Mr Speaker, Sir, this Bill will be a significant step forward in the treatment and rehabilitation of drug users and also in considering medicinal cannabis for the treatment of patients suffering from specific conditions. We are all aware of the havoc caused by this dangerous drug. This Government is committed to ensure that law enforcement and our health services have the necessary tools to control the drug supply and also to provide better medical, psychological and social treatment to these patients.

Today, this Government is presenting a Bill to the House which has taken into consideration all the aspects of dangerous drugs from supply to rehabilitation. It is also a fact that many local health experts and social workers have taken part in the discussion on the modalities of treatment and they have welcomed the introduction of this Bill.

On an ending note, Mr Speaker, Sir, on this side of the House, we entirely support this Bill. Thank you very much, Sir.

Mr Speaker: Thank you. I will now ask the Deputy Speaker to take over.

At this stage, the Deputy Speaker took the Chair.

The Deputy Speaker: Thank you very much. Please be seated!

Hon. Uteem!

(9.41 p.m.)

Mr R. Uteem (Second Member for Port Louis South & Port Louis Central): I am glad to see so many hon. Members from the other side of the House supporting the use of medicinal cannabis. We, on this side of the House, welcome the shift in the attitude of this Government on the use of medicinal cannabis because for years now we have been asking Government to bring legislative changes to enable patients to be treated with cannabis-based medication.

Hon. Mrs Luchmun Roy just referred to the case of the former athlete, Mr Rummun, who needed medicinal cannabis to treat his ailment and he has to travel to South Africa to get it. But does the hon. Member know that the case of Mr Rummun was raised in this very House in a

PNQ as far back as 09 July 2019, three long years ago for this patient? Three long years ago! And during that PNQ, the hon. Leader of the Opposition referred to the recommendation of WHO Expert Committee on Drug Dependence that cannabis derived pharmaceutical preparation be available for medical use. He also referred to the decision of the Food and Drug Administration of the United States of America to authorise the use of cannabidiol medicine for patients suffering from epilepsy, and of course, he referred to the case of Mr Rummun. But what is interesting is to know what was the reaction of the then hon. Minister of Health and what was this Government's policy then.

The hon. Minister was not prepared at all to follow the recommendations of WHO in 2019. He was not prepared to allow the importation of cannabidiol medicine approved by FDA in the United States and he stated that for cancer and epilepsy, there are other means of treating them, you do not need to use cannabis-based medication. So, I'm not inventing anything, hon. Minister. I was here during this exchange and it's already in the Hansard.

(Interruptions)

Several Members....

The Deputy Speaker: Order!

Mr Uteem: ...referred to the Report of the Commission of Inquiry on Drug. Back in 2018, more than four years ago, the Commission recommended that a study be conducted to determine if the local cannabis may be used for medicinal purposes in the light of evolution noted in certain countries. Four years ago; nothing happened. January 2019, almost four years ago, World Health Organisation made a series of recommendation to change the scope of control of cannabis, nothing happened. It is only after the decision of the United Nations Commission on Narcotic Drugs in December 2020 that finally the Government set up a Technical Committee under the chairmanship of Professor Bahorun in December 2020. The terms of reference of a Technical Committee included and I quote –

“...providing advice and recommendation to the Ministry of Health and Wellness and to the Government regarding policies and guidance pertaining to the use of medical cannabis and establishing the basis of a non-recreational cannabis industry in Mauritius.”

It is very interesting that one of the terms of reference was to establish the basis of a non-recreational cannabis industry in Mauritius but of course, this Bill does not say anything about cultivation of cannabis or cannabis for recreational use. The Technical Committee submitted its report in November 2021 and made several recommendations. The main recommendation was that plant-derived cannabidiol (CBD) and tetrahydrocannabinol (THC) be used for medical purposes in Mauritius. So, it's only one year after the report and three years after the PNQ of the Leader of the Opposition that the Government is bringing this Bill to legalise medicinal cannabis. Better late than never but so many patients have suffered in the meantime.

Mr Deputy Speaker, Sir, I have a few observations on the Bill; some of them are technical and I do apologise if I can have it completely wrong because I'm not a doctor and still less an expert in medicinal cannabis. But when I look at the definition of medicinal cannabis which is at Section 3 of the Bill, I see that the definition is limited to only products derived from cannabis plant which contain tetrahydrocannabinol (THC) but the technical committee also recommended the use of medicine containing (CBD) cannabidiol as well as medicines which contain both THC and CBD. So, do I take it now that under this definition, we will not be able to import and use medicinal cannabis which contains only CBD and does not contain any THC? I say so because, you know, I am not a doctor, but I have been told that medicine containing cannabidiol is used to treat chronic pain, insomnia and anxiety as well as seizure. So, I welcome the clarification from the hon. Minister in the summing-up.

The Bill sets out the procedure to be followed before medicinal cannabis can be dispensed in a regional hospital by an authorised pharmacist to an authorised patient. So, you need to have first an authorised doctor who is sufficiently qualified and then he makes a request to the Medicinal Cannabis Therapeutic Committee. But what happens if the committee rejects the application? The law does not provide any recourse, any appeal and yet before this request went to the committee, at least one authorised specialist doctor, in his opinion, thought that this was a fit case for the patient to be given medicinal cannabis. So, I think this is a shortcoming. There must at least have been some sort of recourse, appeal procedure for any patient who feels that they have been wrongly treated by the committee. There is also no prescribed time period within which the committee must communicate its decision. Section 28(e) only provides that the committee shall open receipt of a request approve or reject their request.

Another provision which has been criticised, Mr Deputy Speaker, Sir, is the fact that the treatment with medicinal cannabis cannot be more than three months. Now, why does the patient have to go through the same ordeal every three months, if, for example, he is unlikely to be cured within three months? This will probably be the case with a patient suffering from epilepsy or a cancer. So, in my opinion and again, I'm not a doctor but I think that the committee should be given some latitude for cases, where you know, there's no chance of recovery. We all know there is no real cure for cancer, so at least these patients, you know, they can be given a longer term treatment instead of only three months. Now, with regard to patient coming from abroad, Section 28 (k), it provides that –

“It shall not be an offence for a person who travels into Mauritius to be in possession of medicinal cannabis where he –

- (a) has a prescription to be treated with that medicinal cannabis, and
- (b) is authorised as such by the Ministry.”

So, I take it that if the Ministry does not give the authorisation, that patient will be guilty of an offence, of being in possession of dangerous drug. So, at least, I hope that the Minister, I know that he has power under these amendments to come up with the necessary protocol, the necessary regulations so that any tourists travelling to Mauritius can know beforehand what is the procedure to get all the clearance from the Ministry so that he can bring with him or her the quantity that is required for him/her during the stay in Mauritius, the quantity of medicinal cannabis. So much for medicinal cannabis!

The second major aspect of this Bill, Mr Deputy Speaker, Sir, relates to the non-prosecution and rehabilitation of drug users. Again, on this side of the House, we welcome the change in policy of the Government, change in policy because as far back as May 2018, four and a half years ago, the hon. Leader of the Opposition had in a PNQ pleaded for a change in attitude towards drug users who have been found in possession of drugs for personal consumption. He pleaded that drug users should not be sent to jail and the fact that they have committed a drug offence should not appear in their Certificate of Character. Unfortunately, four years ago, the hon. Prime Minister was unmoved at the time. So, we are pleased that this Bill is a step in the right direction.

Mr Deputy Speaker, Sir, the position of the MMM on drug is well known. The MMM has always made a difference between drug traffickers and drug users. The MMM has a policy of zero tolerance with regards to drug traffickers and this is why you will never see barristers from MMM defend any drug traffickers. hon. Ganoo and hon. Obeegadoo know about it and I am very proud. I am very proud. I am very proud of the fact...

(Interruptions)

The Deputy Speaker: No! No! No! No!

An hon. Member: *Dir travayis sa!*

Mr Uteem: I am very proud that since I have been....

(Interruptions)

The Deputy Speaker: Order! Order! Hon. Uteem!

Mr Uteem: Yes.

The Deputy Speaker: There is a way to say it fairly but now pointing out to Ministers and saying they are defending traffickers, it's not proper!

Mr Uteem: Hon. Ganoo and hon. Obeegadoo were in MMM, so they know what the policy is. This is what I meant. I never said that...

(Interruptions)

The Deputy Speaker: Okay, that's fair!

Mr Uteem: This is the policy of the MMM. Barristers close to MMM do not defend drug traffickers. This is the policy.

(Interruptions)

The Deputy Speaker: Order! Order!

An hon. Member: *Bizin ale defann twa!*

The Deputy Speaker: Order! I am sure you got my point. And I am sure it is fair not pointing out anybody.

Mr Uteem: I am not going...

The Deputy Speaker: If you did not do it, you did not do it! Fair! Continue!

Mr Uteem: Mr Deputy Speaker, Sir, I was saying that I am very proud of the fact that since I have been called to the Bar in Mauritius, back in 1995, I have never ever defended a drug trafficker and I have never ever taken a cent from any drug trafficker. I am saying it because hon. Dr. Ramdhany, in his intervention, alleged that Members of the Opposition have been defending a drug trafficker of Slovak origin. I suppose that he is talking about Peter Uricek. Yes, I asked a PQ to the Prime Minister on this trafficker. I asked the PQ because as a Barrister I did not agree that the Immigration Officer could deport a person in contempt of the decision of a Judge of the Supreme Court. I never...

(Interruptions)

Listen! I have listened to you!

(Interruptions)

The Deputy Speaker: Order!

Mr Uteem: Listen to me! I have never defended Peter Uricek! I have never met him, never spoken to him in my life! But what hon. Dr. Ramdhany does not say, in that PQ that I asked to the Prime Minister, we were informed that EDB gave that drug trafficker three years Occupation Permit when he was Minister of Finance in his Government! And what we were told also is that the hon. Attorney General knew one year before Mr Uricek was deported, that he was a drug trafficker, because the Authorities in Slovakia had contacted him to make him aware! And during that one year, he roamed freely in Mauritius! And then, you are pointing fingers at MMM?

(Interruptions)

The Deputy Speaker: Order!

(Interruptions)

Order! Order!

An hon. Member: *Gagne ti papie tou la-bas !*

The Deputy Speaker: Order!

Mr Uteem: And there was no...

The Deputy Speaker: Order! Please, hon. Uteem!

Mr Gobin: On a point of order!

The Deputy Speaker: Wait! I need...

Mr Uteem: I am not giving way!

(Interruptions)

The Deputy Speaker: Order! First...

(Interruptions)

Order! First of all, before giving way or having a point of order, you should be listening to the Speaker even if he is the Deputy Speaker! So, let's go step by step. You were debating and the Attorney General has a point of order. I want to listen to it.

Mr Gobin: Mr Deputy Speaker, Sir, thank you for giving me the floor. The point of order is the last sentence of hon. Uteem is out of order in the sense that what was said in that last part of his speech was never, never on record, and what he is saying is wrong. That ought not to be on record. In all fairness, hon. Uteem, I think you should make amends. Thank you.

(Interruptions)

The Deputy Speaker: Order! Order! Order! In the middle of all these noises, I wonder what the last word you said was. If you think you can withdraw it right now or I will have to go back and check.

Mr Uteem: I am not going to withdraw anything because I stand by everything that I have said.

The Deputy Speaker: No problem!

Mr Uteem: So,...

The Deputy Speaker: One second! Hon. Attorney General, because I cannot have an exact grasp of what the last sentence was, I take note of it; I will check the recording and I will come back to you. Everybody is happy? You can continue, please.

Mr Uteem: And more importantly, there were no Barristers of MMM mentioned in the report of the Commission of Inquiry on Drug Trafficking, and I don't need to repeat who were the lawyers who were blamed in that report and to which political Party they belong!

(Interruptions)

They are in your *Bureau Politique*!

(Interruptions)

The Deputy Speaker: Order!

Mr Uteem: So, Mr Deputy Speaker, Sir, we are glad that it is a step in the right direction. It is a price in the right direction that we are having this Drug Administrative Panel.

(Interruptions)

The Deputy Speaker: Order!

Mr Uteem: Because if the drug victim undergoes rehabilitation and complies with the terms and conditions of rehabilitation, then he would not be prosecuted. So, if he is not going to be prosecuted, then the offence of possession of drugs would not appear in his Certificate of Character.

This is a marked improvement. But one plea to the hon. Minister of Health and Wellness is to bring clarification to section 59B (2) because as it is currently worded, it would appear that DPP can only refer the drug user to the Panel on the recommendation of the Commissioner of Police. I think that the DPP must be given full latitude, in his own deliberate judgement, and not just based on the information communicated by the Commissioner of Police. But I would go further and I would say that even in the course of a trial, even when someone is being prosecuted before he is sentenced, if, according to the DPP, he feels that it is a fit case to refer the matter to the Panel, the law should allow him to do so. At the moment, it does not allow him to do so. He can only do so if the Commissioner of Police makes the request to him and only before the start of legal proceedings.

Before concluding, because I have only 20 minutes, I would like to clarify a misunderstanding which many people may have. Section 34 of the Dangerous Drugs Act is not being amended. It is still a criminal offence to smoke, to inhale, to sniff, to consume or

administer to oneself or to someone else any dangerous drugs, including cannabis. I think it is very important because there are some people out there who think that if you are going to smoke cannabis or take drugs now, you will be treated as a patient and sent to the Panel. This is not correct. It is still an offence, but, if, according to the Commissioner of Police and the DPP, it is a fit case to refer to the Panel, then, it will be referred to the Panel.

This is why we say it is a step in the right direction, but it does not go further enough. What we, on this side of the Opposition, want is that no drug consumer should be sent to jail under any circumstance. I hope that will come eventually, but this is not what the law currently says.

Mr Deputy Speaker, Sir, the other proposed amendments relate to the acts of Police Officers, body searches of suspect and destruction of dangerous drugs. As rightly pointed out by hon. Teeluck, these amendments come at a time when the credibility and the integrity of the unit of Police dealing with drugs, be it ADSU or the so called Striking Team, have been challenged and called into question. We are giving powers to Police Officers to transport and dispatch drugs when some Police Officers have been involved in drug offences - we had PQs on that - while others have been accused of planting drugs.

We are giving powers to Police Officers to destroy drugs before a trial at a time when there are allegations that drugs seized in one place are being planted in another place.

(Interruptions)

I am not saying that these allegations are true! I am not saying that these are true! The Court will ultimately decide the matter. But do you, hon. Members, realise what this means? The Police arrest a person because they found drugs in his house, and there is no DNA of that suspect on the drugs? The Police arrest a person because they found drugs in his car, and many people believe that it is the Police who have planted the drugs?

(Interruptions)

The Deputy Speaker: Order! Order! Order! Order! Order!

(Interruptions)

Order!

Mr Uteem: Do hon. Members realise? I am not saying that the Police did!

(Interruptions)

The Deputy Speaker: Order! Order! Order! Order!

An hon. Member: *Ton fini swazir to camp toi!*

(Interruptions)

The Deputy Speaker: Order! Order!

(Interruptions)

Order! I do not want throwing stones at anybody right now. There is no conviction of planting. So, be careful!

Mr Uteem: That is why I said...

The Deputy Speaker: You withdraw whatever you said.

Mr Uteem: I said the people believe; I did not say that there is actual planting! I am saying that the mere fact that someone believes ...

(Interruptions)

The Deputy Speaker: Order!

An hon. Member: *Ton fini swazir to camp!*

The Deputy Speaker: Hon. Bobby Hurreeram, do you want to take a walk outside? I will allow you some fresh air.

Hon. Uteem, so, let me have it clear. You are not making any sort of allegation on any Police Officers of this country as of now; you are saying people believe. But those people are not here! You believe!

Mr Uteem: No! It is not what I believe. I said that the fact...

The Deputy Speaker: No! No! No! I cannot have debates on opinion.

(Interruptions)

Order! Order! I just want to be fair about my duty. Please, help out. I am not preventing you from making whatever debate seems fit to you. But I cannot simply go on like people believe

and then, suddenly, it is an allegation. You can believe whatever you want to believe, I am totally happy with it.

Mr Uteem: Yes.

The Deputy Speaker: Hon. Nuckcheddy, come back after the speech of hon. Uteem, please!

Mr Uteem: Mr Deputy Speaker, Sir...

The Deputy Speaker: I am not ordering you out. I am telling you gently to come back after the speech, please.

An hon. Member: Bye!

Mr Uteem: Mr Deputy Speaker, Sir, the point I was making...

The Deputy Speaker: No, no, no, no.

Mr Uteem: ... is the same, but hon....

The Deputy Speaker: No, no, no, no. Hold on! We move on from this point. I don't agree with you saying people are believing or whatever.

Mr Uteem: I am not on this. What I am saying is hon. Teeluck said that the Police are under attack. He said it; he was not stopped when he said it. He said it, not out of his mind. He said it because Police are under attack.

(Interruptions)

They are being attacked.

The Deputy Speaker: Order!

Mr Uteem: But the fact is...

(Interruptions)

The Deputy Speaker: What's happening?

Mr Uteem: ... that you need to realise why the population has lost faith.

(Interruptions)

The Deputy Speaker: Order!

Mr Uteem: Why are there all these speculations?

(Interruptions)

The Deputy Speaker: Order!

Mr Uteem: Who is responsible of the Police Force today?

(Interruptions)

The Deputy Speaker: Order!

(Interruptions)

Order!

Mr Uteem: You all talk about the Commission of Inquiry.

(Interruptions)

An hon. Member: *C ene discours populiste ki to p fer la!*

The Deputy Speaker: Order! Hon. Ramano!

(Interruptions)

Hon. Ramano!

(Interruptions)

Hon. Ramano!

(Interruptions)

Last time, hon. Ramano! Take a walk please! Take a walk please!

An hon. Member: Take a walk!

The Deputy Speaker: Take a walk! Come back after the speech of hon. Uteem, please!

Mr Uteem: Mr Deputy Speaker, Sir, all the hon. Members on the other side have said that this Bill is implementing the recommendations of the Commission of Inquiry on Drug Trafficking, and it is said –

“The main object of this Bill is to amend the Dangerous Drugs Act so as to implement the recommendations of the Commission of Inquiry on Drug Trafficking.”

I have this report here.

The Deputy Speaker: Time!

Mr Uteem: I am finishing on that; 30 seconds.

The Deputy Speaker: One second! You started at 21:41. We are 24 minutes.

Mr Uteem: I was interrupted! 30 seconds! I will just quote what is said. 30 seconds!

(Interruptions)

The Deputy Speaker: Order!

(Interruptions)

Order!

Mr Uteem: But he did interrupt me.

(Interruptions)

The Deputy Speaker: Order, please! One line! More than a line, you will take a walk too.

Mr Uteem: Yes. One of the main recommendations of the Commission of Inquiry is the disbandment of the ADSU and Customs Anti Narcotic Unit and to replace them by a single independent body, the National Drug Investigation Commission, and this Bill does not do that.

Thank you.

The Deputy Speaker: I am grateful. You did it in a line. You are quite capable, aren't you? Hon. Toussaint!

(10.06 p.m.)

The Minister of Youth Empowerment, Sports and Recreation (Mr S. Toussaint):
Thank you, Mr Deputy Speaker, Sir.

The Deputy Speaker: I am glad to inform you that the two Members can come back. It was just a walk.

Mr Toussaint: Yes. *Dir zot vinn ekout mwa!*

M. le président, je ne suis ni homme de loi ni médecin. Je suis simplement un parent qui comprend et qui ressent la douleur et la souffrance d'un parent dont l'enfant est tombé dans l'enfer de la drogue.

Il va sans dire que notre gouvernement, sous le *leadership* de notre Premier ministre, nous menons un combat inlassable contre le fléau de la drogue. Et, depuis la semaine dernière, nous débattons le *Dangerous Drugs (Amendment) Bill* apporté ici à l'Assemblée par le ministre, l'honorable Jagutpal après avoir fait un gros travail avec son équipe au sein du ministère et aussi avec toute l'équipe de l'*Attorney General* pour amender le *Dangerous Drugs Act*.

Donc, comme je l'ai dit au commencement, je ne suis pas un homme de loi mais c'est *a Bill* très simple à comprendre, directe, droite au but avec trois points importants dont le *Drug Users Administrative Panel*, le *medicinal cannabis* et aussi la possibilité pour la police de détruire les drogues saisies.

M. le président, le combat contre la drogue est un combat que tout le monde devrait mettre la tête ensemble parce qu'il s'agit de notre population; il s'agit de nos enfants; il s'agit des enfants de la famille, de nos voisins; il s'agit de notre peuple. Donc, ce n'est pas le combat seul du gouvernement, des autorités, du ministère de la Santé, des ONG, de l'Opposition, c'est le combat de tout un chacun.

Et, avec tout le respect, je trouve navrant le *cheap politics* mené par l'honorable membre qui a parlé juste avant moi. Je ne me propose pas de réfuter point par point tout ce qu'il a dit mais je constate que le processus de *zet labou* sur la force policière continue et c'est navrant. J'espère que tous les membres de la force policière entendent ce que je suis en train de dire. Oui, comme dans toutes les professions, il y a certainement des brebis galeuses. Parmi les avocats, on n'en a vu récemment mais ce n'est pas pour cela que nous nous allons *zet labou* sur tous les avocats.

(Interruptions)

Je fais la liaison. Je ne suis pas en train de faire un jeu de mots avec l'arbre fruitier, avec tout le respect pour mon ami, l'honorable Lobine. C'est comme ça en français. Il faut faire la liaison.

Ce que mon collègue, l'honorable ministre Teeluck avait dit, oui c'est vrai que la force policière, les autorités *are under pressure* et avec l'opération *zet labou*, le travail devient encore

plus difficile et plus compliqué. Nous avons besoin de nos policiers. Nous avons besoin des autorités dans ce combat inlassable contre les trafiquants et contre la mafia.

Dans son discours, un petit peu avant, l'honorable Bodha a parlé d'une volonté réelle. Oui, honorable membre, ici, nous, de ce côté de la Chambre avec notre Premier ministre, nous avons la volonté de combattre le fléau de la drogue. Et ce n'est pas juste de la volonté sur papier de discours, c'est une volonté que nous transformons dans la pratique et dans notre vie de tous les jours. Nous avons cette volonté, que l'honorable membre soit rassuré ! Et nous allons continuer notre travail malgré tout ce qui peut être dit, malgré les *zet labou*, malgré les bâtons dans les roues. Mais comme je l'ai dit au commencement, c'est un projet de loi très simple, directe et certainement il y a eu des questions valables et en temps et lieu je pense que l'honorable ministre, dans son *summing-up*, pourra apporter plus d'éclaircissements.

M. le président, en ce qu'il s'agit du *medicinal cannabis*, je souhaiterais apporter un petit éclaircissement par rapport au monde du sport. Ici à Maurice, nous faisons partie de l'organisation mondiale contre le dopage, donc *World Anti-Doping Agency (WADA)* et nous, nous avons notre *National Anti-Doping Organization (NADO)* qui mène une lutte contre le dopage que ce soit à travers des produits illicites, que ce soit à travers la drogue et ainsi de suite. Et donc, au niveau de l'État mauricien nous avons fait plusieurs contrôles, plusieurs tests dans le cas des différentes activités sportives qui sont menées sur notre sol et dans le cadre des jeux de la CJSOI qui viendront en décembre du 4 au 11. Il y aura aussi une sensibilisation parce que d'après les codes du WADA, nous ne faisons pas de tests antidopage sur des jeunes de 14 à 17 ans mais il y aura une campagne de sensibilisation *for clean sports*.

Et j'attire l'attention des athlètes élités, quand ce projet de loi sera *enacted* et deviendra une loi, avec tout le processus mis en place par le ministère de la Santé, il sera possible pour les patients d'avoir accès au *medicinal cannabis*. Dans le cadre où un athlète élité doit utiliser ce traitement, j'attire leur attention que jusqu'à présent, *according to the WADA Code, all natural and synthetic cannabinoids are prohibited*, qui veut dire d'après l'Agence internationale contre le dopage, même le cannabis médical est interdit.

Il y a ce qu'on appelle un *therapeutic use exemption certificate* qui peut être émis par WADA, par NADO. Il y a des athlètes qui font des traitements contre l'asthme, par exemple; ils doivent avoir ce certificat pour expliquer, pour montrer qu'ils sont en train de suivre un

traitement contre l'asthme et qu'il y a certains médicaments qu'ils sont en train de prendre. Au cas où ils font une compétition et qu'ils sont testés positifs de ces substances, ils ont leurs certificats pour venir prouver qu'ils sont *under treatment*. Donc, il ira de soi de même en ce qu'il s'agit du cannabis médical. Donc, en temps et lieu ; je voulais expliquer cela clairement que les athlètes élités éventuellement, s'ils vont utiliser ce traitement pour telle et telle cause et telle maladie, dans les compétitions qu'ils vont partir, ils seront obligés d'avoir un *therapeutic use exemption certificate*.

Je ne vais pas revenir en long et en large sur le *Drug Users Administrative Panel*; tout le monde, je crois qu'on est unanime, même si pour certains il y a des petits ajustements, etc., et que certains essayent de tirer la couverture sur eux pour dire *nou ki ti dir sa*, etc. *At the end, it will be here* et ce sera aux personnes en difficulté, soit aux usagers de drogues qui vont en bénéficier par rapport à ce panel. *Whatever*, j'ai mis ça dans mon programme ; j'en ai parlé des siècles de cela ; *ayo papa oh, fouff !* C'est une perte de temps et ce n'est pas ça qui fera que dans une élection *pou gagn enn ti lakrwa en plis ou en mwins*. Voyons large, voyons grand ! *Ouvert lespri ! This measure*, cet amendement proposé dans cette loi, c'est pour notre population, c'est pour nos jeunes qui sont en difficulté et qui vont voir ouvrir une porte plus loin devant, *and that's all that matters ! Saem tou !*

Donc, M. le président, je ne vais pas revenir dessus, c'est expliqué, c'est clair, c'est net comme l'eau de roche, et moi je voudrais juste, peut-être pour terminer rapidement, parler de la prévention et l'appel que nous faisons à nos jeunes surtout : ne tombez pas dedans ! *To seye to tase !* Alors, il y a tellement de choses que vous pouvez faire et la vie est belle; vous avez votre jeunesse devant vous, il y a tellement de choses que vous les jeunes vous pouvez faire. Vous pouvez vous engager dans le sport, dans l'art, dans la recherche, la science, vous pouvez aller aider les autres, vous pouvez vous engager dans une ONG; il y a tellement de choses à faire et la vie est belle. Engagez-vous, restez sur le bon côté de la route et ne vous laissez pas tenter; n'essayez même pas de toucher à ce fléau de la drogue.

M. le président, dans les *Youth Hubs*, nous sommes en train de rénover, de *revamp* nos *Youth Centres*. À partir de l'année prochaine, les *Youth Hubs* seront une réalité, et dans les *Youth Hubs*, il y aura un corner *dedicated for counselling*. Il y aura un service d'écoute qui sera disponible dans tous les *Youth Hubs* de mon ministère où le jeune qui a besoin d'être écouté, qui

a un souci, qui a un problème, qui a commencé à entrer dans la drogue pourra venir discrètement et parler à un *Counsellor* formé. Et j'espère que nos jeunes pourront utiliser ce service au lieu de se laisser influencer et d'aller dans toutes sortes de chemins compliqués qui les mèneraient vers tous les fléaux dont nous sommes en train de parler.

Donc, je termine ici, M. le président. Encore une fois, merci à toute l'équipe du ministre Jagutpal, à son équipe, le ministère. Merci à toute l'équipe de l'*Attorney General*. Et encore, mon appel c'est, l'honorable Lobine en a parlé, *we have to be united* et je suis tenté de dire *when we are united, we never walk alone*.

Merci, M. le président.

The Deputy Speaker: Thank you very much! Hon. Attorney General, prior to giving you the floor, do send me the line that you said is offending. Do send me the precise line which you said was offending.

Mr Gobin: Yes. I will meet you in your Chambers.

The Deputy Speaker: Thank you.

Mr Gobin: I think it is time for the debates to be adjourned.

Mr Deputy Speaker, Sir, I move that the debate be now adjourned.

Mr Ganoo seconded.

Question put and agreed to.

Debate adjourned accordingly.

ADJOURNMENT

The Vice-Prime Minister, Minister of Education, Tertiary Education, Science and Technology (Mrs L. D. Dookun-Luchoomun): Mr Deputy Speaker, Sir, I beg to move that this Assembly do now adjourn to Tuesday 15 November at 11.30 a.m.

The Vice-Prime Minister, Minister of Local Government and Disaster Risk Management (Dr. A. Husnoo) seconded.

Question put and agreed to.

The Deputy Speaker: The House stands adjourned.

Adjournment matters! Hon. Nuckcheddy!

MATTERS RAISED

(10.20 p.m.)

CONSTITUENCY NO. 9 - AGRICULTURAL MARKETING BOARD OUTLET

Mr S. Nuckcheddy (Third Member for Flacq & Bon Accueil): Thank you, Mr Deputy Speaker, Sir. My request tonight is addressed to the hon. Minister of Agro-Industry and Food Security. It is the request of the inhabitants of No. 9 to have an Agricultural Marketing Board outlet in the Constituency so that they don't have to go to Moka each and every time. Several spots have been identified. So, I will humbly request the hon. Minister, as the caring Minister that he is, if he could attend to this request, and the people of No. 9 will be very grateful to him.

The Deputy Speaker: Hon. Minister!

The Attorney General, Minister of Agro-Industry and Food Security (Mr M. Gobin): I have taken good note, Mr Deputy Speaker, Sir.

The Deputy Speaker: Hon. Fabrice David!

(10.21 p.m.)

MORCELLEMENT RAFFRAY & CITÉ ST LOUIS – FOOTBALL PITCHES – LIGHTING

Mr F. David (First Member for GRNW & Port Louis West): Merci, M. le président. Ma requête de ce soir s'adresse au ministre des Collectivités locales et concerne l'éclairage des terrains de foot municipaux dans la circonscription numéro 1. Comme le ministre le sait probablement, cette circonscription compte sept terrains de foot gérés par la municipalité de Port Louis; je parle ici de terrains en extérieur, en terre naturelle. Et sur ces sept terrains, deux d'entre eux sont dépourvus de système d'éclairage et ces deux terrains se trouvent dans la même région de Pailles. Il s'agit du terrain du Morcellement Raffray et celui de Cité St Louis, et je suis certain que le ministre comprendra que les habitants de Pailles vivent cette situation comme une injustice, d'autant plus que cette situation dure depuis plusieurs années. Puis-je solliciter l'intervention du ministre auprès de la municipalité de Port-Louis pour que cette injustice en terme d'éclairage soit corrigée dans les meilleurs délais.

The Vice-Prime Minister, Minister of Local Government and Disaster Risk Management (Dr. A. Husnoo): Mr Deputy Speaker, Sir, I will pass on the message to the Municipal City Council of Port Louis.

The Deputy Speaker: Hon. Mrs Luchmun Roy!

(10.22 p.m.)

BAIT-UL-NOOR MASJID & NICOLAY ROAD – TABLE RAISED HUMPS

Mrs S. Luchmun Roy (Second Member for Port Louis North & Montagne Longue): Thank you, Mr Deputy Speaker, Sir. My address tonight goes to the Minister of Land Transport and Light Rail. At the very outset, I would like to thank him and his team of Traffic Road Management Safety Unit for the table raised hump at Lecornu, St Croix. However, I have two more requests; they are from the Bait-Ul-Noor Masjid of Caro Lalo and the Nicolay Road, St Croix, in front of Kaylasson Kovil. So, there are requests from inhabitants and from users of those roads to have two raised tables as you have put in Lecornu as well. I thank you in advance of your consideration. Thank you.

The Deputy Speaker: Hon. Minister, please!

The Minister of Land Transport and Light Rail, Minister of Foreign Affairs, Regional Integration and International Trade (Mr A. Ganoo): Thank you, Mr Deputy Speaker, Sir. I have taken good note of the request made by the hon. Member. I shall do the needful and get in touch with the TMRSU to remedy the situation. Thank you.

The Deputy Speaker: Hon. Ms Tour!

(10.23 p.m.)

ROBINSON ROAD, CRÈVE COEUR – ROAD & BRIDGE

Ms J. Tour (Third Member for Port Louis North and Montagne Longue): Thank you, Mr Deputy Speaker, Sir. My query is addressed to the Minister of Public Infrastructure regarding Robinson Road in Crève Coeur. The road is heavily damaged and is very narrow. There is also a bridge that needs to be enlarged there. So, I would kindly ask the hon. Minister to use his good office to look at the issues at Robinson Road, Crève Coeur. Thank you.

The Deputy Speaker: Hon. Minister!

The Minister of National Infrastructure and Community Development (Mr M. Hurreeram): Thank you, Mr Deputy Speaker, Sir. I have taken good note of the request of the hon. Member. We shall look into. Thank you.

The Deputy Speaker: Hon. Salim Abbas Mamode!

(10.23 p.m.)

NOOR-E-ISLAM STREET, PORT LOUIS – TRAFFIC LIGHT – REPLACEMENT

Mr S. Abbas Mamode (Second Member for Port Louis Maritime & Port Louis East): Thank you, Mr Deputy Speaker, Sir. The issue I am raising tonight is addressed to the Minister of Land Transport and Light Rail. Mr Deputy Speaker, Sir, recently there has been an accident in front of Noor-e-Islam street, Port Louis.

I am requesting the Minister to replace the traffic light which has been damaged after the accident. This is causing a lot of trouble to people going to the mosque and also for the youth going to school. As you know, the pedestrian crossing is at a turning point in the region of Noor-e-Islam Street.

Allow me also, Mr Deputy Speaker, Sir, to convey my gratitude of the inhabitants of No. 3 to the hon. Minister for the installation of a traffic hump at Military, Vellore Street and in other regions of Constituency No.3. I am sure other humps are coming. So, concerning the traffic light, I will urge the Minister to look into the matter urgently.

The Deputy Speaker: Hon. Minister!

The Minister of Land Transport and Light Rail, Minister of Foreign Affairs, Regional Integration and International Trade (Mr A. Ganoo): I thank the hon. Member, Mr Deputy Speaker, Sir, for raising the issue. I can assure him that the needful will be done. I will convey the message to the TMRSU and make sure that the appropriate solution is taken.

Most probably, what happens, Mr Deputy Speaker, Sir, is that the lights are not readily available. They have to be ordered sometimes. The TMRSU does not keep them in stock because there are in such great demand. But I will ensure that the matter is solved as expeditiously as possible. The hon. Member can rest assured and next time, he can thank me again.

The Deputy Speaker: Hon. Uteem!

(10.26 p.m.)

SIGNAL MOUNTAIN – HEALTH TRACK – PARKING

Mr R. Uteem (Second Member for Port Louis South & Port Louis Central): M. le président, je souhaite m'adresser au ministre de l'Environnement. C'est un problème que j'ai soulevé à plusieurs reprises dans cette Chambre. Cela concerne le parcours de santé à la Montagne des Signaux et le parking qui se trouve au pied de la montagne.

Beaucoup de gens empruntent ce parcours de santé, et comme le parking est fermé, les gens ont tendance à se garer dans les rues adjacentes. Cela cause un problème d'embouteillage d'une part, pendant les heures de pointe, et d'autre part, gêne les résidents qui ont des difficultés à avoir accès à leurs maisons et à garer leurs véhicules devant leurs maisons.

Je fais donc un appel à l'honorable ministre de revoir la décision de son ministère de fermer ce parking au plus vite. Merci.

The Deputy Speaker: Hon. Minister, please.

The Minister of Environment, Solid Waste Management and Climate Change (Mr K. Ramano): M. le président, nous avons eu l'occasion, conjointement avec d'autres autorités, de faire un *site visit* sur tout le parcours sur la Montagne des Signaux, et je dois dire que nous avons eu des réunions de coordination avec ces autorités. Mais il y a une certaine résistance au niveau des autorités qui sont responsables pour faire des études géotechniques surtout en ce qui concerne la vulnérabilité des lieux.

Donc, les autorités ne sont pas d'accord, à ce stade des choses, de procéder à l'ouverture du parcours officiellement et aussi en ce qui concerne le parking. À la base des études plus approfondies, bien sûr, je viendrai de l'avant pour tenir la Chambre au courant. Nous sommes aussi en train de faire appel à l'expertise réunionnaise pour que nous puissions une fois pour toute résoudre ce problème, mais c'est un problème complexe. Il y va de la sécurité même des membres du public, M. le président.

The Deputy Speaker: Thank you very much Minister. Hon. Dhunoo!

(10.28 p.m.)

FREDERICK BONNEFIN, FOREST SIDE – FOOT PATH – EXTENSION

Mr S. Dhunoo (Third Member for Curepipe & Midlands): Thank you, Mr Deputy Speaker, Sir. My request tonight is addressed to hon. Alan Ganoo, Minister of Land transport and Light Rail, Minister of Foreign Affairs, Regional Integration and International Trade. Let me first of all thank the Minister on behalf of the inhabitants of Curepipe-Midlands and his team for all the good work they are doing in the Constituency.

The Traffic Management and Road Safety Unit has started works for a covered foot path at Frederick Bonnefin, Forest Side and only part has been completed to the satisfaction of the inhabitants. I am making a request to the hon. Minister if he could use his good office to instruct the Traffic Management and Road Safety Unit to continue the foot path on Frederick Bonnefin till the T-junction where Secret Beauty Parlour is situated for the benefit of the pedestrians and inhabitants of the region. Thank you, Mr Deputy Speaker, Sir.

The Deputy Speaker: Hon. Minister!

The Minister of Land Transport and Light Rail, Minister of Foreign Affairs, Regional Integration and International Trade (Mr A. Ganoo): Once again, I thank the hon. Member for the matter he has just raised. Mr Deputy Speaker, Sir, I will certainly consult the TMRSU and apprise them of the complaint raised by the hon. Member. I can assure him that I will do my level best to solve this situation as soon as possible.

The Deputy Speaker: Thank you. Hon. Ritish Ramful!

(10.29 p.m.)

CWA – WATER METERS – SHORTAGE

Mr D. Ramful (First Member for Mahebourg & Plaine Magnien): Thank you, Mr Deputy Speaker, Sir. I have an issue which is addressed to the Minister of Energy and Public Utilities. Unfortunately, he is not here. I do not know if someone can take up the matter with him. It is with regards to a shortage of water meter at the level of CWA.

I have received complaints from various applicants who have made applications to be connected with water supply. Unfortunately, they have been told to wait because of a shortage of water meter at the level of the CWA. I have a lady from Petit Bel Air in my Constituency who has applied for water supply since six months. She is still waiting to be connected with water

supply and she is being told to wait because there is no water meter. So, can the hon. Minister kindly look into the matter?

The Deputy Speaker: Who shall take it? Who shall convey the message?

The Minister of Land Transport and Light Rail, Minister of Foreign Affairs, Regional Integration and International Trade (Mr A. Ganoo): I will take up the matter with my colleague who sits by my side, Mr Deputy Speaker, Sir. The hon. Member was right to have raised this issue. It concerns the wellbeing of one of our citizens. So, I can assure him that I will do the needful in terms of informing the hon. Minister about the issue that he has raised.

(Interruptions)

The Deputy Speaker: I think that you want to take a walk?

(Interruptions)

I could not even listen to what was said. You should not do that.

Thank you very much. I think everybody is done for the day. Good night. Have a safe trip.

At 10.30 p.m., the Assembly, was, on its rising, adjourned to Tuesday 15 November 2022 at 11.30 a.m.