



REPUBLIC OF MAURITIUS

SEVENTH NATIONAL ASSEMBLY**PARLIAMENTARY****DEBATES****(HANSARD)****FIRST SESSION****THURSDAY 03 NOVEMBER 2022**

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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
Dr. the Hon. Renganaden Padayachy	Minister of Finance, Economic Planning and Development
Hon. Mrs Fazila Jeewa-Daureeawoo, GCSK	Minister of Social Integration, Social Security and National Solidarity
Hon. Soomilduth Bholah	Minister of Industrial Development, SMEs

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Hon. Sudheer Maudhoo	Minister of Blue Economy, Marine Resources, Fisheries and Shipping

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Hon. Avinash Teeluck

Minister of Arts and Cultural Heritage

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Minister of Public Service, Administrative and Institutional Reforms

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MAURITIUS**Seventh National Assembly**

FIRST SESSION

Debate No. 27 of 2022**Sitting of Thursday 03 November 2022**

The Assembly met in the Assembly House, Port Louis, at 3.30 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

The Public Service Commission (Amendment No. 2) Regulations 2022. (Government Notice No. 288 of 2022)

B. Ministry of Housing and Land Use Planning

Ministry of Tourism

The Annual Report and Report of the Director of Audit on the Financial Statements of the Tourism Authority for the year ended 30 June 2021. (In Original)

C. Ministry of Gender Equality and Family Welfare

The Annual Report and Report of the Director of Audit on the Financial Statements of the National Women's Entrepreneur Council for the year ended 30 June 2021.

ORAL ANSWER TO QUESTION

‘ROLL YOUR OWN CIGARETTE’ PAPERS – IMPORTATION

The Leader of the Opposition (Mr X. L. Duval) (*by Private Notice*) asked the Minister of Labour, Human Resource Development and Training, Minister of Commerce and Consumer Protection whether, in regard to Roll your own Cigarette paper, which is used for smoking synthetic and other drugs, he will state if his Ministry has, on 14 March 2022, authorised the importation of approximately 22 million items thereof of street value of over Rs460 m. and, if so, indicate the reasons therefor.

Mr Callichurn: Mr Speaker, Sir, in accordance with the Consumer Protection (Control of Imports) Regulations 2017, presently import permits are issued in respect of ‘Restricted goods’ listed in the Fourth Schedule of the Regulations.

No import permits are issued in respect of Prohibited Goods which are listed under the Third Schedule of the same Regulations.

The item “Roll your own cigarette” papers, was, in fact, listed as a ‘Prohibited Good’ prior to 02 June 2015 and was delisted following the introduction of the Consumer Protection (Control of Imports) (Amendment) Regulations 2015.

The amendment made on 02 June 2015 relates to a policy decision in the context of the elimination of non-tariff barriers and with a view to streamlining procedures and facilitating trade in Mauritius.

However, this item was then relisted as a Prohibited Good pursuant to the coming into operation of the Consumer Protection (Control of Imports) (Amendment No. 6) Regulations 2015 on 17 December 2015.

Regarding the Regulations proclaimed on 17 December 2015, as a result of concerns expressed subsequently, it was decided to “relist” –

- “Roll your own cigarette” papers under H.S Code 48.13”, and
- “Rolling machines (other than rolling machines of industrial types) used to manufacture cigarettes” as Prohibited items as from 17 December 2015, through the Consumer

Protection (Control of Imports) (Amendment No. 6) Regulations 2015 (GN 242 of 2015).

Moreover, it was decided that items ordered or imported prior to the coming into operation of the Regulations would not be affected taking into consideration commitments which had already been taken in the period during which these items were not prohibited by law, namely between 02 June 2015 and 17 December 2015.

Thus, the Regulations dated 17 December 2015 came into operation with immediate effect but was not applicable for consignments which had already been imported nor for consignments which had been ordered prior to the date of the coming into operation.

Mr Speaker, Sir, I am informed that the Director of Zippy Mouse Company Ltd, one Mr N.K.S. sent an email to the then Permanent Secretary of the Ministry of Industry, Commerce and Consumer Protection on 14 December 2015 enquiring about the procedures for the importation of “Roll your own cigarette” papers from his South African Supplier for an order placed two months back.

Subsequently, on 23 December 2015, the Ministry of Industry, Commerce and Consumer Protection sent an email to the company informing same of the Regulations in place and also referring to a Press Communiqué on 21 December 2015.

Actually, the Communiqué informed the public that the Consumer Protection (Control of Imports) (Amendment No. 6) Regulations 2015 have been promulgated and are effective as from 17 December 2015. Consequently, the importation of “Roll your own cigarette” papers and “Rolling Machines other than Rolling Machines of Industrial Types,” used to manufacture cigarettes are banned, except for those ordered or imported before 17 December 2015.

Mr Speaker, Sir, I am informed that on 30 March 2016, my Ministry received an email from Mr N.K.S., Director of the Zippy Mouse Ltd, informing that one of the Company’s Directors, Mr A. L., represented Zippy Mouse Ltd at Salon International Tobacco & Accessories “Inter Tabac 2015”, where he met with one Mr Alex Jacovides, Director of Clippasales Ltd and placed an order for 25,000 boxes of OCB tobacco rolling paper on 16 September 2015. In the same email, the company requested the Ministry to do the needful to have the consignment of rolling paper ordered be cleared by the Customs Department.

The company in the said email attached the scanned version of a letter, dated 30 March 2016, addressed to the Ministry of Industry, Commerce and Consumer Protection from Mr Alex Jacovides, Managing Director of WINLEX Ltd/CLIPPASALES. The letter mentioned that a Purchase Order dated 16 September 2015 for an order of 975 boxes of Rolling Cigarette Papers had been finalised and could not be cancelled. It further mentioned that the forecasted Purchase Order consisted of 25,000 units of OCB King Size plus Tips and that delivery of 500 units and 1,000 units was due to start.

The company also requested the Ministry to issue a permanent delivery certificate to cover the remaining balance of the whole order.

On 31 March 2016, my Ministry informed the Director of Zippy Mouse Ltd that it had no objection to the importation of the consignment for a first batch of 975 boxes of “Roll your own cigarette” papers.

As regards the remaining orders, out of the forecasted 25,000 units, the company was requested to show proof that the remaining balance of 24,025 units was placed prior to the coming into force of the Regulations GN 242 of 2015. The Customs Department was also put in copy of the letter and was requested to stand guided by Regulations GN 242 of 2015.

Following the Ministry’s request for proof of the remaining order of 24,025 boxes was placed prior to 17 December 2015, the company, on 06 April 2016, submitted a document certifying the Purchase Order dated 16 September 2015 for the 25,000 boxes.

Thereafter, my Ministry, on 12 April 2016, requested the company to provide following information –

- a. Pro Forma Invoice;
- b. Final Invoice;
- c. Bill of Lading;
- d. Receipt of Payment made;
- e. Document certified by supplier to show actual proof of order placed for the 25,000 boxes, and
- f. Any other relevant document certifying the said transaction.

On 10 May 2016, Zippy Mouse Ltd submitted all documents requested by the Ministry, except for the Bill of Lading.

Consequently, on 01 August 2016, the then Ministry of Industry, Commerce and Consumer Protection gave its no-objection to Zippy Mouse Ltd for the importation of the remaining 24,025 boxes of “Roll your own cigarette” papers.

Thereafter, the company imported two consignments of “Roll your own cigarette” papers, namely on 12 December 2016 and on 04 August 2017.

On 18 September 2017, concern was raised by officers of the Mauritius Revenue Authority on the possible abuse of the said Regulations by Zippy Mouse Ltd.

Consequently, from that date till 11 March 2022, various correspondences were sent to the company, meetings were held in the presence of officers of the Customs Department of the MRA to sort out the issues.

Mr Speaker, Sir, finally on 11 March 2022, the company submitted a request for the Ministry to allow it to import the remaining consignment of 24,025 boxes of “Roll your own cigarette” papers as a one-off importation in order to resolve the matter as the remaining order had already been paid for and would be for personal storage. On receipt of the documentary evidence requested by the Ministry previously, a no-objection letter was issued to the company on 14 March 2022, subject to the following conditions being strictly adhered to –

- (a) the company had to produce documentary evidence to the MRA to the effect that the order of 25,000 boxes had been placed before 17 December 2015;
- (b) the remaining 24,025 boxes of the goods be imported in one consignment, and
- (c) the said goods not to be commercialised and not to be put on sale on the local market.

Further to the No Objection Letter given to the company, the letter was also copied to the Director General of the Mauritius Revenue Authority and the Director of Customs Department.

On 18 March 2022, the MRA informed the Ministry that it would ensure that the conditions stated in the letter dated 14 March 2022 would be adhered to but will not take the responsibility should the good be commercialised and put on sale on the local market.

Mr X. L. Duval: I understand that these goods now have been seized and I think one Mr Jonathan Augustin has been arrested, etc.

Let me come to the letter of 14 March 2022 which you referred to. Now, your Ministry authorised the importation of 22 million *ti papie*, which we know are used for synthetic drugs, and in the same letter, you put that, in fact, this is not to be sold on the local market. Did it occur to your Ministry at all why someone would pay over Rs3 m. to import, transport, tax, VAT, etc., on 22 million items which are not going to be sold on the local market? Did it occur to you at all to ask the person what was he going to do with that?

Mr Callichurn: Mr Speaker, Sir, in any event, the order was placed prior to 17 December 2015, where the company was authorised to do so. Now, coming to the question of putting on sale, I don't know if the hon. Leader of the Opposition is aware of Regulation 4(1) of the Public Health (Restrictions on Tobacco Products) Regulations 2022...

(Interruptions)

Let me finish!

... which provides, Mr Speaker, Sir, that –

“4 (1) No person shall manufacture, import, distribute, sell or offer for sale in Mauritius –”

So, it will be for the enforcement authority to ensure that these products are not meant for sale because when the company requested to import these items, it made it clear that it was for personal storage.

Mr X. L. Duval: *Ha ha!* Mr Speaker, Sir, I think in all my 30 years in Parliament, I have not heard such a ridiculous answer. His Ministry's letter was given to the importer before the Ministry of Health - and thank God for once - prohibited the sale in June, three months after his letter. Whether he was aware of what you were doing, I don't know. Now, I am going to ask the Minister again: why someone would import 22 million *ti papie* with a so-called authorisation from his Ministry that he would not sell it on the local market? Why would someone do that?

Mr Callichurn: Mr Speaker, Sir, I think I have been clear enough in my answer. Authorisation to import was based on a law which allowed the company to import, if the order was placed prior to December 2015. The company did produce the purchase order; did produce evidence that order was placed prior to that date.

Mr X. L. Duval: I have a pro forma invoice here dated the same date as you said; 16 September 2015. A pro forma invoice is a quotation, an invoice *pour la forme*; it is not a real order, firstly. Secondly, given that you think there was a commitment for the South African seller to supply this, this order was never paid for. This order was never a firm order because it was never paid for; neither a letter of credit issued nor payment made. So, your Ministry issued, seven years later, an authorisation on a spurious invoice for a spurious order which was never, in fact, paid for by the company. If you can produce any evidence to show that the 108,000 Euros of the invoice was ever paid for by the company, then can you do so now? Because it is not a firm order.

Mr Callichurn: Mr Speaker, Sir, this is a commercial dealing between the company and its supplier. Talking about the pro forma invoice, maybe the person who gave him the information did not give him the purchase order. I can produce the purchase order which was presented to the Ministry for the 25,000 boxes of that particular item.

Mr X. L. Duval: But, surely, the purchase order must be accompanied by payment for it to become a firm order. Don't you agree Minister that you cannot just send an order and no payment made and you pretend to the Ministry that it is a firm order?

Mr Callichurn: Mr Speaker, Sir, how would the Leader of the Opposition expect me to know the dealing between the company and its supplier and what were the terms agreed between them? I would not know. Even he will not be in a position to know that!

Mr X. L. Duval: I know that no payment was made ever and this is a spurious, a false order. Now, Mr Speaker, Sir, his Ministry authorises the importation of goods costing about Rs3 m. with a sale value on the streets of Mauritius of Rs460 m. Just think of that! It is more profitable probably than drugs. His Ministry authorises that and does not think it is necessary to refer it to the Police, to ADSU and to Customs. Not at all! Thinking it is absolutely normal that someone would sit on a cargo worth Rs460 m. for his personal use? Is that what you are saying? Do you know the price of *ti papie*?

Mr Callichurn: Mr Speaker, Sir, I did not say that.

Mr Speaker: Wait!

Mr Callichurn: Let me answer. Mr Speaker, Sir, I understand that the Police are enquiring into the matter. And to tell you frankly, hon. Leader of the Opposition, several meetings were held between officers of the MRA, officers of my Ministry and also the representative of that particular company, and from 2017 to 2021, there have been representations made and we did not give our consent for the company to import.

Mr X. L. Duval: So, you are saying to me that over the years, this particular importer insisted to import goods of a street value of Rs460 m. and you were persuaded that it was for his own personal use, and that he went for many years trying to persuade you and finally you agreed that it was for his own personal use this Rs460 m. street value of goods. That is what I understand your Ministry is doing.

Mr Callichurn: Mr Speaker, Sir, first of all, let me be clear; this file was never brought to my attention. It was dealt with administratively, not by me. Don't point finger at me because I did not get involved in any decision-making process regarding this particular case.

Now, in 2017, Mr Speaker, Sir, there was a meeting at my Ministry - let me look for the Notes of Meeting for that particular meeting - and it was decided collectively on the way forward.

Mr X. L. Duval: But not by you!

Mr Callichurn: It was decided collectively by the Ministry. So, in that particular meeting, the then Deputy Permanent Secretary, in 2017 - I was not even there, I was appointed recently -; so, chaired by the Deputy Permanent Secretary, also in attendance were officers from the Customs Department and several issues were discussed regarding this particular case because the issue had to be thrashed out. And it was decided the way forward. You can listen to me carefully. It was a decision which was taken collectively by the MRA, the Ministry and the Customs Department.

The Ministry will request Zippy Mouse Ltd to submit the contract it had with its supplier in respect of an order placed on 16 September 2015, that is, for the 25,000 boxes you mentioned earlier, to make and quantify the remaining shipment to be imported, indicating the number of booklets with their respective number of leaflets per box and a time frame as to when the whole consignment of 25,000 boxes will be imported. That was the way forward decided in 2017.

Mr X. L. Duval: Mr Speaker, Sir, he says he was not aware, but he is defending it now!

Mr Callichurn: I am not! I am stating the facts!

Mr X. L. Duval: Let me finish! Let me finish! So, he is defending it now and he knows very well the code of ministerial responsibility; that whatever happens under his Ministry is his responsibility, nobody else's.

Now, I want to ask the hon. Minister: he says there is a contract. But you are a lawyer too. Where is the contract when no payment has been made? There is no contract when no payment has been made. So, there is no contract! Your Ministry did not even bother, and this is where the real conspiracy is! This is the real conspiracy...

Mr Speaker: No, put your question!

Mr X. L. Duval: ...between your Ministry – whoever was there as you are saying – the importer, because he is also involved - and I will come to that - and the supplier, this importer. This is the conspiracy and it appears to me that your Ministry just whitewashed, and I'm so surprised ...

Mr Speaker: Do you have a question?

Mr X. L. Duval: ... that the Minister is, in fact, defending. Why is he defending *l'indéfendable*?

Mr Callichurn: I am not defending *l'indéfendable*, *M. le président!* If ever the Leader of the Opposition has any information regarding *maldonne*, malpractices or whatever thing he is trying to say, there is a Police enquiry ongoing, he can go to the Police. And, by the way, let me inform the House I found it surprising also; that is why I instructed, because the delay between 2017 and 2021...

(Interruptions)

Listen to me carefully; listen to me first. The delay between 2017 and 2021 where the Ministry was constantly objecting to the issuance of a 'no objection', suddenly in 2022, it gave its

consent. So, I instructed the Permanent Secretary of my Ministry to have a complaint made at ICAC to have an in-depth enquiry into the whole matter.

Mr X. L. Duval: Anyway, nobody on this side of the House believes in ICAC. I would like to ask the Minister whether it did not occur to all these technicians in his Ministry that the price that this person from Zippy Mouse Ltd, Mr Augustin, was supposed to be importing in 2022 couldn't be the same price as seven years earlier! Who is going to give the same price for one item seven years later? Did it not occur to you that there was some conspiracy going on? Do you understand?

Mr Callichurn: Yes!

Mr X. L. Duval: The same price as seven years before. Have you heard of this before?

Mr Callichrun: Mr Speaker, Sir, this is for the enquiry to determine. There is a Police enquiry and, in any event, when the goods were seized by the striking team and the MRA, an enquiry has been opened and it would be for the enquiry to determine whether there has been any sort of conspiracy.

Mr X. L. Duval: The seizure is not thanks to you; it was thanks to Customs based on a GN by the Ministry of Health; no thanks to your Ministry. So, do not take credit for that, please. I would like to ask you whether all this time, when in 2022, your Ministry decided to issue that surprising letter of importation where it cannot be sold on the local market even though it is worth Rs460 m., when that letter was issued and given the amount, the risk of fraud and the problem of drug consumption, did your Ministry contact the State Law Office to see that it was all in order for you to do so seven years after an order was placed – supposedly placed?

Mr Callichurn: Mr Speaker, Sir, in June 2015, when 'Roll on your own Tobacco' was delisted from the list of prohibited items, the then Deputy Prime Minister, who is now the Leader of the Opposition, was in Government, did not raise any objection then! He did not raise any objection then. He could have well objected to the delisting of the said item in 2015 if he was so concerned about the rolling paper being used for synthetic drugs or cannabis. But let me tell him that these papers are also used for 'Roll your own Tobacco', which was recently allowed by the Regulations.

Mr X. L. Duval: Allowing ‘Roll your own Tobacco’ but not ‘Roll your own paper’. What a ridiculous step! How are they going to roll it? In what? *Dans papier toilette*? Anyway, let me just ask the hon. Minister here whether, in fact, his officers – come back to the original question: the price. I have the prices here on the final Tax Invoice given in 2022 compared to the quotation, the pro forma invoice of seven years earlier; the prices are identical. I would like to ask the hon. Minister in what ‘Alice in Wonderland’ or whatever, prices do not change for seven years? And whether he thinks this paper, if it were produced seven years before, and you have to I think lick it and stick it and all that...

Mr Callichurn: You know that well!

Mr X. L. Duval: Don’t joke with me! Do you think that this paper is still useable? So, how is it the same price? Tell us! You are defending your Ministry. Tell us how it is the same price seven years after if you are dealing with genuine people and genuine invoices?

Mr Callichurn: Mr Speaker, Sir, we have the received invoice and purchase order. We went according to whatever documents that have been produced in respect of the importation of that particular item. You would not expect the Ministry to go and enquire regarding the change of price and so on! And in any event, Mr Speaker, Sir, the prices are checked by the Customs Department at the time of clearance and upon delivery. It is not for the Ministry to go and do all that.

Mr X. L. Duval: Let me tell the Minister that we have checked the prices and the price is three times more than it is on this invoice. So, it is a shame that his people did not do it. He did not answer whether he sought clearance for this murky business, from the State Law Office and, if he did so, what was their advice.

Mr Callichurn: Mr Speaker, Sir, the Regulation, I think is clear in itself. So, there was no need to seek clearance. You want me to read the Regulation again to you? Any layperson reading the Regulation would interpret it the same way as I mentioned earlier. So, there was no need to seek guidance of the SLO on the interpretation of the Regulation that was in place at the time when the order was placed.

Mr Speaker: Time over! No advice! Time is over! No advice, time is over!

(Interruptions)

Mr X. L. Duval: There is still one minute left!

Mr Speaker: Time is over!

Mr X. L. Duval: There is one minute left, Mr Speaker, Sir! There's one minute left! How can we finish?

Mr Speaker: Motion!

MOTION

SUSPENSION OF S.O. 10(2)

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

The Deputy Prime Minister seconded.

Question put and agreed to.

(4.03 p.m.)

STATEMENT BY MINISTER

CHAGOS ARCHIPELAGO - SOVEREIGNTY

The Prime Minister: Mr Speaker, Sir, I wish to make the following Statement concerning developments in respect of the Chagos Archipelago.

Following the meeting which I had with former UK Prime Minister, Elizabeth Truss, on 21 September 2022 in the margins of the United Nations General Assembly, Mauritius and the United Kingdom have decided to begin negotiations on the exercise of sovereignty over the Chagos Archipelago.

Through negotiations, taking into account relevant legal proceedings, it is our intention to secure an agreement on the basis of international law to resolve all outstanding issues, including

those relating to the former inhabitants of the Chagos Archipelago. This will allow Mauritius and the United Kingdom, as close Commonwealth partners, to work even more closely together to tackle the regional and global security challenges that face us all. We will seek to strengthen significantly our cooperation on Indian Ocean security, maritime security and marine protection, the conservation of the environment, climate change, respect for human rights, and to tackle illegal migration, illegal fishing, drugs and arms trafficking, as well as bilateral cooperation on a range of other issues. We will work to do this in cooperation with key allies and partners in the region.

Mauritius and the United Kingdom have reiterated that any agreement between our two countries will ensure the continued effective operation of the joint UK/US military base on Diego Garcia, which plays a vital role in regional and global security. We recognise the United States' and India's interests and will keep them informed of progress.

Mauritius and the United Kingdom have agreed to engage in constructive negotiations, with a view to arriving at an agreement by early next year.

I take this opportunity to express my thanks and gratitude to all States and organisations, particularly the African Union, for the support they continue to provide to Mauritius for the completion of its decolonisation.

Thank you, Mr Speaker, Sir.

MOTIONS

S.O. 17(3), S.O. 29(1) & S.O. 49(8)

The Prime Minister: Mr Speaker, Sir, I beg, under Standing Order 17(3), to take the time of the House for urgent business.

The Deputy Prime Minister seconded.

The motion was, on question put, agreed to.

The Prime Minister: Mr Speaker, Sir, having obtained your permission, I beg to move, under Standing Order 29(1), to present a motion without notice.

The Deputy Prime Minister seconded.

The motion was, on question put, agreed to.

The Prime Minister: Mr Speaker, Sir, in the light of the incident you reported to the National Assembly on Thursday 27 October last regarding the words uttered by hon. Bhagwan to your address, his grossly disorderly conduct and the remarks uttered by the latter to the address of hon. Members at the Sitting of Tuesday 18th of October last, I beg, under Standing Order 49(8), to move that the hon. First Member for Beau Bassin & Petite Rivière, Mr Rajesh Bhagwan, be suspended from the service of the Assembly for today's and the next two Sittings, unless and until unreserved apologies are tendered to the House.

The Deputy Prime Minister seconded.

The motion was, on question put, agreed to.

Mr Bhagwan: I will say no apologies. I maintain what I have said.

At this stage, hon. Bhagwan left the Chamber.

(Interruptions)

Mr Bhagwan: *Pran lord ar to sef mem twa!*

PUBLIC BILL

Second Reading

THE DANGEROUS DRUGS (AMENDMENT) BILL

(NO. XV OF 2022)

Order for Second Reading read.

The Minister of Health and Wellness (Dr. K. Jagutpal): Mr Speaker, Sir, thank you very much for allowing me to proceed with the second reading of the Dangerous Drugs (Amendment) Bill 2022. The main objective of this Bill is to amend the Dangerous Drugs Act so

as to implement the recommendations of the Commission of Inquiry on Drug Trafficking Report 2018.

Mr Speaker, Sir, on 14 July 2015, the President of the Republic, acting on advice of the then Prime Minister, late Sir Anerood Jugnauth, in accordance with section 2(2) of the Commissions of Inquiry Act appointed Paul Lam Shang Leen, former Judge of the Supreme Court, as Chairperson of the Commission of Inquiry on Drug Trafficking to inquire on all aspects of drug trafficking in Mauritius.

By setting up this Commission of Inquiry, late Sir Anerood Jugnauth, the father of the economic miracle, was setting the tune for the leitmotiv of our Prime Minister, hon. Pravind Kumar Jugnauth, who has made it a point to honour to carry on the fight against drug trafficking. Our zero-tolerance approach towards drug traffickers has led to drug seizures amounting to Rs471 m. in 2020 and Rs4.7 billion in 2021.

Mr Speaker, Sir, the Commission of Inquiry on Drug Trafficking worked relentlessly during 3 years and released its report on 27 July 2018. 460 recommendations were made in this document of 21 chapters and 260 pages. The national response to the drug issue is overseen and led by the High-Level Drugs and HIV Council since January 2019 and is chaired by the Prime Minister, hon. Pravind Kumar Jugnauth.

Mr Speaker, Sir, to date, more than 80 per cent of the recommendations of the Commission of Inquiry on Drug Trafficking have already been implemented or are being implemented. And today, by the amendments this Government is bringing to the Dangerous Drugs Act, we are moving one step closer to a historical, bold and courageous piece of legislation driven by the determination of the Prime Minister towards a human rights approach in the treatment of people having substance use disorders, to improve treatment and rehabilitation instead of criminalisation.

Allow me, Mr Speaker, Sir, to highlight the main provisions of this Bill. To start with, in the Drug Users Administrative Panel (DUAP), where a person is found in possession of drugs 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 DUAP.

The Bill also makes provision for the treatment of patients with Medicinal Cannabis for specific therapeutic conditions where conventional treatment has not produced satisfactory results.

Mr Speaker, Sir, another important feature of this Bill is to empower Forensic Science Laboratory to conduct analysis on a sample of dangerous drugs seized rather than analysing all the dangerous drugs seized as it is the case in several other jurisdictions.

In addition, the Police will be given wider powers so as to enable it to detect drug offences and will, on the order of a District Magistrate, be able to destroy dangerous drugs seized rather than keeping same to be produced in Court. Opportunity is also being taken to address some shortcomings in the Dangerous Drugs Act, and consequently, the Courts Act is also being amended.

Mr Speaker, Sir, as stated earlier, this Bill makes provision for medicinal cannabis for the treatment of patients suffering from certain conditions. This Bill does not make provision for recreational use of cannabis.

To understand the Dangerous Drugs Act, let me come to a brief definition of a drug. A drug is a medicine or other substance which has a physiological effect when ingested or otherwise introduced into the body. Medication is called drug. Heroin and Cocaine are also called drugs, commonly known as illicit or narcotic drugs that have no therapeutic benefits.

Dangerous drug is a category of drugs that have high tendency for abuse and dependency. Among these dangerous drugs, some have therapeutic benefits and are used under control such that they are listed under relevant schedules of the Dangerous Drugs Act.

Till now, Cannabis is considered as an illicit drug but since December 2020, the United Nations Office on Drugs and Crime (UNODC) Commission on Narcotics Drugs took a number of decisions on the international control of cannabis and cannabis related substances.

One of the main decisions was to delete cannabis and cannabis resin from Schedule 4 of the 1961 Single Convention on Narcotic Drugs but maintain it in Schedule 1 of the same

Convention for control purposes. This implied that Cannabis, although highly addictive, was no longer considered to have particularly dangerous properties or no therapeutic value.

Mr Speaker, Sir, medicinal cannabis is a medicine that comes from the cannabis plant. Medicinal cannabis has the potential to relieve the symptoms of certain medical conditions.

The cannabis plant contains cannabinoids. Two of these cannabinoids are: tetrahydrocannabinol (THC) and cannabidiol (CBD). Most medicinal cannabis products already on the market contain THC and/or CBD.

Medicinal cannabis is most often used for the treatment of chronic pain, epilepsy and spasticity. It is also used for the treatment of cancer-related symptoms, such as pain and nausea associated with chemotherapy.

Today, more than 30 countries in the world have legalised cannabis for medicinal use. Some of these countries are UK, France, Australia, Denmark, Switzerland, Canada, Germany, Italy, United States of America and South Africa, just to name a few.

On the local front, in December 2020, Government set up a Technical Committee on Cannabis for the implementation of the recommendations of the Commission of Inquiry on Drug Trafficking, relating particularly to the use of cannabis for medicinal purposes.

The first meeting of the Technical Committee was chaired by the then Director General Health Services and thereafter by Professor Theeshan Bahorun, G.O.S.K, Executive Director, Mauritius Research and Innovation Council (MRIC).

The Committee comprised high officials of my Ministry, the Prime Minister's Office, other Ministries as well as representatives of the Police Department, the Forensic Science Laboratory, the University of Mauritius, the Mauritius Revenue Authority, the Pharmacy Council and the Private Clinics Association. The Technical Committee conducted 7 meetings and closed the last meeting on 29 October 2021.

During the sittings of the Technical Committee, views and comments were sought from the public on the medicinal use of cannabis through notices published in dailies. Numerous

comments were received and considered by the Technical Committee before finalising its recommendations.

On 26 November 2021, Government was apprised of the recommendations of the Technical Committee. The recommendations encompassed the types of cannabis to be used for medicinal purposes, authorisation mechanisms, import and storage of medicinal cannabis and also therapeutic indications.

Government also approved the setting up of a Steering Committee under the chairmanship of the Senior Chief Executive of my Ministry to look into the implementation of the recommendations of the Technical Committee on medicinal cannabis.

The Steering Committee examined each of the recommendations of the Technical Committee to determine their applicability and devised ways and means for their implementation.

The Steering Committee recommended the following, amongst others –

- only plant derived medicinal cannabis will be used;
- only importation of medicinal cannabis products would be considered in the initial stage by my Ministry;
- a Medicinal Cannabis Therapeutic Committee to be set up at Regional Hospital level to assess and authorise the use of medicinal cannabis;
- a patient-registration system should be put in place;
- medicinal cannabis products to be dispensed only in hospitals;
- the storage of medicinal cannabis in a Government pharmacy;
- the definition of the formulation of medicinal cannabis to be defined by my Ministry;

- only authorised specialists (both public and private) would be allowed to prescribe medicinal cannabis drugs;
- to cater for overseas visiting patients who are on medicinal cannabis treatment, and
- to follow international guidelines for prescription and monitoring the use of medicinal cannabis.

Mr Speaker, Sir, the introduction of medicinal cannabis in Mauritius requires an appropriate legal framework; hence, a new part II A is being inserted in the Dangerous Drugs Act to deal specifically with this issue.

Under Part II A, Section 28A of the Dangerous Drugs (Amendment) Bill No. XV of 2022, various definitions are provided for an authorised patient, an authorised specialist, and specific therapeutic conditions.

It is worth noting that specific therapeutic conditions provided for in the Bill have been inspired from existing international guidelines and are limited to the following medical conditions which have failed to respond to conventional treatments –

- a) Spasticity, associated with multiple sclerosis;
- b) Severe refractory epilepsy;
- c) Intractable nausea and vomiting associated with chemotherapy, and
- d) Severe intractable pain.

Only an ‘Authorised Specialist’ will be allowed to issue a prescription to a patient to be treated with medicinal cannabis.

As defined in Section 28A, the ‘Authorised Specialist’ must be registered under Section 20 of the Medical Council Act and must have successfully completed a training course, as approved by my Ministry, on the therapeutic use of medicinal cannabis; and is authorised, in writing, by my Ministry to issue a prescription to a patient to be treated with medicinal cannabis.

Mr Speaker, Sir, furthermore, medicinal cannabis will be dispensed only by Authorised Pharmacists who must have successfully completed a training course as approved by my Ministry on the therapeutic use of medicinal cannabis and who is authorised in writing by my Ministry to handle and dispense medicinal cannabis.

Section 28B of Part IIA of the Bill, stipulates that no person shall use or import medicinal cannabis unless he is authorised to do so under this Part.

Section 28C provides for the setting up of a Medicinal Cannabis Therapeutic Committee in every regional hospital.

As specified under sub section 2, the Committee shall consist of a Regional Health Director, as Chairperson, two Government authorised specialists and an authorised pharmacist. The Committee has the power to co-opt such other person it may determine.

The Committee shall determine on a request made by an authorised specialist whether a patient needs treatment in medicinal cannabis.

Section 28D caters for an authorised specialist to make a request to the Medicinal Cannabis Therapeutic Committee for a patient to be treated with this medicinal cannabis.

Even an authorised specialist does not have the right to recommend that treatment prior to having referred the case to the Committee of the regional hospital nearest to the residence of the patient.

Furthermore, no authorised specialist shall make a request for himself to be treated with medicinal cannabis. According to Section 28F of the DDA Amendment Bill 2022, the Medicinal Cannabis Therapeutic Committee shall convey in writing its approval or rejection, as the case may be to the Authorised Specialist. It is only when the Authorised Specialist gets the approval of the Committee that he may prescribe Medicinal Cannabis Treatment. Medicinal cannabis can be prescribed for a renewable period not exceeding 3 months. As you may concur, the process for a patient to have resort to medicinal cannabis as therapy has been clearly defined.

To provide necessary safeguards in the dispensing of medicinal cannabis at the level of the Pharmacy of Regional Hospitals, Section 28G provides for medicinal cannabis to be dispensed

by an authorised Pharmacist to the authorised patient or to a person acting on behalf of the patient as authorised by the Committee.

Mr Speaker, Sir, section 28H provides for the keeping and maintaining a register of medicinal cannabis. It will comprise of particulars of the patient, the particulars of the person acting on behalf of the patient, the name of the authorised specialist, the prescription of medicinal cannabis, medicinal cannabis dispensed and its quantity.

Mr Speaker, Sir, only imported medicinal cannabis will be used in Mauritius. Section 28J provides that –

No person shall import medicinal cannabis unless –

- a) it is imported on behalf of my Ministry;
- b) where medicinal cannabis is imported, the importer shall, under the strict supervision of the Police, deliver the medicinal cannabis to my Ministry.

Amendments are also being brought to Section 18 of the DDA which deals with the prescriptions of drugs.

Currently, Section 18(1) (a) provides that all prescriptions need to be handwritten. This section is being amended to exempt prescriptions of methadone which are computer generated from being handwritten though they still need to be hand signed.

Section 18(4) (a) of the Dangerous Drugs Act will be amended such that the duration of prescription of Schedule II drugs be increased from 10 to 14 days.

Mr Speaker, Sir, let me now come to another amendment to the Dangerous Drugs Act which will be a milestone in the legislative framework of the Republic of Mauritius, the setting up of the Drug Users Administrative Panel under the purview of my Ministry.

First of all, allow me to explain why the initial ‘Drug Offenders Administrative Panel’ has been renamed ‘Drug Users Administrative Panel’. In fact, the term ‘offender’ has been replaced by the term ‘user’ in as much as the term ‘offender’ is used in the Dangerous Drugs Act

to describe a person who has committed an offence under the Dangerous Drugs Act, including a drug dealer and a drug trafficker.

To differentiate those who are in possession of drugs for personal consumption as compared with those who are in possession of drugs for dealing or trafficking, the term ‘offenders’ is being replaced by ‘users’.

The Drug Users Administrative Panel (DUAP) will provide the substance users with an opportunity to be taken care of in a holistic manner through education, counselling, treatment and rehabilitation and enable these people to be mainstreamed back in society.

This Bill provides that where a drug user is intercepted in possession of drugs, he will not de facto have to face the criminal justice system. In this connection, a new “Part III A - Non-prosecution and rehabilitation of drug users” is being introduced in the principal Act under which at Section 59 (a), the Drug Users Administrative Panel is being established.

The Drug Users Administrative Panel would have as main functions and powers, that of directing a drug user to undergo rehabilitation such as education, counselling, treatment, aftercare, social reintegration or any other therapy.

The panel will also monitor the progress of a drug user during the period of rehabilitation. The panel shall consist of a retired Judge of the Supreme Court or a barrister having not less than 15 years’ standing, as Chairperson; a barrister having not less than 10 years’ standing as Vice-chairperson; two retired Government Medical Officers having knowledge and experience in the field of drug dependence and two social workers having knowledge and experience in the field of drug dependence.

The members of the Panel shall be appointed by the Prime Minister after consultation with the Minister, on such terms and conditions as he may determine. The Panel shall sit in 2 divisions in order to cater for all the cases and to ensure that the process goes smoothly without delay. A division shall consist of the Chairperson or Vice-Chairperson and a retired Government Medical Officer and a Social Worker selected by the Chairperson. The Panel may co-opt such other persons as it deems necessary.

Mr Speaker, Sir, the DUAP will bring a radical change in the way we address the problem of drug use and its terrible consequences in the country.

Mr Speaker, Sir, Section 59B, which provides for the ‘Suspension of Prosecution’, is yet another crucial determinant of the proposed amendments to promote the concept of rehabilitation of drug victims. The Police will carry out an inquiry to determine whether the drugs were meant for personal consumption, whether any aggravating circumstances exist and whether the drug user is a drug trafficker. Based on the outcome of their enquiry, the Police shall then recommend to the DPP as to whether the drug user should undergo rehabilitation instead of being prosecuted. The final decision on prosecution or rehabilitation rests with the DPP.

Mr Speaker, Sir, as its title implies, Section 59C – ‘Rehabilitation of Drug Users’ makes provision for the different steps in the rehabilitation process, such as –

- assessment of the drug user and his willingness to overcome his addiction;
- referral to a health institution for rehabilitation under such terms and conditions to be determined by the Panel, and
- monitoring and reporting of progress during the rehabilitation period.

The Panel shall make a report to the DPP to certify the rehabilitation undergone by the drug user and whether he has complied with all terms and conditions set.

It is to be noted that if the drug user fails to appear before the panel as and when required, the Panel shall refer the matter to the DPP for such prosecution or legal proceedings as he may deem appropriate.

As for Section 59D, it aims at protecting the drug user in so far as any information produced before the Panel. The objective is to provide ample assurance that all personal information provided will be used for the sole purpose of rehabilitation and thus, encourage victims to confide themselves.

Mr Speaker, Sir, with the introduction of the Drug Users Administrative Panel (DUAP), drug users will, henceforth, not be considered as perpetrators, but as victims of substance abuse.

It is to be noted that at the 59th session of the Commission on Narcotic Drugs in 2016, UNODC and the WHO launched the initiative ‘Treatment and care of people with drug use disorders in contact with the criminal justice system: alternatives to conviction or punishment’.

Thus, the recommendations of the Commission of Inquiry on Drug Trafficking for the setting up of the Drug Users Administrative Panel is totally in line with the initiative of the UNODC and the WHO.

The ultimate objective of this Bill is to offer the opportunity to the drug user to have a future instead of entering the judicial system and be labelled as a drug addict for the rest of his life. We are offering an alternative to the drug user: an opportunity to mend his ways so as not to jeopardise his future.

Mr Speaker, Sir, in the drafting of this piece of legislation, proposals from the Police Department (Anti-Drug and Smuggling Unit) in connection with offences, medical examination, consignments of dangerous drugs and safekeeping of exhibits have also been considered.

Let me give some details concerning the proposed amendments to be brought to the Dangerous Drugs Act under the purview of the Police Department.

A new provision at Section 39A will now provide for prosecution for “Conspiracy to commit drug offence”. This means that any person who agrees with one or more other persons to commit an offence under the Act shall also be guilty of that offence and also be liable to the same penalty as would have been applicable to an accomplice.

Provision is also being made for section 41(1) (i) to include “Court premises” as another place where the offence would be considered as an aggravating one. The maximum fine related to this offence has been increased from Rs2 m. to Rs10 m.

Amendments to the Principal Act will also be made at Section 42 pertaining to giving false statements or false evidence. The minimum fine of Rs10,000 has been increased to Rs100,000. The maximum fine of Rs100,000 has also been increased and capped to Rs1 m. The term of imprisonment has also been increased from not less than 2 years to not less than 5 years and not more than 10 years.

Section 54 which covers “drugs concealed in body” will also be amended. Only an officer not below the rank of Superintendent of Police will be allowed to give authorisation for medical examination of a person suspected to have swallowed drugs.

Furthermore, at Sub-section 3, an amendment will be brought to increase the fine from Rs100,000 to Rs1 m. when a suspect refuses to submit to medical examination.

At Section 55, under the heading ‘Controlled Delivery’, amendments will enable a Police Officer to carry the consignment of dangerous drugs to be lawfully intercepted and allowed to proceed its way either intact or by replacing the drugs or part of the drugs by other substances.

This proposal is due to the fact that transiting consignments containing drugs detected in Mauritius cannot actually be fully replaced by substances other than drugs prior to its passage to its recipients outside Mauritius as foreign legislations require the consignment to consist of drugs to be amenable for an offence.

Mr Speaker, Sir, the Forensic Science Laboratory has a crucial role to play in providing forensic and advisory services to law enforcement agencies. However, the inability of the FSL to conduct drug analysis and produce reports within prescribed time frame has resulted in delayed and expensive court time as per existing legislation.

Proposal is being made to amend the section of the DDA dealing with conservation and sample-taking of dangerous drugs. To address this issue, the FSL will align with international best practices by adopting the sampling procedures developed by the United Nations Office on Drugs and Crime (UNODC).

Mr Speaker, Sir, the FSL Toxicology Unit treats about 1,800 cases per year, including drugged driving, workplace drug testing, drug facilitated crimes, cannabis product analysis and even clinical toxicology. However, the FSL is using a complicated method to examine suspected prohibited drugs.

Hence, section 58 of the Dangerous Drugs Act under the heading ‘Conservation and Sample-taking’ will be amended to allow the FSL to use a different and more productive method.

The FSL will now analyse the “nature, identity and weight” of dangerous drugs seized, rather than the “nature, composition and content” of dangerous drugs seized. The reason why this change is being brought is to reduce the time taken for sample analysis.

Mr Speaker, Sir, once again, I wish to emphasise that the overarching objective of this Government, under the leadership of our Prime Minister, is to lay the foundation for a better society where a drug user has the right to a second chance to succeed in life even if at some point in time, he happened to slip and fall prey to drugs.

I wish to thank the Attorney General’s Office for the huge task in the preparation of these amendments which are being brought to the Dangerous Drugs Act.

I wish to thank the Prime Minister’s Office, the Police, the Forensic Science Laboratory and relevant stakeholders for their precious collaboration in the drafting of these amendments.

Thank you for attention.

Mr Speaker: You commend the Bill, hon. Minister?

Dr. Jagutpal: I commend the Bill to the House.

The Prime Minister seconded.

(4.41 p.m.)

Mr P. Bérenger (First Member for Stanley & Rose Hill): J’ai écouté attentivement, bien sûr, le ministre, et je reste sur ma faim sur un certain nombre de points que je soulèverai tout à l’heure.

Ce texte de loi qui est devant nous traite de deux choses distinctes : *drug use and trafficking* d’une part, et *medical cannabis* de l’autre. Je commencerai par *drug use and trafficking*.

Depuis des années, nous, de ce côté de la Chambre, nous demandons qu’une différence soit faite entre les drogués et les trafiquants, entre les drogués malades et les criminels trafiquants, et nous avons toujours demandé que les drogués ne soient pas envoyés en prison.

Ce texte de loi va donc dans la bonne direction, mais nous exprimons beaucoup de réserves et nous demandons beaucoup d'éclaircissements même après ce que le ministre vient de nous dire. Ce texte de loi va dans la bonne direction mais ne change pas grand-chose, et je m'expliquerai. Ce projet de loi ne change pas grand-chose et ce n'est pas la légalisation du gandia. Ce n'est pas la légalisation du gandia, c'est évident, mais ça vaut la peine de le souligner. Ce n'est pas la légalisation du gandia; la possession et l'usage du gandia en n'importe quelle quantité reste un délit.

La légalisation du gandia, c'est ce qui se passe en Allemagne ces jours-ci précisément. En Allemagne, donc, un texte de loi était circulé devant le Parlement que le gandia, la marijuana *for personal and recreational purposes* est légal. Un individu ou une personne peut posséder, peut être en possession de jusqu'à 30 g de gandia, peut cultiver jusqu'à trois plantes de gandia, mais la publicité est interdite et la vente du gandia ne peut se faire que dans des *licensed establishments*, comme c'est le cas d'ailleurs dans beaucoup de pays, à commencer par le Portugal, mais dans beaucoup de pays de par le monde. Le but, comme l'a expliqué le ministre de la Santé de l'Allemagne, ce n'est pas d'augmenter la consommation de cannabis mais au contraire de mieux protéger les jeunes et de mieux protéger la santé de la population en général. Et l'Allemagne va prendre la précaution de soumettre à l'Union européenne - à laquelle elle appartient bien sûr - les détails de ce que l'Allemagne propose pour obtenir son feu vert.

Ce qui est proposé, donc, soyons clairs, n'est pas la légalisation du gandia, de la marijuana. Et ce qui est proposé dans ce texte de loi, il faut le dire aussi, existe déjà en partie dans la loi actuelle à l'île Maurice. En effet, la Section 34 du *Dangerous Drugs Act* prévoit que quand quelqu'un a été trouvé par la Cour coupable de possession ou d'utilisation de *dangerous drugs* - dans le cas qui nous intéresse pour le moment c'est le gandia - la Cour, si la personne concernée est d'accord, peut au lieu de l'envoyer en prison lui imposer -

“(...) such treatment, education, aftercare, rehabilitation or social reintegration as the Court thinks appropriate (...)"

Mais bien sûr, dans la loi actuelle, il n'y a pas de *Drug Users Administrative Panel* dont le ministre a parlé tout à l'heure et dont je parlerai à mon tour tout à l'heure.

Drug Users Administrative Panel prévue dans la loi qui est devant nous et dans ce contexte, quand je fais référence à ce qui existe déjà devant la Cour, je m'empresse de dire que la question d'amender le *Certificate of Character Act* de 2012 - pour ne pas pénaliser les jeunes et les drogués qui se retrouvent coincés - demeure plus que jamais d'actualité. Ce qui est proposé donc existe déjà en partie dans la loi actuelle. Ce que nous proposer la loi qui est devant nous c'est que si le Commissaire de police - le Commissaire de police, je dis bien - est d'opinion qu'un délit sous la section 34 du *Dangerous Drugs Act* a été commis for *personal consumption* par une personne qui n'est pas un trafiquant, si le Commissaire de police et ses officiers arrivent à cette conclusion alors dans ce cas, le Commissaire de police « *shall* », devra, sera obligé de faire une recommandation au *Director of Public Prosecutions* qu'au lieu d'être poursuivi, il suit un traitement de *rehabilitation*. Si le *DPP* est d'accord avec la recommandation du Commissaire de police, *he may, not « shall »* - la Constitution est respectée, c'est le *DPP* qui décidera - *advise the CP to refer the drug user to the Drug Users Administrative Panel* créée à la section 59(a) de la loi qui est devant nous. Si le *DPP* ordonne au Commissaire de police de référer le drogué en question au *Drug Users Administrative Panel*, le Commissaire de police *shall obey*. Le Commissaire de police est obligé de suivre ce que dit le *DPP*.

Voilà ce que la loi prévoit ! Ce qui est assez extraordinaire on doit dire - et je reviendrai là-dessus tout à l'heure - donner un rôle pareil au Commissaire de police et à ses officiers, c'est assez extraordinaire ! C'est assez troublant ! Il faut souligner ici, avant de continuer, que la loi qui est devant la Chambre ne concerne pas seulement le gandia mais aussi, comme c'est déjà le cas pour ce qui existe concernant la Cour et la section 34 du *Dangerous Drugs Act*, concerne tous les *dangerous drugs*, y compris le synthétique.

J'en arrive au rôle et aux responsabilités que la loi qui est devant donne au *DPP* et à la police. C'est assez extraordinaire ! Dans le cas du *DPP*, le ministre ne nous a rien dit mais *I understand that the DPP* est d'accord avec cette loi. Mais je crois comprendre qu'il souhaiterait avoir le pouvoir lui-même d'envoyer un drogué directement au *Panel* sans passer par le Commissaire de police. Je suis tout à fait d'accord. Je ne suis pas sûr que tel soit le cas. Il serait bon que le ministre se renseigne, en discute au gouvernement et revienne vers nous.

Dans le cas de la police et du Commissaire de police - je me pose la question et je crois qu'il nous faut nous poser la question - la police, le Commissaire de police et ses officiers qui

vont enquêter pour lui, la police et le Commissaire de police, ont-ils l'expertise nécessaire pour faire ce genre de travail, pour exercer ce genre de responsabilité ? Et est-ce vraiment le rôle de la police ? J'ai beaucoup de doutes. La loi va dans la bonne direction mais il y a beaucoup de dangers aussi dans cette loi-là. Il faudra s'assurer, par exemple, que les policiers qui enquêteront et qui recommanderont que tel ou tel drogué soit référé au *Panel* et d'autres seront traduits en Cour.

Il faudra s'assurer que ces policiers-là soient honnêtes, apolitiques et qualifiés. Ce qui se passe par exemple, dans le cas des décisions – mes amis avocats, les honorables avocats le savent mieux que moi – de la police d'objecter ou non à des demandes de *bail*, de caution, devrait nous éclairer. Et c'est aussi ce qui me fait poser la question : si c'est vraiment le rôle de la police d'exercer ce genre de responsabilité ? Le danger de la corruption et de la politisation sera très grand et nous savons déjà les dégâts à outrance que font la corruption et la politisation dans notre pays.

Dans le cas du *Drug Users Administrative Panel*, sa composition a été lourdement critiquée dans la presse ces derniers jours. Et la proposition, qu'elle siège en deux divisions malgré ce que le ministre a dit tout à l'heure, n'a pas été bien expliquée, bien détaillée. Par ailleurs, la loi prévoit que les drogués concernés soient *rehabilitated*, je cite –

“...at the public health institution or such other institutions as the Ministry may approve.”

Je souhaiterais que le ministre nous donne un peu d'indications à part les *public health institutions*, quel genre d'institution le gouvernement, le ministère a en tête – “*such other institutions as the Ministry may approve*” ? Et une fois *approved*, quel genre d'aménagement il faudra faire pour accueillir les drogués concernés dans ces institutions autres que des *public health institutions* ?

De plus, la loi parle aussi, et le ministre en a parlé, de “*the person in charge of such institutions*,” pas les *persons in charge* des *public health institutions* mais *such other institutions*. Apart les *public health institutions*, la loi nous dit que *the person in charge of such institutions*

où ces gens responsables auront de lourdes responsabilités. Il faudra donc s'assurer qu'ils soient pleinement qualifiés.

Enfin, le risque de saturation puisque le nombre de drogués à être traité dans les *public health institutions* ou *such other institutions that the Ministry will nominate*, va nécessairement augmenter et probablement beaucoup augmenter. Et c'est pourquoi dans la presse ces derniers jours, le risque d'une saturation des centres où seront *rehabilitated* les drogués a été souligné. C'est un risque réel, c'est évident. Et des mesures auront donc à être prises pour éviter cela.

Voilà ce que j'avais à dire sur *drug use and trafficking*; il faut être sans pitié pour les trafiquants, sans pitié pour les criminels mais il faut faire tout ce qu'on peut pour aider les drogués, aider les malades. Et je le répète, ce texte de loi va dans la bonne direction mais ne change pas et n'ajoute pas grand-chose.

Je terminerai par quelques mots seulement puisque le ministre s'est étendu longuement sur la question du cannabis médical. Je dirais seulement : mieux vaut tard que jamais ! Mieux vaut tard que jamais mais il est bien sûr indispensable de prendre toutes les précautions nécessaires concernant l'importation et l'utilisation du cannabis médical mais il ne faut pas non plus rendre l'utilisation du cannabis médical excessivement difficile et laborieux.

I am done. Thank you.

(4.59 p.m.)

The Minister of Gender Equality and Family welfare (Mrs K. Koonjoo-Shah):
Thank you, Mr Speaker, Sir. With your permission I would like to begin my intervention with the following quote –

“the population overwhelmingly and very clearly expressed its faith and trust in my Government to bring meaningful change to the daily life of our people and to lead them towards happiness, prosperity and a better future. To this end, my Government made a pledge to the population to combat drug consumption and drug trafficking. As a caring Government, 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 my

Government remains sensitive to families, especially young people who have their careers and lives compromised”.

Mr Speaker, Sir, these are the very words of our Prime Minister and the reason I have chosen to start with this quote is to remind the House and to remind the population as well as to reiterate the vision of the Prime Minister and his Government in combating drug consumption and trafficking.

Mr Speaker, Sir, we are all aware of the effect of drug trafficking on the economy of any country. Governments pay the high price through lost productivity mainly due to lower labour output, incarceration, premature death, healthcare costs that are associated with treatment and other drug-related medical consequences. Mr Speaker, Sir, we should note that while only a handful few enrich themselves, a large majority falls victim to drug dealers by becoming users, consumers and they spiral into this maw of social exclusion and unfortunately, very often into death.

Mr Speaker, Sir, our war against drug consumption and drug trafficking requires a firm commitment. The critical part and the driving force behind this commitment is the political will to undertake this war in the first place. The effort made in the recent years by this Government under the leadership of our Prime Minister is evidence enough of our strong determination to engage in this fight. The population will recall on how many times had a Commission of Inquiry insistently been requested to combat the scourge and most importantly the population will also recall how many such inquiries there have been in the past – two Commissions of Inquiries have been set up, one in 1987 by late Sir Anerood Jugnauth and one in 2015 by hon. Pravind Kumar Jugnauth. I can only commend the latter’s laudable determination for perpetuating this noble mission and this is why, today, in this august Assembly, I have to pay tribute to both late Sir Anerood Jugnauth and the current Prime Minister hon. Pravind Kumar Jugnauth for their unshakable political commitment to the fight against drugs.

The elaboration of a National Drug Control Masterplan 2019-2023 for a safer and a healthier Republic of Mauritius and the introduction today of the Dangerous Drugs (Amendment) Bill of 2022 are just two sides of the same coin. One aims at combating drug

proliferation and consumption while the other provides for rehabilitation to those who, as consumers, got tangled into hard drugs and its consumption.

Mr Speaker, Sir, in order to respond to and to overcome this scourge, this Bill places a lot of emphasis on rehabilitation of drug users, and with your permission, Mr Speaker, Sir, I shall focus my intervention on this part.

A new part IIIA will be inserted in the principal Act. The Drug Users Administrative Panel, as mentioned by the hon. Minister earlier, will be setup to that effect so that when a person is suspected of having committed a drug offense for his own use, the Commissioner of Police may suggest to the Director of Public Prosecution that the presumed drug user be considered for rehabilitation. He will not be prosecuted for this offense, but be brought before the DUAP and benefit from education, counselling, treatment, monitoring, social reintegration and other therapies.

Mr Speaker, Sir, hon. Paul Bérenger who spoke before me, mentioned about the capacity of our Police to carry out such responsibilities, and at some point, I think, he did question the impartiality of the Police. Mr Speaker, Sir, I believe it is not very proper to have value judgment on the integrity itself of our Police Department. We have to make sure that we understand that this articulation between the Office of the Commissioner of Police and the Office of the Director of Public Prosecution actually is providing for a better safeguard to the citizens, Mr Speaker, Sir. Like laid out by the mover of the Bill, the panel will track the client's development and assist him in kicking his drug addiction.

The Bill, Mr Speaker, Sir, focuses on the rehabilitation of drug users, and I am sure all Members in this House and the population will agree on its importance. Mr Speaker, Sir, drug dealers use different channels to enhance their drug trade and focus on diversifying their product range and their market targets. It is being observed that cheaper and deadlier drugs are being offered to our young citizens. We have witnessed that drug users will stop at nothing to obtain their daily fix; going to the extent of harming their own beloved ones, their own nearing dear, stealing savings, looking for more and more money for the consumption of drugs. Because as time goes by and the frequency and the potency of the drug being consumed increases, it is

therefore undeniable that rehabilitation at an earlier stage of consumption is of primary importance.

Mr Speaker, Sir, we are witnessing not only a rejuvenation among drug users, but unfortunately, a degree of feminisation of this social ill. As the Minister in charge of family, women and child welfare, I have on countless occasions urged for more collaboration and responsibility. But, Mr Speaker, Sir, one has to remember that parental responsibility does not only limit itself to caring for a child after one has given birth to a child, it also includes being responsible from the time of conception as well. It is distressing to note the number of cases of innocent new-born paying the price of drug using parents. Once again, the provision of this Bill will give the chance to such parents to, in particular, expected mothers to become drug free.

Mr Speaker, Sir, the adverse impact of illicit cultivation, trafficking, production and abuse of drugs on the island is profound. The Prime Minister and his Government has never ignored the gravity of the matter. This Government has been relentless in its fight against drug trafficking and I dare say we have tangible results; the results being a collective one and not just the Government's achievement. When I say this, it begs the question, Mr Speaker, Sir - this is a commendable fight, albeit being a very difficult one, but it begs the question: whether we are all on the same level, on the same wavelength when it comes to this fight against drugs?

Recently, the population will recall in one particular raid carried out by the Police, when a person was apprehended with *la main dans le sac ou le sac dans la main...*

(Interruptions)

Mr Speaker, Sir, there you go! That is the reaction I refer to! There are some who are really uncomfortable with this situation.

I reassure the House, Mr Speaker, Sir, and the population as well that nothing and nobody will deter this Government in the war against drugs.

Mr Speaker, Sir, while harsh punishment is provided for drug trafficking, and while we must show zero tolerance to drug dealers – we are on the same wavelength here, hon. Bérenger and myself, zero tolerance to drug dealers – we must have empathy for the victims of drug usage. There is unfortunately a global rejuvenation of drug victims. We do have a choice: either we do

nothing or we provide special consideration to those victims through rehabilitation programmes in order to help them overcome this challenging position and provide them with a chance for a better life. This Bill, Mr Speaker, Sir, is doing exactly that.

The drug issue is like a chasm, Mr Speaker, Sir. It is not one that can be crossed with small baby steps. We have to take a giant leap and leave no stone unturned when it comes to the lives of our children, our youth and our families. We have not remained silent to the desperate call of so many parents. The unprecedented recent seizure of drugs in our country means that this very drug is not going to be entering mainstream circulation, and therefore, will not be reaching our youth. As Minister responsible for child and family and women well-being, and also as a mother, I welcome this Bill wholeheartedly.

Mr Speaker, Sir, I wish to once again stress that it is not a war only for the Government. It is a war to be fought at every level of our society by all stakeholders concerned. It is a societal problem that cannot be resolved without the commitment of each and every one: Government, civil society, community-based organisations, professionals, in fact, every citizen, Mr Speaker, Sir. This Bill is a vivid testimony of this very commitment. There is no room for political agendas in this endeavour. I dare hope that there will be nobody who is going to be using this platform for debates surrounding this Bill for any political antics because this is a Bill that calls for a united stand, that is, against drugs altogether.

This Bill shows the determination of the Government to look at drug users in a different way by treating them as patients and rehabilitating them instead of looking at them as offenders. It is inherent and it is in this Government's DNA to combat this scourge. I acknowledge that the journey will be a long one, most likely peppered with hurdles; some laid by known and some laid by unknown enemies. But I have no doubt that the conclusion of this war will be a foregone conclusion and it will be only victory! We know that our population will support us for the welfare of our children and our communities.

Mr Speaker, Sir, to conclude, I cannot commend enough this Government, I cannot commend enough the hon. Prime Minister, and in this particular case, I cannot commend enough my colleague, hon. Dr. Jagutpal, to have come up and brought this Bill to the House.

I thank you all for your attention. Long live the Republic of Mauritius. Thank you.

Mr Speaker: At this stage, I will suspend the Sitting for half an hour.

At 5.12 p.m., the Sitting was suspended.

On resuming at 5.59 p.m. with Mr Speaker in the Chair.

Mr Speaker: Please be seated! Please, can we start?

Dr. A. Boolell (First Member for Belle Rose & Quatre Bornes): Thank you very much, Mr Speaker, Sir. I welcome the Bill and a note of caution has been expressed by hon. Paul Bérenger.

To remove doubt over potential practices by some Police Officers, it would be wise to limit to the user of the drugs, either on his own or through his lawyer, to refer the case to be examined by the Office of the Director of Public Prosecutions. It is called pre-conviction diversion. This is a practice, I have been told, in Australia and in other countries. Therefore, I would invite the Minister not to make a false start.

As of now, either the alleged consumer goes to jail or pays the fine. It is a crime, Mr Speaker, Sir, to send a young drug consumer to prison and be in the company of hardened criminals. Beware of the vicious circle which ensnares the restless, the innocent, the vulnerable groups and the desperate consumer who are victims and risk of being a petty trafficker.

The delayed action is an indictment of the regime on policy of dangerous drugs. But the regime has decided to catch up even if implementation of the recommendation of the findings of the Commission of Inquiry is being done at snail's pace. The object is to break the vicious circle of drug trafficking, and I was amongst the first to say no to repressive measures. And by deleting the word 'offender' and replacing it by 'user', certainly the right signal is being conveyed. At the time, those who were against my stand hailed from rank and file of the MSM. Hon. Hurreeram was in a hurry to level unfair criticism then. I am glad that he has made a U-turn.

Who are the corrupters of the innocent victims? Big traffickers wash, rinse, spin, dry their dirty laundering in laundromats like real estate, horseracing, betting places and casino aided, and abetted by corrupt regime. Am I to understand also the fun crowd who will sniff or smoke for recreational purposes at parties or within the perimetry of their four walls will not be disturbed?

As we say, silence its potluck time. There is no provision in the legislation for this privileged category.

Mr Speaker, Sir, more protection or guidance must be given to vulnerable groups. People who are poor, as in addition to consuming drugs for their personal use, usually also commit other offences; thefts, assaults and prostitution, and this may be considered to be aggravated circumstances which will entail prosecution. It is a tragedy rooted in the worst agony of parents.

In addition to be impunitive in such circumstances, the law must also be effective rehabilitation and reinsertion. Effectiveness rests on human capital, qualified and with updated skills. Unfortunately, the consumption of dangerous drugs is becoming more and more widespread among minors and children at schools and colleges. This is having a detrimental effect on many youngsters and it is, therefore, imperative that a special attention be given as to how this should be curtailed.

A blanket legislation is needed to cover the definition of synthetic drugs. Mr Speaker, Sir, no one should allow our kids to die from synthetic drugs. We have to save our kids and we have to enlist the services of foot soldiers to save those kids from the synthetic drugs. The PNQ of the Leader of the Opposition has sent cold shivers down the spine over the availability of roll-up papers for tobacco and synthetic drugs.

Police enquiry we are told is on, but justice delayed is justice denied. The Police have to expedite. Synthetic drugs are damaging to the mental status of our youth. Be it synthetic drugs, cocaine, heroin, all have major side effects. An addiction is an inevitable risk and peril. Marijuana is less harmful, others are more harmful; cigarettes kill.

Those who will be referred by Police to the Office of the DPP will not be prosecuted for that offence but to be referred, as have been stated earlier, to the Drug Users Administrative Panel after careful enquiry to undergo rehabilitation to an institution as may be approved by the Minister. War on drugs is an uphill battle to save a generation and a country. Let us be inspired by relative success stories in other jurisdiction. The Portugal model has its merits, and to some extent, the amendments to the Dangerous Drugs Act are outcome of the variant of the Portugal model. Repressive measures against victim can spell disaster, and I lay emphasis upon victims. Traffickers are the curse. We have to put our best endeavours to save our children. If I tell you

the number of patients admitted as substance abusers in Brown Sequared Hospital is shockingly high, you would be appalled and flabbergasted. Our general hospitals have dedicated wards as consequence of a rising incidence of drug addicts. Ally Lazer was right when he stated without fear or prejudice –

« *La situation est alarmante sur le terrain.* »

Danny Philippe, José Ah-Choon, Joseph Talary, Imran Toofany and other social activists have rung the alarm bell to highlight the deep-seated concern over shortage of facilities in any of the *Centres d'Accueil* to rehabilitate the victims. It is a *force majeure*, it's compelling, and this is the naked truth. The untold stories bound to unfold; we are in a state of emergency. The Nation has to declare war on drugs. The Bill is a late harvest of the proposals and recommendations made by the Chairman of the Commission of Inquiry and his Assessors. I will not say, in relation to the Bill, *la montagne a accouché d'une souris*, but the plea for an early harvest was made by one of the Assessors, former Minister of Social Security, our good friend, Mr Sam Lauthan. His request was ignored by the regime. Time is of an essence, but, unfortunately, the regime acts when interests have to be served. Since late 2015, there has been an epic rise in the consumption of dangerous drugs and according to United Nations Office on Drugs and Crime, the UNODC, Mauritius is a hub for drug trafficking.

I deponed, Mr Speaker, Sir, before the Commission of Inquiry to highlight my deep-seated concern over a scourge which is harming our youth. At the time, the nation was expecting the Prime Minister to do the same. He turned a blind eye, chose to look elsewhere, not to depone, despite the shocking statement made by Mr Peeroomal. The Commission of Inquiry is also a stark reminder to the Nation of the strong nexus between certain members of the MSM and the drug barons, of great bondage indeed when it comes to financing their electoral campaigns. For the sake of our children, grandchildren, let us come together as a nation, as one people, put up a common front to ward off the threats from the biggest scourge of our society, our great little Ocean State.

Let me refer to the recommendation which is the very essence of the Bill. Despite its lacunae, the Bill has three bearings which, if well-harnessed, should deliver. The setting up of the Drug User Administrative Panel, the Medical Cannabis Therapeutic Committee, and I have

been told, Mr Speaker, Sir, that there is 10% of the population, almost 120,000 persons who need cannabis oil, and we are talking of its therapeutical benefits which can be responsive to 15 different pathologies. It is used as a therapy on its own and as an adjunct therapy. Then, we have the role of the FSL and extended powers of the Police. I will comment on each of the specific items.

The Drug User Administrative Panel was one of the measures proposed by Lam Shang Leen Commission after the NGO advocated the decriminalisation of the drug based on the Portugal model, of decriminalisation of drug use introduced since 2001. I do appreciate that the word 'offender', as I stated earlier, has been replaced by the word 'user'.

Mr Speaker, Sir, there are existing problems within the model as it is proposed in the Bill and some of these concerns have been raised by hon. Bérenger. And I made it a point to talk to prominent social workers, psychologists, among whom is Mr Kunal Naik, Psychologist-Addictologist and Advisory Council member of the International Drug Policy Consortium, and to forensic psychiatrists. They have lined up to support the stand taken by many social workers to treat drug use as a public health issue rather than a legal one; providing adequate health and social measures for people suffering from addiction, which is a chronic relapse disorder. And as matters stand, the offence appears on the Certificate of Character. Mr Bizlall who is in favour of decriminalisation of consumption of marijuana refers to Chapter II of the Constitution – Protection of fundamental rights and freedom of the individual. Earlier, hon. Bérenger did raise the point that we need to amend the legislation in relation to Certificate of Character so that the character of a person who is victim of drug is not blemished. There are strong signals away from the legal system, direct access to treatment, social reinsertion and integration is easier, but there should be no stigmatisation. The number of people being sent to prison for repeated consumption of offences will go down. The incidence of HIV and Hepatitis C among drug users within closed settings will be on the downtrend. I recall, under the Labour Government, the Exchange Needle Programme was set up by the then Minister and it yielded positive results. All avenues have to be explored and policy decisions are made on substantial, empirical and scientific evidence. The Panel should be the strongest organisation to break the link in the conveyor belt of drug addiction. How to make it work? As I say, the current Panel being proposed through the Drug User Administrative Panel is focused on law enforcement but lacks professionals trained in

addiction. At the very least, the Panel members will have to undergo adequate training to be able to understand the root causes of addiction. The technical team is needed to conduct the social enquiry to ascertain the background of the people appearing before the Panel. It will need to be trained and to adopt the multi-dimensional approach, comprising other Ministries such as Social Integration, Youth and Sports and Ministry of Education which will need to be involved.

Mr Speaker, Sir, the harm reduction and rehabilitation should be eventful with positive outcome. It was a pity that NATReSA was done away with by the regime and its appendages. I am sure many people would recall the controversy over the methadone treatment provoked by the regime of MSM, and methadone has been used for decades to treat people who are addicted to heroin and narcotic pain medicine.

Mr Speaker, Sir, many people have made a strong case for decriminalising small possession and consumption of marijuana and I do not want to go into history, but we know the circumstances which brought the closure of Gandia shops at the time, and the BAT was instrumental in closing the shops. Of course, the Government of the day, the Colonial Government, did away with those shops for reasons which suited those who were close to them. It is a fact also, Mr Speaker, Sir, that there is some tolerance in relation to certain festivities. I am not making a case for marijuana, but I am saying that it has therapeutic benefits, as has been rightly highlighted by the Minister.

The availability of the drug should not be too restrictive, and I appeal to the Minister that this drug should be made available in due time and should be dispensed by pharmacists after, of course, a prescription is produced in relation to the restrictive drug and is submitted after a patient has seen a doctor. I appeal to the Minister to revisit this. I agree it is an early harvest, he cannot speed it up, but we need to give due concern to this.

You know as well as I do, when you travel to South Africa, cannabis oil is available at the airport and paid over the counter. So, I appeal to the Minister to revisit. We know there are drugs which can be more harmful, and these are available and dispensed by pharmacists when prescription is given. So, I appeal to the Minister and I am sure he will give due consideration.

I would want him also to answer specific questions in relation to structures which would be put in place by the Ministry and other line Ministries to support the Panel –

1. Are Rehabilitation Centres both of the Ministry of Health and Wellness and the NGO currently operating up to international standards?
2. Do Rehabilitation Centres have enough funding and qualified staff to be able to provide the adequate treatment that people need?
3. Will previous drug users fined or arrested for possession and consumption be given clear Certificate of Character, which I have stated?

Mr Speaker, Sir, Section 7 Part IIA has been inserted in relation to importation of medicinal cannabis. I would like the Minister to tell us how authorisation will be given. The request for treatment with medicinal cannabis is too tight. I agree that control should be rigorous, but there is no need to go on a round trip for the medicine to be dispensed, as I have stated earlier. Psychotropic drugs are sold in pharmacies as prescribed drugs. These are more dangerous, and yet, they are available.

I will come now to clause 19, new section 10A (b). The Minister would have to tell us gladly –

- To whom contract to import medicinal cannabis would be allocated?
- From which countries and laboratory, the medicinal cannabis would be imported? Who will import; the Ministry or wholesaler? If yes, who will decide on wholesale?
- I would also like to know on the storage of safekeeping of the medicinal cannabis. The Minister is yet to define the interest and inform the House as to where this is going to be kept.

The Forensic Science Laboratory will be streamlined through its empowerment to analyse sample of dangerous drugs seized by the power of the Police. This has been raised. I will not come into it.

But let me come to Section 58A, that is, the destruction of drugs. I appeal to the Minister that this should be fully complied with because we know that in the past, some of those drugs have ended up on domestic market or transhipped to more remunerative markets to swell the

pockets of some undesirable character. We are also worried in relation to what the ADSU and others can do although ADSU has recovered lost ground and is doing a better job these days.

So, let me, Mr Speaker, Sir, conclude by saying that there is much work to be done. We have travelled miles, but I expect the Minister to be practical and to be pragmatic. We are waging an intensive war on the problems of drugs. I appeal to the Minister to see to it that we address the problem which is besetting our young people because the issue of synthetic drugs is a real problem and is doing a lot of harm to our people.

Finally, I would impress upon the Minister to make it easy for people to have access to the cannabis drug for therapeutic purposes and not to create undue delay, because he has stated very clearly as to why there is a need to make good therapeutic use of cannabis. As I have said earlier, we know that as many as 10% of the population would need this medication. It can be used as an adjunct therapy or as a therapy on its own. I pray that lessons are learned and drawn. It is always wise to compare and contrast and it is good to find out what Reunion has done. Why is it that in Reunion there is no issue of synthetic drugs as exist in Mauritius?

I am not saying that it is because marijuana is available or that there is a de facto decriminalisation of the problem, but we need to learn and draw lessons from the Reunion Island experience.

Thank you very much.

(6.19 p.m.)

The Minister of National Infrastructure and Community Development (Mr M. Hurreeram): Mr Speaker, Sir, let me first of all congratulate my good friend, hon. Dr. Kailesh Jagutpal, for bringing this piece of legislation to the House.

Listening to Dr. Boolell, I do not think there is much to rebut because Dr. Jagutpal was pretty clear when presenting the Bill. When talking about pre-conviction, be it the delayed actions of this Government, be it synthetic drugs, all these have already been addressed. *Là, c'est vraiment aller chercher la petite bête! Je serais bien tenté de réadapter ce proverbe chinois : Quand le sage montre la lune, l'opposition regarde le doigt!*

Since the General Elections held in November 2019, this Government is approaching 30 Bills that have been enacted. I must say some of these laws can be defined as landmark achievements where many Ministers and the respective governments in the past have failed despite all their efforts. For example, we have the Climate Change Act, the Beach Authority Act, and the National Environment Cleaning Agency that will cater for a better environment. Huge steps, Mr Speaker, Sir!

We have the Children's Act and the Children's Court; two laws that have a major impact on our youth since their implementation. The amendment to the Road Traffic Act to detect drivers under the influence of drugs is another key legislation in our attempt to make our drivers more responsible and reduce the amount of accidents on our roads. Just to name a few, Mr Speaker, Sir.

Today, this very Government is coming into this august Assembly with yet another historic piece of legislation. Going directly to the Bill, Mr Speaker, Sir, Clause 59A ensures the creation of a Drug Users Administrative Panel. This means, as my colleagues have already mentioned before me, that a drug user will, from the moment this Bill is enacted and implemented, be considered as a patient and not as a criminal.

History will retain that it is this Government that has made this a reality! Away from blah blah blah, away from walkouts, away from insults in Parliament, it is this Government that walks the talk! They may '*huh*' as much as they want, but history will retain, once again, that when we were working hard to save the youths of this country, they were sitting on the other side of the House making '*huh!*'

(Interruptions)

It hurts, Mr Speaker, Sir, when today, the Government of Pravind Jugnauth brings in this type of legislation! And those who are supposed to have been historical leaders, sitting on the bench of election and losing one after another, and another defeat is coming ahead!

According to surveys, Mr Speaker, Sir, the majority of drug users in Mauritius are aged between 18 to 24 years old. This is a very sad observation, Mr Speaker, Sir. Our youth, the future of this Nation, entangled early in this vicious circle, that is, drug use.

The Government is sparing no efforts to track down those *barons de la drogue. Des saisies records, M. le président. À se demander ce que faisaient les autorités avant 2014.* To imagine the tons of drugs that have been entering our territory freely is one scary thought. Now, maybe we can understand why despite several requests of the MSM, then in the Opposition, for a Commission of Inquiry have never been entertained.

Since 2017 to May 2022, Rs13.7 billion worth of drugs has been seized, Mr Speaker, Sir. If not for the ADSU, these drugs would have ended up on our streets inside the body of so many young Mauritian citizens and so many families would have suffered. We have to pay tribute to the amazing work currently being done by the ADSU or the Special Striking Team of ASP Jagai. Ruthless, fearless and efficient! The striking team is, in fact, now striking fear amongst the drug lords.

I'm sure - my colleague, hon. Mrs Koonjoo-Shah mentioned it - we all have seen that Barrister *pris la main dans le sac.* And we know who are those who have been defending him and we now understand once again why they have always refused that Commission of Inquiry on drugs. It was a Government led by Sir Anerood Jugnauth, the MSM Government and allies who initiated the Commission of Inquiry. They can struggle all they want, Mr Speaker, Sir, but the truth always prevails and in this case, the evidence is overwhelming. Earlier, the Leader of the Opposition was coming with his PNQ and we have all seen that famous J. A. on pictures on the day of counting in Constituency No. 10, and we have all seen which colour of T-shirt he was wearing and who else was in the picture.

By considering a person who has been found in possession of a small quantity of any drug, we are offering a second chance to thousands of Mauritian citizens, to follow treatment and come back again on the right path, instead of facing jail time, ruin their Certificate of Character, face this stigmatisation and carry this burden their whole life. Can you imagine what this means to our youth? And this is not a reason to encourage drug use. On the contrary, they will still be under the scrutiny of the authority but now the approach will be different.

To be fair, there is no point in filling our prisons with one time drug users. It's true. In most cases, instead of learning from their incarceration which is a punishment, they are rejected by a society sometimes - let's admit - too cruel and end up in a much worse situation. While we,

the Government, can help these people realise that their mistake does not necessarily mean the end of their lives. They can still bounce back and lead a normal life and this Government is giving the opportunity in here.

Also, Mr Speaker, Sir, there is a need to treat addiction. It is possible and the Drug Users Administrative Panel will be able to identify those who are in need of treatment and also encourages others who wish to benefit from this treatment but are scared of any form of retaliation. And earlier, Dr. Boolell was speaking about an increase in the number of people seeking treatment. Of course! Because now, thanks to this very competent team of the Ministry of Health which is led by my good friend, hon. Dr. Jagutpal, they have opened one centre in Brown Sequard Hospital; they have a fully renovated centre in Mahebourg and, I think, there is one more centre that is being opened currently. So, obviously, that increase is due because we are now giving the opportunity to those who have fallen into this trap to come forward and seek treatment.

Another major breakthrough, Mr Speaker, Sir, thanks to this Bill, is medicinal cannabis and of course, this had nothing to do with legalisation of marijuana or whatever. Here, we are talking about medical.

As specified in Clause 28A, there are very specific situations where the medicinal cannabis can be administered to a patient and that too, under very strict conditions and airtight monitoring by the authorities as specified in clauses 28B to K. They will bring enormous relief to patients who suffer from multiple sclerosis, epilepsy, patients who undergo chemotherapy and severe pain that other medication have not been able to appease.

This piece of legislation, Mr Speaker, Sir, is inspired from the Portugal model as rightly pointed out by hon. Dr. Boolell, which was adopted in 2000. Since then, the amount of deaths related to drug use had considerably decreased: 6 deaths per million of inhabitants as compared to 23.7 per million across Europe. The Portuguese prison population has also witnessed a dramatic change, from 40% of the inmates jailed for drug offences to a mere 15% in 2019. This policy has also witnessed considerable drop in drug use and HIV infections. The Portuguese Government was able to save massive amount of public funds due to considerable reduction in prosecution for drug offences and imprisonment.

Now, imagine if a small country like Mauritius can emulate such a big country like Portugal. There is an estimated 55,000 drug users in Mauritius. What if we could set a realistic target of reducing this amount by 50% as soon as 2030? I heard lots of NGOs' representatives, not criticising but making valuable propositions. I am sure my good friend, hon. Dr. Jagutpal, will consider where he deems fit. There exists no perfect piece of legislation but you must also agree that we always have to start somewhere. And this Bill is a giant step in the right direction, whether you, on the other side of this House, like it or not.

I am convinced many amongst you would have wished to take the credit for such a Bill and hearing some, it sounds more fuming out of frustration and agony than anything else. But you will have to accept that it is Dr. Jagutpal, this Government, the Prime Minister Pravind Kumar Jugnauth who will take the credit for it. But, unfortunately, you picked the wrong side. Time is ticking, come faster! *Le train de la modernisation, du développement et du progrès socio-économique a atteint sa vitesse de croisière et nous allons poursuivre dans cette même direction et avec la même conviction et la même détermination.*

To conclude, Mr Speaker, Sir, it is the MSM which has set up the Commission of Inquiry on drugs and now we are implementing its findings including, this Bill. This shows that this Government is serious in its fight against drug trafficking, rooting out drug dealers and at the same time protecting our Mauritian citizens. This is a caring Government with a social agenda and an already impressive list of realisations that have helped improve the quality of life of our population. And this Bill once enacted will represent a historical step for our country.

Thank you, Mr Speaker, Sir.

(6.34 p.m.)

Mr Speaker: Hon. Ms Tour!

Ms J. Tour (Third Member for Port Louis North & Montagne Longue): M. le président, on entend souvent parler de *paradigm shift* dans cette auguste Assemblée et je suis contente de constater pour notre collègue le ministre de la Santé, cela n'a pas été qu'un terme superflu car avec ce projet de loi, *The Dangerous Drugs (Amendment) Bill*, le Dr. Jagutpal nous propose des amendements fondamentaux dans notre approche contre le fléau de la drogue.

En effet, M. le président, ce texte de loi a pour but principal d'amender le *Dangerous Drugs Act* afin de pouvoir implémenter les recommandations de la Commission d'enquête sur la drogue, initiée d'ailleurs par ce gouvernement en 2015. Le rapport de la commission d'enquête Lam Shang Leen s'est avéré être un outil important dans notre combat contre la drogue; une feuille de route pour mettre en place des méthodes holistiques afin de prévenir la prolifération de stupéfiants dans notre société.

M. le président, l'usage de la drogue touche toutes les couches de la société, inquiète de nombreux parents et représente un réel danger pour nos jeunes qui, malheureusement, se laissent facilement influencer. M. le président, il n'y a pas de réponse simple ou directe face à cette problématique complexe qui mêle à la fois la morale, la santé publique, la justice et la police et à ce jour, les méthodes répressives peinent à faire leur preuve. Selon le rapport en date du 26 juin 2022 de l'Office des Nations unies contre la drogue, le nombre de dépendants à la drogue dans le monde a augmenté de 25 % selon leur enquête. Et à Maurice, M. le président, le lundi 3 octobre 2022 dernier, face à la presse, le Commissaire de police a annoncé une saisie record de plus de R 77 millions de drogue rien que pour le mois de septembre 2022. Si cela démontre d'une part que les autorités travaillent sérieusement contre ce fléau, d'autre part, cette annonce révèle malheureusement que les drogues continuent à s'infiltrer dans notre société et à mettre en péril l'avenir de nos jeunes et la vie de nos citoyens.

M. le président, un changement de paradigme est donc essentiel et on devrait mettre davantage l'accent sur la prévention, le traitement et la réhabilitation plutôt que la répression. Comme inscrit dans la note explicative de ce texte de loi, voici les trois points essentiels –

- (i) Si une personne est soupçonnée d'avoir commis un délit de drogue pour sa propre consommation, elle ne sera pas poursuivie mais elle sera renvoyée devant la *Drug User Administrative Panel* sur recommandation du *DPP* et si par la suite, il est déterminé que son offense en relation à la drogue relève uniquement à sa consommation personnelle et qu'elle n'est pas impliquée dans le trafic de drogue, il sera recommandé que cette personne soit dirigée vers des programmes de réhabilitation et de réinsertion sociale ou d'autres thérapies dans un établissement de santé.

- (ii) Ce projet de loi prescrit aussi des provisions pour qu'un patient puisse être traité avec du cannabis médicinal lorsqu'il souffre des conditions thérapeutiques spécifiques dans des cas où les conditions thérapeutiques ne sont pas efficaces suite à un traitement conventionnel. Et pour cela, M. le président, un comité, le *Medicinal Cannabis Therapeutic Committee* sera mis en place dans chaque hôpital régional afin de déterminer si un patient a besoin de cannabis médicinal pour son traitement.
- (iii) La *Forensic Science Laboratory* pourra, comme c'est le cas dans d'autres juridictions, analyser un échantillon seulement de drogue saisie au lieu de devoir analyser toute la drogue saisie et la police aura plus de pouvoir pour qu'elle puisse mieux détecter les infractions liées aux drogues et sur ordre d'un magistrat, détruire les drogues dangereuses saisies au lieu de les conserver pour les présenter devant un tribunal.

M. le président, nos enfants ne nous pardonneront pas de ne pas avoir érigé les remparts nécessaires contre les barons de la drogue.

Mr Speaker, Sir, the world is facing predicament and we must adapt, move with our time and we must address the challenging scourge of drugs with an open mindset. Despite the challenges such as the COVID-19 pandemic, war and a difficult global economic situation, we are determined to fulfil our Government Programme. We have already fulfilled the *Salaire Minimum*, the Negative Income Tax, the Old Age Pension to name a few. There are also many life-changing projects that are underway and are being implemented such as, the Metro Express, drains, roads and a variety of amenities being built around the island for the wellbeing of our population.

However, Mr Speaker, Sir, Mauritius also faces challenges that are consuming our society *à petit feu* for far too long. Our youths are increasingly being victims to drug abuse and we are witnessing families being destroyed by this nefarious plague threatening the future of our country. The people and the Members of this august Assembly will remember that when the current Prime Minister was in the Opposition, he sincerely requested several times for a Commission of Inquiry on drug. Alas, it was never initiated by the then Government and we can only wonder why.

However, in 2015, the Government made a commitment to set up a Commission of Inquiry on Dangerous Drugs that will give us the fundamentals and the proper recommendations to consistently combat drug proliferation in our society. After 3 years of meticulous research and work in 2018, we took cognizance of the findings of the report and we understood that the importance of a careful implementation of the recommendations was very important as the drug problem, indeed, was a serious one, Mr Speaker, Sir, and it cannot be done in haphazard way. The report does recommend that a holistic approach be privileged and this is what we are doing.

Mr Speaker, Sir, I understand that out of the 460 recommendations in the report, over 50% have been implemented and I am convinced that we will keep progressing. The Government is determined to win the battle against dangerous drugs and we know the genuine commitment of our Prime Minister, the hon. Pravind Jugnauth, to have a drug-free society.

Mr Speaker, Sir, such a serious problem that is threatening our society requires that we have a 360° approach and ensure that we do not leave anyone behind. This is why it is vital that all stakeholders, not only the Government, but starting from the grassroots' organisations, everyone should feel concerned and be involved in this effort.

Mr Speaker, Sir, we must understand that the first victim of the drug is the person who is lured and trapped into consumption. Unfortunately, rather than rescuing a drug consumer, our law spiral them down through punishment and reclusion. It is unfortunate that they do not spiral down alone; they take down with them their loved ones and families. Drug consumers, who are victims, very often are seeking for a way out and are hopelessly entangled as they fear the repression.

Mr Speaker, Sir, we should seek to understand; we should seek to help them rather than punishing them. This is what this proposed amendment intends to do, particularly with the introduction of the Drug Users Administrative Panel.

According to a paper published by the Drug Policy Alliance, decriminalising drug possession and investing in treatment and addiction can provide major benefits for public safety and health. The benefits include –

- (i) minimising the social exclusion of people who use drugs and creating a climate in which they are less fearful of seeking help and assessing treatment for addiction and rehabilitation;
- (ii) reducing the number of people arrested and the number of people incarcerated, and therefore, reducing criminal justice costs. This allows redirection of resources from criminal justice to health systems while increasing uptake into drug treatment;
- (iii) protecting people from wide ranging and debilitating consequences of a criminal conviction;
- (iv) redirecting law enforcement resources to prevent serious and violent crime, and
- (v) improving relations between law enforcement and the community.

Highlighting this last point, Mr Speaker, Sir, I would like to stress that the leniency and mercy shown to drug consuming victims is by no means an excuse to let the drug traffickers off the hook. On the contrary, Mr Speaker, Sir, we should continue to pursue our efforts to clean our society of this scourge. I seize the opportunity to thank the hon. Prime Minister and the law enforcement officers for the tremendous work they have been doing as we can witness the several drug seizures over the past months.

Lots have been said, Mr Speaker, Sir, about the use of medicinal cannabis and its benefits. With this proposed amendment, the Government shows that it will not shy away from adopting new means and methods for the benefits of our society and help people find relief in their pain. But, Mr Speaker, Sir, we must appreciate and gather that we need to be cautious here. The proposed Bill sets up the required framework to ensure that the use of cannabis be done in a healthy and a controlled manner.

Mr Speaker, Sir, we can see by its actions that our Government has the combat against drugs very high in its agenda. It, however, wants to do it in a humane way and ensure that we do not create more victims while making sure the criminals are locked away.

Pour conclure, M. le président, le combat contre la drogue est la responsabilité de tout le monde. Nous ne devons pas hypothéquer l'avenir de notre pays afin d'essayer de marquer des

points politiques sur un sujet aussi important. Ce fléau nécessite une attention particulière et les solutions ne sont pas simples et demandent une réflexion et une implémentation judicieuse. L'amendement proposé par ce texte essaie de mettre en place une série de mesures et de concepts prometteurs. La soutenir sera une action patriotique.

With these words, Mr Speaker, Sir, allow me to thank and congratulate the Minister of Health and Wellness for this bold and daring piece of legislation. I highly recommend this meaningful Bill to the House and I thank you for your attention.

(6.46 p.m.)

Mrs K. Foo Kune-Bacha (Second Member for Beau Bassin & Petite Rivière): M. le président, je focaliserai mon intervention uniquement sur le cannabis médical, du fait que mes collègues de parti se concentrent sur les autres aspects des amendements du *Dangerous Drug Act*.

Il était temps que le cannabis médical soit autorisé pour soigner nos malades. Je me réjouis que désormais l'île Maurice s'aligne avec l'organisation des Nations unies, qui en décembre 2020 suite aux recommandations de l'OMS en 2019, a officiellement reconnu l'utilité médicale du cannabis. Suite à ces amendements, l'île Maurice fera partie de ces nombreux pays ; des pays tels que l'Australie, le Canada, le Danemark, l'Allemagne, l'Angleterre, Sri Lanka, le Rwanda parmi tant d'autres qui autorisent une forme de cannabis à des fins médicales.

Cela fait plusieurs années que l'opposition plaide pour l'introduction du cannabis thérapeutique, mais ces plaidoyers malheureusement, jusqu'à tout récemment, se sont heurtés à des refus. On se souvient de cet ancien sportif ; champion d'haltérophile, athlète olympique, atteint d'un cancer, qui implorait ce gouvernement de considérer le cannabis médical car il devait se rendre régulièrement pendant des mois durant à l'étranger pour effectuer ses traitements. Non seulement il devait faire d'énormes dépenses pour ses déplacements et logements, mais il devait aussi endurer seul ses thérapies sans proches ou amis pour le soutenir. Je me réjouis donc de ce demi-tour qui bénéficiera à tous ces malades qui espéraient, tout comme cet ancien sportif, et pourront désormais trouver un soulagement.

M. le président, en médecine, le cannabis est utilisé pour ses qualités antalgiques, antispasmodiques et anti-inflammatoires. Il doit ses effets à ses molécules dérivées des cannabinoïdes, dont le tétrahydrocannabinol (THC), un agent psychoaffectif, et le cannabidiol (CBD) à l'action relaxante et sédative. Comme pour toute substance, il y a des risques et c'est la raison pour laquelle l'usage du cannabis médical nécessite précaution, un encadrement adéquat et un suivi médical étroit. Le principal effet secondaire induit par le cannabis médical est la somnolence ; donc, une baisse de vigilance. C'est pour cela que je propose qu'il soit interdit de conduire après sa prise, comme c'est déjà le cas en Australie.

M. le président, chaque patient à qui l'on prescrit du cannabis thérapeutique passe par une phase de titration. C'est-à-dire une période pendant laquelle la dose de THC et/ou de CBD doit être adaptée pour atteindre la meilleure efficacité en limitant les risques d'effets secondaires. Un suivi régulier est donc de rigueur afin que les ajustements nécessaires puissent être faits promptement.

La THC, M. le président, est la molécule responsable d'un risque d'addiction. De ce fait, le risque de dépendance existe et varie en fonction du ratio du THC, de la fréquence d'usage et de la forme d'administration. Mais, il est aussi probable que les variations génétiques de chaque individu jouent un rôle dans le niveau de risque. C'est la raison pour laquelle les patients doivent bénéficier d'encadrement et de suivi vigoureux afin de minimiser ces risques de dépendance. Mais, M. le président, ce projet de loi ne prévoit rien pour l'encadrement et le suivi, élément critique pourtant. Je propose que la responsabilité d'encadrer et de faire le suivi des patients soit ajoutée aux fonctions des *Medicinal Cannabis Therapeutic Committees* de chaque hôpital régional.

De plus, M. le président, selon le paragraphe 28C, ce sont ces *Medicinal Cannabis Therapeutic Committees* qui ont pour tâche d'évaluer les requêtes et de les approuver ou les rejeter. Chaque comité sera composé de quatre membres ; le *Regional Health Director*, deux spécialistes agréés du secteur public, et un pharmacien agréé. Il existerait cinq différents comités avec divers personnes siégeant sur chaque comité qui décideront d'approuver ou de rejeter les applications. Cela peut ouvrir la porte à beaucoup d'incohérences et de discordances dans la manière d'évaluer les demandes. Par exemple, il ne faut pas que deux patients souffrant de la même maladie et de façon similaire fassent leurs requêtes dans deux hôpitaux différents et à

deux comités différents, que l'un soit approuvé et l'autre rejeté. Il est donc impératif que chaque membre des cinq comités reçoive une formation, une ligne directive et des critères clairs à suivre.

M. le président, il faut savoir que le cannabis médical peut interférer avec d'autres médicaments et modifier leur efficacité. Là encore, la prudence s'impose et la *National Pharmacovigilance Committee* doit surveiller de près les probables effets indésirables et les interactions médicamenteuses. Il faut aussi s'assurer, M. le président, que les produits importés répondent aux normes médicales appropriées, approuvées par les agences régulatrices reconnues, car certains produits non-réglementés ne sont pas correctement étiquetés et leurs compositions imprécises.

Pour le moment, M. le président, le cannabis médical est prescrit uniquement pour des conditions telles que la sclérose en plaques, épilepsies sévères, nausées des soins en cancérologie et pour soulager les patients dont les douleurs sévères et persistantes ne cèdent pas avec des antalgiques traditionnels. Cependant, afin d'élargir les pathologies éligibles pour qu'un plus grand nombre de patients puisse bénéficier des traitements, par exemple, pour les maladies neurodégénératives comme l'Alzheimer, je propose la mise sur pied d'une étude approfondie qui se penchera sur le sujet.

Et peut-être même étudier la viabilité d'une probable industrie locale de cannabis médical qui pourrait être bénéfique à notre économie.

M. le président, dans le paragraphe 28H, il est dit que –

“(1) There shall be, in every regional hospital, a register of medicinal cannabis, to be kept in such manner as the Permanent Secretary may determine.”

Il serait impératif que ce registre en question soit sous forme électronique et que les données de chaque patient soient accessibles en ligne dans chaque hôpital régional.

Cela fait plusieurs années que je demande la digitalisation de notre système de santé publique et l'implémentation complète de l'*e-Health*. Cela évitera l'emmêlement de dossiers, les dossiers égarés et minimisera aussi les abus de toutes sortes.

M. le président, je déplore qu'il n'ait indiqué nulle part les contre-indications du cannabis médical. Par prudence, celles-ci devraient être entre autres les patients ayant des antécédents de trouble psychotique et les patients souffrant d'insuffisance cardiaque sévère, car le cannabis peut aggraver une arythmie cardiaque.

Par contre, M. le président, je suis d'accord que la prise du cannabis médical sera autorisée uniquement sous forme de capsule, d'huile ou vaporisateur oromuqueux et que ce médicament ne peut en aucun cas être fumé afin d'assurer la sécurité des patients, car la fumée inhalée est tout aussi dangereuse et cancérogène que celle du tabac.

En dernier lieu, M. le président, malgré sa prévalence dans diverses sociétés à travers le monde, le stigmate autour du cannabis médical persiste. Il est présent pas uniquement chez les médecins et personnels médicaux mais aussi chez les patients. Certains médecins craignent d'être jugés par les autres médecins en prescrivant du cannabis médical. Certains patients sont inquiets que d'être prescrit du cannabis médical pourrait leur impacté au niveau social, culturel, religieux ou professionnel. Certains patients peuvent être hésitants à cause du stigmate associé au cannabis comme une substance illégale et craignent d'être considérés comme des toxicomanes. Et ce stigmate associé au cannabis médical peut être hautement préjudiciable et faire obstacle à des traitements qui auraient été grandement bénéfiques à la santé de beaucoup de patients souffrant de maladies graves. Il faut donc des campagnes ciblées d'éducation et de sensibilisation du public afin de réduire ce stigmate autour du cannabis médical dans notre société.

J'ai terminé, M. le président.

Mr Speaker: Hon. Dr. Mrs Chukowry!

(6.56 p.m.)

Dr. Mrs D. Chukowry (Second Member for GRNW & Port Louis West): Thank you, Mr Speaker, Sir, for affording me the opportunity to bring my contribution on the Dangerous Drugs (Amendment) Bill.

Allow me to begin by conveying, in my stead and on behalf of our people, our heartfelt gratitude to Dr. the hon. Kailesh Jagutpal, Minister of Health and Wellness, for bringing to the

House the Dangerous Drugs (Amendment) Bill (No. XV of 2022). It goes without saying that the integrity of leadership of our Prime Minister, Pravind Kumar Jugnauth, helped extremely and now we have a revitalised health sector that response to the need of our people.

Il est bon de mentionner qu'à trois reprises pendant son discours, l'honorable Paul Bérenger a reconnu à sa juste valeur ce texte de loi. Je cite –

« Ce texte de loi va dans la bonne direction. »

Tout comme l'honorable Foo Kune-Bacha se réjouit de ce projet de loi.

Mr Speaker, Sir, humanity has come a long way, leaping ahead with singular temerity into the promise of a better and safer world. Unfortunately, the advent of progress also brought along a blight that soon spread its terrifying tentacles to maim the hopes of millions and not even sparing our shores. Hence, this Bill could not come at a more opportune time. This evil is substance abuse, and at one point in time, it was thought that repression and legal punishment would soon weed out this plague. But what has happened is a complete reversal of the world's expectations wherein hard line of approach to criminalise drug-related offences and penalise substance addiction produced a paradoxical effect, the uprise of a black and covert market that relentlessly fed the most vulnerable with false hopes, at the expense of the health and livelihood, whilst growing even more powerful with an ever-expanding market, more than often consisting of very young individuals whose very existence will be destroyed ever after. But we learnt from the mistakes of others and offer prolonged consultations and reflection with innumerable stakeholders. It was decided that the most optimal way to tackle the drug scourge was with preventive, proactive, pre-emptive, and positive sensitisation and rehabilitation.

Mr Speaker, Sir, the 2018 Commission of Inquiry on Drug Trafficking has set off the guiding parameters which motivated the amendments to the Dangerous Drugs Act. The Bill focuses on the philosophy that those charged with an offence on account of personal consumption of dangerous drug should, instead of being made to bear the brunt of tough judicial proceedings, be rather afforded the possibility of being processed by the Drug Users Administrative Panel which seeks to pedagogically, physiologically, psychologically, and socially rehabilitate individuals.

Mr Speaker, Sir, everyone should be given a second chance at life and hard prosecution may not allow this to happen. In this way, we will be preserving the moral, ethical and psycho emotional standing of those who had already been tempted once, but preventing them with a chance to climb up again, and thus, overcome the scourge through the structured support of the authorities. After all, this is what a Government does: to look after the best interests of its citizens, and we will never falter in outreaching to those who are in need.

Mr Speaker, Sir, in the same line of thought, the Bill provides for the establishment of a Medicinal Cannabis Therapeutic Committee that shall be branched out in every regional hospital to assess and determine the therapeutic needs of patients who have opted for treatment through the use of medicinal cannabis. Once again, this Government keeps in line with the best practices in the expansive fields of curative medicine and pain alleviation domains. Research has concluded that medicinal cannabis may be considered as part of a therapy and we have not remained insensible to the far cry of many of our citizens, who, in one way or the other, have found a mitigation of physiological condition through medicinal cannabis, needless to say that the entire process will be under close scrutiny and strictly monitored in keeping with the practices and laws of the land.

Mr Speaker, Sir, on a final count, it was high time that the Forensic Science Laboratory and the Police be ascribed with wider powers in a bid to speed up the legal progress in drug-related offences. Swift justice is the hallmark of a country that prioritises the rule of law and respects the human rights. The quicker and harder we hit, the more powerful our judicial disposition will be.

Mr Speaker, Sir, allow me therefore to commend Dr. the hon. Kailesh Jagutpal, Minister of Health and Wellness, and also our Prime Minister, hon. Pravind Kumar Jugnauth, for this bold and laudable step forward.

I thank you for your attention.

Mr Speaker: Hon. Léopold!

(7.04 p.m.)

Mr J. B. Léopold (Second Member for Rodrigues): Thank you, Mr Speaker, Sir.

Mr Speaker, Sir, the legislative process that is happening tonight, in this House, is an indication that we are having a better understanding of what addiction is all about. Addiction, Mr Speaker, Sir, is a disorder. It is a disease which affects the person's brain, their behaviours and in turn, we are unable to control the use of substances on which they are hooked on and continually keep on using them despite the harm that they cause.

On evidence-based, we know that drugs have devastating impact on individuals, families and the society as a whole. There are so many stories about the extent to which people will go to get drugs. There are so many crimes associated with drugs. Dealers kill people over argument about drugs. Drug users commit so many random crimes. Drug abuse is bad any time but it is worst when it affects families, especially children. The cost of substances abuse to the society is enormous. Therefore, we must develop public policies aiming at combating the issue of drugs as a public health problem. Many times, we have heard Heads of religious bodies and recently, the Head of a Catholic Church of the Republic of Mauritius, over his concern on drug users on repressive actions which is causing more problem than help to addicts. Instead, we need to come with a new approach to ensure that those who are affected with illegal drug use get the help that they so badly need.

And, the new approach, Mr Speaker, Sir, needs to consist of discouraging the use of addictive substances, making it harder to obtain illicit addictive substances and helping victims of drug addiction to quit.

Mr Speaker, Sir, the problem of drugs abuse is here, it's real in the Republic. Law enforcement is very important. That's true but, arresting drug users, drug addicts, is not a proper approach and it is not the solution. Drugs problem, illicit drug usage cannot therefore be undertaken by one department alone. It must be a whole system approach. In Mauritius, we tend to concentrate too much on breaking drug supply chain. Breaking drug supply chains is important but tonight, if we are all here debating on this amendment, this means that a collective effort is required to combat the scourge of illicit drugs in our society. The amendment being brought tonight to this piece of legislation, the Dangerous Drugs Act, is very important. It is not to arrest drug users and put into prisons where according to the report on the Commission of Inquiry on drug trafficking itself, stating that drugs trafficking in prison do exist. So, it is most important in helping drug users break the cycle of addiction instead and how are we going to do

that? What we are talking about tonight is being supported by the Bill, that is, from now on, after the adoption of this Bill - to be able to break the cycle of addiction in the Republic. We will need to have a world-class treatment and recovery system for substance abusers, discourage our young fellow citizens, the future of this country, from starting, from trying; and preparing and working on eliminating the demand of illegal drugs over the next generation to come, by various evidence-based solutions that are readily available. For example, amongst many, we have community-based programmes, one-on-one screening and counselling, school-based programme.

Mr Speaker, Sir, for this new strategy that this Bill is bringing, for it to be successful, we need strong commitment from successive Government by providing sufficient funding on drug enforcement, treatment and recovery. Tough enforcement action needs money and innovative ideas in order to dismantle the business model of drug trafficking and this enforcement approach needs to be coupled - I have to repeat myself once again - with breaking the cycle of drugs addiction. For this to work, funds need to be made readily available as it will necessitate massive investment in treatment and recovery system and because of the colossal amount of money needed to implement this strategy on combating the misuse of drugs, the public will expect to see results and so does the Government. We will need to see significant increase in drugs treatment places, a decrease in the trend of drug-related death, a considerable reduction in crimes and offences related to drugs dependency. And to achieve that, Mr Speaker, Sir, as I have said earlier, we have to understand that addiction is a chronic illness and that needs to be understood especially by the law enforcement department. While we are going to draw drug users from dependency through this amendment, drug users will need support to recover. We all know that drug addicts need treatment but treatment services alone are not sufficient to sustain meaningful recovery. People with problems like housing problem, unemployment issues, for example, need to get additional support for full recovery.

In addition, Mr Speaker, Sir, although the effect of drugs misuse affects the whole country and this new strategy needs to be delivered across the whole country, but because it is a costly investment, it is, therefore, important that this massive investment hits the right target, that is, the areas with the highest level of drugs use. This can be measured by areas with the highest drug related deaths and crimes.

Mr Speaker, Sir, I am convinced if this strategy is properly implemented, all the untold miseries caused by illegal, addictive substances by users will become something of the past whereby lives will be preserved and crime rate will be reduced. I am therefore strongly commending this Bill to the House, and I thank you for your kind attention.

Mr Speaker: Hon. Members, I will 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. Ehsan Juman, I understand, is next.

(7.14 p.m.)

Mr E. Juman (Fourth Member for Port Louis Maritime & Port Louis East): In fact, I am lucky! Every time I take the floor, you are chairing.

The Deputy Speaker: You are wearing a white vest!

Mr Juman: Thank you, Mr Deputy Speaker, Sir. *L'honorable ministre, Bobby Hurreeram, sollicite la population pour féliciter le gouvernement. 22 millions ti papie valant R 460 millions autorisés par le gouvernement pour être importés pour usage personnelle ; il sollicite la population pour féliciter le gouvernement ! Pas une seule condamnation ni arrestation effectuée par l'ADSU à ce jour dans tous les cas cités dans le rapport Lam Shang Leen, ils veulent que la population leur félicite ?*

Mr Deputy Speaker, Sir, I will just point out some observations and I will be very brief. At the very outset, I have to say that albeit some reservations, some apprehensions regarding the implementation process, as rightly pointed out by hon. P. Bérenger, hon. Dr. Boolell and other colleagues who took the floor before me, like the Mauritius Food Standards Agency Bill presented to the House last week, the Dangerous Drugs (Amendment) Bill proposed is non-controversial, and we welcome it.

This Bill is too little too late since the recommendations of the Commission of Inquiry on Drug Trafficking dates back to 2018. Yes, Mr Deputy Speaker, Sir, 4 years have elapsed! But I can understand why it took so long. Why it took so long for the Government to react as the Lam

Shang Leen Report has been a big blow to them? We all know who were targeted in the report and to which Party they belong.

Anyway, Mr Deputy Speaker, Sir, the main object of this Bill is to enable treatment with medicinal cannabis. We heartily welcome this measure. In fact, it was included in the *Alliance Nationale* manifesto for the last election in 2019. At that time, I recall the Government thought it was premature to consider the authorisation of the use of products containing cannabis for treatment purposes. At least, that is what the Prime Minister himself said in reply to a PNQ on 15 May 2018. Today, I am glad to see that the Government has since then reviewed its position.

We are convinced that this will be very beneficial to many patients, especially those suffering from cancer, sclerosis, seizure disorders or epilepsy, as we call it, who failed to respond to conventional treatment. But at the same time, we have to ensure that we set up a proper mechanism in order for it to be effective. We also have to ensure that we get safe and high quality product. I see that this Bill gives the authority to the Ministry of Health and Wellness to supervise the use, dispensing and importation of medicinal cannabis.

I cannot help but wonder, Mr Deputy Speaker, Sir, whether the Ministry of Health and Wellness should be given such a big responsibility? We all know what happened during the confinement period, Mr Deputy Speaker, Sir, how the Ministry of Health and Wellness misused the emergency procurement, how *bijouteries*, *quincailleries* and hotel owners got outrageous contracts for importation of medicines and medical equipment, most of which did not meet our requirements. We know very well what happened with the famous Pack & Blister ventilators.

So, can we trust the Ministry of Health and Wellness to supervise the importation of medicinal cannabis? I am afraid not, Mr Deputy Speaker, Sir! We are not blaming the health officers. Like earlier the hon. Minister of Commerce said: it is not him, it is the officers. No, we are not blaming the health officers here, but the Minister himself! Look at the Public Accounts Committee Report which clearly mentioned that they were being instructed to carry out orders given by the Minister. *C'est écrit noir sur blanc, M. le président, dans le rapport –*

“The Minister received instructions and we execute as executors of policy decisions.”

It basically means that the Minister can allow anyone; any *ti copain*, any political agents, to import medicinal cannabis at an exorbitant price without respecting the criteria and specifications as we have seen during the COVID-19 pandemic. That is the risk we are running. This is a very serious matter, Mr Deputy Speaker, Sir, as poor quality products may have serious health implications for those using it. In the case of Pack & Blister, we lost money. But here we can lose lives!

We cannot take any risks, hence, I do not think we should leave this in the hands of the Health Minister, but the supervision should rather be done by an independent body comprising of competent and specialised representatives. I also take note in regard to Section 28G (2) about importation of medicinal cannabis, that nothing is mentioned about customs. What will be the role of the customs at the time of importation? It has been clearly defined so as to avoid any unwarranted situation.

Coming to Section 28K and 28L, as far as patients coming from abroad are concerned, there is a need according to me to define whether they are foreigners coming to Mauritius for holidays and whether they will go back to their country afterwards or whether they are foreigners coming to work or study or will stay in the country for some time, whether they are Mauritians coming back to the country after being abroad. Again, I will insist, Mr Deputy Speaker, Sir, that there should be a proper guideline to avoid any confusion.

Coming to another part of the Bill where a person suspected of having committed a drug offence for his personal consumption will be referred to a Drug Users Administrative Panel instead of being prosecuted. This, I believe like the previous one I said earlier we all agree, is indeed a very welcoming measure. Someone who is addicted to drugs is a sick person, he is a victim, he is not a criminal; there is no doubt about it and we all know that a sick person needs treatment and support. He does not deserve to be thrown in jail and convicted while he is suffering, more so, when the drug traffickers themselves, like in the *Tractopelle* case, are running out scot-free. This is very inhumane.

The proper way is to treat and rehabilitate, but once again, Mr Deputy Speaker, Sir, I have some apprehensions. First and foremost, how long it will take for the Police to complete the

enquiry. *Laissez-moi vous donner un exemple. Il y a le cas d'un certain John Brown arrêté le 29 avril 2020.*

The Deputy Speaker: *Non, non, non.*

Mr Juman: Okay. *Monsieur J. B. était arrêté le 29 avril 2020* for possession of heroin, cannabis, etc. The products were seized on 29 April 2020. The same products were sent to FSL only on 11 October 2021. 19 months after! It is not over! Now, the Police will send the case to the DPP. We know very well what happened in the Kistnen case. DPP referred the case to Police again. Nine months, nothing done! If we go on like in these two cases, how many days will it take before a person starts being treated? What will happen in case this person, while waiting for the DPP's or the Police's decision gets caught again for the same reason? And do we know what kind of drug users will be referred to the Panel? 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?

Let us now talk about the rehabilitation process. Will the person who has been referred for treatment be required to stay at a rehabilitation centre? And if yes, do we have enough of these centres to cater for these drug victims? We are talking of hundred thousand possible victims. Can you imagine? Do we have enough qualified personnel to supervise this process? Are the NGOs well equipped to do this work? What will be the duration of the rehabilitation process? Treatment and rehabilitation should be done under strict supervision. This is of utmost importance, Mr Deputy Speaker, Sir, otherwise, it will give rise to other serious problems. We have recently seen how a four-year child in my constituency passed away because his grandfather was involved in methadone trafficking. This shows that there is a loophole in our system and it needs to be tackled right away. So, we need to know how the rehabilitation process will be and what are the facilities, resources and infrastructures that will be put in place for its smooth running.

In the same vein, I also wonder what will happen to tourists who are found in possession of drugs for their personal consumption. Will there be any rapid channel that will be put in place to look into the matter or do we need to wait for the recommendation of the DPP and Police until he is referred to the Drug Users Administrative Panel? Because if that is the case, it will be a very long process, especially when the number of drug-related cases is on the rise. This has been

confirmed not by the Labour Party, not by the population, by the DCP Boyjoo. Recently, when in presence of the Minister of Health, he said that the drug cases have increased by 300% to 400% since 2015 and the hon. Minister Bobby Hurreeram wants the population to congratulate his Government. Can you realise, Mr Deputy Speaker, Sir, 400% since 2015, said by none other than the DCP in presence of our Minister of Health? So, I wonder how long it will take for the DPP's Office to look into these matters before they are referred to the Panel and what will happen to these tourists having drugs in their possession meanwhile. Will they be detained? Will they be confined in their hotel room? Will they be deported? The law needs to be more explicit. I am afraid because there is such a risk that a certain category of tourists might find it easy to come to Mauritius to consume drugs knowing that they do not risk anything. It might end up being an El Dorado for them.

As regards the suspension of prosecution, nothing is mentioned about a drug trafficker who is also a drug consumer who has been arrested for personal drug consumption. Will he be treated as a victim and be eligible for the treatment? The question arises because it is not specified. So, all these need to be cleared.

M. le président, j'aimerais aussi savoir qu'adviendra-t-il de ceux qui feront une rechute car la possibilité existe bel et bien. Après un premier traitement, seront-ils soumis à un deuxième traitement de désintox ou devront-ils faire face à la justice ? Faut-il leur donner une deuxième chance ? Le traitement et la réhabilitation ne risquent-ils pas de devenir une éternelle échappatoire pour les toxicomanes endurcis ? Il faudra, à mon avis, que la loi soit claire à ce sujet.

Now, coming to the constitution of the Drug Users Administrative Panel. According to me, the Panel should comprise of at least 2-3 persons from drug treatment NGOs since they have more experience in regard to treatment and follow-up as they might be in a better position to ascertain certain conditions of a drug addict.

Je note aussi avec une certaine amertume que rien n'a été dit par rapport à la prévention. *Since the dismantlement of the NATReSA way back in 2015, we still do not have any National Drug Prevention Programme. The Prime Minister has been talking for years now about National*

Drug Control Master Plan. Where is the plan? But instead we have many masters in drug trafficking.

I have been told I have one minute. Just to conclude, Mr Deputy Speaker, Sir, I suggest that the hon. Minister could consider bringing an amendment to allow for a dispensation for consumers of drugs who have obtained a conviction for consumption of drugs to entitle to a clean Certificate of Morality under the Certificate of Morality Act. Such an amendment will help in removing the system of those consumers so that they can have a second chance to integrate the society.

I thank you.

The Deputy Speaker: Thank you very much. Right on 20 minutes! Hon. Mrs Sandra Mayotte, please!

(7.35 p.m.)

Mrs S. Mayotte (Second Member for Savanne & Black River): Merci, M. le président, de me donner l'opportunité de participer à ce débat fort passionnant aujourd'hui dans cette auguste Assemblée.

M. le président, le MSM et ses alliés ont toujours, au cours de l'histoire de notre pays, démontraient que nous chérissons chacun de nos concitoyens, que nous voulons les protéger contre les *baron ladrog* qui s'enrichissent allègrement et sans vergogne sur le dos de nos jeunes en proie à l'addiction. Feu Sir Anerood Jugnauth était connu pour être un des plus grands combattants contre le trafic de drogue à Maurice. Dans l'histoire récente, c'est le MSM, avec Sir Anerood Jugnauth à la tête, qui a mis sur pied la Commission d'enquête sur tous les aspects de trafics de drogue à Maurice et cela six mois seulement après les élections générales de 2014. C'est aussi après presqu'une décennie d'impunité envers ces réseaux de distribution des trafiquants de drogue que les choses ont bougé. Après Feu Sir Anerood Jugnauth, il a fallu que ce soit ce gouvernement avec un courageux Premier ministre en la personne de Pravind Jugnauth, à sa tête, au-delà de l'aspect répressif du combat contre la drogue, lui donne un visage humain. Et aujourd'hui, M. le président, le Dr. Kailesh Jagutpal avec la bénédiction du Premier ministre, présente dans cette auguste Assemblée le *Dangerous Drugs (Amendment) Bill*.

M. le président, nous ne sommes pas dupes. Nous connaissons tous la différence entre un trafiquant de drogue et un consommateur; la différence entre le *Raptor* et *l'addicted* qui crient crapaud pour gagner sa pitance ou sa dose; la différence entre celui qui a la vie de château et celui qui harcèle sa pauvre mère à la mort pour R 200 trois fois par jour afin d'éviter ce *fat yen* qui il ou elle craint plus que tout au monde; la différence entre ceux qui peuvent se payer des avocats hors de prix pour trouver les failles juridiques afin d'être blanchis et ceux qui remplissent nos prisons. Nous ne pouvons rester insensibles, les bras croisés à regarder mourir ces jeunes, ces hommes et ces femmes de notre république, M. le président. À voir pleuré une maman qui perd son enfant promis à un bel avenir, tombé dans cette servitude et victime de cette plaie de notre société, de ce crime organisé qui est l'enfer de la drogue.

M. le président, l'addiction est l'affaire de tous. Les personnes de tous âges, genres, statuts peuvent être en proie à l'addiction. Ça peut arriver à n'importe qui, peu importe notre statut social, notre communauté ou nos origines. L'Organisation mondiale de la Santé définit d'ailleurs l'addiction comme un état de dépendance périodique ou chronique à des substances ou à des comportements. Il est maintenant prouvé au-delà de tout doute que l'addiction est une maladie, M. le président. L'addiction aux substances crée une dépendance très forte, une descente aux enfers entraînant une conduite compulsive. Nous sommes trop souvent bien aise à juger ceux qui souffrent de l'addiction sans toutefois nous poser des questions sur comment beaucoup de nos frères et sœurs se retrouvent prisonnier de cette abîme sans fin.

M. le président, le gouvernement progresse avec une constance dans ses convictions en ce qu'il s'agit du combat contre le trafic de drogue. Les multiples saisies de drogues de toutes sortes en quantité faramineuse en témoignent de la volonté de ce gouvernement et du Premier ministre à protéger ses concitoyens. Les petits consommateurs de drogues embourbés dans l'asservissement ne sont pas ceux qui sont dans le viseur des autorités. Ce projet de loi que nous examinons aujourd'hui tend la main aux usagers de drogues qui ne peuvent s'en sortir tout seul. Ce projet de loi, M. le président, tente à connecter ces hommes et femmes, ces mères et pères, ces filles et fils aux solutions existantes et aux solutions nouvelles afin qu'ils et elles retrouvent une vie plaisante.

Non, M. le président, il y a plus de *nisa* quand on a besoin de voler ses parents pour engraisser *bann bourzwa la*. Quand un mari a besoin de dévaliser toute la maison pour sa dose quotidienne; quand tout le salaire de fin de mois passe aux mains des vendeurs de la mort; quand le synthétique *bat dan latet*, non il n'y a plus de *nisa* !

M. le président, aujourd'hui, il est nécessaire de soutenir ceux qui souffrent de la dépendance aux substances nocives mais il est tout aussi important de décourager la consommation illégale de ces substances. Nul ne devrait accepter de voir un jeune tomber dans l'enfer de la drogue. Le gouvernement offre déjà des soins aux usagers de drogues dans les dits *Addictology Units*, dans les hôpitaux régionaux, dans les hôpitaux à Mahebourg, à Montagne Longue. Une liste, une panoplie de programmes de soins dont le programme de soins à base de méthadone; des programmes de prévention en cours dans les écoles avec les jeunes; des programmes d'information et de sensibilisation pour les usagers de drogues et leurs familles ; et tout dernièrement, cette belle initiative du gouvernement pour prévenir la toxicomanie et protéger notre jeunesse : le projet YEPAD (le *Youth Empowerment Programme Against Drugs*) qui est une initiative du ministère de la Santé et du bien-être.

Il est bon également de rappeler, M. le président, que nous avons déjà trois *Prescribed Centres* à Maurice, c'est-à-dire le Centre de Solidarité, le Centre d'Accueil de Terre Rouge, le Centre Idrice Goomany. Comment ça se passe actuellement ? Eh bien, si l'avocat fait une plaidoirie pour la réhabilitation de l'accusé, le magistrat peut recommander que cette personne suive un programme de désintoxication et de réhabilitation dans un de ces *Prescribed Centres* et la personne est suivie par un *Probation Officer*. Il paraît, M. le président, que cela n'a pas toujours eu les résultats escomptés.

M. le président, je voudrais ici saluer les efforts et *l'advocacy* des infatigables travailleurs sociaux et des ONG pour porter en avant les nouvelles idées, les recherches et l'ouverture d'esprit. Ce projet de loi était attendu depuis très longtemps par les ONG. Je dirais même bien avant la Commission d'enquête sur le trafic de drogue, compte tenu des plaidoiries des premiers centres de réhabilitation telle que le Centre d'Accueil de Terre Rouge qui existe depuis 1986 et qui, depuis, accueille de nombreux usagers de drogue qui ont eu un jour la volonté de s'en sortir.

M. le président, aujourd’hui, je ne viens pas porter uniquement mon point de vue sur ce projet de loi mais également partager avec vous ceux de quelques amis et travailleurs sociaux qui ont partagé avec moi leur lecture de ce projet de loi et émis quelques recommandations auxquelles je suis sûre l’honorable Dr. Jagutpal ne manquera pas d’y prêter attention. Avec leur permission, je vais citer leurs noms –

- (i) Monsieur José Ah-Choon, responsable du Centre d’Accueil de Terre Rouge ;
- (ii) Danny Philippe, travailleur social ;
- (iii) Kunal Naik, psychologue et addictologue, et
- (iv) Cadress Rungen, ex-officiers des prisons et travailleur social.

Sachez, M. le président, qu’ils sont tous en faveur de ce projet de loi. Toutefois, José Ah-Choon craint tout de même un revers de médaille quant au nombre d’étudiants déférés aux centres d’accueil. La situation, dit-il, est alarmante. Il dit craindre de l’impunité que comprend ce projet de loi et que cela ne fasse augmenter le nombre de jeunes scolarisés qui risquent de sombrer dans l’enfer de la drogue. Selon lui, c’est un fait. La drogue dite récréative n’existe plus. Il y a maintenant toutes sortes de substances qui sont ajoutées même au cannabis. Il dit craindre également le regard des gens sur ces étudiants pris la main dans le sac en possession de produits illicites et qui risquent de subir une certaine exclusion dans leur milieu scolaire.

Danny Philippe, travailleur social, et Kunal Naik, addictologue et psychologue, attendaient également ce projet de loi depuis 2012. Très en faveur du *Drug Users Administrative Panel*, ils se sont basés sur ce qui se passe ailleurs, notamment au Portugal où la décriminalisation a été adoptée il y a une quinzaine d’années avec beaucoup de succès, avec comme résultat une baisse de consommation, du taux de transmission de VIH et de violences liées aux drogues. Il pense cependant que pour l’utilisation du *medicinal cannabis*, nous devrions avoir recours aussi au secteur privé.

Cadress Rungen, ex officier de prison et travailleur social, qui accompagne chaque jour les parents des jeunes usagers de drogue ; des femmes consommatrices de drogues ; et des hommes en détresse tombés dans l’enfer de la drogue, et qui compte plus de 30 ans d’expérience,

est favorable également à ce projet de loi. Il est aussi d'avis qu'un usager de drogue des années 80 et un usager de drogue de 2022 sont deux types de patients et de consommateurs différents. Donc, si ces deux usagers de drogue sont différents, existants dans deux époques différentes, il est tout à fait logique que le programme de réhabilitation et d'insertion soit appelé à évoluer. Dans les années 80, M. le président, toujours selon Cadress Rungen, il n'y avait pas de jeunes de 13 à 14 ans qui consommaient de la drogue. Par contre, aujourd'hui, il y en a beaucoup.

M. le président, ce projet de loi propose que lorsqu'une personne est soupçonnée d'avoir commis une infraction liée à la drogue pour sa consommation personnelle, elle ne sera pas poursuivie pour cette infraction sur recommandation du Directeur des poursuites publiques, mais sera renvoyée devant le groupe administratif des consommateurs de drogues, le *Drug Users Administrative Panel (DUAP)*. Une fois envoyée devant le *DUAP*, le patient sera invité à suivre une réadaptation telle que l'éducation, le conseil, le traitement, un suivi spécifique, la réinsertion sociale et toute autre thérapie dans un établissement de santé publique ou tout autre établissement approuvé par le ministère de la Santé.

M. le président, concernant le *Drug Users Administrative Panel*, je suggère qu'il est essentiel que ce soit un panel composé de personnes ayant à la fois de la compassion et de la compétence. Sur ce panel, s'il y a seulement des membres très compétents, mais qui n'ont pas de compassion, ce sera peine perdu, M. le président. Cette personne qui se présentera devant le *DUAP* devrait être accueillie comme un patient, une personne malade, et non comme un drogué comme l'a mentionné tout à l'heure l'honorable Paul Bérenger. C'est pour cela que j'insiste, M. le président, sur la compassion et la compétence.

M. le président, malgré l'effort et la détermination du gouvernement sous le leadership du Premier ministre, Pravind Jugnauth, de combattre le trafic de drogue, force est de constater que la drogue synthétique est en train de détruire notre jeunesse. De plus en plus de jeunes se laissent tenter, de même que ceux qui avaient décroché, aujourd'hui se laissent tenter à nouveau avec la drogue synthétique, y replongent souvent juste parce qu'ils ont voulu y goûter par curiosité.

M. le président, ce projet de loi prévoit un mécanisme afin de prévenir des abus dans ce que la loi propose. Lorsqu'à l'égard d'une infraction commise par un consommateur de drogues en vertu de l'article 34, le Commissaire de police est d'avis que l'infraction a été commise par le

consommateur de drogues pour sa consommation personnelle, qu'il n'existe aucune circonstance aggravante dans la commission de l'infraction, et l'usager de drogue n'est pas un trafiquant de drogues, le Commissaire de police peut alors recommander au *DPP* que l'usager de drogue soit soumis à une rééducation au lieu d'être poursuivi pour cette infraction. Lorsque sur recommandation du Commissaire de police, le *DPP* est convaincu que l'usager peut être réhabilité au lieu d'être poursuivi, et bien, il peut alors conseiller au Commissaire de police de le renvoyer devant le *DUAP*. Le Commissaire de police à son tour, sur les conseils du *DPP*, renvoie immédiatement la personne au panel.

Cette nouvelle approche, M. le président, tranche avec les actions du passé. Ce projet de loi détournera définitivement beaucoup de consommateurs de drogues des portes de la prison et de tous ce qui peuvent en découler comme par exemple, la perte d'emploi, le chômage chronique, le certificat de moralité entaché, la pauvreté, la violence et les familles brisées entre autres. Au contraire, le *DUAP* proposera des programmes de réadaptation qui, j'en suis persuadée, ne toucheront pas que les utilisateurs de drogues, mais aussi leurs compagnes, les maris, femmes, leurs enfants et leurs parents. Le *DUAP* aura une composition spécifique. Néanmoins, les représentants des ONG et les spécialistes du secteur privé pourront également contribuer à l'effort du panel car celui-ci pourra coopter d'autres personnes s'il le juge nécessaire.

M. le président, ce projet de loi a un message clair pour tous ceux qui s'adonnent au trafic de drogues ou qui pensent le faire dans un proche avenir : la justice sera sans pitié, les amendes et peines d'emprisonnement seront revues à la hausse. Ce projet de loi, M. le président, diminuera aussi la pression sur nos prisons car beaucoup de jeunes, beaucoup de personnes seront ainsi dirigés vers des programmes de réinsertion au lieu d'être emprisonnés. Cependant, M. le président, permettez-moi de faire une petite recommandation concernant cette partie du projet de loi.

M. le président, la population des consommateurs de drogue ne cesse malheureusement d'augmenter malgré la détermination et le combat acharné du gouvernement ; ce gouvernement qui mène actuellement ce combat sur toute l'île Maurice et également à l'île Rodrigues. C'est un fait que les centres de réhabilitation et les hôpitaux notamment l'hôpital *Brown Sequare* sont actuellement déjà engorgés. Lorsque le *Dangerous Drugs (Amendment) Bill* sera voté, il y aura

encore plus de personnes qui se dirigeront vers ces centres, ce qui pourrait créer une situation incontrôlable. Les hôpitaux sont nécessaires pour les cures de désintoxication, mais qu'en est-il des centres de réhabilitation ? Est-ce qu'ils sont suffisamment aménagés, entretenus et équipés en ressources humaines compte tenu que certains centres ne peuvent accueillir que 20 patients à la fois ?

M. le président, suite au rapport de l'ex-juge Lam Shang Leen en 2018, Jean Bruneau, ancien Commissaire des prisons avait suggéré de convertir le centre de détention de Petit Verger en un centre de réhabilitation. Planté sur plusieurs arpents de terre face à la mer, doté du programme *occupational therapy*, le centre de détention de Petit Verger pourrait être un lieu idéal qui pourrait être reconvertis en un centre de réhabilitation. Si un usager de drogues séjourne dans un centre où il n'y a pas de grande activité ou n'ayant pas grand-chose à faire, il pourrait s'ennuyer et ne reprendra pas goût au travail, et donc, il se sentira inutile. Alors, pourquoi ne pas se tourner vers le centre de détention de Petit Verger et le convertir en un grand centre de réhabilitation ?

M. le président, une chose fondamentale dans la prise en charge d'un usager de drogues, c'est la motivation. Aujourd'hui, nous faisons face à un gros problème de motivation surtout par rapport aux jeunes de 13-14 ans. Tant qu'un usager de drogues n'a pas la motivation qu'il faut, il sera difficile pour lui de s'en sortir et pour cela, il faut qu'il y ait justement ce déclic, qu'il se dise 'oui, j'ai besoin d'aide' et c'est là que tout commence. À ce moment, il y a une prise en charge par un *assessment team*. Cet *assessment team* va évaluer son degré de motivation à travers un programme d'accompagnement.

Un deuxième élément essentiel, M. le président, il s'agit de la famille et des proches. La famille a une grande responsabilité et joue un rôle important dans la motivation de ce jeune de 13-14 ans parce que ces jeunes souffrent de ce qu'on appelle le *relapse brain disease*, ce qu'on traduit par la rechute. Ce jeune consommateur de drogue va probablement rechuter deux ou trois fois avant de pouvoir s'en sortir. Et quand il y a la rechute, cela ne veut pas nécessairement dire qu'il y a échec. Les parents, quand ils voient leurs enfants rechuter, ils pensent que c'est fini. Eh bien, non ! Ce n'est pas la fin. Et là, il est important de déterminer les causes de cette rechute.

Autre point, M. le président, pour terminer, je voudrais parler des femmes consommatrices de drogues. Vous savez, M. le président, il y a une telle souffrance quand il s'agit de ces femmes. Elles souffrent beaucoup plus que les hommes. D'ailleurs, dans la plupart des cas, ces femmes tombent dans l'addiction à cause d'un partenaire, d'un mari ou d'un ami. Certaines d'entre elles sont aussi des mères, elles sont blessées au plus profond d'elles-mêmes et sont souvent obligées de se livrer à la prostitution, ce qui n'est pas nécessaire pour les hommes. Elles souffrent de préjugés, du regard des autres et sont souvent rejetées par la famille, ce qui n'est pas le cas encore pour les hommes, sans compter qu'elles sont aussi victimes de violences, d'agressions de toutes sortes. Il y a en effet, M. le président, en ce moment, une féminisation de la consommation et du trafic de drogue à Maurice. Malheureusement, il n'y a pas beaucoup de centres qui accueillent essentiellement les femmes. Je connais par exemple Lacaz A et Chrysalide ou alors l'autre solution, la prison. Donc, il faudrait peut-être revoir cela également.

Je vais terminer, M. le président, en disant quelques mots sur le cannabis médicinal. Introduire le cannabis médicinal dans la panoplie de soins de la République de Maurice est un grand pas en avant. M. le président, la qualité et la grandeur d'âme d'un pays se mesurent aussi dans la façon dont il traite ses patients. Sachant pertinemment le bien que le cannabis médicinal peut faire à nos frères et sœurs souffrant de conditions graves, nous ne pouvions pas ne pas leur permettre d'apaiser leur souffrance.

Ceci dit, il serait bon dans un deuxième temps, M. le président, de pouvoir aussi compter sur le secteur privé. Nous connaissons tous la réalité mauricienne et les préjugés sur les services de santé publique. Ce qui risque d'arriver c'est que nos hôpitaux seront rapidement *out of stock*, car même ceux qui ont les moyens de se payer le cannabis médicinal devront se tourner vers les hôpitaux, ce qui pourrait pénaliser les patients qui n'en ont pas les moyens.

Le combat contre la drogue, M. le président, est un combat qui se gagne que quand vous avez la population avec vous, et c'est le cas aujourd'hui. Toute la population a été témoin pendant presqu'une décennie, entre 2005 et 2014, de la pourriture qui se propageait, de nos jeunes qui mouraient dans l'anonymat alors que les autorités ne faisaient quasiment pas d'arrestation si ce n'était que pour des petits dealers de coins de rue et des consommateurs dans quelques faubourgs pour essayer de nous bluffer. Le peuple sait reconnaître un gouvernement qui

means business ; un gouvernement qui joint le geste à la parole ; un gouvernement qui protège les enfants de l'État ; un gouvernement qui investit dans sa jeunesse; et un Premier ministre qui est déterminé à en finir avec l'infamie qui est le trafic de drogue et le commerce de la mort.

M. le président, pour conclure j'aimerais, avec votre permission, m'adresser à ceux qui souffrent des méfaits de la drogue, à ceux qui dorment en prison *akoz enn poulia*, aux mamans et papas qui pleurent leurs enfants partis trop tôt à cause de la drogue synthétique, aux parents victimes de violences de la part de leur enfant *akoz enn doz*, aux femmes prises dans l'enfer de la drogue, aux hommes qui ont démissionné de leurs responsabilités d'époux et de père, aux enfants abandonnés ou qui subissent violence, négligence et pauvreté *akoz mami ek papi inn tom dan ladrog, mo dir zot ena lespwar*. Je m'arrête ici, M. le président, et je recommande ce projet de loi à la Chambre.

Je vous remercie.

The Deputy Speaker: Thank you very much. Well done! Hon. Minister Teeluck!

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

Mr Seeruttun seconded.

Question put and agreed to.

Debate adjourned accordingly.

ADJOURNMENT

The Deputy Prime Minister: Mr Deputy Speaker, Sir, I beg to move that this Assembly do now adjourn to Thursday 10 November 2022 at 4.00 p.m.

Mr Toussaint seconded.

Question put and agreed to.

The Deputy Speaker: The House stands adjourned.

Hon. Ramful!

MATTERS RAISED

(7.56 p.m.)

TOMBEAU, MAHEBOURG - INCINERATOR

Mr D. Ramful (First Member for Mahebourg & Plaine Magnien): Mr Deputy Speaker, Sir, I have an issue which concerns the Minister of Local Government and Disaster Risk Management.

In fact, it concerns the operation of the incinerator at Tombeau, Mahebourg and this project dates back to 3 years now. I am told that the incinerator could not be operated previously because of some mechanical defects. Now, I am told that the incinerator is mechanically fit to be used but, unfortunately, there is no trained staff to operate the incinerator. I am also told by the District Council of Rose Belle that on some occasions the demand for incinerator services cannot be met by the local authority because of high demands for cremation sometimes. So, may I, therefore, request upon the hon. Minister to kindly look into the matter so that we can have trained staff to operate the incinerator.

The Deputy Speaker: Thank you! Hon. Minister!

The Vice-Prime Minister, Minister of Local Government and Disaster Risk Management (Dr. A. Husnoo): Mr Deputy Speaker, Sir, I will talk to the Grand Port District Council to try to find a solution to the problem.

The Deputy Speaker: Thank you! Hon. Osman Mahomed!

(7.57 p.m.)

WARD IV REGION - MANGO SEASON - SECURITY PROBLEM

Mr Osman Mahomed (First Member for Port Louis South & Port Louis Central): Thank you, Mr Deputy Speaker, Sir. I would like to address the hon. Prime Minister tonight regarding a recurrent security problem that the inhabitants of the region of Ward IV face year in, year out during the mango season, where those who have mango-loaded trees in their backyards

receive unsolicited visits from many, at times, unknown persons who come and pluck their mangoes on their behalf, and in the process they become victims of all kinds of other mishaps like thefts within their homes.

My request to the hon. Prime Minister tonight is for him to request the Commissioner of Police for patrols in Ward IV for the sake of the security of the inhabitants of this region. Thank you.

The Deputy Speaker: Hon. Deputy Prime Minister!

The Deputy Prime Minister, Minister of Housing and Land Use Planning, Minister of Tourism (Mr S. Obeegadoo): Mr Deputy Speaker, Sir, I will be pleased to refer the mango preoccupation of the hon. gentleman to the Prime Minister.

The Deputy Speaker: Mangoes are taken care of! Hon. Uteem!

(7.58 p.m.)

COTILLON STREET, TRANQUEBAR – MUNICIPAL NURSERY & INFANT SCHOOL - MANAGEMENT

Mr R. Uteem (Second Member for Port Louis South & Port Louis Central): Merci, M. le président. Je voudrais porter à l'attention de l'honorable Vice-Premier ministre, ministre des Collectivités locales le problème que font face les parents des enfants qui fréquentent la garderie et l'école maternelle municipale à la rue Cotillon, Tranquebar.

Il paraît qu'il y ait un manque de personnel et que les enseignants y font la pluie et le beau temps. Plusieurs parents se sont plaints qu'à plusieurs reprises des enseignants ont obligé les parents à récupérer leur enfant avant l'horaire normale de fin de cours et c'est souvent sans préavis. Cela bien entendu cause un bon nombre d'inconvénients aux parents qui n'ont plus le temps de s'organiser. De plus, les enfants de l'école maternelle n'ont plus accès au jardin d'enfants à côté de l'école, apparemment, parce que les enseignants ne veulent pas devoir les superviser.

Donc, je fais un appel à l'honorable ministre de reprendre toute cette question avec la municipalité de Port Louis afin de remédier à cette situation.

The Deputy Speaker: Hon. Vice-Prime Minister!

The Vice-Prime Minister, Minister of Local Government and Disaster Risk Management (Dr. A. Husnoo): Mr Deputy Speaker, Sir, I will talk to the Municipality of Port Louis and try to find a solution for that as well.

The Deputy Speaker: Hon. Dr. Gungapersad!

(7.59 p.m.)

MAMZELLE JEANNE, GOODLANDS – ROCK QUARRY

Dr. M. Gungapersad (Second Member for Grand' Baie & Poudre d'Or): Thank you, Mr Deputy Speaker, Sir. My request is addressed to the hon. Minister of Environment, Solid Waste Management and Climate Change. Hon. Minister, a group of inhabitants of Mamzelle Jeanne, Goodlands are currently facing serious inconvenience of noise and dust pollution because a 30 ft. hill is currently being demolished in the region.

Upon the request of these inhabitants, I visited the site. I was taken aback as there is no notice which has been displayed on the site to indicate as to who has undertaken the demolition and what development project is on the way. The numerous machines which are used for demolition, a stone mining, the ceaseless to and fro of heavy goods lorries have exacerbated the situation.

Obviously, these inhabitants are worried because of the serious environmental destruction, which has started through this illegal activity. The inhabitants have knocked at the doors of several institutions and Ministries, including yours, but in vain. I am making an appeal to you to look into the matter. I will provide you with all information and details in that respect. I thank you in anticipation.

The Deputy Speaker: Thank you. Hon. Minister!

The Minister of Environment, Solid Waste Management and Climate Change (Mr K. Ramano): M. le président, j'ai pris bonne note de la doléance qui a été faite par l'honorable membre. Toute opération de *rock quarry* nécessite un permis *EIA*. Donc, j'ai bien pris note de l'endroit en question. Je vais bien sûr informer le département concerné. À partir de demain matin, je prendrai contact avec l'honorable membre pour que les autorités puissent faire un *site visit* et voir de quoi il en retourne. Merci.

The Deputy Speaker: Thank you. Hon. Ms Joanna Bérenger!

(8.01 p.m.)

PHOENIX OLD TRAIN STATION - PRESERVATION

Ms J. Bérenger (First Member for Vacoas & Floréal): Je vous remercie. Ma requête s'adresse au ministre des Arts et du Patrimoine culturel. L'ancienne station de train qui se situe en face du *Phoenix Mall*, et qui abritait tout dernièrement le *Mauritius Underwater Group* jusqu'à ce que les travaux du Metro Express ne démarrent, tombe en ruine et dépérit chaque jour un peu plus avec les travaux du Metro Express qui ne sont pas loin.

Je lui demande de bien vouloir s'assurer que ce bâtiment, qui a une valeur patrimoniale indéniable, puisse être préservé pour éviter d'être ensuite démolí et de s'assurer aussi que le canon qui s'y situait soit aussi préservé et réinstallé par la suite. Je vous remercie.

The Deputy Speaker: Hon. Minister!

The Minister of Arts and Cultural Heritage (Mr A. Teeluck): Mr Deputy Speaker, Sir, I will relay the message to the National Heritage Fund. I am aware that there was a study conducted prior to the work being done by Metro Express. But, I will surely look into the matter personally. Thank you.

The Deputy Speaker: Hon. Fabrice David!

(8.02 p.m.)

RAS NATTY BABY - MASA PENSION SCHEME

Mr F. David (First Member for GRNW & Port Louis West): Merci, M. le président. Ma requête de ce soir s'adresse également au ministre des Arts et du Patrimoine culturel.

M. le président, plusieurs de nos concitoyens désespérés n'ont plus d'autres moyens que la grève de la faim pour faire entendre leur voix. Après le propriétaire de *Roti Aka* il y a deux semaines et les membres de collectif *Lavwa Rasta* hier, c'est désormais Joseph Nicolas Emilien, plus connu sous son nom d'artiste, Ras Natty Baby, qui envisage d'entamer une grève de la faim à la mi-novembre pour, je le cite –

« Dénoncer le laxisme du ministère des Arts et du conseil d'administration de la *MASA*. »

Et cette tragique intention, Ras Natty Baby l'a signifiée dans un courrier en date du 31 octobre 2022, adressé au ministre des Arts ainsi qu'à la *MASA* basée sur l'intenable attente depuis neuf ans de l'assistance financière prévue par la *MASA Pension Scheme*, ce qu'on appelle communément la pension des artistes.

Puis-je demander au ministre s'il a pris connaissance de ce courrier de Ras Natty Baby et quelle suite il compte y donner? Merci.

The Deputy Speaker: No, No. Wait one second. I have allowed it, but you realise you said request. So, I still did not get the request quite well. Prevent the strike or has he received the *courrier*? It is not proper. You are young. I let you off this time. I am sure the Minister will gladly reply, however.

The Minister of Arts and Cultural Heritage (Mr A. Teeluck): Thank you, Mr Deputy Speaker, Sir. I also thank the hon. Member for having given me advanced notice on this query.

The Deputy Speaker: So, it's fair!

Mr Teeluck: I have taken cognizance of this letter which has been communicated by Jean Nicolas Emilien and his concerns, and I should say that this is a request that has been made previously. The matter relates to the Artist Solidarity Scheme, which was set up in 2010, and the purpose of the fund was to pay for some kind of a benefit, retirement benefit, to artists who are recognised or categorised as full-fledged artists at the level of the *MASA*. And at that time, there was a range of criteria that was set up, that was listed which allowed the Board of *MASA* to

identify who are those who are qualified for that benefit and who are not. And as at now, out of all the artists registered at the MASA, there are only 20 artists who benefit from this scheme and the benefit actually ranges from Rs1,000 up to Rs2,500 per month. Given that *ce fond est alimenté des recettes des revenus collectés* from the management of performance and broadcasting rights, *de ce fait*, to be able to sustain that account, it was a bit difficult. So, MASA *a étudié deux options*, two options: either we cease to allocate this benefit, so we close the fund, or we try to find another set of criteria or conditions and to review the amount payable.

Unfortunately, *on a eu les élections et le nouveau Board a récemment été reconstitué*. They are taking up the matter but what I have done is, once I took cognizance of the letter, I called for a meeting with Mr Emilien to talk to him and to put the facts to him *parce que comme je dis, on prend cette affaire très au sérieux*. We are as much concerned with our fellow artists, with our friends artists *et ce problème-là est beaucoup plus d'ordre technique* rather than just *une volonté d'aider*. So, I will need to put all these elements to Mr Emilien, but, definitely, we will find a way out to help him. Thank you.

The Deputy Speaker: Thank you very much! Hon. Ms Anquetil!

(8.06 p.m.)

L'OISEAU DU PARADIS SHELTER - INFANTS - HEALTH STATUS

Ms S. Anquetil (Fourth Member for Vacoas & Floréal): Je vous remercie, M. le président. Ma requête s'adresse au ministre de la Santé. Je sollicite le ministre afin d'obtenir des nouvelles des deux nourrissons résidant du *Shelter L'oiseau du Paradis*, admis actuellement à l'hôpital SSR qui font l'actualité en ce moment et du bébé souffrant d'une hernie ombilicale qui a eu sa décharge de l'hôpital hier. Je vous remercie, M. le président.

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

The Minister of Health and Wellness (Dr. K. Jagutpal): Mr Deputy Speaker, Sir, I received the information earlier. I have been informed that both babies are clinically well and they will soon be discharged.

The Deputy Speaker: Hon. Aadil Ameer Meea!

(8.07 p.m.)

SMALL AND MEDIUM ENTERPRISES - FOREIGN CURRENCY SHORTAGE

Mr A. Ameer Meea (Third 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 Finance who is not here. I am sure one of his colleagues can take up the matter. It is in relation to the shortage of foreign currency. Mr Deputy Speaker, Sir, for quite some time, there is a problem - an acute shortage of foreign currency especially for Small and Medium Enterprises. Small and Medium Enterprises are having enormous difficulties to acquire foreign currencies for their importations and if I can give one example from a business of my constituency is the business for the importation of reconditioned cars. Someone had come to see me. He has got all the problems of the world to have some dollars to import reconditioned cars while big companies do not have these issues. I am sure similar businesses, small and medium, they also have this problem of having foreign currency for their importations. So, my appeal today to Government is to take necessary measures and any necessary measures to be envisaged so as to ensure adequate supply to everyone and especially to Small and Medium Enterprise. Thank you, Mr Deputy Speaker, Sir.

The Deputy Speaker: Hon. Minister Bholah will take it. Minister Bholah!

The Minister of Industrial Development, SMEs and Cooperatives (Mr S. Bholah): Mr Deputy Speaker, Sir, I will certainly talk to the hon. Minister of Finance so that he can look into this matter urgently.

The Deputy Speaker: I believe nobody else wishes to put a supplementary question.

At 8.10 p.m., the Assembly was, on its rising, adjourned to Thursday 10 November 2022 at 4.00 p.m.