
MALDIVES

1. EXECUTIVE SUMMARY

- Findings from a rapid assessment in 2003 confirm that opiates (mainly heroin) and cannabinoids (mainly hashish) are the most frequently used drugs. About 8% reported IDU and half of these had started injecting before the age of 17 years. About half reported sharing of syringes 'ever'. A variety of sexual risk behaviours were reported.
- The country is aware of the various factors which may threaten a drug-driven HIV epidemic (sexually active young population, the importance of blood transfusions in public health) and has taken countermeasures.
- Seizures of heroin by Indian and Sri Lankan authorities destined for the Maldives appear eight times the average annual seizures within in the country itself by the Maldivian authorities. Considering the small size of the country, this trend is a matter of great concern.
- The Maldives is very well connected with the outside world through its international airport and sea ports. It is potentially vulnerable as a point for the illegal shipment of precursor chemicals or large quantities of drugs destined for other countries.

2. MAJOR CHARACTERISTICS OF THE COUNTRY RELEVANT TO THE DRUG AND CRIME PROBLEM

In the Maldives, drug trafficking and drug abuse appear to be by-products of the country's recent increased exposure to the outside world. Drug abuse was reportedly not a problem before the mid-1970s. The appearance of drug abuse in its present form seems to have coincided with the development of tourism in early 1970s. This period also witnessed increased overseas travel by Maldivians.

The Maldives is an Islamic society. Legislation pertaining to drug-related crimes is strict. Yet, at the same time, the traditionalism of its value system is under pressure from many sources. First, tourism is at the heart of the modern Maldivian economy, bringing with it a source of new ideas and customs into the archipelago. Second, the country's high birth rate has produced a generally young population – with 40% of people aged below 15 years.²⁶ Women play a major role in society and hold strong positions in government and business. A large percent of government employees are women. The male-to-female ratio of enrolment and completion of secondary education remains equivalent. Thus, along with a relatively high human development index ranking (currently the highest among the SAARC countries) have appeared a number of social challenges.

²⁶ Source: *Maldives - Country Health Profile, 2000* accessed at <http://w3.whosea.org/>

The population of 309,000 is dispersed across an archipelago of 26 atolls with approximately 1,190 small coral islands, 202 of which are inhabited with 87 exclusive resort islands. Thus, despite the high literacy rate, this degree of population dispersal, combined with the high internal migration among the islands, imposes difficulties in communicating health-related messages relating to drugs and, importantly, to HIV/AIDS.

Although the prevalence of HIV is currently deemed low in the islands, there are several forms of social intercourse which may be regarded as risk-related. First, due to the need to move from island to island, many husbands are staying away from families.²⁷ In addition, despite being an Islamic society, the rate of divorce and remarriage is high with serial monogamy representing an established cultural pattern.²⁸ The level of sexual awareness among youth in Maldives is also high. Finally, one additional HIV-related concern is the fact that the Maldives is endemic for the disease Thalassemia. As a result of this, patients require frequent blood transfusion raising the issue of HIV/AIDS blood safety. Public health officials are concerned at the potential implications should IDU take hold in the country.

3. DRUG SITUATION

3(a) Production and cultivation

Maldives is not a drug cultivating or producing country. All abused drugs are imported via neighbouring countries by air and sea.

3(b) Manufacture

The Maldives does not manufacture any drugs either legally or illicitly. Its legal requirements are met through imports. As per Section 2 of the Maldives Law on Narcotics, planting, production, import, export, selling, buying, giving, possession, with the intention to sell and being an accomplice in any such activity involving illegal drugs is a crime and attracts life imprisonment.

3(c) Trafficking

In 1993 the first case of heroin was detected. With the introduction of heroin, drug abuse among the young age group escalated dramatically. The first major seizure of cocaine was made in September 1993 at Malé International Airport when 8 kilograms of cocaine was found concealed in the false bottom of suitcases in the possession of a foreign national. In 1997, three Maldivians were discovered to have orchestrated an attempt to smuggle in 1,372 grams of hashish oil in seven professionally packed cans of corned beef while they were about to board a flight to Malé from Trivandrum Airport. In 1998, over 450 arrests were made for drug abuse and related offences. For a small country like the Maldives, these were alarming trends. Despite stringent drug laws, and intensive efforts to prevent drug entry by several agencies, there has been growing concern about the problem of drug abuse.

²⁷ Source: Maldives AIDS Brief <http://www.worldbank.org/mv>

²⁸ See www.health.gov.mv and Jenkins 2000. There is some indication that, as a result of recent legislation imposing more formal requirements on couples intending to divorce, the divorce rate has declined.

Maldives – seizures (in grams)

Drugs	1997	1998	1999	2000	2001	2002
Heroin	461	1,142	360	586	171.32	40.8
Cocaine	-	-	0.3	-	-	-
Cannabis- resin/ hashish oil	1,750	86.81	1.74	621	-	0.8
Cannabis						71.61

Source: MDV Police 2002.

As can be seen from the above statistics of seizures made within the Maldives, the absolute volumes involved are small. Despite this, even in 2002 the Maldivian authorities reported that, “The problem of drug-related offences have now become the most frequent one faced by the Maldivian criminal courts, showing a 200 % increase in recent years. The rapid increase in drug abuse is of great concern to health and law enforcement authorities as the majority of the drug abusers in Maldives are young people between 16 and 30 years. For a small developing country like Maldives where more than 50% of the population is below 16 years of age, this indeed, is an alarming trend” (MDV 2001). Since this report was issued, the perception behind it continues to be a focus of government attention.

It is suspected that a considerable quantity of drugs is smuggled into or through the country via port calls of ocean-going vessels. However, random rummaging of such vessels has resulted in a few seizures. There have been a number of seizures of heroin in India and Sri Lanka which were destined for the Maldives during 2003 and 2004. These are listed below:

Seizures of heroin in Indo-Maldivian sector

Sl. No.	Date of Seizure	Qty. Seized (kg)	No. of Persons arrested	Nationality of arrestee	Agency effecting the seizure
2003					
1	26.04.2003	0.295	2	Indians	NCB, RIU, Trivandrum
2	30.06.2003	0.350	2	Indians	NCB, RIU, Trivandrum
3	23.07.2003	0.440	1	Indian	PNB, Colombo
4	25.07.2003	0.283	1	Indian	NCB, Chennai
5	30.09.2003	0.130	1	Indian	Customs, Trivandrum
6	07.10.2003	0.408	1	Indian	Customs, Trivandrum
7	12.12.2003	0.500	1	Indian	NCB, Chennai
8	13.12.2003	0.750	1	Indian	DRI, Chennai
9	14.12.2003	0785	1	Indian	NCB, Chennai
10	26.12.2003	0.274	1	Indian	Customs, Sri Lanka
2004					
11	23.02.2004	0.160	1	Indian	NCB,RIU, Trivandrum
12	08.04.2004	0.270	2	Indians	NCB,RIU, Trivandrum
13	7.7.2004	1.035	2	Indians Sri Lankan	NCB, Chennai
14	14.7.2004	0.111	3	Indians	AIU, Trivandrum

The above seizures amount to 4.215 kg of heroin during 2003 and 1.576 kg during 2004 (to July). During 2003, seizures of heroin by Indian and Sri Lankan authorities destined for the Maldives appear eight times the average annual seizures amount seized in the country itself by the Maldivian authorities (approximately 500 gms). This trend is a matter of great concern especially considering the small size of the islands’ population.

Although there is no hard evidence at this time suggesting that the Maldives is a transshipment point for narcotics, international observers and some government officials remain wary about the country's potential to become a transshipment point for smugglers. As the country has a large amount of commerce and traffic via the sea, the customs service and police find it difficult to search all ships.

3(d) Diversion of drugs and precursors

The Maldives is not a producer or exporter of precursor chemicals. Further, given the absence of chemical industries on the islands, the regulation of the importation and use of precursor chemicals is relatively simple. There appears to be no immediate threat of any smuggling of these chemicals for the manufacturing of illicit drugs. Nevertheless, the geographical location and the formation of the country makes the Maldives a potential location as a diversion point for illegal shipments of precursor chemicals or large quantities of drugs intended for another country. The difficulty in policing these areas makes the country even more vulnerable. Under the existing rules prior import authorization must be obtained before such chemicals can be brought into the country. Under the existing control regime, the Ministry of Health receives Pre Export Notifications from various countries and it then notifies the Ministry of Defence and National Security which is responsible for issuing security clearance to the Maldives Customs authorities.

The table below shows a list of precursors imported into the country for licit use during the year 2002.

Substance	Quantity
Acetone	24,751 kg
Hydrochloric acid	7,670 kg
Methyl ethyl ketone	585 kg
Potassium permanganate	233 kg
Safrole	0.03 kg
Sulphuric acid	41,768 litres
Toluene	77 litres

Source: MDV 2002.

3(e) Drug prices

In the Maldives the most commonly abused illicit drug is heroin and the street value of it is Mrf. 100 equivalent to US\$ 7.78.

3(f) Demand

The main drugs of abuse in the Maldives are heroin, including the crude form of heroin known as “brown sugar”, and cannabis and its derivatives. Rare cases of cocaine abuse and the use of MDMA or Ecstasy pills have also been reported. Injecting drug use is uncommon.

Based on reports by the Police Headquarters and information from the health care sector, the prevalence of heroin injecting is estimated to be 1% of the drug abusing population.

Rapid Situation Assessment findings: The most recent information on drug abuse in the Maldives is contained from a Rapid Situation Assessment²⁹ which was conducted by FASHAN (a local NGO) and the National Narcotic Control Bureau (NNCB) in 2003 (FASHAN and NCB 2003). The RSA employed a combination of quantitative and qualitative methods, including primary interviews with drug users, interviews with key informants, focus group discussions and ethnographic observations of drug use sites. Secondary data from the Maldives customs service and on treatment referrals to the NCB complemented the information obtained from primary sources.

Two hundred and sixty four drug users, above the age of 16 years and reporting drug use in the previous six months, were interviewed according to a structured interview schedule. Key informants (KIs) and focus group discussions were also held. Most KIs as well as focus group respondents felt that drug abuse was increasing in the Maldives. The mean age of respondents was about 21 years while the mean age of onset of drug abuse was about 17 years. Almost half were below the age of 20 years. About one-third held a job at the time of the interview. About 71% lived in their own house or family home. Most of the respondents (81%) were unmarried. Opiates (mainly heroin) were the drug of initiation for 43% of respondents, followed by cannabis by 34%. Commonly abused drugs (currently) were opiates and cannabis. The use of alcohol, cola water (eau de cologne), inhalants / solvents, and sedatives / hypnotics was also reported. About 8% reported IDU and half of them had started injecting before the age of 17 years. A further 33% had witnessed injecting. About half reported the sharing of syringes 'ever' (i.e., at some point during the drug-using career). A variety of sexual risk behaviours were reported (see details below). Opiates (mainly heroin) and cannabinoids (mainly hashish) are the most frequently used drugs. The most common reason for initiation was peer pressure (38%), followed by a desire to experiment (26%). The findings of RSA highlight the urgent need for the development of multi-pronged strategies in the prevention and treatment of drugs users and better liaison and networking between different agencies.

Prisons: One-third of the respondents in the RSA who had experience of prison reported that they could get drugs within the prison. The report suggests that there are more than 800 drug users currently in prison. A lack of any therapeutic intervention means that very little is done to motivate drug users to quit their habit. The banishment of drug users to different islands was felt to be counter-productive by many key informants since this only displaced the problem from one region to another. There is an expressed need for a model for therapeutic intervention in prisons.

3(g) Costs and consequences

The Maldives government conducted a large-scale situation assessment on HIV/AIDS fairly early in the epidemic, one of the findings of which was drug abuse related sex-behaviour. As

²⁹ In order to prepare a National Master Plan for Drug Abuse Control in the country, the government sought UNODC assistance in preparing a detailed assessment of the drug scenario in the country. A preparatory mission visited the Maldives in 1999 to prepare guidelines for a Rapid Situation Assessment. UNDP Maldives funded the RSA and the report was formally released in 2003.

a result of this finding, the government conducted a Rapid Situation Assessment on drug abuse and is now in the process of developing a master plan to address the problem.³⁰

Adverse consequences of drug use also were reported in the Rapid Situation Assessment cited above, which revealed that 94% of the respondents had reported problems with the law after drug use: 55% of the respondents had been under police lock-up in the previous year, 38% had been jailed and 17% has been jailed in the previous one year.

The Maldives has, to date, enjoyed relative freedom from the HIV epidemic. The majority of HIV cases reported to date have been expatriates, or Maldivians with a history of travel abroad, such as sailors. A recent situation assessment of HIV/AIDS (Jenkins 2000) carried out by the UN theme group on HIV/AIDS in the Maldives points to drug abuse associated sexual behaviours among youth as the single most obvious potential risk factors for HIV. Causes of this link are reported to be the sale of sex for drug money or the exchange of sex for drugs. Under either scenario, the result is frequent partner change and the potential for exposure to HIV infection. The emergence of a drug sub-culture has also been demonstrably marked by language, clothing style and music preferences.

In the RSA (FASHAN and NCB 2003), a majority of the unmarried respondents (75%) reported a sexual experience, and 68% of the married respondents reported an extramarital sexual experience. The age at first sexual experience ranged from 7-24 years, with one-third having been exposed to a sexual experience by 15 years of age and 92% having had a sexual experience during their teenage years. More than one in four respondents reported having had sex with a commercial sex worker. The experience of group sex was reported by 43% of respondents. Drug use with a member of the opposite sex was reported commonly (65 per cent), and this was usually in the context of a sexual relationship with the partners. Less than one-third (30%) of respondents reported consistent condom use.

Thalassemia: The Maldives has the highest incidence of Thalassemia in the world with a carrier rate of 18% of the population. Although the National Thalassemia Centre screens for carrier status among all persons seeking to marry and offers medical termination of pregnancy to couples who are both carriers of this trait, the fact remains that the illness is still prevalent today, though declining. This illness requires frequent blood transfusion services by those affected. The population below 35 years³¹ would be that segment of society significantly involved in either the receipt or provision of transfusion services. The existence of IDU (as reported in the RSA) coupled with a high prevalence of Thalassemia calls for assured safe blood transfusion in order to prevent the transmission of HIV. Blood safety cannot be assured as HIV also has a window period and all blood transfused cannot undergo a PCR trace lab investigation. Therefore, it is essential to incorporate this concern and aggressively address drug use, injecting drug use issues and concerns in the country as a shared needle used by a group of drug users may transmit HIV.

³⁰ The country even made necessary amendments to the principal legislative act of the Maldives dealing with Narcotic drugs and Psychotropic Substances in 2001 such that confidential interviewing with drug users could take place for the purpose of research (FASHAN and NCB 2003).

³¹ In the Maldives, 48.73% of the population is aged 17 and under. A further 27.52% of the population is aged between 18 to 35.

3(h) Money laundering

The Maldives is not considered an important regional financial centre. The financial sector of the Maldives is very narrowly spread across five commercial banks³², two insurance companies, a finance leasing company, a housing finance company, two small money transfer services, capital market (Securities Trading floor) and a government provident fund. There are no offshore banks. The Maldives Monetary Authority (MMA) is the regulatory agency for the financial sector. The MMA has the authority to supervise the banking system through the Maldives Monetary Authority Act. These laws and regulations provide the MMA access to records of financial institutions and allow it to take actions against suspected criminal activities. Banks are required to report any unusual movement of funds through the banking system on a daily basis (INCSR 2003). The Maldives is in the process of establishing a Financial Intelligence Unit and to develop legislation on anti-money-laundering and combating the financing of terrorism.

4. CRIME SITUATION

4(a) Main characteristics

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
No. of cases dealt with by courts										
In Male' Courts	4,123	4,039	5,303	5,698	5,583	4,674	4,624	5,053	4,867	5,430
In Island Courts	8,597	8,099	7,651	8,224	9,557	7,974	6,343	6,254	6,686	6,960
Total	12,720	12,138	12,954	13,922	15,140	12,648	10,967	11,307	11,553	12,390
% of cases in Male' courts	32	33	41	41	37	37	42	45	42	44
Cases handled by the High Court										
Cases filed	89	168	175	164	170	212	222	213	197	194
Cases dealt	108	119	156	117	204	203	225	254	205	213
Cases awaiting trial	47	96	116	162	129	138	79	95	87	68
Persons sentenced										
Both Sexes	1,042	1,044	1,171	1,098	1,278	1,745	1,661	2,187	1,898	1,737
Male	569	656	796	806	359	1,396	1,342	1,820	1,579	1,461
Female	473	388	375	292	919	349	319	367	319	276
% of male convicts to total	55	63	68	73	28	80	81	83	83	84

Source: MDV 2003

4(b) Trends

Total crime: The total number of crime cases remained more or less constant at around 4,900 since 1995. However, considering the small population of about 309,000, the crime rate works out to 1,445 per hundred thousand population which is significantly higher than other larger countries in the region (e.g., India, where it is 169 per hundred thousand population). The number of cases in the high courts has also been rising. The average number of cases in the High Court between 1998-2002 was 35% higher than the average number of cases during 1993-1997 which can perhaps be attributed to the easier access to the High Court as the

³² One international bank, three branches of foreign banks from neighbouring countries and the public owned bank.

population migrates to the capital, Male, from other islands. Maldives belong to the countries with rather high prison population: 414 per 100,000 inhabitants, with a relatively high percentage of female prisoners (ICPS 2004).

Total crime versus drug offences: However, the number of drug offences appears to have grown by at least a factor of two in recent years (MDV 2001). The Maldives is a country where a significant proportion of the population is young and hence the growing share of drug offences is a matter of concern.

Growing crime in Male': The share of Male courts in the total cases has been rising from 32% in 1993 to 44% in 2002. The primary source of employment in the Maldives is tourism, which attracts people from islands to the capital Male, and perhaps also accounts for the emergence of Male as the primary centre of crime in the country.

Gender analysis: The share of males in the total persons convicted has also been steadily rising and increased from 55% (1993) to 84% (2002). The average number of persons convicted has risen by 63% between 1998-2002 compared to the previous five years. Conviction of males increased by 138% while conviction of females declined by 33%.

Type of crime: Crime involving bodily harm such as murder and assault declined by 30% between 1997 and 2002 and crime involving bribery and fraud also declined by 33% during the same period. Maldives, as an Islamic state, prohibits consumption of alcoholic liquor. Offences involving alcohol also declined by 52% between 1997 and 2002. However, offences involving illicit sexual relationships and 'misbehaviour' increased by 43% between 1997 and 2002 while offences involving theft and robbery also increased by about 30% during the same period.

Conclusions: Considering the small population of the country, the Maldives has a high rate of crime and the crime is shifting to the capital, which now accounts for under half of all the crimes committed in the country. Offences involving drugs, illicit sexual relationships, 'misbehaviour', theft and robbery have been rising while other offences have been declining. While the total number of offences has been more or less constant between 1993 and 2002, convictions have risen by 63%. Increasingly more males are being convicted.

5. POLICY – DRUGS

5(a) National drug control framework

Convention Adherence

The Government of the Republic of Maldives has ratified all the three UN conventions related to narcotic drugs, namely, the Single Convention on Narcotics Drugs, 1961 (as amended by the 1972 Protocol), the United Nations Convention on Psychotropic Substances, 1971 and the United Nations Convention against Illicit Traffic in Narcotics Drugs and Psychotropic Substances, 1988.

Legislation

Official recognition of the drug problem came in 1977 when a person was arrested with 350 grams of hashish. As a result, the first principal legislative act of the Maldives dealing with

narcotic drugs and psychotropic substances (Law No 17/77 - The Law on Drugs) was passed the same year in order to help the legal system deal with it, and to act as a deterrent. The Law on Narcotics Drugs (Law No. 17/77) is the principal Legislative Act of the Maldives dealing with narcotic drugs and psychotropic substances. Since the adoption of the Law on Narcotics Drugs, the many social and economic changes brought in the country have resulted in the increase of the magnitude and nature of the problem. Hence, the Government in 1995 introduced substantial amendments to Law No. 17/77.

The First Amendment to Law No. 17/77 (Law on Narcotics Drugs) of 1995 also contains two tables; one is a list of illegal drugs and the other is a list of controlled substances. Both of these tables have been drawn up according to the schedules of the Single Convention on Narcotic Drugs of 1961 (as amended by the 1972 Protocol) and United Nations Convention on Psychotropic Substances, 1971. The First Amendment to Law No. 17/77 makes a significant distinction between users and suppliers. While drug suppliers have been prescribed harsher punishment (provision for prescribing life imprisonment sentences for the manufacture, importation, exportation, sale and possession for sale of narcotic drugs), the amendment looks at users less harshly. They are generally given opportunities to reform and become useful members of the society. Thus they receive suspended sentences and may enter a Drug Rehabilitation Centre. After rehabilitation, they are released on parole for a prescribed period after which the sentence is annulled. The amendment also provides legal immunity for those who opt for voluntary rehabilitation.

Institutions

The establishment of the National Narcotics Control Bureau (NNCB) through a Presidential Decree on the 16th November 1997 has further strengthened the efforts aimed at addressing the issues of drug control. The National Narcotics Control Board is primarily responsible for the co-ordination of demand reduction and awareness building programmes, maintaining communication with international drug control agencies and management of rehabilitation programmes. Further, amendments to the law in 1995 brought the management of the Drug Rehabilitation Centre (DRC), previously under the Ministry of Health, directly under the NNCB.

The primary functions of the NNCB are drug demand reduction, awareness building, management of rehabilitation programmes and maintaining communication with international drug control agencies.

The Drug Control Bureau of the Police Headquarters and Maldives Customs Service together are responsible for illicit drug seizures in the country.

The Ministry of Health plays an important role in demand reduction issues. The main policy making body for the AIDS control programme is the National AIDS Council, a multi-sectoral body of government institutions and NGOs.

National Policy

In the Maldives, where there is no manufacturing, cultivation or production of illicit drugs, the government's anti-drug policy aims at stopping narcotic drugs, psychotropic substances and precursor chemicals from entering the country.

The Government has stated its determination to bring about a reduction in the demand for and the supply of illicit drugs. This was reinforced with the establishment on the 16th November 1997 of the NNCB which is responsible for coordinating demand reduction efforts, management of rehabilitation programmes, and maintaining communication with national and international drug control and law enforcement agencies.

5(b) Licit control (drugs and precursors)

With the absence of chemicals and related industries, the regulation of the importation and use of precursors is not complex. The drug problem in the Maldives is presently restricted to the smuggling of regionally-available opiate and cannabis derivatives and the increasing abuse of the same.

The principal legislative acts that deal with drugs and precursor-related chemicals are Law No. 17/77 (The Law on Drugs) and Law No. 4/75 (The Law on Items Prohibited in the Maldives). Article 2 and Article 3 of the Law on Drugs prohibit the manufacture, in any form of prohibited drugs in the Maldives.³³ It also prohibits the manufacture of controlled substances in violation of the law. These provisions make the importation, supply, possession and sale of chemicals for the manufacture of narcotic drugs and controlled substances, punishable on the same basis as the offence of trafficking.

These laws prescribe heavy sentences for drug offenders, but currently do not cover, to the requisite degree, the trafficking of precursor chemicals.³⁴ Draft precursor control legislation has now been presented to the Office of the Attorney-General, which, once enacted, will regulate and reinforce the import and distribution of pharmaceuticals including chemicals.

Law No. 4/75H, (The Law on Prohibited Items in the Maldives), already provides in Article 5 that all dangerous chemicals can only be brought into or used in the Maldives with the prior approval of and in the manner prescribed by the Ministry of Defence and National Security. The Ministry has not yet – using the authority under Law No. 4/75H – promulgated regulations to include precursor chemicals in the list of dangerous chemicals falling under the Ministry's special regime.

There has been no known case of illegal importation of precursors used for illicit manufacture of narcotic drugs or psychotropic substances into the country.

5(c) Supply reduction

The control of supply through various enforcement agencies like customs and police has been upgraded and assigned a high priority (MDV Paper 2004).

³³ As per Section 3 of the Law on Narcotics, the import, export, manufacture and sale of drugs for medical uses requires permission from the Ministry of Health. Violation of this attracts imprisonment ranging from 10 to 15 years.

³⁴ To address this issue, the government sought technical assistance from UNODC. A senior legal expert who visited the Maldives in 2003 had extensive consultations with government ministries and other concerned departments. The UNODC Precursor Control Project arranged a high level government mission to visit India in 2003 on a study mission to observe current precursor control mechanisms in India.

5(d) Demand reduction

Given the current situation as reflected in the RSA, the Government of the Maldives has stated its determination to take action to protect the youth. Responsibility for drug demand reduction falls under the responsibility of the National Narcotics Control Bureau (NNCB). In the area of primary prevention, the Government has undertaken initiatives to amend the law (cited above) and has instituted an awareness programmes (MDV Paper 2004).

Through the 1995 amendments to Law No. 17/77, which makes a significant distinction between users and suppliers, drug suppliers have been prescribed harsher punishment but the simple users are given opportunities to reform in the Drug Rehabilitation Centre after which they are released on parole for a prescribed period following which the sentences get annulled. The amendment also provides legal immunity for those who opt for voluntary rehabilitation.

The Government of the Maldives has stated that it considers that the enjoyment of the highest attainable level of health is a basic right of every citizen. The National Health Policy of Maldives (MDV 2004) recognises drug abuse as a challenge faced by the country among others such as social stress, environmental health problems and age related problems. The policy envisages addressing these issues appropriately.

A number of Drug Awareness Programmes – aimed at various sectors within the community – are either conducted or organized by the NNCB. An awareness programme is conducted annually for all parents of school children of below Grade 7 in the schools of Malé and other atolls. Life skills and drug awareness classes for students above grade 8 are conducted annually. The Atoll Awareness Programme aims to cover the entire Maldives within the next three years, with programmes conducted in every inhabited island in the country. These awareness programmes target atoll and island chiefs, healthcare workers, teachers and island committee chairpersons. Eleven atolls have to date been covered under this programme. A prevention programme is being planned to run for all Atoll Chiefs and Island Chiefs in Male. The development of youth counsellors for the atolls is also a major concern. Television and radio advertisements about the dangers of drug abuse are routinely shown to the public. Workshops and training programmes are organised to ensure that necessary skills are given to officials of law enforcement authorities, counsellors and staff of NGOs. In the area of secondary prevention, the NCB is providing treatment facilities to drug users. It has recently started the medical detoxification services at its rehabilitation centre at Himmafushi Island. In the area of tertiary prevention, the NCB is rehabilitating the affected individuals. There is a plan to upgrade the facilities at its halfway house. The NCB has also started a training course for counsellors to overcome the shortage of manpower in this area.

Recently the Government has formed a National Task Force in the area of substance use to coordinate and plan various activities (MDV Paper 2004).

The Drug Rehabilitation Centre³⁵ was officially opened in 1997. A detoxification centre was opened in February 2004. So far it has accommodated 135 clients who are following a prescribed community form of treatment. The government is in the process of expanding the services to include more clients. Throughout the islands, there are currently 161 clients (78 residential; 76 community-based and 7 at the detoxification unit) undergoing treatment for

³⁵ The Drug Rehabilitation Centre is located on an inhabited island, about 10 kilometres from the capital, Male and can currently accommodate about 120 clients (104 Males, 16 Females).

drug dependence. The clients were mostly referred from the court system but the number of voluntary clients has also increased. To date, a total of 578 clients (471 after completing residential and community-based treatment and 127 following detoxification) have been released.³⁶ The clients are given a comprehensive treatment programme based on therapeutic community and psychotherapeutic intervention during rehabilitation at the drug rehabilitation clinic. All clients follow the community treatment program. Cognitive behavioural therapy is employed in assisting the clients. Some of the therapeutic programmes included in the daily programmes are anger management, drug education, and problem solving skills and overcoming depression. In addition, a structured daily physical exercise programme is implemented, and various educational and skills workshops are held regularly (MDV Paper 2004). In community rehabilitation, the focus is on relapse prevention, looking at resolving the problems clients face when they return to the community. Community rehabilitation is structured in various stages, allowing the clients to become gradually stabilized and self-reliant (MDV Paper 2004).

The Director-General of Prisons is exploring the possibility of developing a Maldives Model for management of drug dependent prisoners, based on the Therapeutic Community Model of rehabilitation followed in Maldives.

A National AIDS Council and a National AIDS Control Program (Shihab 2001) was established during 1987, with the aim of facilitating full commitment in preventing and controlling the disease. The National Aids Council together with the National AIDS Control Program creates awareness of HIV/AIDS amongst the general population of the country. Steps being taken include: awareness programs conducted for health workers to prepare and enable them to generate accurate and adequate information concerning HIV/AIDS; training of peer educators at schools; conducting group educational activities and information education communication programmes, mostly utilizing the mass media. In addition, sentinel surveillance sites are being set up where laboratory facilities are available. Distribution and availability of condoms at all health facilities and pharmacy outlets are also carried out as a major preventive measure.

5(e) Money laundering control measures

The Law on the prevention and Punishment of Corruption (Law no.2/2000) prohibits corrupt acts and practices by public officials and employees of private companies and prescribes preventive measures for such acts and practices. Section 24 of the said law provides for the forfeiture of proceeds of acts prohibited under the said law and section 25 and 26 of the law empower the investigating authorities and judicial authorities to obtain information relating to accounts of suspected persons and to freeze such accounts through the Maldives Monetary Authority, pending a court decision.

As per section 6 of the Law on Narcotics, acceptance, possession or the use of any money or property which is known to have been obtained through a crime mentioned in the law or which is suspected to have been achieved through the same is a crime. Further, taking any action to conceal the source of income of drug money, for the purpose of hiding the source or to lighten the sentence of a convict is a crime as is being an accomplice in such an activity. These offences are punishable with imprisonment of 10-15 years.

³⁶ Direct report to UNODC from 2004 NCB database.

5(f) International cooperation

Many workshops and training programmes have been carried out recently with the cooperation of various international agencies to increase awareness among government officials. Customs officials and operational staff from regional airports / seaports met in May 1999 to exchange information on trends of drug smuggling within the region.

In September 2000, the Government of Maldives and UNDP (Maldives) signed a three-year project funded by the Government of Italy to strengthen the drug control programmes in the Maldives. The broad development objective is to protect the youth from drug abuse through drug preventive measures and to provide them skills for productive employment.

The National Narcotics Control Board and relevant law enforcement agencies and NGOs involved in drug prevention, participated in various international forums since 1997 to date.

The Government of the Maldives contributes fully to international initiatives in drug control regarding both control of supply and drug demand reduction.

The Government is a signatory to the 1990 SAARC Convention on Narcotic Drugs and Psychotropic Substances.

6. POLICY – CRIME

The Government of Maldives have concluded extradition agreements with the following countries: the Islamic Republic of Pakistan, the Democratic Socialist republic of Sri Lanka and Federal Republic of Germany.

Convention adherence: India is not a signatory to the Transnational Organized Crime Convention of 2002 nor any of the three related Protocols on human trafficking, migrants and firearms. It is also not a signatory to the 2003 Corruption Convention.

7. TERRORISM

Section 2 of the law on the Prevention of Terrorism in the Maldives (10/90) defines terrorist offences and acts of terrorism. As per the said law, terrorist offences and acts of terrorism include causing and attempting to cause death and bodily harm; instilling fear into a person or the public; kidnapping, hostage taking, hijacking and attempts thereof; the importation, manufacture, possession, use, attempted use, sale or distribution of firearms, ammunition or any type of bombs or explosives without the express permission of the government; and dealing in firearms and related items; and setting on fire or causing damage to any property. According to Section 3 of the said law, provision of funds or material or any form of assistance towards the commissioning or planning of any of the activities specified in the said law are regarded as acts of terrorism.

Convention adherence: Maldives is a signatory to eight of the 12 international terrorism conventions. It has signed the 1999 Convention for the Suppression of Financing of Terrorism.