



REPUBLIC OF FIJI

COUNTER NARCOTICS STRATEGY

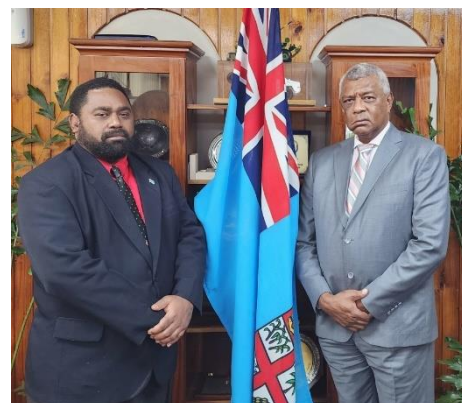
2023–2028



MINISTRY OF HOME AFFAIRS AND IMMIGRATION

MINISTER AND ASSISTANT MINISTER'S FOREWORD

The Fijian Government is committed to the fight against illicit drug activities in the country through a “whole of nation approach” addressing the surge of synthetic drugs, particularly methamphetamine, which poses a substantial threat to both public health and societal safety. The increasing prevalence of synthetic drug use, notably methamphetamine, has been marked by a rise in seizures by law enforcement, indicating not only a domestic issue but also Fiji's geographical location which makes it an attractive destination and transshipment point for transnational organized crime networks. Moreover, Fiji and the region's proximity to countries of origin for illicit drugs from Southeast Asia and the Americas will likely continue to unabatedly attract these networks unless robust comprehensive efforts are made to stem the supply and demand which continues to emerge.



As such through the Counter Narcotics Strategy 2023 to 2028, the Fiji Government in collaboration with key agencies including religious institutions, Civil Society Organization's and Non-Governmental Organizations will focus on developing approaches such as:

- Strengthening schools and community/village awareness and developing scholastic programmes.
- Establishing rehabilitation centres and intervention programmes to reduce the increasing numbers of HIV cases spreading through needle sharing and Chemsex;
- Reviewing key legislations to address illicit drug activities.
- Curbing hard drugs through robust investigation and prosecution and capacity building of investigators, prosecution and judges.
- Establishing a Special Narcotics Court (Drug Treatment Court-Therapeutic Jurisprudence);
- Establishing a Fiji Counter Narcotics Bureau- the Fiji Government through the Ministry of Home Affairs and Immigration intends to establish a dedicated Counter Narcotics Bureau to combat the rising cases of illicit drugs in Fiji. The seizure of 3.5-ton crystal methamphetamine followed by another 1.1 ton underscores the threat that the illicit drug trade and narco-corruption pose to the stability and security of our country. Thus, the need to establish a dedicated Bureau is of high priority for the maintenance of national security and community wellbeing. The Bureau is envisaged to be an independent agency tasked to holistically combat the proliferation of hard drugs at the national level and will be an independent agency under the Ministry with functions of law enforcement, investigations, prosecution, rehabilitation and public awareness aims to combat drugs from all angles.

Furthermore, the Strategy reflects key international conventions and regional plans such as the 2050 Strategy for the Blue Pacific Continent and the Boe Declaration.

Pio Tikoduadua
Minister for Home Affairs and Immigration

Ratu Rakuita Vakalalabure
Assistant Minister for Home Affairs and Immigration

PERMANENT SECRETARY'S FOREWORD

The war on illicit drugs is a global issue which governments have been trying to eradicate in our modern world and Fiji has been experiencing this problem for the past decades. With the adoption of the National Counter Narcotics Strategy, the Government of Fiji commits to a balanced approach to drug control, integrating efforts in the areas of drug use prevention and treatment, the prevention of drug-related crime and countering illicit drug trafficking, enhancing alternative development and international cooperation as well as data collection and information sharing. Decisions on drug policy and its implementation are to be scientific evidence-based. Legal reform should enable Fiji to comply with international obligations under the international drug control conventions and ensure the proportionality of sentencing for drug offences. This document acknowledged the amount of work carried out in the last 20 years within the existing systems of the respective agencies and key stakeholders in combating drug related activities. There have been elements of improvement in the practices, processes and policies occurring in these agencies to enable them to be relevant to the emerging challenges faced with drug related activities. The focus of this Strategy's actions is to enhance these responses by taking them to another level. This balanced, comprehensive framework in this Strategy will pave the way towards promoting a healthy and safe environment for the people of Fiji – an environment in which drug-related health, social, and economic harm is minimized.



The Fijian Government Counter Narcotics Strategy (CN Strategy) outlines key specific objectives and activities that ensure our response to combatting illicit drug trafficking is a “whole of nation approach” and also aligned to relevant international instruments. Furthermore, the CN Strategy builds and strengthens the existing response mechanisms and commitments by relevant agencies, and it maintains mandated functions with the responsible agencies with a greater emphasis on PARTNERSHIP translated in the cross-cutting objectives and actions. On this note, I wish to acknowledge and sincerely thank the continued technical support of our developmental partners Australia, New Zealand, the United States of America, Regional Support Office Bali Process and United Nations Office on Drugs and Crime (UNODC).

The CN Strategy underlines the Fijian Government's determination to tackle the consumption, cultivation, manufacturing and trafficking of illicit drugs and to provide appropriate treatment and rehabilitation services to affected persons. I believe that as we progress with the implementation of the actions outlined in this CN Strategy, we will be able to address this issue in Fiji and likewise across the region. I want to assure all Fijians that as we launch this 2023-2028 CN Strategy, the Fiji Government is sending a message that it will work towards eradicating the issue of illicit drugs in the country and to promote a healthy Fiji.

A handwritten signature in black ink, appearing to read 'Mason Smith', written over a dotted line.

Mason Smith

Permanent Secretary for Home Affairs and Immigration

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STRATEGY

2023 to 2028

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INTRODUCTION

Narcotics comes from the Greek word ‘stupor’, originally referred to a variety of substances that dull the senses and relieve pain.

The terminology, ‘drug use’ refers to the use of psychoactive substances or narcotics outside the framework of legitimate use for medical or scientific purposes in line with the three international conventions namely the 1961 Single Convention on Narcotic Drugs, 1971 Convention on Psychotropic Substances, 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic. In addition to drug use, this may include the use of tobacco, alcohol, inhalants, and new psychoactive substances (so-called ‘legal highs’ or ‘smart drugs’).

Narcotics are recognized for their medical use, and it continues to be an indispensable drug for pain relief and suffering. However, the illicit use of narcotics constitutes a serious evil for the individual and is fraught with social and economic danger for the community. Hence it is our conscious duty to prevent and combat this evil by working together through a whole of government approach to combat the problem given that illicit drug activities affect all levels of society.

Drug dependency creates many social consequences; from loss of human and financial resources; road and domestic accidents; costs of health care associated with diseases that develop in relation to drug dependence (HIV, Hepatitis and other diseases including mental disorders); as well as social issues like drug-related crimes and overdose deaths. However, the few studies that are now available show that there is a direct association even if most of these expenses are difficult to quantify.

The substantial geographical area of the Pacific, our extensive and porous jurisdictional boundaries, and differences in governance and law enforcement capacity across the region, further exacerbate our susceptibility to illicit threats, markets and activities. Such an environmental setting is conducive for organized crime syndicates to establish themselves and operate within the Pacific.

Given these challenges, it is envisaged that the Pacific region will continue to be targeted as transshipment points for consignments of illicit drugs from South America, Asia and wider regions although local markets are emerging. This is driven by demand within the lucrative Australian and New Zealand markets. Increasing evidence of participation by local Pacific Islanders in the facilitation of such crimes in collaboration with foreign transnational crime syndicates presents a new paradigm for regional law enforcement efforts.

The new National Counter Narcotics Strategy has been developed through consultations and dialogue among the relevant national stakeholders. As outlined in the National Counter Narcotics Framework¹, all national stakeholders will be involved in the implementation of the strategy, focused on building a safe, healthy and resilient Fiji, as well as addressing drug-related harms through a comprehensive and integrated approach.

In developing this strategy, there was a series of consultations carried out by the Ministry of Home Affairs and Immigration with key stakeholders in Fiji. These were facilitated by technical assistance from the authorities in New Zealand, Australia, the United States of America, Regional Support Office Bali Process and the United Nations Office on Drugs and Crime (UNODC). The results of these consultations led to the drafting of a National Counter Narcotics Framework with its Strategy to establish a commitment from the Government of Fiji to combat illicit drug trafficking with the focus of keeping Fiji and its people secure and healthy.

¹ See Annex I, National Narcotics Framework

Furthermore, all desired outcomes reflected above and in the Counter Narcotics Strategy are in line with the SDG 3.5, SDG 16, 1961 Single Convention on Narcotic Drugs, 1971 Convention on Psychotropic Substances, 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic, Political Declaration & Action Plan 2009, Joint Ministerial Statement 2014, United Nations General Assembly Outcome Document 2016 (Demand, Harm and Supply Reduction), 2050 Strategy for the Blue Pacific Continent, the Boe Declaration and other international Conventions that Fiji has ratified in relation to illicit drug trafficking, consumption and cultivation. This trickles down to Fijis National Development Plan and key government agencies operational plans.

FIJI'S SITUATION

Comprised of more than 300 islands in the South Pacific, the geo-strategic location of the Republic of Fiji has a significant impact on drug control in the country. As an island state, Fiji's extensive borders make the country vulnerable to illicit drug trafficking, and other forms of transnational organized crime, including money-laundering. Overall seizures and interceptions of controlled drugs, in particular cocaine and methamphetamine, at the borders of Fiji are on the rise. Law enforcement agencies are increasingly confronted with clandestine laboratories ranging from basic to more sophisticated operations, on Fijian territory, destined for the production of synthetic drugs, including methamphetamines.

- Impacts of drugs within families and communities

These new challenges put a burden not only on law enforcement and the criminal justice system but also on Fiji's health services, which lack the capacity and resources to provide adequate treatment for those suffering from drug use disorders.

There were other reports from the media outlets that certain citizens of Fiji were found in possession of illicit drugs by police raids at their homes.

While Fiji as a country of transit has traditionally been targeted by organized criminal groups as a hub for transshipment for drug trafficking, the domestic abuse of controlled drugs has been on the rise over the past years. Fiji seems to be the ideal trafficking route or hub for transporting illicit drugs for developed and developing countries due to its geographical position.

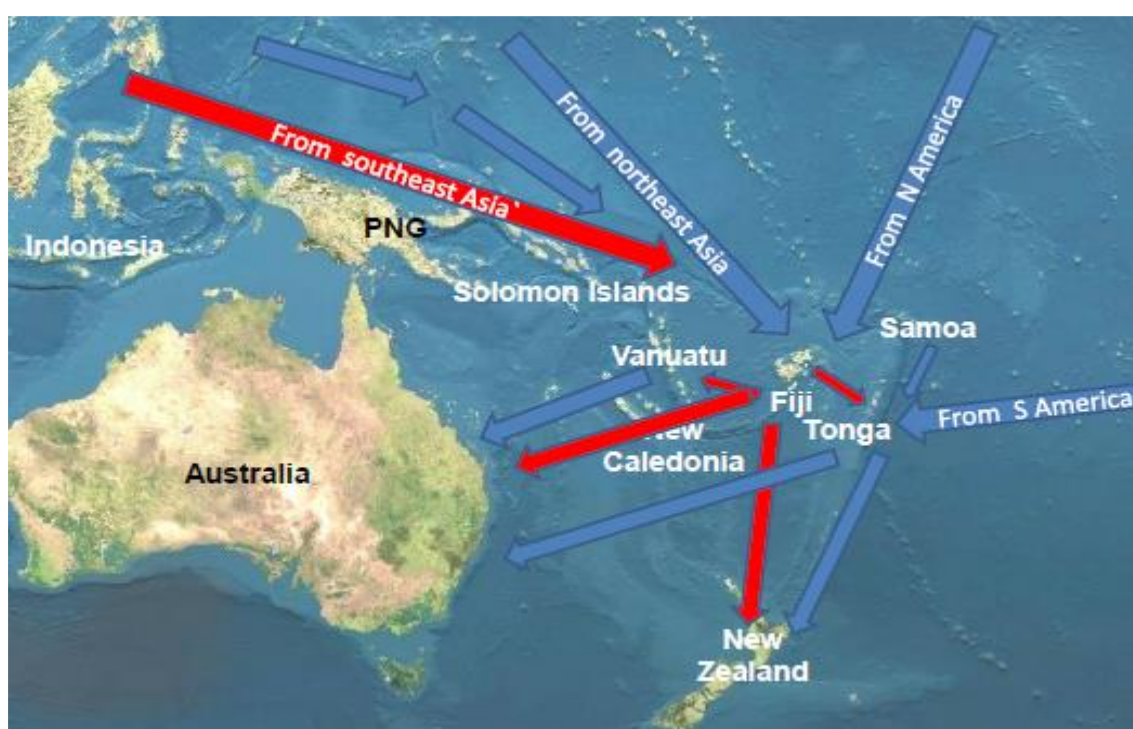


Figure 1. Pacific Region Trafficking Routes (Fiji Police Force)

THE RATIONALE FOR A MULTI-COMPONENT COUNTER NARCOTICS STRATEGY

National proactive and sustained efforts to develop resources and evidence-based services around the prevention and treatment of substance use disorders must be the foundation to countering the harmful health and social consequences of drug abuse to both the individual and the population as a whole. Evidence-based and comprehensive prevention and treatment are not incompatible with reducing the harm caused by drugs.

Globally in the last 25 years, an important negative consequence of drug dependence has been the spread of HIV/AIDS, estimated more than 10% of all HIV infections worldwide are due to the use of contaminated drug injecting equipment and with the exclusion of Sub-Saharan African and the Caribbean, this rate of injecting drug users rises as high as 30-40% among those with HIV infection. The rate of hepatitis infection in some places for injectable drug use is much higher than the HIV infection rates. Despite the size of the problem and the enormous costs related to drug abuse, in many countries specialized services are not available or, if present, are not accessible. There are a number of obstacles for people who use drugs to access effective services, partly due to stigma and discrimination towards those people with drug use disorder and HIV positive.

Substance users, who may be motivated to enter treatment but cannot access specialist and appropriate treatment facilities and recovery support within or near to their province are *de facto* condemned to remain in a condition of dependence and social exclusion. Untreated drug-dependent people, without any contact with the health care system and welfare facilities, are exposed to the highest level of risk and may cause consistent harm to themselves and society as a whole. “Harm reduction” measures combined with good-practice treatment facilities may prevent immediate adverse health and social consequences and be effective in the long-term reduction of drug-related harm for individuals and society.

However, implementing harm reduction initiatives and facilitating access to treatment and long-term recovery from drug use is compounded by the very high levels of stigma towards drug users. This is both at the community and systemic service level. Therefore, measures to reduce adverse health and social consequences must be proactively offered in a non-discriminatory and comprehensive programme that also promotes information and awareness to reduce stigma and facilitate social reintegration. If these measures are included in a comprehensive strategy, including easy access to high-quality rehabilitation facilities and programmes, people who use drugs may be more motivated to seek treatment.

In addition, one of the key enabling conditions for this approach to be effective is the commitment of partnerships, coordination and collaboration from the various government and non-government agencies, the private sector, together with international agencies. One key challenge highlighted regularly in all consultations was the difficulty of the various agencies to share information or data and resources among them, due to legal requirements or the non-existence of memorandum agreements to allow them to share the information/data.

Therefore, if a comprehensive strategy is not adopted, the risk of social discrimination remains high. This may translate into further discrimination by which marginalized people who use drugs may, in the end, receive only some basic services (such as clean needles, condoms and occasional free food) while being deprived of the opportunity to have access to comprehensive treatment (such as out-patient and in-patient clinical facilities providing intensive care and drug-free rehabilitation programs).

THE NATIONAL COUNTER NARCOTICS FRAMEWORK

The National Counter Narcotics Framework provides a broad overview of how the system will operate nationally to combat illicit drug activities. By using the balanced approach of **supply reduction, demand reduction and harm reduction**, illicit drug activities could be addressed. The framework is expected to provide the following:

1. The strategic interventions and their inter-linkages between the existing systems or agencies that will support the Strategy implementation.
2. The National Defence and Security Council (NDSC) shall be the decision-making body regarding the countering illicit drug activities in Fiji and shall provide policy guidance in ensuring the security of all Fijians.
3. The Coordination & Steering Committee (CSC) shall take the role of executive functions which shall comprise of key Permanent Secretaries of government ministries and agencies to oversee the coordination and implementation of this strategy. The chair of the Coordination & Steering Committee shall be the Permanent Secretary for Home Affairs and Immigration. In addition, the Coordination & Steering Committee shall monitor the implementation of the Strategy and its action plans and will be guided by its Terms of Reference.
4. The Counter Narcotics Committee (CNC) and Cabinet shall be a working group comprised of key government agencies tasked to formulate and provide policy guidance, implement activities and provide sound advice to the Coordination & Steering Committee, NSDC and Cabinet.
5. The Counter Narcotics Committee shall review the case management, coordinate support services, review current legislation, and review of the action plans and policies. Furthermore, supporting pillars of the Committee; Civil Society Organizations/Non-Governmental Organizations will provide technical support on areas that government stakeholders deem necessary.
6. The Counter Narcotics Bureau (of the MHAI) will play a leading role in the Supply Reduction pillar. The National Substance Abuse Advisory Council (NSAAC, of the Ministry of Education) in collaboration with the Ministry of Women, Children and Social Protection and the Ministry of Youth and Sports will lead the Demand Reduction. Finally, the Harm Reduction pillar will be led by the Ministry of Health and Medical Services (St Giles clinical services and the Public Health Wellness Unit) in collaboration with the Ministry of Women, Children and Social Protection. These three pillars will be supported by key civil society groups and relevant non-government organizations through the sub-committees outlined below.
7. The framework will set a clear, evidence-based approach to the intent of the Government and the society/community as a whole. This will include utilising comprehensive data processes and frameworks to inform action planning and strategic decision making which is vital in combatting the flow of illicit drug trafficking and support communities in preventing and treating substance use. All key Permanent Secretaries will ensure that the implementation of this Strategy, and its action plans including its specific objectives is attained.

8. For effective streamlining of work, there will be four sub-committees that will be established under the Counter Narcotics Committee. These will include representation from relevant civil society, faith-based and non-governmental organisations involved in community actions. Their primary responsibility will be in managing the activities of the CNC action plans, collect the outcomes data required for monitoring and evaluation and will also provide feedback and advice to inform the decision making of the CNC. A Terms of Reference will guide the specific duties of the working committees, and this will strengthen domestic cooperation and coordination amongst key agencies.
 - a. The Harm Reduction sub-committee
 - b. The Supply Reduction sub-committee
 - c. The Demand Reduction sub-committee
 - d. The Legal Reform sub-committee

THE COUNTER NARCOTICS FRAMEWORK

FIJI LAWS

NATIONAL SECURITY &
DEFENCE COUNCIL

NSDC

Cabinet

Permanent Secretaries

**Coordination &
Steering
Committee**

PS MOHAI Chair

- Policies
- Strategic Direction
- Resources
- Oversee Establishment

Senior Officials

**Counter Narcotics
Committee**

Counter Narcotics Committee

- Formulate Policies
- Analysis of Data
- Advice to Task Force on trends
- Secretariat to Task Force

(Sub-committees of the CNC)

HARM REDUCTION
(Treatment and High-risk Behaviors)

Led By: Ministry of Health and Medical Services – St Giles medical superintendent and Head of Wellness Unit

- Ministry of Women, Children and social protection - child rehabilitation unit
- Fiji Corrections Services
- Counselling and treatment NGO's
- Faith-Based Organizations
- Academia (tertiary institutions)

DEMAND REDUCTION
(Prevention and Awareness)

Led by: NSAAC (MoE), Ministry Women, Children and Social Protection

- Ministry of Youth and Sport
- Ministry of i-Taukei Affairs
- Youth focused Advocacy and community-based NGO's and CSO's
- Private Sector youth organisations
- Faith Based Organizations
- Media
- Academia (Universities and training colleges)

SUPPLY REDUCTION
(Law Enforcement and National Security)

Led by: Ministry of Home Affairs and Immigration (Counter Narcotics Bureau)

- Ministry of Agriculture (Crop Sub)
- Fiji Police Force
- Fiji Corrections Services
- Fiji Immigration Department
- Biosecurity Authority of Fiji
- Fiji Revenue & Customs Services
- Financial Intelligence Unit
- Republic of Fiji Military Forces – Naval Squadron
- Maritime & Safety Authority of Fiji (AIS use regulated)
- Fiji Airports Ltd
- Joint Agencies – Interpol

LEGAL REFORM
(Prosecution and Drug Court)

Led by: Director of Public Prosecutions

- Fiji Police Prosecution
- Ministry of I-Taukei Affairs
- Mental Health Specialists (Substance use treatment and recovery)
- Social Work and social welfare services
- Government Analyst



Figure 2 Counter Narcotics Framework

OBJECTIVE OF THE STRATEGY

The National Counter Narcotics Strategy's purpose is to protect the health, safety and security of people who live in Fiji, to promote development and to prevent and reduce the social, economic, and environmental drug-related harm in Fiji now and in the future. With the Government of Fiji's commitment to harm minimization, the balanced approach adopted in this document is to guide its National Strategy through actions on demand reduction, supply reduction and harm reduction.

This strategic document is to be the Fiji Government's commitment to actions or interventions to ranges of policy activities to address the various issues of illicit drug use in Fiji through an evidence-based balanced approach. The actions of commitment were developed through a series of consultations with various agencies and learning from various international models visited by our senior government officials.

The resulting Strategy was led by the Ministry of Home Affairs and Immigration in collaboration with key stakeholders, including the Ministry of Health and Medical Services, the Ministry of Education, and the Ministry of Agriculture. It is universally accepted that the drug problem encompasses domestic demands and international trafficking. These two aspects of the problem are however deeply intertwined, and to counter one in isolation of the other is fundamentally flawed.

Therefore, a balanced-approach model was adopted from the United Nations Office on Drugs and Crime (UNODC) framework, recommendations on prevention and treatment from the UNGASS 2016 on world drug problem and the ideas based on the Australian National Drug Strategy. (UNODC, 2018) (Commonwealth of Australia (Department of Health), 2017)

Drug use is determined by various forms of human behaviour which are influenced by many factors in society. **Demand reduction** strategies influence these factors to avoid or delay the initiation of substance use or avert the problem of substance use disorders. The uptake of prevention reduces many problems in our society; therefore, resources are appropriately used to bring social and economic benefits and produce a healthy workforce.

Supply reduction focuses on strategies for preventing, stopping, disrupting or otherwise the production and supply of illegal drugs; and controlling, managing and/or regulating the availability of legal drugs or chemicals that are precursors to illicit drug production.

It is important to understand that **harm reduction** refers to both the harm that drug use causes to the broader society through spread of diseases such as HIV, and the additional harm caused to individuals as a consequence of their drug use (e.g. health, criminal, or social harms). Therefore, the activities in this Strategy focus on developing a safe community that will reduce the risks associated with substance use. The actions also aim to support the development of accessible, comprehensive and evidence-based treatment pathways for substance use disorders.

In support of a balanced approach to supply and demand reduction in Fiji, the **review of the legislative framework** to address drug-related national challenges is fundamental for the successful implementation of interventions. An appropriate legislative support ensures the efficient and effective implementation of the drug control activities to reduce the harm brought about by the drugs.

Based on the consultations held among the relevant national stakeholders, and the dialogue held during the implementation workshop of the operational recommendations contained in the outcome document of the UNGASS on the World Drug Problem held in 2016, priorities listed in this strategy were identified. In addition, the operational recommendations contained in the outcomes document of the UNGASS 2016 representing the latest consensus in the international community, the Strategy aims to foster an **evidence-based, human-centred and integrated approach**.

The Strategy is to be implemented in conformity with the three international drug control conventions and other relevant national and international instruments, including the National Development Plan, and through close cooperation among all relevant national stakeholders. The 2030 Agenda for Sustainable Development provides a relevant framework as efforts to achieve the Sustainable Development Goals and to effectively address the World Drug Problem are complementary and mutually reinforcing.

As efforts to address the World Drug Problem remain a common and shared responsibility, **international cooperation** and technical assistance are considered essential to the successful implementation of the Strategy.

The recent consultation among the stakeholders also unanimously agreed that the cost-effective and cost-benefit method of addressing drug issues in Fiji is to set up an institution with a dedicated mandate, resources and appropriate delegated authority and powers focused only on combating this problem. This model is in place in many developed and developing countries such as the Singapore Central Narcotics Bureau and the Indonesia National Narcotics Board. Therefore, this Strategy outlines the establishment of a Counter Narcotics Committee and a Counter Narcotics Bureau to oversee this in Fiji.

The National Counter Narcotics Strategy outlines seven (7) key areas of focus (Strategic Areas):

- *Strategic area 1. Demand reduction (Prevention and Awareness)*
- *Strategic area 2. Supply reduction and alternative development*
- *Strategic area 3. Harm Reduction (Including Treatment Services)*
- *Strategic area 4. Legal Reform*
- *Strategic area 5. Data collection, analysis and information sharing*
- *Strategic area 6. Establishment of a Drug (Treatment) Court*
- *Strategic area 7. Partnership, coordination and international cooperation*

The implementation of the 7 Strategic areas will be implemented after Cabinet approval and the National Counter Narcotics Committee in collaboration with the four sub-committees will develop annual action plans which indicate specific, measurable goals and activities to meet the objectives of this strategy.

THE SEVEN STRATEGIC AREAS

1. DEMAND REDUCTION (Prevention and Awareness)

Strategic area 1 primarily focuses on the prevention of substance use among children and young people and raising awareness of substance use within communities through comprehensive, evidence-based initiatives. It also supports Sustainable Development Goal 3.5 which pledges to strengthen the prevention and treatment of substance abuse. ‘The basic message is that not taking drugs is the best way of avoiding the negative health and social consequences associated with drug use, including tobacco and alcohol. This is the most effective strategy for protecting vulnerable groups from developing dependence on harmful drugs’ (United Nations Office on Drugs and Crime, 2019). However, Fiji is also committed to ensuring the availability and accessibility of controlled medicines for medical and scientific purposes.

Specific objective 1.1	Develop and implement comprehensive, multifaceted prevention initiatives such as capacity building, involving all relevant stakeholders (government and non-government, civil societies, faith-based organizations) that encourage collaboration, coordination, cooperation and partnerships in addressing drug demand reduction which includes sharing of crucial information.
Specific objective 1.2	Enhance awareness-raising and information provision at all levels, including in education settings (to educate about the harms of drug use, particularly targeting risk groups) faith-based organizations, sporting bodies, parents, youth, vulnerable members of society at the community-level, and corporate organizations.
Specific objective 1.3	Enhance capacity for and access to alternative leisure activities for children and young people in all communities, including sports and creative arts. using sports as a tool for the prevention of drug abuse and engaging with the sports fraternity in creating more awareness for our children and to the public as well.
Specific objective 1.4	Strengthen partnerships with traditional media and social media representatives to create awareness and prevention campaigns that are accessible, age appropriate and informed by local context and global best practices.
Specific objective 1.5	Strengthening family units, especially the parent-child attachment space, and traditional community structures (Vanua) to enhance culturally embedded protective factors.

2. SUPPLY REDUCTION AND ALTERNATIVE DEVELOPMENT

Strategic area 2 primarily focuses on protecting the safety and assuring the security of individuals, societies and communities. This strategic area is central to the national effort to prevent and counter the illicit cultivation, production, manufacture and trafficking of narcotic drugs and psychotropic substances as well as addressing drug-

related crimes, violence and links with other forms of transnational organized crime. This is achieved through a long-term, sustainable and development-oriented approach to drug control policies. In addition, it necessitates broader national development initiatives aimed at providing viable economic alternatives, including improved infrastructure, basic public services as well as access to markets for products stemming from alternative development.

Specific objective 2.1	<p>Establishment of a Counter Narcotics Bureau in Fiji (by 2024). This includes development and approval of the necessary governance and systems for this Agency by the Coordination & Steering Committee and Cabinet.</p> <ul style="list-style-type: none"> • The Counter Narcotics Bureau (CNB) will be recognised as the lead agency in supply reduction enforcement operations supported by the Fiji Police Force and other key law enforcement agencies. • Develop clear security vetting protocols and processes applied to all staff associated with the activities of the CNB. These must be applied at recruitment and on a regular basis every 2 years. • Establish clear and transparent policies related to CNB Information exchange. These must include protocols about who and how information can be shared and should be based on the need-to-know principle. • Establish a dedicated legislation for the CNB by 2025 to empower the Bureau.
Specific objective 2.2	<p>Develop and implement specific probing mechanisms to scope and profile existing national illicit drugs network components, targeted at but not limited to communications, financial, transport, trafficking, distribution and storage. Also mechanisms to disrupt the supply chains of illicit drug trafficking and countering underwater parasites smuggling of illicit drugs.</p>
Specific objective 2.3	<p>Develop and implement mechanisms to infiltrate and collect evidential avenues from the national illicit drugs network for prosecutorial purposes, targeted at but not limited to communications, cultivation, financial, transport, trafficking, distribution and storage.</p>
Specific objective 2.4	<p>Ensure all resource mechanisms related to administrative, logistical and financial processes (broadly defined) are dynamic and fully adaptable to support supply reduction enforcement operations.</p>
Specific objective 2.5	<p>Strengthen coordinated security measures through national border management strategies with various authorities for both aerodrome and maritime. Strengthening partnerships through capacity and capability development for key border agencies.</p>
Specific objective 2.6	<p>Provide adequate equipment, technology and people with the right skills and knowledge in border control and law enforcement to detect illicit consignments and to effectively prevent, monitor and</p>

	counter trafficking in drugs, trafficking in precursors, preventing diversion of chemicals and other drug-related crimes.
Specific objective 2.7	Ensure provisions are in place to support covert operations as and when required in areas deemed necessary with the support from relevant authorities.
Specific objective 2.8	Undertake a full review of the existing laws, including the Illicit Drug Control Act, in relation to addressing the current issues of illicit drug supply and with the appropriate punitive approaches.
Specific objective 2.9	Enhance national capacity to gather, preserve and present forensic evidence and to detect and identify new psychoactive substances, and precursors through the provision of adequate resources to the health system, law enforcement, and the drug analysis laboratory (incl. toxicology analysis)
Specific objective 2.10	Reduce the illicit cultivation of controlled crops, including the implementation of awareness-raising campaigns and capacity-building initiatives within communities; and enhancing the cooperation between community leaders and law enforcement.
Specific objective 2.11	Enhance and promote national programs aimed at ensuring sustainable livelihoods in affected regions; including addressing drug-related socioeconomic issues, thereby, contributing to poverty eradication and the sustainability of social and economic development.
Specific objective 2.12	Promote the development of markets related to alternative products and initiatives.
Specific objective 2.13	Enhance control of diversion activities of licit pharmaceutical medicines or other chemicals for illicit use, and enhance monitoring and reporting mechanisms for the chemical sector and any other sectors dealing with chemicals.
Specific objective 2.14	Enhance the economic understanding of the illicit business flow of narcotics. This includes understanding of the threat posed by economic crime and Fiji's performance in combatting economic crime related to illicit narcotics activity
Specific objective 2.15	Strengthen the capabilities of law enforcement, the justice system and the private sector to detect, deter and disrupt economic crime related to Narcotics illicit activities
Specific objective 2.16	Enhance current government machinery (through the Divisional Commissioners) to assist the villages, formal and informal settlements and communities in rural and urban areas in combatting illicit drugs.
Specific objective 2.17	Establish monitoring and reporting systems for the importation and distribution of controlled drugs to Fiji Government Pharmacy with medical facilities and other private pharmacies.
Specific objective 2.18	Develop a comprehensive framework for maritime surveillance and security through cooperation with relevant agencies and development partners.
Specific objective 2.19	Strengthen Monitoring of public and private pharmacies in Fiji on the importation and exportation of controlled drugs. This includes stringent measures on the ownership of pharmacies.
Specific objective 2.20	Hinder the profitability of illicit drug trade by strengthening the investigation and prosecution of money laundering related to illicit drug crimes.

Specific objective 2.21	<p>Deprive criminals and their associates of the profits from illicit drug trafficking by tracing, restraining and confiscating assets linked to illicit drug crimes</p> <ul style="list-style-type: none"> <i>This is particularly related to the case of cannabis cultivation. If the relevant authorities cannot charge the owners of the farm/farmers for a drug-related criminal offence, then confiscating the assets of suspects is a viable and next best option to disrupt the supply chain.</i>
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3. HARM REDUCTION (Including Treatment services)

The Strategic area 3 covers two key targets for reducing the harm of drug use. First to focus on building and ensuring access to treatment and recovery pathways for drug users and those suffering from drug use disorders. Second, to proactively reduce the high-risk behaviours and adverse social and health consequences associated with active drug use. The strategies in this area will take an evidence-informed approach to public health policies and interventions. This includes actions that will promote safer behaviours and settings for active drug use as well as developing early intervention and treatment pathways for substance users. Importantly, treatment initiatives will focus on recovery-oriented and rehabilitation programmes including social reintegration measures.

The provision of accessible, continuous, and recovery-oriented treatment for people who use alcohol and other drugs has been shown to reduce both individual and social harms. This has been demonstrated for both pharmacologically assisted treatment (long-acting opioid-agonists and use of antagonists) and drug-free oriented treatments. Importantly, differentiated and targeted treatment should be available for specific sub-groups of drug-dependent individuals according to the drug of choice, age, socio-cultural situation and possible concomitant psychiatric and physical disorders.

Considering the individual's right to a healthy life and the interests of the entire society, specific interventions must be promoted that reduce the adverse health and social consequences of drug abuse (over and above the prevention of drug use itself). These services need to be provided in a non-discriminatory manner to all who need them. These strategies need to target the sub-groups of the population that are not sensitive to prevention programmes, drug-dependent individuals who are not motivated to attend treatment facilities, non-responders to treatment who continue to abuse illicit drugs, and those patients who easily relapse into substance abuse. That is, steps should be taken to reach out and engage active drug users in prevention and care strategies that protect them, their partners and families from infectious disease and other health problems. All harm reduction measures should be in line with the provisions of the international drug control treaties.

Specific Objective 3.1	<p>Develop and disseminate standardized information on the physical and psycho-social risks of drug abuse, including information about the risk of overdose, infectious diseases, driving problems, and cardiovascular, metabolic, and psychiatric disorders and ensure this is provided consistently across services at all levels</p>
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Specific Objective 3.2	Enable the use of and access to low-threshold pharmacological interventions (for example opioid-agonists and antagonist drugs) as a measure for immediate health protection.
Specific Objective 3.3	Create access pathways to appropriate social assistance for drug-dependent individuals as a marginalized social group. mechanisms for
Specific Objective 3.4	Ensure the vaccination programmes against Hepatitis B are in all appropriate health facilities ensuring they are seroconverted.
Specific Objective 3.5	Develop protocols for appropriate needle/syringe exchange programmes, within facilities with medical supervision, for injection drug users
Specific Objective 3.6	Ensure HIV screening, counselling and antiretroviral treatments are available and accessible across the country.
Specific Objective 3.7	Ensure all relevant facilities across the country have access to the necessary medication and emergency kits for the management of illicit drug overdoses.
Specific Objective 3.8	Ensure services for the management of sexually transmitted infections are accessible to people with drug use disorder and particularly those involved in sex work.
Specific Objective 3.9	Develop and implement regular training programs/manuals for street worker and peer outreach worker units to know how to identify and conduct outreach with drug dependent individuals and how/where to refer for treatment
Specific Objective 3.10	Develop and implement regular training to health care workers in all areas of the country for recognising, responding and referring individuals needing assistance in response to illicit drug use.
Specific Objective 3.11	Establish dedicated rehabilitation centres in Fiji which focus on recovery and social reintegration through clear partnerships with relevant counselling, community and faith-based organisations for standardised treatment and recovery programmes and pathways.
Specific Objective 3.12	Strengthen capacity (specialist training, upskilling, and creation of specialist posts) for acute management of substance use disorders, aftercare for and the rehabilitation of, recovery and social reintegration of individuals with drug use disorders.
Specific Objective 3.13	Propose Legislation for medicinal use of cannabis (if Cabinet approves)
Specific objective 3.14	<p>Create cross service case management mechanisms (e.g. digital, secured databases) for enabling the continuity of care for drug users undergoing treatment and recovery pathways. This is important to foster a multi-agency approach to long-term recovery and relapse support.</p> <ul style="list-style-type: none"> • These databases or other mechanisms must meet ethical standards around confidentiality and health data reporting. It

4. LEGAL REFORM

Strategic Area 4 primary focus is to conduct reviews of the Illicit Drugs Act 2004, all other appropriate laws, as well as regulatory and administrative mechanisms in addressing and countering the drug problem; with a view to strengthening their effectiveness and providing adequate responses regarding all pillars of this Strategy.

In addition, the shift towards a community-based prosecution [rural or urban] has been discussed in the consultation process. Community-based prosecution initiatives put into practice the belief that crime problems are best prevented and solved when community members work with prosecutors and the police. Generally, community prosecution initiatives deploy the police or, in some jurisdictions, non-legal staff in the community to identify the public safety concerns of residents and to seek their participation in developing and implementing strategies to address the problems that are the community's highest priorities. Community prosecution represents a distinct departure from the case and conviction orientation of traditional prosecution. Instead, community prosecution seeks ways to prevent and reduce crime through initiatives that range from cleaning up and maintaining public parks and engaging in community work. As the community prosecution movement grows, it is critical that communities develop the capacity to measure the impact of these programmes.

Specific objective 4.1	Enact legal provisions that enable timely updating of the schedules of controlled drugs and controlled precursors without the need for lengthy legislative amendments. Specifically considering changes in the schedules and tables of the three international drug control conventions to which Fiji is a Party.
Specific objective 4.2	Consider enacting legal provisions allowing for the control of substances that are analogue to controlled drugs, or the generic scheduling of groups of substances that share similarities with controlled drugs in terms of structure, effects, or both, in order to address challenges posed by new psychoactive substances.
Specific objective 4.3	Strengthen the independence of the forensic laboratory to enhance the credibility and quality of testing results for purposes of use in criminal proceedings, enhancement of the forensic catalogue and calibration of drug testing machines.
Specific objective 4.4	Review the description of illicit activities for purposes of trafficking or of personal consumption, to ensure differentiation of offences as well as penalties that are adequate and proportionate to the gravity of the offences.
Specific objective 4.5	Review existing legislation to accommodate covert operations.
Specific objective 4.6	Advocate for the development, adoption and implementation of alternative measures regarding conviction or punishment of minor cases in accordance with the three international drug control conventions. <ul style="list-style-type: none"> • Taking into account, as appropriate, relevant international standards and norms, such as the United Nations Standard Minimum Rules for Non-custodial Measures (the Tokyo Rules), the Bangkok Rules for gender-specific issues to address the problem of prison overcrowding.
Specific objective 4.7	Review legislation such as the Illicit Drugs Control Act 2004, the Pharmacy Profession Act 2011 and the Medicinal Products Act

	2011 to strengthen necessary processes and mechanisms for the importation and exportation of controlled drugs and ownership of pharmacies.
Specific objective 4.8	Ensure appropriate mechanisms are in place for information sharing between relevant customs, pharmacies and Controlled Medicines Bureaus such that import, and usage of controlled substances can be tracked across all relevant facilities and locations
Specific objective 4.9	Establish and enforce reporting mechanisms for the usage of narcotics and controlled medicines by all pharmacies and health facilities. This must include both regular mandated reports of usage (prescriptions) as well as random on-site visits and checks. This will include ensuring the required capacity and resources are available to enable on-site visits by the relevant authorities.

5. DATA COLLECTION, ANALYSIS AND INFORMATION SHARING

Strategic Area 5 has a primary focus on Strengthening the frameworks and mechanisms for the collection, analysis and dissemination of comprehensive and reliable data on drug supply, demand and harmful consequences. This includes facilitating research into understanding the social causes and consequences of drug use in Fiji as well as population prevalence statistics from a range of services. Comprehensive, consistent and well-planned data and research is crucial for a better understanding both of the scope of the problem and the scale of response required at the national and international levels.

Specific objective 5.1	Create and implement regular national surveys on alcohol and other drug use and the health and social impacts. as well as on drug trafficking to and through Fiji.
Specific objective 5.2	<p>Ensure data related to the prevalence and presentation of drug use and drug use disorders is being collected from community services.</p> <ul style="list-style-type: none"> • This should be coordinated by the relevant sub-committee through agreements with relevant services (government, CSOs and NGOs), academic institutions and faith-based organisations.
Specific objective 5.3	<p>Establishment of a Narcotics Fusion Center (NFC) for specific intelligence and data analysis related to all elements (pillars) of the national strategy (Supply, demand and harm reduction).</p> <ul style="list-style-type: none"> • The data will be coordinated by specified desk officers for each pillar who will be responsible for collating data from national surveys as well as the community-based data from relevant sub-committees. • They will conduct appropriate analysis and create quarterly reports on each pillar to be disseminated back to

	all stakeholders (i.e. government, law enforcement and community treatment agencies)
Specific objective 5.4	Strengthen the technical infrastructure to facilitate the collection, consolidation and analysis of data related to drugs, including through investing in technology and setting up a centralized database accessible for all contributing stakeholders and managed by an inter-agency office.
Specific objective 5.5	Enhance regional and international information sharing through established tools such as the Annual Report Questionnaire of the United Nations Office on Drugs and Crime.
Specific objective 5.6	Ensure clear mechanisms are in place for the sharing and usage of information to combat economic crime within and between the public and private sectors across all key industries.
Specific objective 5.7	<p>Develop and maintain a National Register or Database of criminally convicted drug offenders, cultivators and their contacts (past and present), distribution points and hotspots across the country and region.</p> <ul style="list-style-type: none"> • The primary purpose of this register is to have a record of these persons; locations, names, physical addresses, sphere of influence, modus operandi (operational trends such as lone wolf, organized groups, structures, small and large syndicates, triad/foreign connections (if known) associates, contacts, financiers/sources of funding, persons of interest and monitor through surveillance of established contacts or sources on the ground.

6. DRUG (TREATMENT) COURT

Strategic Area 6 focuses on the establishment of a ‘drug court’ modelled on the U.S. drug treatment and mental health court systems (see Annex B-pages 35-36 for details on this model). This refers specifically to a docket within established court proceedings which can consider diverting individuals convicted of drug use offences into treatment as an alternative to prison. This is well established internationally and seen to be a leading evidence-based intervention to reduce drug demand and harm. In effect an individual is given the option to enter a specified, monitored and outcome assessed treatment programme as an alternative to their prison sentence. It requires significant capacity building and legal reform to bring together court judges, public prosecutors, social services and a range of treatment services to collectively manage the individual’s case. It is critical that this is used only where appropriate and that clear screening criteria are in place for who and what criminal offences may be considered.

Specific objective 6.1	To Establish a drug court coordinating board consisting of judges, prosecutors, law enforcement and treatment representatives who will oversee the drug court cases
Specific objective 6.2	To develop, pilot and ensure the sustained provision of a treatment framework which is appropriate for use in drug court decisions (i.e. clear phases of treatment with outcomes and end points and ways of strictly monitoring and managing the case within the local context).
Specific objective 6.3	To establish screening criteria and mechanisms to clearly distinguish which criminal offences can be considered and what requirements (e.g., mental health, criminal history) the individual offender must meet to be offered this sentencing pathway.
Specific objective 6.4	Ensure staff associated with the drug court proceedings have undertaken additional training specific to drug courts (e.g. through international online courses).

Further information about the requirements for a drug court case management team and service framework can be found in Annex B- pages 35-36

7. PARTNERSHIP, CO-ORDINATION AND INTERNATIONAL COOPERATION

Strategic area 7 is based on the principle that a common and shared responsibility and cooperation at all levels is at the core of the domestic and international community's commitment to effectively address and counter the World Drug Problem. Therefore, the Government will work towards building and strengthening domestic, regional and international platforms and collaborations for drug control activities across the region and with other Pacific Island Countries. The Government recognises that to protect the country also requires a regional strategy.

Specific objective 7.1	Strengthen the partnerships between domestic agencies and international & developmental partners in combating illicit drug activities in Fiji
Specific objective 7.2	Enhance bilateral and international cooperation targeted at the provision of technical assistance, capacity building and financial assistance in all aspects of drug-related challenges; including national healthcare providers specialized in drug use disorders, education and public awareness as well as social workers and counsellors.
Specific objective 7.3	Enhance regional and international cross-border cooperation, including with the Oceania Customs Organization, the World Customs Organization, the Colombo Plan, INTERPOL, and the United Nations Office on Drugs and Crime & strengthen bilateral cooperation, including with Australia, New Zealand and the United States of America.
Specific objective 7.4	Establish a regional drug control platform with the other Pacific Island Countries' drug authorities to build the capabilities to address illicit drug transactions and movement regionally. Also, consider establishing a regional drug database in the Pacific to

	enable comprehensive, standardized and timely regional drug situation reports for strategic planning.
Specific objective 7.5	Strengthen judicial international cooperation in criminal matters, including extradition and mutual legal assistance, through implementing the relevant treaty provisions contained in the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, the 2000 United Nations Convention against Transnational Organized Crime and the 2003 United Nations Convention against Corruption, to which Fiji is a Party.
Specific objective 7.6	Improve coherence and ensure coordinated actions aligned to international norms and standards and establish peer review mechanisms, multilateral cooperation initiatives and information exchange mechanisms. Furthermore, strengthening partnerships and cooperation with countries which are key sources and destinations of IFFs and identifying key development assistance policies can support measures to counter IFFs.
Specific objective 7.7	Strengthen the national participation in the Commission on Narcotic Drugs and its regional subsidiary body, the meetings of the Heads of National Drug Law Enforcement Agencies for Asia and the Pacific, and other regional fora, including the Asia/Pacific Group on Money Laundering.
Specific objective 7.8	Strengthen Inter-regional cooperation mechanisms to enhance communications and intelligence exchange with source countries for drugs, in particular Southeast Asia, East Asia and the Americas.

ANNEXURES

Annex A: Emerging Trends in Illicit-Narcotics in Fiji Five Years Drug Statistics (2019 to 2023)

1.0 No. of Registered Drug Cases

Offence	2019	2020	2021	2022	2023
No. of illicit drug cases registered	1,275	1,501	1,032	1,236	1,615

The table shows the number of illicit drugs cases registered over a period of five years, from 2019 to 2023. In 2019, a total of 1,275 illicit drugs cases were registered, which increased to 1,501 in 2020, indicating a rise in illegal drug activities and increased police raids/efforts on drugs. The following year, 2021 cases registered reached 1,032 indicating a possible decline in illegal drug activities. The COVID-19 pandemic may have played a role in this decline, as the pandemic and related lockdowns may have disrupted drug trafficking and other related activities. In 2022, the number of illicit drugs cases registered increased once again to 1,236 cases and continues to increase into 2023 registering 1,615 cases.

2.0 Drug Offences (2019 to 2023)

The table shows the number of drug offences registered over a period of five years, from 2019 to 2023. The various types of drug offences included in the table are unlawful possession, cultivation, importation, transportation, administration, found in possession of controlled chemicals & equipment, supply, exportation, and use of illicit drugs.

Drugs Offences	2019	2020	2021	2022	2023
Unlawful possession of illicit drugs	1,169	1,358	851	1,114	1,458
Unlawful cultivation of illicit drugs	98	136	175	111	140
Unlawful importation & exportation of illicit drugs	6	1	5	6	13
Unlawful transportation of illicit drugs	0	3	0	0	2
Unlawful Administration of illicit drugs	0	1	0	0	0
Found in possession of controlled chemicals & equipment	2	0	0	4	0
Unlawful supply of illicit drugs	0	1	1	0	0
Unlawful use of illicit drugs	0	1	0	1	2
Total	1,275	1,501	1,032	1,236	1,615

The table shows that unlawful possession of illicit drugs is consistently the most commonly registered drug offence, followed by unlawful cultivation and unlawful importation.

The other offences, such as transportation, and administration, found in possession of controlled chemicals & equipment, supply, exportation, and use of illicit drugs are relatively infrequent.

In 2020 the total drug offences registered (1,501) increased by approximately 18% from the total registered in 2019 which was 1,275. In 2021 the number of registered drug offences decreased to 1,032 when compared to 2020 and then it increased again in 2022 to 1,236 which is approximately a 20% increase. In 2023 the registered drug offences continue recording an increase (1,615) and represent approximately a 31% increase when compared to 1,236 in 2022.

3.0 Drug Type [2019-2023]

Types of Drugs	2019	2020	2021	2022	2023
Marijuana	1,174	1,397	987	1,193	1,483
Others (Methamphetamine, Cocaine, Heroin)	101	104	45	43	132
Total	1,275	1,501	1,032	1,236	1,615

The table shows the number of illicit drug cases registered by drug type over a period of five years, from 2019 to 2023. The two categories of drugs included in the table are marijuana and other drugs such as methamphetamine, cocaine, and heroin.

In 2019, the number of overall registered cases was 1,275, with marijuana being the most commonly registered drug type (1,174 cases) and the remaining cases involving other drugs (101). The year 2020 saw an increase in the total number of cases registered, reaching 1,501. Once again, marijuana was the most commonly registered drug type, with 1,397 cases, while the remaining cases involved other drugs (104 cases).

In 2021, there was a decrease in the total number of cases registered, with a total of 1,032 cases. Interestingly, there was also a significant decrease in the number of cases involving marijuana, which dropped to 987 cases. The remaining cases involved other drugs (45 cases).

In 2022, the number of cases increased to 1,236, with marijuana again being the most commonly registered drug type (1,193 cases), and the remaining cases involving other drugs (43 cases). In 2023, the number of cases continued to increase to 1,615 and again marijuana being the most commonly registered drug type (1,483). A significant increase was noted involving other drugs (132) of which methamphetamine was most predominantly seized.

4.0 Age group of Offenders [2019-2023]

Offenders by age group	2019	2020	2021	2022	2023
Juvenile (below 18yrs)	32	29	18	39	27
18yrs - 35yrs	727	938	660	755	951
36yrs - 55yrs	389	475	303	392	538
56yrs & Over	36	34	23	19	40
Total	1184	1476	1004	1,205	1,556

The table above shows the number of accused persons (offenders) by their age group in drug-related cases over a period of five years, from 2019 to 2023. The significant offending age category is 18 to 35 years, who are basically youths and young adults. Those aged between 36yrs to 55yrs fall into the second most significant offending age category.

In 2019 a total of 1,184 offenders were arrested and increased to 1,476 in 2020 representing approximately a 25% increase in 2020 compared to the 1,184 offenders arrested in the same period of 2019. The number of offenders arrested for drug-related crimes decreased in 2021 to

1,004 and again increased in 2022 and 2023. In 2023 accused persons arrested was 1556 which represents approximately a 29% increase when compared to 1,205 offenders in 2022.

Drugs Exhibits

National Distribution				
Division	Drug Type	No. of Cases	Total Weight (Kg)	Drug Cost (\$)
Western	Cannabis	362	1,348.594kg	\$26,971,885.60
	Narcotic/Psychotropic Substances	23	704.2kg	\$492,940.00
Total No. of Cases		385		\$27,464,825.60
Southern	Cannabis	759	1,068.18	\$21,363,508.00
	Narcotic/Psychotropic Substances	56	38.7589kg	\$27,113,230.00
Total No. of Cases		815		\$47,413,536.56
Northern	Cannabis	218	646.83020kg	11,988,248.33
Total No. of Cases		218		\$11,988,248.33
Eastern	Cannabis	63	314.9587kg	\$6,299,174.44
	Narcotic/Psychotropic Substances	114	3.4513kg	\$2,415,910.00
Total No. of Cases		177		\$8,715,084.44
CID HQ	Narcotic/Psychotropic Substances	24	146.400kg	\$105,840,000.00
Total No. of Cases		1579		\$105,840,000.00
Total	Cannabis	1369	2088.20979kg	\$66,622,816.37
Total	Narcotic/Psychotropic	210	187.53189kg	135,862,080.00
Grand Total			\$202,484,896	

Figure 3. Drug Unit - Fiji Police Force

Latest 5-year period [2016 – 2020] Drug Statistics – Fiji Police Force

Drugs Offences	2016	2017	2018	2019	2020
Unlawful Cultivation of Illicit Drugs	109	97	117	95	130
Unlawful Importation of Illicit Drugs	5	6	9	4	0
Unlawful Possession, Manufacture, Cultivation and Supply of Illicit Drugs	2	3	9	0	4
Unlawful Possession of Illicit Drugs	408	579	922	1,123	1278
Total	524	685	1,057	1,222	1412

Figure 4 Drug Statistics 2016 to 2020

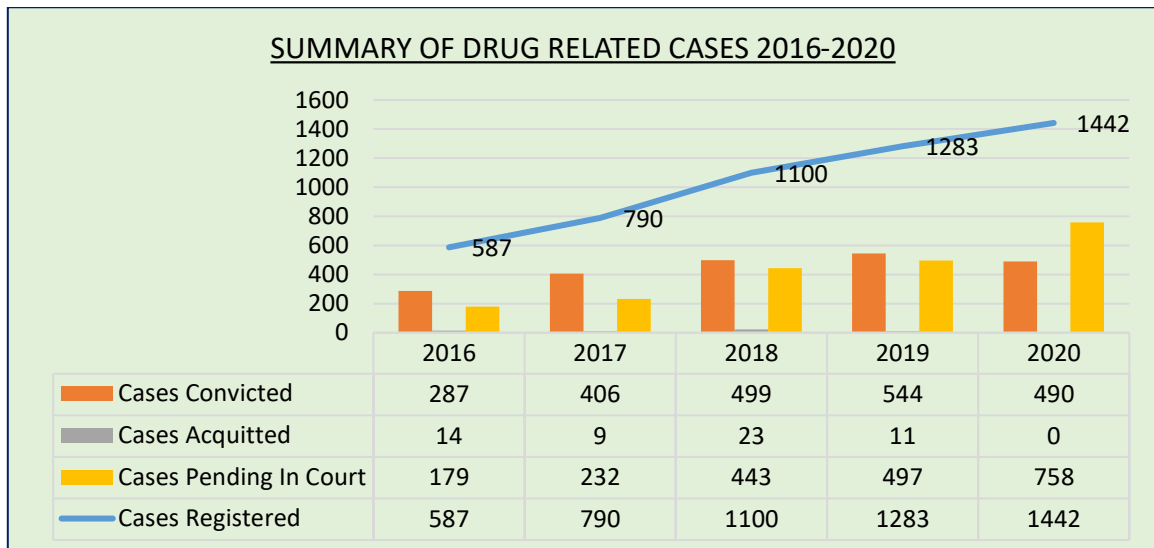


Figure 5 Summary of Drug-Related Cases

Marijuana Arrests March 2022- March 2023

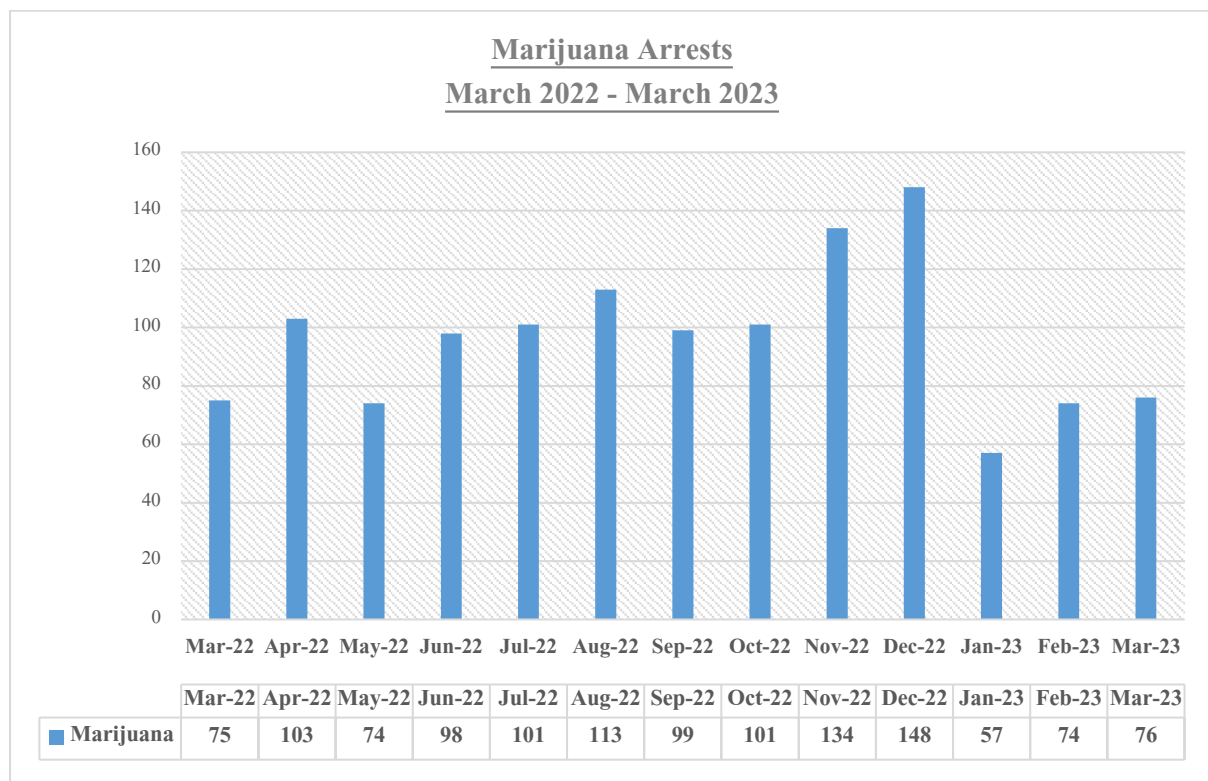


Figure 6

- From April 2022, June, July, August 2022 and October, November, and December 2022 marijuana arrest was at its highest.
- From January 2023 to March 2023, there has been a steady rise in the number of arrests.
- Given this and the recorded high arrest in April 2022, it is anticipated that April 2023 will also exhibit an increase in marijuana arrests

Marijuana Seizures: March 2022- March 2023

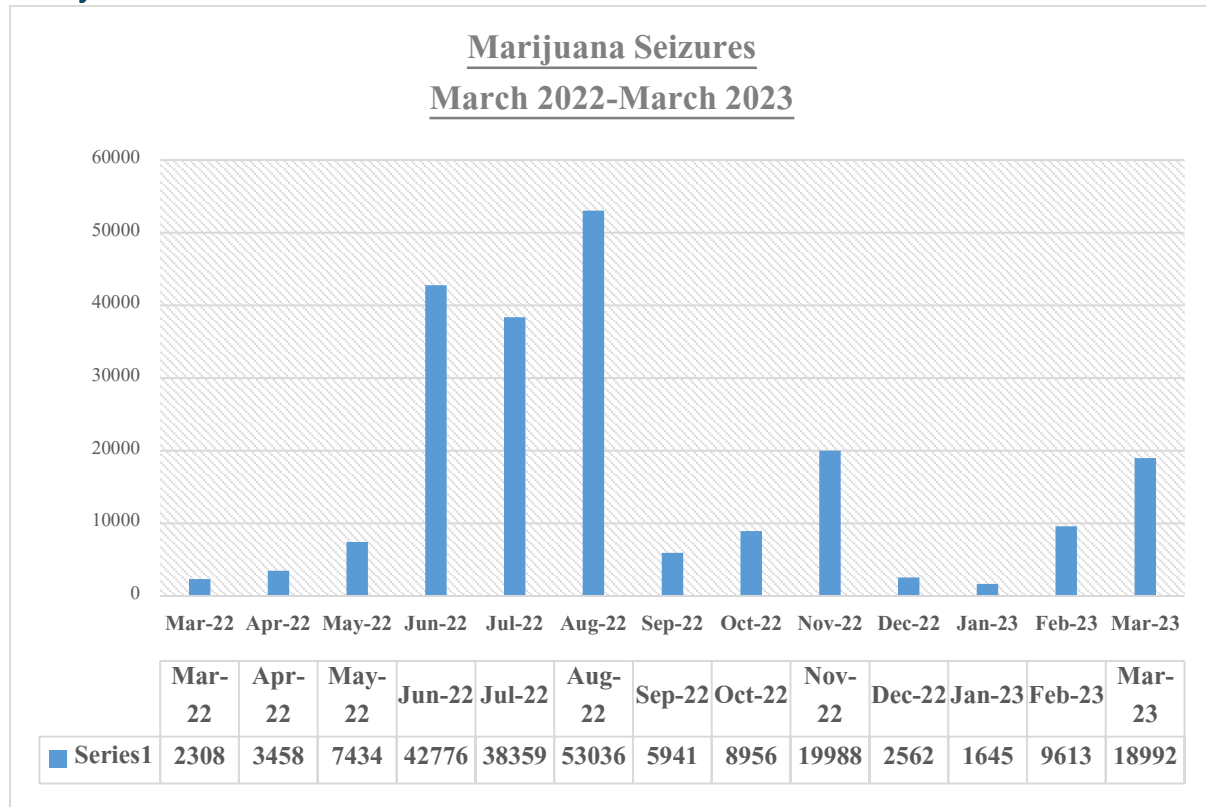


Figure 7: Marijuana Seizures

- The graph shows the amount of marijuana seized between the reporting periods of March 2022 to March 2023.
- Spikes in the number of marijuana seized are noted in June and August, despite a slight decrease in July.
- From March to May 2022 there was a steady increase in the amount of marijuana seized.
- There was a significant decline in seizures by September, however, a steady rise was noted again from October to November 2022.
- A similar trend of gradual increase is noted from January 2023 to March 2023.
- These seized marijuana are in the form of plants, sachets, bullets, loose dried leaves, seeds and seedlings of marijuana plants.

Arrested Person Age Group: March 2022- March 2023

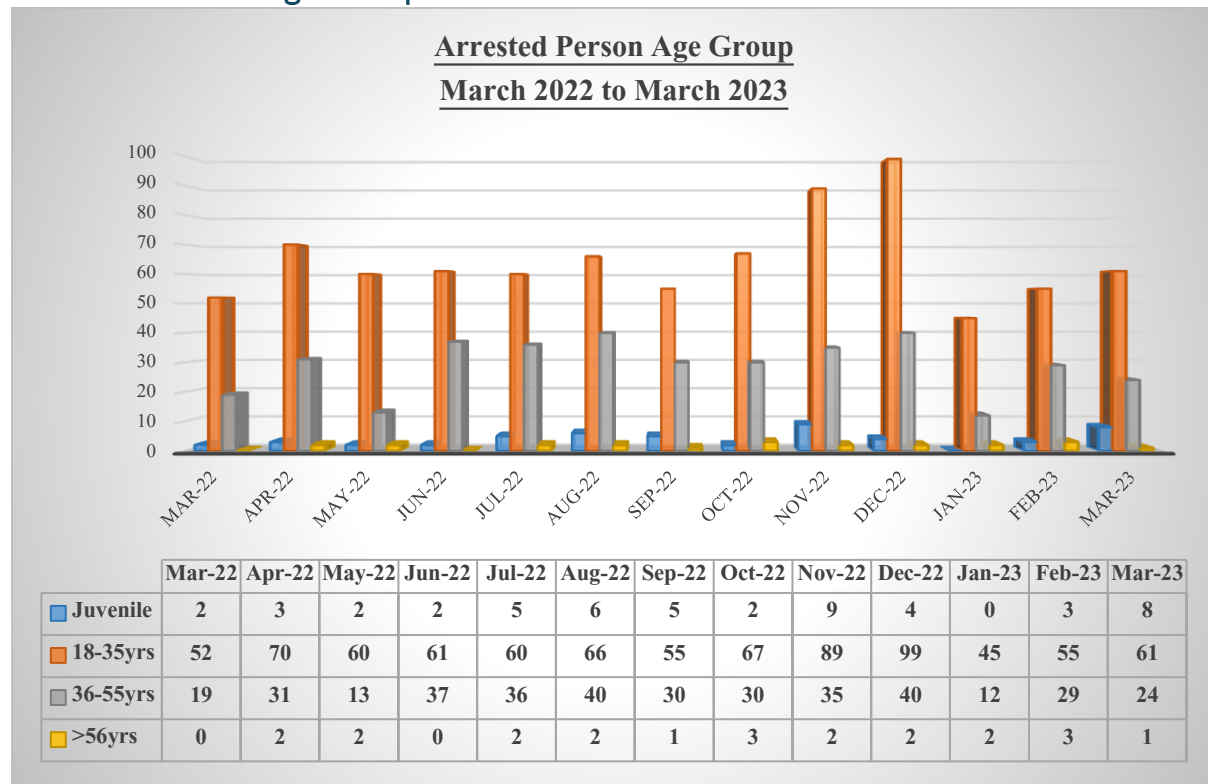


Figure 8: Arrested Person Age Group

- **Arrested persons** aged between **18 to 35 years** accounted for **65 percent** of the total number of people arrested during the reporting period, this is followed by **29 percent** for those aged between **36 to 55years**.
- The majority of these arrested persons in these two age categories are either farmers or unemployed individuals.
- **Fifty-one [51] Juveniles** were also arrested for crimes of illegal drug activities during the period and they contributed **4 per cent** to the total number of people arrested ahead of those aged 56 years and above.

Forms of Marijuana Seized

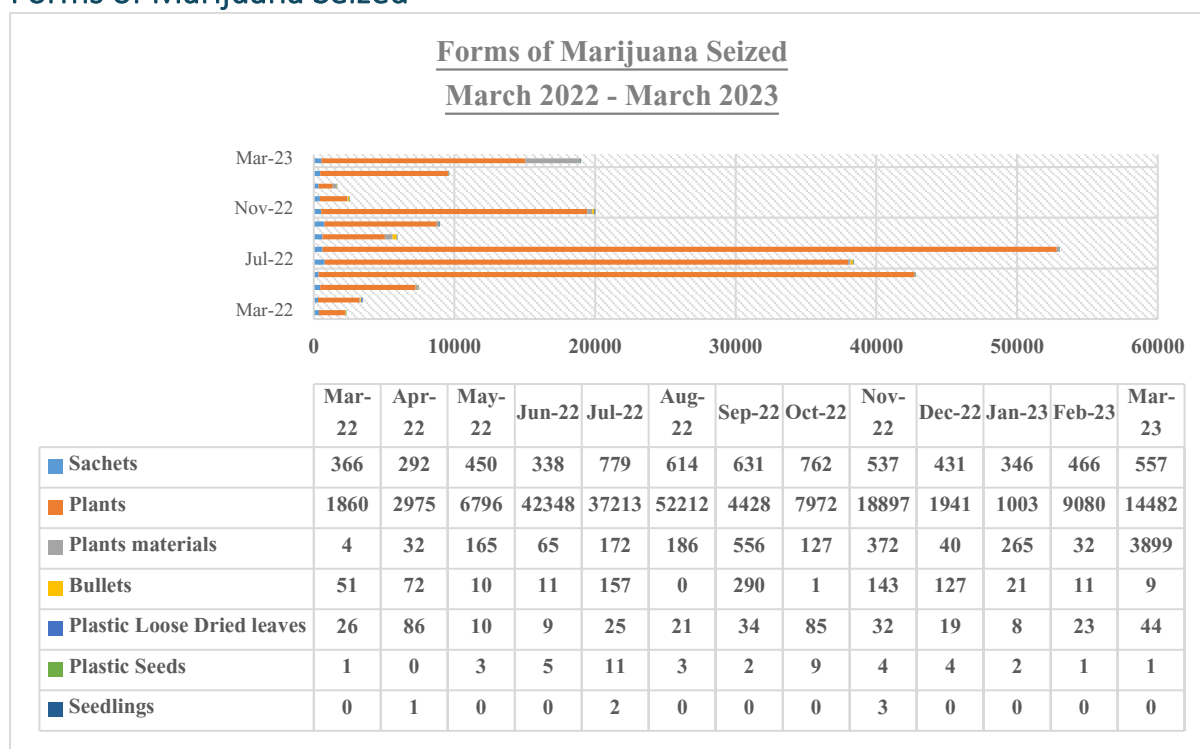


Figure 9: Marijuana Seized

- Uprooting of marijuana plants remains the highest form of seizure conducted by Police. These marijuana plants accounted for 94 per cent of seizures compared to other forms of marijuana seized during the reporting period.
- There is a vast difference in the number of plants uprooted and the forms of marijuana ready for sale in the market.
- The most two common forms of marijuana packaging ready for sale in the market are sachets and bags of plant materials.
- These two common forms of packaging are identified with the roles of a distributor, buyer and user.

Methamphetamine Seizures 2023

There were a total of 12 seizures of methamphetamine made by the Bureau from 1st January, 2023 to date.

- A total of **14.814 kilograms** of methamphetamine with a street value of approximately **FJD 7.4 million** seized so far from 1st January, 2023 to date.
- A total of 8.502 litres of liquid methamphetamine seized on 12/5/23 in Suva.

At the national level an increase in demand for controlled drugs, including new psychoactive substances and methamphetamines, is observed. Cannabis remains the most commonly used controlled drug in Fiji. The non-medical use of pharmaceuticals, as well as the use of inhalants deviating from their intended purposes, by children, young adults and other vulnerable members of society, is of increasing concern for Fiji. The United Nations on Drugs and Crime (UNDOC) has stated that research has suggested that as early as 12-14 years of age to 15-17 years groups are at the critical risk period for the initiation of substance use and may peak among those aged 18-25 years. Two categories of drug use among young people are club drugs in nightlife and use of inhalants by children. Increased abuse and illicit cultivation of cannabis are also observed among the I'taukei community.

In recent years, law enforcement agencies have been urged to tackle emerging and complicated areas of threats as represented by money laundering and terrorist financing. Criminals exploit legitimate trade and Travel (including banking systems related to trade finance) to disguise their illicit proceeds. Such crimes, often referred to as trade-based money laundering (TBLM), involve a number of schemes that have been contrived to complicate the documentation of a series of trade transactions. It is estimated that annual TBML exceeds billions of dollars and is growing each year.

No single country or organization could tackle and address these transnational organized crimes all on its own due to the transnational nature of these threats. It is therefore incumbent on all of us to strengthen our partnerships and networks to collaborate and exchange information and intelligence through effective use of data and information management.

A growing prison population with the resulting overcrowding of the national prison system, including long periods of pre-trial detention, is another area of major concern for Fiji. Forty (40) per cent of the prison population is between 17 and 35 years of age, and the national rate of recidivism is high, particularly among prisoners suffering from drug use disorders.

These new challenges put a burden not only on law enforcement and the criminal justice system, but also on Fiji's health services, which are lacking in capacity and resources to provide adequate treatment for those suffering from drug use disorders. There is yet to be a micro-economic and macro-economic level analysis of the consequences or impacts of illicit drugs in Fiji to better understand the dynamics and the multi-faceted nature of loss. However, there have been analysis reports carried out for developed countries which showed an alarming consequence on the impact of illicit drug use. In 2008 a study in Russia revealed that the economic effect of illicit drugs use is around FJ\$19 million and it further analysed the main costs falls outside health care system such as social care, law enforcement, and productivity losses (Potapchik & Popovich, 2014).

Fiji needs the Narcotics Drug Strategy as a commitment of action to protect all people in our communities, families and individuals from the negative impacts of illicit drugs use. These impacts are health related harms such as chronic conditions and preventable diseases; social harms such as violence and other crime, unhealthy childhood development and trauma, child protection issues and economic harms such as healthcare and law enforcement costs, decreased productivity, more criminal activities and reinforcement of marginalized and disadvantaged community members. Through the Ministry of Home Affairs and Immigration consultation processes, it was acknowledged that our existing Fiji systems need to be enhanced urgently to rebuff the adverse effects of illicit drugs use.

The current national legislation proves challenging for the effectiveness of drug control in Fiji, including the nation's international obligations under the three international drug control conventions to which it has ratified (Single Conventions on Narcotic Drugs 1961 and its various amendments, Convention on Psychotropic Substances and UN Convention against illicit traffic in narcotic drugs and psychotropic substances), in particular with regard to the regular updating of the national schedules with substances placed under international control by the Commission on Narcotic Drugs. In addition, the existing sentencing framework for drug offences requires review to ensure proportionality of sentencing, and to address the consequences of disproportionate sentencing, such as prison overcrowding, and the ineffective use of criminal justice resources.

There are other operational and tactical issues that have been identified which are perceived to be very critical factors in addressing drug use in Fiji. These issues include resources limitations such as, technologies, dedicated resources such as a stand-alone authority, geographical context of Fiji, insufficient laws, weak or limited joint operation activities between authorities, and lack of a central database of information on chemicals coming through the border, to name a few.

These and many other issues provoked the Government to relook its current ways of handling drug use in the nation.

Methamphetamine Seizures in January 2024

In early January 2024, Fiji experienced the largest illicit drug bust in Nadi which uncovered 4,800 kilograms or 4.8 tonnes of meth in Nadi estimating a total worth of more than FJD \$2 billion dollars. With this case, it is evident that Fiji has been used as a transit point to ship illicit drugs to foreign markets over the past years.

Furthermore, the Fiji Police Force and relevant local authorities are currently working with development partners such as the Australian Federal Police and the Pacific Transnational Crime and Coordination Centre to further investigate all persons that are involved in this crime.

Drug Offences, Drug Harms, And Motivation for The Present Strategy

The number of drug-related offences reported by the Fiji Police Force has increased substantially over the last decade or so, from just 148 drug-related policing cases in 2009ⁱ approximately 1400 in 2020.ⁱⁱ While partially driven by strengthened enforcement capacity, this trend also very likely reflects a real increase in drug-related activity.ⁱⁱⁱ

While marijuana-related cases predominate,^{iv} cases involving methamphetamine are also on the rise.^v In addition, cocaine is increasingly being trafficked through the region,^{vi} and the Fiji Police Force is aware of new psychoactive substances in the community but lacks the testing capacity to determine the exact nature of these synthetic drugs.^{vii}

Drugs predominantly enter Fiji from South America and Asia as transnational organised crime groups work to get them to high-value markets in Australia and New Zealand.^{viii} In addition, drugs are cultivated and manufactured domestically. Drug manufacturing in Fiji ranges from small clandestine labs using products such as rat bait and detergents to isolate precursors, to large-scale production with links to transnational organised crime groups.^{ix}

Young adults aged 18–35 years dominate drug-related arrests in Fiji (65% of drug arrests from March 2022 to March 2023).^x By ethnicity, I'taukei are disproportionately likely to be arrested for drug-related activities (80% of drug arrests in the first half of 2020), as are men (98% of drug arrests in the first half of 2020).^{xi}

In addition to increasing numbers of offences involving illegal substances, recent media and police reporting has highlighted concerning trends in the misuse of legal substances (e.g., turpentine, industrial glue, medicines).^{xii} Further, kava and alcohol, while both legal recreational drugs, are described by the Ministry of Health and Medical Services as having the potential to contribute to ill health and social harm,^{xiii} while tobacco cigarettes are well known to be addictive and cancer-causing.^{xiv}

The misuse of drugs in Fiji can cause multiple harms to individuals, families, communities, and the nation. For example, the misuse of drugs can:

- contribute to Fiji's non-communicable disease burden;
- exacerbate crime, including violent crime;
- contribute to social disruption;
- compromise the physical and mental development of drugs users, especially where drugs are used by young people;
- compromise the mental wellbeing of drug users and their social networks;
- cost individuals, families, communities, and the nation directly (e.g., through law enforcement, health treatment, corrections) and indirectly (e.g., through lost productivity, compromised wellbeing); and
- embed existing disadvantage or marginalisation, including across generations.^{xv}

The increasing prevalence of drug-related offences and the persistence of drug-related harms in Fiji highlights the inadequacy of current frameworks and resourcing to meet this challenge.

The inadequacy of the status quo was further highlighted to the Ministry of Home Affairs and Immigration through stakeholder consultation, providing the rationale for the development of the present strategy.^{xvi}

ANNEX B: OVERVIEW OF DRUG TREATMENT COURTS

What Is a Drug Treatment Court?

Drug treatment courts <https://www.youtube.com/watch?v=M6Enu3aS0ic> are specialized court dockets that allow individuals to enter long-term drug treatment and agree to court supervision rather than receive a jail or prison sentence.

Drug treatment court participants who complete the program can have their underlying criminal offenses dismissed or expunged. However, if a participant fails to complete the program, their case is processed through the traditional justice system.

Types of Treatment Courts

The first treatment court was opened in 1989 in Miami, USA, to address how often individuals would cycle in and out of prison due to drug addiction.

Today, in the United States, there are more than 4,000 drug treatment courts nationwide, according to the National Treatment Court Resource Center (NTCRC). Adult treatment courts are the most prevalent treatment court, making up about half of all treatment courts in the United States.

Since 1989, treatment court programs have expanded from serving only adults to include the following:

- Juvenile drug treatment courts
- DUI/DWI courts
- Family treatment courts
- Mental health courts
- Veterans' treatment courts
- Tribal healing to wellness courts

In 1995, the first juvenile drug treatment court opened in Visalia, California. Juvenile drug treatment courts are designed for youth with substance use disorders who come into contact with the juvenile justice system.

Although they vary in target populations and resources, a multi-disciplinary team usually manages drug treatment court participants ensuring that they are connected to treatment services, assist with securing and maintaining employment, and are compliant with the conditions of the drug treatment court. The team is comprised of the judge, prosecutor, defence attorney, community corrections officer, social workers, and a treatment service professional. In some instances, a police officer also makes up the team. A case coordinator oversees the overall team and the case in close consultation with the judge.

Benefits of Treatment Courts

The primary goal of drug treatment courts is not punishment. Instead, treatment courts recognize addiction as a disease and aim to treat the chronic disease affecting behaviour and impulse control.

Drug treatment courts are the most researched criminal justice intervention in the US and research from the National Institute of Justice (NIJ) found that treatment courts reduce participant recidivism and drug use. According to NIJ's Multisite Adult Drug Court Evaluation,

treatment court participants were less likely than a comparison group (40 percent vs. 53 percent) to report committing crimes in the year before being interviewed for the study. Treatment court participants were also significantly less likely than the comparison group (56 percent vs. 76 percent) to report using any drugs in the prior year.

Drug treatment courts internationally

Although the drug treatment court model was first developed in the US, valuable research and case studies also exist in other countries. Studying the implementation processes, operating procedures, and success rates of courts in other countries can help to better understand how different cultures influence ideas of justice and rehabilitation.

The United Nations Office on Drugs and Crime (UNODC) has endorsed drug treatment courts as an effective intervention for persons with drug use disorders and become involved in the criminal or juvenile justice system. Fourteen nations were referenced as having established at least one drug treatment court and included Norway, Ireland, Brazil, Trinidad and Tobago, Jamaica, New Zealand and Australia.

https://www.unodc.org/pdf/drug_treatment_courts_flyer.pdf

ANNEX C: CONSULTATION AND PARTNERSHIPS

The Strategy has been developed through consultations and dialogue among the relevant national stakeholders. As outlined in the National Narcotics Framework, all national stakeholders will be involved in the implementation of the Strategy, focused on building a safe, healthy and resilient Fiji, as well as on addressing drug-related harm through a comprehensive and integrated approach. The following stakeholders' contributions and participation were and will be integral in progressing the urgent fight against illicit drug activities in Fiji. The stakeholders in the framework is to provide the elements of the operational activities of the narcotics programme.

1. Biosecurity of Fiji
2. Civil Aviation Authority of Fiji
3. Civil Society groups and organisations
4. Director of Public Prosecution
5. Faith-Based Organizations
6. Fiji Airports Ltd
7. Fiji Correction Services
8. Fiji National University
9. Fiji Revenue and Customs Services
10. Financial Intelligence Unit
11. International Partners and Agencies
12. Ministry of Agriculture and Waterways
13. Ministry of Education, Heritage and Arts and the Substance Abuse Advisory Council.
14. Ministry of Foreign Affairs
15. Ministry of Health and Medical Services
16. Ministry of Home Affairs and Immigration (Republic of Fiji Military Forces, Fiji Police Force)
17. Ministry of I'taukei Affairs
18. Ministry of Justice
19. Ministry of Rural and Maritime Development
20. Ministry of Women, Children and Social Protection
21. Ministry of Youth and Sports
22. Ministry Trade, Cooperatives, Small and Medium Enterprises and Communications.
23. The Fiji Pharmaceutical Society
24. The Solicitor-General's Office

ANNEX D: RELEVANT INTERNATIONAL CONVENTIONS RATIFIED BY FIJI & KEY INTERNATIONAL DOCUMENTS

SRL	INTERNATIONAL CONVENTIONS/TREATIES
1	1961 Single Convention on Narcotic Drugs (as amended in 1972) 186 Parties
2	1971 Convention on Psychotropic Substances 184 Parties
3	1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 190 Parties
4	Political Declaration & Plan of Action (2009)
5	Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem
6	Boe Declaration Action Plan

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ⁱ <https://www.lowyinstitute.org/publications/drug-trafficking-pacific-islands-impact-transnational-crime>

ⁱⁱ See figure 4 in original version of annex A in draft strategy

ⁱⁱⁱ <https://www.lowyinstitute.org/publications/drug-trafficking-pacific-islands-impact-transnational-crime>

^{iv} See figure 4 in original version of annex A in draft strategy

^v <https://www.lowyinstitute.org/publications/drug-trafficking-pacific-islands-impact-transnational-crime>

^{vi} https://ir.canterbury.ac.nz/bitstream/handle/10092/104411/8_Are%20we%20losing%20the%20battle%20Fiji%27s%20efforts%20against%20illicit%20drugs.pdf?sequence=3&isAllowed=y

^{vii} <https://www.unodc.org/roseap/pacific/2022/12/synthetic-drugs-workshop/story.html>

^{viii} <https://www.lowyinstitute.org/publications/drug-trafficking-pacific-islands-impact-transnational-crime>

^{ix} Ibid.

^x See figure 4 in original version of annex A in draft strategy

^{xi} https://ir.canterbury.ac.nz/bitstream/handle/10092/104411/8_Are%20we%20losing%20the%20battle%20Fiji%27s%20efforts%20against%20illicit%20drugs.pdf?sequence=3&isAllowed=y

^{xii} <https://www.police.gov.fj/view/2708> ; <https://www.fijitimes.com/cheap-and-deadly-government-move-to-curb-the-glue-sniffing-epidemic/> ; see original version of annex A in draft strategy

^{xiii} <https://health.gov.fj/kava/> ; <https://www.health.gov.fj/alcohol/>

^{xiv} <https://www.health.gov.fj/quit-smoking/>

^{xv} See original version of annex A in draft strategy

^{xvi} See original version of annex A in draft strategy

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