

## Pakistan's drug problem

Pakistan's new Government will have to tackle the high rates of drug misuse in the country—and take a different approach to past attempts, say experts. Farhat Yaqub reports.

Pakistan had its general elections on May 11 this year, a few days before *The Lancet* published its first Series about the country: Health Transitions in Pakistan. One of the challenges for Nawaz Sharif's Pakistan Muslim League, the newly elected Government of Pakistan, is likely to be contending with the problem of drug use in the country.

According to the recent *Drug Use in Pakistan 2013 Technical Summary Report*, an estimated 6.45 million (5.8%) people aged 15–64 years in Pakistan used plant-based or synthetic drugs, or prescription drugs for non-medical purposes in the past 12 months. The report is the outcome of a collaborative research effort between Pakistan's Ministry of Narcotics Control, Pakistan Bureau of Statistics, and the UN Office on Drugs and Crime (UNODC) in 2012.

Cannabis was the most commonly used drug in Pakistan (4.03 million [3.6%] individuals aged 15–64 years), according to the prevalence estimates in the report. Other commonly used drugs included opiates (1.02 million [0.9%]), heroin (813 000 [0.7%]), and painkillers (1.69 million [1.5%]). Also, 423 000 (0.4%) individuals were injecting drug users. 73% of the regular opiate users who injected drugs reported sharing a syringe.

These data come as no surprise to Sania Nishtar, one of the lead authors of *The Lancet* Series, and a federal minister in the Government of Pakistan. "With a burgeoning population, rampant joblessness, paucity of social safety nets, and bleak prospects for young people, drug use is escalating beyond control; there are both a demand and a seamless supply", she tells *The Lancet*.

Nishtar also elaborates the complexities that have contributed to the lack of solutions for the problem—"Pakistan has no dearth of

law enforcement agencies; there are laws, policies, and systems in place, but unfortunately, there are many systemic weaknesses. Regulatory graft is deeply pervasive; there are institutionalised incentives for inattention to measures that can compel accountability. These governance practices do not auger well for any effort aimed at curbing the drug use problem."

**"With a burgeoning population, rampant joblessness, paucity of social safety nets, and bleak prospects for young people, drug use is escalating beyond control; there are both a demand and a seamless supply'..."**

Indeed, other experts agree that drug use has burgeoned in Pakistan, partly because it has been allowed to. Pakistan's former Secretary Narcotics Control, Government of Pakistan, Tariq Khosa admits, "Drug use in society was ignored due to stigma or lack of empathy by the government and bureaucracy. An ostrich-like approach

has resulted in the problem being felt across the urban as well as rural areas." Although the situation is changing and "drug addicts are now being viewed as victims who require care and empathy", he says, "treatment and follow-up still remain big challenges in our society, which seems to be resigned to the viewpoint that a drug addict is lost in the social context."

Khosa, however, is optimistic about the UNODC report. He notes, "The national drug use survey in Pakistan is a historic first. At least, we know the extent of the problem at hand."

He also affirms the need to focus on the provision of treatment for people who use drugs—"While health issues got devolved to the provinces, narcotics control remains a federal subject. There is therefore a greater need to sensitise all the provinces to prioritise awareness, education, prevention, and treatment for drug addicts."

Khosa thinks that one of the main obstacles to both improved treatment and prevention is the lack of coordination between the health and narcotics control authorities.

For the **Health Transitions in Pakistan Series** see <http://www.thelancet.com/series/health-transitions-in-Pakistan>

For the **Drug Use in Pakistan 2013 Technical Summary Report** see [http://www.unodc.org/documents/pakistan/2013.03.01ab\\_Summary\\_Report\\_Drug\\_Use\\_in\\_Pakistan\\_SvdV\\_v1.pdf](http://www.unodc.org/documents/pakistan/2013.03.01ab_Summary_Report_Drug_Use_in_Pakistan_SvdV_v1.pdf)

For the **Drug Abuse Control Master Plan 2010–14** see [http://www.aidsdatahub.org/dmdocuments/Drug\\_Abuse\\_Control\\_Master\\_Plan\\_2010\\_14.pdf](http://www.aidsdatahub.org/dmdocuments/Drug_Abuse_Control_Master_Plan_2010_14.pdf)



More than 70% of regular opiate users who injected drugs in Pakistan reported sharing a syringe



Anti-drugs rally in Lahore, Pakistan

Chris Beyrer, a professor of epidemiology at Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA, has reservations about the UNODC report. “The whole report and UNODC are based on the concept of prohibition and a drug-free world. I think they are at least 10 years behind the times here. The war on drugs has failed”, he explains. “The US backed and enforced regime of zero tolerance and total prohibition utterly failed in the USA, led to a generation of mass over incarceration, has destabilised several countries, and is no longer an evidence-based goal for the future.”

Pakistan’s *Drug Abuse Control Master Plan 2010–14* aimed for the country to be drug free by 2020. But instead of prohibition, Beyrer thinks that Pakistan should be investigating whether it should still criminalise or medicalise use of traditional Asian psychoactive stimulants like *Cannabis indica* and its resin derivatives (eg, charas and hashish).

“I know Pakistan has been struggling, debating, and report writing about starting drug treatment at real scale with real treatment for decades”, Beyrer acknowledges. However, he thinks that not enough action has been taken, and important issues are evaded in the report—coverage for methadone and buprenorphine, harm reduction, and needle and syringe exchange.

“The UNODC should be speaking out for access to evidence-based drug treatment for people who want to stop using [drugs]”, he adds.

Thomas Valente, a professor in the Department of Preventive Medicine, Keck School of Medicine, University of Southern California, Los Angeles, CA, USA, and an independent expert on the technical summary report also thinks the drug-free goal is unrealistic: “I don’t think Pakistan will be able to achieve a goal of being a drug-free country by 2020...Instead, I think efforts should be focused on reducing use as much as possible and reducing the harms created by substance use including HIV risk among injection drug users. It is much better to embark on a policy that is achievable rather than setting goals that are impossible to reach; and using available resources in the most pragmatic way.” He thinks the next steps would be to engage local Pakistani communities in a way that helps them begin to develop solutions to this problem. “Increased spread of HIV is likely given the lack of clean syringes and communities need to be aware of this threat as well the dangers of transmission from drug-using individuals to the general population. Interventions that build on existing Pakistani cultural norms and practices need to be developed to address this problem”, he says.

Khosa also concedes, “Pakistan, unfortunately, will not be drug free by 2020. However, it will depend on the new government, both in the centre and the provinces, as to what kind of priority is accorded to narcotics control and drug demand reduction. Proper leadership and policy planning with focus on implementation will make a difference.” In Khosa’s opinion, previous governments had set forth good plans that were not put into practice. “The reasons are many but here are a few important flaws: frequent transfer of officials and experts who start the programmes and projects but change of individuals and

teams results in lack of commitment and continuity; lack of political will in the context of drug demand reduction; lack of financial resources; lack of capacity building; lack of involvement of civil society; lack of genuine and committed non-governmental organisations; and lack of hospitals and treatment facilities”, he explains.

Mohammad Shahid, Director General of the Ministry of Narcotics Control, Government of Pakistan, tells *The Lancet*, “No country in the world can declare itself as being drug free. The target, therefore, should be either to maintain the current prevalence or decrease it to acceptable limits... Pakistan has the capacity to treat 30 000 patients per annum but there are 6–45 million addicts...Therefore, there is a need to establish hospitals for the treatment of addicts on a priority basis. The support of the international community in establishing hospitals will enable the Government of Pakistan to create and improve treatment facilities for addicts.”

Shahid adds, “Studies have revealed that the relapse rate in Pakistan is around 90%. The main reason for such a high relapse rate is lack of support by the family and community to the treated addicts. The need to involve non-governmental organisations in providing psychological support for the addicts, their families, and the communities is essential to prevent relapse.”

Although the campaigns initiated by the Government of Pakistan have helped to create awareness of the harms of drug use, people have not stopped becoming drug users. A possible solution to this problem, as proposed by Shahid, would be to introduce school-based drug-abuse prevention programmes all over Pakistan that involve parents and students and enable them to talk about health and drug use. Until then, perhaps, the rates of drug misuse will remain high in Pakistan.

Farhat Yaqub