Distinguished Guests, Ladies and Gentlemen

The Karim Khan Afridi Welfare Foundation — dedicated to fighting the war on drugs in Pakistan — is pleased to present its statement to the Commission on Narcotic Drugs, the topic of Drug treatment and health services falling short of meeting the needs of fighting drug abuse and the increase in drug related deaths.

The worldwide drug crisis is worse than previously thought. With the onset of the Covid-19 pandemic, the global drug problem has become among the most urgent public health challenges impacting individuals, families and communities.

In 2018 - even before the pandemic- the UN’s World Drug Report said 269 million people used drugs worldwide and over 35.6 million people suffered from drug use disorders that required treatment. In 2017 drug abuse alone killed 585,000 people.

It is clear the response to the drug problem is inadequate. Treatment efforts continue to fall short - with only 1 in 8 persons globally having access to proper treatment and rehabilitation services. It’s even worse in developing countries. In Pakistan, it is critical that drug addiction treatment and rehabilitation services are increased and improved. There is limited availability and access to drug treatment across Pakistan, particularly for vulnerable groups like women, prisoners, minorities, and mentally ill, due to barriers related to discrimination, stigma and affordability.

Pakistan is on one the world’s busiest drug trafficking routes. With a population of 220 million, there are an estimated 9 million drug users and close to 5 million drug addicts yet only 30,000 have access to treatment each year. The increasing drug use in Pakistan is endangering the country’s vulnerable youth. There are 130 million Pakistanis under 30 years old. They are the country’s greatest asset, yet they are at the greatest risk of drug abuse.

In Pakistan there is an epidemic of HIV and Hepatitis C, mostly among those injecting drugs. Drug users currently account for about 38% of Pakistan’s registered HIV patients.

As well as an insufficient number of treatment centers, there is an additional concern about the quality and methodology of treatment services offered. Recent studies indicate the quality of treatment and intervention is low, in large part because of an inadequate number of trained professionals and ineffective referral systems. Most private centers focus on profit with no reliable evidence of successful treatment of drug use. Women users are particularly disadvantaged with few facilities available to them. Government-run centers are woefully inadequate and unable to meet the demand.

There is also no consensus on what constitutes the best treatment in Pakistan. There is no national policy that clearly outlines a holistic approach and uniform protocols for rehabilitation services among public and private centers. Current information-management systems are poor and there is a scarcity of data on treatment effectiveness. In addition, treatment center locations do not necessarily correspond to potential demand, nor is there a system of monitoring or accountability for the practices employed at these centers. The lack of consistent government data concerning these issues remains a key constraint.
Despite the Government’s commitments to the 2019 Ministerial Declaration adopted by CND along with the Anti-Narcotics Policy, the implementation is lagging and there are serious gaps in the enforcement of stated goals. This underscores the lack of effective treatment intervention based on scientific evidence, in keeping with international human rights obligations. The government needs to step up its treatment interventions in order to address this disparity.

KKAWF views enhanced coverage of gender and age-sensitive standardized evidence-based treatment as urgent, as well as rehabilitation and social reintegration policies, which are centered on rights-based protocols for all drug treatment and health services. These approaches deliver better public health outcomes. It is also imperative to integrate these into national health systems and put in place a system to monitor these services, with an eye to controlling drug use-related blood borne diseases. As a beginning, the government led by the Ministry of Narcotics Control must develop a robust national policy for both public and private rehabilitation centers in Pakistan, which also clearly monitors the operation of private rehabilitation centers.

There is an immediate need in Pakistan to create legislation, specific for private rehabilitation centers, to force them to comply with international quality standards in drug treatment. It is necessary to mainstream evidence-based treatment of drug use disorders, as well as the delivery of services aimed at reducing the associated harm in community settings.

KKAWF hopes that this intersessional meeting will be a wake-up call to better meet the treatment and health services needs for drug addiction sufferers and provide an opportunity to regain the loss that drug addiction causes in Pakistan.

Thank you