

Old Master Plan

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ANNEXURE-B
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**DRUG ABUSE CONTROL
MASTER PLAN FOR
PAKISTAN**

1998-2003

PREPARED BY
Narcotics Control Division
Government of Pakistan
with the assistance of the
United Nations International Drug Control Programme

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MASTER PLAN FOR
PAKISTAN**

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Prepared by the Narcotics Control Division, Government of Pakistan

**With the assistance of the United Nations International
Drug Control Programme(UNDCP)**

Drafting Team

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Quranic Injunctions regarding Intoxicants

3

In the Name of Allah, Most Gracious, Most Merciful

“ O ye who believe! Intoxicants and games of chance and idols and divining arrows are only infamy of Satan’s handiwork. So leave it aside in order that you may succeed. Satan seeketh only to cast among you enmity and hatred by means of intoxicants and games of chance, and to turn you away from the remembrance of Allah, and from prayers.

Will you then desist?

(Chapter V: Verse 90-91)

“All intoxicants are forbidden”

(Hadith)

Table of Contents

Preface

Chapter 1: Executive Summary.....2

Chapter 2: The Drug Situation in Pakistan.....5

Chapter 3: Objectives and Strategies of the Master Plan.....14

Chapter 4: Breakdown of Proposed Activities by Sector.....17

Chapter 5: Resources, Management, Monitoring and Evaluation.....39

Summary of Master Plan Financing Requirements.....45

Annexures

Annexure A: Glossary of Abbreviations/Local Terms

Annexure B: Organisation of ANF

Annexure C: Opium Production Chart

Annexure D: Detoxification and Rehabilitation Facilities by Province

Annexure E: Narcotics Seizures 1992-98

Annexure F: Five Classes of Drugs that alter mood or behaviour

Annexure G: Background information on Master Plan drafting team

Annexure H: Bibliography

Annexure I: Persons Interviewed

Annexure J: Heroin Abusers by Province

Annexure K: Prevalence by Type of Drug

Annexure L: Drug Abuse and Age

Annexure M: Drug Abusers by Occupation

Annexure N: Employment Status of Drug Abusers

Annexure O: Drug Abuse and Literacy Level

Annexure P: Drug Abusers and Income

Annexure Q: Position of Drug Abusers in the Household

PREFACE

The Master Plan for Drug Abuse Control from the financial year 1998-99 to 2003, has been prepared by the Narcotics Control Division, with the financial assistance of United Nations Drug Control Programme.

2. The Master Plan has been prepared by involving the Provincial Governments, the Non-Governmental Organisations and the Private Sector. Women related issues and views have been given due consideration. The recommendations regarding drug demand reduction, interdiction, prosecution of traffickers and reduction of supply of drugs have been made in the backdrop of our socio-economic conditions. It is hoped that this Master Plan will go a long way in achieving our goal as a drug free society.

3. I wish to express my sincerest thanks to all those who have been associated with the preparation and updating of this useful document. But for their hard and sense of purpose, this Plan could not have materialized.

Secretary
Narcotics Control Division

Islamabad, the 5th August, 1998

6

iii) involving the Non-Governmental Organisations and the Community through the Ulema, the Village Elders and the Family for both the preventive as well as the treatment and rehabilitation programmes.

iv) increasingly entrusting a greater role and responsibility to the Provincial Governments for drug control activities especially through the Social Action Programme, and

v) recognising that pre-empting the use of illicit drugs is the safest and the most cost-effective means of controlling the spread of drugs.

The policies, programmes and activities proposed to be undertaken during the next five years have been listed under the following three heads:

Objectives 1 & 2: Demand Reduction

Demand reduction refers to creating public awareness regarding drugs, educating the people, particularly the more vulnerable groups about the risks involved and helping the addicts and drug abusers lead drug-free lives. The Government earmarked Rs.1000 million in the Eighth Five Year Plan for this purpose and the amount was to be utilised for the following:

i) creating mass awareness through the print and electronic media.

ii) adding drug education to the school syllabi and training teachers, doctors and health workers towards taking early remedial action.

iii) establishing ten mobile drug information teams to reach the rural areas and the disadvantaged sections of the cities to create mass awareness and provide early intervention.

iv) sensitising the 33,000 Community Health Workers and the personnel of the Health Division for delivery of home-based health care.

v) prohibiting cigarette advertisements on the TV and Radio and prohibiting cigarette smoking in public places including domestic flights.

vi) initiating drug prevention and treatment in the workplace such as the industry and transport sectors.

vii) establishing Detoxification, Treatment and Rehabilitation Centres in most of the District Headquarters Hospitals with the assistance of the Provincial Governments.

viii) separating the drug abusers particularly the juveniles from the common criminals in the prisons and seeking to treat and rehabilitate them.

ix) establishing one specialised Treatment and Rehabilitation Centre in each Province for serious drug abusers where literacy, vocational, agriculture, afforestation and technical training would be provided.

x) developing a Centre of Excellence in Islamabad for conducting research in preventive, treatment and rehabilitation of Drug Addicts.

Objective 3: Supply Reduction

The Master Plan seeks the eradication of opium poppy from Pakistan by the year 2000 and the elimination of heroin laboratories where ever operating. Pakistan's success in reducing the production of opium from 800 tons in 1979 to about 24 tonnes in 1997 has been acknowledged internationally. The import, production and sale of illicit synthetic psychotropic substances and the smuggling in of precursors like acetic anhydride used for making heroin would also be checked. It is felt that the administrative machinery and the enforcement agencies in the FATA and the Settled Areas, are by and large, sufficient to deal with the problems listed above.

However, financial resources would be required to ensure the success of the Poppy Substitution and Alternative Development Projects in the Bajaur, Mohmand and Khyber Agencies, in Dir and Buner Districts and in Gadoon Amazai, Kala Dhaka and other areas must be fully funded over the next five years costing Rs.1600 million.

Objectives 4 & 5: Illicit Trafficking and its proceeds

With the enactment of the Control of Narcotics Substances Act 1997 and ANF Act 1997 major decisions to check illicit trafficking have been taken. The ANF, the Police, Customs, Frontier Corps, Rangers, Coast Guards, the Provincial Excise and the Levies/Khassadars would now need to redouble their endeavours towards interdiction and prosecution. In particular the following measures will be implemented on a priority basis:

i) the intelligence set-up of the ANF and that of the Intelligence Bureau and the Police would need to be streamlined and improved.

ii) additional officials will be employed to deal with investigation, prosecution, asset seizure and money laundering with adequate training at home and abroad.

iii) the delay in the investigation, prosecution and adjudication of cases involving drug traffickers would need to be reduced and confiscation of drug generated assets

CHAPTER 2

The Drug Situation in Pakistan

2.1. PAKISTAN: GENERAL CHARACTERISTICS

1 With an area of 796,095 km², Pakistan lies between the Hindu Kush and Karakoram massifs in the north and the Arabian Sea in the south. On its northern border lie the Peoples' Republic of China and Afghanistan, with India on the eastern and Iran on its western frontiers. Tajikistan, one of the Central Asian States previously part of the USSR, is separated from Pakistan by the 16-mile-wide Afghan territory called the Wakhan Corridor.

2 Pakistan has a federal parliamentary system of Government with a bicameral legislature. Executive powers are vested in the Prime Minister. The country comprises four provinces: Punjab, Sindh, Baluchistan and the North Western Frontier Province (NWFP). Each possesses its own provincial assembly and a Chief Minister vested with executive powers. In addition, there are the following federal administered territories: the Islamabad Capital Territory (ICT), the Federally Administered Tribal Areas (FATA) and the Northern Areas (NA).

3 Each Province is divided into Divisions under Divisional Commissioners. The Divisions are further subdivided into Districts whose chief executive officer is the Deputy Commissioner. The post of Deputy Commissioner, which features repeatedly in this Master Plan, is responsible for maintaining law and order and for ensuring that the work of coordinating the activities of development Departments goes unhindered. It also supervises the operations of the Police, Frontier Constabulary and other law enforcement agencies once deployed.

4 The Federally Administered Tribal Areas (FATA) consist of the administered units called the Agencies. The seven Agencies (namely Bajaur, Mohmand, Khyber, Orakzai, Kurram, North Waziristan and South Waziristan) are headed by career officials called the Political Agents. Another four smaller FATA units called Frontier Regions (FR) are placed administratively under the Deputy Commissioners (DCs) of Peshawar, Kohat, Bannu and Dera Ismail Khan Districts. The DCs administer these FRs as part of the FATA in addition to the Settled Districts for which they are responsible.

5 The Federally Administered Tribal Areas (FATA) are situated east of the Durand Line which

marks Pakistan's international border with Afghanistan. The area is administered by the NWFP Government on behalf of the Federal Government. The administrative and judicial structure in the FATA is different from that operating in the remainder of the country. Here, procedural law is based on the local customs and usages (*riwaj*) of the people. Some of the Federal and Provincial laws have not been extended to FATA because alternative regulatory instruments such as the Maliki system and the tribal jirga exist. The conviction rate for instance in criminal cases, including those involving drugs, is often higher in FATA than in the Provinces.

6 The Provincially Administered Tribal Areas (PATA) of the NWFP (comprising the entire Malakand Division and a portion of the Kohistan District of Hazara Division) is another area where some procedural laws, essentially those dealing with the administration of justice, remain different. Similarly in the Province of Baluchistan the urban areas were, until very recently, classified and administered differently from the Tribal rural areas. In Baluchistan, the regular police and the courts function in the urban areas (which constitute a small proportion of the province's total area) while in the rural areas administration is conducted through Tribal Elders with a judicial system based on local customs and usages. The regular police work in the latter area is conducted by the Tribal Levies backed up by the Frontier Corps. This combination effectively enforces the law and the policy of the State.

7 The GDP growth rate in Pakistan over the past 15 years has averaged around 5%. Government policies favour deregulation, privatisation and liberalisation of the economy. There is an increased emphasis on development of the social sectors relating to basic health, primary education, provision of potable water and strengthening of population welfare services. The Social Action Programme (SAP) is the primary mechanism designed to provide such services in close collaboration with the local community.

8 Pakistan currently ranks 139th out of the 175 countries in the UN's Human Development Index 1997. With an annual per capita income of US\$430 and a population of roughly 140 million increasing at an annual rate of nearly 2.7%, the task of economic development is daunting. Nearly one-third of the entire population is below the Pakistani-

Afghanistan decreased by 34% between the 1993-94 and 1995/96 sowing seasons from 3,416 tonnes to 2,248 tonnes. Last year (1996-97), however, opium production rose to 2,804 tonnes. In the case of Pakistan, from an average annual production of about 7 tons in 1970-72, annual opium production increased to reach an estimated 800 tons in 1979 before a precipitous decline to 40 tons in 1984-85 owing at least partly to the carry over of large stocks from the earlier bumper harvest. Over the past 10 years production settled at around 120 tonnes annually until 1994-95. The year 1995-96 witnessed a steep fall to 28 tonnes decreasing further to 24 tonnes in 1996-97.

13 In stark contrast to the pattern of cannabis cultivation in Pakistan which has remained constant in response to demand factors, researchers have detected four phases in Pakistani opium production. During the first of these (1947-74) opium requirements were met through either import or licit cultivation supplemented by the very limited supply on areas adjoining the Western frontiers. The area under opium poppy increased rapidly during the second phase (1975-79) following a major expansion in international demand. In the third phase opium poppy production underwent a drastic decline from over 32,000 hectares in 1979 to under 3,000 in the subsequent years following rigorous control measures including the promulgation of the Islamic laws -- especially the Hadd Ordinance in 1979. The final phase occurred in the late 1980s and 1990s and witnessed both the phased clearance of some troublesome poppy cultivation areas and the simultaneous emergence of the crop in certain non-enforced areas. It is anticipated that this 'balloon effect' within Pakistan will not last long since the few remaining poppy growing areas are due to encounter law enforcement measures by the year 1998.

2.3. PRODUCTION AND SUPPLY OF OPIUM, CANNABIS AND PSYCHOTROPIC SUBSTANCES

14 In Pakistan, opium poppy and cannabis are the two most abused narcotic drugs owing to the fact that both are derived from plants native to the country. Opium is a natural product obtained from the plant *papaver somniferum*. It grows best at altitudes between 500-1,500 metres on both irrigated and rain-fed tracts. Much of the cultivation occurred previously in the Provincially Administered Tribal Areas (PATA) in Malakand Division (Buner and Dir Districts), and extended to Gadoon-Amazai/Kala Dhaka belt along the Indus River and to the three Federally Administered Tribal Areas (FATA) of Bajaur, Mohmand and Khyber. Smaller pockets of poppy have also been reported elsewhere in the FATA.

15 Since 1979 the Government of Pakistan has

made a determined effort to progressively eradicate the opium poppy crop in both the Settled Districts and the Tribal Areas of Pakistan. From a peak supply of nearly 800 tons of opium in 1979 the production has fallen to an average of 120 tons in the early 1990s with a further reduction to under 30 tonnes over the last two years as a consequence of the Government's eradication policy. The measures have been applied to the poppy-growing areas which are remote, mountainous, poorly served (or unserved) by road or other communications, economically undeveloped with poor health and education services and abounding with armed tribal militias.

16 Ironically the success of Pakistan's poppy reduction programme has not had the desired result of reducing the opium supply in the sub-region, because the shortfall has been more than offset by increased production in and trafficking from neighbouring Afghanistan. The foreign intervention and the ensuing civil war in that country has so far prevented the emergence of a single, internationally recognized, central governing authority providing regular civil administration. The absence of a uniform authority to enforce a ban on cultivation and production in Afghanistan has encouraged local authorities and other individuals to produce opium to meet demand. Raw opium and heroin is easily transported across the mountainous and un-policed Afghanistan/Pakistan border by Afghans -- a million of whom still live as refugees in Pakistan.

17 The range of opium production in Afghanistan is a matter of dispute owing to the difficulties in making on-the-spot assessment. According to ground surveys carried out by UNDCP Afghanistan produced 2,804 metric tonnes of dry opium in the 1996/97 season compared to 2,248 metric tonnes in 1995/96 and 2,335 a year earlier. It is recognized that present opium production in Pakistan is clearly insufficient to cater to the demands of its own heroin and opium abusers. It is estimated that about 800 tonnes of the opium trafficked from Afghanistan is consumed within Pakistan annually.

18 There are now reports of increases in the quantity of opium poppy being cultivated in parts of the Central Asian Republics although officials from the five republics do not possess statistics on the extent of the cultivation. All five states have attempted eradication programmes.

19 The cannabis plant is both cultivated commercially and grows wild throughout northern Pakistan at higher altitudes. Cannabis is derived from *cannabis sativa* or the Indian hemp plant. Most of the cultivation and production of cannabis lies in the FATA primarily in the Khyber and Orakzai Agencies highlands. Cannabis is also grown in Afghanistan from where the resin is routinely

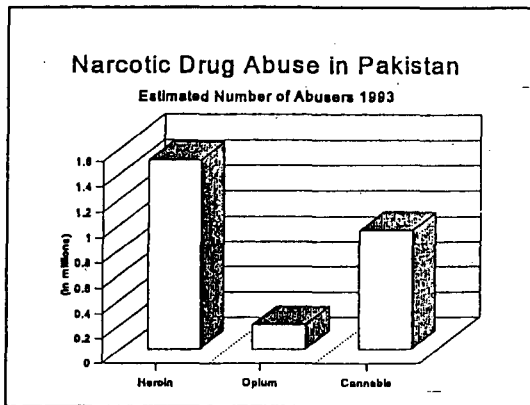
2.4. TRAFFICKING TRENDS

28 Much of the narcotic drugs flow from the main supply areas in Afghanistan and the NWFP to the down-country and abroad. Afghan production tends to dominate trafficking. Pakistan's long border with Afghanistan is porous and the Afghan traffickers cross it freely -- a situation made easier when traffickers belong to the same tribal group straddling the border. Once the narcotics reach the Pakistan side of the frontier the local drug smuggler either in association with the original trafficker or by himself transports it further onto the smuggling route within the country or to staging posts for smuggling abroad. Transportation within the country is normally concealed in general merchandise that is transported in bulk by means of lorries and railway wagons. Other means of transport, particularly camels are used on unfrequented remote routes in the difficult terrain of Baluchistan.

29 The extent of drug trafficking can be judged from the continuing high level of seizures. If these seizures represent only 10% of the total drugs available the enormity of the problem becomes clear. The figures for seizures may be seen at Annexure G.

2.5 PATTERNS OF DRUG ABUSE

30 Traditionally, there has been a limited use and abuse of narcotic substances by a segment of the population. The pattern of drug abuse has changed twice during the past quarter century. Until the 1960s, raw opium, cannabis (*charas*, *hashish*, *bang*) and country-made alcohol were, from the point of view of consumption, almost the sole preserve of lower-income sections of society. Easy availability is seen as the major cause for the tendency. The elite tended to hold locally-produced drugs in contempt, preferring to consume imported alcohol. Towards the end of the 1960s, however, the abuse of cannabis spread beyond the lower-income group and started to



enmesh the young, educated and the more affluent elements of society.

31 The second major change in narcotics abuse occurred in the 1980s when heroin was introduced in Pakistan. Within the time span of just over a decade, heroin abuse shot up from a negligible number in 1980 to 1.5 million in 1993. In comparison with this number, there are at present 171,000 opium abusers in Pakistan.

32 In the past, opium addiction was accepted as a largely non-threatening characteristic of a marginalised subgroup within society. Other factors militating against poppy being recognized as a public menace: for example, its use in neutralising pain, coughs, colds and certain other ailments was also recognised; the fact that poppy seeds, which are non-potent, were used in a variety of milk drinks, confectionery and sweetmeats, and that the oil extracted from the seeds could be used for cooking, the stalks as fuel or manure preparation and the lanced pods for making soap.

33 The original mode of opium consumption was by raw oral intake (eating or smoking). After the 1980s, opium tended to be processed into heroin, but here again it was usually inhaled as the heated fumes ("chasing the dragon") or smoked by mixing the substance with cigarette tobacco. It is also smoked as '*madak*' when mixed with barley husk and formed into pellets or as '*chand*' when boiled and converted into paste. Recent reports indicate that heroin is also being injected.

34 Cannabis, the other locally-produced narcotic drug is used in three ways. *Charas* (hashish) is obtained from the resin covering the leaves and flower tops and is the most valuable. *Ganja* (marijuana) is gathered from the flowering tops and carefully selected leaves of the cultivated plant while *bang* is derived by crushing the tops of the *uncultivated plants*. The first two are normally smoked either with tobacco or by inhaling the fumes through a straw ("chasing the dragon") after heating. *Bhang* is ordinarily ground and added to a liquid concoction of mainly spices and milk. The number of cannabis-derivative abusers in Pakistan is approximately 950,000 -- a figure noticeably smaller than that for heroin abusers. A limited use is made of *charas* oil (which is more potent than *charas* resin) to wet cigarettes prior to smoking.

35 In order to plan and implement long term remedial measures to control the drug problem the Narcotics Control Division with financial assistance of the UNDCP undertook a National Survey on Drug Abuse in 1993. The Pakistan Institute of Development Economics was made responsible for conducting the surveys and interpreting the response. The major findings are summarized on page 10 of this document.

Demand Reduction Interventions

Demand Reduction refers to those forms of interventions that recognize that the drug problem is created by individuals wanting to abuse drugs. Demand Reduction may be effected by many means, including both campaigns carrying preventive messages to develop a climate of public support as well as the establishment of Information, Detoxification, Harm Reduction, Treatment and Rehabilitation Centres with special emphasis upon those who relapse. Whichever combination is chosen, it is clear that the community and the NGOs play a vital role in complementing the Government's effort in demand reduction. Demand reduction programmes see drug abuse primarily as a medical / psychiatric / social problem rather than purely as a penal / punitive one. Countries such as Germany and Holland which have experienced some success in reducing or stabilising the number of 'hard' drug (heroin and cocaine) abusers have concentrated on public awareness coupled with medical-psychiatric treatment and rehabilitation. Attitudinal change in society is seen as paramount. Drug dependence is seen as deviant and harmful behaviour by the society. With greater awareness, it is assumed that those closest to the drug users such as parents, siblings, spouses and friends will start exerting greater pressure upon them to desist.

36 In the past, the measures required to control drug abuse effectively have not been taken. Cases of drug abusers have risen to over 3 million within a relatively short space of time. What could be the reason for this trend when both the moral and the social sanctions were available?

37 The answer perhaps lies in the abdication of responsibility, lack of national purpose, failure to comprehend the extent of the problem and the limited availability of human and financial resources in the country. With regard to effort at preventive action, treatment and rehabilitation of drug abuse limited efforts were started in mid-1980s, by which time a drug abuse crisis was already fully underway through donor assisted awareness, treatment and rehabilitation initiatives. Both the Narcotics Affairs Section (NAS) of the US Embassy and the United Nations through what was then the United Nations Fund for Drug Abuse Control (UNFDAC) provided assistance for a number of demand reduction activities including conferences and workshops on awareness-creation and treatment and rehabilitation therapies and preventive education. These include holding of declamation contests, organizing walks and sponsoring Community Action Programmes (CAPs). PTV and PBC were contracted to spread the campaign against drug awareness through the electronic media.

38 **DAPRC: The Drug Abuse Prevention Resource Centre (DAPRC)** was established in 1989 with U.S. assistance through USAID. It is an autonomous body initially created, under a five-year development project, with wide-ranging responsibilities which included creating public awareness, training and expertise development, networking and research. It is entrusted primarily with the task of drug abuse prevention. It publishes awareness and educational material, trains workers and social mobilisers, produces messages for the mass media, undertakes research, organises workshops and conferences and runs campaigns. Unfortunately DAPRC's project status precluded its long-term sustainability and funding. With the termination of US assistance in 1992 the organisation was almost totally bereft of funds. Presently the Government of Pakistan provides a limited amount which covers the salaries of staff and the maintenance costs of offices and vehicles only. No appreciable project or programme funding is possible from these funds. The Commission of the European Community (CEC) initiated a Rs 45 million three-year Demand Reduction Programme in March 1995. The programme was implemented through the DAPRC with the assistance of an expatriate Technical Adviser. Twelve of the DAPRC's temporary officials on a three-year contract are partially paid for by the project.

39 The DAPRC's effectiveness and ability to fulfil charter obligations have been limited to the extent to which it has been able to secure funding. In addition to securing this financial base, the DAPRC will also need to develop its own expertise and to provide technical and financial support to the NGOs and community leaders. This is presently not available. Unless the number of NGOs / CBOs involved in demand reduction, treatment and rehabilitation increases considerably the targets set by the present Master Plan cannot be met.

40 UNDCP's provision of 5 years' assistance under the Integrated Drug Demand Reduction Project (IDDRP), from 1991 to 1996, has been the most organized attempt at demand reduction in Pakistan so far. The project, costing \$3.8 million and managed through an international expert, sought to (a) improve the competence of teachers and health workers to spread the message against drug abuse, (b) promote greater public awareness in the work places, prisons and cities and (c) enhance the national capacity for carrying out long term demand reduction programmes. The project achieved most of its stated objectives. The IDDRP was a multi-faceted effort working essentially through NGOs. It has a research bias and involves the local community. The IDDRP -- working through NGOs in the small Community Action Programmes (CAPs) and through Community Intervention Teams (CITs) -- carried out a number of activities. The initial result appears useful as far as research and data production is concerned. Community involvement has also been encouraging. However, the project's potential to effect change for the better in Pakistan needs to be seen against the magnitude

11

agencies in the country and make necessary plans for more effective control over drug trafficking in and through Pakistan. The Master Plan proposes that this Committee be called the Narcotics Interdiction and Drug Asset Seizure Committee to emphasise the Government's resolve in tackling the problems created by drug-generated assets. Its composition is as follows:

1. Secretary, Narcotics Control Division. (Chairman).
Inspectors General of Police, Punjab / Sindh / Balochistan / NWFP / Islamabad Capital Territory and Northern Areas. (Members)
3. Heads of Federal Civil Armed Forces (Members)
4. Director General, FIA. (Member)
5. Director General, Intelligence and Investigation (Customs & Excise) / CBR. (Member)
6. Director General, ANF. (Member / Secretary)
7. Force Commander, Airport Security Force. (Member)

48 The Government of Pakistan have allocated an amount of Rs. 159.409 million for Narcotics Control Division (Secretariat) and Anti Narcotics Force in budget estimates 1998-99. The budgets of the other Federal and Provincial interdiction and enforcement agencies such as the Pakistan Customs, the Pakistan Rangers, the Frontier Corps in NWFP and Baluchistan, the Coast Guards, the Airport Security Force, the Police, the Tribal Levies and Khassadars are separate and in addition to this. The expenditure incurred by the Federal, Provincial and Local governments on demand reduction activities and programmes cannot be separately identified from their other functions in the fields of health and social welfare and as such cannot be shown separately.

19

rehabilitation programmes for addicts especially for those using heroin and synthetic psychotropic drugs.

Objective 3: To control the **production and supply** of narcotics substances within the country through (a) a total eradication of all opium poppy cultivation by the year 2000 and (b) the elimination of all heroin-producing laboratories.

Objective 4: To limit the smuggling, **trafficking** and distribution of narcotic and psychotropic substances and their precursors into, within and out of the country through vigorous interdiction and prosecution measures.

Objective 5: To increase efforts to ensure forfeiture of drug-generated assets and halt **money laundering**.

Objective 6: To enhance **international cooperation** in the fight against drugs.

3.2. KEY ASPECTS OF IMPLEMENTATION

3.2.1. Identifying drugs according to seriousness of abuse

58 The plan will primarily concentrate on checking the very serious drugs such as heroin, morphine, codeine, opium, sedatives and amphetamines. Drugs can be differentiated according to the severity of use or risk association. The more dangerous the drug the greater will be the effort to control it. In view of time and resource constraints, it is now assumed that it will not be possible to eradicate all kinds of illicit drugs and make the country drug free by the year 2000 as indicated in the Eighth Five Year Plan. It is, therefore, appropriate to place greater emphasis upon the more serious (hard) drugs like heroin. Such a policy would also be in accordance with the harm reduction approach practised successfully in many parts of the world. The Harm Reduction concept is based on minimizing the harm produced by the use of drugs including physical harm, psychological harm and social harm. The ultimate aim is to make the individual crime-free and gainfully employed. Though there are some risks associated with such an approach, the anticipated end result should constitute the principal reason for its adoption. Drug abusers will be encouraged to gradually move away from the more dangerous drugs with the ultimate aim of total abstinence. Already, many of the treatment therapies within the country recognise the utility of this approach and are treating drug addicts accordingly. The use of morphine, methadone or opium tablets is one example.

3.2.2. Differentiating Between the Trafficker and the Abuser

59 Under the present law, the producer of illicit drugs, the trafficker and the abuser are all deemed

criminals. The abusers in particular get involved in distribution, both to support their habit and to profit from it since they are in any case classified as criminals. An overwhelming majority of the 45,000 drug-related cases registered annually in the country by law enforcement agencies relate to addicts and abusers. Petty quantities of drugs meant for their own use are recovered from these abusers. Most of them serve short jail terms on return from which they indulge in addiction again. These addicts need to be treated and rehabilitated. On the other hand the traffickers will be given deterrent punishment and their assets confiscated. The plan recommends classifying and treating the addict / abuser separately from the trafficker / supplier. The addict / abuser would be considered as a patient to be treated and rehabilitated. He or she would be kept separate from the other criminals. The drug producer and traffickers however, would be treated as criminals under the law to be dealt with under the penal provisions.

3.2.3. Greater Involvement of the Provincial Governments

60 The Provincial Governments though the Police, Levies, and Excise Department are responsible for the enforcement activity against drug suppliers and traffickers. The ANF with the assistance of the Customs Department and other federal law enforcement agencies complement this effort. For demand reduction programmes such as preventive education and treatment, the DAPRC as well as IDDRP have been involved in a limited way for some years. Parallel efforts at demand reduction in the Provinces are, however, almost non-existent. Apart from a limited number of detoxification centres not enough programmes have developed. The Master Plan would involve the Provincial Governments, the ICT, FATA, Northern Areas and Azad Jammu and Kashmir to a greater extent for creating public awareness against drug use. The Education, Health, Social Welfare and the Local Government Departments would be the primary vehicles for this. The Social Action Programme (SAP) to promote primary education and basic health cover can assist in spreading the preventive education message.

3.2.4. Involvement of the Community and the NGOs

61 The Master Plan's implementation in the Demand Reduction sphere is dependent largely on the involvement of the community and the NGOs. The community through their local leaders / informal institutions and the NGOs would together reach the target group. It is a fact that the Government agencies find it difficult to cover the people effectively owing both to shortage of finance and credibility. Local leaders at the level of the village and the *mohalla* (city ward) would be involved for literature distribution, counselling, identifying the abusers early and prevailing upon them to seek treatment. The local community leaders would also be in a better position to watch and monitor those local

CHAPTER 4

Breakdown of Proposed Activities by Sector

4.1. OBJECTIVE 1:

TO REDUCE ILLICIT DEMAND THROUGH PREVENTIVE EDUCATION

64 Demand Reduction refers to those forms of intervention which recognise that the drug problem is created in an adverse environment by individuals wishing to abuse drugs. It includes measures to:

- Establish a climate of public support leading to a reduction of social acceptance of the non-medical use of drugs.
- Provide education, training and social skills to minimize or eliminate the use of drugs.
- Initiate early interventions with those having potential problems with drug use.
- Preventing serious health consequences of drug use i.e. communicable diseases.
- Providing treatment programmes for those with drug dependence problems.
- Providing aftercare and social reintegration for recovering drug dependent people.
- Providing healthy alternatives to drug abuse such as promoting social cultural and recreational activities.

65 Studies from around the world point towards the efficacy of Demand Reduction approaches based on the integration of preventive, treatment and community-based activities. Drug Demand Reduction has been internationally accepted as an essential and important component in the struggle against drug abuse. There are no specific forms however. Standard or uniform prevention and treatment modes are not appropriate for all persons. Similarly, addiction and treatment modalities vary with the individual and are dependent upon a host of subjective factors which must be assessed. Research studies and analysis of empirical data may in time clarify the dynamics of drug use. The causes which make one segment of the population or an individual more susceptible than another to drug abuse are still not properly understood. Monitoring and evaluation of individuals and groups in different cultural and socio-economic settings would be required to reach a better understanding. In the Pakistani context Demand Reduction Programmes have elements of strong support but also of structural obstacles.

Demand Reduction Priorities

66 The Demand Reduction priorities for the next five years are quite clear. Through a variety of programmes and activities the preventive education message would be spread far and wide so that an estimated 80% of the population is reached. Efforts would be made to create a conducive environment where the people are assisted to reject drugs. The DRD and the DAPRC at the Federal level, the Provincial Governments, the NGOs and CBOs would undertake the implementation of the envisaged programmes. Five posts of Deputy Director in the ANF have been created for Demand Reduction responsibilities in the four Provinces and in Islamabad.

67 As for detoxification, treatment and rehabilitation of drug abusers, the priority will be directed at the 1.5 million heroin addicts and the smaller number of synthetic psychotropic drug abusers. Harm reduction therapies which are already being practiced will be further studied and expanded where appropriate. Treatment -- beginning with detoxification and leading to rehabilitation -- will be encouraged in hospitals, specialised centres, prisons and within the home. The Provincial Government Departments of Health and Social Welfare with the assistance of the NGOs and CBOs will screen drug abusers in the early and tertiary stages. The Community Health Workers or Lady Health Visitors (LHVs) recruited under the Prime Minister's Social Action Programme, will be trained to identify drug abusers. The abusers thus detected, will be motivated to seek help and sent for detoxification and initial treatment to the District Hospitals, NGO-operated Treatment and Rehabilitation Centres or the Teaching Hospitals. The NGOs and the Social Welfare Officers would remain associated with the Treatment Programme in the Hospital in the Prisons as well as in the homes of the drug abusers.

68 In the field of demand reduction the role of women would be pivotal. The targets and objectives envisaged would not be achieved if women in the urban and rural areas and in all spheres of activities are not fully involved. For both the preventive and curative aspects of drug abuse the women would be institutionally involved in the planning and implementation of the sub-components of the programmes. The Demand Reduction Directorate of the ANF/DAPRC would seek to recruit more women for their offices.

for preventive and rehabilitation activities. Already these departments are working directly or through NGOs and Community Based Organizations (CBOs) within communities. Thus the drug abuse agenda would conform well with the department's current mandate.

74 Similarly the Provincial Departments of Education are the more obvious purveyors of formal education activities relating to drug abuse. They would need to coordinate with the Federal Government on matters of curriculum development and teacher training and orientation. Regarding the existing drug abuse functions of the Provincial Health Departments, there is a need to consolidate and support existing services, particularly those involving initial screening at the Basic Health Unit (BHU) and Rural Health Centre (RHC) and cater to drug detoxification. Furthermore, appropriate levels of provincial support will be ensured where decisions have already been made to operate specialized rehabilitation services within Health Departments.

75 Also recognizing that provincial governments may vary in assigning the kind and level of department responsibilities for demand reduction, some attention will be given to the need for coordination within the province which until the present time has been lacking. A formal coordination mechanism will be established in each province to integrate the responsibilities of lead and participating departments. This mechanism would also be used in the future development of additional policies and programmes for drug abuse. The Provincial Unit of the DRD will act as the coordinating hub until alternate arrangements develop.

Strategy 1.3: Encourage NGO participation where feasible

76 At present approximately 25 NGOs are involved in demand reduction activities with most of their efforts directed towards treatment and rehabilitation. These activities would be supported by the DRD / DAPRC either under an umbrella arrangement or directly in order to permit the NGOs to be fully involved in delivering prevention messages together with the government's services in a mutually-supporting arrangement.

77 It has been observed that the present expenditure incurred by some NGOs for each rehabilitated addict far exceeds resource capacities, making it difficult to replicate these measures for all drug abusers. Also noted are the limited number of commercial detoxification centres (which mostly exclude rehabilitation) and NGOs which together provide services to barely a few thousand drug abusers. These conditions suggest that more imaginative and cost-effective demand reduction programmes need to be devised, especially in the area of treatment and rehabilitation. The community-based treatment facility, like the one developed on an experimental basis in village Kolo Tarar in Hafizabad District offers great

14
hope. It is indigenous, low-cost and involves the family of the drug abuser with the community.

78 Against this background, it is deemed appropriate that in order to qualify for assistance, NGOs and CBOs would have to demonstrate or fulfill the following pre-requisites:

- a) demonstrate a requisite level of expertise commensurate with the proposed undertaking as this feature is currently absent in general.
- b) partially generate their own resources in cash or kind rather than merely spending resources granted by the government or external agencies. It has been proven repeatedly that community participation fosters greater ownership and responsibility.
- c) operate where the need is most pressing, particularly in the disadvantaged sections of cities, and remote rural areas.
- d) consistently and credibly dedicate themselves to the interests and needs of the target group. Too many NGOs mushroom whenever grants are announced only to hibernate when donations are exhausted.
- e) develop provincial and national networking of NGOs to share experiences and knowledge. This has been encouraged by the DAPRC as a preferable qualification for assistance.

79 Through a process of consultation and consensus-building, the development of NGOs and CBOs could be encouraged across districts and villages. This process would include NGOs from diversified fields and sectors especially those dealing with literacy, rural development, womens' and health programmes as these have the potential for involvement in preventive education and mass awareness. The entire country needs to be covered through a network of NGOs and CBOs. This may be a daunting task but not an impossible one considering there are over 10,000 NGOs and CBOs operating in Pakistan.

Strategy 1.4: Develop Prevention Programmes

80 The following considerations will be kept in mind while developing Prevention programmes:

- a) **Preempting drug use is the preferred strategy of dealing with drug abuse problems through Government agencies and NGOs. The individual should reject illicit drug use on the basis of awareness of the dangers involved and the benefits foreseen in healthy living. Drugs will always be available to those who demand them although price may vary due to the supply reduction and interdiction measures which determine the costs and risks involved. It must be assumed for instance, that even though poppy production has been greatly**

heroin users. At present, no more than 1,000 heroin addicts can undergo treatment and rehabilitation in bed based centres – costing in the range of Rs.25,000 per person annually. Even for the limited number, financing has become a major problem. Therefore, the issue of providing nearly Rs 40 billion per year for the treatment and rehabilitation of all heroin users is a moot point.

90 In addition, there is the ongoing controversy about the most appropriate models for treatment and rehabilitation. In Pakistan, detoxification has been offered under numerous private or public arrangements while rehabilitation is a new discipline and still evolving. Some common understanding has been achieved with regard to characteristics and patterns of drug dependence, yet the solutions to management of the dependence problems are not clear. Two lessons have, however, emerged from the available body of evidence: (a) detoxification without proper sustained rehabilitation will normally lead to repeated relapse, and (b) a variety of rehabilitation models may be necessary to address different drug abuse conditions.

91 Despite the challenges in developing, testing and refining cost effective models, the need for treatment and rehabilitation cannot be ignored. One and a half million heroin addicts are directly or indirectly imposing an emotional, social, and financial drain on nearly 10 million dependents and family members. It has been estimated that one addict can influence 10 others toward the commencement of drug abuse. Loss of productivity among 1.5 million people has major economic implications and the possibility of a further increase in these numbers presents a frightening prospect. Related matters such as crime, violence and transmission of communicable diseases each have their additional costs which the country can ill afford.

OBJECTIVE 2: TO ENLARGE HARM-REDUCTION, TREATMENT AND REHABILITATION (T&R) PROGRAMMES	
STRATEGY:	
1	Enhance the knowledge-base for T&R responses
2	Establish T&R wards in Government hospitals
3	Support Treatment in NGO-sponsored centres
4	Establish prison-based treatment programmes
5	Establish Government-sponsored T&R camps.
6	Develop family-based T&R programmes

92 Over the next five years the government, commercial and NGO sectors will continue to have a limited response capacity. Drug addicts may be encouraged to seek help from hospitals, NGO organizations and social welfare departments but it is unlikely that a full range of services will be provided nor should they be expected because of the excessive costs in human and financial terms.

Strategy 2.1: Enhance the knowledge base for effective Treatment and Rehabilitation responses

93 Studies in urban and rural areas relating to educational institutions, workplaces, hospitals and households need to be systematically compiled and disseminated among the concerned Government agencies and NGOs. The causes and motivations for abuse of different drugs may differ from one person to another in relation to age, occupation, etc., and from one part of the country to another based upon local conditions, cultures and values. The drug abusing population in Pakistan is far from homogeneous and uniform preventive and treatment methods are not likely to present viable solutions. Thus, the types of drugs abused, the mode of abuse, the symptoms and effects and above all the causes leading to the use must be examined in detail. The Directorate of Demand Reduction would coordinate such studies.

94 A variety of treatment and rehabilitation models will be developed and researched with a view to finding appropriate solutions. Each of the following possibilities present some opportunities for greater success, but they will require the technical and financial support of international, federal, provincial and non-governmental organizations.

- (a) Harm-reduction models for heroin addicts including techniques for drug maintenance and reduction of public health hazards arising from needle injection of drugs.
- (b) Home-based models of treatment and rehabilitation involving family members, ulema and the community elders with support of trained social workers.
- (c) Detoxification models which minimally rely on expert interventions. These models may also consider the methods of Traditional medicine (Hakims), Yoga, Acupuncture and Homeopathy.
- (d) Narcotics Anonymous twelve step programme and other relevant self-help approaches for drug-dependent people and others affected by substance dependence.
- (e) Therapeutic communities based on American and European models with appropriate

adaptations.

- (f) Models for social reintegration which include techniques for vocational assessment, job search and income generation.

95 An epidemiological study to determine the extent, pattern and distribution of drug abuse in the population is required, especially for those in high-risk categories. The IDDRP has established a Drug Abuse Monitoring System and database in the Islamabad / Rawalpindi area which needs to be expanded through a follow-up UNDCP project. Such studies could lead to the development of a Central Registry of Drug Abuse. Under the law, drug abusers are obliged to be registered so that they can be treated and rehabilitated.

96 Credible studies relating to intensity of drug abuse, drug-related societal stigma, and the management of issues such as treatment intervention and legislation required would assist the Government in dealing with the problems. The information collected on drug abusers must, however, be treated as confidential and used only for research purposes. The Police will not be involved in this exercise.

97 Depending on a rapid assessment of the extent and trend of abuse of psychotropic drugs and confirmation of the perceived need, an Institute of Applied Research on Psychotropic Drugs would be established in Islamabad to function as a centre of excellence. Apart from treating serious drug patients, it would conduct research studies hold training courses and enroll students for Diploma level taught and research sessions.

Strategy 2.2: Establish Treatment and Rehabilitation (T&R) wards in Government Hospitals

98 Presently most of the Teaching Hospitals in the country and some of the District Hospitals maintain a treatment ward for the mentally ill and psychiatric patients. Drug addicts are also admitted to such wards free-of-charge but are allowed to leave after a week-long detoxification-exercise. There is little time, money or expertise available for effective long term treatment. Reported relapse rates of over 90% are therefore not surprising.

99 Over the 5 five years, most District Headquarters Hospital in Pakistan must also set aside a ward for the treatment of drug abusers. Provincial Governments will ensure, through the District Narcotics Control Committee, that doctors, Social Welfare Officers, social workers and NGOs are involved in the long-term treatment and rehabilitation that could last up to a year or even more.

Strategy 2.3: Support Treatment in NGO-sponsored Centres

100 The current number of approximately 200 beds available in NGO-run treatment and rehabilitation centres for drug addicts in all of Pakistan is woefully inadequate. Much of the financing for the operation of these centres is provided by foreign donors, Government agencies and private persons. The level of financial support often is dependent upon the influence of the sponsors or the quality of their effort. Addicts are normally charged a fee to cover their food costs where they can afford it. Those patients who are in a position to pay for their treatment do so however. The totally monthly cost in these facilities is seldom less than Rs.2,000 - 3,000 per patient. Such treatment centres cannot be replicated throughout the country even if the technical expertise were available. The financial implications would be quite staggering and the relatively high relapse rate would cast doubt on the cost-effectiveness of the approach.

101 The NCD -- through the DAPRC and the Provincial Governments -- will however assist NGOs / CBOs in establishing at least one such treatment centre in every District of the country. Apart from those already functioning at least 100 additional NGO-sponsored Treatment Centres will be set up. Based on an assessment of the quantity of expertise already developed during the past four years and that which is being created it is believed that the personnel to manage these centres would be available. More training workshops and courses incorporating the better known treatment therapies will be organised by the ANF in the future. It may not be appropriate however, to provide money to construct buildings for treatment centres as these would prove to be very costly. Rented accommodation or sparsely-used government buildings such as BHUs or Rest Houses would better serve the aims of the programme. As an incentive to the NGOs to raise their own resources to be supplemented by the Government and donors under a matching grants system.

Strategy 2.4: Establish Prison-Based Treatment Programmes

102 When picked up by the police, drug addicts are sent to prison under criminal charges. Under-trial prisoners and those convicted and imprisoned constitute a sizable proportion of the prison population at any given time. Families with crime-prone and violent drug addicts living with them often report them to the police to ensure that they go to prison as they cannot cope with them at home. Available evidence suggests that the incidence of drug abuse is quite widespread in prisons. The addicts are normally able to procure their

OBJECTIVE 3:

TO CONTROL PRODUCTION AND SUPPLY OF ILLICIT DRUGS

Strategy 3.1: Promote poppy substitution and area development programmes conditional upon eradication

PROFILE OF POPPY SUBSTITUTION & ALTERNATIVE DEVELOPMENT PROJECTS				
#	Name	Donor	Period	Est. Cost (Rs M)
Completed Projects				
1	Buner Agricultural Development Project	UNFDAC	1976-87	129
2	Agri. Outreach Programme (Adenzai, Malakand, Bajaur, Mohmand, Kala Dhaka)	NAS	1981-88	40
3	Malakand Agency Devt Programme	NAS	1981-88	106
4	Adenzai (Dir) Devt Programme	NAS	1981-88	23
5	Buner Area Devt Project	EEC	1988-94	299
6	Kala Dhaka Area Development Project	USAID	1989-93	145
7	Gadoon Amazai Area Devt Project	USAID	1983-93	767
8	Dir District Development Project (I)	UNDCP	1985-94	463
	TOTAL			1972
Ongoing Projects				
No	Name	Donor	Exp. Upto 6/98 (Rs m.)	Total Cost (Rs m.)
1	Bajaur Area Development Project	NAS	339	394
2	Mohmand Area Development Project	NAS	294	411
3	Dir District Development Project (II)	UNDCP	314	464
	TOTAL		947	1269

107 Opium poppy a *rabi* (winter) crop has been cultivated in areas which were either inaccessible or poorly connected with roads and generally comprised the least developed parts of the country. With the promulgation of the Hadd Ordinance in 1979, the Government of Pakistan decided to progressively eradicate the opium poppy crop, on a phased basis, from all parts of the country. At present, Buner, Gadoon and Malakand Agency have been completely cleared of the crop while in Dir District, the Kala Dhaka pocket of Hazara, Bajaur and Mohmand Agencies the eradication programme is proceeding according to schedule. Simultaneously with the eradication of the crop, Area Development Projects have been implemented with the purpose of providing physical and social infrastructure and for introducing poppy substitution crops. The adjacent table lists the completed and ongoing projects:

108 In order to provide substitute income and employment generation opportunities to the people growing opium poppy in the past, much useful work has been done during the last two decades by the Government with the valuable support of UNDCP and other donors. More, however, needs to be done both to ensure that there is no reversion to poppy cultivation and as an incentive to those areas still cultivating narcotic crops. Follow-up Area Development Projects are planned for Buner and Dir Districts and Bajaur and Mohmand Agencies. New Area Development Projects also need to be put in place for the Kala Dhaka pocket of Hazara and for the Tirah regions of the Khyber and Orakzai Agencies which presently produce the bulk of the cannabis grown. Project proposals costing Rs.540 million each for the Khyber and Orakzai Agencies were prepared in the past but were not implemented for lack of donor support.

109 — **Infrastructure Services:** While planning Area Development Projects, the first priority (of necessity) has to be given to providing physical infrastructure such as roads and bridges. In the absence of physical access to

poppy-growing areas, not only will the provision of development packages be impossible, but there will be no means by which to ensure eradication of the poppy crop according to the programme. The Khwazai-Bezai

Government personnel to stay within their area of posting.

- ii) Increasing expenditure on agriculture research and demonstration to include the development of model farms and demonstration plots; holding of additional and more regular field days, convening farmer training courses through videos and on the farms; development of improved seeds, their multiplication and distribution and introduction of high yielding plants, fruits and vegetables are priority issues. Some successes have been reported by the Kalam Integrated Development Project in upper Swat and the Fruit and Vegetable Development Project (Tutti Frutti) in the Malakand Division. Streamlining the marketing channels, evaluating price fluctuations and price forecasting for the future years have been some key areas the projects have been working on. A closer working relationship could be established between such agencies and farmers. Linkages need to be established with institutions like Pakistan Agricultural Research Council (PARC), Agricultural Price Commission, Agriculture Universities, PASSCO, National Oilseed Production Commission etc. to benefit from their research and marketing activities. There is no point in duplicating research however. The SDU in the PE&D Department and the Agriculture Department in the NWFP will ensure that such fruitful liaison is maintained.
- iii) Subsidised (for the Plan period) inputs will be provided for the areas producing narcotic plants in the past. Proper seed and fertiliser and non-adulterated pesticides, fruit tree saplings and agricultural implements will be priority concerns. Facilities for packing, storage and transportation need to be provided to prevent losses. A small rural credit programme was successfully operated by SIDB over a long time for small industries development. The possibility of providing a special credit ceiling will be considered for the main poppy growing areas to be disbursed through the Area Development Projects and part of the subsidy will be absorbed by the project.

115 In order to eliminate the resentful attitude of the poppy-producing communities who are subjected to enforcement of the ban as well as to inculcate a sense of ownership of project interventions, and to mobilize communities into playing an active role in the development process for long term development and sustainability, the participatory development model will be adopted when designing and implementing activities. Village organisations and community-based organisations will be gradually encouraged. The local people in Ushera Valley and Mohib Darra in Dir District

18
have already constructed unpaved roads on a self-help basis. In the nearby Malakand Agency communal social forestry has been quite successful while under the Kalam Integrated Development Programme the community builds and maintains water channels, drinking water schemes and micro-hydel generating units.

116 The following initiatives need to be taken up during the Master Plan period:

- i) Grass-root organisations be formed and fostered at village level in Project areas to organise and mobilise common interest groups to draw external resources into their particular areas. These Village Development Organisations (VDO) will provide a platform for equitable and sustained development in the area by mobilizing locals to participate in identification and selection of small projects; planning, designing, implementation, operation and maintenance of development schemes, and establishing linkages with other institutions for providing services to their communities. These organisations will be formed through active guidance and holding of several dialogues arranged by Social Organisers of projects assisted by umbrella NGOs. With some communal contribution in the form of labour or funds small projects would be set up. These organisations will be the focal point for delivery of project services and development schemes. The active support of the District and Agency administration is vital for the success of the community participation approach. Without this support the erstwhile construction contractors, locally influential persons and some of the Government officials may sabotage the programmes. Experience in the Area Development Projects has shown this to be the case.
- ii) Managerial and accounting skills will be imparted to organisation leaders for effective management of these organisations. Rural and agricultural credit will be disbursed through these organisations where the locals will be introduced to the concept of commercial savings which could be used as a collateral for drawing loans from a revolving credit scheme. The 6.25 per cent commission paid on Government's projects to local tribes in FATA could also be provided to these organisations in the future, as part of the revolving credit fund. User charges for irrigation and water supply schemes, will be collected by these organisations, who will be responsible for the operation and maintenance of such schemes.
- iii) Organisational linkages for drawing external resources into the area, would be established with UNICEF for EPI coverage, family

intensified its action against laboratories and has struck at places in the inaccessible parts of the Khyber Agency quite successfully. However, the situation warrants continued monitoring and following steps are indicated:

In the immediate future, the ANF Regional Director at Peshawar, the Intelligence Bureau and the Political Agents of Khyber and Mohmand Agencies will need to cultivate credible sources of intelligence in order to determine the presence and extent of heroin laboratories. The Political Agents and the Intelligence Bureau are already involved in such activity and this needs to be continued with a greater resolve. Funds for such a purpose are available to these entities. The Regional Directorate of the ANF in Peshawar will also need to develop its independent intelligence sources and to coordinate intelligence-gathering with the other intelligence units operating locally.

Useful intelligence is often provided by the local population in anticipation of rewards. Guidelines for this already exist. The number of officers in the Regional Directorates for intelligence and enforcement duties needs to be increased in accordance with the level of drug activities. Presently the Regional Directorates have very few officers.

Heroin manufacturers and those harbouring them need to be penalised for indulging in such activities. Often such persons escape the long arm of law thus reducing the deterrent effect.

Strategy 3.4: Adopt a regional strategy to limit cultivation, production and trafficking

120 As mentioned elsewhere in this document, despite an impressive record of eradication of opium poppy in Pakistan in the recent past, there has been no reduction in the supply of opium or heroin for the drug abusers. Pakistan today is a net "importer", of opium and heroin in the amount of nearly 800 tons of opium equivalent. Such an abundant supply originates from neighbouring countries. Most of the opium produced in Afghanistan is smuggled out southwards into Pakistan, westwards into Iran or northwards via the Central Asian Republics (CAR) to countries beyond. There are indications of poppy cultivation in the CAR, however, as a proper survey has not yet been conducted the extent of cultivation is unknown. Without adequate measures being taken this could increase many fold in the years to come. The area also has the potential of producing a huge amount of cannabis as well. It has also been estimated that 0.5 million persons, representing nearly one per cent of the population of the CAR are regular or occasional drug abusers.

121 It has now been established from the increasing

number of drug seizures that heroin and hashish mostly of Afghan origin is being smuggled through CAR to Russia, Ukraine, Belarus and to Europe. Precursors used in the production of heroin is also reported to have been smuggled to Afghanistan and Pakistan through CAR. Arrests have also been made for smuggling drugs along the Karakoram Highway to China.

122 A regional strategy for the entire region comprising Pakistan, Iran, Afghanistan and the CAR has become an urgent necessity. The strategy will include both demand and supply reduction components. UNDCP has already initiated a limited poppy substitution programme in some parts of Afghanistan and has sent fact-finding missions to the CAR. Priority issues for the time being would include training of custom and drug administration personnel, provision of scanning equipment, strengthening of opium poppy substitution crop, enactment of appropriate legal and administrative measures, adoption of preventive, education, treatment and rehabilitation programmes etc. The UNDCP has already signed a tripartite Memorandum Of Understanding (MOU) with Pakistan and Iran. It has also signed one with SAARC and one with ECO.

123 Simultaneously, the administrative and intelligence measures will be strengthened to interdict drug trafficking to and from Afghanistan through the CAR. Greater international assistance needs to be provided to Afghanistan and Iran both in financial and technical terms to grapple with the problems. The present level of assistance is totally inadequate in comparison with the gravity of the situation. Regional seminars and workshops involving the SAARC and ECO countries will be regularly held to exchange experiences, develop expertise in drug demand reduction, control drug trafficking and check money laundering. A networking of related NGOs is also required amongst the SAARC and ECO countries. The NCD would need to coordinate this activity.

124 In Afghanistan, UNDCP has already initiated a 4 - year alternative development and crop rehabilitation programme costing approximately US\$10.5m to rehabilitate the irrigation and agriculture sectors ravaged by the long war.

4.4. OBJECTIVE 4:

TO LIMIT SMUGGLING, TRAFFICKING AND DISTRIBUTION OF ILLICIT NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES

125 The enforcement measures required to combat illicit trafficking form the fourth part of the strategy to

control over the helicopters must remain with the ANF. The pilots and engineers for the helicopters may be provided by the Army on deputation but the maintenance and repair arrangements will be placed directly under the ANF.

130 **Intelligence support:** Since every vehicle, pack animal or traveller cannot be thoroughly checked without causing a complete break down in the system, the intelligence effort will have to be made more selective. This was the weakest link in the erstwhile PNCB because very limited resources and personnel were provided to it. The relative success of the Customs Department on this count derives from it being able to cultivate credible intelligence sources acquired through financial payments and rewards. Financial and human investment in intelligence gathering yields the greatest returns. The Intelligence Directorate's activities in the ANF need to be properly organized, staffed and funded since at present it is not geared to developing intelligence operations. The intelligence field staff will be placed operationally under the **Regional Directorates**. The field intelligence officials, apart from cultivating their own informers, will develop working relationships with the other intelligence and enforcement agencies as well. The proceeds from the fund proposed to be created from the sale of confiscated articles / equipment will be liberally used for intelligence gathering and rewards. More personnel will be trained and sent to the Regional Directorates from the Headquarters for intelligence duties.

131 The Directorate at the Headquarters would act as the secretariat for providing data stored with it and for liaison and coordination with other intelligence agencies and International Organizations. As was the case in the PNCB, the Intelligence Directorate would undertake the following responsibilities and it must be ensured that this is done in earnest and not in a pro-forma manner, as follows:

- i) maintain records of narcotics seizures and arrests throughout Pakistan.
- ii) maintain records of all narcotics convictions and asset seizures within Pakistan.
- iii) maintain records of Pakistanis and their foreign accomplices arrested and / or convicted in foreign countries.
- iv) assess national and international narcotic drugs trends periodically with regard to supply and production, trafficking routes and abuse.
- v) liaise with and provide data to UNDCP Vienna, INCB and ICPO-Interpol and other national and international agencies.

Strategy 4.2: Strengthen the role of the Police in interdiction

132 The Police Force is the main enforcement agency of the State responsible for maintaining security and ensuring compliance with the law. The laws relating with the Police and the citizen such as the Criminal

Procedure Code, the Police Act and the Police Rules have been designed to guarantee the fundamental rights of the people. For achieving this objective the Police in its dealing with the people is supervised by the Magistrate at the level of the Police station and by the District Magistrate (Deputy Commissioner) at the District level. Illegal or deviant action by the Police is sought to be prevented through the Magistrate's supervision of Police functioning. In case of misconduct or a breach of the law by the Police, recourse is made to departmental action and / or the judicial process. Similarly, when a person feels his rights have been transgressed by another he registers a case First Information Report (FIR) against that person in the Police Station. The Police investigates the charges and submits the case to the court for the judicial process.

133 The procedure for drug cases is similar. However, the fact that drug abuse continues to grow at the rate of 7 per cent per annum would lead one to believe that along with some other agencies of the State, the Police has been unable to reduce drug supplies or deter the traffickers and pushers. It is apparent that over 3 million drug abusers continue to procure illicit drugs on a daily basis. The traffickers and the pushers are therefore, quite active. A continuous activity on this scale can not be concealed easily from the Police. This would seem to confirm the view that some drug trafficking and street level distribution occurs with the connivance of the Police. Some of the reasons for this failure are:

- (i) the generally low level of salaries and facilities provided to the Police especially at the lower tiers (this is true of other Government officials too) which leads them to seek alternate sources of income.
- ii) improper selection procedures for Police personnel where considerations other than merit determine recruitment at the level of the Constable, ASI and DSP.
- iii) insecurity of tenure which compels the Police to submit to political and official pressure in dealing with influential, wealthy and powerful drug traffickers.
- iv) relative absence of incentives in the form of rewards and service benefits.
- v) frustration caused due to the delay and difficulty in securing convictions of the big traffickers in court often because of poor investigation and prosecution, corruption and the intricacies of the law.

134 Though figures for the percentage of serious narcotic cases resulting in conviction are not available it has been estimated that more often than not the drug trafficker escapes punishment. Mostly, it is the drug

- For better coordination these cells could comprise CIA / Crime Branch personnel. The officer in charge of the CIA in a particular district will control their activities. At Range / Division level the Superintendent of Police (SP) Range Crimes could coordinate such activities.
- vii) No quick solutions can be offered regarding the problem of inadequate salaries and facilities; improper recruitment or issues dealing with administrative and political interference and the lack of security of tenure. It is felt however, that in view of the commitment of the government to checking the drug problem in the country and the numerous steps already taken in this regard some of the hindrances would be removed in time. These issues could also be taken up at the Policy Review Board.
 - viii) The Police would need to improve investigation capabilities considerably to ensure that convictions result.
 - ix) The accountability of the Police to the public representative and the Illaqa Magistrate / District Magistrate (as laid out in the Criminal Procedure Code and the Police Rules) needs to be made more effective. Only a Force accountable by law can be effective in its duties.

Strategy 4.3: Strengthen the role of Customs in interdiction

136 The Control of Narcotics Substances Act, 1997 has vested additional powers with the Customs Department. The Act empowers the Federal Government to invest any officer of a law enforcement agency with the power of an officer in charge of a Police Station for investigation of an offence. The Customs Department now has the powers to investigate narcotics cases for the first time.

137 At places where Customs Stations exist such as airports, seaports and land stations (Karachi, Torkham, Chaman etc.) additional equipment and personnel would be required even though it would still be impossible to properly check all goods transported by ships, aeroplanes and lorries. Greater resources need to be provided to the Customs Department especially for scanning and detection equipment. The Customs Department and the Airport Security Force (ASF) are responsible for operating scanning and sensor equipment at fixed entry and exit points for detecting explosives, chemicals and weapons. Technology in the West is now available to detect narcotic drugs as well through such equipment. The choice, ownership and operation of such equipment will remain with the Customs Department and the ASF. Trained dogs maintained by the ANF will supplement this effort.

138 It would appear that a casual and perfunctory check of all passenger and goods vehicles on a road barrier manned by the Customs Department or by the Police serves little purpose. Such checking causes harassment, wastes time, results in considerable corruption but does little to control drug trafficking. Without proper intelligence it is not really possible to affect sizable seizures. Otherwise it becomes a case of looking for a needle in the haystack. Without intelligence feeding the search system, only a complete check of all vehicles could yield adequate results, but this represents an impossible task. The different enforcement agencies will conduct joint checking on the more suspicious trafficking and transportation routes covering drugs, weapons and other contraband goods. The Narcotics Interdiction Committee will determine the procedure / programme of conducting primary examination, secondary inspection or full vehicle search. Computerized background information would in time be available to the agencies which will be supplemented by the use of sensitive detection equipment. Presently, Customs, Police, Provincial Excise, Levies and ANF are permitted to stop and check traffic even though such checking seldom yields worthwhile results. The ANF in consultation with the Customs Department, Provincial Excise and the Police Forces will work out the locations and other mechanics of conducting road checking. Any disputes will be resolved by the Narcotics Interdiction Committee or the Policy Review Board.

Strategy 4.4: Enhance the Control of Precursors

139 The control on the smuggling, licit import and movement of precursors such as acetic anhydride and other chemicals leaves much to be desired. At present, a single factory in Lahore legally manufactures acetic anhydride for the local industry. The bulk of illicit use is, however accounted for through smuggling from India (and lately from Europe and the CAR) as well as the concealment of illicit precursors as licit imports.

140 It takes two liters of acetic anhydride to produce one kilogram of heroin. In other words, to locally service a heroin-abusing population of 1.5 million, over 500,000 litres is required annually (half a gram of heroin daily per abuser). It has been estimated that the price of acetic anhydride in Pakistan is often between 10-15 times higher than in India. The incentive for smuggling is therefore obvious. The import procedure for acetic anhydride is laid down by the Import and Export (Control) Act, 1950 and the Import / Export Procedure Order 1994 on the subject. This prescribes that the acetic anhydride shall be imported by registered importers against letters of credit established by authorized foreign exchange dealers (banks) or against any other mode of payment specified in the Import Policy Order in vogue. In addition it is laid down that the release shall be allowed within the total quantity sanctioned by Central Board of Revenue and in accordance with the quantity for which letter of credit

**OBJECTIVE 5
TO INCREASE EFFORTS TO ENSURE
FORFEITURE OF DRUG-GENERATED
ASSETS AND HALT MONEY-LAUNDERING**

STRATEGY:

- 1 Establish dedicated wings within law enforcement agencies for interdiction and assets forfeiture
- 2 Implement specialized training courses for investigators, supervisory officers and bankers
- 3 Adopt anti-money-laundering banking practices
- 4 Computerize accounts and property records
- 5 Computerize information base on drug assets
- 6 Institute a law on international mutual legal assistance and sharing of assets
- 7 Extend laws to FATA and AJK
- 8 Establish a Narcotics Interdiction and Assets Forfeiture Committee

145 No serious and effective drug law enforcement strategy can be evolved without focusing on tracing and forfeiting drug assets. The reason is simple. International experience indicates that approximately 90 per cent of illicit narcotics substances slip through the enforcement net, reaches the consumer market and generating typically astronomical profits on account of the relatively inelastic demand for such substances. These profits are partly recycled into narco-business and partly converted into drug assets.

146 The conclusion is that one of the most convincing ways to combat the drugs trade is to target drug money laundering and forfeit drug assets. The only effective way to frustrate drug traffickers' designs is to hit hard at their financial interests by depriving them of their ill-gotten assets.

147 The law enforcement agencies in Pakistan have in the past been shy of treading in the difficult terrain of tracing/freezing drug assets through complex and time consuming financial investigations. Despite the availability of drug assets forfeiture laws on the statute book, firstly the **Prevention of Smuggling Act 1977** and later through **amendments in the Dangerous Drugs Act of 1930 in the years 1987 and 1994**, no case was initiated by any law enforcement agency for tracing drug assets for the purpose of their confiscation under the law. In 1994 for the first time the Anti Narcotics Task Force (ANTF) investigated the assets of a notorious drug trafficker of Lahore and placed the whole evidence before the Special Judge Lahore under Prevention of Smuggling Act 1977. Subsequently, additional cases involving notorious drug traffickers of Pakistan were also initiated for forfeiture of their assets by the Anti Narcotics Task Force. More recently the **Control of**

Narcotics Substances Act, 1997, has dealt with the issue of drug assets and money laundering in a more effective and comprehensive manner. It has made acquisition / possession / concealment of drug assets as well as money laundering transactions cognizable offences. Besides, conviction for a term of 3 years or more on the charges of drug offences enumerated in the said Act it would invoke mandatory provision of forfeiture of drug assets by the trial court. This law also provides for confiscation of assets of a citizen of Pakistan who is convicted abroad on charges of drug trafficking. For the first time the bankers have been obligated to report suspicious transactions involving money laundering to the designated authority.

148 Introduction of more effective legal provisions in the new law does not automatically guarantee effective enforcement. Such provisions would remain good intentions of lawmakers unless concrete organizational, administrative and operational measures are adopted.

149 The following strategies will be followed to enhance the capability of enforcement agencies in the area of tracing / freezing / forfeiting of drug assets.

Strategy 5.1: Establish dedicated wings within various law enforcement agencies for narcotic interdiction / assets forfeiture

150 The following shortcomings are currently evident: (a) the lack or absence of organizational structure within those agencies to focus on drug interdiction and tracing of drug assets; (b) the lack of relevant expertise on the part of investigating officers. Drug interdiction and assets forfeiture operations will get adequate priority and required resources.

151 There is need to establish separate dedicated wings to check drug asset seizure and money laundering within various law enforcement agencies. The organizational structure and size of the specialized wings and resources earmarked for them will be reviewed and expanded in a phased programme as more practical experience is gained by these agencies.

152 It must be realized that one specialized agency like the ANF at the federal level with its limited resources cannot grapple with the enormity of the task single-handedly without **positive contribution / collaboration from other law enforcement agencies** at the federal and provincial level especially the Police forces.

153 Within the ANF the task of drug assets investigations needs proper focus by allocating adequate resources of manpower, finance, and logistics in order to achieve the given targets. At the ANF Headquarters as well as Regional Directorates, competent officers drawn from law enforcement and financial agencies possessing experience of financial investigations are required to be

members in order to make their domestic legal and administrative systems consistent. The Convention permits the members states to allow use of controlled deliveries with a view to identifying the persons involved

**OBJECTIVE 6
TO ENHANCE INTERNATIONAL
COOPERATION IN THE FIGHT AGAINST
DRUGS**

in the crime. It also provides for prosecution and extradition of drug offenders among the member states. Ever since the signing of the Convention, there have been regular SAARC officials meetings to implement the provisions of the Convention. UNDCP arranged a meeting at Vienna between Pakistan and India in July, 1994. Since then regular meetings between the two countries have been held to promote cooperation in drug-related matters. Similar collaboration is being developed with other countries in the region particularly with ECO. A Memorandum of Understanding was signed in May 1994 between the Government of Pakistan, Iran and the UNDCP which provides a framework for sub-regional cooperation. To translate this objective into reality a project agreement for "Strengthening Law Enforcement Capacities in Border Areas of South West Asian Region" was also signed. Bilateral cooperation agreements have also been signed with China, Russia, UAE, Uzbekistan and Kyrgyzstan.

164 In addition to the above the Government of Pakistan has Extradition Treaties with 25 countries. These are: France, Iraq, Belgium, USA, Netherlands, Columbia, Greece, Equador, San Marino, Iran, Norway, Yugoslavia, Austria, Denmark, Morocco, Cuba, Liberia, Argentina, Portugal, Switzerland, Italy, Saudi Arabia, Maldives, Egypt and Luxembourg. Furthermore, Pakistan has forwarded a draft on Extradition treaty to the member countries of the OIC(Organization of Islamic Cooperation).

165 In Pakistan extraditable offences according to the Pakistan Extradition Act, 1972 include most of the heinous criminal offences including an offence against the law relating to dangerous drugs or narcotics. The Extradition Act incorporates provisions to facilitate extradition to countries with whom Pakistan does not have any formal extradition treaty.

166 Apart from bilateral or informal arrangements, which exist between various agencies, international cooperation against narcotics offences has been gradually developed in an institutional form mainly by the United Nations and ICPO-Interpol. The UN Cooperation is essentially between States whereas the ICPO-Interpol consists of cooperation between police forces, since its membership consists of official police bodies delegated by countries.

167 The success of enforcement action, however, in any operation is measured not in terms of quantity of drugs seized but by the conviction of traffickers arrested in the operation. With punishment becoming increasingly severe, the Courts are also becoming more sensitive in the matter of convicting the accused. As such, the quality of evidence produced before the Courts by the prosecution has to be improved. Drug trafficking being an international operation, the trail of evidence left behind by the traffickers also gets spread over in various countries. Under these circumstances, international cooperation in collection of evidence from the concerned countries and production of the same before the trial courts is of prime importance. Not only the documentary evidence like hotel records, airlines tickets, telephone toll records, etc. but also the oral evidence tendered by investigating officers who might have investigated the case in their own country is sometimes crucial for successful prosecution of offenders in another country. This legal assistance can adopt the form of taking evidence or statement from persons, effecting service of judicial documents, executing searches and seizures, providing information and evidentiary documents and tendering oral evidence in trial courts. Given the limited resources at the disposal of the enforcement agencies, the practice of tendering evidence overseas is an expensive exercise. Even so, the benefits derived from such practices are enormous and, therefore, outweigh the expenses involved.

168 Article 7 of the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances adopted in December, 1988 is a very welcome development in the field of Mutual Legal Assistance. The said Article provides for the widest measures of such an assistance in investigation, prosecutions and judicial proceedings in relation to drug offences. The United Nations Convention has mentioned, that mutual legal assistance, can be requested in the following areas:

- 1) For the purpose of taking statement of persons.
- 2) Effecting service of judicial process.
- 3) Conducting searches and seizures.
- 4) Conducting inspection of sites and objects.
- 5) Providing information and documents and other material for leading evidence in courts.
- 6) Identification of accused persons.
- 7) Tracing proceeds of property for evidentiary purposes etc.

169 Now that the basic framework for cooperation exists at the global, regional and bilateral level greater attention needs to be paid to effective compliance of the agreements.

CHAPTER 5

Resources, Management, Monitoring and Evaluation

171 The policies, programmes and activities proposed over the next five years to achieve the objectives of the Master Plan have been highlighted in the previous chapter. This chapter deals with the financial, technical and the human resources required for plan implementation, their likely sources and the management structure needed. An attempt has been made to build in some flexibility into the Master Plan relating both to the defined objectives and resource availability.

the Narcotics Control Division (NCD) of the Government of Pakistan. The NCD will plan, supervise, coordinate and arrange resources for executing the policies, programme and activities listed in this document. To achieve these objectives the NCD will involve the ANF, other law enforcing agencies of the Federal and Provincial Governments, the concerned Government Departments, the DAPRC, international donor agencies, NGOs, CBOs and the private sector.

172 Primary responsibility for implementing the different components of the Master Plan will rest with

173 To ensure effective implementation monitoring and evaluation, the NCD will utilise the following fora for the components of Master Plan:

Major Policy Matters

Policy Review Board meeting annually with the Minister for Interior and Narcotics Control in chair.

Demand Reduction (Objectives 1&2)

Quarterly meetings of DAPRC, UNDCP, Donor Agencies for Prevention, Treatment and Rehabilitation and NGO network, to be coordinated by the Demand Reduction Directorate of the ANF.

Supply Reduction (Objective 3)

- a) Poppy Eradication. NCD-Provincial Government (Home Department).
- b) Elimination of Heroin Labs NCD-Provincial Government (Home Department).
- c) Poppy Substitution Programmes NCD-Provincial Government through the Planning Environment & Development Department / SDU(NWFP).

Suppression of Illicit Traffic and Forfeiture of Drug Assets (Objs 4&5)

Narcotics Interdiction and Asset Seizure Committee meeting biannually with the Secretary, Narcotics Control Division presiding.

5.1. MANAGEMENT STRUCTURE AND RESOURCES REQUIRED FOR PREVENTIVE COMPONENTS

through the DAPRC, the Provincial Governments, the NGOs, CBOs with the support of UNDCP, other donors, International Agencies and the private sector.

174 In the field of Demand Reduction the Master Plan has identified preventive education, harm reduction, treatment and rehabilitation as primary concerns for action over the Master Plan period.

176 The restructuring of the DRD in the ANF has already been approved by the Government. A post of a Deputy Director General has been created to head the DRD within the ANF and its activities extended to the Provinces. The administrative chart of ANF is at Annexure-B.

175 Most of the responsibility for executing the programmes and activities will rest with the Federal and Provincial Governments. The DRD would have the prime responsibility for the implementation of the plan. It would plan, organize, implement and monitor the programmes listed in the Master Plan either by itself or

177 The DRD and DAPRC would need to create considerable technical expertise in the fields of training, awareness creation, programme development, research and evaluation, harm reduction, treatment and rehabilitation in the country in the immediate future.

178 The proposed UNDCP assisted demand

included in the team to provide diagnosis and brief intervention. This programme would cost Rs. 3.5 million annually. The follow-on IDDRP Project would finance it.

ii) The services of the 33,000 Lady Health Workers (to be increased to 100,000) would be utilized for primary and secondary prevention. The Federal and Provincial Health authorities would be sensitized to the nature of the drug problem. The DRD would be responsible for coordinating the programme with the Provincial Governments and the SAP coordinators.

iii) The Provincial Health Departments would provide training to the existing Health service doctors and paramedical staff in drug abuse counselling. The DRD also proposes to infuse material on drug abuse in the syllabi of Doctors and para-medical staff with the possible assistance of the UNDCP.

iv) Workplace and transport workers prevention and intervention programmes would be encouraged with the collaboration of the Federal and Provincial Industries and Labour Departments besides the private entrepreneurs and NGOs. The responsibility for devising and coordinating the programme would be given to the follow-on UNDCP project which is already working with the Directorate of Workers Education in the Ministry of Labour.

186 The success of the IDDRP initiative of creating Community Intervention Teams (CITs) relating to preventive education, treatment, counselling, psycho-social therapy, social integration and fund raising has led to the proposal of establishing 100 CITs in the country over the Master Plan period. The DRD would organize and coordinate this activity and support it through the IDDRP. Trained personnel particularly amongst the NGOs are available. The DRD, Provincial Governments, NGOs and donors would finance the CITs.

187 Finally, about 1,200 Community Action Programmes (CAP) -- 250 a year -- would be carried out over the Plan period in the country to create awareness against drug abuse. Each CAP activity would cost between Rs. 5,000 - 10,000. The NGOs, CBOs, Boy Scouts, Girl Guides, School and College Students, Professional and Sporting Associations would organize these activities. The DRD would organize and finance most of these.

5.2. MANAGEMENT STRUCTURE AND RESOURCES REQUIRED FOR TREATMENT AND REHABILITATION PROGRAMMES

188 In view of the very limited number of drug abusers who have access to some form of treatment new programmes are suggested in the Master Plan. Even so the absence of institutions and resources would preclude treatment and rehabilitation for most of the drug abusers. The programme include:

i) Further studies and research would be financed to determine the causes, dynamics, pattern and treatment modes of drug abuse. The DRD, the UNDCP, the Provincial Governments, Universities and NGOs would provide the technical and monetary inputs for conducting such studies. Resources from the UNDCP and foreign donors would be required both in terms of subject specialists and finances. Conventional and non-conventional harm reduction treatment models would be studied and evaluated. The geographic coverage of Drug Abuse Monitoring System underway in Rawalpindi / Islamabad would be greatly expanded.

ii) Training and competence development would receive high priority since limited expertise is available within the country. Health Department personnel including those implementing the Social Action Programme, Community Intervention Teams, NGOs and CBOs would be the target groups for development of skills in this field. The DRD would take the lead in arranging Workshops and training sessions across the country with the assistance of the Provincial Governments, Universities and NGOs. Expertise and financial resources from abroad would be required.

189 There are only about 80 Government Drug Treatment Centres in the country which clearly are insufficient to serve the number of drug abusers in the country. Over the master plan period most of the District Headquarters Hospital would establish at least a 10-bed ward for drug abusers which would more than double the facilities available. The Treatment Centres would consist of a Clinical Psychologist, Medical Officer and a Social Worker. The community through NGOs would also be involved with the treatment programme. The new facilities would be planned and operated by the Provincial Governments with part of the initial funding being provided by the Federal Government.

190 The NGOs presently operate about two dozen treatment and rehabilitation centres comprising around 200 beds. They would be assisted by the DRD and the Provincial Governments in establishing Treatment Centres in all Districts of the country. A hundred new Treatment Centres sponsored by NGOs is targeted over the Plan period. Expertise is available within the country to operate such Centres. Part of the finances would be provided from the allocation to be made in the Ninth Plan for NGO support centres but the bulk would be

200 The requirements of the agriculture and irrigation sectors would be included in the PC-1 document for the various Alternative Development Projects. However, the Government of the NWFP must ensure that the required number of agriculture staff are provided with the necessary monetary and other incentives to serve in these remote areas. Along with the easy availability of inputs the presence of the extension personnel is crucial for development. Greater allocation of resources, provision of incentives for the field staff of the Agriculture Department and short term rural credit scheme is required. The Agriculture and P&D Departments in the Government of NWFP would need to ensure that the required technical inputs are made available for the projects both from the Government sector and on contract from the private sector. In general, expertise in these fields from outside the country would not be required apart from a Technical Adviser for each of the donor assisted projects.

201 The State Bank of Pakistan and the ADBP through its Kissan Credit Programme will ensure that small loans are sanctioned and disbursed to the farmers in their villages. Commercial Banks will also be obliged to provide subsidized, small short term loans/credits to the farmers in the poppy substitution areas even though concessionary loans are being discouraged in the country. Concessionary crop and implementation loans from the ADBP and Commercial Banks will be in addition to the revolving credit schemes which need to be included in the PC-1 of the Projects. The Government of the NWFP through the Agriculture Department and with the local assistance provided by the DCs / PAs will work out the credit requirements of the farmers and expedite disbursements. Part of the credit could be in the form of agricultural inputs. A similar programme worked very successfully for the small enterprises development in the SIDB in the NWFP.

202 The participation of the community in development would be encouraged so that the people play a more active role in planning and implementing their projects. Village Development Organizations, NGOs, Community Institutions for Women and Informal Literacy Programmes will be encouraged. The activities that could be started are listed in the previous chapter. It would be best for the PMUs of the Projects to identify a few small projects every year and encourage their implementation.

203 Some of these programmes would be included in the PC-1 document of the Projects but others could be initiated separately as part of Federal, Provincial and NGOs initiatives. The management of such a participatory programme would in the early stages experience problems both because of absence of expertise in the field and the resistance by the entrenched vested interests. However, with the support of the PE&D, the PMU and the DCs / PAs a useful contribution could be made. Small successes are already in evidence in parts of the NWFP and elsewhere. Management

expertise is also available with a few NGOs and some Federal and Provincial agencies; these will be tapped by the projects.

204 The provision of additional Levies for Dir District and for the Kala Dhaka enclave would have a very positive effect on poppy eradication and on improving the security situation in the remote areas. The success of the Levies in eradicating poppy cultivation in the Malakand and Bajaur Agencies has been demonstrated. The Levies as an informal tribal force achieves its purpose through influence and persuasion rather than through force. It will not, therefore, be identified with the Police or the Paramilitary forces. The Levies are normally provided with a uniform and a rifle by the Government but they often spend most of the time in their villages.

205 For the elimination of heroin-producing laboratories that are set up clandestinely in some parts of the FATA the availability of credible intelligence remains the crucial factor. The Regional Director of the ANF, the Intelligence Bureau and the Political Agents in FATA have to remain vigilant. Sources need to be painstakingly cultivated. The Political Agents also have to win over the tribes 'politically', which are responsible for any illegal activity occurring in their specific territory. Where the tribe is unable to shut down the laboratories the Political Agent can order the Frontier Corps, Levies and Khassadars to undertake the operations. Provisions in the law and usages are sufficiently well defined to undertake such operations for which purpose the Forces are adequately trained and equipped.

206 To check the availability of opium, heroin and illicit synthetic drugs a regional strategy to control production and trafficking is required. Pakistan, Afghanistan, Iran, India and the CAR countries need to pool their resources to formulate such a strategy. Already considerable progress has been made by SAARC countries on these lines. Preliminary contacts among the CAR countries and the UNDCP have been established. An MOU has also been signed by UNDCP and SAARC. Pakistan, Iran and the UNDCP have also signed an MOU under which law enforcement is being strengthened in the border areas between the two countries. In addition, to controlling the production of illicit drugs, agreements are required in the fields of training personnel in investigation, scanning, demand reduction. The UNDCP and the Western countries must take the lead in providing financial and technical assistance to these countries. More regional workshops and seminars on drug matters need to be held. The efforts already underway will be speeded up. UNDCP in particular will implement the poppy substitution programmes in Afghanistan to plug the major supply source of opium to the region.

SUMMARY OF MASTERPLAN FINANCIAL REQUIREMENTS

S.#	PARTICULARS	Probable Sources of Finance	Estimated Cost in million Rs.
2	DEMAND REDUCTION PREVENTIVE COMPONENTS		
i.	Mass awareness through the media and distribution of literature and posters focussing on the individuals and advocacy groups.	NCD, Donors, UNDCP, DAPRC	300
ii.	Ten mobile drug information and medical diagnosis teams.	NCD/SAP, through provincial Governments and UNDCP/GOP	80
iii.	Workplace programme for industries, transport workers.	Provincial Governments, labour Division, UNDCP, ILO and NCD	50
iv.	School based programme for training teachers, syllabi improvement and printing.	Provincial Governments, Education Division, NCD, UNDCP and donors	50
v.	Community Action/Programme (1200).	NCD, UNDCP, DAPRC and donors	50
vi.	Additional studies, survey, research.	NCD, UNDCP and DAPRC	42
vii.	Epidemiological Study.	NCD/UNDCP	25
viii.	Establishment of an Institute of Applied Research on Psychotropic Drugs Islamabad.	NCD/Donors	30
Sub Total Rs in million			627
3	TREATMENT AND REHABILITATION		
i.	Treatment/Rehabilitation Centres in District Hospitals.	Provincial Governments and NCD	225
ii.	Treatment in NGO Sponsored Centres.	NCD, UNDCP and DAPRC	70
iii.	Prison based treatment programme (one prison per Division).	Provincial Governments, NCD and UNDCP	50
iv.	Specialized treatment Rehabilitation and Vocational Centres (one centre per Province).	Provincial Governments and NCD	50
v.	Family Based Programme / NGO Preventive and Rehabilitation.	Provincial Governments, DAPRC and NCD	50
Sub Total Rs in million			445
4	REDUCTION OF SUPPLY		
i.	Poppy substitution/ Area development Programme for Gadoon Amazai, Kala Dhaka, Buner District, Dir District, Malakand Agency, Bajaur Agency, Mohmand Agency, Orakzai Agency, TADA and SDU	Government of NWFP, NCD, UNDCP and Donors	1600
Sub Total Rs in million			1600
5	COMBAT ILLICIT TRAFFICKING AND MONEY LAUNDERING		
i.	Purchase of Laboratory Equipment	NCD/UNDCP	40
ii.	Purchase of Scanning & Detection Equipment/Weapon/ Vehicles	NCD/UNDCP	120
Sub Total Rs in million			160

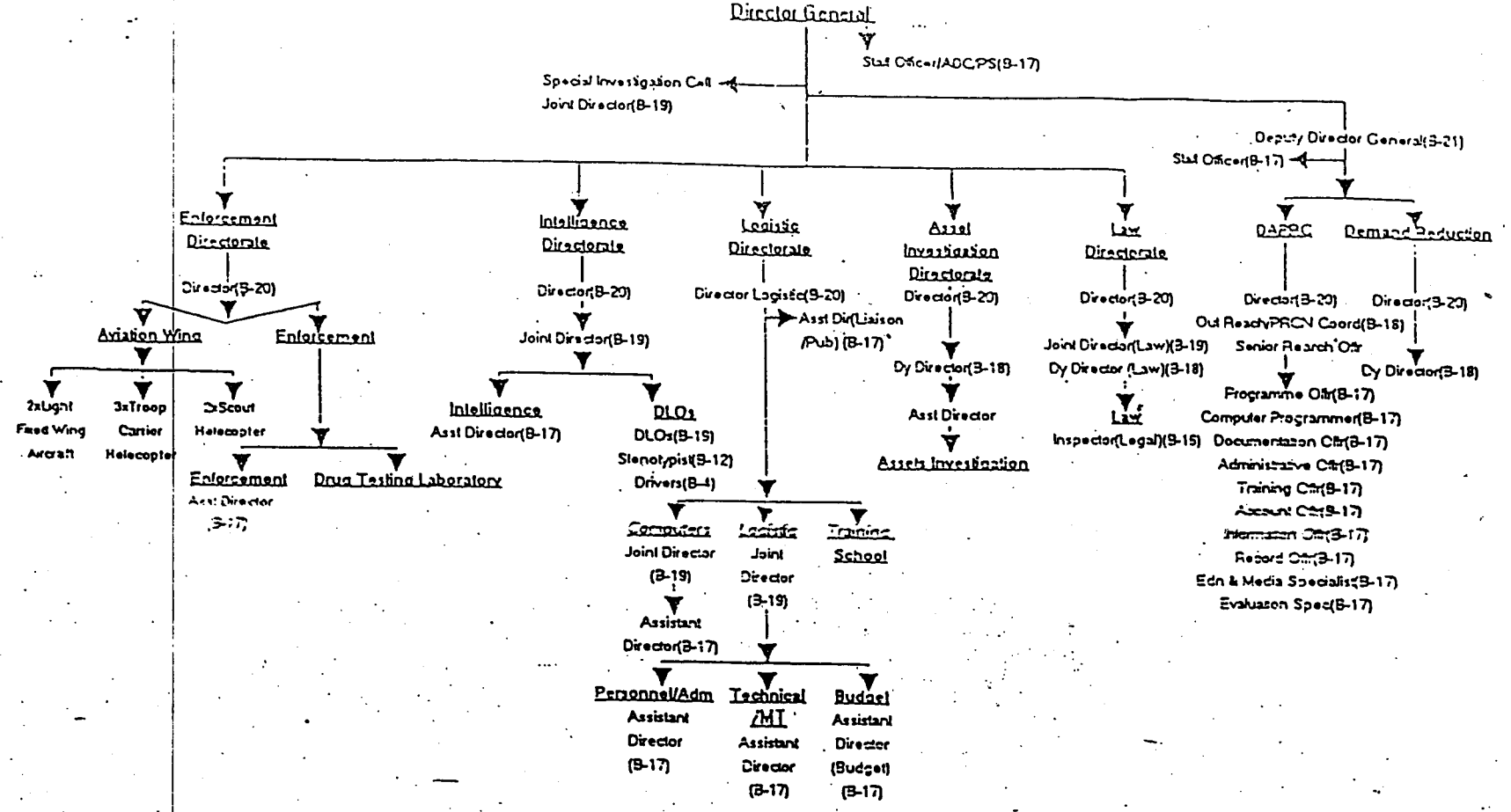
GRAND TOTAL RS. IN MILLION 2,832

ANNEXURES

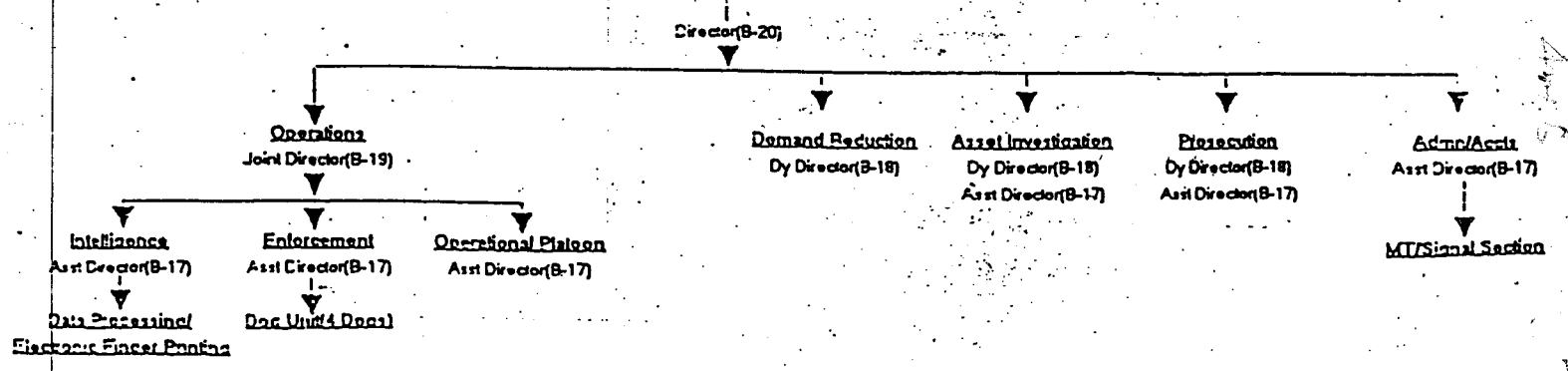
GLOSSARY OF ABBREVIATIONS/LOCAL TERMS

ADP	AREA DEVELOPMENT PROJECT/PROGRAMME (ANNUAL DEVELOPMENT PLAN)
AIDS	ACQUIRED IMMUNE DEFICIENCY SYNDROME
AJK	AZAD JAMMU AND KASHMIR
AKRSP	AGHA KHAN RURAL SUPPORT PROGRAMME
ASI	ASSISTANT SUB INSPECTOR
ASF	AIRPORT SECURITY FORCE
ANTF	ANTI NARCOTICS TASK FORCE
ANF	ANTI NARCOTICS FORCE
ADBP	AGRICULTURAL DEVELOPMENT BANK OF PAKISTAN
BIU	BASIC HEALTH UNIT
BRSP	BALUCHISTAN RURAL SUPPORT PROGRAMME
CAP	COMMUNITY ACTION PROGRAMME
CAR	CENTRAL ASIAN REPUBLICS
CBO	COMMUNITY BASED ORGANIZATION
CIA	CENTRAL INVESTIGATION AGENCY (POLICE)
CIS	COMMONWEALTH OF INDEPENDENT STATES
CIT	COMMUNITY INTERVENTION TEAM
CHW	COMMUNITY HEALTH WORKER
DC	DEPUTY COMMISSIONER
DDC	DISTRICT DEVELOPMENT COMMITTEE
DAPRC	DRUG ABUSE PREVENTION RESOURCE CENTRE
DAYTOP	DRUG ABUSERS YIELDS TO PERSUASION
DEA	DRUG ENFORCEMENT AGENCY
DMG	DISTRICT MANAGEMENT GROUP
DRD	DEMAND REDUCTION DIRECTORATE (ANF)
DSP	DEPUTY SUPERINTENDENT OF POLICE
DWE	DIRECTORATE OF WORKERS EDUCATION (MINISTRY OF LABOUR)
ECO	ECONOMIC COOPERATION ORGANIZATION
EPI	EXTENDED PROGRAMME OF IMMUNIZATION
ESSI	EMPLOYEES SOCIAL SECURITY INSTITUTION
FATA	FEDERALLY ADMINISTERED TRIBAL AREAS
FCR	FRONTIER CRIMES REGULATION
FR	FRONTIER REGION (OF FATA)
FIA	FEDERAL INVESTIGATION AGENCY
FIO	FIELD INVESTIGATION OFFICER (ANF)
FIR	FIRST INFORMATION REPORT (LODGED IN POLICE STATION)
GOP	GOVERNMENT OF PAKISTAN
HDI	HUMAN DEVELOPMENT INDEX
HDR	HUMAN DEVELOPMENT REPORT
HIV	HUMAN IMMUNO DEFICIENCY VIRUS
HIES	HOUSEHOLD INCOME AND EXPENDITURE SURVEY
HILAY	HERE LOOKING AT YOU
ICPO	INTERNATIONAL CRIMINAL POLICE ORGANIZATION - INTERPOL
ICT	ISLAMABAD CAPITAL TERRITORY
IDDRP	INTEGRATED DRUG DEMAND REDUCTION PROJECT

DIRECTORATE GENERAL ANTI-DRUGS FORCE



REGIONAL DIRECTORATE



10/15/85
 25

Pakistan Opium Production

Poppy Season	Acres	HA	KG/Ha	(MT)
1975 - 76	25,000	10,000	27	265
1976 - 77	36,250	14,500	21	308
1977 - 78	57,500	23,000	22	511
1978 - 79	80,500	32,200	25	800
1979 - 80	8,750	3,500	36	125
1980 - 81	6,000	2,400	35	85
1981 - 82	7,268	2,907	23	67
1982 - 83	6,797	2,719	23	63
1983 - 84	6,525	2,610	17	45
1984 - 85	5,405	2,162	19	40
1985 - 86	15,085	6,034	22	130
1986 - 87	13,657	5,463	22	120
1987 - 88	16,297	6,519	20	130
1988 - 89	18,661	7,464	17	130
1989 - 90	18,720	7,488	20	150
1990 - 91	19,906	7,962	20	160
1991 - 92	23,732	9,493	19	181
1992 - 93	18,322	7,329	22	161
1993 - 94	14,398	5,759	22	128
1994 - 95	13,038	5,215	21	110
1995 - 96	2,565	1,037	27	28
1996 - 97	2,195	879	27	24

Pakistan Opium Production

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1978 - 79	80,500	32,200	25	800
1979 - 80	8,750	3,500	36	125
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1982 - 83	6,797	2,719	23	63
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1996 - 97	2,195	879	27	24

**DETOXIFICATION AND REHABILITATION
FACILITIES PROVINCE WISE**

<u>PROVINCE</u>	<u>FACILITY</u>	<u>DETOXIFICATION</u>	<u>REHABILITATION (ONLY)</u>	<u>TOTAL</u>
Balochistan	Government Hospital	12	-	12
	Private Clinic	9	-	9
	NGOs	4	2	4
Islamabad Capital Territory	Government Hospital	6	-	6
	Private Clinic	4	1	5
	NGOs	2	-	2
Punjab	Government Hospital	38	3	41
	Private Clinic	44	6	50
	NGOs	5	2	7
Sindh	Government Hospital	21	-	21
	Private Clinic	28	-	28
	NGOs	6	-	6
Islamabad	Private Clinic	2	1	2
	NGOs	1	1	2
Total		182	15	197

NARCOTICS SEIZURES WITHIN PAKISTAN (1992)

Quantity in Kg / Nos.

	OPIUM			HEROIN			CHARAS			BHANG			OTHERS		
	No. of Cases	No. of Defend	Qty. Seized	No. of Cases	No. of Defend	Qty. Seized	No. of Cases	No. of Defend	Qty. Seized	No. of Cases	No. of Defend	Qty. Seized	No. of Cases	No. of Defend	Qty. Seized
ANTF	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ASF	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0
Coastal Guards	1	0	3	0	0	0	5	16805	0	0	0	0	0	0	0

NARCOTICS SEIZURES WITHIN PAKISTAN (1992)

Quantity in Kg / Nos.

	OPIUM			HEROIN			CHARAS			BHANG			OTHERS		
	No. of Cases	No. of Defend	Qty. Seized	No. of Cases	No. of Defend	Qty. Seized	No. of Cases	No. of Defend	Qty. Seized	No. of Cases	No. of Defend	Qty. Seized	No. of Cases	No. of Defend	Qty. Seized
ANTF	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ASF	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0
Coastal Guards	1	0	3	0	0	0	5	16805	0	0	0	0	0	0	0
Customs	10	9	1755	67	83	253	41	79163	0	0	0	0	0	0	0
Excise	797	766	399	4771	4562	423	2634	26548	166	169	603	0	0	0	0
Frontier Corps	2	0	68	1	0	6	11	36933	0	0	0	0	0	0	0
FIA	1	0	0	1	2	6	0	0	0	0	0	0	0	0	0
Levies	0	0	0	2	2	0	2	0	0	0	0	0	0	0	0
Political Agents -	2	2	0	1	6	0	2	1883	0	0	0	0	0	0	0
PNCB	29	28	38	153	150	173	160	6414	0	0	0	0	0	0	0
Police	3632	3714	1148	19982	20587	1508	18870	22283	574	698	2150	0	0	0	0
Pakistan Rangers	3	3	0	28	30	0	11	372	1	2	34	0	0	0	0
Railway Police	64	46	59	293	245	103	261	66	27	25	376	0	0	0	0
TOTAL	4441	4548	3400	25399	25367	2471	21998	190459	768	894	3163	0	0	0	0

Source: Pakistan Customs Board, 1993

ANNEXURE-12

88

NARCOTICS SEIZURES WITHIN PAKISTAN (1994)

Quantity in Kg / Nos.

	OPIUM			HEROIN			CHARAS			BHANG			OTHERS		
	No. of Cases	No. of Defend	Qty. Seized	No. of Cases	No. of Defend	Qty. Seized	No. of Cases	No. of Defend	Qty. Seized	No. of Cases	No. of Defend	Qty. Seized	No. of Cases	No. of Defend	Qty. Seized
ANTF	9	7	159	32	61	1088	7	7	50824	0	0	0	0	0	0
Coastal Guards	0	0	0	1	0	2	4	0	29561	0	0	0	0	0	0
Customs	8	10	417	153	147	659	32	34	33267	0	0	0	0	0	0
Excise	430	356	274	2261	2176	256	1124	942	2697	127	140	1710	106	91	4794
Frontier Corps	2	3	675	2	1	4	6	3	36505	0	0	0	0	0	0
FLA	0	0	0	2	5	0	0	0	0	0	0	0	0	0	0
Islamabad Police	4	4	2	35	35	5	83	83	32	0	0	0	0	0	0
Levies	0	0	0	2	2	0	1	1	0	0	0	0	0	0	0
Political Agents	1	1	4	2	2	1	3	3	5	0	0	0	0	0	0
PNCB	43	44	413	268	278	870	125	127	6935	0	0	0	0	0	0
Police	2592	2613	12678	20513	20589	3523	26034	25709	29200	338	387	1533	4378	4831	62403
Pakistan Rangers	0	0	0	0	0	0	25	24	179	1	0	11	0	0	0
Railway Police	87	85	42	206	206	85	263	268	46	12	11	16833	0	0	0
TOTAL	3176	3123	14664	23477	23502	6493	27707	27201	189251	478	538	20087	4484	4922	67197

Source: Pakistan Narcotics Control Board

W/B

NARCOTICS SEIZURES WITHIN PAKISTAN (01/01/1996 TO 31/12/1996)

	OPIUM			HEROIN			CHARAS			BHANG/OTHERS		
	No of cases	No of Defend	Qty Seized	No of cases	No of Defend	Qty Seized	No of cases	No of Defend	Qty Seized	No of cases	No of Defend	Qty Seized
ANF	25	30	196.303	109	131	2200.722	111	142	41496.529	0	0	0
ASF	0	0	0.000	9	9	31.005	8	8	2.569	0	0	0
F.Corp Baloch.	5	13	1,141.000	9	5	312.600	15	6	2754.430	1	0	19.500
Coastal Guards	8	6	236.900	13	21	129.650	18	5	3635.400	0	0	0
Customs	7	8	563.240	228	195	539.426	21	21	37840.895	0	0	0
Excise	253	327	447.463	1,117	1,078	1205.197	887	728	22310.509	9	9	49.300
Ibd. Police	3	3	3.340	34	34	5.525	84	85	165.043	0	0	0
Levies	0	0	0.000	0	0	0.000	1	1	0.033	0	0	0
F. Corps NWFP	1	0	757.000	1	0	143.650	4	0	1466.000	0	0	0
Police	2,124	2,185	4,157.114	17,312	17,406	1096.714	27,144	27,318	36886.696	85	86	3480.499
Punjab Rangers	0	0	0.000	1	0	22.500	0	0	0.000	0	0	0
Railway Police	100	100	372.537	282	283	7217.332	356	355	8100.093	20	20	239.546
Sindh Rangers	3	3	1.225	0	0	0	1	0	16.000	0	0	0
Total	2,529	2,675	7,876.122	19,115	19,162	12,904.321	28,650	28,669	154,674.197	115	115	3,788.845

NARCOTICS SEIZURES WITHIN PAKISTAN (01/01/1998 TO 30/06/1998)

	OPIUM			HEROIN			CHARAS			BHANG/OTHERS		
	No of cases	No of Defend	Qty Seized	No of cases	No of Defend	Qty Seized	No of cases	No of Defend	Qty Seized	No of cases	No of Defend	Qty Seized
ANF	27	22	149.582	63	85	447.612	93	110	9575.728	0	0	0
ASF	3	3	0.577	10	10	11.658	8	7	72.960	0	0	0
F.Corp Balochistan	3	2	35.500	4	4	102.325	15	0	1532.100	0	0	0
Coastal Guards	4	1	16.230	3	4	26.590	21	17	133.540	0	0	0
Customs	5	5	35.900	95	80	150.448	14	27	8963.300	0	0	0
Excise	131	131	353.674	427	427	31.658	319	319	1066.988	0	0	0
Islamabad Poice	0	0	0.000	6	7	6.410	22	21	15.360	0	0	0
FC Corps NWFP	3	0	43.000	2	5	11.770	3	0	448	0	0	0
Pplice	707	722	770.012	4,570	4,598	306.855	11,581	11,619	5227.453	442	454	1406
Railways Police	40	37	64.508	62	63	13.615	222	231	137.492	15	15	153.520
Total	923	923	1,468.983	5,242	5,283	1,108.941	12,298	12,351	27,172.921	457	469	1,559.520

Five Classes of Drugs that Alter Mood or Behavior

Only representative agents from each class of drug are listed. Brand names are shown in italics.

1. Sedative-Hypnotic Compounds (CNS Depressants) Barbiturates
 - Long-acting: phenobarbital (*Luminal*)
 - Intermediate-acting: amobarbital (*Amytal*)
 - Short-acting: pentothal (*Thiopental*)

Nonbarbiturate hypnotics

 - Glutethimide (*Doriden*)
 - Methyprylon (*Noludar*)
 - Methaqualon (*Parest, Quaalude, Somnafac, Sopor*)

Antianxiety agents

 - Meprobamate (*Miltown, Equanil*)
 - Chlordiazepoxide (*Librium*)
 - Diazepam (*Valium*)

Others

 - Ethyl alcohol; bromide; paraldehyde; chloral hydrate; anesthetic gases and liquids (*ether, halothane, chloroform, etc.*)

2. Behavioral Stimulants and Convulsants
 - Amphetamines: *Benzedrine; Dexedrine; Methedrine*
 - Clinical antidepressants
 - Monoamine oxidase (MAO) inhibitors: *Parnate*
 - Tricyclic compounds: *Tofranil; Elavil*
 - Cocaine
 - Convulsants: *strychnine; Metrazol; Picrotoxin*
 - Caffeine
 - Nicotine

3. Narcotic Analgesics (Opiates)
 - Opium; heroin; morphine; codeine; Nwnorphan; Dilaudid, Percodan; Demerol*

4. Antipsychotic Agents
 - Phenothiazines: *chlorpromazine (Thorazine)*
 - Reserpine (Serpasil)*
 - Butyrophenones: *haloperidol (Haldol)*
 - Lithium

5. Psychedelics and Hallucinogens
 - LSD (lysergic acid diethylamide)*
 - Mescaline*
 - Psilocybin*
 - Substituted amphetamines: *DOM (STP); MDA; MMDA*
 - Tryptamine derivatives; DMT; DET; bufotenin*
 - Phencyclidine (Serryl)*
 - Cannabis: marijuana; hashish, tetrahydrocannabinol*

Source "A-Primer of Drug Action" Robert M. Julien.

BACKGROUND INFORMATION ON THE DRAFTING TEAM
OF THE MASTER PLAN FOR DRUG ABUSE CONTROL

1. Mr. Shakil Durrani, the Team Leader is the Director, Demand Reduction in the ANF. He holds a Master's degree in Political Science and an M.Sc in National Development and Project Planning from the U.K. He belongs to the District Management Group (formerly the C.S.P) and stood first in Pakistan in the competitive examination of the Central Superior Services in 1971. He has extensive field experience as an administrator having served as Deputy Commissioner in Chitral District and Political Agent in the Tribal Areas of Khyber, Mohmand and Bajaur Agencies. Mr. Durrani was also Commissioner of Kohat and Malakand Divisions in the NWFP and Chief Commissioner in the Northern Areas. He has been the Managing Director of the NWFP Small Industries Development Board and Secretary to the Government of NWFP for Information, Tourism and Culture.

Mr. Durrani has attended the four month Administration and Development Course in the National Institute of Public Administration, Peshawar, the National Management Programme of the Pakistan Administrative Staff College and the Top Management Programme of the Asian Institute of Management in Phillipines.

Mr. Durrani is the author of research papers on the Integrated Rural Development Programme (1980); Restructuring the Tribal Areas Administration (1989). Social Action Programme (1993) and Community Involvement in Wildlife Conservation in the Northern Areas of Pakistan. He has served as a Director of the WWF Pakistan, is one of the Regional Directors of the IUCN in Pakistan and is also a member of the Kalash Environmental Protection Foundation (Chitral).

2. Ms Naazlee Sendar, after her initial schooling in the Presentation Convent School Peshawar did her 'A' level from Breily Hills Grammar School Worcestershire England. She has a Master's degree in

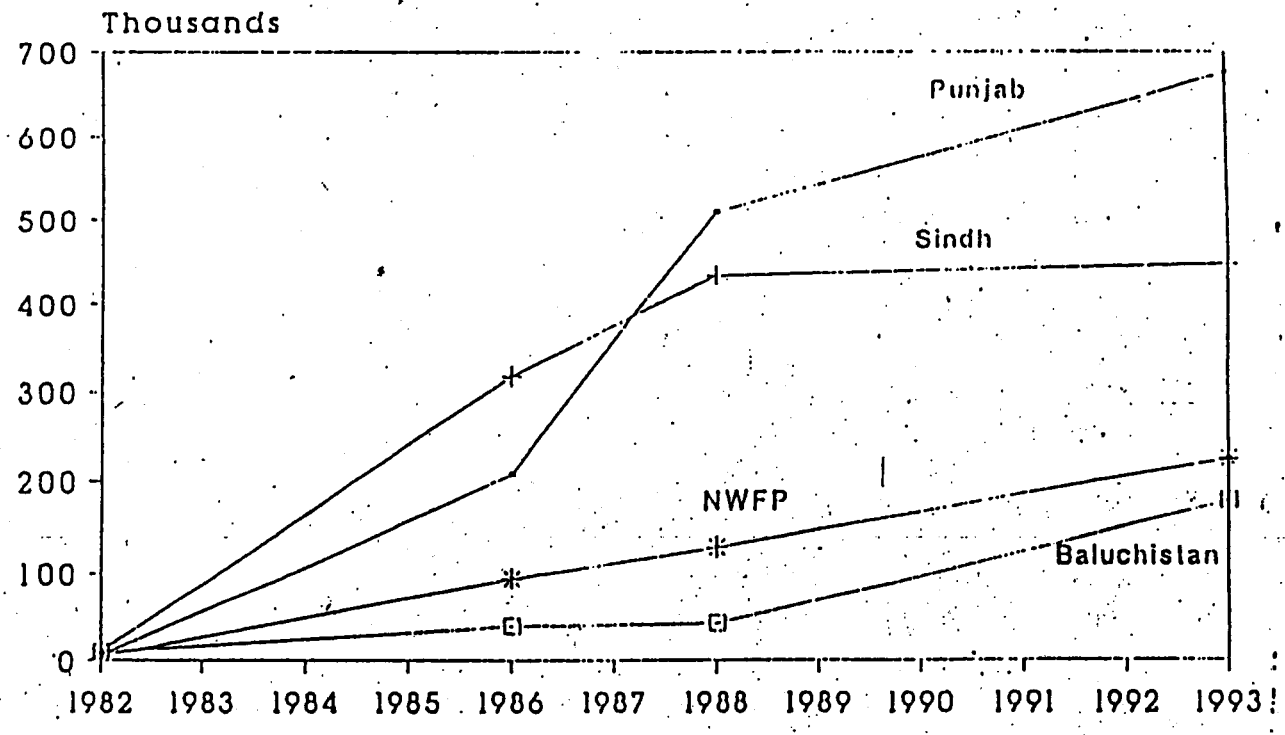
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ANNEXURE - J

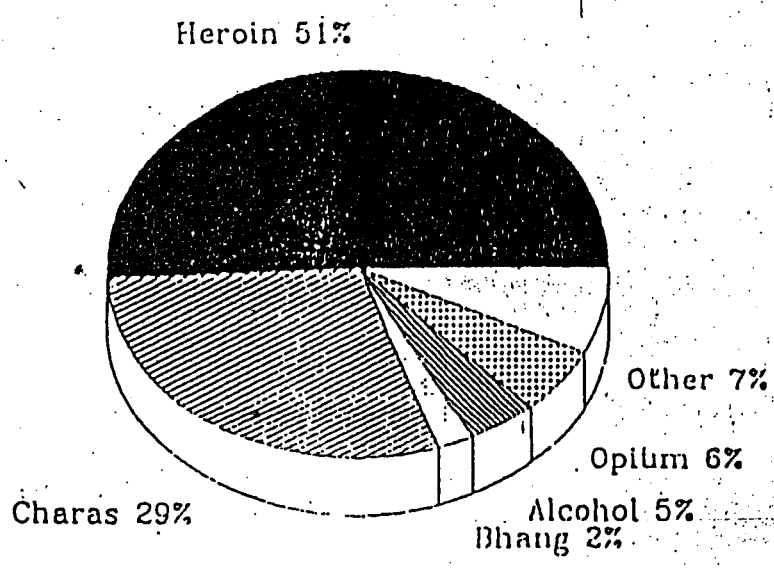
Heroin Users by Province

Total Heroin Users: 1982 = 30,000 1993: 1,52 million

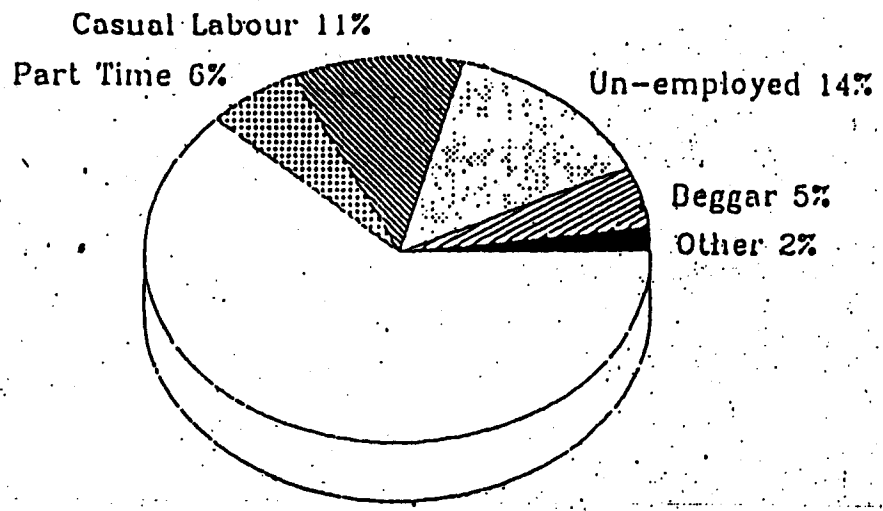


--- Punjab -|- Sindh -|- NWFP || Baluchistan

Prevalence by Type of Drugs (1993)



Employment Status of Drug Users

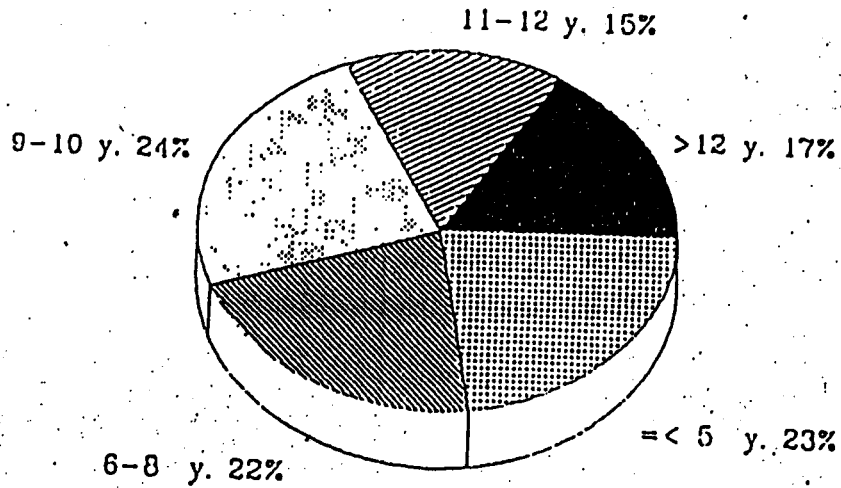


Full Time 62%

62 % of drug users (50% of heroin users) have a full time job.

Drug Abuse and Literacy (in years of schooling by age group)

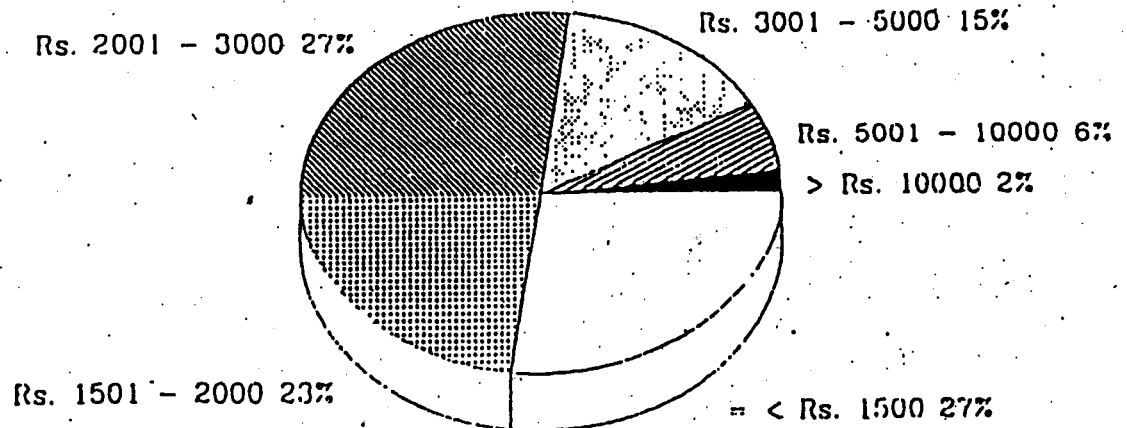
61 % of drug users in Pakistan can read and write.
In Baluchistan 53 % of drug users are illiterate.
22 % of urban drug users in Punjab, Sindh and NWFP
had more than 12 years of schooling.



Drug Abusers by Income

(by income groups in Rs./Month)

The mean personal income of drug users is Rs. 3,054/month
The average family income of drug users is Rs. 5,093/month



Position of Drug Abusers in Households

54 % of drug users are married.
Drug users have 3 dependents on average.
45 % of drug users are heads of households.

