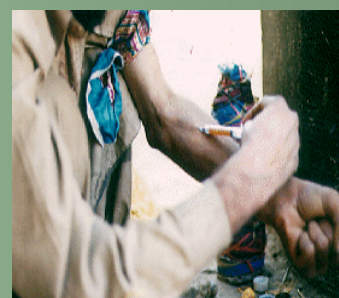




UNITED NATIONS
Office on Drugs and Crime
Country Office, Pakistan

THE PARIS PACT INITIATIVE
A partnership to counter trafficking and
consumption of Afghan opiates

Illicit Drug Trends in Pakistan



April 2008

Acknowledgements

The Paris Pact Illicit Drug Trends Report for Pakistan was prepared by the Paris Pact Coordination and Analysis Unit (CAU) of the UNODC Country Office for Pakistan and benefited from the work and expertise of officials from the UNODC Regional Office for Central Asia.

In particular, the following UNODC officials have contributed to the preparation of this report: Madeeha Bajwa, Paris Pact National Strategic Analyst, UNODC Country Office Pakistan and Hakan Demirbuken, Regional Monitoring Expert for South-West Asia, Research and Analysis Section, Regional Office for Central Asia.

The Paris Pact is an international partnership to combat traffic in and abuse of Afghan opiates. At the first Ministerial Conference on Drug Routes from Central Asia to Europe held in Paris in May 2003, more than 60 countries and international organizations agreed to join forces in order to limit the flow of opiates from Afghanistan to and through all countries along the smuggling routes. At the second Ministerial Conference on Drug Trafficking Routes from Afghanistan held in Moscow in June 2006 partners reiterated the need for enhanced and coordinated counter narcotics action to reduce opiates trafficking, consumption and related health problems in the region. UNODC is leading the follow-up to these Ministerial Conferences through the Paris Pact Initiative, a project that facilitates periodical consultations at the expert and policy level and also aims to strengthen data collection and analytical capacities in and around Afghanistan. This project also provides partners with the use of a secure, automated internet-based tool for the coordination of technical assistance in the field of counter narcotics (ADAM - www.paris-pact.net).

UNODC would like to thank the European Commission, as well as the Governments of Italy, the Russian Federation, Turkey, France, Sweden, USA, Austria and Greece for their financial support to the Paris Pact Initiative in 2007.

This report is based primarily on open source information, statistics and briefs from ministries and agencies involved in drug control related activities in Pakistan to whom UNODC extends special thanks. For any questions related to this report, please contact the UNODC Country Office for Pakistan.

This report is not an official document of the United Nations and it has not been formally edited. The boundaries, names and designations used in this publication do not imply official endorsement or acceptance by the United Nations.

Acronyms

The following abbreviations have been used in this report:

ANF	Anti Narcotics Force
ASF	Airport Security Force
ATS	Amphetamine Type Stimulants
ATTA	Afghanistan Transit Trade Agreement
CNSA-97	Control of Narcotics Substances Act-1997
FATA	Federally Administered Tribal Areas
FC	Frontier Corps
GOP	Government of Pakistan
INCB	International Narcotics Control Board
IDU	Injecting Drug User
MSA	Maritime Security Agency
NA	Northern Areas
NACP	National AIDS Control Programme
NAS	Narcotics Affairs Section
NGO	Non-Governmental Organisation
NWFP	North West Frontier Province
SIC	Special Investigation Cell
TIR	Transport International Routers

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Summary

Pakistan's geographic location next to Afghanistan, the world's largest producer of illicit opium, places the country in a vulnerable position in terms of drug trafficking as well as drug abuse. Patterns of illicit drug production, distribution and abuse change as a result of social, economic and political developments. Such changes underscore the necessity of analysis and research on drug trends in the country and region as a crucial first step in terms of policy making and drug interdiction efforts. This report aims to enhance the understanding of drug trends in Pakistan in order to place it within the wider context of global drug developments.

The first three chapters of this report will review trends in the production, seizure and abuse of opium/heroin, cannabis and synthetic drugs in Pakistan. Following that, the report considers the major trafficking patterns (for drugs and precursor chemicals) and then assesses the status of drug related crimes and offences. The final chapter focuses on the impact of drug abuse on the HIV/AIDS situation in Pakistan. Key points arising from the report are summarized below.

Pakistan's cultivation of opium poppy largely declined during the 1990's to near zero levels in 1999 and 2000. The commitment of the Government of Pakistan (GOP) to measures for eliminating opium poppy cultivation, together with alternative development projects funded by the international community, led to a decrease in poppy cultivation from approximately 9,441 ha. in 1992 to some 213 ha. in 2001. However, there was a re-emergence of poppy cultivation, probably as a result of high opium prices following the Taliban's prohibition of poppy cultivation in Afghanistan in 2001. In 2003 poppy cultivation was reported at 6,703 ha., including for the first time cultivation in the Balochistan Province. The total area cultivated declined to 2,306 ha. by May 2007 as a result of concerted eradication efforts.

Control over cannabis production and its eradication and seizure has a lower priority within drug control authorities and hence information on this is limited. However, it is accepted that cannabis is widely grown, freely available and consumed at relatively low prices.

Pakistan is one of the primary transit countries for drugs from Afghanistan and hence knowledge of new routes and evolving methods of drug trafficking is essential for successful interdiction. In 2007, law enforcement agencies seized 13,736 kg of heroin/morphine base, 101,069 kg of cannabis and 15,362 kg of opium (down from the 2006 seizures of 35,478 kg of heroin/morphine base and 115,443 kg of cannabis and up from the 2006 opium seizures of 8,907 kg). Intelligence on groups involved in drug trafficking and their links to other crime groups is also key to controlling drug trafficking. The Anti Narcotics Force (ANF), the primary drug control agency in Pakistan, collects and publishes annual statistics on drug related crime. Several changes in the Pakistan penal code have had positive implications for the prosecution of drug related cases. ANF's conviction rate has improved over the last few years and stood at 8 percent in 2006.

The joint Government of Pakistan / UNODC Report 'Problem Drug Use in Pakistan: Results from the 2006 National Assessment', states that the number of opiate users has

reached a plateau. The report estimates the number of opiate users at 628,000 of which 77 percent (482,000) are chronic heroin abusers. The 100 percent increase in injecting drug use between 2000 and 2006 noted in the report is worrisome in terms of the risk of HIV/AIDS transmission. Evidence based on HIV/AIDS outbreaks suggests that there is currently a concentrated, but localized, HIV epidemic among injecting drug users in Pakistan. Coupled with widespread risk behaviours, this could lead to an HIV epidemic among the wider population.

The 2006 Assessment Report identified a substantial increase in the use of cannabis, sedatives and tranquilisers since 2000. The use of inhalants has also been observed to be increasing among adolescents. The report identifies an emerging shift from traditional plant based drugs to synthetic drugs commonly termed 'Amphetamine Type Stimulants (ATS)'. Abuse of this new wave of drugs is not yet widespread and is largely restricted to young people from more prosperous families. However, easy availability and falling prices could result in usage spilling over to the general population in the future. The report has also indicated an increasing use of benzodiazepines which underscores the importance of a prescription system with appropriate checks and balances. Furthermore, there is evidence of a trend of injecting benzodiazepines. These recent developments in the abuse of synthetic drugs make the necessity of controlling their production and trafficking an immediate challenge for Pakistan.

Heroin/Opium

Cultivation and Eradication

Pakistan has long been exposed to the consequences of illicit opium cultivation, production, trafficking and abuse. The extent and gravity of the problem has, however, fluctuated over time. The use of certain opium poppy and cannabis products has a long history and has acquired a degree of psychological and socio-cultural acceptance. During the 1990's declining opium cultivation and production levels were largely due to the Government's efforts to discourage the planting of opium and to destroy opium crops, together with the provision of alternative development assistance for opium poppy growers from the international community. An analysis of poppy harvesting trends reveals a decline in the amount harvested from the peak level of 9,441 ha. in 1992 to "poppy free" status in 2000-01.

However, in 2003 poppy cultivation was reported at 6,703 ha. which included opium production in Balochistan, the North West Frontier Province (NWFP) and the Federally Administered Tribal Areas (FATA). Poppy cultivation in Balochistan was reported for the first time in 2003; most of the poppy cultivated in Balochistan has been eradicated every year since then. Over the past three years the Khyber Agency (on the border with Nangarhar province in Afghanistan) in the FATA has harvested the bulk of opium cultivated. While the area cultivated in Pakistan during 2007 was equivalent to only around 1.2 percent of the area cultivated in Afghanistan, there is a risk that cultivation in Pakistan could increase substantially unless there are sustained efforts to dissuade farmers from planting poppy and to destroy opium crops before they are harvested.

Of the 6,703 ha. cultivated in Pakistan in 2003, 38 percent (2,521 ha.) was harvested. In 2004 with a similar level of cultivation (6,694 ha.), only 22 percent (1,481 ha.) was harvested. Although total reported cultivation in 2005 dropped by 47 percent (to 3,145 ha.), 75 percent (2,359 ha.) was harvested – mostly in the Khyber Agency. In 2006, cultivation dropped by 61 percent (to 1,909 ha.), most of which was in NWFP and FATA. In Balochistan opium poppy cultivation declined from 3,067 ha. in 2004 to only 424 ha. by May 2007. The entire 2005 poppy crop and almost the entire poppy crop in 2007 were destroyed.¹ Table 1 gives the cultivation, eradication and harvest statistics from 2003.

The problematic areas in terms of poppy cultivation are largely concentrated in the Federally Administered Tribal Areas (FATA).² Concerns about losing community acquiescence in counter terrorism operations and a lack of available security forces due to ongoing counter terrorism operations in the Pakistan-Afghanistan border areas are factors that hamper the eradication efforts in FATA. Eradication efforts need to be improved, particularly in Khyber Agency where there is a trend towards cultivation within walled compounds to conceal the crop from the authorities.

¹ This information covers the period up to May 2007.

² These semi-autonomous tribal lands comprise seven "agencies": Bajaur, Momand, Khyber, Orakzai, Kurram, and North and South Waziristan.

Table 1: Cultivation, Eradication & Potential Harvest of Opium 2003-2007 in Pakistan (ha.)

National			
<i>Year</i>	<i>Cultivation</i>	<i>Eradication</i>	<i>Harvest</i>
2003	6,702	4,181	2,521
2004	6,694	5,199	1,495
2005	3,145	706	2,439
2006	1,909	356	1,553
2007*	2,306	608	1,698

Balochistan Province			
<i>Year</i>	<i>Cultivation</i>	<i>Eradication</i>	<i>Harvest</i>
2003	2,832	2,288	544
2004	3,067	2,577	490
2005	275	275	-
2006	47	24	23
2007*	424	416	8

North West Frontier Province			
<i>Year</i>	<i>Cultivation</i>	<i>Eradication</i>	<i>Harvest</i>
2003	3,870	1,893	1,977
2004	3,627	2,622	1,005
2005	2,870	431	2,439
2006	1,862	332	1,530
2007*	1,882	192	1,690

*Figures up to 11 May 2007

Source: Anti Narcotics Force, Ministry of Narcotics Control

The US Government and the Government of Pakistan signed a five year agreement in September 2007 paving the way for a 750 million-dollar US aid package under the 2.3-billion-dollar FATA Sustainable Development Plan. The assistance will be used to support programmes in capacity building, livelihoods, agriculture, micro and small and medium enterprises, health, education and infrastructure development. These activities are intended to promote better living conditions and the cessation of opium poppy cultivation.

Seizures

The main law enforcement agencies involved in interdicting the production, smuggling, trafficking and abuse of narcotics (and psychotropic substances) are listed in Table 2.

Table 2: Agencies in Pakistan with Drug Law Enforcement Responsibilities

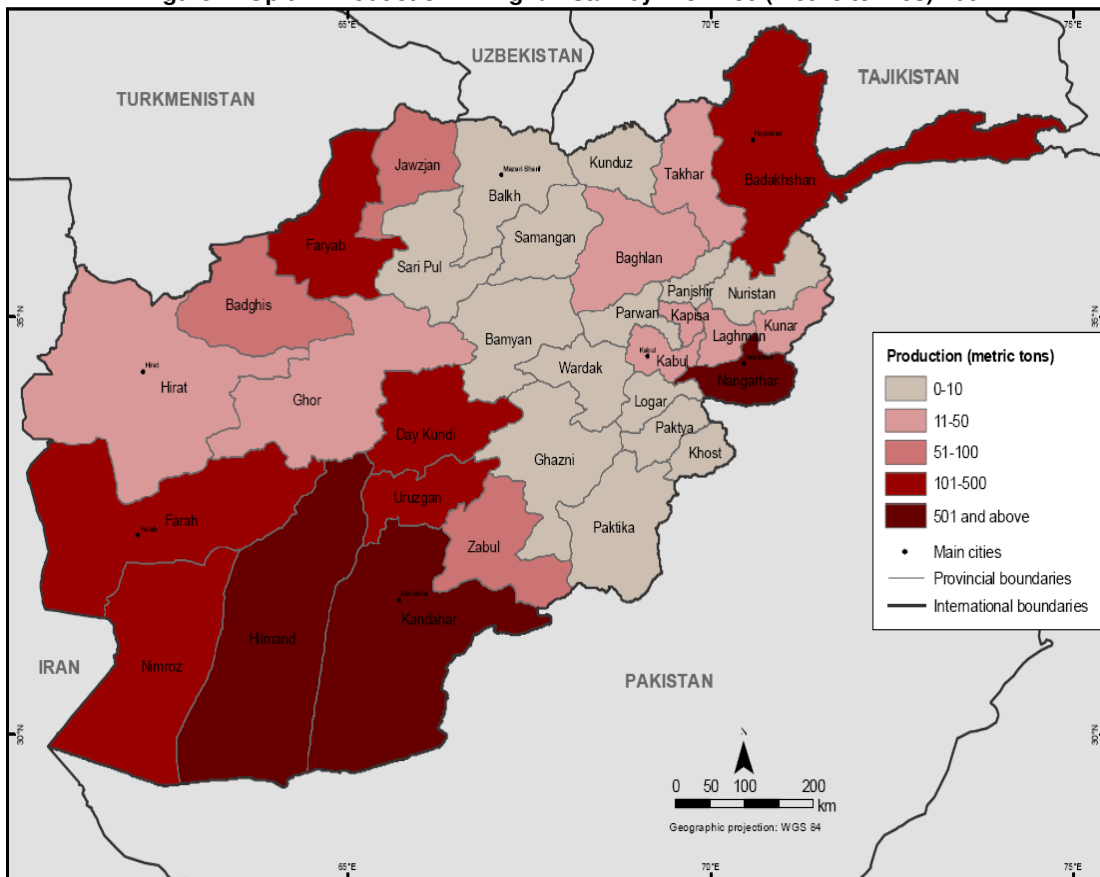
Agency	Drug Control Functions
Anti Narcotics Force	As the primary drug law enforcement agency, the ANF collects intelligence and is responsible for arrests, investigation and prosecution of offenders. It is also involved in seizures of drug-generated assets and curbing of money-laundering. The ANF is also responsible for demand reduction programmes. Powers to carry out counter narcotics operations have been delegated by the ANF to the Pakistan Coast Guard and Pakistan Rangers.
Frontier Corps (FC)	The FC primarily guards the border area with Afghanistan and Iran but also undertakes counter drug-trafficking operations.
Pakistan Customs	There are two main arms of Pakistan Customs-the Intelligence and Investigation Division and the Customs Collectorate, both of which have drug control within their remit.
Police	The provincial police forces have a duty to check the trafficking and distribution of drugs within the country especially at the consumption level.
Pakistan Rangers	The Pakistan Rangers assist with maintenance of internal security in provinces of Punjab and Sindh and also cover the border with India. They are responsible, inter alia, for interdiction of narcotic drugs and psychotropic substances
Airport Security Force (ASF)	The ASF, in the performance of its other duties, also helps in the detection of narcotics trafficking through its baggage screening mechanisms at different airports.
Pakistan Coast Guards	Pakistan Coast Guard is responsible for the security of Pakistan's coastline and its sphere of operation extends from 30 km to 120 km inland.

Pakistan is a primary transit country for opiates produced in Afghanistan. Trafficking of opiates into and through Pakistan increased dramatically during the period 2001 – 2006 corresponding roughly to the increase in opium production in Afghanistan from 185

metric tons in 2001 to 6,100 metric tons in 2006. In 2005, Pakistan seized 24 metric tonnes of heroin and morphine (comprising 27 percent of total global seizures). In 2006, Pakistan seized a record 35 metric tons of heroin and morphine, up from 24 metric tons the year before – an increase of 46 percent on the 2005 figure.³ In 2007, Afghanistan produced 8,200 metric tons of opium accounting for 93 percent of illicit global opiates production.

UNODC’s 2007 Afghanistan Opium Poppy Survey highlights that in 2007, 70 percent of Afghanistan’s poppy was grown in five provinces along the border with Pakistan (see Figure 1).⁴ 50 percent of the Afghan opium crop is grown in the province of Hilmand, which shares a border with Balochistan. Other major opium producing Afghan provinces sharing a border with Pakistan includes Kandahar, Nimroz, Nangarhar and Badakhshan.

Figure 1: Opium Production in Afghanistan by Province (metric tonnes) 2007



Source: UNODC Afghanistan Opium Survey 2007

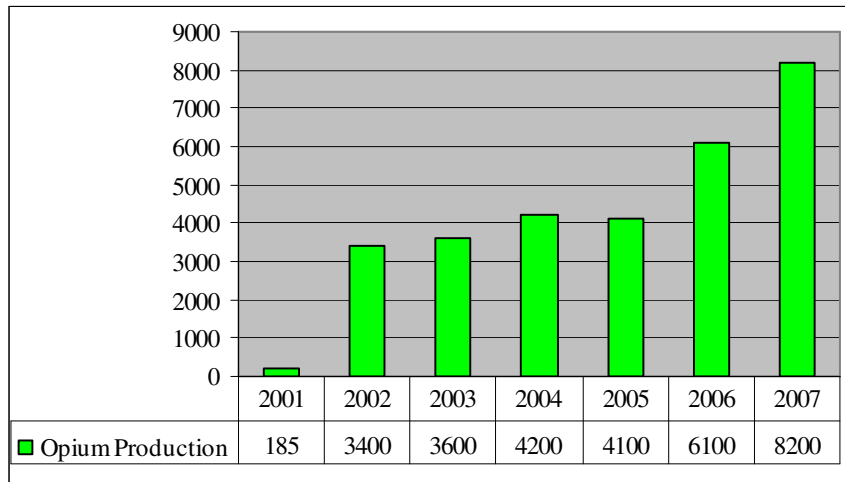
Figures 2 and 3 demonstrate the link between opium production in Afghanistan and heroin/morphine seizures in Pakistan. As opium production has increased in

³ UNODC World Drug Report 2007

⁴ Afghanistan Opium Survey 2007 – Executive Summary

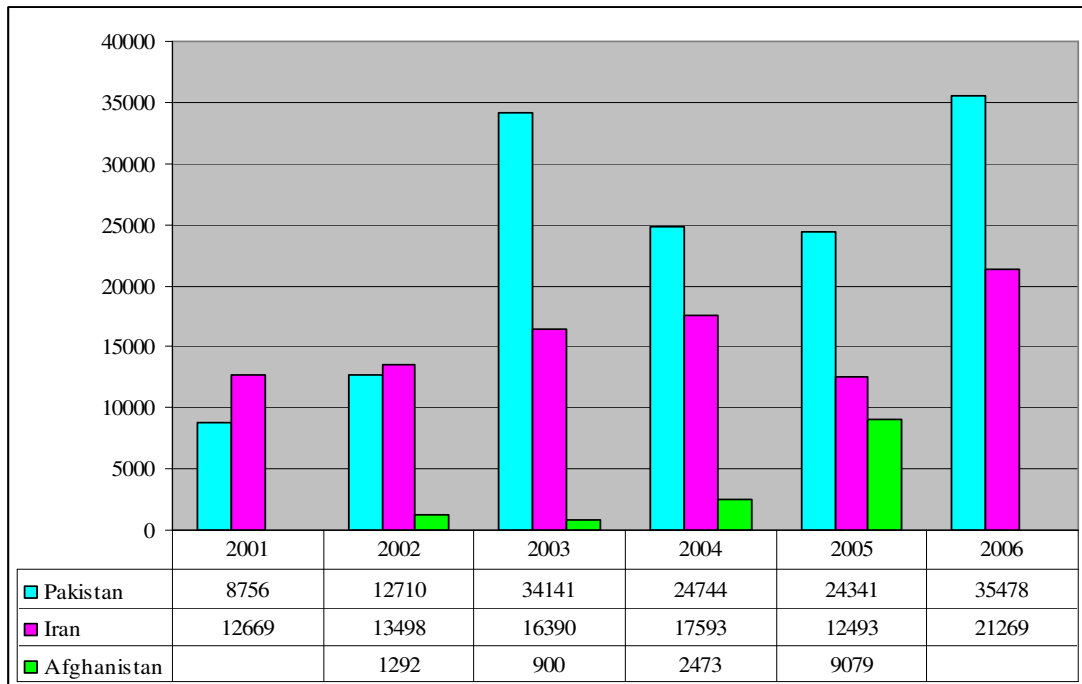
Afghanistan, seizures of heroin/morphine base in Pakistan have broadly kept pace. Pakistan makes the bulk of the heroin/morphine base seizures in the region whereas Iran is responsible for the majority of the opium seizures (see Figure 4).

Figure 2: Potential Opium Production (metric tonnes) in Afghanistan 2001-2007



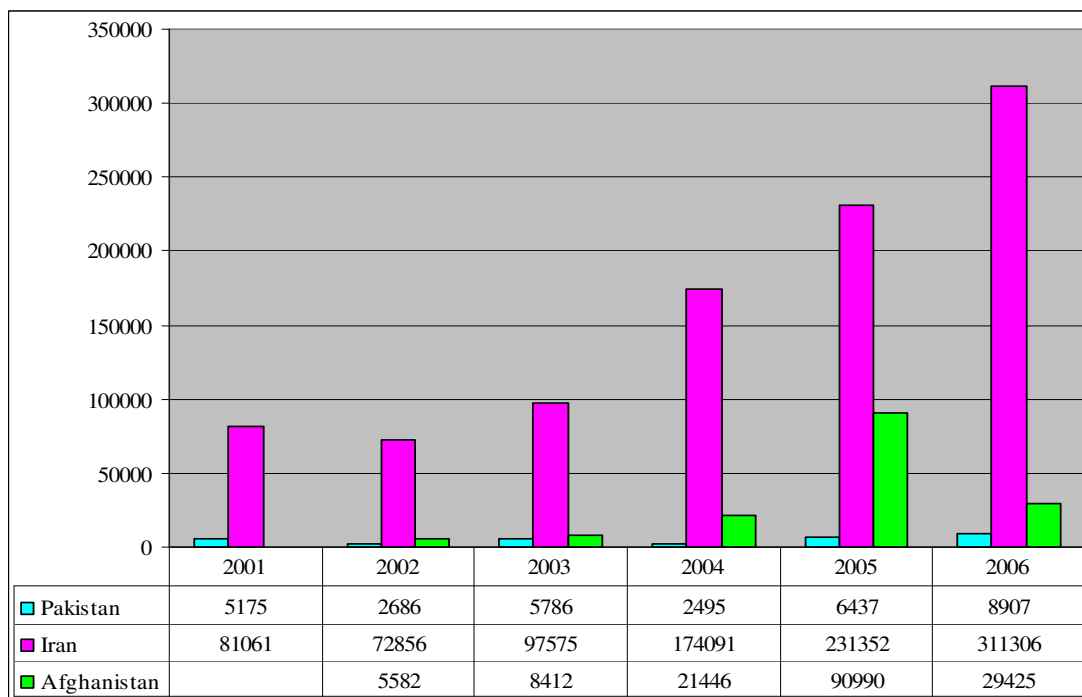
Source: 2007 Afghanistan Opium Poppy Survey

Figure 3: Heroin/Morphine Base Seizures (kg), Pakistan, Iran and Afghanistan 2001-2006



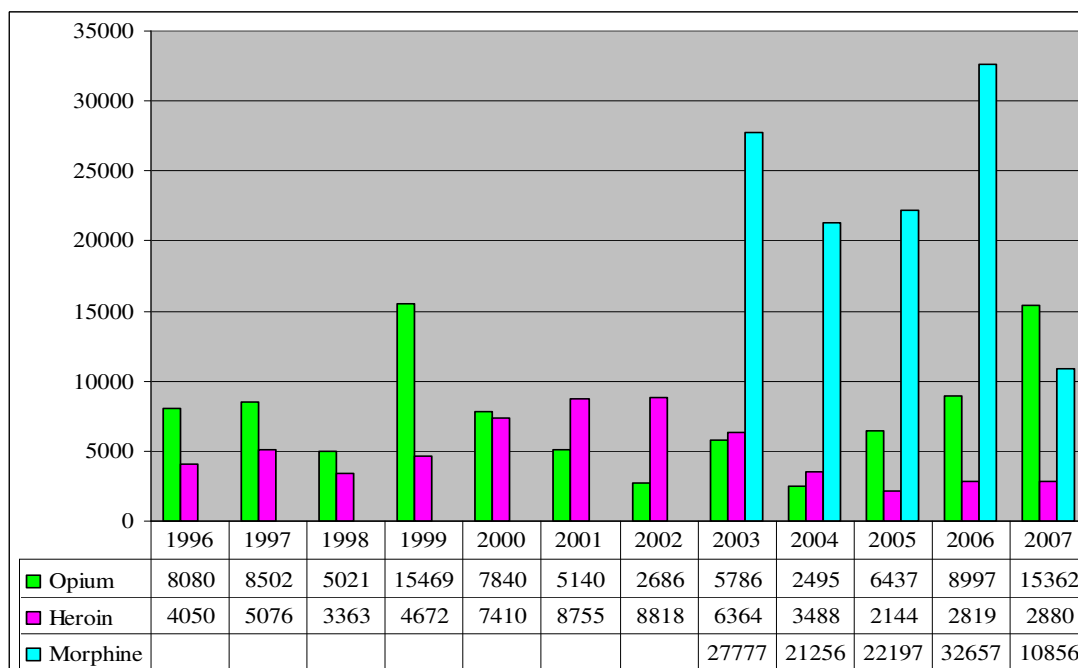
Source: UNODC World Drug Report 2007

Figure 4: Opium Base Seizures (kg) in Pakistan, Iran and Afghanistan 2001-2006



Source: UNODC World Drug Report 2007

Figure 5: Illicit Drug Seizures (kg) in Pakistan 1996 – 2007



Source: ANF 2007

Aggregate seizures of opiates by all law enforcement agencies in Pakistan for the period 1996-2007 are shown in Figure 5 above. Opium seizures have been increasing since 2004. The amount of morphine seized increased sharply after 2002. Before 2003, heroin

and morphine were not recorded separately.⁵ Morphine is a short step before the making of heroin (which requires acetic anhydride).⁶ Most of the morphine seizures take place in Balochistan and it is suspected that it is heading South-West through Iran and Turkey. The trafficking of morphine suggests limited availability of acetic anhydride in Afghanistan. There are reports that acetic acid is being used to produce low quality heroin in Afghanistan. Hence, morphine may be converted into heroin in labs somewhere between Afghanistan and its final destination.

Table 3: Comparison of Illicit Drug Prices in the Provinces of Pakistan between June 2006 and June 2007

Province	Average Prices June 06 (kg. in rupees)		Average Prices June 07 (kg. in rupees)		Average (kg. in rupees)		Variation in average prices in percentage
	Grade A	Grade B	Grade A	Grade B	2006	2007	
Opium							
NWFP	12,560	10,400	14,400	12,750	11,480	13,575	+18.3 %
Punjab	20,053	12,987	20,693	19,293	16,520	19,993	+21 %t
Balochistan	13,950	9,067	17,083	12,250	11,509	14,667	+27.4 %
Sindh	23,617	16,883	24,083	17,500	20,250	20,792	+2.7 %
Average Price	17,545	12,334	19,065	15,448	14,940	17,257	+15.5 %
Heroin							
NWFP	185,500	140,800	178,400	147,000	163,150	162,700	-0.3 %
Punjab	194,786	120,093	207,929	139,857	157,440	173,893	+10.5 %t
Balochistan	171,667	104,333	161,000	105,917	138,000	133,459	-3.3 %
Sindh	211,650	143,383	207,367	148,350	177,517	177,859	+0.2 %t
Average Price	190,901	127,152	188,674	135,281	159,027	161,978	+1.9 %t

Source: ANF

Heroin and opium prices are sub-divided into Grade A and B with Grade A being generally export quality and Class B for the home market. Table 3 demonstrates the regional variance of prices which reflects the differences in availability, market demand, ease of supply and geographical location. The provinces of Balochistan and NWFP (bordering Afghanistan and Iran) have registered a decrease in the prices of heroin (Grade A heroin prices in Balochistan declined from Rs. 171,667 per kg in June 2006 to Rs. 161,000 per kg in June 2007 whereas Grade A heroin prices in NWFP declined from Rs. 185,500 to 178,400 in June 2007). The decrease in the price of heroin in the border provinces could be simply due to an increase in supply following the 34 percent increase in opium production in Afghanistan in 2007. The possibility of lower quality of some of the heroin produced in Afghanistan may also be a factor.

⁵ Heroin seizure figures from 1996 to 2002 in Figure 5 include seizures of morphine base.

⁶ There have been no reported seizures of Acetic Anhydride in Pakistan since 2000.

The price of Grade A and Grade B opium has registered an increase in all the provinces of Pakistan despite the fact that the price has decreased in Afghanistan due to an increase in opium production. Afghan opium prices decreased by 12 percent in the Eastern Region and by 6 percent in the Southern Region (Hilmand etc).

Abuse

A UNODC survey completed in 2000 estimated that there were 500,000 chronic heroin users in Pakistan. The 2006 National Assessment Report on Problem Drug Use in Pakistan⁷ estimates that there are 628,000 opiate users. Of these, around 482,000 (77 percent) are heroin users. Given the massive increase of opium and heroin production in Afghanistan, the relative stability in the numbers of the opiate abusing population over the past six years is a notable achievement. However, the number of injecting drug users (IDUs) in 2006 is estimated at 125,000⁸, double the estimated figure for 2000. This is a cause for concern particularly in terms of the HIV/AIDS transmission risk.

The prevalence rates for opiate use range from 0.4 percent in the provinces of Punjab and Sindh to 0.7 percent in the North-West Frontier Province and 1.1 percent in Balochistan. The latter two provinces share a direct border with Afghanistan. While the overall rate of abuse has not changed much in Pakistan, the proportion of drug users who inject has increased from 15 percent in 2000 to 29 percent in 2006. See Table 4 for a breakdown of opiate abuse by province.

Table 4: Prevalence of Opiate Use in Pakistan by Province

	Prevalence (percent of Population	95 percent CI	Numbers	IDU Prevalence	IDU numbers
NWFP	0.7	0.5 – 0.9	90,000	0.06	8,000
Punjab	0.4	0.2 – 0.6	200,000	0.2	100,000
Sindh	0.4	0.2 – 0.6	87,000	0.2	44,000
Balochistan	1	0.8 – 1.2	45,000	0.1	4,500
Overall Pakistan	0.7	0.4 – 1	628,000	0.14	125,000

Source: Problem Drug Use in Pakistan: Results from the 2006 National Assessment

According to the 2006 National Assessment Report, the majority of opiate users (77 percent) were using heroin while the remainder were using opium and other opiates. Most of the opiate users were multiple users, i.e., they were using more than one substance at any given time or during a day. Many drug users reported facing serious

⁷ The National Assessment of Problem Drug Use 2006 was conducted in 23 districts to update information on the patterns and trends of problem drug use in the country. For the purposes of this study problem drug users were considered as those who had used opioids, i.e., heroin, opium or other opiates, regularly during the past 12 months including the past 30 days. Approximately 4000 problem drug users were interviewed for the assessment. Additionally 1,150 key informants were interviewed across the country about their perceptions of drug abuse problems, and their observations of local patterns and trends of drug abuse.

⁸ Report on Problem Drug Use in Pakistan: Results from the 2006 National Assessment

health and social problems. Around 8 percent reported having HIV infection, 18 percent reported having Tuberculosis and 11 percent reported Hepatitis C infection.

The report estimates the average age of opiate users at 35.5 years. Countrywide, up to 33 percent of the drug users were between 31 to 40 years old, while in Punjab and Sindh up to 40 percent of the drug users were between 16 and 30 years old. The majority of opiate users (72 percent) were still living at home. While 38 percent had no education, 25 percent had up to primary and one third up to high school education. Around one third of the opiate users were unemployed, while the remainder had been supporting themselves through casual work (39 percent), or had been working part or full time (15 percent and 7 percent respectively). Therefore, contrary to conventional assumptions, a significant proportion of opiate users can and do participate in economic activity.⁹

⁹ Report on Problem Drug Use in Pakistan, Results from the year 2006 National Assessment.

Cannabis

Production and Eradication

No official statistics on cannabis cultivation, production and eradication are available, but considerable amounts are believed to be cultivated in the country. Cannabis, although illegal, is widely used.

Cannabis prices are sub-divided into Grade A and B with Grade A considered export quality and Class B for the home market. Table 5 indicates a regional variance of prices which reflects differences in availability, market demand, ease of supply and geographical location (like in the case of heroin and opium). Though these prices have registered a sharp increase over the past year, this may be most likely due to increase in demand and/or decrease in supply (rather than any variation in quality).

Table 5: Comparison of Prices of Hashish in the Provinces of Pakistan in June 2006 and June 2007

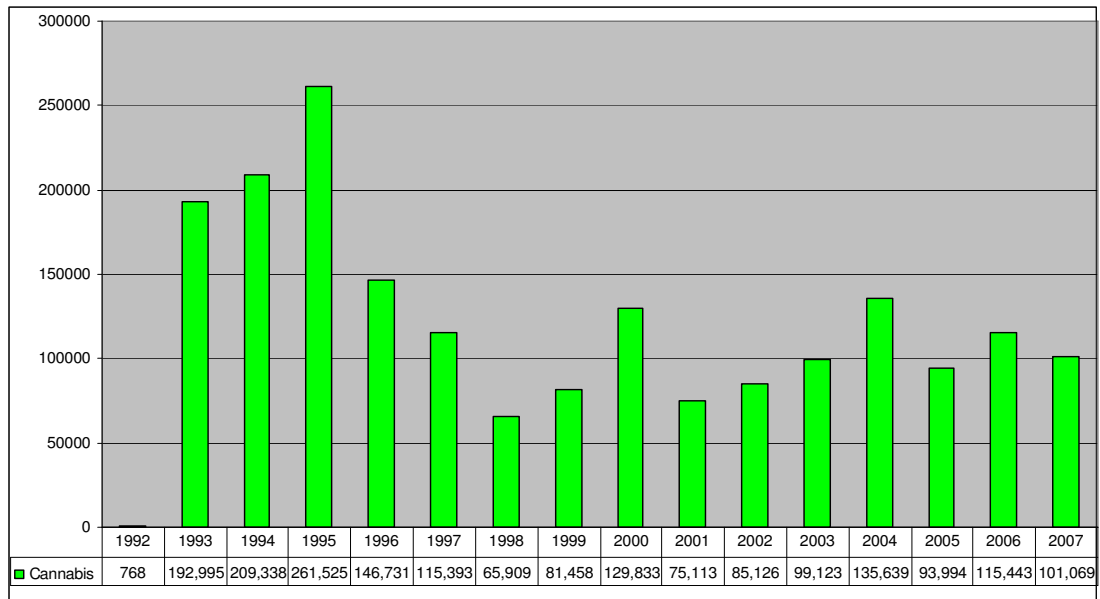
Province	Average Prices June 06 (kg. in rupees)		Average Prices June 07 (kg. in rupees)		Average (kg. in rupees)		Variation on 2007 in percentage
	Grade A	Grade B	Grade A	Grade B	2006	2007	
NWFP	7,817	5,200	16,833	11,333	6,509	11,017	+69.3 percent
Punjab	7,280	4,247	14,220	8,680	5,764	9,234	+60.2 percent
Balochistan	5,900	2,900	9,467	5,717	4,400	6,184	+40.5 percent
Sindh	7,450	4,650	11,933	8,217	6,050	8,292	+37.1 percent
Average Price	7,112	4,249	13,113	8,487	5,681	8,681	+52.8 percent

Source: ANF

Seizures

Information on aggregate seizures in the period 1992 – 2007 is set out in Figure 6. Since 2002, aggregate seizures have been in the range of 85,126 kilograms to 135,639 kilograms.

Figure 6: Cannabis Seizures in Pakistan 1992 – 2007



Source: ANF

Abuse

There is limited information on cannabis use in Pakistan. According to the 2006 National Assessment Report on Problem Drug Use in Pakistan, Cannabis is the most commonly used substance and the 'drug of choice' given its low price and easy availability. The report makes no estimate of its prevalence.

Synthetic Drugs

Production and Trafficking

Production and trafficking of synthetic drugs - Amphetamine Type Stimulants (ATS) and benzodiazepines, are at relatively low levels in Pakistan. Ecstasy, the most common form of ATS, is smuggled into Pakistan from various countries. On the other hand, benzodiazepines are either licitly manufactured in Pakistan or imported.

Table 6 sets out data on ATS in Pakistan where it is clear that seizures of Ecstasy tablets have registered a sharp increase - from 13 tablets in 2005 to 8,325 tablets in 2006.

Table 6: ATS Seizures in 2005 and 2006

Description	Years		Change between 2005 and 2006
	2005	2006	
Seizures/Cases	8	13	+62.5 percent
Defendants/Persons Arrested	21	20	+4.8 percent
Ecstasy (Tablets)	13	8,325	+63,938 percent
Various types of injections	292,913	300,208	+2.5 percent
Various types of Psychotropic Tablets	40,910	15,967	+61 percent

Source: ANF Yearly Digest 2006

Abuse

While drug abuse remains substantially of plant-based drugs, there has recently been an increase in the abuse of synthetic drugs. Because of high prices and limited availability, abuse of synthetic drugs is currently largely restricted to affluent young people. The 2006 National Assessment Report on Problem Drug Use in Pakistan states that there are signs of Ecstasy and probably other ATS making their way into the local drug scene. The use of Ecstasy in parties organized mainly by young men and women, aged 16 to 25 years, usually belonging to upper or upper middle class families, is on the increase in major urban centres. Additionally, young people involved in racing cars and motorbikes use Ecstasy to enhance their risk taking behaviour.

The results of the 2006 Assessment Report indicate an increasing use of benzodiazepines. This trend further complicates the entire drug control strategy where the main focus of the law enforcement agencies has been on illicit substances such as heroin and hashish. However, benzodiazepines are licit substances which are being

obtained over the counter through pharmacies and other channels. It is important to control the sale of psychotropic substances through a prescriptions system with appropriate checks and safeguards to detect and prevent misuse of the prescriptions. The most preferred method for use of benzodiazepines was orally (75 percent), however up to one quarter reported injecting benzodiazepines. In the province of Punjab, a significantly higher proportion of drug users (up to 45 percent) reported injecting benzodiazepines. This trend to injecting benzodiazepines is an issue of concern.¹⁰

Apart from measures to control the sale of psychotropic substances, there is a need to train local law enforcement officials to identify these substances and to increase public awareness, especially targeting urban youth through educational programmes on the health and social consequences of using ATS and other synthetics.

¹⁰ Nationally, drug users reported injecting heroin (49 percent), other opioids such as opium, morphine, codeine, pentazocine, buprenorphine etc. (56 percent), and benzodiazepines (36 percent) (Report on Problem Drug Use in Pakistan: Results from the 2006 National Assessment).

Major Drug and Precursor Trafficking Routes

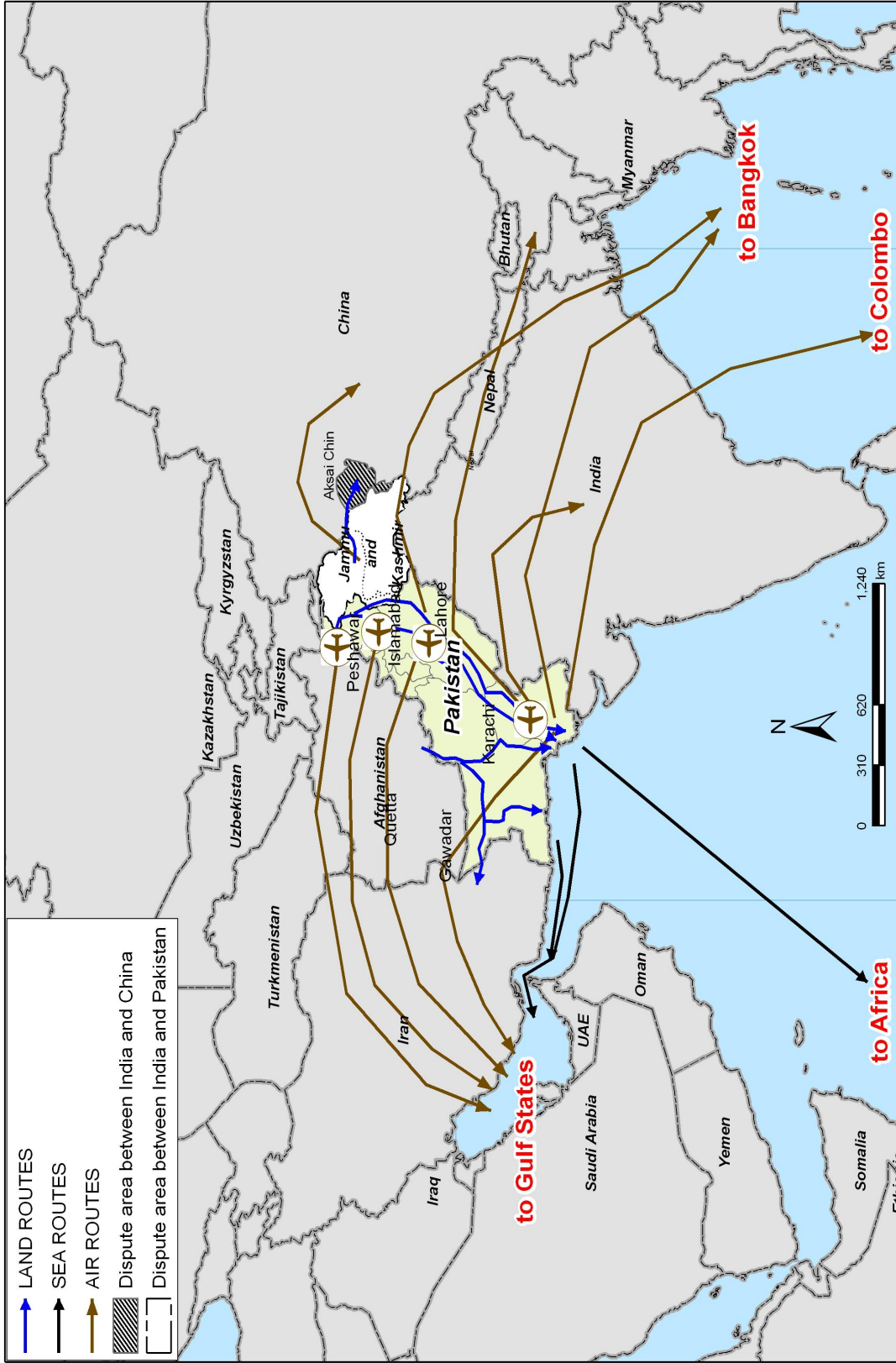
Drug Trafficking Routes

Narcotics production and refining in Afghanistan has a major impact on Pakistan. According to UNODC's Afghanistan Opium Survey 2007, around 70 percent of Afghanistan's opium poppy was grown in five provinces along the border with Pakistan in 2007 (See Figure 1 on page 9). This clearly has profound implications for the drug situation in Pakistan and underlines the necessity of further strengthening Pakistan's interdiction capabilities.

Detailed and precise information on drug trafficking routes is largely unavailable. Nonetheless, it is known that drug traffickers are relying on three major routes through the region to Western Europe and other destinations: (i) the Western Route via Iran; (ii) the Southern route through Pakistan and (iii) the Northern Route through the Central Asian States. Pakistan's geographical location is such that it provides a favourable corridor for trafficking. Figure 7 sets out possible regional trafficking routes through Pakistan.¹¹

¹¹ The representations of trafficking routes are intended to provide a broad indication of some possible directions of flows of illicit narcotics and not to provide definitive information about routes.

Figure 7: Possible Regional Trafficking Routes through Pakistan



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by the parties. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The representations of trafficking routes are intended to provide a broad indication of the directions of flows of illicit narcotics and not to provide definitive information about routes.

Source: ANF, 2007

After drugs cross the Afghanistan-Balochistan border, some are transported across to the Iranian province of Sistan Balochistan for onward movement towards Turkey and Western Europe. The sea coast area of Pakistan, including the main ports of Karachi and Port Qasim and the smaller fishing ports and open areas of the Makran coast, are vulnerable to drug smuggling activities to the Gulf States and beyond. Another trafficking route is from Afghanistan into the North West Frontier Province (NWFP). The drugs which follow this route (predominantly heroin) are smuggled in much smaller quantities and some of them are destined for foreign markets. In 2005/06, new heroin routes have emerged from Afghanistan via Pakistan and Central Asia to China. This has partly offset a decline in the supply of heroin from Myanmar to China.¹² Table 7 sets out information on seizures in Pakistan of heroin destined for China.

Table 7: Seizures of Drugs in Pakistan Destined for China 2004 – 2007

Year	No. of Cases	No. of Defendants		Heroin Seized (kg.)
		<i>Pakistani</i>	<i>Foreigners</i>	
2004	2	-	3	4.650
2005	20	22	3	19.248
2006	137	162	16	131.783
2007*	25	29	-	32.228
Total	184	214	22	187.909

* Figures up to August 2007

Source: ANF

International airports are a significant conduit for narcotics smuggling as over 37 percent of Pakistan's total heroin seizures in 2006 took place at airports. Apart from concealing narcotics on their person or in their luggage, traffickers are also resorting to sending drugs in letters and parcels to minimize the risks of getting caught, though the quantities involved tend to be much smaller.

Precursor Chemicals Trafficking and Diversion

UNODC estimates that Afghanistan produced about 8,200 metric tonnes of opium in 2007, a record production level. There has been increased evidence in recent years of heroin manufacturing within Afghanistan.¹³ If 66 percent (5,412 tonnes) of the opium produced in 2007 is converted into heroin within the country, the conversion process would require an estimated 1,500 tonnes of acetic anhydride and an estimated 13,000 tonnes of other chemicals. None of the required chemicals are currently manufactured in Afghanistan. Instead they are diverted from licit trade and trafficked into the illicit market.

International interdiction efforts focus on acetic anhydride as that is the chemical which is essential to the heroin manufacturing process, which cannot be easily replaced and is

¹² World Drug Report 2007, page no. 45

¹³ The text in this section ('Precursors Trafficking and Diversion') is based largely on the UNODC publication 'Targeting Precursors used in Heroin Manufacture: Outline Action Plan, May 2007'.

cheap (approximately USD 1/litre in licit trade). Moreover, Afghanistan does not have a licit need for acetic anhydride, while the other chemicals needed for clandestine heroin production have licit uses within the country and this makes interdiction efforts more difficult.

Large consignments of acetic anhydride being smuggled to Afghanistan were seized in the region between 1997 and 2001: in the Islamic Republic of Iran (36 tonnes), Pakistan (10 tonnes) and Turkmenistan (238 tonnes). Although significant, these seizures represent only a small portion of the acetic anhydride required in Afghanistan for the illicit production of heroin. Since 2001 Afghanistan has reported to the International Narcotics Control Board (INCB) limited, and mostly small, seizures of acetic anhydride. Of the countries bordering Afghanistan, only China has reported large seizures.

Afghanistan reported a seizure of 1,250 litres of acetic anhydride and other chemicals used in the conversion of opium to heroin in Paktika Province in May 2006. This was followed by a seizure of 2.4 tonnes of ammonium chloride, a non-controlled chemical used in heroin manufacture, in Nangarhar Province. As both provinces border Pakistan, these seizures raise the possibility that the chemicals seized could have been trafficked through, or diverted from licit uses in, Pakistan. The INCB has called for a concerted effort by countries bordering Afghanistan to intercept chemicals that are being smuggled into Afghanistan.¹⁴The UNODC is pursuing a coordinated approach to precursor control with Governments in the region as one of its regional priorities. This involves the facilitation of information exchange between Governments, assessment of precursor control regimes, information collection and sharing, risk profiling and analysis, training in precursor control for law enforcement officers, joint precursor control operations and a review of international trade facilitation arrangements such as the TIR Convention (Transport International Routers – Customer Convention on the International Transport of Goods) and the Afghan Transit Trade Agreement (ATTA) to ensure that traffickers are not taking advantage of such mechanisms to facilitate diversion and smuggling.

Trafficking Trends

The ANF has identified the following trends in the trafficking of illicit drugs through Pakistan.

- Trafficking through unaccompanied baggage;
- Impregnated letters/soaked apparels;
- Trafficking of liquid heroin;
- Hiring of families as couriers;
- Use of air courier services;
- Convoys through Balochistan:
 - Increased resistance to interdiction efforts;
 - Night movement;
 - Use of Satellite phones for coordination;

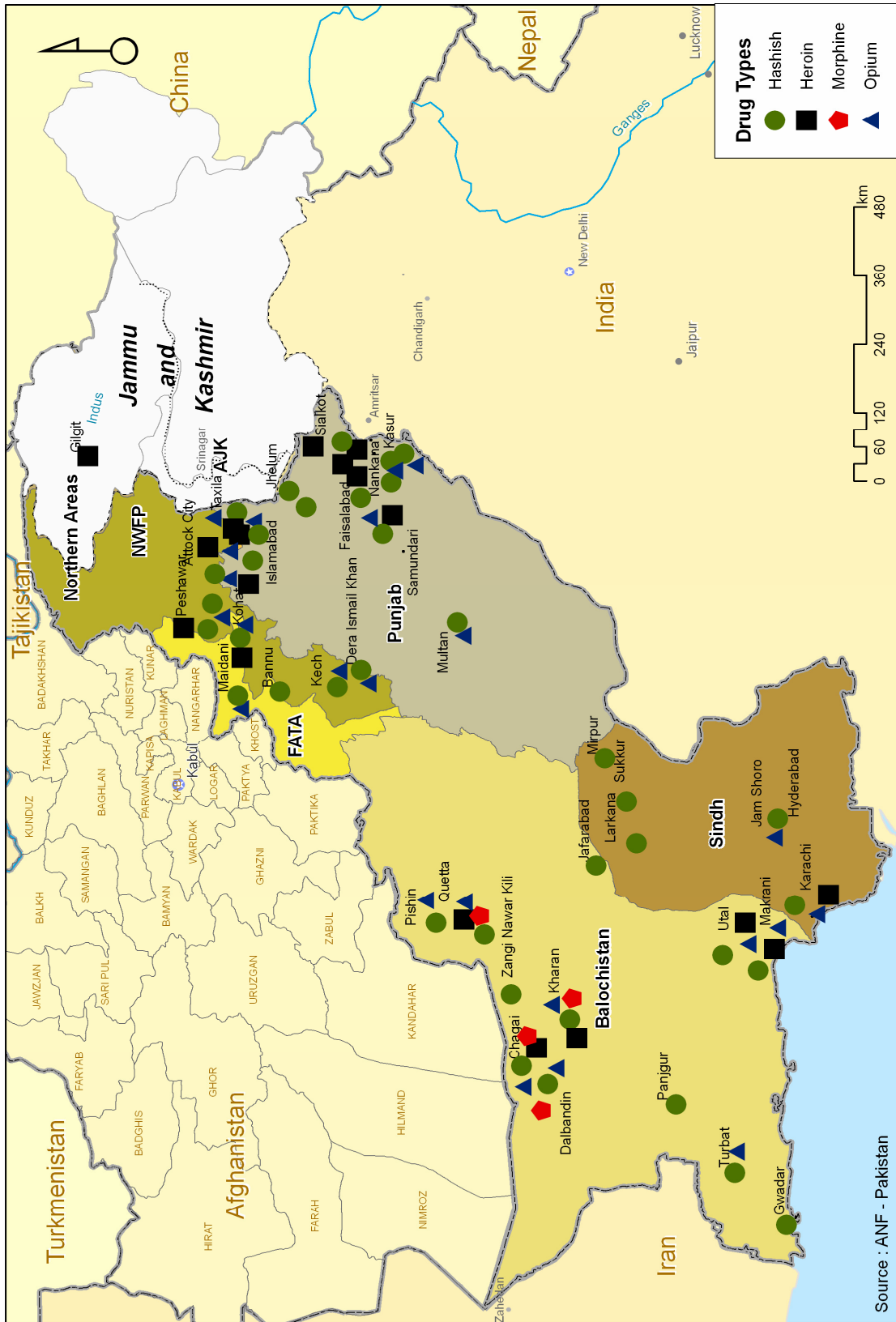
¹⁴ 'Precursors and Chemicals Frequently used in the Illicit Manufacture of Narcotic Drugs and Psychotropic substances', Report of the International Narcotics Control Board for 2006, pg. 18.

- Airports:
 - Concealment in baggage;
 - Concealment by swallowing / ingesting;
 - Concealment by wrapping around bodies;
 - Heroin concealed in shampoo bottles;
 - Increased trafficking of psychotropic injections;
- Seaports:
 - Increased trafficking using containers;
 - Increased trafficking using boats.

Figure 8 outlines the principal drug seizure locations in Pakistan – along the Balochistan-Afghanistan border, in the vicinity of the border between the Federally Administered Tribal Areas and the North West Frontier Province, and at and around Pakistan’s ports and airports between Jan – May 2007.¹⁵

¹⁵ Figure 8 does not indicate relative seizure levels.

Figure 8: Distribution of Drug Seizures in Pakistan Jan-May 2007



The Challenge of Curbing Trafficking in Pakistan

The existing resources (staffing and finances) available within the ANF are not adequate to interdict the movement of these drugs in a wide geographical expanse. The ANF has a vast area of responsibility. Pakistan has over 2,500 km of porous border with Afghanistan and approximately 900 km with Iran. This is in addition to the 1,062 km long coastal belt and a 1600 km border with India. There are seven official border entry / exit points in addition to eight international airports, three seaports and 11 dry ports.¹⁶ The ANF has a round the clock presence at all the international airports and seaports; however, the dry ports and border entry / exit points are checked by the ANF at random and on the basis of intelligence received. The ANF's border control responsibility is shared with other law enforcement agencies including Frontier Corps Balochistan and NWFP, Punjab and Sindh Rangers, Pakistan Customs and Pakistan Coast Guard. The importance of inter-agency cooperation can therefore not be over-emphasized. At times, Pakistan's narcotics interdiction efforts are impeded due to border forces being heavily committed on counter-terrorist operations.

Despite common knowledge that illicit drugs are trafficked through Pakistan, reliable estimates of the types, quality and number of illegal movements and their origin and destination is inadequate. For this reason, cooperation between regional and national law enforcement agencies in sharing real time information on drug trafficking needs to be enhanced.

¹⁶ A proposal to increase the number of border entry/exit points is under consideration by the Government.

Drug Related Crimes and Offences

Drug Related Crimes

In 2000 and 2001, the Government of Pakistan set up five dedicated narcotics courts (as defined in the Control of Narcotics Substances Act (CNS) Act-1997). These were created in order to speed-up the judicial process and free-up the prosecuting agency manpower. The GOP policy clearly sets out that all agencies should use the CNS Act to prosecute narcotics cases. The only Agency to publish comprehensive national statistics on the number of narcotics cases is the ANF and Table 8 below demonstrates that the new narcotics courts are functioning effectively and the number of convictions has increased significantly since 2002.

Table 8: Summary of ANF Narcotics Cases 1997 – 2006

Year	Cases Registered	Convictions	Acquittals
1997	346	144	17
1998	424	173	10
1999	435	107	3
2000	555	53	2
2001	500	151	1
2002	387	88	-
2003	554	323	43
2004	728	279	29
2005	564	380	48
2006	741	264	91

Source: ANF

Both the number of cases registered and the number of convictions have increased since 2002. However, despite the success of the new narcotics courts, prosecutions of criminal cases in Pakistan remain long-drawn-out affairs. Judges grant long extensions, defendants file delaying interlocutory appeals and witnesses are reluctant to testify. The great majority of narcotics cases that go to trial are uncomplicated drug possession cases involving low-level couriers and straightforward evidence. The problematic cases tend to involve more influential, wealthier defendants who often tend to overturn court decisions on appeals.

The ANF has been effective in dealing with reversals of convictions by hiring its own special prosecutors, who have had positive results despite limited resources, and by

including additional attorneys as part of its expansion. The number of cases and prosecutions of drug traffickers by the ANF have increased, especially through the ANF Special Investigation Cell (SIC), by utilizing conspiracy legal concepts (i.e. prosecuting an individual for conspiracy even when they were not in direct possession of drugs). These measures have had a positive impact and the ANF obtains convictions in 88 percent of cases in which judgment has been reached.

Table 9: State of Prosecution

Registered Cases since 1995	5,569
Conviction Cases	3,219
Acquittal Cases	432
Dormant Cases	379
Closed Cases	234
Under-trial Cases	1,305

Source: ANF Yearly Digest 2006

Drug Related Transmission of HIV/AIDS

Injecting Drug Users

The prevalence of opiate use in Pakistan is estimated at around 0.7 percent of the adult population or 628,000 opiate users. The prevalence of Injecting Drug Users (IDUs) is estimated to be around 0.14 percent of the adult population with a corresponding estimate of around 125,000 injecting drug users in the country. Since 2000 the estimated number of injecting drug users in Pakistan has doubled.

The 2006 National Assessment Report on Problem Drug Use in Pakistan stated that a substantial proportion (29 percent) of opiate users reported having injected drugs in their lifetime, the large majority of these were also currently injecting. A high prevalence of injecting drug use was observed; most of the drug users had been injecting either daily or up to four times a day in the past six months. Drugs that were mainly injected include heroin, other opiates and benzodiazepines or a combination of these substances. Also, considerable sharing of injecting needles/syringes and other paraphernalia was reported among IDUs. Many drug users interviewed for the 2006 National Assessment reported having multiple sex partners with whom they had unprotected sex. Many of their sex partners were reportedly also opiate users.

Injecting Drug Users and HIV/AIDS

UNAIDS¹⁷ estimates that with a prevalence of 0.1 percent among adults (aged between 15 and 49 years), there are between 46,000 and 210,000 adult HIV positive cases in Pakistan.¹⁸ According to the National AIDS Control Programme (NACP), there are 3,328 HIV positive cases in Pakistan, of which 27 percent are injecting drug users.¹⁹ In 2005 NACP conducted HIV Second Generation Surveillance. This also covered IDUs and reported a high level of injecting and sexual risk behaviours among them.²⁰ These reports indicate that there is currently a concentrated HIV epidemic among IDUs in the country as a result of the sharing of injecting equipment and that widespread risk behaviours offer the HIV epidemic scope for future growth. A major epidemic was detected among IDUs in Karachi in 2004 where 26 percent were found to be HIV infected though comparable testing has reported a 9 percent HIV prevalence rate only seven months earlier. This high HIV infection levels among groups of IDUs could cross over into other populations.²¹

According to the 2006 National Assessment on Problem Drug Use in Pakistan, the overall prevalence of HIV among injecting drug users is estimated as 10.8 percent but with variations between cities. The highest prevalence is reported in Hyderabad (25.4

¹⁷ UNAIDS, the Joint United Nations Programme on HIV/AIDS, brings together the efforts and resources of ten UN system organisations to the global AIDS response. Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank.

¹⁸ National AIDS Control Programme, HIV/AIDS Surveillance Report, March 2007

¹⁹ UNAIDS – Pakistan Country Situation Analysis, www.unaids.org

²⁰ NACP, HIV Second Generation Surveillance in Pakistan, National Report Round 1, 2005

²¹ UNAIDS – AIDS Epidemic Update 2006

percent), followed by Sukkur (19.2 percent). The reported HIV prevalence among injecting drug users in Lahore is 3.8 percent, in Quetta 9.5 percent and in Peshawar 0.4 percent).²² Other studies indicate 23 percent HIV prevalence among injecting drug users in Karachi.²³

This link between injecting drug users and HIV/AIDS means that the prevention and treatment of drug abuse has become even more urgent and requires a rapid scaling up of prevention and treatment programmes focused on high risk groups within the population.

Other Drug Use and HIV/AIDS

While injecting drug use and sharing of injecting equipment involves a high risk factor for HIV transmission, there are also possibilities of HIV transmission through use of other drugs such as alcohol, cannabis, and ATS, if users engage in risky behaviour such as unprotected sex under their influence.

²² National AIDS Control Programme, HIV/AIDS Surveillance Report, March 2007

²³ National AIDS Control Programme/FHI: National Study of Reproductive Tract and Sexually Transmitted Infections - 2005



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THE PARIS PACT INITIATIVE
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