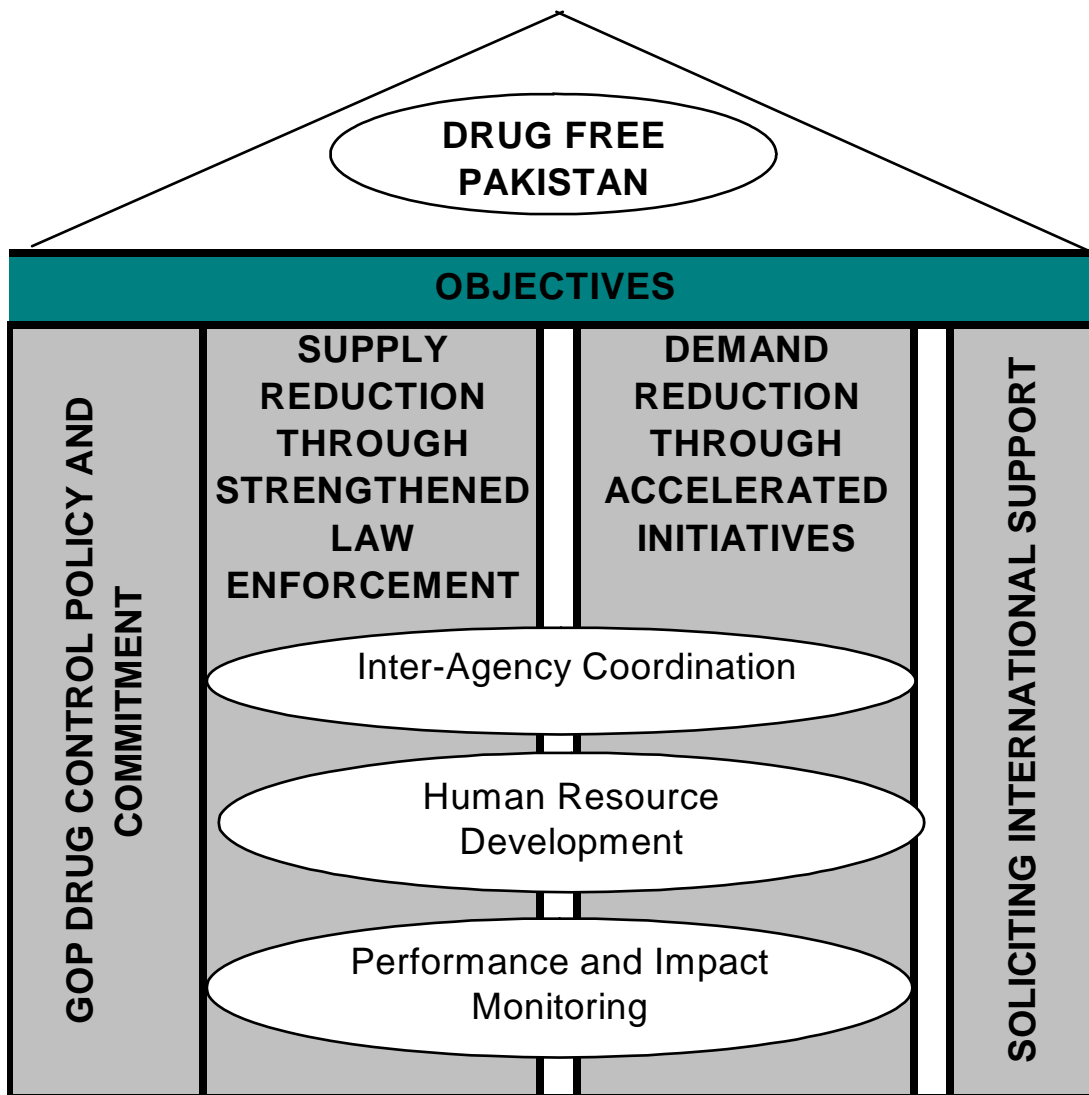


GOVERNMENT OF PAKISTAN
MINISTRY OF NARCOTICS CONTROL/ANTI NARCOTICS FORCE

DRUG ABUSE CONTROL MASTER PLAN

2010-14



February 2010

Quranic Injunctions Regarding Intoxicants

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)

Acronyms

ANF	Anti Narcotics Force
ARQ	Annual Report Questionnaires
ASF	Airport Security Force
ATS	Amphetamine Type Stimulants
ATTA	Afghanistan Transit Trade Agreement
BRQ	Biannual Report Questionnaires
CAF	Civil Armed Forces
CBO	Community Based Organisation
CD	Controlled Delivery
CNSA-97	Control of Narcotics Substances Act-1997
CNWG	Counter Narcotics Working Group
CSACNSWG	Central and South Asian Narcotics Security Working Group
DAPRC	Drug Abuse Prevention Resource Center
DCO	District Coordination Officers
DEA	Drug Enforcement Administration
DTO	Drug Trafficking Organisations
ECO	Economic Cooperation Organisation
ET	Extradition Treaties
FATA	Federally Administered Tribal Areas
FBR	Federal Board of Revenue
FC	Frontier Corps
FIR	First Information Report
FR	Frontier Regions
GOP	Government of Pakistan
HVT	High Value Targets
IB	Intelligence Bureau
ICT	Islamabad Capital Territory
IDEC	International Drug Enforcement Conference
IGTC	Inter Governmental Technical Committee
INCB	International Narcotics Control Board
LAN	Local Area Network
LEA	Law Enforcement Agencies
LHV	Lady Heath Visitor
MARA	Most At Risk Adolescents
MDG	Millennium Development Goals
MLAT	Mutual Legal Assistance Treaty
MNC	Ministry of Narcotics Control
MSA	Maritime Security Agency
MoH	Ministry of Health
MoU	Memorandum of Understanding
NA	Northern Areas
NAS	Narcotics Affairs Section
NCIC	Narcotics Control Information Center
NGO	Non-Governmental Organisation
NIC	Narcotics Interdiction Committee
NTPGA	Non Traditional Poppy Growing Areas
NWFP	North West Frontier Province
PATA	Provincially Administered Tribal Areas
PEN	Pre Export Notifications

PRB	Policy Review Board
PMU	Project Management Unit
RSPN	Rural Support Programme Network
SAARC	South Asian Association for Regional Cooperation
SDEP	Special Development and Enforcement Plan
SDU	Special Development Unit
SIC	Special Investigation Cell
SLEO	Senior Law Enforcement Officers
TPGA	Traditional Poppy Growing Areas
UNDP	United Nations Development Programme
WAN	Wide Area Network

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PREFACE

1. The Master Plan for Drug Abuse Control 2010-2014 has been prepared by the Ministry of Narcotics Control and the Anti Narcotics Force, based on a consultative process through the Steering Committee led by the Anti Narcotics Force.
2. Objectives have been defined and achievable targets set with emphasis on both supply and demand reduction activities. Lessons learnt from the implementation of the last Master Plan have been addressed. The Master Plan takes into account the impact of the worsening drug situation in Afghanistan during 2006 and 2007 resulting in an unprecedented increase in poppy cultivation.
3. I wish to congratulate the Steering Committee in formulating the Drug Control Master Plan 2010-14 which would not have been possible but for their dedication and sense of purpose.

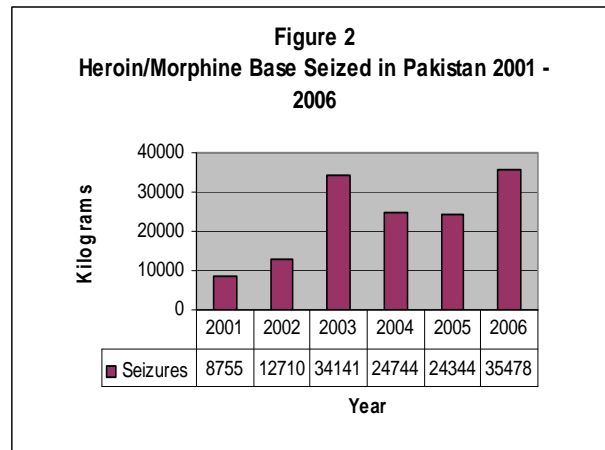
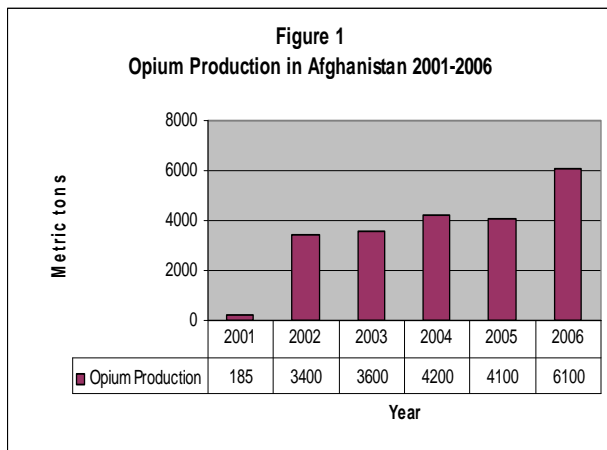
Tariq KHOSA, PSP
Secretary

Islamabad, February, 2010

EXECUTIVE SUMMARY

THE DRUG PROBLEM IN PAKISTAN

1. Pakistan is one of the transit countries for opiates produced in Afghanistan. Trafficking of opiates into and through Pakistan increased dramatically over 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 2007 Afghanistan has produced 8,200 metric tons of opium accounting for 94 percent of the global opiates market. The 2007 Afghanistan Opium Poppy Survey highlights the fact that in 2007 ‘...70% of the country’s (Afghanistan) poppy were grown in five provinces along the border with Pakistan¹. Fifty percent of the whole Afghan opium crop comes from one single province; Helmand on the border with Balochistan.



2. The Anti Narcotics Force (ANF) estimates that 36% of all the heroin and morphine trafficked out of Afghanistan transits Pakistan. In 2005 Pakistan seized 27 percent of the global figure for heroin and morphine. In 2006 Pakistan seized a record 35 metric tons of heroin and morphine up from 24 metric tons from the year before – an increase of 46%.² Over the course of the last few years new routes have appeared in some regions. Since 2004, Pakistan has seized increasing levels of heroin being trafficked to China through Pakistan. This new trafficking route from Afghanistan via Pakistan to China will be monitored more carefully. The ANF believes that precursor chemicals are most likely smuggled from Central Asia, China and India, and that mislabeled containers of acetic anhydride may form part of the cargo in the Afghan transit trade. Ecstasy, Buprenorphine, other Psychotropics and Cocaine are smuggled from the Far East, India and Europe for the local Pakistani market.

3. Although Pakistan was declared poppy free in 2000/01, cultivation resumed on a limited scale, in North West Frontier Province (NWFP) and Balochistan. Poppy cultivation was reported in Balochistan in 2003 for the first time. Over the past three years Khyber Agency (on the border with Nangrahar province in Afghanistan) in the Federally Administered Tribal Areas (FATA) has harvested the bulk of opium cultivated. However, there has been a substantial reduction during the last couple of years and production has now come down to nearly zero.

¹ Afghanistan Opium Survey 2007 – Executive Summary

² World Drug Report 2007, UNODC

4. The 2006 National Assessment Study of Problem Drug Use in Pakistan estimates 628,000 opioid (heroin, morphine, opium, pentazocine and buprenorphine) users. Of the opioid users, around 482,000 (77 percent) are heroin users. Given the massive increase of opium and heroin production in Afghanistan, the stability of the drug abusing population at around 500,000 for the past six years is a notable achievement. However, the prevalence of injecting drug users in 2006 is estimated to be around 125,000.³ The estimated number of injecting drug users in Pakistan has doubled between 2000 and 2006.

GOAL AND OBJECTIVES OF THE MASTER PLAN

5. **Goal:** To reduce the health, social and economic costs associated with drug trafficking and substance abuse in Pakistan.

6. **Objectives:** With this goal in mind the following drug control objectives have been established for the next five years:

Objective 1: Control the production and trafficking of narcotic substances.

Objective 2: Limit smuggling, trafficking and distribution of illicit narcotic and psychotropic substances, amphetamine type stimulants and precursor chemicals.

Objective 3: Check the increase in drug demand and achieve reduction in the number of drug addicts through prevention and treatment and rehabilitation measures.

Objective 4: Enhance efforts to forfeit drug-generated assets and curb money laundering.

Objective 5: Promote international cooperation in the fight against drugs.

IMPLEMENTATION STRATEGY

7. Inter-Agency coordination will be strengthened through regular meetings of the Policy Review Board (PRB) and the Narcotics Interdiction Committee (NIC). The NIC will be revitalized to include discussion on assets forfeiture and drug generated money laundering. The emphasis on drug demand reduction, including the enforcement of regulations related to over the counter sale of narcotic and psychotropic substances will be enhanced.

8. A National Narcotics Council will be set up under the chairmanship of the Prime Minister of Pakistan to oversee the implementation of the narcotics control policies and legislation.

9. Improved information exchange and collaboration between agencies with drug law enforcement responsibilities is crucial to the success of interdiction efforts in the country. The LEAs in Pakistan will face an immense challenge in the coming years to interdict the increasing supply of drugs from Afghanistan. Mechanisms for exchange of information / collaboration to counter trafficking in heroin / morphine base into and through Pakistan will be reviewed with a view to increasing effectiveness based on cross-border interaction at the operational level and the establishment of standard operating procedures for sharing real time intelligence and formalizing arrangements for speedy extraditions.

10. The complete eradication of opium poppy in Pakistan remains a priority of the Government particularly because of the concentrated cultivation of opium poppy cultivation in southern Afghanistan. The Government will continue to monitor poppy cultivation (especially in the tribal areas) and report progress and / or obstacles at poppy eradication meetings and employ appropriate remedial measures. Ongoing donor assisted Alternative Development Projects will be strengthened and new projects supported.

³ Problem Drug Use in Pakistan: Results from the 2006 National Assessment

11. The flow of precursors into Afghanistan is a continuing cause for concern as most of the Afghan opium is being converted into heroin within the country. Hence, the precursor control regime in Pakistan will be further strengthened to ensure that there is no smuggling or diversion from licit purposes.

12. Both in terms of maintaining Pakistan's poppy-free status as well as narcotics interdiction in vast inaccessible areas, air and surface mobility need to be strengthened. Appropriate provisions have been made in the Master Plan. Capacity building of the LEAs is key and is being addressed through the provision of additional equipment, training and physical infrastructure.

13. The awareness, prevention, treatment and rehabilitation of drug use requires a multi-pronged implementation strategy combining school based programmes, community based prevention, health promotion activities and targeted prevention and intervention programmes focusing on street children and Most At Risk Adolescents (MARA). Drug treatment services must be able to adapt to meet the emerging and diverse needs of drug dependent persons, especially those with co-morbidities such as HCV, HIV and TB. The area of prevention, treatment and rehabilitation requires capacity building (including specialized drug demand reduction staff in the ANF).

14. The awareness, prevention, treatment and rehabilitation of drug use requires a multi-pronged implementation strategy combining school based programmes, community based prevention, health promotion activities and targeted prevention and intervention programmes focusing on street children and Most At Risk Adolescents (MARA). Drug treatment services must be able to adapt to meet the emerging and diverse needs of drug dependent persons, especially those with co-morbidities such as HCV, HIV, STDs and TB. The area of prevention, treatment staff in the ANF).

15. International cooperation will continue to be essential to Pakistan's drug control efforts at both policy and operational levels. Under the UNODC's Paris Pact initiative, Pakistan hosted a round table meeting in March 2005. The international community expressed wholehearted support towards capacity building of LEAs by pledging to mainstream drug control measures in their development assistance programmes, providing evidence-based intelligence information and cooperating in combating the smuggling of acetic anhydride into Afghanistan. The Government of Pakistan supports UNODC's Triangular Cooperation Initiative which will ensure practical cooperation to strengthen border controls between Afghanistan, Iran and Pakistan.

16. The Drug Control Master Plan 2010-14 is an ambitious undertaking, which requires continuous monitoring and assessment for its effective execution. A monitoring cell is proposed to be established in the Headquarters of the ANF to provide a link with the Ministries of Narcotics, Health, Social Welfare, Commerce and the Federal Board of Revenue (FBR), as well as other LEAs. This cell will conduct impact assessment studies, collect, analyze and undertake research on related emerging issues. The results of these studies will serve as a feedback mechanism to the Ministry of Narcotics Control (MNC) / ANF and further inform the Government of Pakistan's strategy towards drug control.

FINANCIAL OUTLAY

17. The financial projection for the Master Plan based on increment requirement only, is Rs 10,994 million (183.233 million USD). The supply reduction component accounts for Rs 7,550 million (125.836 million USD) whereas the demand reduction component accounts for Rs. 3,444 million (57.397 million USD).

Chapter: 1

DRUG SITUATION IN PAKISTAN

A. 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, 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, Balochistan 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. The Federally Administered Tribal Areas (FATA) consists of administered units called Agencies. The seven Agencies (namely Bajaur, Mohmand, Khyber, Orakzai, Kurram, North Waziristan and South Waziristan) are headed by career officials called Political Agents, who report to the Governor NWFP Province as agent to the President of Pakistan. . Additionally, four smaller FATA units called Frontier Regions (FR) are placed administratively under the Districts Coordination Officers (DCOs) of Peshawar, Kohat, Bannu and Dera Ismail Khan Districts. The DCOs administer these FRs as part of the FATA in addition to the adjoining settled districts for which they are responsible.

4. The Provincially Administered Tribal Areas (PATA) of the NWFP (comprising the entire Malakand Division and a portion of the Kohistan District of Hazara Division) was governed under PATA Regulations which were struck down by the Supreme Court of Pakistan in the 1990's resulting in ad-hoc procedural arrangements for governance and administration of justice. Similarly, in the province of Balochistan the urban areas were until very recently, classified and administered differently from the tribal areas.

5. The provincial governments promulgated the Local Government Ordinance, 2001 in their respective provinces to install a new integrated Local Government System with effect from 14th August 2001 to function within the provincial framework and adhere to the Federal and Provincial laws. The new system reorients the administrative system to allow public participation in decision-making. The essence of this system is that the local governments are accountable to the citizens for all their decisions. It enables the proactive elements of society to participate in community work and development related activities. It has also narrowed the rural-urban divide. The new system provides a three-tier local government structure in which there is only one line of authority in the district and the district bureaucracy is responsible to the elected representatives. At the first tier, the district government consists of the Zila Nazim and the District Administration. The second tier comprises the Tehsil Municipal Administration headed by the Tehsil Nazim. At the lower tier, the Union Administration, which is a body corporate, covers the rural as well as urban areas across the whole district. It consists of a Union Nazim, a Naib Union Nazim and three Union Secretaries and other ancillary staff.

6. Macro-economic reforms leading to impressive economic performance over the last five years, Pakistan is well set on the track to achieve the Millennium Development Goals (MDG) by 2015. As a result of macro-economic stability, structural reforms, high GDP growth rate

combined with pro-public expenditure in the recent past, the overarching MDG goal of reducing poverty to 13 percent by 2015 is likely to be achieved. This optimism is based on government commitment and policies under implementation. This unprecedented performance and bright prospects notwithstanding, the Government of Pakistan cannot afford to be complacent as the challenges are enormous. One in four Pakistanis lives below the poverty line. The overall literacy rate is only 54 percent.⁴ In terms of the Human Development Index developed by the United Nations Development Program (UNDP), Pakistan stands at 134 out of 159 countries.⁵ These challenges and attaining MDG can best be met by pursuing pro-poor economic growth depending on the continuity and sustainability of the Government's policies and programmes and the simultaneous involvement of communities in development.

7. In this context, multi sectoral alternative development projects in remote poppy growing areas (bordering Afghanistan) are vital both in terms of pro-poor development and the extension of the government's writ.

B. POPPY CULTIVATION AND PRODUCTION IN PAKISTAN

8. The undivided sub continent had been a producer of opium for export and traditional domestic consumption since the time of the Mughals and continued later even under the British Empire. In 1979, the Government of Pakistan responded to the problem of increased illicit opium production and trade by the enforcement of the Hadd Ordinance. The Hadd Ordinance in 1979 brought existing law into line with Islamic injunctions and all poppy cultivation was banned. Every Government controlled processing plant and retail outlet for licit opium was closed. As a result of the Hadd Ordinance and partly because of the massive stock piling of opium, following a bumper harvest in 1979, opium cultivation and production sharply declined in the 1980s. Additionally, the Government's commitment to make Pakistan poppy free, increased efforts in law enforcement, the impact of alternative development assistance from the international community were the major factors that contributed to a further decline in opium cultivation from the mid to late 1990s. An analysis of poppy harvesting trends reveals a decline in the amount harvested from the peak level of 9,441 ha in 1992 to a poppy free country in 2000/01. There has been limited poppy cultivation in some areas of the North West Frontier Province (NWFP), the Federally Administered Tribal Areas (FATA) on the border with Afghanistan and in the Balochistan province. Poppy cultivation in Balochistan was reported for the first time in 2003, most of which has been eradicated every year since then.

C. TRAFFICKING ROUTES

9. The drug trafficking routes from Afghanistan continue to go mainly via Pakistan, Iran, Turkey and the Balkan countries to distribution centers in Western Europe. In 2005/06, new heroin routes have emerged from Afghanistan via Pakistan to China and India, as well as via Central Asia to China. This has partly offset a decline in the supply of heroin from Myanmar to China.⁶

10. In short, drug trafficking in these border areas involves large quantities of drugs, sophisticated criminal organisations and a great deal of violence. In terms of quantity and violence, the movement of morphine from Afghanistan directly and through Pakistan into Iran for Turkey is the main problem. Narcotics production and refining in Afghanistan has a major impact on both Iran and Pakistan and the most recent figures suggest that production in Afghanistan's southern provinces have increased by 75% since 2005. This clearly has profound

⁴ Pakistan Economic Survey 2006/07, Ministry of Finance, Government of Pakistan, Islamabad

⁵ UNDP Human Development report-2006

⁶ World Drug Report 2007 page No 45

implications on the drug control situation in Pakistan and underscores further the necessity of strengthening Pakistan’s interdiction capabilities.

D. PRECURSOR CHEMICALS CONTROL

11. In compliance with international UN Conventions, Pakistan is under the obligation to control illicit trade and diversion of precursor chemicals which could be used for illicit manufacturing of narcotic drugs and psychotropic substances. As Pakistan does not fall in the list of chemicals producing countries, the local requirements for pharmaceutical and industrial use is imported. However, a significant proportion of the precursor chemical is smuggled in from India, China, and some European countries to Afghanistan. To check the smuggling and illicit trade from India, a number of decisions have been taken bilaterally and under the South Asian Association of Regional Cooperation (SAARC) umbrella but more vigorous implementation and enforcement is required, especially by the Pakistan Customs and Rangers, who monitor various entry points and border check posts with India.

12. Seizures of acetic anhydride in the areas where heroin is actually produced has been minimal, both in terms of making seizures in these countries and in intercepting smuggled consignments before they enter the countries. In recent years, no seizures of acetic anhydride have been reported in Iran or Pakistan.

E. PATTERNS OF DRUG ABUSE

13. The National Assessment of Opioid Users - 2006 estimated a prevalence rate of 0.7 per cent for the four main provinces of the country (around 628,000 opioid users) in the year 2006. Out of these around 77 percent (482,000) are estimated to be heroin users. These findings mirror those of a study undertaken in 2000⁷. Given the massive increase of opium and heroin production in neighboring Afghanistan this stability in prevalence rates is a significant achievement. The prevalence rates for opiates 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 injecting drug users has increased alarmingly, from 3 percent in 1993 to 15 percent in 2000 and 29 percent in 2006.

**Table 1
The Prevalence of Opioid Use in Pakistan**

	Prevalence (Percent of Population)	95% 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
Sind	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

14. The mean age of opioid users is 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 opioid users (72 percent) were still

⁷ National Drug Abuse Assessment 2000, UNODC/ANF

living in their homes. However, substantial numbers of drug users were living on the streets. 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 opioid users were unemployed, while the remainder had been supporting themselves through casual work (39 percent), or had been working part or full time (15 and 7 percent respectively). Therefore, contrary to conventional wisdom, not all opioid users are dysfunctional.⁸

15. According to the 2006 National Assessment, cannabis is the most commonly used substance, followed in descending order by sedatives and tranquilizers, heroin, opium and other opiates. In addition to the use of above-mentioned drugs, cocaine, ecstasy and probably other Amphetamine-Type Substances (ATS) and solvents have also emerged on the local drug scene. Ecstasy and cocaine are more common in the younger population of the upper class. Ecstasy users had more fun in their parties and could dance for hours without getting tired or exhausted. Some participants mentioned that Ecstasy was also used for enhancement of sexual pleasure. Solvent abuse is common among the street children.

Table 2
Major Findings of the National Assessment of Problem Drug Use 2006

Prevalence of opioid use	0.7% of adult Population, between 15 and 64 years old, 628,000 are opioid users.
	0.14% of adult population, between 15-64 years old, 125,000 injecting drug users.
Main drugs of abuse	Cannabis, sedatives and tranquilizers, heroin, opium and other opiates
Level of literacy	38 % of drug users had no education, while one quarter had up to primary education and more than a third had up to high school, i.e., up to 12 years of education.
Age group	The mean age of opioid users interviewed was 35.5 years, which ranged between 14 to 66 years.
Marital Status	There are no substantial differences between the drug users who were single, i.e., never married or those who had been married.
Occupation	32 % of the opioid users were unemployed in the past six months, 39 % casual work, 15 % part time worker, 7% full time work.
Source of income	Family, friends, begging, theft, pick pocketing, selling drugs.
Gender	Opioid use is mostly common among males.
Reason for first abuse	a) Peer pressure, b) social and family stresses, c) sibling or other family member's use of drugs, d) to heighten sexual pleasure, e) to overcome bereavement and f) as pain medication.
Treatment and Rehabilitation	17% of drug users had been treated for opioid dependence in last one year.

⁸ Problem Drug Use in Pakistan, Results from the year 2006 National Assessment.

Chapter 2
OBJECTIVES AND STRATEGIES

A. GENERAL

16. The performance of drug control agencies, due to resolute efforts during the Drug Abuse Control Master Plan 1998-2003 period, has been generally satisfactory, and was as planned and expected. This was despite binding constraints of available manpower, physical resources, and funding, which was not commensurate with the resources needed for ensuring the effective demand reduction activities, implementing treatment and rehabilitation programmes for abating social negative consequences, effective law enforcement for controlling drug abuse, and curbing of drug trafficking etc. However, during the plan period the use of cocaine, ATS, injecting drugs, non-traditional imported drugs and sniffing substances such as glue and petroleum (amongst the street children) is on the rise. The main constraints that impeded the realization of even higher performance during 1998-2003 include: i) delay in the launching of the plan; ii) partial funding of the plan due to less than expected funding assistance from the Government of Pakistan and multilateral and bilateral donors; and iii) limited coordination and cooperation amongst the various LEAs.

17. The Anti Narcotics Force (ANF) under the Ministry of Narcotics Control (MNC) was entrusted with the task of preparing a pragmatic National Drug Abuse Master Plan to control abuse and trafficking/transiting through Pakistan, for the period 2010-14. The United Nations Office on Drugs and Crime (UNODC) provided technical assistance in the preparation of the Master Plan.

18. Drug Abuse Control Master Plan 2010-14 document embodies a proposed drug abuse control strategy with associated costs for its adoption and implementation by the Government of Pakistan (GOP). This is in line with the GOP commitments to the international community to combat drug abuse, production and trafficking.

B. ISSUES AND WEAKNESSES

19. Based on the 'Problem Drug Use in Pakistan: Results from the 2006 National Assessment', it is apparent that since last few years the number of opioid users has reached a plateau. The study estimates opioid abusers at 628,000 of which 77% (482,000) are chronic heroin abusers. This is despite meager resources available to MNC / ANF and other agencies responsible for drug control. However, an estimated hundred percent increase in the injecting drug use between 2000 and 2006 is worrisome. Given the population growth rate and a persistent threat of poppy resurgence, pilferage during trafficking from Afghanistan and transiting through Pakistan, introduction of non-traditional drugs, increasing social pressures and tensions due to regional conflicts, it is imperative that issues related to drug demand and supply are addressed with adequate resource allocation for combating the menace. The main issues that need to be addressed during the proposed master plan period are:

i. Control of Production and Supply of Illicit Drugs

- Limited poppy cultivation after achievement of poppy free status in 2001;
- Increased poppy cultivation in Afghanistan;
- Limited resources for drug law enforcement;
- Inter agency coordination needs to be addressed;

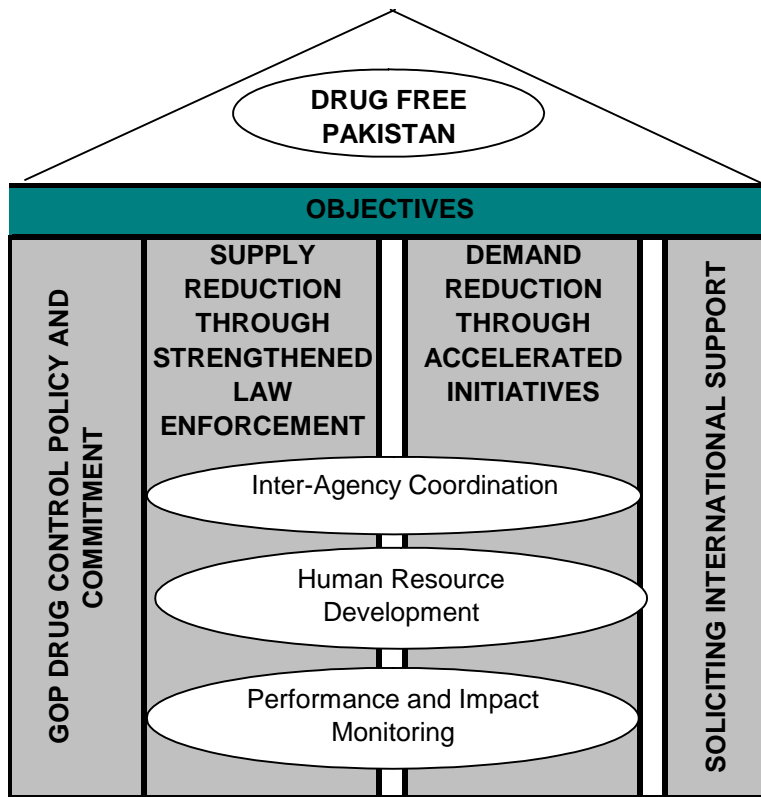
- Irregular meetings between the Project Review Board and the Narcotics Interdiction Committee (established under the Control of Narcotics Substances Act of 1997).
- ii. Trafficking and Distribution of Illicit Narcotic and Psychotropic Substances, Amphetamine Type Stimulants and Precursor Chemicals**
 - Limited statistical data on narcotic and psychotropic substances, amphetamine type stimulants and precursor chemicals;
 - Weak inter-agency collaboration between LEAs;
 - Lack of implementation of the prescription sale and distribution control mechanism for regulating sale of psychotropic substances;
 - Possible misuse of Afghanistan Transit Trade Agreement (ATTA) for diversion of precursor chemicals in to and through Pakistan.
- iii. Check the Increase in Drug Demand and Achieve Reduction in the Number of Drug Addicts through Prevention and Treatment and Rehabilitation Measures**
 - Absence of consistent drug abuse prevention programmes;
 - High prevalence of HIV amongst injecting drug users;
 - Introduction of cocaine and synthetic drugs (ecstasy, solvent abuse, etc.);
 - Limited availability of comprehensive drug treatment programme, including prisons, street children and women;
 - Lack of regular data collection and dissemination on drug abuse pattern and trends;
 - Lack of coordination between Ministry of Narcotics Control, Ministry of Health, Ministry of Social Welfare, and provincial government departments;
 - Limited technical capacity to deliver demand reduction programmes in the public sector and civil society.
- iv. Enhance Efforts to Forfeit Drug Generated Assets and Curb Money Laundering**
 - Limited compliance of commercial banks in reporting suspicious transaction to the ANF under the ANF Establishment Act 1997;
 - Lack of training in the implementation of potential regulations in the banking system;
 - Lack of training of bank staff in know-your-customer legislations;
- v. Promote International Cooperation**
 - Cooperation between regional and national LEAs in sharing real time information on drug trafficking needs to be enhanced;
 - Extradition procedures are cumbersome and there is a lack of expertise in seeking international cooperation.

C. STRENGTHS AND ACCOMPLISHMENTS

20. It is encouraging to note that the experience that various agencies, especially MNC / ANF, gained over time in managing information, law enforcement drug demand reduction, is an asset. The international community recognizing the need for enhanced drug control measures has shown interest in extending support to law enforcement endeavors by various related agencies in Pakistan. It is expected that the efficiency of the MNC / ANF would increase manifold if the staffing, physical resources and funding constraints are eased. The success of rural development and alternate livelihoods initiatives has reduced poppy cultivation

D. STRATEGIC DIRECTION

21. Following is a brief description of the fundamentals that spearhead the strategic direction of this Master Plan and are depicted in the diagram below:



22. The erosion of traditional social norms and structures of the well knit communities (accentuated by the processes of industrialization, urbanization and migration) is the main cause for the break down of social support systems, and encourages the proliferation and abuse of traditional and new psychoactive substances. Unless the state intervenes, it will lead to further social disruption, and negative externalities, taxing the health system and encouraging criminal elements.

23. That the menace of drug abuse does not stem from its easy availability per se, needs to be recognized. It is a symptom of the social environment which induces the need (demand) for consumption of such substances. Given the increasing pressures of unemployment and other social pressures, the vulnerability to drug and substance proliferation in Pakistan is evident. It

may be reminded here that the demand of a commodity is a function of the price, and the price of a commodity is a function of incentives to supply. In the case of drugs the incentive to supply is determined by the risk involved in trafficking and transiting. Hence the efficacy of law enforcement is the lynchpin in the drug control policy. The current policy of the Government of Pakistan (GOP) is nonetheless, given the social dynamics, to pursue a drug abuse control policy which is a combination of welfare approach to accomplish drug demand reduction and its eradication, provide support and rehabilitate the victims, and a zero tolerance approach pursued to strangle the supply chain.

24. The use of dependence-producing substances, in various forms, has been of universal concern, and requires a well laid out policy and strategy to arrest its widespread prevalence in the society. In Pakistan, the abuse of opium and cannabis had not been entirely unknown. The factors that continue to make Pakistan vulnerable to drug abuse include: i) porous border with Afghanistan, the world's main opium producing and processing country; ii) geographical location as favorable corridor for trafficking and transiting; iii) possible diversion of precursor chemicals from Afghan Transit Trade; iv) unregulated over the counter availability of licit and illicit drugs and substances; v) inadequate information about drug abuse incidence; vi) low level and awareness about consequences of drug abuse vii) absence of comprehensive drug treatment programme; and viii) bootstrapped human and physical resource allocation for the MNC and ANF.

25. In accordance with the national policies and commitments made with the international community, the MNC/ANF presents an integrated drug control strategy that would ensure effective reduction in illicit and licit drug abuse, and curbing of drug trafficking and transiting. The strategy will also undertake preemptive measures to counter the emerging threat of psychotropic drug abuse. The strategy is designed to address the above mentioned issues and factors that make Pakistan vulnerable to drug abuse and its proliferation.

E. VISION STATEMENT

DRUG FREE PAKISTAN BY 2020

F. PILLARS OF THE STRATEGY

26. In order to achieve a drug free Pakistan, the drug control strategy will comprise of the following three main pillars, namely:

- i. Supply reduction through invigorated and strengthened law enforcement;
- ii. Demand reduction through accelerated initiatives,
- iii. Soliciting increased international support.

27. The cross cutting themes will include:

- iv. Improved inter-agency coordination;
- v. Human resource development; and
- vi. Impact assessment, performance monitoring, and research studies and trend analysis. Accordingly, the main goal and objectives of the three pillars are as follows.

G. GOAL

Goal: To reduce the health, social and economic costs associated with drug trafficking and substance abuse.

H. OBJECTIVES

Objective 1: Control the Production and Trafficking of Narcotic Substances.

Objective 2: Limit Smuggling, Trafficking and Distribution of Illicit Narcotic and Psychotropic Substances, Amphetamine Type Stimulants and Precursor Chemicals.

Objective 3: Check the Increase in Drug Demand and Achieve Reduction in the Number of Drug Addicts through Prevention and Treatment and Rehabilitation Measures.

Objective 4: Enhance Effort to Forfeit Drug Generated Assets and Curb Money Laundering.

Objective 5: Promote International Cooperation.

I. MAIN PERFORMANCE INDICATORS OF THE STRATEGY

28. The main performance indicators of the strategy are:

- The maintenance of poppy free status;
- Enhanced inter agency coordination;
- Adequate, well equipped and trained LEAs;
- Improved border control management;
- Timely availability of current statistical data on narcotics and psychotropic substances, amphetamine type stimulants and precursor chemicals available;
- Sale and distribution of psychotropic substances is fully regulated;
- Import regime of psychotropic substances, amphetamine type stimulants and precursor chemicals revised and implemented;
- Reduction in the number of illicit drug abusers by 50 percent, and number of Injecting Drug Users (IDUs) by 50 percent;
- Number of persons accessing treatment facilities increased by 50 percent;
- The quantities trafficked/transited through Pakistan reduced by 50 percent;
- Regular meetings of Policy Review Board, and Narcotics Interdiction Committee are held;
- Improved compliance by commercial banks in reporting suspicious transactions to the ANF;
- Cooperation between regional and national LEAs in sharing real time information on drug trafficking in place;
- Extradition procedures are negotiated, and expertise developed in seeking international cooperation.

Chapter 3

LEGAL AND INSTITUTIONAL FRAMEWORK FOR NARCOTICS CONTROL

A. RELEVANT INSTITUTIONS

i. Ministry of Narcotics Control

29. Pakistan's drug control policy making and planning is the responsibility of the Ministry of Narcotics Control (MNC). The Minister of Narcotics Control heads the Ministry of Narcotics Control.

30. In 1993, the Government of Pakistan created two bodies in relation to narcotics control. The first is the Policy Review Board (PRB) which was created to monitor and execute policies of the Federal Government and the second is the Narcotics Interdiction Committee (NIC) to take stock of anti trafficking issues.

a. National Narcotics Control Council. (NNCC)

31. In order to oversee the implementation of the Master Plan and narcotics control policies and programmes in the country, it is proposed that a National Narcotics Control Council be set up under the chairmanship of the Prime Minister of Pakistan. All Chief Ministers of the provinces, Federal Ministers for Narcotics Control, Health, Interior, Information, Social Welfare and Deputy Chairman Planning Commission will participate as members. The MNC will serve as the secretariat of the council.

b. Policy Review Board (PRB)

32. To monitor and execute the policy of the Federal Government, the PRB has been set up at the federal level with the following composition:

- Minister for Narcotics Control (Chairman)
- Ministers in charge of Health, SAFRON, Social Welfare and Foreign Affairs (Members)
- Governor, NWFP. (Member)
- Governor, Balochistan. (Member)
- Ministers in charge of Provincial Home Department (Members)
- Ministers in charge of Provincial Health Departments (Members)
- Secretary, Ministry of Narcotics Control (Member / Secretary)

33. The PRB is required to meet once a year to review the implementation of narcotics policy by various organizations, and make such recommendations to the Federal Cabinet on policy issues pertaining to narcotics, as it may deem necessary and appropriate.

c. Narcotics Interdiction Committee (NIC)

34. The NIC is required to meet every six months to review, monitor and evaluate narcotics interdiction operations of all the LEAs 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 emphasize the Government's resolve in tackling the problems created by drug-generated assets. Its composition is as follows:

- Secretary, Ministry of Narcotics Control (Chairman);
- Inspectors General of Police, Punjab / Sindh / Balochistan / NWFP / Islamabad Capital Territory and Northern Areas (Members);
- Director General, ANF (Member / Secretary);
- Heads of Federal Civil Armed Forces (Members);

- Director General, FIA (Member);
- Director General, Intelligence and Investigation (Customs & Excise)/ Federal Board of Revenue (Member);
- Force Commander, Airport Security Force (Member).

ii. The Anti Narcotics Force (ANF)

35. The ANF has been assigned the central role in combating drug trafficking by the Control of Narcotics Substances Act, 1997. The ANF has the primary responsibility for interdicting the production, smuggling, trafficking and abuse of narcotics and illicit psychotropic substances. Through its 5 Regional Directorates, headed by Brigadier level officers supported by officers and staff seconded from the Army, it collects intelligence, and is responsible for arrests, drug seizure, investigation and prosecution of offenders. Seizures of drug-generated assets and curbing of money-laundering complements the ANF's enforcement role. Apart from this the ANF is also responsible for demand reduction programmes. The ANF functions under the MNC and is headed by a Director General who is a serving general officer on deputation from the Army.

36. Through its Special Investigation Cell (SIC) and five Regional Directorates the ANF collects intelligence and is responsible for arrests, drugs seizures and investigation and prosecution of offenders. The mandate of the ANF further includes the seizure of drug-generated assets and curbing of drug related money- laundering. The size of the ANF has expanded in recent years, the number of staff increasing from less than 1,000 in 1996 to 2,400 in 2007. The force's staff comprises of 47 percent on secondment from the Army and other agencies and the remainder is from the ANF integral cadre, which is in the process of being expanded to 3100.

iii. Frontier Corps (FC)

37. These paramilitary organisations comprising a number of wings (roughly equivalent to a regiment in size and configuration) are deployed along Pakistan's border with Afghanistan in the provinces of NWFP and Balochistan. They are also deployed on Pakistan's border with Iran in the Province of Balochistan. Their primary function is to guard the border areas but they also undertake counter drug-trafficking operations. However, their investigative capacity needs to be enhanced. The Inspector-General of the FC reports to the Federal Ministry of Interior. The ANF has delegated anti narcotics powers to the FC.

iv. Pakistan Customs

38. Pakistan Customs reports to the Federal Board of Revenue, which is part of the Ministry of Finance. There are two main arms of this service, both of which have drug control within their remit. The Intelligence and Investigation Division has a central intelligence function and has investigative offices throughout the country. The second arm comprises various Customs Collectorates also spread over the country. Both arms employ specialist drug units which vary in size. The larger units are normally located at Pakistan's international ports and airports. The customs frontiers consist of 15 entry and exit points.

v. Pakistan Coast Guards

39. Exact number of personnel assigned to the Pakistan Coast Guards remains classified. Pakistan Coast Guard is responsible for security of Pakistan's coastline. The Director General of the Coast Guards, a Brigadier on secondment from the Army, reports to the Ministry of Interior. Under the present circumstances the Coast Guard is bereft of most of its original mandate and is concentrating mainly on drug trafficking. Therefore, it is proposed that the Coast Guard should be placed under the administrative control of ANF during the peace time.

vi. Police

40. The Provincial Police Forces and the Excise Departments have a duty to check the trafficking and distribution of drugs within the country especially at the consumption level. This is an important function because the ANF's role is related to high value consignments of narcotic drugs as they do not have the manpower to police the streets for peddlers.

vii. Maritime Security Agency (MSA)

41. The MSA was set up in 1986 and has approximately a 2,500 member paramilitary force. The MSA is responsible for patrolling the Exclusive Economic Zone in co-operation with the Navy and the Army-manned Coast Guard which includes narcotics interdiction.

viii. Rangers

42. The Pakistan Rangers provide for the internal security of the country. Organised at the provincial level and subordinate to the Ministry of Interior, the Rangers are commanded by general officers from the army. These forces are responsible for internal security duties, which include interdiction of narcotic drugs and psychotropic substances.

ix. Airport Security Force (ASF)

43. The ASF is headed by a Brigadier on secondment from the army. It has its presence on all the airports of the country and though the primary function of the force is to thwart any attempt of weapons or explosives smuggling on the aircrafts and the general security of the airports, it also helps in detection of narcotics trafficking through its baggage screening mechanisms at different airports.

B. STATUS OF CONVENTION ADHERENCE

44. Pakistan is a signatory to the UN Single Convention on Narcotic Drugs, 1961, the 1971 Convention on Psychotropic Substances and the 1988 UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. In 1999, the government also ratified the 1972 Protocol, which amends the 1961 Convention. The 1988 Convention provides comprehensive measures against drug trafficking, including provisions against money laundering and the diversion of precursor chemicals. It provides for international cooperation through, for example, extradition of drug traffickers, controlled deliveries and transfer of proceedings.

C. LEGISLATION

45. The Control of Narcotic Substances (CNS) Act, 1997, arising from an ordinance bearing the same name and promulgated in 1995, effectively covers all aspects of Pakistan's drug control efforts. It deals with all cultivation, manufacture, production, trafficking and possession offences as well as clearly setting out the powers of search and seizure. An amendment to the law to include the term "agricultural land" in section 10 of CNSA-97 will facilitate the prosecution of cases against illegal cultivators. It allows for the freezing and forfeiture of assets derived from drug trafficking and reverses the onus of proof and the presumption of innocence in respect of the possession to the accused. The Act also allows the Government to set up Special Courts with exclusive jurisdiction in drugs matters and to establish a National Fund for the Control of Drug Abuse to be partially funded from assets forfeited under the legislation. Provision is also made for the mandatory reporting by banks and financial institutions of suspicious financial transactions.

46. Chapter VI of the CNS Act 1997 deals with treatment and rehabilitation of addicts. Article 52 stipulates that Provincial Governments shall register all drug addicts for the purpose of treatment and rehabilitation while the Federal Government is to bear the cost for first-time compulsory detoxification or de-addiction of an addict. Similarly, Article 53 requests the Provincial Governments to establish as many treatment centers as necessary for de-toxification, de-addiction, education, aftercare and rehabilitation, social integration of addicts and for supply of such medicines as are considered necessary for the de-toxification of the addicts.

47. The Anti Narcotics Force Act, enacted in 1997, states that the ANF would be responsible for investigating and prosecuting all cases related to the preparation, production, manufacture, transportation and illicit trafficking of intoxicants, narcotics and precursor chemicals; the investigation, tracing and freezing of assets; the provision of assistance to other LEAs; collection of information from all national and international agencies maintaining liaison with those agencies; the coordination of projects for the elimination of poppy cultivation; arranging and coordinating training of own staff and members of other enforcement agencies in various aspects of narcotics enforcement and perform any other related functions which may be assigned to it by the Federal Government.

D. PROSECUTION EXPERIENCES

48. The ANF and other LEAs have experienced certain problems in carrying out operations, seizures, investigations, prosecution of narcotic cases and matters connected therewith or incidental and ancillary thereto under the CNS Act 1997. Due to the changing circumstances and adoption of various techniques and modalities by the drug mafia in the trafficking of narcotic drugs countrywide and transnationally / internationally, it has become an inevitable need of the time to bring some modifications in the said Act to make it an effective legal instrument for the fulfillment of national policies and international obligations under the various international Conventions/Protocols related to narcotic offences. In addition, during the ground application certain rudimentary flaws have been experienced. Keeping in view the requirement of the Criminal Justice System, certain amendments are required to be incorporated therein to make the Act more functional and operational.

E. PROPOSED AMENDMENTS IN LAWS

49. In recent years, the drug abuse trend has been shifting from traditional plant based drugs to synthetic designer drugs commonly termed as Amphetamine Type Stimulants (ATS). This fast new wave of drugs is becoming very popular amongst the youth and is emerging as a major threat to the South Asian region. These drugs, particularly ATS are spreading rapidly as part of mass youth culture. Changes in social structures in our societies in Pakistan, with an emphasis on success, performance, and fashionable life styles have contributed to the escalating demand and supply of ATS. Due to the common use of synthetic drugs, semi synthetic drugs and cocaine in Pakistan and destructive effects of such drugs for human beings, some amendments are being proposed in the relevant sections of the CNS Act, 1997.

50. It has been observed that in the CNS Act, 1997, there is no time limit for the finalization of inquiries and investigations by the Investigating Officers (IOs) in neither the asset cases nor are the courts are bound to complete the trial of assets cases in a stipulated period and hence conviction often takes years. Therefore, certain amendments in CNS Act, 1997 to the extent of assets matters having some embargo on the IOs and Special Courts have been proposed. To make the provisions of the Act, relating to assets freezing/forfeiture more effective, operational and punitive Sections have been added in connection with the limitation of period of inquiries and investigations by the IOs, Trial Courts and filing appeals before the Appellate Courts.

51. Drug cases involving juveniles are not properly prosecuted because public prosecutors have no experience of narcotics cases. Therefore, amendments are being proposed in the CNS Act 1997 for empowering ANF Special Courts to try juvenile drug cases.

Chapter 4
CONTROL OF PRODUCTION AND SUPPLY OF ILLICIT DRUGS

A. CONTROL OF OPIUM/HEROIN PRODUCTION

52. Historically Pakistan has concentrated on the eradication of opium poppy. Poppy substitution projects were initiated in 1976 when poppy was being cultivated under license. Poppy cultivation was banned in Pakistan under the Hadd Ordinance of 1979. The Government of Pakistan has been receiving long term grant assistance from donors to implement poppy eradication projects from 1976 to date to develop alternative income opportunities and to ensure that enforcement of the opium ban can be carried out at reduced hardship to farmers and at reasonable cost. The international community has invested over US\$ 160 million in the poppy growing areas of Buner, Gadoon-Amazai, Dir, Kohistan, Bajaur, Mohmand and Khyber.

53. Pakistan was declared poppy free in 2000-01 and was acclaimed as a success story demonstrating that eradication of illicit poppy cultivation is possible. However, it takes time, over twenty years in the case of Pakistan, and depends on the relative movement of the price of opium gum vis-à-vis alternative competitor crops, quantity of external assistance provided to poppy areas and the capacity of the GOP to enforce the law.

54. Poppy cultivation was reported in Balochistan in 2003 for the first time. Poppy cultivation has come down from around 4,000 hectares in 2003 and 2004 to around 2000 hectares in 2006 and 2007 (see detailed break down at Annex A). Limited quantities of opium gum have been harvested since 2003. The bulk of the amount harvested was in the Khyber Agency of NWFP, with over 1200 hectares annually.

B. PRIORITY AREAS TO BE ADDRESSED

55. One of the objectives of this Master Plan is to ensure that opium production in Pakistan is restricted to insignificant levels. The following priority areas will be addressed in order to achieve this aim.

i. Recovery of Pakistan’s Poppy Free Status

56. The government is fully cognizant of the need for the complete eradication of opium poppy in the recalcitrant areas. Poppy eradication in the major poppy growing area of Tirah valley in Khyber Agency is tempered by counter terrorism considerations.

57. Trends in Afghan opium production over the 5 years of this plan are likely to influence incentives for opium poppy cultivation in Pakistan. Afghan opium production has been going up since 2002. The area under cultivation has more than doubled since 2003.

Table 3
Poppy Cultivation Trends in Afghanistan

Year	2002	2003	2004	2005	2006	2007
Hectares	74,000	80,000	131,000	104,000	165,000	193,000

58. As in 2007 poppy cultivation in Afghanistan is mainly concentrated in the southern districts bordering Pakistan. UNODC Afghanistan Opium Winter Rapid Assessment Survey 2007 indicates that cultivation has increased in 15 provinces, mainly in the South, East and West. Of the provinces where an increase of 10 to 50 percent is expected, four are on Pakistan’s Balochistan - Afghanistan border (Nimroz, Hilmand, Kandahar and Zabul). The Afghan provinces of Kunar and Nangrahar are on the Pakistan’s NWFP- Afghanistan border.

Pakistan's Khyber Agency borders on to Nangrahar province where an increase in poppy cultivation of over 50 percent is expected. The 2007 Rapid Assessment Survey reports that the highest levels of cultivation were in districts close to the border with Pakistan and far from the centre of Nangrahar province, such as Shinwar, Achin and Nazyana, which resumed opium cultivation in 2006.

ii. Implementation of Alternative Development Projects

59. The Special Development Unit (SDU) was established within the Planning and Development Department in the NWFP in 1985, funded by UNODC, as a part of the Special Development and Enforcement Plan (SDEP). The SDU was established as a 'one-stop-shop' for the implementation of donor assisted Alternative Development Projects in poppy growing areas. The Narcotics Affairs Section of the US Embassy in Pakistan took over funding of the SDU from 2001 to date. In 2007 the Alternative Development Projects being implemented in the Federally Administered Tribal Areas have been transferred to the Governor's FATA Secretariat.

60. The poppy eradication policy of the government is based on the SDEP, presented by the Government of Pakistan to the donors in 1984. The plan envisaged a phased enforcement of the ban on poppy cultivation related to the simultaneous implementation of Alternative Development Projects. On the achievement of Pakistan's poppy free status in 2000-2001, poppy cultivation became more of a law enforcement issue. Alternative Development Projects have been or are in the process of implementation in all the major poppy growing areas of Buner, Gadoon-Amazai, Kala Dhaka, Dir, Bajaur, Mohmand and Kohistan. Three categories of alternative development projects have been implemented. First are projects where implementation was linked to a phased eradication of poppy, then there are the pre-emptive projects linked to an anticipated shift in cultivation to more remote adjacent areas and lastly, follow on rural development / poverty alleviation projects to 'lock-in' the gains of projects related to poppy eradication. This has led to a basic attitudinal change in most farming communities resulting in the establishment of alternative cropping patterns.

61. The poppy growing areas in Balochistan are Pishin, Qila Abdullah, and Loralai. It is proposed that the Alternative Development strategy be extended to these areas.

62. Projects currently under implementation are listed in the following table:

Table 4

Ongoing Alternative Development Projects	
Project Name/Donor Agency	Total Cost (Rs. in Million)
Bajaur Area Dev. Project Phase-II (NAS) 2000-2005	218.92
Mohmand Area Dev. Project Phase-II (NAS) 2000-2005	166.50
Khyber Area Dev. Project (NAS) 2001-2006	558.310
Dir Area Support Project (Loan) (IFAD) 1997-2005	1556.4
Kohistan Area Dev. Project (NAS) 2006-2010	933.35
Kala Dhaka Area Dev. Project (NAS) 2006-2010	683.53
Warai Area Dev. Project (Consolidation of DDDP and SDP) 2006-2009	265.00
Total	4382.01

C. STRATEGIC AREAS

63. The main strategic areas to be addressed are:

- Continuous monitoring and eradication of opium poppy;
- Alternative Development in Balochistan;
- Extension of the writ of the Government to poppy growing areas;
- Continue to demonstrate credible political will to enforce the ban on poppy cultivation;
- Continue ensuring no heroin producing laboratory becomes functional on Pakistani soil.

D. LESSONS LEARNT

64. The lessons learnt from previous programmes to discourage poppy cultivation, in which a two prong approach of stick and carrot was adopted, suggests that:

- Alternative livelihood/development projects do not work when there is no enforcement or at least a prospect of enforcement.
- Any lack of political will may have had negative repercussions.
- The issue of security in opium poppy growing areas and the need for enforcement of the writ of the Government is acknowledged.

E. STRATEGIC DIRECTION FOR ANTI-POPPY CULTIVATION

65. The strategy in the control of production of poppy should be to initiate alternative livelihood projects in areas that are remote, poverty stricken, and inaccessible. At the same time provincial and local governments, as well as FATA administration through local leaders should be made responsible to assist and coordinate with the Anti Narcotics Force (ANF). Similarly, limited physical and manpower resources of ANF should be strengthened to monitor and enforce the poppy cultivation. The elements of the rural uplift projects should include, introduction of high value crops, introduction of forest plantation and non timber based products (including medicinal plants), provision of productive infrastructure (such as irrigation, soil conservation, dairy and poultry development, provision of physical infrastructure), home based schooling for girls, skills development for unemployed youth for gainful employment, improved communication for increased mobility, better marketing of local produce, and to facilitate monitoring. Efforts will be made to identify research institutions within and outside Pakistan to conduct research and medicinal benefits of opium and cannabis. To achieve these objectives, following actions should be taken:

- Frequent meetings with the provincial and district/agency administration;
- Establishment of crop monitoring committees consisting of MNC/ANF staff, local administration, notables, members of the civil society, etc.
- Implementation of multi-sector rural development type initiatives, on the lines of ongoing multi-sector rural development projects, to be implemented by public-private-partnership interfacing the line agencies and the rural support programmes, such as provincial and regional members of the Rural Support Programme Network (RSPN), associating with local community welfare organisations. This would ensure local ownership and participatory monitoring approach.

- Increase the pay allowances of the ANF.

F. IMPLEMENTATION STRATEGY FOR ANTI POPPY CULTIVATION

66. The implementation strategy for anti poppy cultivation is as follows.

- i. Accountability of government officials failing in performance of their duties in connection with eradication of poppy in particular and combating drugs trafficking in general;
- ii. All foreign assistance to be utilized efficiently in a transparent manner and consistently monitored;
- iii. Incentive/Honoraria for LEAs destroying poppy crop to be considered;
- iv. Poppy eradication will be the responsibility of the respective provincial Government and the ANF will act as a coordinating agency;
- v. Support of ulema / district government functionaries and public representatives in convincing farmers not to grow poppy will be solicited;
- vi. Provincial committees of the respective provinces be constituted to monitor poppy cultivation (with the Home Secretary as Chairman and the heads of all LEAs as members);
- vii. Land owners cannot be absolved of the repercussions of illegal cultivation of the crop.
- viii. Regular meetings should be held between the MNC / ANF and the provincial governments in order to monitor and implement Federal government decisions.

67. **Short Term Measures:-**

- i. Timely meetings between local notable and civil administration officers led by Nazims, should be held in all poppy prone areas to pre-empt further cultivation. Decisions taken in these meetings should be brought on record and publicized through print and electronic media. Federal and Provincial parliamentarians will be involved in the formulation of drug control policies and to carryout advocacy.
- ii. Though this is primarily the responsibility of the revenue department officials, the police and Civil Armed Forces (CAF) officials should also be made responsible to report illicit poppy cultivation in their area(s) of jurisdiction. Firm orders to this effect must be clearly conveyed in all narcotic crop prone areas.
- iii. Yearly crop verification, both cultivation and harvesting, should be initiated by the Provincial Government.
- iv. Complete eradication of all illegal crops must be ensured before extraction of opium. No concessions like ignoring the crop in courtyards/walled enclosures.
- v. The following approach is suggested to deal with illegal cultivation:
 - Any tube well found irrigating narcotic crops must be immediately deprived of electric connection. Its machinery including pipes should be seized under the CNS Act by any revenue, police or CAF officer having jurisdiction over the area. A First Information Report (FIR) should be registered under CNS Act.
 - Walls / "Chardewaris" having poppy / cannabis crop inside should not be accorded any sanctity. This must be clearly announced all over the

country, and it be made a guiding principle in future poppy eradication operations.

- The writ of government must be enforced with full vigor and any appeasing or apologetic attitudes toward the tribal lords must be sternly rooted out.
- Sale of opium stocks be made impossible through pro-active policy of interdiction by the political authorities / administration.
- Shops trading in opium be sealed / not allowed to trade at any cost.
- Efforts be initiated to identify traders who have stocks of poppy seeds and these should be confiscated.
- Vigilance at borders be increased on outgoing traders who may like to shift their opium stocks into Afghanistan for conversion into heroin.
- Political authorities should stop extending any favour / courtesy to elders belonging to those areas where poppy has been grown / not destroyed in the past season.
- Those arrested with opium / opium seeds should be awarded exemplary punishment, accepting no pressure from any quarter.
- Survey teams are formed to identify potential growers of poppy and they be given warning by civil / political authorities / administration. Those still found in violation should be arrested and proceeded against under the law.
- Farmers who do not sow poppy and cultivate other crop on their fields be encouraged through some incentives i.e. provision of seeds for wheat, onion or other crops, fertilizers and electricity for tube wells at subsidized rates etc.

68. Medium Term Measures:-

- i. Regular Radio and TV programmes to be aired to influence public opinion. Syndicates / persons involved in drug trade must be fully exposed. They must not be able to enjoy honorable status in the society. A systematic media campaign should be launched.
- ii. Establish Police and CAF posts in remote areas and give them enough mobility to monitor their area of jurisdiction. No go areas should not be left uncovered.
- iii. Day and night surveillance capability be provided to LEAs engaged in monitoring areas prone to poppy and cannabis cultivation.
- iv. Mechanical means of destroying poppy crop be provided to LEAs and local civil authorities engaged in anti poppy operations for quick removal of illegal crop.
- v. Support of NGOs should be enlisted to motivate the people to abide by the law and also to guide them about profitable methods of legal agriculture.
- vi. Free schooling should be organized for children living at close distances. This may start with a single teacher duly paid by the political authorities of FATA/respective provincial governments in poppy affected areas.
- vii. Dastakaari School for girls in villages where locally hired skilled women should impart training to the girl students should be established.

- viii. As a policy, electrification of only those areas of FATA which did not grow poppy in the last season or where solid guarantees are provided by elders that no poppy will be grown.
- ix. Provision of wells at subsidized cost to those farmers who did not violate the poppy ban.
- x. Allocation of vacancies for recruitment into Khasadar Force, Frontier Corps / Constabulary and Army to tribes who cooperate with the Government Agencies.

69. Long Term Measures:-

- i. Strengthen and equip LEAs engaged in poppy eradication with manpower and ground and aerial mobility.
- ii. Up gradation of primary schools to middle school level in all those areas, where eradication operations were successful. Where no such school exists, it should be provided at priority (in coordination with health departments/ministries).
- iii. Basic health units which are without staff / medicines should be provided with the same at priority in those areas where enforcement forces were supported by local elders.
- iv. Provision of hydel generation power units to only those areas which provided support / voluntarily eradicated poppy crop in their areas.
- v. Provision of employment to the wards of those families only who were not involved in poppy cultivation. This should be announced as a matter of policy and made known to all and strictly followed as well.
- vi. Notice of termination of employment be issued to those employees, whose families violated the ban on poppy and termination effected where violation proved.
- vii. Construction of roads in the areas for easy access so that writ of the government could be established.
- viii. The government may accelerate development work so as to reduce unemployment and poverty in remote, poppy prone areas.
- ix. Strengthen moral values at the grass root level. Enlist the support of religious scholars and teachers for this purpose.
- x. Amend the law to include the term "agricultural land" in section 10 of CNS Act 1997. This will facilitate prosecution of cases against illegal cultivators.

G. STRATEGIC DIRECTION FOR CONTROLLING TRAFFICKING OF NARCOTIC SUBSTANCES

70. Despite common knowledge that illicit drugs are trafficked, reliable estimates on the types, quality and quantity of illegal movement and their origin and destination for narcotic substances is inadequate. Even if the information is available with various agencies, it is not shared, collated or analyzed. This is due to limited inter agency coordination. The existing resources (staffing and finances) available with MNC / ANF are not adequate to interdict the movement of these drugs in a wide geographical expanse. The following strategic areas will be addressed:

- o ANF has a vast area of responsibility. It has over 2500 km of porous border with Afghanistan and approximately 900 km with Iran. This is in addition to the 1062 km long coastal belt and a 1600 km border with India. There are 7 border entry / exit

points in addition to 8 international airports, 3 seaports and 11 dry ports. ANF mans all the international airports and seaports around the clock, however, the dry ports and border entry / exit points are checked at random and on intelligence. The efficiency of the ANF is hampered by the lack of adequate manpower and non-intrusive means of scanning inspection of containerised traffic. Approximately 20,000 containers pass through the three seaports on a monthly basis. The present practice of checking these containers at random without any formal training is both labour intensive and non-productive. The ANF and Customs personnel require training and equipment. A minimum of five high performance scanners are urgently required – three at the seaports and two at the border entry / exit points. At the same time, Pakistan's narcotics interdiction efforts are impeded due to border troops being heavily committed in counter-terrorist operations.

- Improved information exchange and collaboration between agencies with drug law enforcement responsibilities. There will be increased emphasis on joint investigations and information sharing. Cross border cooperation will be enhanced through UNODC's trilateral cooperation initiative launched in June 2006, which envisages a strengthening of border controls along the Pak-Afghan & Pak-Iran border. The status of the Pak-Iran-Afghanistan Inter-Governmental Technical Committee (IGTC) will be raised to a ministerial level. At the operational level dialogue between the three countries will continue under the aegis of the Senior Law Enforcement Officers (SLEO) meetings which will take place twice a year.

H. IMPLEMENTATION OF ANTI-TRAFFICKING STRATEGY

The main pillars of the implementation strategy are as follows.

- Strengthening the capacity of MNC / ANF through additional staff, provision of mobility and equipment, and training of MNC / ANF and other law enforcing agencies.
- Continuous monitoring of traditional poppy growing areas and non traditional poppy growing areas through ground and aerial survey and undertaking poppy eradication campaign with the assistance of other LEAs.
- Arresting and prosecuting farmers/financiers/buyers of illicit crop.
- Ensuring no heroin laboratory becomes functional on Pakistani soil by cultivating credible sources of intelligence in order to determine any activity to establish heroin producing laboratories in Balochistan and NWFP.
- Border management should include fencing on frequented trafficking routes along Pak-Afghan border including ditches and embankments.
- Regular meetings between the MNC/ANF and provincial governments to monitor and implement federal government decisions.
- Training programmes will include: drug law enforcement methods, asset investigation, tracing drug related money, crime scene investigation, advance intelligence gathering, container search methods, specialized training for marine operations and dog handlers.

Chapter 5**LIMIT SMUGGLING, TRAFFICKING AND DISTRIBUTION OF
PSYCHOTROPIC SUBSTANCES, PRECURSOR CHEMICALS &
AMPHETAMINE TYPE STIMULANTS****A. GENERAL**

71. Pakistan, like many other countries, has been exposed to the consequence of illicit smuggling, trafficking and abuse of narcotics drugs, psychotropic substances, Amphetamine Type Stimulants (ATS). The extent and gravity of the problem has, however, fluctuated over time. Since opium poppy and cannabis products such as charas and bhang have been in use from time immemorial, they have acquired a degree of psychological and socio-cultural acceptance. Since, post 9/11 scenario, Afghanistan emerged as a leading opium producer in the world raising heightened concerns about the production of opium in the country and consequent trafficking of opiates produced in Afghanistan through the region. Similarly, concerns are being raised about smuggling in of precursor chemicals, as Acetic Anhydride is the essential chemical required for conversion of opium into morphine and heroin, through the neighbouring countries of Afghanistan. With the increase production of opiates in a neighbouring country threat of opiates trafficking through our soil and its abuse in the society has made Pakistan a transit as well as a victim country. In the present scenario and world wide pattern of drugs abuse Pakistan also faces an increased threat from the use of narcotics drugs, psychotropic substances, amphetamine type stimulants (ATS) and other synthetic drugs, by the drug addicts whose numbers are increasing which is a point of concern for the Government. For checking the smuggling, distribution, trafficking, and abuse of narcotics drugs, psychotropic substance, Amphetamine Type Stimulants (ATS) and diversion of precursor chemicals into and out of the country, a methodology is proposed, which clearly identifies the priority areas and outlines a strategy.

B. PRIORITY AREAS TO BE ADDRESSED**i. Psychotropic Substances**

72. According to the Drug Act 1976, all psychoactive / psychotropic substances, sedatives and tranquilizers such as diazepam, benzodiazepines, phenobarbitone, pethidine and many others are to be sold strictly under verifiable Prescriptions Control Mechanism. But the fact is that most, if not all, of these are freely available over the counter in the country for their indiscriminate use and abuse by the peoples. According to the Psychotropic Drugs Survey of 1993 approximately 18% females and 21% males are regularly using psychotropic drugs, mostly tranquillizers, without doctor's prescription. Similarly, according to the recently conducted Drug Abuse Assessment Study of 2006, nationally, hashish is the most commonly used substance in the country. Second to this are sedatives and tranquilizers, such as benzodiazepines which have been listed as commonly used substances. These are followed by heroin, opium and cocaine. Additionally, sedatives and tranquilizers and other opiates are perceived to be more commonly used by women and inhalants by adolescents in almost all parts of the country. Although Pakistan has defined a system for licensing and supervision of the raw material imports for a total of 26 listed psychotropic substances and 5 listed narcotic drugs but the existing system is prone to loose control and is resulting in their growing abuse due to lack of proper enforcement. In accordance with the provisions of the Drugs Act 1976 there is a need to enforce this control mechanism in letter and spirit but failure to enforce effective prescription, sale and distribution control mechanism in the country is resulting in unauthorized sale of psychotropic substances and narcotic drugs. Additionally, in order to prevent the abuse of non allopathic drugs there is need to bring under control the illicit

manufacturing, sale and distribution of non allopathic drugs. For this necessary amendments are required in the Drugs Act 1976, so that it also covers manufacturing, sale, distribution and abuse of unani, herbal, homeopathic and ayurvedic medicines available in the country which are being excessively abused by the drug addicts in the society.

ii. Amphetamine Type Stimulants (ATS) and Other Synthetic Drugs

73. Although at present the use of amphetamine type stimulants (ATS) and other synthetic drugs in Pakistan is not wide spread and is only restricted to affluent class. According to the recently conducted Drug Abuse Assessment Study 2006, there are signs of Ecstasy and probably other ATS making appearance in the local drug scene. The use of Ecstasy in parties organized mainly by young men and women, aged between 16 to 25 years, mainly belonging to upper or upper middle class families, is on the increase in the major urban centers of the country. Additionally, house based parties, organized by a few individuals or a group of friends were the main settings in which Ecstasy was being used. Some participants mentioned that young people driving speed motor bikes or involved in car racing used Ecstasy to enhance their risk taking behaviour. The ATS are being smuggled from UK, China and India. The main factors governing the use and abuse of ATS in Pakistan is their high price and limited availability in the country. Yet, increase in ATS use in future cannot be ruled out. According to the general observation the source of limited ATS supply in Pakistan are the chemists running medical stores. Therefore, the Ministry of Health shares the major burden of checking such illicit practices and can contribute a great deal in controlling the illicit sale and use of ATS in the country. In view of the signs of Ecstasy and other ATS making appearances in the local drug scene, there is a need to train the local law enforcement officials to recognize these substances for seizures, increase public awareness, especially targeting urban youth through educational programme on the health and social consequences of using substances such as Ecstasy, instill an early warning system to continue monitoring the trends in drug use and identify emerging drugs, do follow up in depth studies and inform the national policy makers on appropriate actions and steps. Furthermore, there is an evident need for focus assessment studies on the extent and pattern of drug use among youth in the urban centers and educational institutions in the country.

iii. Precursor Chemicals

74. In compliance with the International UN Conventions, Pakistan is under the obligation to control illicit trade and diversion of precursor chemicals which can be used for illicit manufacturing of narcotic drugs and psychotropic substances. According to the GOP's Trade Policy from 2005 onwards all the precursor chemicals on Table-I and Table-II of the UN Convention 1988 have been placed on the list of restricted items in Pakistan. This further empowers the Ministry of Narcotics Control to exercise additional controls on the import of precursor chemicals into Pakistan

75. Since Pakistan does not fall in the list of chemicals producing countries therefore, various precursor chemicals required for licit use by the pharmaceutical and industrial consumers are imported. At present, bulk of the requirement is being accounted for through licit import from India, China and some European Countries. This situation makes the incentive for smuggling obvious. There is a need for exercising greater control on the licit import and movement of precursors such as acetic anhydride and other chemicals. The import procedure for acetic anhydride is laid down in the Import and Export Control Act 1950 and the Import / Export Procedure Order 1994 on the subject. This prescribes that the anhydride shall be imported by registered importers against letters of credit issued 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 in accordance with the quantity for which letter of credit was issued. The rules governing the import and distribution of such precursors appear to be sufficiently defined to ensure proper implementation. The pilferage and leaks therefore, can only be plugged by greater vigilance by the Customs. Moreover, required data is to be maintained by Provincial Industries Departments/ Federal Board of Revenue (FBR), Ministry of Health and Narcotics Control, which deal with the formalities of ascertaining the requirement of local industries and subsequent authorization of import of chemicals by users at various levels. It is felt that the Customs Department in Pakistan must conduct sample checks on imports which could conceal shipments of acetic anhydride and other essential chemicals. ANF maintains a liaison with the drugs control authorities abroad through the Intelligence Directorate and carries out ground checks for monitoring international trade of precursor chemicals through international tracking programmes launched by International Narcotics Control Board (INCB) and the Pre Export Notifications received from exporting countries. A vigorous ground check is conducted by ANF by recommending No Objection Certificates to the MNC.

C. LESSONS LEARNT

76. A critical review of Pakistan's trade policy and enforcement efforts has resulted in identifying certain gaps and weaknesses in existing control and regulatory mechanisms. All those involved in control and prevention of narcotic drugs, psychotropic substances, Amphetamine Type Stimulants and precursor chemicals need to understand these gaps so that an effective strategy/methodology can be worked out to ensure desired control and incorporate desired changes where necessary in our policy and control mechanisms. The lessons learnt are as follows:-

- i. Organisational and structural inadequacies of health departments and LEAs are one of the major factors hampering their performance.
- ii. Lack of statistical data on the extent of abuse of psychotropic and psychoactive substances is a serious impediment.
- iii. Inter-agency co-ordination among LEAs, Ministries of Narcotics, Health and Commerce and FBR needs to be strengthened.
- iv. There are serious inadequacies in the prescription, sale and distribution control mechanism for regulating the sale and use of psychotropic substances.
- v. The Drugs Act 1976 covers all the allopathic medicines but unani, herbal, homeopathic and ayurvedic medicines are not covered under this Act. This policy loophole is resulting in abuse of opium based drugs preparations specially cough syrup in the country which are being prepared by non allopathic drugs manufacturers.
- vi. Precursor producing countries are not providing information on precursors to Pakistan. One remedy already put forward at the national level is that importers obtain No Objection Certificates from the Ministry of Narcotics Control before importing chemical precursors.

D. STRATEGIC DIRECTION

77. All the ministries / departments will be required to formulate their standard operating procedures for implementation through the LEAs under their areas of jurisdiction to ensure proper control and prevent smuggling, trafficking and diversion from the suspected sources. The following sections cover policy related issues which need to be addressed and the responsibilities and actions to be taken by various LEAs to ensure control.

E. IMPLEMENTATION STRATEGY

78. The following agencies / ministries are involved in the implementation of the strategy.

i. Ministry of Narcotics Control

- Formulate a narcotics control policy in consultation with other Ministries and Departments.
- Conduct focused studies and assessments addressing the extent of drug abuse in the country.
- Hold Policy Review Board and Narcotics Interdiction Committee Meetings periodically to effect changes in the policy and strategy for narcotics interdiction.
- Oversee internal distribution of psychotropic substances to various hospitals as recommended by the Ministry of Health.
- Undertake ground checks through the ANF on receipt of Pre Export Notifications (PENs) for import of precursor chemicals into the country and share results of ground checks with INCB in consultation with Ministry of Health, Commerce and FBR.

ii. Ministry of Health

- Fix quota for the import and export of psychotropic substances and precursor chemicals required as raw material for local manufacturing of drugs by the pharmaceutical companies.
- To inform MNC about import, export permission/quota granted to pharmaceutical companies for manufacturing of narcotic drugs and psychotropic substances in the country.
- Take stock of the shortfalls in the existing system and workout a methodology for effective enforcement of prescription, sale and distribution control mechanism in the country to check the licit trade and illicit sale of narcotic drugs, psychotropic substances and amphetamine type stimulants (ATS) including other synthetic drugs in the country.
- Issue export authorization of narcotics drugs and psychotropic substances to the exporters and share the information with MNC for record.
- Carry out strict monitoring and checking of uncontrolled sale of narcotic drugs and psychotropic substances by the medical stores and chemists through their drug inspectors and take action against the defaulters.
- Incorporate changes/amendments in the Drug Control Act 1976 to bring under control production of all the producers of homeopathic, unani, ayurvedic, and herbal medicines in the country specially, their opium based preparations, which are being used as drugs of addiction rather than treatment.

iii. Ministry of Commerce

- Scrutinize demand of precursor chemicals placed by various industrial consumers before fixing their quota and recommending their demanded quantity to MNC for issuance of NOC to the importers.
- Share details with MNC and ANF of the quota fixed for all industrial units and commercial importers for import of precursor chemicals.

- Incorporate periodic amendments and compatible changes in our Trade Policy's list of items placed on the restricted list in consultation with the MNC as required vide Table-I and Table-II of the Article 12 of UN Convention 1988.

iv. Federal Board of Revenue

- Maintain a consolidated list of import authorization issued to various pharmaceutical and Industrial users of precursor chemicals and share the same with MNC/ANF for record.
- Issue import authorization to the importers of precursor chemicals strictly according to their requirements as recommended by Ministries of Commerce, Narcotics and Health.
- Issue comprehensive instructions to Pakistan Customs for streamlining its checking and monitoring mechanism at entry and exit points of the country to prevent smuggling and diversion of precursor chemicals into and out of Pakistan.
- Identify any weaknesses in transit trade policy to prevent smuggling and diversion of precursor chemicals through shipments entering and moving out of Pakistan under transit trade agreements with neighbouring countries specially Afghanistan.

v. Anti Narcotics Force (ANF):

- Being the premier drug law enforcement agency of the country has been assigned the central role in combating drug trafficking under the Control of Narcotics Substance Act 1997. The ANF has the primary responsibility for interdicting the smuggling, trafficking and abuse of narcotics, psychotropic substances, amphetamine type stimulants (ATS) and other synthetic drugs. It collects intelligence, and is responsible for arrests, drug seizures, investigations and prosecutions of the offenders. In view of Pakistan's geographical locations, production and consumption pattern of drugs, interdiction activities of the ANF are obliged to cover the following major categories:-
- Check smuggling of narcotics such as opium, heroin, hashish, synthetic drugs and psychotropic substances into or out of Pakistan.
- Check smuggling and fraudulent imports of precursors chemicals for illicit use.
- Responsible for demand reduction programmes.
- Seizure of drug generated assets and curbing of drug money-laundering compliments the ANF's enforcement role.

vi. Pakistan Customs

- Pakistan Customs is responsible for controlling the movement and smuggling in and out of precursor chemicals, psychotropic substances, amphetamine type stimulants (ATS) and synthetic drugs through the entry/exit stations/points of the country including international airports/sea ports and some portions of the borders.

vii. Frontier Corps (FC) NWFP and Balochistan

- FC NWFP and Balochistan share responsibilities on cross border movement on precursors, opium, heroin and morphine on the country's western borders and to a certain extent on the sea coast. The ANF has delegated drug interdiction authority to the FC.

viii. Pakistan Rangers

- Pakistan Rangers strive to interdict the movement of drugs and the illegal inflow of precursors on the eastern border with India.

ix. Coast Guards & Khassadars/Levies

- The Coast Guards are assigned a similar role as the Rangers for the coastal belt. The ANF has delegated drug interdiction authority to the Coast Guards. Khassadars/Levies in FATA, NWFP and Balochistan are responsible for interdicting narcotics consignments both on the borders and on the unfrequented tracks entering in or going out of the country.

x. Provincial Police & Excise Departments

- Provincial Police & Excise Departments have a responsibility to check the trafficking and distribution of narcotics drugs, psychotropic substances, amphetamine type stimulants (ATS) and synthetic drugs consumption within the country especially at the street level.

F. GOALS/TARGETS

79. Following goals and targets may be set for achieving the desired result by all concerned ministries, departments and LEAs in the fight against drugs:-

i. Short Term Measures:

- The Ministry of Commerce in coordination with Ministries of Narcotics Control and Health should incorporate periodic changes in the trade policy of the Government for ensuring effective control on import, export of narcotic drugs, psychotropic substances and precursor chemicals and to prevent their diversion for illicit drugs manufacturing within the country or their re-export to other countries.
- MNC / ANF to ensure launching of continuous preventive education/ awareness campaign against the hazards associated with the use of narcotics drugs, psychotropic substances, ATS and other synthetic drugs through national print and electronic media.
- Ministry of Health to ensure streamlining of import and export procedure of narcotic drugs, psychotropic substances, ATS and other synthetic drugs into and out of Pakistan.
- Ministry of Interior and Provincial Governments should specifically task Federal and Provincial Police departments to check and bring under control drug abuse at street level through concerted efforts.
- Ministry of Commerce should incorporate periodic changes in the trade policy of the Government for making list of restricted items compatible with the requirement of UN Convention 1988.
- For the purpose of effective ground checks for the verification of precursor chemicals, import and checking of smuggling / diversion etc, there is a requirement of one pharmacist in each Regional Directorates and one at the Intelligence Directorate of ANF Headquarters.

- In order to prevent the smuggling of precursor chemicals into and through the country closer cooperation is required between ANF, Pakistan Customs, Frontier Corps and Rangers as some of these agencies have presence on the border entry and exit points. Similarly, training of ANF, Customs, FCs and Rangers staff in identification of precursor chemicals both inland and abroad is essential requirement. To build the capacity of these agencies staff should be provided precursor testing kits. Installation of scanners at entry and exist points of the country as well as procurement of Mobile Scanners for ANF should be a priority consideration for the Government.
- ii. Long Term Measures**
- MNC should undertake focused research studies periodically assessing drug abuse in Pakistan based on which the Drug Control Master Plan (2010-14) may be revised.
- MNC should continuously make efforts to acquire regular financial and operational support from the donor countries for conduct of counter narcotics operations in the country.
- Ministry of Health should ensure implementation of effective enforcement of prescription, distribution and sale mechanism of narcotic drugs, psychotropic substances, amphetamine type stimulants and other synthetic drugs within the country specially, for controlling illicit supply of such substances of abuse through the medical stores.
- Ministry of Health / Provincial Ministries of Health should conduct registration of the drug addicts population in the provinces to prepare consolidated data of addicts at country level.
- Ministry of Health should ensure proper control of illicit import and export of narcotics drugs and psychotropic substances into and out of the country.
- Ministry of Commerce and FBR should conduct the survey for enlisting all the local producers of chemicals to measure the extent of local production and consumption of precursor chemicals in the country by various end users.

Chapter 6

DRUG DEMAND REDUCTION

A. GENERAL

80. International drug control conventions use the term, drug demand reduction, in relation to the aim of reducing consumer demand for controlled substances. Demand reduction strategies contrast with approaches which aim at reducing supply of drugs though in practice demand and supply reduction can be complementary. The success of demand reduction is conventionally measured by a reduction in the prevalence of use i.e. by more abstinence, hence is separate and distinct from harm reduction.

81. Demand reduction is a broad term used for a range of policies and programmes which seek a reduction of the desire and of preparedness to obtain and use illegal drugs. Demand of drugs may be reduced through prevention and education programmes to dissuade users or potential users from experimenting with illegal drugs and / or continuing to use them; treatment programmes mainly aimed at facilitating abstinence, reduction in frequency or amount of use; judicial diversion programmes offering education or treatment as alternatives to imprisonment; broad social policy to mitigate factors contributing to drug use such as unemployment, poverty, homelessness and truancy.⁹

82. The 2006 National Assessment Study regarding Problem Drug Use in Pakistan estimates that the prevalence of opioid use in Pakistan is around 0.7 percent of the adult population or around 628,000 opioid users.¹⁰ Of these, around 482,000 (77 percent) are heroin users. These findings mirror those of study undertaken in 2000. Given the massive increase of opium and heroin production in neighbouring Afghanistan, this stability in prevalence rates is a notable achievement. Similarly, the prevalence of injecting drug users is estimated to be around 125,000 (0.14 percent of the adult population). The estimated number of injecting drug users in Pakistan has doubled between 2000 and 2006 which is alarming.

83. Pakistan is currently a low prevalence high risk country for HIV/AIDS.¹¹ However, concentrated epidemics among injecting drug users have developed in a number of cities. There are 3,245 confirmed HIV positive cases in Pakistan, of which 20.7 percent are injecting drug users.¹² While HIV prevalence is still low overall, recent though limited surveys have indicated sharp increases in prevalence among groups of injecting drug users. In 2004 the prevalence of HIV among IDUs in selected areas of Karachi was 6 percent.¹³ In 2005 HIV prevalence in a comparable group was 26%¹⁴. It is clear that the epidemic is progressing to more injecting drug users.

84. A comprehensive strategy for drug abuse prevention, treatment and rehabilitation in Pakistan should address all the main areas of intervention: policy measures to address the control of both licit and illicit substances, developing an environment that is conducive to prevention and treatment efforts; prevention of drug abuse; reduction of the social and health consequences; treatment of drug dependence and criminal justice system measures. Based on the findings of the 2006 Drug Abuse National Assessment, some important issues that arise and need to be addressed in Pakistan are:

⁹ Demand Reduction- A Glossary of Terms, UNODC, 2000

¹⁰ Based on 91 million adult population (15 to 64 years): Source: UN Population Division Data

¹¹ HIV prevalence has not consistently exceeded five percent in any defined sub-population- Guideline for 2nd generation HIV surveillance- WHO, UNAIDS, 2000

¹² Quarterly Report April –June 2005- National HIV/AIDS Control Programme

¹³ Annual Report Provincial AIDS Control Programme, Sindh Province 2004

¹⁴ Karachi Pilot Mapping under Canada-Pakistan HIV/AIDS surveillance project, September 2005

- The presence of chronic drug addicts who have had a long history of over 10 years or more of regular opioid use and have had multiple attempts at treatment;
- Over the last one decade the drug abuse problem has become more complicated as the number of injecting drug abusers has doubled. Coupled with this is an increasing population of problem drug users with co-morbidities such as HIV, Hepatitis C and Tuberculosis;
- There is also a younger population of opioid users whose needs are to be addressed;
- Approximately 77% of the addicts interviewed during the 2006 assessment study said they have no access to drug treatment services.
- The quality and range of services offered through existing treatment services are not adequate in relation to the challenges and the diverse needs of their clients;
- Use of cannabis type substances continues in large segments of society;
- Increasing use of inhalants among adolescents who are primarily street based;
- The abuse of pharmaceutical opiates such as morphine, codeine, pentazocine, buprenorphine, etc., as well as tranquilizers and sedatives available over the counter without doctor's prescription;
- The use of ecstasy and other party drugs among the affluent section of society to heighten pleasurable sensation.

B. PRIORITY AREAS TO BE ADDRESSED

i. School and Community Based Prevention Programmes

85. There is a need to look at prevention programmes beyond the customary public awareness initiatives and one-off informational initiatives on the hazards and consequences of drug use. These programmes need to focus on enhancing the protective factors for prevention of drug use as well as to help reduce the risk factors that promote drug use among young people in different settings. There are a number of dimensions of such programmes such as:

- a. Prevention in schools through teaching of “personal, social, and health education” programmes that focus on health promotion and are based on developing links between knowledge, values and skills and empower students with appropriate information and skills to take greater control of their lives and improve their own health.
- b. Community based prevention aiming at prevention of substance use such as inhalants, cannabis and other drugs used by out of school youth. Such programmes could reach out to the young people in multiple settings in the community such as youth or sports clubs and associations.
- c. Prevention programmes and interventions for at risk adolescents such as child labourers and street children. These programmes should include interventions that provide a safe and supportive environment for these children, improve their access to health and social services in the community,

provide assistance and services for prevention and treatment of drug use, sexually transmitted diseases and other health and social needs.

ii. Improved Delivery of Treatment Services

86. Improving delivery of services would firstly require the development of standards and protocols of essential services that should be provided through drug treatment facilities. Secondly, drug treatment facilities should be certified for the quality of services provided based on the standards and protocols adopted. Thirdly, training programmes need to be instituted to develop or upgrade the skills of key staff and service providers in these institutions. Finally, there is a need to put in place a system of ongoing monitoring of the delivery, quality and coverage of drug treatment services as well as the evaluation of the various interventions.

87. In 2005, Prime Minister of Pakistan established a cabinet committee, headed by Minister of Narcotics Control and comprises of Health, Social Welfare and Information ministers. The main task of the committee was to review the existing drug treatment facilities in the country and put forward their recommendations for its improvement and expansion. The Prime Minister instructed all provincial health departments that the teaching and district headquarters hospitals have separate wards for the treatment of drug abuse. Under the Prime Minister directive, ANF has established two model drug abuse treatment and rehabilitation centre at Quetta and Islamabad and is planning to establish a 100 bed drug treatment center in Karachi in year 2007.

a. Addressing Diverse and Evolving Needs for Treatment and Care

Evidence suggests that the face of the drug abuse situation in Pakistan is changing. Opioid users are mostly poly drug users; many are injecting and have co-morbidities such as Hepatitis C, Tuberculosis, and HIV/AIDS. Treatment programmes or services therefore need to develop capacities to address the challenging and changing demands of caring for drug dependent persons along with the provision of conventional interventions as a continuum of care. Some of the issues that need to be considered are a) managing withdrawal on a poly drug user, or a person who has hepatitis C, HIV or Tuberculosis; b) a system within treatment facilities for a referral for diagnosis, treatment and care of concurrent conditions or diseases such as Tuberculosis, Hepatitis C, HIV/AIDS, etc; c) the capacity of key service providers to treat drug users other than opioid dependence, e.g., for dependence on inhalants or stimulants and d) adequate knowledge of key service providers in treatment facilities.

b. Outreach Interventions

Outreach activities by trained workers motivate and support drug users who are not in treatment to reduce their risk behavior such as injecting and sharing of injecting equipment and certain forms of sexual behavior. Research indicates the outreach activities taking place outside the conventional health and social care environments can help those drug users who are not in treatment and increase the rate of drug treatment referrals.

iii. Controlling the Sale of Psychotropic Substances

88. The assessment results of the 2006 study indicate an increasing use of psychotropic substances – licit opiates, tranquilizers and sedatives such as benzodiazepines, a trend confirmed by the key informants. This trend further complicates the entire drug control strategy where the main focus of the law enforcing agencies has been on illicit substances such as heroin and hashish. Clearly pharmaceutical drugs are being obtained through pharmacies and other channels and misused on an increasing scale. A major priority for the Government should

therefore be to regulate the import, production, supply and sale of these psychotropic substances. However, the most important step would be to strongly monitor the sale of psychotropic substances through a prescriptions system with stringent checks and safeguards to detect and prevent abuse.

iv. Setting up a Drug Abuse Information System

89. Since 2002, UNODC has been providing assistance to the Government of Pakistan to implement a “Drug Abuse Information System” primarily by monitoring the demand for treatment in 4 pilot locations initially. Since 2007 the scope of treatment reporting has been extended to 8 cities in the country. This will be increased to 20 cities in forthcoming plan period. It would be worthwhile to consider further expanding and institutionalizing the entire “treatment reporting system” at the national level. A national drug abuse information system could also consider including other indicators of drug use that could provide ongoing information on the patterns and emerging trends of drug abuse in the country. One important indicator for consideration could be monitoring the availability, price and purity of heroin and other illicit substances in various locations. Similarly, the information system could also incorporate monitoring of the quality and effectiveness of responses to drug problems at various levels.

v. Future Research Needs

90. Beside these, some of the areas for consideration regarding future research are:
- a. Focus assessment studies on the nature, extent and pattern of drug use especially among youth in different settings.
 - b. Evaluation of the efficacy of interventions for prevention and treatment of drug use.
 - c. Study of social and economic impact of drug use.
 - d. Research on networks and dynamics of injecting drug use.

C. IMPLEMENTATION STRATEGY

91. The main pillars of the implementation strategy are as follows:

i. Drug Abuse Prevention

92. Drug Abuse Prevention Resource Center (DAPRC) is to be upgraded and extended to ANF's Regional Directorates. DAPRC provide guidelines and training to Non-Governmental Organisations (NGOs)/Community Based Organisations (CBOs), voluntary organisations such as Girl Guides, Boy Scouts associations, for developing, implementing, monitoring and evaluating drug abuse and drug- related HIV/AIDS prevention projects at provincial and district level. DAPRC will act as a clearinghouse for dissemination of national and international research findings.

93. NGOs working in the field of drug demand reduction and HIV/AIDS prevention are to establish national and provincial umbrella organisations. These organisations will act as clearing houses for information and represent NGO's in general policy discussions with the Government at national and provincial levels. Such organisations that are already functioning need strengthening.

94. District Governments to establish District Drug Abuse and HIV/AIDS Prevention Committees in at least forty districts. These committees will design projects targeting youth, secure funding, implement, monitor and evaluate the projects.

95. The Ministry of Narcotics Control (MNC) / Anti Narcotics Force (ANF) will in close collaboration with Ministry of Information and mass media departments of universities develop drug abuse and HIV/AIDS prevention campaigns for electronic and print media and informal communication media such as street theaters, puppet shows etc to target rural youth and other specific groups.

96. The Ministry of Education, Curriculum Wing, in collaboration with MNC and UNODC will incorporate drug abuse and HIV/AIDS prevention material in curriculum for classes 8 to 14. Teacher training courses on drug abuse prevention to organize at provincial teacher training institutions.

97. The Ministry of Religious Affairs and Dawa Academy in collaboration with MNC to develop special courses for madrassa students and for religious teachers undergoing training at the Academy.

ii. Drug Abuse Treatment & Rehabilitation

98. The provincial health departments, in collaboration with MNC / ANF, to upgrade twenty existing drug treatment centers in public and private sectors, throughout the country, to provide quality drug treatment and rehabilitation services. The ANF is to register all the drug treatment centers for monitoring and evaluation. The CNS Act 1997 states that free first time treatment will be provided for every addict registered by the provinces.

99. The ANF to establish four new Model Drug Abuse Centers in various cities of the country to provide quality drug treatment and rehabilitation services to the people with drug abuse problems.

100. The MNC to establish a National Technical Task Force comprising of psychiatrists, psychologists, NGO's etc, to develop a uniform drug abuse treatment protocol and standard of services for government, private and NGO-run drug treatment centers.

101. The ANF to coordinate training of drug abuse treatment staff and other institutions through national, regional and international courses and other means. This training will include methodologies for handling emerging issues in drug abuse such as solvent abuse among children, women with drug abuse problems, dealing with HIV/AIDS, hepatitis and tuberculosis positive drug users and establishing drug treatment and rehabilitation programmes to prevent drug-related transmission of HIV/AIDS in prisons.

102. The MNC/ANF in collaboration with the National Prison Staff Training Institute Lahore to develop special training packages on drug abuse and drug-related HIV/AIDS prevention and rehabilitation of drug addicts for prison staff trainees at the institute. Moreover, a drug abuse prevention and treatment programme will be established in 20 prisons.

103. The MNC/ANF in collaboration with National HIV/AIDS Control Programme to expand and strengthen outreach services for motivational counseling, HIV education, referral for injecting drug users for treatment and follow-up.

104. A specially designed programme for street children with solvent abuse problems will be developed in five major cities. This will include both outreach and residential treatment programmes.

105. Women with drug abuse problems have special needs for drug treatment. Home based and specialized treatment facilities will be established in five cities for the drug treatment and rehabilitation of drug addicted women.

iii. Capacity Building and Coordination

106. Drug demand reduction capacity of the Anti Narcotics Force at national and provincial levels to be increased by appointment of professional staff and enhancement of their capacity to develop, monitor, and evaluate projects and programmes for drug abuse prevention, treatment and rehabilitation of addicts and prevention of drug-related HIV transmission in injecting drug use.

107. Drug demand reduction is only effective if it has a multi-sectoral approach. Roles and responsibilities of the relevant ministries and agencies will be clearly defined for drug abuse prevention, treatment and rehabilitation of drug addicts and for prevention of HIV transmission among injecting drug users. A coordinating body will be established comprising of Ministries of Narcotics Control, Health, Social Welfare, Education, relevant provincial departments and civil society organisations. The body will design and monitor the demand reduction programmes.

108. National level technical working groups will be established to address and make recommendations on challenging issues of injecting drug abuse, street children abusing solvents and other drugs and HIV/AIDS in prisons etc.

iv. Drug Abuse Monitoring System

109. The staff working in the network of drug treatment centers in 20 cities will be trained in data collection and local reports generation on treatment demand and drug related arrest data.

110. Anti Narcotics Force Head Quarters, based on the data received from the network centers will produce quarterly and annual reports on national trends and patterns of drug abuse and provide updated information for Annual Reports Questionnaires (ARQs) and Biannual Reports Questionnaires (BRQs) mandated by INCB.

111. District health officers in collaboration with the provincial HIV/AIDS Control Programmes and Regional Directorates ANF will regularly investigate all HIV/AIDS outbreaks among injecting drug users. Provincial and district authorities to develop contingency plans to stop the spread of HIV/AIDS and other blood borne infections, particularly among injecting drug users and implement these plans as necessary.

112. The MNC/ANF and provincial governments will train and support NGOs/CBOs and students from Psychology/Sociology/Anthropology departments of universities to mount small-scale drug abuse assessment studies.

Chapter 7

FORFEITURE OF DRUG – GENERATED ASSETS AND ARREST MONEY LAUNDERING

A. GENERAL

113. Drug-generated asset creation and money laundering has unacceptable economic and social repercussions. Drug money distorts the investment patterns away from economically productive areas. It encourages the growth of the underground informal economy, tax evasion and capital flight. Further, it fosters corruption and bribery in the institutions of the State striking at the roots of the Police and the Judiciary. Organized crime like any other crime can be checked by the effective application of the law to provide the required retribution on the guilty. In addition to the penal provisions of the law the confiscation of drug generated assets would be an effective prevention measure. Better intelligence and investigation; use of forensic techniques; authorized wire-taps and operation of controlled deliveries would assist in the smashing of drug cartels thriving on black money. Motivated law enforcing agencies operating under a proper system of accountability, are capable of neutralizing the activities of the organized criminals and drug traffickers.

114. Drug money is laundered mostly in real estate deals (where the price is understated); import of luxury goods through the “hundi system”; unregulated foreign exchange transactions and a lavish life style. In 1988 the United Nations made recommendations to combat illicit trade and money laundering and the Group of 77 created the Financial Action Task Force (FATF) in 1990.

115. No serious and effective drug law enforcement strategy can be evolved without focusing on tracing and forfeiting drug assets. International experience indicates that the bulk of illicit narcotics substances slip through the enforcement net, reaches the consumer market and generates huge profits on account of the relatively inelastic demand for such substances.

116. The Control of Narcotics Substances Act (CNS Act) 1997 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, the said Act invokes 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. Bankers have been obligated to report suspicious transactions involving money laundering to the designated authority.

117. By the end of June 2007, the ANF had instituted 233 cases of forfeiture of drug generated assets of which 157 were pending trial and 30 were under investigation. The total estimated value of frozen assets is Rs. 4,553 million. However, the value of assets forfeited is Rs. 472 million of which Rs. 49 million have been realized. There is, therefore, room for improvement in the prosecution of asset seizure cases. It is now proposed that the seized properties be retained by the Government for the use by Ministry of Narcotics Control/Anti Narcotics Force for operational purposes/drug treatment & rehabilitation services.

B. STRATEGIC DIRECTION

118. The Government of Pakistan enacted comprehensive legislation against money laundering in August 2007. Given the fact that provisions exist in the enabling legislation for the creation of the ANF requiring banks to report suspicious transactions there is an urgent need to speed up the process of realization of the value of seized assets. Within the ANF the task of drug assets investigation requires trained human resources, finance and logistics.

C. IMPLEMENTATION STRATEGY

119. 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 posted for investigative and supervisory assignments. Ideally, every investigating officer will be able to trace and freeze drug assets while investigating cases.

- a. Separate dedicated wings will be established in various LEAs to affect drug assets seizure. The required organisations structure and size of these wings will be reviewed and expanded in a phased programme. It has been realized that the ANF in itself does not have enough resources to seize drug generated assets single handedly without positive collaboration from other LEAs at the federal and provincial level especially the National Accountability Bureau (NAB) and the police. At the ANF Head Quarters as well as Regional Directorates, competent officers drawn from financial agencies possessing experience of financial investigation will be posted for investigative and supervisory assignments.
- b. Pakistan is a signatory to the UN Convention of 1988 which requires the adoption of banking practices to check money laundering. Banks operating in Pakistan are in the process of adopting potential regulations related to money laundering in order to check the flow of drug money. Under Article 67 of the CNS Act 97 all banks and financial institutions are required to pay special attention to all unusual patterns of transactions, which have no apparent economic or lawful purpose and upon suspicion that such transactions could constitute or be related to illicit narcotic activities, the manager or director of such financial institution shall report the suspicious transaction to the Director General of the ANF. Failure to comply is punishable with rigorous punishment which may extend to 3 years or fine or both. These provisions will be implemented in letter and spirit including capacity building of the banking sector provided for in this Plan.
- c. As the bulk of black money is laundered through the procurement of real estate, computerization of the public record concerning property rights would facilitate financial investigation for tracing of drug assets. In particular, possession of 'benami' property (acquired through fraudulent registration) is a big impediment in the realization of forfeited assets.
- d. As a lot of the drug related property exists in the FATA / PATA, the CNS Act 1997 has been extended to the tribal areas.
- e. A Narcotics Control Information Center (NCIC) will be established based on computerized data on drug traffickers and their assets in Pakistan.
- f. There have been significant problems related to mutual legal assistance between various LEAs at the international level. Procedures involved will be regulated in the light of provisions made in the CNS Act 1997.
- g. Experienced lawyers will be employed by the ANF on retainer basis with adequate fee to ensure successful timely prosecution.
- h. The scope of Narcotics Interdiction Committee should be enlarged to include a review of activities concerning forfeiture of drug assets by the various LEAs. Representatives of major banks will be invited to these meetings on an ad hoc basis.

Chapter 8

INTERNATIONAL COOPERATION

A. GENERAL

120. International cooperation is an important facet of the Government of Pakistan's drug control policy. The Government is actively involved in extensive international cooperation and is a signatory to all UN drug control conventions as well as the SAARC Convention on Drug Control. Pakistan has signed Memorandums of Understanding (MOUs) with 26 countries, extradition treaties with 28 countries as well as an agreement with the Economic Cooperation Organisation (ECO) (See Annex C). The main partners of the Government are the United States of America (USA), the United Kingdom (UK) and the UNODC, who are providing technical training and operational support to the Anti-Narcotics Force (ANF), Frontier Corps (FC) Balochistan, Frontier Corps (FC) NWFP, the Special Development Unit (SDU) and other LEAs.

B. INTERNATIONAL TREATIES / CONVENTIONS / MOUS / MLATS

121. The emergence of Drugs Trafficking Organisations (DTOs) and High Value Targets (HVTs) have changed the drug landscape of the country. Access of DTOs and HVTs to latest technical / communication systems has made law enforcement more difficult. Drug trafficking syndicates operate internationally and drug barons have access to lethal weapons promoting vigorous armed resistance.

122. Mutual Legal Assistance Treaties (MLATs) and MOUs are effective tools of international cooperation against criminal activities. It is important that such requests for assistance are adequately prepared and submitted on the recommended format and responded to quickly.

123. Pakistan has ratified the Single Convention on Narcotic Drugs, 1961 as amended by the 1972 Protocol, the UN Convention on Psychotropic Substances 1971, the UN Convention - 1988, the SAARC Convention on Narcotic Drugs and Psychotropic Substances-1990 and the Protocol on drug matters with the ECO countries. Pakistan has also signed bilateral narcotics agreements with Iran, the United Arab Emirates, Kyrgyzstan, Uzbekistan, China and India. Pakistan also is a party to the World Customs Organisation's International Convention for the Prevention, Investigation and Repression of Customs Offenses (the Nairobi Convention). The governments of Pakistan and Iran and UNODC signed a Memorandum of Understanding (MOU) on narcotics cooperation in May 1994. In the same year, an agreement was signed with India to control the cross border smuggling of precursors and narcotics. The development of regional plans for drug control under the auspices of ECO and SAARC should significantly enhance the extent of sub-regional cooperation. By using such regional and international treaties / conventions, substantial opportunities should be provided to the regional and sub-regional countries to check cross border trafficking of narcotic drugs.

124. The Pakistani LEAs are collaborating in regional and international forums to counter narcotics trafficking.

i. Inter Government Technical Committee (IGTC) & Senior Law Enforcement Officers (SLEO) under the Aegis of UNODC

125. These meetings are held once a year where Afghanistan, Iran and Pakistan are represented. UNODC will continue to promote cross border cooperation and wider trilateral cooperation between Pakistani, Afghan and Iranian agencies through a revitalized system of IGTC and SLEO meetings under a new Pakistan Border Management Project. UNODC will also organize joint study tours and training courses for law enforcement officers of the three

countries for them to learn about border control modalities elsewhere in the world and an opportunity to develop relationships based on confidence.

ii. QUAD

126. QUAD is a forum to exchange intelligence regarding agreed high value targets and Drug Trafficking Organisations on a quarterly basis. Afghanistan, Iran, Pakistan and the UK are represented.

iii. Counter-Narcotics Working Group (CNWG)

127. The Governments of Afghanistan, Pakistan and the US participate in the CNWG which has been meeting on a quarterly basis since 2005. The purpose of the Group is information sharing, arrest of high value targets, dismantling of drug trafficking organisations and other drug related matters.

iv. Gulf Cooperation

128. UNODC hosted a Gulf Cooperation meeting in April 2004. Afghanistan, Iran, Pakistan, Kuwait, Qatar, Saudi Arabia and the United Arab Emirates (UAE) participated in this meeting.

v. Central and South Asian Narcotics Security Working Group (CSACNSWG)

129. This forum was created under USCENTCOM in November 2005 in which ten countries participate which include Afghanistan, Kazakhstan, Kyrgyzstan, Pakistan, Russia, Tajikistan, Turkmenistan, Uzbekistan, UK and USA. Additionally, there are four observer nations in this group – China, Germany, India and Turkey. The Director General of the ANF is the Chairman of the sub-group for Information Sharing.

vi. International Drug Enforcement Conference (IDEC)

130. Pakistan is a regular participant in IDEC meetings held under the auspices of the US Drug Enforcement Administration (DEA).

vii. The Paris Pact Initiative

131. In February 2005 UNODC sponsored a round table meeting in Islamabad to discuss the containment of drugs flowing out of Afghanistan. Under this Initiative a number of regional round table meetings are held annually culminating in a policy level meeting held at the UNODC Headquarters in Vienna.

C. CONTROLLED DELIVERY OPERATIONS

132. The United Nations adopted a Convention against illicit transportation of Narcotics Drugs and Psychotropic Substances in 1988, which advocates the use of 'Controlled Delivery' as an important means against drug trafficking. The Control of Narcotics Substance Act (CNS Act) of 1997 provides for allowing Controlled Delivery (CD) operations. The ANF has participated in a number of CD operations. Successful CD Operations by the ANF have forced narcotics traffickers, operating worldwide, to adopt a lower profile. Pakistan will work with source and destination countries for carrying out an increased number of CD operations to ensure the arrest of high value targets.

D. INTER-AGENCY EXPERT LEVEL MEETINGS

133. Cross-border Inter-Agency Expert Level Meetings should take place more regularly. Under UNODC's Border Control Project, Afghanistan, Iran and Pakistan will agree on steps towards the establishment of a platform for the sharing of intelligence relevant to their law enforcement / border management activities. An improved communication amongst experts and policy makers levels the ground in launching timely interdiction operations.

E. JOINT TRAINING

134. The ANF extends fullest cooperation to the international community on various fronts, including appropriate training to meet the common objectives. The ANF will encourage such programmes facilitating participants to develop and refine the competence required for the management of drug related problems. As these training programmes also provide an opportunity to share experiences and information, international agencies should cooperate in lending valuable support to international training academies. The ANF will establish a training academy in Islamabad to provide drug law enforcement, drug demand reduction, assets investigation and other drug related subjects to personnel of national, regional and international drug LEAs. Furthermore, it will also serve as a repository for drug related information of the region.

F. EXTRADITION TREATIES

135. Organized crime groups have potential for territorial expansion beyond national borders and links with other criminal organisations. Thus it is imperative that international criminals should be left without a safe haven. That is why extradition treaties should be implemented in true letter and spirit. Keeping in view its international obligations, Pakistan has adopted extradition treaties with 19 countries concluded by the British Government and directly concluded extradition treaties with 9 countries (see Annex C).

Chapter 9

RESOURCES, MANAGEMENT, MONITORING & EVALUATION

A. GENERAL

136. 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 chapters. 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.

B. MONITORING AND EVALUATION

137. A drug control programme is a public good and has significant quantifiable and non quantifiable benefits. Nonetheless, an assessment of social benefits not only provides justification for the allocation of funds to the drug control activity, it also provides a feed back to the planners and decision makers, and implementing agencies, the efficacy and efficiency of various elements of the programme. As mentioned earlier in the report, the drug control programme, during the past few years has been able to contain the prevalence of drug abuse at a constant level, which otherwise would have increased significantly. An unchecked growth in the number of drug abusers would have serious social costs in terms of social problems, increased crime rate, drain on health services, and loss of productivity. To evaluate the benefit and cost of a programme, one would need to monitor and assess the impact that the programme had on social welfare.

138. Primary responsibility for implementing the different components of the Master Plan will rest with the Ministry of Narcotics Control (MNC). The MNC will plan, supervise, coordinate and arrange resources for executing the policies, programme and activities listed in this document. To achieve these objectives the MNC will involve the ANF, other law enforcing agencies of the Federal, Provincial and District Governments, the concerned Government Departments, international donor agencies, NGOs, CBOs and the private sector.

139. It is proposed to establish a monitoring cell within the Headquarters of the ANF to monitor the implementation of this Drug Control Masterplan. The purpose of the Cell is to conduct impact evaluation studies, conduct research on drug abuse related issues, and to provide support to MNC/ANF and other related agencies. Specific responsibilities of the Cell will include, but not limited to:

- Serve as a secretariat for both the Policy Review Board.
- Assist the ANF in collection, collation, and analysis of the data generated by the regional offices of the ANF, and shared by other law enforcing/development agencies.
- Conduct research on emerging issues such as the impact of abuse of psychotropic substances, namely ecstasy and other mind altering drugs.
- Conduct monitoring and performance evaluation of partner NGOs.
- Collaborate with civil society in monitoring the harm reduction, and former drug addict rehabilitation programmes.
- Conduct case studies on relapse prevention.
- Assist the ANF in preparing presentations to various donor agencies.

- Conduct policy research as required by MNC/ANF and other relevant agencies.
- Conduct impact evaluation and monitoring studies of livelihood programmes,
- Provide training to ANF, other LEAs, health department staff, and NGOs in data collection, management, processing, and analysis of drug control related data.

140. To ensure effective implementation monitoring and evaluation, the MNC will utilise the following fora for the implementation of Master Plan:

- **Major Policy Matters:** Policy Review Board meeting annually with the Prime Minister in chair.
- **Demand Reduction:** Quarterly meetings of UNODC, Donor Agencies for Prevention, Treatment and Rehabilitation and NGO network, to be coordinated by the Drug Demand Reduction Directorates of the ANF.
- **Supply Reduction:** a) Poppy Eradication: MNC-Provincial Government (Home Department). b) Elimination of Heroin Labs: MNC-Provincial Government (Home Department). c) Poppy Substitution Programmes: MNC-Provincial Government through the Planning Environment & Development Department / SDU(NWFP).
- **Suppression of Illicit Traffic and Forfeiture of Drug Assets:** Narcotics Interdiction and Asset Seizure Committee meeting biannually with the Secretary, MNC presiding.

C. MANAGEMENT STRUCTURE AND RESOURCES REQUIRED FOR REDUCING PRODUCTION AND SUPPLY OF ILLICIT DRUGS

141. The Master Plan seeks to control the production and supply of narcotics substances within the country through the eradication of the entire opium crop, ensuring that no heroin producing lab becomes functional on Pakistani soil and the control on illicit psychotropic substances.

142. Farmers cultivating the poppy crop in violation of the ban will be penalized under the law. Police cases would be registered against those who violate the law and their cases put up for trial in courts. The Home and Tribal Affairs Department of the Government of NWFP through the Commissioners, DCs and Pas must ensure compliance of the poppy eradication schedule and the trial of those responsible. The NAS in the US Embassy provides some funds annually through the MNC for covering the enforcement costs which includes the intelligence / discretionary funds placed at the disposal of the field officers.

143. Adequate financing of the ongoing poppy substitution and Alternative Development Projects would be ensured. Technical, engineering and management resources for executing the projects are available with the Government of NWFP. The Department of Planning and Development is responsible for providing the inputs required for the execution and regular monitoring of the projects. Funds for the completion of the ongoing projects must be provided. New Alternative Development Projects are also required for the poppy growing projects in Balochistan.

144. The Planning and Development Department NWFP and the Governor's Secretariat review the progress of projects quarterly in detail covering technical, financial and physical aspects.

145. Major interventions both qualitative and quantitative, would be required in the agricultural sector during the plan period. Crops, fruits, oil-bearing seeds and vegetables with higher financial returns to farmers would be encouraged. Additional extension staff, increased expenditure on field demonstration and research, subsidized credit for the small farmer and easy availability of agricultural inputs would be required to generate greater income for the farmer.

146. The requirements of agriculture and irrigation sectors would be included in the PC-1 document for the various Alternative Development Projects. However the Government of NWFP must ensure that the required number of agricultural 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 Agricultural Department and short term rural credit scheme is required. The Agriculture and Planning and Development 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 Advisor for each of the donor assisted projects.

147. 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 Organisations, NGOs, community institutions for women and informal literacy programmes would be encouraged. It would be best for the PMUs of the projects to identify a few small projects every year and encourage their implementation.

148. To check the availability of opium, heroin, and illicit synthetic drugs, a regional strategy to control production and trafficking is required. Pakistan, Afghanistan, Iran and Central Asian countries need to pool their resources to formulate such a strategy. Already considerable progress has been made by SAARC countries on these lines. In addition to controlling the production of illicit drugs, agreements are required in the fields of training personnel in investigation, scanning and demand reduction. The UNODC and 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.

D. MANAGEMENT STRUCTURE AND RESOURCES REQUIRED TO LIMIT SMUGGLING, TRAFFICKING AND DISTRIBUTION OF NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES AND ENSURE FORFEITURE OF DRUG-GENERATED ASSETS AND ARREST MONEY LAUNDERING

149. The Master Plan seeks to limit the smuggling, trafficking and distribution of psychotropic substances and their precursors and to increase efforts to forfeit drug generated assets and check money laundering.

150. The Control of Narcotics Substances Act 1997 and the Anti Narcotics Force Act 1997 have provided the legal cover to check drug trafficking. The first Act has enhanced the powers of the law enforcing agencies considerably in respect of the arrest of criminals, their trials in special courts and the forfeiture of their assets realized through drugs. The second Act has empowered ANF to play the pivotal role in combating drug trafficking.

151. The authorized strength of 3,100 officers and staff of the ANF has been sanctioned by the Government. The Director General of the ANF, most of the Directors and officers in key positions in the Headquarters and troops have been seconded from the Army. The practice of employing serving officers and men from the Army must be continued. The ANF has also been provided with helicopters, vehicles, weapons and equipment it requires for interdiction of the

purposes. The inadequate salaries and allowances of the ANF have to be enhanced (at least to make them at par with the Motorway /ICT Police).

E. MANAGEMENT STRUCTURE AND RESOURCES REQUIRED FOR PREVENTION, TREATMENT AND REHABILITATION COMPONENTS

152. In the field of Demand Reduction the Master Plan has identified preventive education, comprehensive drug treatment i.e. harm reduction, treatment and rehabilitation and monitoring and evaluation as primary concerns for action over the Master Plan period

153. Most of the responsibility for executing the programmes and activities will rest with the Federal, Provincial and District Governments. The Drug Demand Reduction (DDR) Directorates of the ANF would have the prime responsibility for the implementation of the plan. They would plan, organize, implement and monitor the programmes listed in the Master Plan either by themselves or through the provincial and districts governments, the NGOs, CBOs with the support of UNODC, other donors, international agencies and the private sector.

154. The DDR Directorates would need to create considerable technical expertise in the fields of training, awareness creation, programme development, research and evaluation, comprehensive drug treatment i.e. harm reduction, treatment and rehabilitation in the country in the immediate future.

155. The involvement of the provincial and district governments in demand reduction activities is crucial for dealing with the drug abuse problem. The provincial Education, Health, District Government and Social Welfare Departments must share the responsibility of awareness creation. The DDR Directorates will assist the provincial and district Governments by providing awareness creation literature, training personnel, infusing drug education into the syllabi and through a number of other activities. The responsibility of the Provincial Governments will be even greater in the sphere of treatment and rehabilitation. Apart from the 85 Drug Treatment Centres which are being operated by the Provincial Governments their assistance would be required for establishing additional treatment centres, operating Prisoners Rehabilitation Units, mobilizing the community through NGOs and CBOs and supporting the drug demand directorates in the ANF in managing programmes. The district governments would gradually establish Drug Treatment Centres in all district headquarters. Posts of Clinical Psychologists, Medical Officers and Social Welfare Officers would be created for detoxification and treatment of drug abusers. A cell in each provincial government in either the Health or the Social Welfare Department would be created to plan, organize, implement and monitor the programmes listed in the Master Plan. In accordance with the directives of the Prime Minister, the ANF has already established two model addiction treatment and rehabilitation centers. Four more will be established during the forthcoming plan period and effective treatment and rehabilitation practices would be ensured through the capacity building of the practitioners.

156. The role assigned to the NGOs and CBOs for demand reduction activities under the Master Plan is quite extensive. The DDR Directorates would need to do much more during the Master Plan period by imparting training and supplying literature and finances which would be allocated by the federal government in the annual budget under the Public Sector Development Programme (PSDP). As a first step NGOs / CBOs working in diverse fields such as rural development, environment, literacy programmes and women empowerment etc. will be involved in drug abuse prevention efforts as well. The NGOs would also be assisted in treating and rehabilitating drug abusers in Government Hospitals, NGO Centres and in drug abusers homes. The families and the community would be involved in this programme.

157. The DDR Directorates of the ANF will be primarily responsible for designing, monitoring and evaluation of drug demand reduction projects. They would carry out:

- Design focused study on drug demand reduction issues;
- Organize training for implementing partners in project design and management;
- Enhance the capacity of NGOs and other partners in collecting, analyzing data and report writing;
- Carry out periodic evaluation of the projects;

158. The Provincial Departments of Education, Health, Sports and district governments, the NGOs and CBOs, foreign donors, the relevant Federal Government agencies and the private sector would support the DDRs in organizing these events. Expertise for organizing such activities is available as these have been held successfully in the past. For programmes relating to the print and electronic media private advertising companies would also be involved.

159. During the period of the Master Plan a major part of the funding for these programmes would be provided through the PSDP.

160. Initiating drug awareness programmes in educational institutions in both the public and private sectors by involving the school authorities, parents, Boy Scouts etc. would be a priority. This would be coordinated by the DDR Directorates. Preventive education subjects are included in the syllabi of school and college classes. Such programmes would be extended to the rest of Pakistan in consultation with the Federal and Provincial Education authorities. Preliminary work by the Curriculum Wing of the Ministry of Education has already been undertaken to include drug awareness as a subject in educational institutions.

161. The drug treatment staff within teaching hospital and district headquarters hospital will be trained to tackle the new emerging challenges in drug treatment and rehabilitation such as HIV and TB.

162. With assistance of Ministry of Labour drug abuse prevention programme will be launched at the workplaces especially for long haul drivers.

163. Lady Health Visitors (LHVs) / midwives / Dais will be trained drug abuse prevention programme as they have easy access to home and women at the grass root level;

164. Small grant schemes will be launched with the help of districts government for the Community Based Organisations (CBOs) to initiate drug prevention programmes at the grass root level.

SUMMARY OF MASTER PLAN FINANCIAL REQUIREMENTS	
Particulars	Estimated Cost (Rs Million)
1. Demand Reduction	
Drug Abuse Prevention	
Strengthening of DAPRC	411.9
NGO Support	121.3
District Level Drug Abuse Prevention Programme	130.0
Drug Abuse Awareness Campaigns	851.1
Drug Abuse Prevention Programmes in Educational Institutions	124.2
Drug Abuse Prevention Curriculum Development and Support for Madrasas	50.0
Sub total Drug abuse prevention	1,688.5
Drug Treatment and Rehabilitation	
Up gradation of 20 Drug Treatment & Rehabilitation Centers	262.0
Model Drug Abuse Treatment & Rehabilitation Centers of ANF	400.0
National Drug Abuse Treatment Technical Task Force	5.0
Drug Abuse Treatment Staff Training	62.0
Drug Abuse Treatment Programme in Prisons	60.0
Out Reach, Counseling and follow up Services for Addicts	185.0
Drug Abuse Prevention Programmes at Workplaces	45.0
Drug Abuse Treatment and Rehabilitation for Street Children and Women	296.0
Sub total Drug Abuse Treatment & Rehabilitation	1315.0
Coordination and Capacity Building	
Capacity Building of NGOs at District Level	10.0
National and Provincial Drug Prevention NGO Consortia Training	10.0
Drug Demand Reduction Professional Staff Training	55.0
Drug Abuse Monitoring System	52.5
Sub total Coordination and Capacity Building	127.5
Total Drug Demand Reduction	3131.0
2. Supply Reduction	
Machinery, Equipment and Other Supplies	4068.0
Area/Rural development Programmes	1000.0
Civil Works	1,675.0
Capacity Building of Staff and Training	30.0
Cost of Expansion	91.0
Total Supply Reduction Cost	6864.0
Total Master Plan Cost	9995.0
Price Contingencies 10%	999.0
Grand Total	10994.0

ANNEXURES

Annex A**POTENTIAL CULTIVATION, ERADICATION & HARVEST OF OPIUM
2003-2007 IN PAKISTAN**

Year	Cultivation(ha)	Eradication(ha)	Harvest (ha)
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

Year	Cultivation(ha)	Eradication(ha)	Harvest(ha)
2003	2,832	2,288	544
2004	3,067	2,577	490
2005	275	275	-
2006	47	24	23
2007	424	416	8

NWFP

Year	Cultivation(ha)	Eradication(ha)	Harvest(ha)
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

Source: Anti Narcotics Force, Ministry of Narcotics Control

Annex B

ALTERNATIVE DEVELOPMENT PROJECTS IN PAKISTAN

Completed Projects	
Project Name/Donor Agency	Total Cost of Projection (Rs. In Million)
Gadoon Amazai Area Dev. Project (USAID) 1984-1993	749.21
Kala Dhaka Area Dev. Project (USAID) 1989-1993	144.58
Buner Dev. Project (UNDCP) 1976-1987	129.10
Buner Dev. Project 1988-1996	299.23
Dir District Project Phase-I (UNDCP) 1987-1994	462.527
Dir District Project Phase-II (UNDCP) 1994-2002	646.115
Bajaur Area Dev. Project Phase-I (NAS) 1989-2000	419.421
Mohmand Area Dev. Project Phase-I (NAS) 1989-2000	444.163
Special Development Package of DDDP (1999-2005)	192.50
Total	3486.85
Ongoing Alternative Development Projects	
Bajaur Area Dev. Project Phase-II (NAS) 2000-2005	218.92
Mohmand Area Dev. Project Phase-II (NAS) 2000-2005	166.50
Khyber Area Dev. Project (NAS) 2001-2006	558.310
Dir Area Support Project (Loan) (IFAD) 1997-2005	1556.4
Total	2500.13
New Projects	
Kohistan Area Dev. Project (NAS) 2006-2010	933.35
Kala Dhaka Area Dev. Project (NAS) 2006-2010	683.53
Warai Area Dev. Project (Consolidation of DDDP and SDP) 2006-2009	265.00
Total	1881.88
Cumulative Projects	
Completed Alternative Development Projects	3486.85
Ongoing Alternative Development Projects	2500.13
New Alternative Development Projects	1881.88
Total	7868.86

Annex C

INTERNATIONAL TREATIES SIGNED BY PAKISTAN

Extradition Treaties					
Serial Number	Country	Date of Signature	Serial Number	Country	Date of Signature
1.	Algeria	25-03-2003	2.	Argentina	20-02-1973
3.	Australia	16-03-2000	4.	Belgium	20-02-1973
5.	China	00-11-2003	6.	Cuba	20-04-1980
7.	Columbia	20-04-1980	8.	Denmark	20-04-1980
9.	Ecuador	20-04-1980	10.	Egypt	14-07-1994
11.	France	20-02-1973	12.	Greece	20-02-1973
13.	Iraq	20-04-1980	14.	Italy	20-04-1980
15.	Liberia	20-04-1980	16.	Luxembourg	20-04-1980
17.	Maldives	12-07-1984	18.	Monaco	20-04-1980
19.	Netherlands	20-04-1980	20.	Portugal	20-04-1980
21.	San Marino	20-04-1980	22.	Saudi Arabia	03-04-1983
23.	Switzerland	20-04-1973	24.	Turkey	30-08-1983
25.	UAE	08-03-2004	26.	USA	29-04-1973
27.	Uzbekistan	25-01-2001	28.	Yugoslavia	20-04-1980

MOUs			
Ser.	Country	Ser.	Country
1.	Afghanistan	2.	Brunei Darussalam
3.	Brazil	4.	China
5.	Cambodia	6.	Egypt
7.	Greece	8.	Italy
9.	Iran	10.	Indonesia
11.	Kyrgyzstan	12.	Kuwait
13.	Lao's People's Democratic Republic	14.	Nigeria
15.	Philippines	16.	Russia
17.	Romania	18.	Syria
19.	Sri Lanka	20.	South Africa
21.	Singapore	22.	Turkey
23.	Thailand	24.	UAE
25.	Uzbekistan	26.	Kazakhstan

Annex D

DRUG TREATMENT & REHABILITATION SERVICES IN PAKISTAN

Total Number of In Door Drug Treatment Centers in Pakistan	85
Punjab	43
NWFP	14
Sindh	20
Balochistan	8
Total Number of Beds Available	1806
Punjab	779
NWFP	334
Sindh	552
Balochistan	141

Status					
	Punjab	NWFP	Sindh	Balochistan	Total
NGO	19	10	9	4	42
Private	8	0	6	1	15
Government	18	3	4	3	28

TYPES OF DRUGS UNDER INTERNATIONAL CONTROL

1. **OPIATES:**

- OPIUM (Coagulated juice from the capsule of Papaver Somniferum)
- MORPHINE Main active principle of opium
- HEROIN
- SYNTHETIC OPIATES Pethidine, methadone, Fentanyl

2. **SEDATIVE HYPNOTICS:**

- BENZODIAZEPINES
- BARBITURATES
- METHAQUALONE

3. **AMPHETAMINES TYPE STIMULANTS (ATS):**

- AMPHETAMINE
- METHAMPHETAMINES
- MDMA (ECSTASY)
- METHCATHINONE

4. **COCA / COCAINE:**

- COCAINE (Main alkaloid of coca leaf)
- CRACK COCAINE

5. **CANNABIS:**

- MARIJUANA
- HASHISH
- THC (Tetrahydro Cannabinol)

6. **HALLUCINOGENS:**

- MESCALINE (Active principle of the peyote cactus)
- LSD
- PCP (PHENCYCLIDINE)
- PSILOCYLINE, PSILOCIN (Alkaloids extracted from Psilocybe mushrooms)

Source: UNODC, Vienna

Annex F

**SALIENT FEATURES OF NATIONAL DRUG ABUSE ASSESSMENT
2006**

Figure 1: Age Groups of Addicts by Province

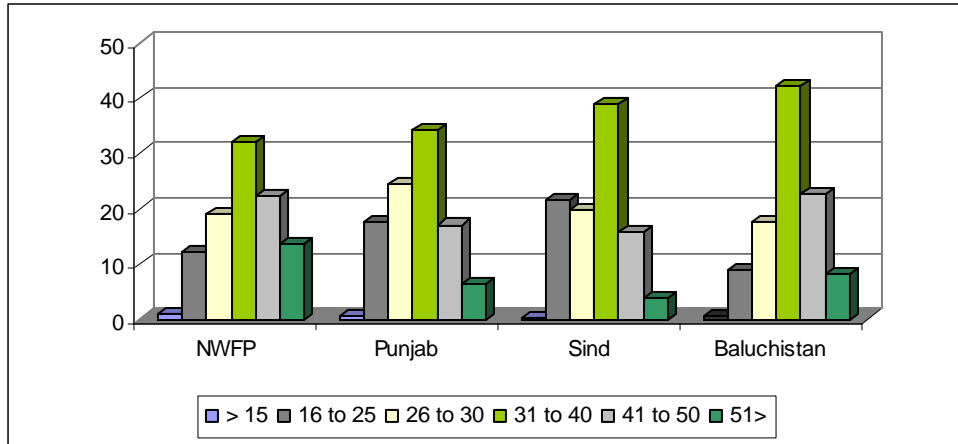


Figure 2: Educational Levels of Addicts

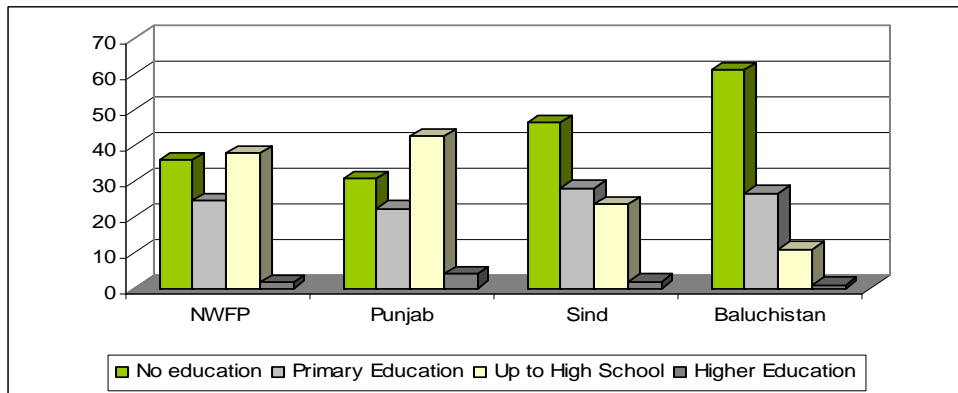


Figure 3: Employment Status of Addicts

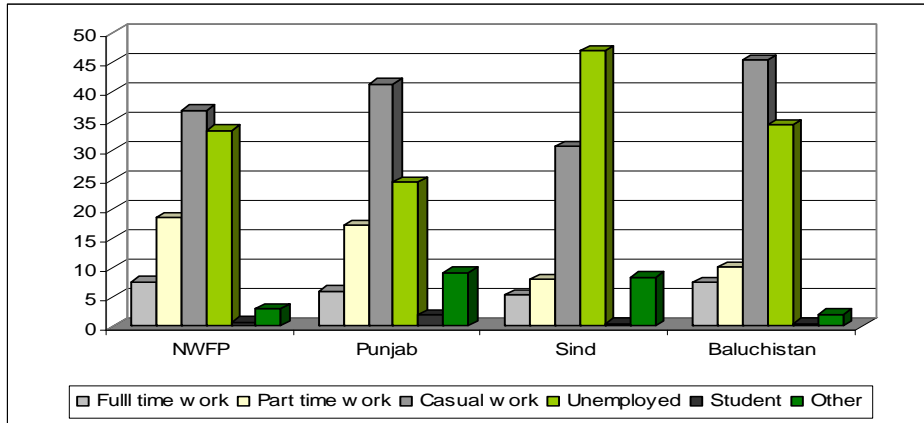


Figure 4: Lifetime Use of Illicit Substances of Addicts

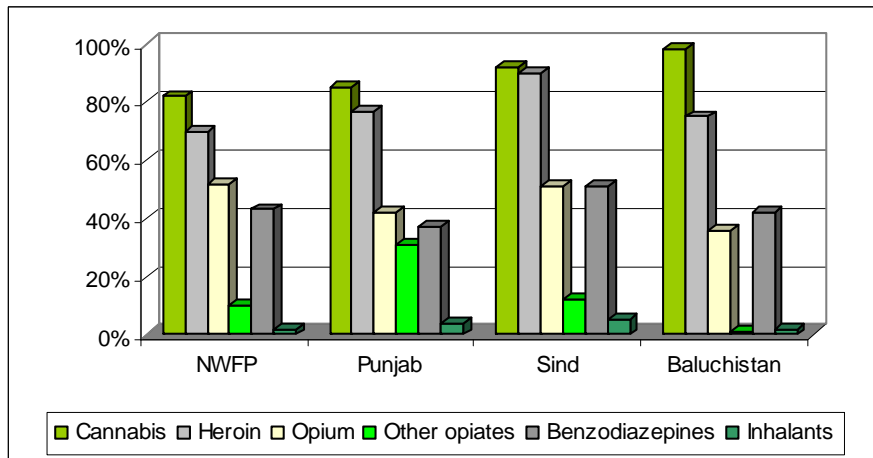


Figure 5: Main Substances Injected in Pakistan

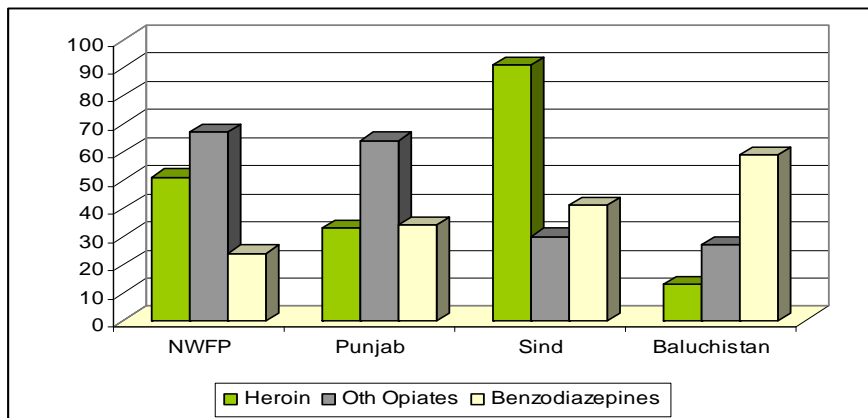


Figure 6: Services Received at Last Treatment by Addicts

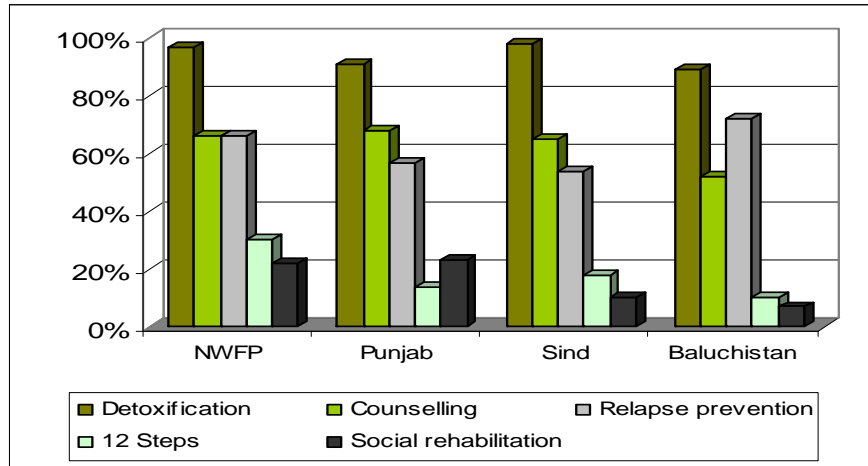
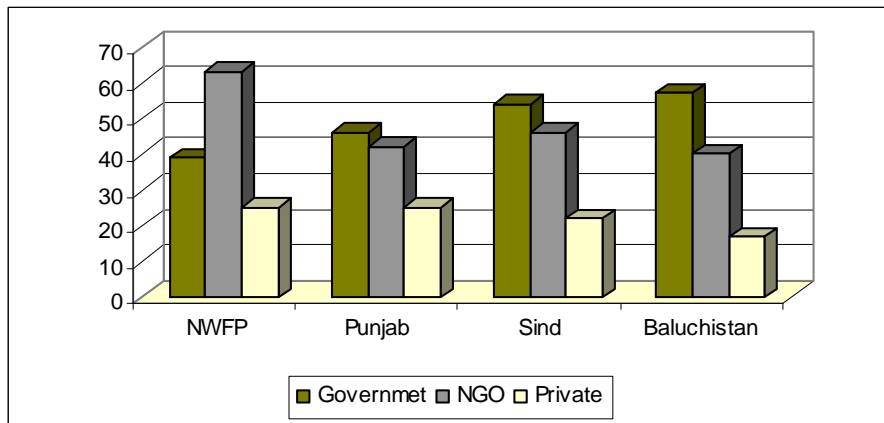


Figure 7: Preferred Services of Addicts for Drug Dependence Treatment



SUMMARY OF MASTER PLAN FINANCIAL REQUIREMENTS 2010-14

S.No	Cost Item	Amount (Million Rs)			Amount (Million USD)				
		GOP	Donors	Total	Local Cost	Donors	Total		
A	Supply Reduction Costs								
	1	Civil Works including land cost	1020	660	1680	17	11	28	
	2	Helicopters (3)	0	900	900	0	15	15	
	3	UAVs (4)	0	180	180	0	3	3	
	4	Vehicles	60	480	540	1	8	9	
	5	Electronic Equipment	60	1200	1260	1	20	21	
	6	Surveillance Equipment	0	10	10	0	0.168	0.166	
	7	Miscellaneous Equipment	3	4	7	0.051	0.064	0.115	
	8	Weapons	7	0	7	0.115	0	0.115	
	9	5xScanners	0	1200	1200	0	20	20	
	10	Rural Development Projects	120	900	1020	2	15	17	
11	HRD and Training Cost	0	60	60	0	1	1		
	Sub Total		1270	5594	6864	6864	93.23	114.396	
	Price Contingency (10%)		127	559	686	686	9.323	11.440	
	Total		1397	6153	7550	7550	102.533	125.836	
B	Demand Reduction Cost								
	12	Drug Abuse Prevention Programmes	540	1140	1680	9	19	28	
	13	Drug Abuse Treatment & Rehabilitation	660	600	1260	11	10	21	
	14	Coordination and Capacity Building	60	60	120	1	1	2	
	15	Drug Abuse Monitoring System	11	60	71	0.179	1	1.179	
		Sub Total		1271	1860	3131	21.179	31	52.179
		Price Contingency (10%)		127	186	313	2.118	3.1	5.218
	Total		1398	2046	3444	23.297	34.1	57.397	
	Grand Total		2795	8199	10994	46.58	136.653	183.233	

Note: GOP share is projected 25% of the financial outlay and efforts will be made to secure more funds from the donors

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- b. Mr Anwar Hafeez Khan, Director (DAPRC)
- c. Lt Col Sajid Aziz Aslam, Joint Director (Enforcement)

UNODC

- a. Mr Yusaf Mahmood, Programme and Finance Officer
- b. Dr Nadeem-ur-Rehman, Drugs & HIV/AIDS Advisor