**Can a Public Health Oriented Drug Policy Address Pakistan's Mounting Heroin Addiction Problem? An essay**

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*Pakistan's Heroin Addiction Problem*

Pakistan’s challenge of heroin addiction is staggering. Among the most recent and reliable studies on estimating the burden of this problem is a UNODC supported national survey held in 2013. That exercise estimated that there were approximately 430,000 regular injecting drug users (IDUs) in Pakistan and that most of them injected heroin (UNODC, 2013). Ungoverned spaces in the country’s western neighbour Afghanistan serve as a global reservoir for heroin production. Pakistan’s over 2000 kilometres long and highly permeable border with Afghanistan ensures a steady supply of heroin to those seeking it for pleasure or out of compulsion. Some analysts also observe a nexus between heroin trade and the metastasization of Islamic extremism and insurgencies in the Pakistan-Afghanistan region (Dania Ahmed, 2015).

Pakistan’s IDUs have a disproportionately vulnerable health status compared to their healthy countrymen. Waheed et al., (2009) estimate that approximately 57% of the IDUs were infected with Hepatitis C compared to 4.9% of the national population (Waheed et al., 2009). Between 20 to 31% of the IDUs have HIV (Khan & Khan, 2010) (Altaf et al., 2009) (National AIDS Control Programme. 2011). Many of them are young, jobless and homeless and indulge in measures as desperate as selling blood and body to get a dose of heroin (UNODC, 2013). On the other hand( the health and social services for these patients are grossly insufficient and ineffective to address their extreme vulnerabilities. In fact, the existing drug rehabilitation services merely manage 30,000 patients for a caseload of nearly half a million patients (J.T.Quigley, 2014). But the lack of services is not the only challenge. The so-called drug rehabilitation centres are known for abusive practices. Seeing addiction as a moral weakness, some pious faith healers do not shy away from resorting to torture and other inhumane practices in order to ''rehabilitate'' their patients Guillaume Lavallee, 2014).

*Should Pakistan adopt a Public Health Oriented Drug Policy to Address its addiction problem?*

Public health approach is responsible for the remarkable improvement in the health status of populations in the 20th century. The eradication of smallpox, control of many infectious diseases through mass immunization campaigns and environmental measures, and early detection of chronic medical conditions are extra-ordinary achievements. In fact, over the course of 21st century, the life expectancy at birth of the US citizens increased from 47.3 years in 1900 to 76.8 years in 2000 (8). Environmental control played a significant role in controlling infectious diseases in the last century. The prevention and treatment of illicit drug use and addiction requires the understanding of biological, psychological, sociological, and environmental risk factors (9). There is no reason to believe that the public health approach and principles cannot be successfully applied to address the problem of drug addiction in the 21st century.

A public health approach to drug policy requires a fundamental shift of laws, regulations and interventions. The three international drug control conventions that guide the national drug control strategies are heavily focused on the prohibition, deterrence, and punishment as a way to control the use and trade of illicit drugs and to eliminate illicit drug markets (10). It is for this reason that reformers have been calling for moving away from deterrence. The International Drug Policy Consortium coined the need for developing drug policies considering five core principles: objective assessment of problem and priorities, adherence to international human rights, harm-minimization, social inclusion of marginalized groups, and constructive government-civil society relation (10).

In the context of Pakistan and the enormous problem of heroin addiction, a public health-oriented drug policy should aim to invest in and strengthen the essential health and social services and ensure that these services are accessible to the homeless heroin addicts. Given the very high number of people with heroin addiction, the primary healthcare facilities would have to be prepared to establish methadone maintenance therapy clinics, needle and syringe exchange schemes, supervised drug consumption rooms, as well as mental health and effective psychosocial interventions (11). These evidence-based interventions—and not criminalisation, punishments and castigations—offer the right approach to alleviate the suffering of drug addiction patients in the country.

*Pakistan & the Criminal Justice Model of Drug Polic:*

The Criminal Justice model is based on the philosophical foundation that the state can curtail the individual rights if it poses a threat to the collective societal welfare. The US Supreme Court's decision to allow forceful vaccination of individuals in Boston at the time of smallpox outbreak set the precedence for the justice system to abrogate individual autonomy to protect the wellbeing of the majority (7). In the Jacobson vs Massachusetts, 197, U.S 11, 26 (1905), the US Supreme Court ruled that the liberty guaranteed by the US constitution is not absolute; that it is important for common good to take precedency over individual liberty in certain instances; and that individual liberty has its limits (7).

In the context of drug addiction, as evidence suggests, we cannot incarcerate our way out of the problem of the drug addiction. The manifold increase in prison overcrowding, the disproportionate incarceration of racial minorities, and the adverse health and social consequences of incarceration are major limitation of this approach (12). The most prominent example of a criminal justice approach to the problem of drug addiction is that of the United States. Since the declaration of War on Drugs in 1986 by Thomas Phillips, then speaker of the house, the deterrence-based approach has only worsened the problem of drug use in prisons. For this reason, I oppose the criminal justice approach as a drug control policy option in Pakistan.

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