

Reimagining Justice

**PUBLIC HEALTH AND HUMAN
RIGHTS CENTERED DRUG POLICY**

HIGH-LEVEL CONSULTATION



About Us

Justice Project Pakistan (JPP) is a Pakistan-based non-profit organisation that represents the most vulnerable Pakistani prisoners facing the harshest punishments, both at home and abroad. Through strategic litigation, policy advocacy, and capacity-building, JPP works to reform Pakistan's criminal justice system by addressing systemic injustices in sentencing, incarceration, and legal representation. In recognition of our work, we were awarded the inaugural Franco-German Human Rights Prize in 2016, and the National Human Rights Award, presented by the President of Pakistan in December of the same year. JPP also received the ECPM Award for capital defence at the 8th World Congress Against the Death Penalty in November 2022.

As part of its drug policy work, JPP is leading efforts to address the intersection of drug use, poverty, incarceration, and health inequities. The current punitive drug control framework disproportionately targets low-income individuals, increasing their risk of dependency, exposure to transmissible diseases, and long-term incarceration without access to rehabilitation. JPP conducts evidence-based research across provinces with incarcerated individuals to explore how drug policies contribute to rising imprisonment rates and worsening health conditions in prisons. JPP advocates for a shift from punitive approaches to a human rights and public health-centered framework. Through research, policy engagement, and judicial training, JPP promotes proportional sentencing, alternatives to incarceration, and fair legal representation.



The Reimagining Justice: Public Health and Human Rights-Centered Drug Policy consultation on 28 January 2025 built on Justice Project Pakistan’s inaugural conference in April 2024, which launched Pakistan’s first national dialogue on drug policy and human rights. That event highlighted systemic challenges, including over-incarceration, inadequate sentencing, and the urgent need for harm reduction strategies. Since then, notable progress has been made, such as the Prosecutor General Punjab’s visit to Portugal in November 2024 to engage with experts on its drug policy framework, and the Federal Judicial Academy’s development of a course on human rights and drug policy for judges.

With the generous support of the Canadian High Commission in Pakistan, the January 2025 consultation aimed to further these discussions by launching five policy briefs addressing key aspects of drug policy reform:

1. The Control of Narcotic Substances Act 1997: A Critical Analysis
2. Reforming Policing Strategies under the CNSA for Effective Performance
3. Proportionate Sentencing: A Solution to Prison Overcrowding under the CNSA
4. Harm Reduction and Public Health Centered Drug Policy
5. Gendered Impact of the CNSA 1997: Structural Vulnerabilities and Paths to Reform



This Consultation convened judges, policymakers, public health experts, law enforcement officials, and civil society representatives to critically assess the Control of Narcotic Substances Act (CNSA) and its implications for criminal justice, public health, harm reduction, and gender equality.

It focused on formulating actionable recommendations to guide legislative and policy reforms, improve judicial and law enforcement practices, and strengthen effective health services. By engaging key stakeholders with direct implementation experience, the consultation sought to ensure that future drug policy reforms are informed by both international best practices and local realities.

Speakers



Barrister Aqeel Malik

Government Spokesperson on Legal Affairs



H.E. Frederico Silva

Ambassador of Portugal to Pakistan



Daniel Arsenaull

Charges D'Affaires, Canadian High Commission to Pakistan



Syed Farhad Ali Shah

Prosecutor General, Punjab



Barrister Danyal Chaudhry

Parliamentary Secretary for Information & Broadcasting



Zaved Mahmood

Advisor on Human Rights and Drug Policy, the Office of the United Nations High Commissioner for Human Rights



Julie Hannah

University of Essex, co-author of International Guidelines on Human rights and Drug Policy



Rebecca Schleifer

Co-author of International Guidelines on Human rights and Drug Policy



Trouble Chikoko

Country Director, UNAIDS



Muhammad Tariq

Director Law, Anti-Narcotics Force



Saroop Ijaz

Senior Counsel, Asia Division, Human Rights Watch



Justice (R) Shahid Jamil

Former Justice of the Lahore High Court



Dr. Syed Kaleem Imam

Former Inspector General Police and Former Federal Secretary Narcotics Control



Barrister Jahanzeb Nasir

Prosecutor General, Balochistan



Judge (R) Masood Khan

Former Judge, KP CNSA Courts

REIMAGINING JUSTICE: PUBLIC HEALTH AND HUMAN RIGHTS-CENTERED DRUG POLICY



Valerie Khan

Gender and Child Rights Expert Consultant



Shafique Chaudhry

Executive Director, Parliamentarians Commission for Human Rights



Dr. Rai Muhammad Khan

Director, Federal Judicial Academy



Amir Munir

Director, Federal Judicial Academy



Nasir Khan

DIG Prisons, Sindh



Muhammad Usman

Minto, Saram & Usman Advocates



Salman Qureshi

Senior Director, Nai Zindagi



Syed Zulfiqar Hussain

Drug Advisory Training Hub



Raja Jawad Abbas Hassan

Judge, Islamabad CNSA Courts



Christina Afridi

Karim Khan Afridi Welfare Foundation



Zainab Zeeshan Malik

Women's Rights Expert



Suniya Taimour

UNAIDS



Ahsan Ahmed

Researcher, Yale University



Farwa Zafar

Karim Khan Afridi Welfare Foundation



Rafey Zaman

Paralegal, Nai Zindagi



Sarah Belal

Executive Director, Justice Project Pakistan



Michelle Shahid

Team Lead Advocacy, Justice Project Pakistan

Attendees

Other attendees included representatives from:

- Senate of Pakistan
- National Assembly of Pakistan
- Ministry of Interior
- Ministry of Law and Justice
- Ministry of Defence
- Ministry of Information and Broadcasting
- Federal Judicial Academy
- Attorney General Office at the Supreme Court of Pakistan
- Islamabad High Court
- Punjab Prosecution Department
- Balochistan Prosecution Department
- Anti-Narcotics Force
- Islamabad Police
- UK Foreign Commonwealth Office
- US State Department Bureau of International Narcotics and Law Enforcement Affairs
- The EU Delegation to Pakistan
- Canadian High Commission
- British High Commission
- Australian High Commission
- Embassy of France
- Embassy of Austria
- Embassy of Portugal
- UNDP
- UN OHCHR
- UNAIDS
- Australian Federal Police
- Press Information Department
- Associated Press of Pakistan
- Such News
- Human Rights Commission of Pakistan
- National Commission on the Rights of the Child
- Society for Human Rights and Prisoners Aid
- Group Development Pakistan
- Young Leaders Forum
- Transgender Rights Consultants Pakistan
- Karim Khan Afridi Welfare Foundation
- Nai Zindagi
- Noon Law Company
- HWP Law
- Essex University
- Pakistan Institute of Medical Sciences
- Federal Government Poly Clinic
- Drug Advisory Training Hub

OPENING SESSION



Sarah Belal, Executive Director Justice Project Pakistan, opened the session, welcoming participants and expressing gratitude for their presence. She emphasised that while progress had been made in drug policy discussions, significant work remained to be done. She encouraged participants to contribute openly, stating, "Your experiences and expertise will help shape a drug policy framework that prioritises human rights and public health. I urge you to engage wholeheartedly—do not hold back."

Michelle Shahid, Team Lead Policy and Advocacy at Justice Project Pakistan, briefly introduced the session and invited Daniel Arsenault, Charges D’Affaires at the Canadian High Commission in Islamabad, for the welcome address.



Welcome Address by Daniel Arsenault, Charges D’Affaires, Canadian High Commission Islamabad

Mr. Arsenault stressed that Canada, as a country committed to the rule of law and human rights, was invested in engaging with Pakistan on drug policy reforms. He stated, "Canada works closely with lawmakers and stakeholders in Pakistan, and one of our key objectives is strategic dialogue on issues that impact governance and justice." He expressed appreciation for the presence of senior government officials, noting that developing implementable drug policies was crucial.

He noted, **"This consultation is held in a space of confidence. We want to hear from experts and policymakers about what is happening in Pakistan, what opportunities exist for reform, and how we can shape a positive and balanced narrative."** Mr. Arsenault also announced that an expert workshop would be held the following day for a class of judges at the Federal Judicial Academy, focusing on infusing judicial practice toward drug offences with international human rights-based perspectives.

Opening Remarks by Barrister Aqeel Malik, Govt. Spokesperson for Legal Affairs

Barrister Aqeel Malik, MNA and Spokesperson for the Government on Law & Justice, gave the keynote address at the opening session. He said that Pakistan's 2023 CNSA Amendment was one of great significance, eliminating the death penalty for narcotic offences. He stated,

"Our objective is to gradually transition towards a human rights-focused drug policy, where individuals impacted by drug use are treated as persons with health conditions rather than criminals."

He said that a human rights-centered drug policy in Pakistan requires legal reform, health services, and special stigma reduction, aligning with international human rights standards and respecting the rights of individuals.

He acknowledged that while Pakistan remains a signatory to multiple human rights treaties, including the ICCPR, full alignment of domestic drug policies with international human rights frameworks was still in progress. He assured the audience, "We are slowly and steadily making changes, addressing the public health dimensions of drug use, and tackling stigma. The Government of Pakistan is taking all necessary steps to address these challenges."



Welcome Note by H.E. Frederico Silva, Portuguese Ambassador to Pakistan

Ambassador of Portugal, H.E. Frederico Silva delivered opening remarks. He detailed Portugal's transformative drug policy journey, recalling how 25 years ago, the country faced one of the highest HIV prevalence rates in Europe due to intravenous drug use. He highlighted that a national debate led by then-Prime Minister António Guterres (now UN Secretary-General) resulted in Portugal decriminalising drug possession and shifting to a health-based approach.

He outlined key elements of Portugal's policy:

- Drug possession for personal use was decriminalised, with cases referred to interdisciplinary commissions consisting of psychologists, legal experts, and civil society representatives.
- Increased funding for harm reduction and medical interventions, including methadone therapy and needle exchange programmes.
- Public awareness campaigns on addiction as a health issue rather than a crime.
- Medical professionals, rather than law enforcement, became the decision-makers in drug addiction cases.



"Portugal saw a 98% improvement in public health indicators. In 2000, we had 104 new HIV cases related to drug use. Today, we have virtually eliminated drug-related transmission. Public perception of addiction has changed dramatically—no one in Portugal today argues for a return to punitive drug policies." he noted.

He concluded by stating, "A human rights-centered drug policy is not just about protecting individuals; it is about ensuring economic sustainability. Portugal redirected funds previously spent on incarceration into public health infrastructure, which has proved far more effective and cost-efficient in the long run. The cost per citizen of the program amounted to less than \$10/citizen/year, while the U.S. had spent over \$1 trillion over the same amount of time."

Presentation by Zaved Mahmood, UN OHCHR

Zaved Mahmood, Human Rights and Drug Policy Advisor at the UN OHCHR, acknowledged the growing global momentum toward human rights-based drug policy reforms. He mentioned how the UN High Commissioner for Human Rights had recently praised Pakistan for removing the death penalty for drug offences in 2023.

He noted that in December 2024, the UN General Assembly passed a resolution on protecting human rights in drug policy, which Pakistan supported by consensus.

This resolution called for:

1. Evidence-based policies that prioritise public health.
2. Recognition of the role of civil society in shaping drug policy.
3. Ensuring access to healthcare for individuals who use drugs.

He urged Pakistan to fully integrate the International Guidelines on Human Rights and Drug Policy into its legal framework, stating, "Pakistan has already taken a crucial step by abolishing the death penalty for drug offences. The next step is implementing harm reduction measures and ensuring fair and proportionate sentencing."



A video presentation on the International Guidelines on Human Rights and Drug Policy was then played, followed by a presentation by Julie Hannah (University of Essex).

Presentation by Julie Hannah, Essex University, on Intl. Guidelines on Human Rights & Drug Policy

Julie Hannah, Director at the International Centre on Human Rights and Drug Policy (University of Essex), opened her presentation by introducing the International Guidelines on Human Rights and Drug Policy as a valuable tool for policymakers, encouraging attendees to review them for insights on drug decriminalisation.

She highlighted how these guidelines had already influenced global policy reforms, citing examples from Scotland, Brazil, Ghana, Albania, and Colombia. Scotland used them to create a Charter of Rights for People Affected by Substance Use, while Brazil launched a national dialogue on housing and homelessness for persons who use drugs. Ghana implemented harm reduction programmes, and Albania integrated the guidelines into judicial training to ensure fair trials in drug cases. In Colombia, they played a role in protecting women convicted of drug offences, and the country's Constitutional Court even recognised the right to use drugs in public spaces.

Julie stressed that these guidelines serve as a shared language for policymakers, civil society, and legal professionals to drive reform, expressing hope that Pakistan's legal community would use these guidelines to advance rights-based, evidence-driven drug policies.



A CRITICAL ANALYSIS OF THE CONTROL OF NARCOTICS SUBSTANCES ACT 1997

Following Julie's presentation, a round of introductions was held among participants, which included representatives from the Government, the judiciary, parliamentarians, law enforcement agencies, diplomats, international organisations, and civil society groups.

The session opened with a presentation by the author of the policy brief *The CNSA (1997): A Critical Analysis*, Muhammad Usman of Minto, Saram and Usman Advocates (MSU). Usman's presentation provided a comprehensive overview of the Control of Narcotic Substances Act, 1997 (CNSA), tracing its evolution and examining its impact on Pakistan's criminal justice system. He explained that the CNSA was introduced to fulfil international obligations under the UN conventions on narcotics, establishing a framework for investigation, prosecution, asset seizure, and rehabilitation. However, its provisions, particularly those introduced in the 2022 amendment, have led to significant challenges. The amendment removed the possibility of parole, remission, and probation for male offenders, contributing to an 18.98% increase in the prison population, with over 21% of Pakistan's incarcerated population detained for CNSA-related offences.

Saroop Ijaz, Senior Legal Counsel (Asia) for Human Rights Watch and the session's moderator, then set the context for the discussion.

Before opening the floor, he asked MNA and Parliamentary Secretary for Information & Broadcasting, Barrister Danyal Chaudhry, to share his perspective on the steps the government had taken to address drug policy issues in Pakistan.

Barrister Danyal Chaudhry acknowledged that while the government's stance on drug policy might differ from some of the perspectives being discussed, he would share his personal views as a parliamentarian. He highlighted that 21% of Pakistan's prison population was incarcerated under the CNSA, exacerbating prison overcrowding, particularly after the 2022 amendment, which introduced harsher penalties and removed parole and probation for drug offenders.

He criticised the law for failing to distinguish between small-scale persons who use drugs and major traffickers, leading to severe injustices. He shared his experience of visiting prisons and meeting individuals jailed for carrying as little as 1,000 rupees worth of drugs, noting that these were not drug lords but struggling individuals trying to survive in the absence of economic opportunities. Instead of targeting major traffickers, law enforcement had focused on the most vulnerable.

He highlighted that women and juveniles were disproportionately affected, particularly in Adiala Jail, where many incarcerated women were pregnant or had young children with no family support. He further noted that many detainees were unaware they were carrying drugs, having unknowingly served as mules while travelling between cities.

"We are punishing the poor and the desperate—those who were handed drugs for as little as Rs. 1000 just to feed their families. Meanwhile, the kingpins of the drug trade remain untouched."

Explaining the legislative process, he outlined how bills pass through the National Assembly and parliamentary committees before final approval. However, he admitted that this process may sometimes be rushed, with insufficient attention paid to the practical consequences of new laws.

He assured participants that he and Barrister Aqeel Malik were committed to advocating for amendments to improve Pakistan's drug laws. Recognising the concerns raised by legal experts, he pledged to incorporate insights from this discussion into future legislative reforms.



Saroop Ijaz responded by identifying a key issue in Pakistan’s drug policy—the lack of differentiation between persons who use drugs, small-scale carriers, and major traffickers. He pointed out that, just as no wealthy individuals were on death row in Pakistan, no major drug traffickers were imprisoned under the CNSA either.



He then opened the floor to audience participation, asking for expert opinions on the impact of the 2022 amendment. Prosecutor General Farhad Ali Shah stressed that Pakistan’s drug policy must align with international human rights conventions and called for clear distinctions between persons who use drugs and traffickers/dealers.

He highlighted the failure to collect proper data and the lack of sufficient rehabilitation centres in Punjab, advocating for a shift towards decriminalisation and a health-focused approach. He said that the PG Punjab office had proposed many reforms to the CNSA, including the need for mitigation and different mechanisms for persons who use drugs.

Jahanzeb Nasir, Prosecutor General of Balochistan agreed, arguing that instead of targeting small users and carriers, Pakistan must focus on dismantling high-level drug supply chains. He also emphasised that rehabilitation should replace punitive measures, as prisons are not equipped for treatment.



Christina Afridi of the Karim Khan Afridi Welfare Foundation, raised concerns about the lack of regulation in private rehabilitation centres, calling it a national security risk. With 154 million young people in Pakistan and 1.9 million registered persons who use drugs, she stressed the urgency of evidence-based interventions.

Rebecca Schleifer, international expert on human rights and drug policy, reinforced that decriminalisation is recommended under international human rights law, highlighting that women are disproportionately targeted for minor drug offences. She cited Colombia's 2023 reform, which introduced alternative sentencing for women in vulnerable situations. She also argued that not all persons who use drugs are persons with drug dependency, challenging Pakistan's current legal framework that assumes users either need imprisonment or forced treatment.

The judiciary's perspective came from a judge of Islamabad's CNSA courts, Mr. Raja Jawad Abbas Hassan, who noted that Pakistan's sentencing system had become excessively rigid, with mandatory minimum sentences of 9 to 14 years under the 2022 CNSA amendment. He raised concerns about the disproportionate impact on minor offenders and the lack of sentencing flexibility.

Valerie Khan called for public hearings in drug law reform and for bail protections under the Juvenile Justice System Act (JJSA) to be properly implemented. Barrister Aqeel said that the Government had drafted a bill seeking to amend the Criminal Procedural Code, introducing guidelines for pre-trial practice that would grant prosecutors wider discretion to drop charges when there is a weak case.



He said these amendments would greatly decrease case load and introduce more proportionality to the justice system. He also confirmed that the Government was planning on amending the CNSA formalising sentencing guidelines and addressing the current state of disparity in sentencing for drug offences.

As the discussion shifted towards prosecutorial discretion and law enforcement's role in sentencing, Muhammad Tariq, Director (Law) at the Anti-Narcotics Force (ANF), addressed the historical evolution of sentencing practices in Pakistan. He explained that between 2009 and 2022, law enforcement operated under Justice Asif Saeed Khosa's sentencing framework, which linked punishment strictly to drug quantity. However, concerns were later raised by the High Court, arguing that this approach failed to differentiate between small-scale carriers and major traffickers. Syed Zulfiqar outlined Pakistan's sentencing structure, where possession of 1-99 grams of cocaine results in 2-7 years in prison, while 100 grams or more leads to 7-15 years.

Mr. Tariq acknowledged that Pakistan's drug laws currently treat drug persons with drug dependency as victims, not criminals. He emphasised that juveniles and women are already eligible for probation and parole, even under the 2022 CNSA amendment, but that legal challenges persist for adult male offenders. He pointed out that a major challenge for law enforcement was gathering sufficient evidence against high-level drug traffickers, as Pakistan's existing drug laws did not require scientific evidence to establish a trafficking offence. He called for stronger evidentiary standards to ensure fair trials.

Regarding decriminalisation, Mr. Tariq said that under the CNSA, Pakistan's approach was not about decriminalising drug sellers but rather decriminalising users. He suggested that introducing a legal threshold for personal use—similar to India's 30-gram limit for cannabis—could prevent unnecessary incarcerations, but since recreational drug use was an offence under Hadd in Islamic law, it could not be totally decriminalised.

Salman Qureshi, representing Nai Zindagi, then addressed the public health perspective, criticising the ineffectiveness of the criminal justice approach in reducing drug use. He shared that Nai Zindagi serves 6,000 persons who use drugs daily and had reached 45,000 individuals over the past year.

Despite these efforts, the number of persons who use drugs on the streets had not declined. He described a cycle of incarceration, where individuals were arrested, imprisoned, released, and then rearrested without receiving proper rehabilitation. He pointed out that many of those who end up in prison contract HIV due to unhygienic conditions and syringe-sharing inside jails. He argued that instead of criminalising persons who use drugs,

Pakistan should expand voluntary rehabilitation programmes and make opioid substitution therapy, such as methadone treatment, more widely available.

Saroop Ijaz reinforced the need for judicial discretion in sentencing, highlighting that Pakistan's current sentencing model lacked flexibility. He asked if there were any legal provisions that allowed prosecutors or courts to reduce sentences based on mitigating circumstances.

The session concluded with a strong consensus that Pakistan's drug laws must be reformed to reflect proportionality, fairness, and due process. Participants agreed to advocate for specific legislative reforms and to engage with Parliament on revising key CNSA provisions.

PROPORTIONATE AND EFFECTIVE CRIMINAL JUSTICE POLICIES IN DRUG CONTROL



The second session examined criminal justice policies related to drug offences and whether current legal frameworks ensure proportionate, effective, and just sentencing. Discussions focused on:

- The disproportionate impact of punitive drug laws on vulnerable populations.
- The role of law enforcement, prosecutors, and the judiciary in ensuring fair trials and reducing miscarriages of justice.
- Alternatives to incarceration, including harm reduction, probation, and non-custodial sentencing.



The session was moderated by Shafique Chaudhry, Executive Director of the Parliamentarian's Commission for Human Rights, who opened by framing the discussion:

"How can Pakistan reform its drug enforcement strategies under the CNSA to ensure alignment with international human rights standards by addressing systemic issues such as the presumption of guilt, the 90-day remand provision, and the lack of safeguards against arbitrary searches and seizures?"

Dr. Syed Kaleem Imam, former Inspector General Islamabad Police and former Federal Secretary, Ministry of Narcotics Control, then delivered his presentation. Dr Kaleem Imam's presentation provided a detailed analysis of the challenges and inefficiencies in Pakistan's narcotics policing strategies, focusing on the implementation of the Control of Narcotic Substances Act (CNSA), 1997.

He highlighted that while the CNSA provides a robust legal framework for counter-narcotics efforts, its punitive focus has led to overcrowded prisons and limited resources for prevention, treatment, and rehabilitation. He noted that Pakistan, being a transit route for the global narcotics trade due to its proximity to Afghanistan, faces significant challenges, including synthetic drug proliferation, institutional corruption, and lack of inter-agency coordination.

Dr. Imam emphasised that existing enforcement mechanisms prioritise arrests and seizures over prevention and recovery, with 85–96% conviction rates for drug-related cases but minimal referrals to rehabilitation centres. He stressed the importance of shifting to a human-centric and sustainable approach, advocating for community-oriented policing, increased inter-agency collaboration, and improved accountability of narcotics control authorities. He called for expanding rehabilitation services, as there are currently only six Model Addiction Treatment and Rehabilitation Centres (MATRCs) nationwide, which have treated fewer than 30,000 individuals over two decades.

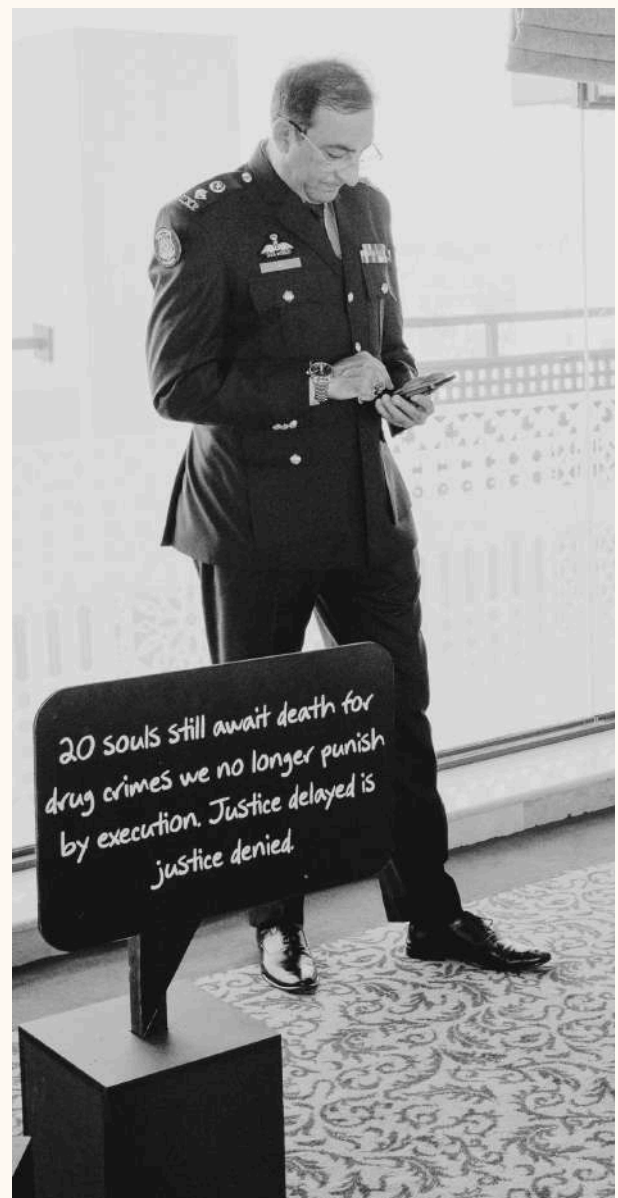
"The current policing model relies heavily on arrests, seizures, and imprisonment. We do not have the training or resources to approach drug use as a public health issue. That is a failure of policy, not just enforcement."

Dr. Imam also proposed investing in forensic capabilities, financial tracking systems, and intelligence-led policing to disrupt trafficking networks while prioritising health-focused solutions for persons who use drugs.

He concluded by calling for law enforcement reforms that focus on rehabilitation, not incarceration.

"We need to change how law enforcement operates. Arresting people does not solve addiction. It's time to shift to a smarter approach—one that disrupts organised trafficking while providing treatment for those in need."

A video by the UN OHCHR was then played, on the need to end arbitrary detention of persons who use drugs across the globe.





Justice (Retd.) Shahid Jamil then highlighted the worsening prison overcrowding crisis in Pakistan, noting that despite stricter drug laws, drugs remain widely available, exposing the State's failure to regulate supply. The 2022 CNSA amendment led to harsher sentences and increased incarceration, with Punjab alone adding 12,000 drug-related prisoners in the past year. Although the 2023 amendment removed the death penalty, it restricted judicial discretion, preventing judges from issuing proportionate sentences based on individual circumstances.

He criticised the 2009 Ghulam Murtaza judgment, which tied sentencing solely to drug quantity, arguing that it ignored mitigating factors like economic hardship and coercion, resulting in minor offenders receiving the same severe punishments as major traffickers. This rigid system has contributed to rising pre-trial detention rates (73%), while convictions remain as low as 2%.

Urging legislative reform, he advocated for greater sentencing flexibility, clear distinctions between users, couriers, and traffickers, and a rehabilitation-first approach, similar to Portugal's model. He also called for reinstating parole and probation to reduce the strain on prisons, warning that without reforms, Pakistan's drug policies would continue to be ineffective and unjust.

At this point, Judge (R.) Masood Khan, a former judge of KP's CNSA courts, took the floor. He argued that Pakistan's bail provisions for drug offences needed urgent revision, as the judicial process currently placed an excessive burden on the accused. He explained that bail applications for narcotics offences take at least a month to process, which disproportionately harms low-income individuals who lack legal representation.



He noted that police officials frequently object to bail applications, leading to unnecessary pre-trial detention. He also criticised the investigative process, pointing out that the Criminal Procedure Code (CrPC) mandates evidence collection before an arrest, but in narcotics cases, the opposite happens—people are arrested first, and evidence is gathered later.

To address this, Justice (R) Masood Khan proposed introducing a ticketing system for small-scale drug possession. Under this system, individuals caught with minor drug quantities would not be arrested but fined instead, with their violations electronically recorded. If an individual repeated the offence multiple times, stricter penalties could be imposed.

Justice (Retd) Shahid Jamil supported this proposal, but he stressed that in addition to drug quantity, Pakistan's courts should be required to assess whether an accused individual is a drug user before determining sentencing. He noted that Pakistan's prison department had previously experimented with classifying drug-related offences based on different punishment slabs, but the approach was flawed because it relied solely on drug quantity and ignored personal circumstances.

He criticised the current trial process, arguing that it had become a mechanical exercise, where prosecutors focused only on the weight of the drugs seized rather than proving intent to traffic. He called for reforming investigative procedures, ensuring that law enforcement agencies present a full picture of each case rather than relying on rigid sentencing guidelines.

Zaved from the UN Office of the High Commissioner for Human Rights (OHCHR) then asked a series of pressing questions. First, he inquired about the human cost of Pakistan's current drug laws, specifically how many people had died due to drug-related overdoses or during police operations. He cited available data suggesting that 700 people die daily in Pakistan due to drug overdoses, yet there was little public discussion on this crisis. He emphasised that each number represented a human life lost due to preventable causes.

Second, he pointed out that the global conversation on drug policy was shifting towards decriminalisation, not only to address prison overcrowding but also to protect fundamental human rights. He argued that when drug use is criminalised, individuals avoid seeking medical treatment, and healthcare providers hesitate to engage with them due to legal risks.

He referenced South Africa's Constitutional Court ruling, which decriminalised personal cannabis use on the grounds of privacy rights, suggesting that Pakistan should consider similar human rights arguments in its drug policy discussions.

Third, he highlighted the need for market regulation alongside decriminalisation. He noted that cannabis cultivation was already taking place in Khyber Pakhtunkhwa, and rather than ignoring or criminalising it, Pakistan should explore regulatory frameworks that could generate state revenue. While acknowledging that this would contradict international drug conventions, he argued that the discussion was still necessary and urged Pakistan to begin exploring regulatory models for its domestic drug markets.

Dr. Rai Muhammad Khan, Director of the Federal Judicial Academy, then highlighted the financial burden of rampant imprisonment:

"We spend Rs. 22,000 per month on each incarcerated individual. The cost of providing rehabilitation is significantly lower, yet we continue to choose imprisonment"

Dr. Kaleem Imam responded by outlining the key stakeholders in Pakistan's criminal justice system, including citizens, courts, police, and prosecutors. He stressed that all these institutions must work in coordination for meaningful reform. He also pointed out that youth are particularly vulnerable, as university students and young people lack access to accurate information and guidance on drug-related issues.

He identified one of the biggest challenges for law enforcement as tracking bail absconders, noting that rearresting individuals who flee after receiving bail remains a significant hurdle. He suggested that a dedicated mechanism should be developed to monitor individuals who are granted bail, ensuring accountability while reducing the burden on law enforcement.

DIG Prisons Sindh, Nasir Khan, then addressed the systemic failures in Pakistan's prisons. He explained that prison populations were rising at an unsustainable rate, demonstrating that current drug policies were not working.

He shared that 1,380 prisoners were currently confined under CNSA charges in Sindh, yet only 38 had been convicted, meaning that the vast majority were in pre-trial detention with no formal judgment.

REIMAGINING JUSTICE: PUBLIC HEALTH AND HUMAN RIGHTS-CENTERED DRUG POLICY

He acknowledged the recent establishment of rehabilitation centres in Malir and Central Prisons in Karachi, but he argued that Pakistan needed standalone rehabilitation centres outside of prisons. He stated that prison facilities should not be used to house individuals struggling with drug dependency. Instead, the government should invest in separate treatment facilities where persons who use drugs could receive medical care and counselling without being subjected to the prison system.

As the discussion concluded, Julie Hannah commended the participants for their dedication to reform. She stated that drug policy was a complex issue requiring long-term dialogue and expressed appreciation for the legal professionals, policymakers, and civil society actors advocating for evidence-based, human rights-focused solutions.

She cited Brazil's approach, where a national drug policy reform council had been established to include government officials, civil society representatives, and medical experts. She suggested that Pakistan could benefit from a similar multi-stakeholder model, ensuring that drug policies were shaped by those directly affected by them.

The session concluded with a discussion on the role of alternative sentencing, harm reduction strategies, and community-based interventions, which would be explored in the next section.



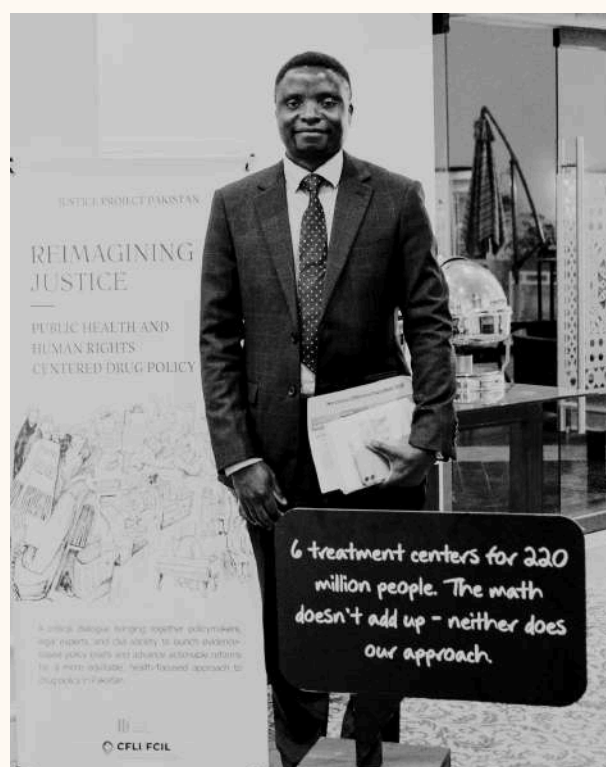


HARM REDUCTION AND PUBLIC HEALTH-CENTERED DRUG POLICY, AND THE GENDERED IMPACT OF THE CNSA

The fourth session focused on two distinct, yet deeply interconnected issues; public health and harm reduction strategies in drug policy, and the gender impact of Pakistan's drug policy. The session was jointly moderated by Suniya Taimoor of UNAIDS and Valerie Khan.

Trouble Chikoko, UNAIDS Country Director, opened the session by emphasising that harm reduction must be central to any effective drug policy. He highlighted that 2026 marks a key milestone for global AIDS strategy, and drug use remains a major driver of HIV transmission, hepatitis B, hepatitis C, and tuberculosis. He stressed that high levels of stigma and discrimination prevent persons who use drugs from accessing health services, further exacerbating health crises.

Despite these challenges, he pointed to three positive developments in Pakistan. First, he acknowledged significant progress in mental health services, noting that by the second half of the year, additional rehabilitation centres would be opened in Karachi and Lahore. Second, he praised the needle syringe programme run by Nai Zindagi, which follows a public health and human rights-based approach. Finally, he recognised the efforts of the Ministry of Health, UNDP, UNODC, and other partners in advancing harm reduction initiatives, and urged Pakistan's government at all levels to scale up treatment and rehabilitation programmes to ensure comprehensive harm reduction policies.



Ahsan Ahmed, Research Associate in the Department of Medicine, Section of Infectious Diseases, AIDS Program at the Yale School of Medicine, and the author of the policy brief, gave a presentation underscoring the urgent need for a health-based approach to drug policy, and arguing that Pakistan's punitive drug laws have worsened public health crises rather than resolving them. He highlighted that criminalising drug use has driven individuals underground, preventing access to essential harm reduction services such as needle syringe exchange programmes, opioid substitution therapy, and supervised consumption sites. As a result, Pakistan has seen a high prevalence of infectious diseases, with over one-third of people who inject drugs (PWID) living with HIV and more than half with hepatitis C. He stressed that Pakistan must invest in community-based health interventions.

He further addressed the impact of punitive drug laws on prison overcrowding, noting that the 2022 amendment to the Control of Narcotic Substances Act (CNSA) significantly increased incarceration rates, with over 23,000 people currently imprisoned for minor drug-related offences. This surge has exacerbated disease outbreaks in prisons, particularly tuberculosis and COVID-19, further endangering incarcerated individuals and prison staff. Ahmed warned that prisons act as high-risk environments for disease transmission, reinforcing the need for expanding harm reduction initiatives, integrating addiction treatment with broader healthcare services, and shifting drug policy towards decriminalisation. He concluded by aligning these recommendations with Pakistan's commitments to international human rights mechanisms and the Sustainable Development Goals (SDGs) 3, 10, and 16, urging policymakers to prioritise evidence-based harm reduction strategies.

Zainab Zeeshan Malik gave a presentation on the gendered aspect of drug policy in Pakistan, and the specific vulnerabilities of women and girls to these issues. As the author of the policy brief titled "Gendered Impact of the CNSA 1997". Ms. Malik highlighted issues they faced including increased stigma, lack of access to gender-sensitive rehabilitation and healthcare, and coercion to act as mules/peddlers.

She recommended gender-sensitive reform of the CNSA and healthcare and rehabilitation policies that take women's unique needs and vulnerabilities into account.

Salman Qureshi from Nai Zindagi provided insights based on years of harm reduction work. He corrected a misconception about drug-related deaths, clarifying that 600 people die annually, not 700 per day, and warned against misquoting statistics. He described the persistent cycle of drug use, incarceration, and relapse, explaining that even with significant harm reduction efforts, the number of persons who use drugs in Pakistan has remained stable over the years.

He pointed out that many individuals in Karachi's central prison cycle in and out each month, highlighting the failure of punitive approaches. He stressed that methadone treatment is one of the most effective ways to address opioid dependence, reducing both criminal activity and public health risks. He advocated for expanding methadone treatment programmes and ensuring that bail procedures do not prevent persons who use drugs from accessing healthcare.

Suniya Taimour then stated that harm reduction policies are supported by human rights, scientific research, and religious principles, and highlighted that 51% of people who inject drugs in Pakistan live with HIV.

She raised a crucial question: how can harm reduction efforts ensure that people who use drugs receive comprehensive health services?

Rafey Zaman, a paralegal working with Nai Zindagi who had, in the past, benefitted from their harm reduction and rehabilitation services, shared his perspective on managing drug use post-incarceration. He noted that Pakistan lacks reintegration programmes for individuals released from prison, leading to high relapse rates. He cited the "Unlocked" initiative in the US, where prisoners were given greater autonomy and a supportive environment to rehabilitate themselves, suggesting that Pakistan could develop similar structured reintegration models.

He also emphasised the importance of intelligence-sharing between law enforcement, civil society, and medical professionals, rather than criminalising drug use without addressing its root causes. He noted that even in Islamic history, alcohol prohibition was introduced gradually, rather than through immediate punitive measures. He argued that Pakistan must adopt a culturally informed, step-by-step approach to drug policy reform.

Naveed Sadiq from Nai Zindagi shifted the conversation to stigma and societal rejection of persons who use drugs. He explained that addiction prevention is only the first step—once someone becomes dependent,

society systematically excludes them. He warned that incarceration worsens the situation, as many individuals contract HIV in prison due to shared syringe use.

He argued that rehabilitation must go beyond detoxification, incorporating vocational training, social support, and long-term recovery planning to ensure that individuals do not return to drug use due to economic and social marginalisation. He noted that a pilot project in Khyber Pakhtunkhwa had attempted to divert persons who use drugs to rehabilitation centres instead of prison, but there were insufficient treatment facilities to handle the caseload. He criticised many private rehab centres for being profit-driven rather than treatment-oriented, warning that some facilities use substitute drugs without providing real therapeutic interventions, leading to high relapse rates.

Mr. Tariq from ANF then addressed the legal framework for rehabilitation centres, stating that Pakistan's statutory rules under the CNSA include provisions for establishing and regulating treatment centres. However, he admitted that ground-level implementation remains weak.

At this point, Zaved from OHCHR asked whether Pakistan had any accountability mechanisms for monitoring rehabilitation centres. He questioned whether ANF had oversight powers to prevent abuse and coercion within treatment facilities.

Mr. Tariq responded that a regulatory body does exist under the law, but in practice, oversight is minimal. A judge from Khyber Pakhtunkhwa suggested that these regulations should be revised and enforced, ensuring transparency and accountability in drug treatment services.

Julie Hannah concluded the session by stressing that recovery is defined in many ways. She explained that for many individuals, having access to stable housing, healthcare, and employment can be more critical to recovery than abstinence alone. She cited Malaysia's model, where imams played a key role in community-based rehabilitation, and suggested that Pakistan explore culturally appropriate rehabilitation strategies.

She also warned against over-medicalising drug policy, stating that not all persons who use drugs require treatment, and many simply need harm reduction services to minimise risks. She advocated for a welfare-based approach, where law enforcement acts as a bridge to support services rather than a punitive force.

Valerie Khan then raised the issue of gender and harm reduction, pointing out that women and gender minorities face additional barriers to treatment. She argued that rehabilitation centres must ensure gender-sensitive and trauma-informed care, especially for survivors of abuse and violence. She asked ANF whether any such measures were currently in place.

Mr. Tariq responded that ANF's existing treatment SOPs include gender-sensitive provisions, with privacy protections and access to psychologists and psychiatrists. However, he admitted that relapse remains a major challenge, as there is no structured follow-up system to track individuals after discharge.

Valerie urged policymakers to adopt intersectional approaches, considering how factors like gender, poverty, and family dynamics shape drug use experiences.



She also highlighted that many women turn to drugs as a coping mechanism for domestic abuse, meaning that rehabilitation efforts must be accompanied by broader social protections. She stated:

"Women who use drugs face double the stigma—first as persons with drug dependency, then as women who have failed societal expectations."

Zaved Mahmood from the OHCHR raised a final point on relapse prevention, stating that many individuals do not relapse because of drug cravings alone but due to poverty, unemployment, and homelessness. He pointed out that international harm reduction guidelines emphasise reintegration programmes, such as job training and social housing, and called for Pakistan to implement similar initiatives.

He concluded by noting that access to controlled medicines is a major issue in the Global South, with 80% of such medications being concentrated in the Global North. He urged policymakers to ensure that essential medications, such as methadone, were available to those who needed them.

Salman Qureshi from Nai Zindagi added that families of persons who use drugs also suffer deeply, and interventions should provide support not just for users but also for their relatives. He explained that Nai Zindagi employs many former persons who use drugs who have successfully rehabilitated, proving that long-term recovery is possible when individuals are given structured opportunities to reintegrate into society.

Farwa Zafar (KKAWF), a gender-rights specialist, highlighted that many women who use drugs are also victims of domestic violence, leading to a vicious cycle of substance dependence and abuse. She called for drug policy reform to include gender-sensitive provisions that protect women facing violence and integrate harm reduction responses for these victims.

Judge Amir Munir, of the Federal Judicial Academy, concluded the session by calling for a re-evaluation of language used in legal documents and policy discussions, urging the removal of terms that dehumanise persons who use drugs, such as "low-level mules" or "persons with drug dependency."

Rebecca Schleifer supported this, recommending that Pakistan adopt international best practices for harm reduction language, ensuring that policies treat individuals with dignity and respect.

Strategic Recommendations

1

Establish Resentencing Mechanism

Initiate a nationwide review of sentences issued under the CNSA to address disproportionate penalties, particularly for minor offences such as low-level possession and consumption. Develop judicial guidelines to enable the reconsideration of sentences based on mitigating factors like coercion, economic hardship, and first-time offences.

2

Adopt Non-Custodial Sentencing for Low-Level Offenders

Revise the CNSA to include explicit provisions for non-custodial sentencing options such as probation, community service, and mandatory treatment programmes, particularly for individuals charged with possession for personal use. Launch a pilot programme in collaboration with provincial governments to test these alternatives.

3

Thresholds for Personal Use

Amend the CNSA to introduce clear legal thresholds for personal drug possession, ensuring individuals caught with small quantities are diverted to rehabilitation rather than prosecuted. Establish an independent commission to determine appropriate thresholds based on international best practices and local data.

4

Expand and Institutionalise Harm Reduction Programmes

Scale up needle exchange programmes, opioid substitution therapy (OST), and supervised consumption sites to address public health issues such as HIV and hepatitis C. Ensure nationwide availability of these services, integrating them into primary healthcare systems and allocating specific budgetary resources for harm reduction initiatives.

5

Develop and Improve Rehabilitation and Health Services

Establish a network of rehabilitation centres providing evidence-based, voluntary health services for persons with drug dependency. Establish female-only rehabilitation centres to address the specific needs of women, particularly survivors of domestic violence and exploitation. Provide childcare, mental health counselling, and economic reintegration opportunities within these facilities. Extend similar services to transgender individuals to ensure non-discriminatory and inclusive care.

6

Judicial Training on Proportionality and Human Rights

Implement nationwide training for judges, prosecutors, and law enforcement officials on proportional sentencing for drug offences, harm reduction, and international human rights standards. Include case studies from jurisdictions like Portugal and Malaysia to illustrate best practices for non-punitive drug policies.

7

Expand Rehabilitation Infrastructure in Prisons

Establish dedicated drug rehabilitation wings within prisons, particularly in Punjab and Sindh, to provide evidence-based treatment, counselling, and vocational training for incarcerated individuals with substance dependence. Collaborate with the Ministry of Health and NGOs to deliver these services.

8

Enhance Community Policing and Inter-Agency Coordination

Shift law enforcement priorities from quantity-based arrests to dismantling organised drug trafficking networks. Introduce community-oriented policing models that treat persons who use drugs as individuals needing care. Strengthen inter-agency coordination among the Anti-Narcotics Force, police, judiciary, and health departments to improve resource allocation and information sharing.

9

Strengthen Regulation and Oversight of Private Rehabilitation Centres

Develop a national regulatory framework for private rehabilitation centres, mandating licensing, regular inspections, and reporting requirements. Establish a complaint and redress mechanism to address cases of abuse, coercion, or substandard care, ensuring all facilities adhere to human rights and ethical treatment standards.

10

Improve Data Collection and Monitoring Systems

Establish a centralised data collection system to monitor trends in drug offences, recidivism rates, and the impact of harm reduction programmes. Publish annual reports on drug policy outcomes to ensure transparency and accountability in enforcement and rehabilitation efforts.



11

Reintroduce Parole and Probation under the CNSA

Amend the 2022 CNSA provisions to reinstate parole and probation for all persons sentenced under the CNSA.

12

Pilot Public-Private Partnerships for Rehabilitation

Engage private sector stakeholders and NGOs to expand rehabilitation services. Launch pilot initiatives in high-need districts, combining treatment programmes with vocational training and economic reintegration opportunities.

13

Harm Reduction in Schools

Implement age-appropriate harm reduction education in schools and universities to address youth substance use. Focus on prevention, stigma reduction, and access to confidential support services through tailored curricula.

14

Address Stigma and Language in Policy


Revise legal and policy documents to remove dehumanising language such as "persons with drug dependency" or "low-level mules." Conduct public awareness campaigns to reduce stigma against people who use drugs, promoting their rights to health, dignity, and rehabilitation.

15

Support Reintegration of Offenders

Develop structured reintegration programmes for individuals released from prison or rehabilitation centres, focusing on housing, vocational training, and employment opportunities to reduce relapse and recidivism.





Integrating harm reduction
measures within the justice
system is Key to better
public health and human
rights outcomes.



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