HARM REDUCTION AND PUBLIC HEALTH-CENTERED DRUG POLICY

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EXECUTIVE SUMMARY

Global drug policies have traditionally focused on punitive approaches, often exacerbating public health crises and marginalizing vulnerable populations. In contrast, harm reduction and public health-centered strategies have emerged as evidence-based alternatives to address drug-related challenges. Grounded in principles of Islam, human rights and health promotion, these approaches align with international commitments under United Nations (UN) frameworks, including the Sustainable Development Goals (SDGs) and human rights conventions. As a national drug policy is a health priority, this policy brief highlights the rationale for adopting harm reduction measures, key international recommendations, and actionable strategies for implementing a public health and human rights centered drug policy in Pakistan.

BACKGROUND

The global landscape of drug use is complex and multifaceted with the number of people who use drugs (PWUD) rising to 292 million in 2022, a 20% increase over 10 years.[1] Restrictive interpretations of the International Drug Control Conventions have led to mass incarceration, disproportionate sentencing, corporal punishments, ineffective compulsory drug treatment centres, and drug-related overdose deaths.[2] In Pakistan, it is estimated that 700 people die of drug-related complications every day, which translates to approximately 250,000 deaths every year, with an estimated 7 million individuals consuming drugs regularly.[3]

Drug use, drug trafficking and related socio-economic issues including crime, incarceration, and prison overcrowding has been a top national agenda item for the Pakistani government for over five decades due to Pakistan's geographical position near Afghanistan, the world's largest opium producer. In the late 1980s, Pakistan established the Anti-Narcotics Task Force, signaling its commitment to countering drug production and trafficking. This effort intensified in 1997 with the creation of the Anti-Narcotics Force (ANF), a dedicated agency under the Ministry of Narcotics Control tasked with implementing the country's drug control strategy.[4]

The Control of Narcotic Substances Act (CNSA) was also passed in 1997, giving the ANF broad powers to combat drug-related crimes. An amendment in 2022 introduced more punitive measures and expanded criminal liability.[5] For example, section 6 of the Amendment replaces Section 9 of the original 1997 CNSA, outlining a graduated scale of mandatory

minimum sentences for offenses involving narcotic drugs. For example, the possession, trafficking, financing of trafficking, import or export of up to 99 grams of cocaine now carries a minimum sentence of 18 months imprisonment and a fine. For 5 kg of cocaine, the same offenses now result in mandatory life imprisonment. Additionally, for 6 kg of heroin and morphine, the same offences now result in mandatory life imprisonment. This contrasts sharply with the original Act, which only specified life imprisonment at 10 kg, indicating a significant increase in severity of the penalty. The "war on drugs" has only evolved to address changing dynamics, including synthetic drugs and the public health impacts of drug dependence.

Health and economic harms of punitive drug policies in Pakistan

Punitive drug policies in Pakistan have had significant health and economic consequences, exacerbating the country's drug-related challenges rather than mitigating them. On the health front, criminalizing drug use pushes people who use drugs into hiding, making it harder for them to access essential healthcare services such as evidence based substance use treatment, harm reduction programs such as needle syringe exchange programs, and disease prevention initiatives. This has contributed to the spread of infectious diseases like HIV and hepatitis C (HCV) among people who inject drugs due to unsafe practices, such as needle sharing. In a recent report by Harm Reduction International, it is estimated that amongst the 430,000 people inject drugs in Pakistan, an estimated 33.2% are living with HIV, and 51.32% are living with HCV.[6]

From the perspective of prisons, with the 2022 amendment to the CNSA, harsher penalties, alongside an expanded mandatory minimum sentencing threshold increased the prison population by 18.98% – from 19,636 individuals in 2023 to 23,367 in 2024, and with 21,824 people in prison currently incarcerated for drug-related offenses. Furthermore, the amendment has exacerbated prison overcrowding, with the national prison population rising from 88,687 in 2022 to surpassing 100,000 in 2023 and 2024. As prison overcrowding is associated with high incidence of latent and active tuberculosis and covid-19, continuing to arrest and incarcerate people with minor offences may further result in unnecessary disease and deaths for many incarcerated individuals, prison staff and the community at large.[7, 8, 9, 10]

Additionally, punitive drug policies are ineffective in addressing substance use and mental health issues because they fail to tackle the root causes, such as trauma, poverty, and mental health disorders, while exacerbating harm—especially in prisons. Criminalization perpetuates stigma, discourages individuals from seeking help, and pushes drug use into unsafe environments, increasing risks of overdose, disease transmission, and poor health outcomes. The lack of a public health-centered approach has led to limited access to evidence-based treatment options, leaving many individuals trapped in cycles of substance dependence, deteriorating health, and poverty.

Economically, punitive policies impose a heavy financial burden on the criminal justice system. Resources are channeled into law enforcement, incarceration, private compulsory

rehabilitation centres, and court proceedings instead of more cost-effective interventions like harm reduction and voluntary community based treatment and rehabilitation programs. Prisons are overcrowded with individuals arrested for minor drug offenses, further straining public resources. Additionally, punitive measures perpetuate poverty by stigmatizing individuals with criminal records, restricting their access to employment opportunities and social reintegration programs. Transitioning to a health-focused drug policy could reduce these economic and health burdens, redirecting resources toward prevention, treatment, and community support, ultimately fostering better public health and economic outcomes.

HOW DO WE SOLVE THIS?

The transition to a public health approach for drug policy, centered on harm reduction rather than punitive measures, is essential for addressing the complex social and health challenges associated with drug use in Pakistan. Punitive policies, which focus on criminalizing people who use drugs and people with drug dependence, have consistently failed to reduce drug-related harms and often exacerbate them by driving drug use underground, increasing unsafe practices such as needle sharing, and perpetuating societal stigma.

In contrast, harm reduction strategies—such as needle exchange programs, opioid treatment program, and supervised consumption sites—prioritize the health and well-being of individuals while addressing the root causes of drug dependence. These evidence-based interventions have been proven to reduce the spread of infectious diseases, lower overdose deaths, and improve access to healthcare and social services. Moreover, a public health approach fosters trust between individuals and healthcare systems, encouraging voluntary participation in treatment and recovery programs. By shifting focus from punishment to prevention, Pakistan can create more equitable, and effective drug policies that achieve public health outcomes, reduce costs, and save lives.

WHAT IS HEALTH-BASED DRUG POLICY?

A health based drug policy recognizes that securitized approaches to solve the multifaceted drug issue is not achieving the intended outcomes. A health based drug policy is a paradigm shift away from a punitive approach, towards a drug policy rooted in evidence-based science, public health, and harm reduction.

WHAT IS HARM REDUCTION?

Harm reduction as defined by the World Health Organization (WHO) and UNAIDS, refers to policies, programs, and practices that aim to minimize the negative health, social, and economic consequences of drug use without necessarily requiring cessation. This approach has been endorsed in multiple UN documents, including:

- **UN Common Position on Drugs 2019,** which promotes a rebalancing of drug policies and interventions towards public health approaches and an increased investment of harm reduction interventions to reduce new HIV and HCV infections and improve broader health outcomes in the community and prisons.[11]

- **The United Nations General Assembly Special Session (UNGASS) Outcome Document 2016**, which calls for a balanced approach to drug control by integrating public health measures.[12]
- **WHO Guidelines on HIV Prevention, Diagnosis, Treatment, and Care for Key Populations**, emphasizing needle exchange programs and opioid substitution therapy.[13]
- **WHO framework for meaningful engagement of people living with noncommunicable diseases and mental health conditions, which** provides guidance for involving affected individuals in decision-making processes to ensure policies, programs, and services are inclusive, equitable, and responsive to their needs.[14]
- **The International Covenant on Economic, Social and Cultural Rights (ICESCR)**, which enshrines the right to health, including harm reduction services.[15]
- **International Guidelines on Human Rights and Drug Policy,** which promote a human rights-based approach to drug policy, emphasizing the need for health-centered, non-punitive responses and the protection of the rights of individuals affected by drug use and related policies.[16]

GLOBAL CASE EXAMPLE: MALAYSIA

Malaysia has made notable strides in reducing HIV transmission among people who inject drugs by implementing harm reduction strategies in the community and in prisons. These initiatives, launched in the mid-2000s, significantly curbed the country's HIV epidemic, which was largely driven by unsafe injecting practices. Key elements of Malaysia's success include:

1. **Needle and Syringe Exchange Programs (NSEPs)**: These programs provide sterile needles and syringes to people who inject drugs, reducing the risk of HIV transmission through shared injecting equipment.
2. **Opioid Agonist Therapy (OAT)**: Methadone maintenance therapy has been widely implemented, helping individuals transition away from harmful drug use and improving access to health care services in the community and prisons.
3. **Voluntary community based low-threshold treatment centres**: Establishing cure and care community clinics enabled many people with drug dependence an avenue to acquire their medication while being active community members with family support networks and employment.[17]
4. **Policy Support and Partnerships:** The Malaysian government, in collaboration with people with lived experiences, NGOs, faith based organizations, and international organizations, integrated harm reduction into national health policies. This support ensured sustained funding and broad implementation.[18]
5. **Public Health Impact:** The harm reduction programs have led to a dramatic decline in new HIV infections among people who inject drugs. For instance, in the late 1990s and early 2000s, over 70% of new HIV infections were attributed to injecting drug use; by 2020, this figure had dropped to less than 5%.
6. **Community Engagement:** Involving affected communities and peer networks by funding community based strategies has been instrumental in building trust and ensuring the effectiveness of interventions.

7. **Commitment to Decriminalization:** Malaysia has committed to strengthening harm reduction and community based treatment while reforming laws to decriminalize drug possession for personal use for sustainable investment in an evidence based drug policy.

Overall, Malaysia's evidence-based approach to harm reduction serves as a model for other countries, especially other Muslim majority countries, tackling HIV and HCV among PWID, demonstrating the potential of health-centered, rather than punitive, responses to drug use.

HARM REDUCTION ALIGNMENT WITH UN FRAMEWORKS

Adopting harm reduction strategies supports several sustainable development goals (SDGs), including:

Goal 3: Ensure healthy lives and promote well-being for all at all ages, particularly by reducing HIV and hepatitis C (HCV) prevalence and incidence through expanded harm reduction services.

Goal 10: Reduce inequality within and among countries by addressing disparities in access to healthcare and prioritizing marginalized populations.

Goal 16: Promote peaceful and inclusive societies by reducing incarceration rates through decriminalization.

Harm reduction directly contributes to achieving global health targets under the Global Health Sector Strategy on HIV 2022-2030, which emphasizes reducing new HIV infections among key populations by 90%, and the WHO's hepatitis elimination strategy, which aims for a 90% reduction in new HCV infections by 2030. Furthermore, these strategies uphold the principles of the Universal Declaration of Human Rights, particularly the right to health and human dignity.

Alignment with prison reform priorities and goals in Pakistan

A health based drug policy diverts people who use drugs from the criminal justice setting into community programs focused on education, and treatment, if needed. It is estimated that approximately 10-20% of people who use drugs may develop drug dependence, depending on the substance, age, duration, intensity and other risk factors like mental health issues or environmental stressors. Therefore, the vast majority of people who use drugs do not require drug dependence treatment.

As highlighted in the Prison Data Report 2024 jointly published by the National Commission for Human Rights (NCHR), National Academy for Prison's Administration (NAPA), and Justice Project Pakistan (JPP), Pakistan faces significant challenges in its prison system, including severe overcrowding with facilities operating at 152.2% capacity and 73.41% of inmates being under-trial prisoners. The report emphasizes that to bring Pakistan's prison administration in line with international standards, an evidence-driven public health drug policy rooted in harm reduction is essential to address the rising number of drug-related incarcerations and reduce overall prison overcrowding. Such reforms would enable Pakistan to meet its international human rights obligations under mechanisms such as the Human Rights Committee (HRC), the Committee Against Torture (CAT), and the Universal Periodic Review (UPR).

PAKISTAN'S CURRENT PROGRESS TOWARDS HARM REDUCTION

Pakistan initiated its needle syringe exchange programs in the early 2000s to combat the spread of HIV and other blood-borne infections among people who inject drugs. The programs began as pilot projects, largely funded by the Global Fund and co-financed by the UNAIDS and other international funding agencies, aimed to address the growing HIV crisis driven by unsafe injecting practices.

In 2003, Pakistan received additional international aid to expand harm reduction initiatives, including needle exchange programs and other services like opioid agonist treatment and education on safer drug use to curtail the spread of infectious diseases. Since then, opioid agonist treatment has been slow to expand. However, harm reduction has become an integral part of Pakistan's approach to drug-related health issues, aiming to mitigate the public health impacts of drug use while acknowledging the socio-cultural challenges around drug dependence and treatment. However, sustainable efforts to strengthen infectious disease control i.e. HIV, HCV, and tuberculosis, in addition to scaling voluntary, low threshold, community-based drug dependence services are still required.

During the COVID-19 pandemic, consequences of punitive drug policy—such as severe prison overcrowding—received significant global attention. Although short term strategies included decarceration, strengthening prison health, and comprehensively focusing on prison reform, the long term strategies to curtail prison overcrowding remains shifting towards a public health oriented drug policy, diverting people who use drugs away from criminal convictions towards administrative sanctions.

On a global scale, Pakistan was the first country in nearly a decade to abolish the death penalty for drug-related offenses in 2023. Malaysia abolished the mandatory death penalty devolving full judicial discretion to the courts, signaling an openness to revisit the national drug control strategy from an evidence based public health approach.

Despite this progress, drug use remains a significant public health challenge. The country continues to face high rates of injection drug use, and barriers to harm reduction. Despite these challenges, harm reduction initiatives have begun to take root, offering critical lessons and opportunities for strengthening and expansion:

- **Needle Exchange Programs**: Needle exchange services are operational in some urban centers, helping reduce HIV transmission rates among people who inject drugs. However, these programs require broader geographical coverage, and sustainable funding.
- **Inadequate access to Opioid Agonist Treatment**: Methadone and buprenorphine programs have experienced significant administrative delays. Starting, enabling access, and scaling up these services is essential to address opioid dependency.
- **Stigma, discrimination, and cultural barriers:** Social and cultural stigmatization of people who use drugs remains a significant barrier from society, healthcare providers, and law enforcement officers inhibiting healthcare service access and delivery. Public education campaigns are needed to address misconceptions and promote harm reduction as a public health strategy.

- **Resource constraints**: Pakistan allocated limited funding for harm reduction, relying heavily on international donors. This dependency create program instability and limits the scalability of interventions. Expanding harm reduction efforts in Pakistan aligns with the country's commitments to the SDGs, particularly Goals 3 and 10. By prioritizing evidence-based interventions to reduce the prevalence of HIV, HCV, and tuberculosis, Pakistan can strengthen healthcare access, service delivery, and differentiated care—enabling a stronger workforce for economic prosperity.
- **Criminalization of drug use**: Criminalization of drug use drive people who use drugs underground and away from harm reduction services, with a fear of harassment or arrest. Punitive laws and policies inhibit evidence based harm reduction strategies and implementation, and require reform for sustainable impact.
- **Fragmented service delivery**: Lack of integration between harm reduction programs and infectious disease services results in missed opportunity for comprehensive care and cost savings. As the Pakistan National AIDS Control Programme supports harm reduction as a strategy to curb HIV transmission, further intersectoral collaborations can enable optimal cost sharing, maximizing limited resource, and strengthening service delivery.

RECOMMENDATIONS FOR STRENGTHENING HARM REDUCTION SERVICES

A. Expanding harm reduction coverage:

- **Increase NSP and OAT Availability:** Establish additional NSP sites, particularly in rural and underserved areas. Simplify regulations around OAT and expand access to methadone and buprenorphine.
- **Mobile Outreach Units:** Deploy mobile units to reach people who use drugs in remote areas. These units can provide clean syringes, condoms, health education, and infectious disease testing.
- **Expanding harm reduction in prisons:** Implement strategies to minimize the negative health and social consequences associated with drug use, violence, and other risky behaviours within the prison system, including access to clean needles, opioid agonist therapy (i.e. methadone), education on safe drug use practices, mental health services, and measures to prevent the spread of infectious diseases like HIV and Hepatitis C.[19] [20] [21]

B. Integrating services:

- **One-stop clinics:** Create integrated healthcare facilities that combine harm reduction services with HIV, HCV, and TB diagnostics and treatment. This reduces the need for people who use drugs to navigate multiple healthcare providers.
- **Task-shifting models:** Train non-physician healthcare workers and peer educators to deliver basic harm reduction and infectious disease services, ensuring cost-effective and scalable care.

C. Reforming laws and policies:

- **Decriminalization of drug use:** Advocate for policies that decriminalize drug use and prioritize health-based approaches over punitive measures. Decriminalization has been shown to improve health outcomes and reduce stigma in countries like Portugal.[22]
- **Increase government funding:** Mobilize domestic resources to reduce dependency on international donors and ensure program sustainability.
- **Drug treatment in prison:** Provide harm reduction services in prisons and the community (as prison health is public health).

D. Community engagement and education:

- Peer-led interventions: Engage people who use drugs as peer educators to foster trust and improve service uptake. Peer-led models have demonstrated success in bridging gaps between communities and healthcare providers.
- Stigma reduction campaigns: Conduct evidence-based public awareness campaigns to address misconceptions and desensitize about drug use and infectious diseases, targeting the general public, healthcare professionals, and law enforcement officers.

E. Improved surveillance and data systems:

- **Enhanced data collection:** Strengthen data systems to monitor trends in drug use and infectious diseases among People who use drugs. Reliable data is critical for planning and evaluating interventions.

- **Community-based participatory research:** Include people who use drugs in research design and implementation to ensure that programs reflect their needs and priorities.

Addressing infectious diseases and enhancing harm reduction services for people who use drugs in Pakistan requires a multi-faceted approach that combines policy reforms, service integration, and community engagement. By expanding access to NSPs and OAT, integrating infectious disease services, and fostering an enabling policy environment, Pakistan can significantly reduce the burden of HIV, HCV, and TB among people who use drugs.

Ultimately, the success of these efforts hinges on a commitment to human rights and public health principles. Policymakers, healthcare providers, and community stakeholders must collaborate to create an inclusive system that prioritizes the well-being of people who use drugs and ensures their access to comprehensive care. People who use drugs are integral partners and must participate in the all aspects of thought leadership, decision making and implementation. Strengthening these services is not just a public health imperative but a moral obligation.

A harm reduction-oriented drug policy is generally considered more effective and humane than a punitive approach for several reasons:

1. *Focus on Public Health, Not Punishment*

- **Harm Reduction:** Prioritizes the health and well-being of individuals by minimizing the risks associated with drug use (e.g., HIV, hepatitis C, overdose).
- **Punitive Approach:** Criminalizes drug use, often leading to incarceration without addressing underlying health issues like drug dependence or mental health conditions.

2. *Reduction in HIV and Overdose Rates*

- **Harm Reduction:** Programs like needle and syringe exchanges, opioid agonist treatment (OAT), and supervised consumption sites have been proven to reduce the transmission of HIV, hepatitis C, and prevent overdoses.
- **Punitive Approach:** Harsh penalties push drug use underground, increasing unsafe practices such as needle sharing and reluctance to seek help during an overdose.

3. *Cost-Effectiveness*

- **Harm Reduction:** Investing in prevention and treatment is far cheaper than the costs of incarceration and managing drug-related diseases in the criminal justice system.
- **Punitive Approach:** Law enforcement, prison systems, and repeated arrests are resource-intensive, with limited success in reducing drug use.

4. Improved Social Outcomes

- **Harm Reduction**: Treats drug use as a health issue, reducing stigma and helping individuals reintegrate into society through education, employment, and treatment programs.
- **Punitive Approach**: Creates cycles of criminality, social exclusion, and unemployment, often worsening the circumstances that lead to drug use.

5. Evidence of Efficacy

- **Harm Reduction:** Countries that adopt harm reduction policies, like Portugal, Switzerland, and the Netherlands, report significant declines in drug-related deaths, disease transmission, and criminal activity.
- **Punitive Approach:** "War on drugs" strategies have shown little success in reducing drug use and have often fueled violence, corruption, and human rights abuses.

6. Human Rights Considerations

- **Harm Reduction:** Respects the dignity and rights of people who use drugs by acknowledging their agency and offering supportive care.
- **Punitive Approach:** Criminalizes individuals, often leading to inhumane treatment, discrimination, and denial of basic healthcare.

7. Encouragement of Treatment and Recovery

- **Harm Reduction:** Builds trust with healthcare providers, encouraging people to seek community based treatment voluntarily when ready.
- **Punitive Approach**: Fear of arrest deters people from accessing services like detoxification or rehabilitation.

8. Breaks the Cycle of Stigma

- **Harm Reduction**: Reduces the stigma associated with drug use by fostering compassion and understanding, encouraging community support.
- **Punitive Approach**: Reinforces stigma, making it harder for individuals to seek help or re-enter society.

A harm reduction-oriented drug policy offers pragmatic, evidence-based solutions to drug-related problems while addressing the root causes of drug dependence and drug use. In contrast, punitive approaches perpetuate harm, exacerbate public health crises, and often fail to address the complex social and medical needs of individuals who use drugs.

CONCLUSION

Shifting to harm reduction and public health-centered drug policies is a pragmatic and ethical imperative. Such an approach not only mitigates the adverse consequences of drug use but also fosters inclusive societies where the right to health is upheld. Governments must act decisively to realign their drug policies with international commitments, ensuring that no one is left behind. Pakistan, in particular, stands to benefit from expanding its harm reduction efforts to address public health challenges and align with global best practices.

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DRAFTED BY: AHSAN AHMAD (YALE SCHOOL OF PUBLIC HEALTH) IN COLLABORATION WITH JUSTICE PROJECT PAKISTAN (JPP)

CONTRIBUTORS:
SALMAN QURESHI, NAI ZINDAGI (PAKISTAN)
ZAVED MAHMOOD, UN OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS
GIADA GIRELLI, HARM REDUCTION INTERNATIONAL
REBECCA SCHLEIFER AND JULIE HANNAH, UNIVERSITY ESSEX
MICHELLE SHAHID, JUSTICE PROJECT PAKISTAN
HARIS ZAKI, JUSTCE PROJECT PAKISTAN

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EMAIL: INFO@JPP.ORG.PK
WEBSITE: WWW.JPP.ORG.PK