

GDPO Situation Analysis

October 2018

Pakistan's HIV Epidemic and the Need for Prison-Based Harm Reduction Programmes¹

Faryal Sajjad²

Subject

Pakistan is advancing towards a public health crisis with an estimated 133,529 people having contracted HIV/AIDS.³ Problematically, 'the primary mode of HIV [and Hepatitis B and C] transmission in Pakistan continues to be the use of contaminated injection equipment among people who inject drugs' (PWID)⁴ with prison inmates being one of the most vulnerable populations. Needle-based harm reduction programmes are non-existent in Pakistan's prisons, in contrast to neighbouring Iran, which following a surge in prison-based HIV infections, introduced harm reduction programmes in 2003.⁵ Iran's approach holds important lessons for Pakistan, not only because the two countries have been religiously and ideologically close, but also because the success of Iran's harm reduction programme has been achieved through attitudinal changes by policymakers.⁶

¹ This Situation Analysis was produced as part of a GDPO collaboration with Central European University's School of Public Policy (see <http://gdpo.swan.ac.uk/?p=494> for more information)

² A freelance writer and holder of a Master of Public Administration with a security concentration from the Central European University, School of Public Policy.

³ Faiza Ilyas and Ikram Junaidi, "Special Report: The Making of an HIV Catastrophe," *Dawn News*, October 5, 2017, <https://www.dawn.com/news/1361879>.

⁴ Anne Bergenstrom et al., "Drug-Related HIV Epidemic in Pakistan: A Review of Current Situation and Response and the Way Forward beyond 2015," *Harm Reduction Journal* 12 (2015): 43, <https://doi.org/10.1186/s12954-015-0079-5>.

⁵ Saeed Momtazi, Alireza Noroozi, and Richard A. Rawson, "An Overview of Iran Drug Treatment and Harm Reduction Programs," in *Textbook of Addiction Treatment: International Perspectives*, ed. Nady el-Guebaly, Giuseppe Carrà, and Marc Galanter (Milano: Springer Milan, 2015), 543–54, https://doi.org/10.1007/978-88-470-5322-9_25.

⁶ Momtazi, Noroozi, and Rawson, "An Overview of Iran Drug Treatment and Harm Reduction Programs."

Significance

During the 1970s, Pakistan was a major producer of illicit opium. In 1979, the country produced an estimated 800 metric tonnes, becoming the 'largest producer of illicit opium in the world that year.'⁷ To fulfil treaty obligations under the 1961 Single Convention on Narcotic Drugs, authorities launched cultivation reduction efforts resulting in a sustained decrease in opium production in Pakistan after 1979; production of illicit opium in the country decreased to near zero by 1999-2001.⁸

Despite domestic supply reduction success, Pakistan has become a lucrative transit zone for drug trafficking due to its location in the so-called 'golden crescent', sharing a border with Afghanistan, the world's largest producer of opium and the source of 85% of global heroin supply.⁹ The increase in Afghan opium cultivation in recent years has reduced prices and increased both demand and consumption within Pakistan, with an estimated 20 tonnes of pure Afghan opium consumed annually in Pakistan.¹⁰ The situation has resulted in a HIV epidemic among PWID. In 2012, HIV prevalence among this group in major urban centres in the country was close to 21%;¹¹ by 2015, it had risen to 40% in several cities including provincial capitals.¹²

Analysis

In Pakistan, those populations most at risk of contracting HIV are given the lowest priority by government and policymakers in healthcare programming. A prime example is prison inmates, who have a high prevalence of HIV due to the overrepresentation of PWID. In 2016, Pakistan had a prison population of 84,315 against its capacity of 46,705 prisoners.¹³ In these already problematic prison conditions,¹⁴ an estimated 40% of the prison population use drugs,¹⁵ although actual numbers are suspected to be even higher.¹⁶ The prevalence of HIV is due to high-risk behaviour, particularly needle-sharing and unprotected sexual activity,¹⁷ with the spread of HIV in prisons becoming a wider public health challenge as prisoners return to home communities.

⁷ Jack W. Murphy, "Implementation of International Narcotics Control: The Struggle against Opium Cultivation in Pakistan," *BC Int'l & Comp. L. Rev.* 6 (1983): 199–241.

⁸ Madeeha Bajwa and Hakan Demirboken, "Illicit Drug Trends in Pakistan," The Paris Pact Initiative (UNODC, April 2008), https://www.unodc.org/documents/regional/central-asia/Illicit%20Drug%20Trends%20Report_Pakistan_rev1.pdf.

⁹ James A. Piazza, "The Opium Trade and Patterns of Terrorism in the Provinces of Afghanistan: An Empirical Analysis," *Terrorism and Political Violence* 24, no. 2 (April 1, 2012): 213–34, <https://doi.org/10.1080/09546553.2011.648680>.

¹⁰ UNODC, "World Drug Report" (United Nations Office on Drugs and Crime, 2016), http://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf.

¹¹ World Bank, "HIV/AIDS in Pakistan", <http://www.worldbank.org/en/news/feature/2012/07/10/hiv-aids-pakistan>.

¹² Hasan Mansoor, "Afghan Drugs Go to Rest of World via Pakistan: UN Report," *DAWN.COM*, August 24, 2016, <http://www.dawn.com/news/1279631>.

¹³ "World Prison Brief Data - Pakistan" (Institute for Criminal Policy Research, 2016), <http://www.prisonstudies.org/country/pakistan>.

¹⁴ "Reforming Pakistan's Prison System," Asia Report (International Crisis Group, October 12, 2011), <https://www.crisisgroup.org/asia/south-asia/pakistan/reforming-pakistan-s-prison-system>.

¹⁵ Bergenstrom et al., "Drug-Related HIV Epidemic in Pakistan."

¹⁶ Ministry of Interior and Narcotics Control, Narcotics Control Division, and Government of Pakistan, "Drug Use in Pakistan 2013", pg.9-12, https://www.unodc.org/documents/pakistan/Survey_Report_Final_2013.pdf.

¹⁷ Payam Roshanfekar, Marziyeh Farnia, and Masoumeh Dejman, "The Effectiveness of Harm Reduction Programs in Seven Prisons of Iran," *Iranian Journal of Public Health* 42, no. 12 (December 2013): 1430–37.

Pakistan's Prison Population

The high number of drug-using prisoners in Pakistan is caused by, many factors. These factors include punitive drug laws, a lack of rehabilitation services, the ease of availability of drugs, and sporadic disease testing in prisons. Additionally:

- A 2012 national study found approximately 11,137 prisoners serving drug-related sentences, of which 3,630 were drug users. Among those arrested for drug-related offenses, three-quarters reported serving time for drug use, the majority for opiate use.¹⁸ Of the 18% of respondents who were regular opiate users, 60% continued using drugs while in prison of which 14% injected.¹⁹
- A situation assessment of PWID in four cities in Pakistan's Punjab province revealed that 80% of PWIDs had been to prison. Among these former inmates, 56% had used drugs in prison, of which up to 70% had done so via injection.²⁰
- A study conducted among 1000 prisoners in a prison in Punjab revealed an HIV prevalence of 4.4%, while Hepatitis C infection was 19.7%.²¹
- A 2010 study of male prisoners in Karachi found that among 357 randomly selected inmates, 2% were HIV positive, 5.9% were infected with Hepatitis B while 15.2% had Hepatitis C; 59.2% of the sample reported drug use of which 11.8% were injecting.²²

Harm Reduction in Prisons

The Drug Control Master Plan 2010-2014, in the absence of a new policy, focuses on demand reduction strategies, including community mobilisation and rehabilitation facilities.²³ Although Pakistan introduced needle and syringe programmes (NSPs) in 2003-2004, these were under-accessed due to fear of arrest and were not operational in prisons, HIV services were limited to awareness raising, Antiretroviral therapy (ART) and provision of condoms.²⁴ In addition, Pakistan is the only country in Asia that does not have a national Opioid Substitution Therapy (OST) programme.²⁵ This is despite UNODC, WHO, and UNAIDS recommendations in favour of using both NSP and OST programming in prison settings.²⁶

¹⁸ Ministry of Interior and Narcotics Control, Narcotics Control Division, and Government of Pakistan, "Drug Use in Pakistan 2013", pg. 9-12, https://www.unodc.org/documents/pakistan/Survey_Report_Final_2013.pdf.

¹⁹ Ministry of Interior and Narcotics Control, Narcotics Control Division, and Government of Pakistan, "Drug Use in Pakistan 2013", pg. 55-56, https://www.unodc.org/documents/pakistan/Survey_Report_Final_2013.pdf.

²⁰ Nai Zindagi, "Rapid Situation Assessments of HIV prevalence and risk factors among people injecting drugs in four cities of the Punjab." (Nai Zindagi), accessed June 4, 2017, http://docs.wixstatic.com/ugd/c0eb6b_b2581181bfd9738bfb10d220a02fab2c.pdf.

²¹ Bergenstrom et al.

²² Abdul M. Kazi et al., "Risk Factors and Prevalence of Tuberculosis, Human Immunodeficiency Virus, Syphilis, Hepatitis B Virus, and Hepatitis C Virus among Prisoners in Pakistan," *International Journal of Infectious Diseases* 14, Supplement 3 (September 2010): e60–66, <https://doi.org/10.1016/j.ijid.2009.11.012>.

²³ Government of Pakistan, Ministry of Narcotics Control, and Anti-Narcotics Force, "Drug Abuse Control Master Plan 2010-2014" (Government of Pakistan, February 2010), http://www.aidsdatahub.org/sites/default/files/documents/Drug_Abuse_Control_Master_Plan_2010_14.pdf.

²⁴ Bergenstrom et al., "Drug-Related HIV Epidemic in Pakistan."

²⁵ Bergenstrom et al.

²⁶ Ralf Jürgens et al., "Interventions to Address HIV in Prisons: Needle and Syringe Programmes and Decontamination Strategies," 2007, <https://www.unodc.org/documents/hiv-aids/EVIDENCE%20FOR%20ACTION%20007%20NSP.pdf>.

Lessons learnt from Iran's Harm Reduction in Prisons

Iran introduced a range of harm-reduction initiatives in prisons, including NSP,²⁷ OST and Methadone Maintenance Treatment (MMT) as an official policy in 2005.²⁸ These reduced needle-sharing and blood-borne infections among at-risk prison populations.²⁹ By 2008, 18% of PWID were HIV positive, a figure that was estimated to have been 40% in the absence of such programmes.³⁰ Current evidence also dismisses concerns regarding increased drug use or injecting in prisons as no negative unintended consequences have been reported. The success of Iran's harm reduction approach can be attributed to: changing attitudes of policymakers, rapid dissemination of programme initiatives and active collaboration with the private sector and non-governmental organizations.³¹

The government has covered some prisoners free of cost through government treatment centres to continue their maintenance treatment after their release.³²

Conclusion

Iran's success is an important reference point for Pakistan. Drugs are considered taboo in both societies not only as a social evil but also as contrary to religious precepts. Nevertheless, Iran has experimented with harm reduction and although some challenges in implementation have been encountered, promising results have been achieved. As such, Pakistan's government and communities dealing with health and security should urgently consider the application of lessons learned.

²⁷ M. Shahbazi, M. Farnia, and M. Keramati, "The First Needle and Syringe Exchange Program in Iranian Prisons," *International Journal of Infectious Diseases* 14 (March 2010): e269–70, <https://doi.org/10.1016/j.ijid.2010.02.2086>.

²⁸ Momtazi, Noroozi, and Rawson, "An Overview of Iran Drug Treatment and Harm Reduction Programs."

²⁹ Payam Roshanfekar, Marziyeh Farnia, and Masoumeh Dejman, "The Effectiveness of Harm Reduction Programs in Seven Prisons of Iran," *Iranian Journal of Public Health* 42, no. 12 (December 2013): 1430–37, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4441940/>.

³⁰ Mohammad Bagher Saberi Zafarghandi, Mohsen Jadidi, and Narjes Khalili, "Iran's Activities on Prevention, Treatment and Harm Reduction of Drug Abuse," *International Journal of High Risk Behaviors & Addiction* 4, no. 4 (December 1, 2015), <https://doi.org/10.5812/ijhrba.22863>.

³¹ Momtazi, Noroozi, and Rawson, "An Overview of Iran Drug Treatment and Harm Reduction Programs."

³² Saberi Zafarghandi, Jadidi, and Khalili.

supported by



About the Global Drug Policy Observatory

The Global Drug Policy Observatory aims to promote evidence and human rights based drug policy through the comprehensive and rigorous reporting, monitoring and analysis of policy developments at national and international levels. Acting as a platform from which to reach out to and engage with broad and diverse audiences, the initiative aims to help improve the sophistication and horizons of the current policy debate among the media and elite opinion formers as well as within law enforcement and policy making communities. The Observatory engages in a range of research activities that explore not only the dynamics and implications of existing and emerging policy issues, but also the processes behind policy shifts at various levels of governance.

Global Drug Policy Observatory

Research Institute for Arts and Humanities

Room 201 James Callaghan Building

Swansea University

Singleton Park, Swansea SA2 8PP

Tel: +44 (0)1792 604293

www.swansea.ac.uk/gdpo



@gdpo_swan

