



LEGISLATING ANTI-TORTURE REFORM AND HARM REDUCTION SERVICES TO PROTECT INCARCERATED OPIOID USERS IN PAKISTAN

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Abstract:

Pakistani anti-torture and harm reduction law is examined, particularly how these regulations, or lack thereof, influence prison safety and user rehabilitation. This study first takes a broad view of Pakistani opioid use, harm reduction, and its public health consequences, and then examines these issues within the Pakistani prison system. As anti-torture laws and inmate protections are weak within Pakistan, law enforcement, prison officers, and prison administrators often exploit these conditions to extract confessions, punish, and extort inmates. Safety and rehabilitation in prisons will likely improve with strongly enforced anti-torture and harm reduction laws. Legal control over physical and psychological torture should also be paired with normalizing harm reduction services in prisons, such as separate detoxification units for users experiencing withdrawal upon entering prison, confidential HIV testing, drug awareness messaging, evidence-based and voluntary treatment, among others. Strengthening anti-torture and harm reduction law has ramifications for the Pakistani legal system, prison system, law enforcement, and public health divisions within prisons. The Pakistani government should legislate anti-torture and harm reduction reforms to improve the safety and rehabilitation prospects of incarcerated opioid users.

Keywords: Pakistan; prisons; torture; opioids; drugs; rehabilitation; public health; legislation; governance

Introduction

Pakistani prisons are overcrowded, corrupt, dangerous, and usually neglected by politicians and the public. Accused and convict alike are squeezed together for long stretches of time in unsanitary and mismanaged conditions. According to a 2019 report by Pakistan's Federal Ombudsman, in Pakistan's 114 jails, 77,275 inmates are crowded into a jail system designed for only 57,742 inmates, forming an overpopulation rate of nearly 35 percent (Justice Project Pakistan, 2021a). Of the confined, 25,456 have been convicted, while 48,008 are awaiting or undergoing trial. In Punjab



prisons, approximately 51,000 confined people were housed in facilities built for 37,000 (Ahad, 2022). Of these 51,000 inmates, around 18,000 were convicts and 32,300 were awaiting or undergoing trial. The number of people awaiting or undergoing trial remanded to prisons with convicts should be alarming for even passive observers. With high rates of overcrowding, it is difficult to separate hardened and violent convicts from people awaiting trial, nonviolent offenders, and young or first-time offenders. Mixing the potentially innocent, nonviolent, or young and first-time offenders with hardened convicts serving long prison terms in overcrowded, understaffed, and poorly supervised prisons for extended periods breeds exploitation (Mehmood, 2020), physical and sexual abuse (NPREC, 2009), recidivism (among all imprisoned) (Goggin & Cullen, 1993), learned criminality (Hutcherson, 2012), and other forms of antisocial behavior (Troilo, 2018). Pakistani prisons are also hotbeds for the spread of infectious diseases. A 2020 report commissioned by the Islamabad High Court found that around 2,400 Pakistani prisoners have transmittable diseases, such as HIV, HBV, HCV, and Tuberculosis (Justice Project Pakistan, 2021a). Prisoners, placed in overpopulated and poorly ventilated cells with minimal hospital support (e.g. 10 percent of Punjab prisons lack ambulances (Justice Project Pakistan, 2021a)), have increased susceptibility to emerging viruses like COVID-19 (Gannon, 2020). The potential for communicable disease transmission in Pakistani prisons/jails is high, as it is not uncommon to find between 6 and 15 incarcerated men confined to single cells built for three people. Reports indicate that bed and floorspace are sometimes so limited that prisoners sleep on the floor in shifts (Amnesty International, 2020).

Torture perpetrated by prison guards on inmates in Pakistani prisons has made international news (Gul, 2022; Jalil, 2017; Kaushik, 2013). Justice Project Pakistan (2021b) describes this treatment, “Torture by police and other law enforcement agencies is so endemic and systematic in Pakistan that it is largely a common practice” (4). Severe physical and psychological abuse perpetrated by law enforcement and other administrative staff is routine in many Pakistani prisons, wherein inmates are beaten to obtain confessions, as part of extracurricular punishment for original offenses, or as means to extort and exploit inmates. Accused criminals and convicts from marginalized groups (e.g. drug users) are specifically targeted for custodial torture and abuse (Human Rights Watch, 2022), as they often lack the social capital (both inside and outside of prison), finances, or other means necessary to incentivize decent handling. Sexual abuse as punishment perpetrated by prison staff on inmates has also been reported (Jalil, 2017). Extrajudicial executions, often referred to as contrived “encounter killings,” wherein law enforcement manufacture lethal exchanges between targeted prisoners and staff to kill these prisoners, are common and feared among inmates. The law enforcement personnel responsible for these encounter killings are almost never prosecuted (Human Rights Watch, 2016).

These chaotic and dangerous prisons receive minimal funding and human resources (Ahad, 2022), essentially eliminating any possibility for harm reduction services, structured drug treatment, medically supervised drug detoxification, life skills instruction, vocational training, or other means to engage in recovery and self-improvement. This study is composed of four parts: introduction,



materials and methods, main body, and conclusion. The main body examines illicit opioid use in Pakistan, its public health consequences, rehabilitation and harm reduction services inside and outside of Pakistani prisons, and the strengths and weaknesses of Pakistani anti-torture and harm reduction law.

Materials and Methods

An empirical investigation into Pakistani anti-torture and harm reduction law, along with an assessment of the safety and harm reduction/rehabilitation services of incarcerated opioid users in Pakistan, is forwarded. A logic model approach was employed, wherein the principle inputs, processes, and effects of Pakistani anti-torture and harm reduction law is established, and this is put into the context of safety and harm reduction/rehabilitation among confined opioid users. To this end, anti-torture and harm reduction law for inmates was analyzed from numerous sources, including The Gazette of Pakistan, Constitution of Pakistan, Pakistan Penal Code, and the Parliament of Pakistan (the Senate and National Assembly). News and investigative reports on opioid use, public health, and inmate treatment in Pakistan, from sources like Justice Project Pakistan, Pakistan Observer, and Human Rights Watch, were also included in the study. Reports from several regulatory bodies were also analyzed, such as those from the Islamabad High Court, Centers for Disease Control and Prevention (CDC), U.N. Office on Drugs and Crime (UNODC), and the Asian Human Rights Commission. These resources were chosen according to their perceived value, data credibility, publication date, and suitability in conveying certain aspects of Pakistani law and policy.

Illicit Opioid Use in Pakistan

Pakistan possesses a sizeable number of opioid users, perennially rated among the top ten countries with the highest levels of opioid dependency (Shabbir, 2018). Pakistan ranked seventh in the world in general opioid use and fourth for prescription opioid use in 2013 (The Express Tribune, 2015). Also, Pakistan had over one million regular heroin and opium users (around 1.0 percent of the population in total) in 2013, with approximately 860,000 heroin users (0.8 percent of the population) and 320,000 opium users (0.3 percent) (UNODC, 2013). Of Pakistan's drug users, approximately 420,000 (0.4 percent of the population) inject intravenously (UNODC, 2013; Yusufzai, 2014). Extreme quantities of heroin are consumed each year in Pakistan. Quigley (2014) explains, "It is estimated that 44 tons of processed heroin is smoked or injected in Pakistan each year – a figure that suggests a rate of use that is two or three times higher than in the U.S." (para. 5). Opioid use within Pakistan's geographic region, the Golden Crescent, is over double the world average, with 1.8 percent of this population using routinely in 2020 (UNODC, 2022). The UNODC (2018a) estimates that only .7 percent of the global population, and .46 percent of Asians, regularly consume opioids. Farooq (2017) further quantifies this high, and rising, regional opioid use, "At the end of 2006, the number of heroin users in Afghanistan, Iran, and Pakistan [the Golden Crescent] tallied 50,000, 200,000, and 484,000, respectively. In 2009, these figures had risen to 120,000, 391,000, and 547,000, respectively" (p. 2).



Heroin is the main opioid for Pakistani's, but there are also high levels of prescription drug use for non-medical purposes (UNODC, 2022), wherein approximately 1.6 million Pakistani's (1.5 percent of the total population) used prescription opioids for non-medical purposes in 2013 (UNODC, 2013). Pakistani females are particularly liable to misuse prescription opioids (UNODC, 2022). Pakistani males often assemble and use as a communal affair, whereas females habitually use discretely, independently, and in the home (UNODC, 2013). Pakistani's with mental health issues, including anxiety, depression, and post-traumatic stress disorder (PTSD), along with people experiencing challenging life circumstances, are particularly inclined to abuse sedatives, painkillers, and tranquilizers (UNODC, 2013).

Pakistan controls prescription opioids, to a certain extent, through legal statutes (for legislative concerns involving prescription opioids see Saeed, 2022), though, enforcement on the ground is weak to nonexistent. Pharmacies, commonly attached to small convenience stores and generally operating with financial rather than health care related motivations, lack oversight and qualified pharmacists (Ahmed, 2022; Ali et al., 2020), creating an environment where opioids are frequently distributed to most anyone with few questions asked.

Increased Indian output of illicit fentanyl, its analogues, and other synthetic opioids puts Pakistan (Allard, 2020; DEA, 2020; Travère & Giraudat, 2020), located in a compromised geographic position situated between opium poppy cultivating and synthetics (methamphetamine) producing Afghanistan and synthetic opioid producing India and China (DEA, 2020), at great risk for increased use of synthetic narcotics. This squeezes Pakistan between three synthetics producing states, one of which, Afghanistan, also supplies much of the opioids used in Pakistan (UNODC, 2013). The other two states, India and China, are major global manufacturers of chemicals and pharmaceuticals (Budde, 2020; Government of India, 2021; Nishino, 2022), with the capacity and willingness to supply Afghanistan and Pakistan with the precursor chemicals necessary for fentanyl production (Congressional Research Service, 2022; DEA, 2020), and the fentanyl itself for domestic consumption (Felbab-Brown, 2022; Press Trust of India, 2018). Fentanyl will likely seep into Pakistan's regional and international distribution channels to boost the potency and competitiveness of its heroin in an expanding market of popular and potent polydrugs (CDC, 2022). Those on the margins of society: drug dependent users, the incarcerated, habitual offenders, the homeless, and impoverished, typically lack the funds for the pricier, safer, and more traditional drugs, and have accepted, and now commonly prefer, the more potent and dangerous family of synthetic opioids (Kral, et al., 2021). Pakistan's drug using community and others on the margins of society are not immune to the temptation of synthetic opioids and will likely experience greater contact, both inside and outside of prisons/jails, with these dangerous and addictive substances as South and Southeast Asian production heats up.

The Public Health Effects of Opioid Use in Pakistan



HIV infection rates in Pakistan, regardless of drug use, are among the highest in the world and continue to climb, with 14,000 new infections in 2010, 19,000 in 2015, and 25,000 in 2020 (UNAIDS, 2021). The number of people living with HIV in Pakistan is high and climbing as well, with 67,000 people in 2010, 130,000 in 2015, and 200,000 in 2020 (UNAIDS, 2021). Most Pakistani's living with HIV are unaware of their condition, with only 2 percent of the population undergoing HIV testing (UNODC, 2013). Many Pakistani's do not possess an understanding of how HIV is transmitted. A lack of HIV knowledge is particularly prevalent among younger people, where only 1.8 percent of young women and 5.9 percent of young men have knowledge of HIV transmission and prevention (UNAIDS, 2021). Just 13 percent of the total population can correctly identify 3 vectors of HIV transmission (UNODC, 2013).

Pakistan also has high rates of HIV among PWID. Around 21 percent of PWID in Pakistan had HIV in 2021 (UNAIDS, 2021). Mansoor (2014) details the rates of HIV among PWID in notable locations, "42 percent of the PWIDs in Karachi had HIV, while it was 19.2 percent in Sukkur, 18.6 percent in Larkana and 16 percent in Dadu" (para. 12). Karachi remains the epicenter of HIV transmission among PWID in Pakistan. Although the data is relatively limited, it appears that Karachi has maintained a 40 percent HIV prevalence rate for PWID for many years (UNODC, 2018b). Users sharing needles are also compromised by other blood-borne diseases, including hepatitis B (HBV) and hepatitis C (HCV) (UNODC, 2013).

Rehabilitation and Harm Reduction Services Inside and Outside of Prisons

In 2013, it was estimated that 6.7 million Pakistani's used drugs the previous year and 4.1 million people were drug dependent, though rehabilitation and treatment services were available to less than 30,000 users (UNODC, 2013), and many of these programs are cost prohibitive. Approximately 41 percent of routine opioid users in Pakistan underwent some form of treatment at least once during their lifetime, and 10 percent did so in the previous 12 months. Among routine opioid users, over 67 percent reported wanting treatment or an intervention of some kind but were not offered or were unable to afford these services; most ascribed their hopeless situation to the overwhelming cost of treatment (UNODC, 2013).

The cost of rehabilitation matters in a country where 34 percent of the population lives on Rs 588 (US\$ 3.20) or less a day (Press Trust of India, 2022). The average Pakistani user is unlikely to possess the financial means necessary to enter most rehabilitation or treatment programs, if these programs are even available in their locations (UNODC, 2012). Treatment centers are nonexistent in many poverty-stricken and high drug dependency areas, as the inhabitants are usually unable to afford treatment (UNODC, 2013). Pakistani females were less likely to receive treatment relative to their male counterparts (Mansoor, 2014), potentially because of gender discrimination, lack of finances, or the isolated nature of their use. For opioid users lucky enough to find placement in treatment programs, evidence-based practices are seldom instituted and treatment quality is



generally substandard (Lavalley, 2014; Mehboob, 2020).

Despite a sizeable base of illicit opioid users, of which a large percentage share syringes and engage in other forms of risky drug related behavior (UNODC, 2013), Pakistan has limited harm reduction services. Only around 1.6 percent of PWID in Pakistan have access to HIV prevention options, including HIV testing, HIV medications to prevent transmission (mother-to-child transmission prevention, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and treatment as prevention), safe needle programs, legal and low cost needle distribution, and condom distribution initiatives (only 15.3 percent of PWID in Pakistan use condoms regularly during sexual intercourse (UNAIDS, 2021)) (HIV.gov, 2017). In 2013, the UNODC (2013) estimated that only 2.5 percent of Pakistani PWID had access to needle exchange programs; users claimed that safe needle programs and sterile syringe initiatives were essentially nonexistent. Of the 420,000 PWID in Pakistan in 2013, approximately 73 percent engaged in needle sharing either before or after another user (UNODC, 2013). Mansoor (2014) breaks down the rates of syringe sharing among key provinces, “Around 80 percent of people who inject drugs (PWID) in Punjab [province] shared syringes regularly. Half of the users in Khyber Pakhtunkhwa [province] and 66 percent in Sindh [province] and Balochistan [province] shared syringes” (para. 6). Also, safe injection sites, which reduce risky needle sharing, are scarce (UNAIDS, 2021). Because of limited testing and knowledge of transmittable diseases, individual safeguards to control HIV transmissions are seldom employed.

Drug interventions, treatment, harm reduction services, or any other form of rehabilitation for opioid users in Pakistani prisons is extremely limited, despite a prison population in which around 40 percent of inmates use illicit narcotics (Sajjad, 2018). Though, recently there have been pilot programs initiated by the Pakistani government to segregate and detoxify users prior to entrance into the general prison/jail population, and to provide some form of treatment for a small percentage of users (Hussain, 2019). Detoxification is a step in the right direction, but without evidence-based treatment and harm reduction services for extended periods after detoxification, many users will relapse and continue using while in the prison’s general population and upon release (Forman, Bovasso, & Woody, 2001; Herbeck, Hser, & Teruya, 2008; Khan et al., 2009). In 2006, the UNODC operated a nearly half million-dollar drug abuse and HIV/AIDS prevention pilot program within certain Pakistani prisons, providing incarcerated users harm reduction services, life skills and vocational training, and drug treatment (International Crisis Group, 2011). This program was to serve as a model for Pakistani prisons countrywide and into the future, though, once the program was finished, nothing further was initiated or advanced.

Legislating Prison Reform to Protect and Rehabilitate Incarcerated Users

Although a signatory of the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) (1984), ratified in 2010 (UNHRTB, 2022), Pakistan



lacks serious inmate protection laws. The Pakistani government is bound, under articles 2 and 4 of the UN Convention against Torture, to synchronize its domestic law with the treaty's provisions. Pakistan has fallen short of meeting these stipulations, and, in so doing, has been criticized by the United Nations, "The Committee [UN Committee against Torture (CAT)] is deeply concerned at consistent reports that the use of torture by the police with a view to obtaining confessions from persons in custody is widespread throughout the territory of the State party" (UNCAT, 2017, C. 6.), it continues, focusing on definitional problems within Pakistani law, "The Committee is concerned that the State party's legislation fails to provide a specific definition of torture that incorporates its various elements, as defined in article 1 of the Convention, and fails to explicitly criminalize it as required under articles 2 (1) and 4 of the Convention" (UNCAT, 2017, C. 14).

The definition of "torture" within Pakistani law has been obscure, rendering the prosecution of law enforcement difficult. The Constitution of Pakistan (1973), article 14, briefly covers torture, "Inviolability of dignity of man, etc.— (1) The dignity of man and, subject to law, the privacy of home, shall be inviolable. (2) No person shall be subjected to torture for the purpose of extracting evidence." However, this statute only covers the extraction of evidence/information, and no definition of torture is provided. A brief definition of torture, and its associated punishment, is provided in the Pakistan Penal Code 1860, Act XLV, Section 337-K: Causing Hurt to Extort Confession or to Compel Restoration of Property, which states, "Whoever causes hurt for the purpose of extorting from the sufferer or any person interested in the sufferer any confession or any information...[will], provided for the kind of hurt caused, be punished, having regard to the nature of the hurt caused, with imprisonment of either description for a term which may extend to ten years as ta'zir" (Pakistan Penal Code, 1860). The Pakistan Penal Code 1860 does not provide a definition of "hurt," leaving it open to speculate whether sleep deprivation, unsanitary conditions, forced physical positions, et cetera, fall under this category. Other potential forms of torture are described in the Pakistan Penal Code 1860, most prominently wrongful restraint (section 339). Confining inmates to different torturous positions may qualify as wrongful restraint, because authorities are preventing inmates from moving their bodies in ways they may legally move, even if this movement is within a few feet to maintain some personal autonomy and limited physical comfort. Though seeming to provide some remedy for inmates experiencing torture and abuse, these statutes are seldom considered within the context of torture (Jalil, 2017).

The Police Order 2002 prohibits the use of torture by police officers, however, like the previous body of Pakistani statutes covering torture, no definition of torture is provided to frame specific conduct as torture for effective prosecution. The Police Order 2002, statute 156, outlaws torture, "Penalty for vexatious entry, search, arrest, seizure of property, torture, etc.—Whoever, being a police officer—(d) inflicts torture or violence to any person in his custody; shall, for every such offence, on conviction, be punished with imprisonment for a term, which may extend to five years and with a fine" (Police Order, 2002, c. XVII, 156, d).

Torture remains undefined, semi-legal, and ignored within Pakistan, and, thus, torture statutes are



seldom applied to prosecute torturers. Nebulous definitions of “torture” and “hurt” nurtures a Pakistani legal and correctional environment where torture is invariably whatever officials subjectively decide or whatever is expedient for the preservation of the prison staff and host institution. Punishing correctional staff who torture in prisons and jails is considered more of an internal disciplinary matter. Torturers are seldom convicted in court and complaints to correctional superintendents are frequently dismissed (Jalil, 2017).

The Pakistan Parliament has recently passed The Torture and Custodial Death (Prevention and Punishment) Bill, 2021, criminalizing the torture of inmates in prisons and jails (The Hindu, 2021; Rehman, 2021). This Bill has been transferred to the Pakistan Standing Committee for consideration (Human Rights Watch, 2022) and has yet to be enacted into law (Dawn, 2022). It provides a definition of torture conforming to the UN Convention against Torture’s definition. This Bill furthers a comprehensive definition of torture (physical and psychological), details investigative procedures for suspected torture (time limits and methods for investigations, trials, and appeals), provides formal processes for victim complaints and recompence, provides strict punishments for those perpetrating torture (up to 10 years confinement and fines of up to Rs 2 million), and it introduces criminal liability for prison and law enforcement officials who fail, either intentionally or negligently, to prevent torture in institutions or divisions under their stewardship (up to 5 years confinement and fines of up to Rs 1 million).

The Pakistan Torture Bill provides some protections for inmates against human rights violations, and it promotes a safer prison environment wherein drug users can engage in rehabilitation and recovery in productive and healthy ways without experiencing, or being constantly threatened by, physical and psychological torture and abuse. However, enforcement of this Bill on the ground level will be challenging in a prison system with a long history of entrenched corruption.

Legislating Harm Reduction Services for Prisons

Pakistani law stipulates, under Chapter VI: Treatment and Rehabilitation of Addicts within the Control of Narcotic Substances Act 1997, that the Federal Government is responsible for all costs associated with first time compulsory rehabilitation and detoxification. Section 52(2) explains, “The Federal Government shall bear all expenses for first time compulsory de-toxification or de-addiction of an addict” (The Gazette of Pakistan, 1997). This provision could form the foundation for first-time rehabilitation and detoxification of drug dependent people entering prisons or jails, which may provide some relief for first time and young drug dependent offenders. Though, this provision does not appear to be widely practiced or funded, and, even if taken seriously, Pakistan lacks the rehabilitation facilities and beds, inside or outside of prisons, necessary to operationalize it (Mehboob, 2020).

Pakistan’s Sindh province has taken the lead in providing harm reduction services to incarcerated users. In 2013, the Governor of Sindh province, an area located in southeast Pakistan with a population of 45 million people, in cooperation with the provincial legislature, enacted the Sindh



HIV and AIDS Control Treatment and Protection Act, 2013 (No.PAS/Legis-B-12/2013), otherwise known as the “Sindh HIV Law” (Sindh Act No. LII, 2013; UNODC, 2018b). This Act, which covers the entirety of Sindh province, advances HIV awareness in prisons, promotes confidential and voluntary HIV testing for inmates, and it ends HIV based discrimination in prisons. This provincial act, which is a major step forward in Pakistani harm reduction, should be taken up by the Pakistani federal government and become law for the whole of Pakistan.

Government led awareness campaigns educating incarcerated users on the dangers of opioids and intravenous drug use is necessary. This information should be conveyed in a way that is sensitive to Pakistan’s conservative culture, though, to combat Pakistan’s high levels of HIV transmission, the causes for the HIV epidemic and the necessary solutions (e.g., condoms, other prophylactics, and clean needle distribution) should be clearly explained to a prison population largely lacking this information (UNAIDS, 2021). These awareness campaigns are relatively cheap to deploy, particularly when the government directs messaging through prison hospital staff, prison administration, prison pamphleteering, visiting educators, or in other electronic media provided to inmates. The Sindh HIV and AIDS Control Treatment and Protection Act (Sindh Act No. LII, 2013), offers useful guidelines for the dissemination of HIV information to incarcerated users. Sections 11 and 12 of this Act describe the “Need for behavior change, communication and advocacy” and “Support for education and awareness raising programs” to minimize HIV transmission and protect inmates living with HIV and AIDS. This provincial act should be enacted at the federal level and its provisions instituted across Pakistani prisons.

Conclusion

Reforming the treatment of drug users in Pakistani prisons is necessary. Pakistani health ministries should prioritize safety, harm reduction, and rehabilitation in prisons and jails for incarcerated users, as this population of user is particularly vulnerable, often commits crimes to maintain addictions, and can represent a danger to society (Bureau of Justice Statistics, 2021). High rates of HIV among PWID, combined with risky sexual behavior, places inmates at increased risk for contracting and spreading HIV and other blood-borne diseases. Harm reduction services, such as rapid HIV testing, access to HIV medication and antibiotics for STI among inmates, vaccinations for hepatitis B after HBV and HCV testing, and access to informational materials on drug use and physical health, should be provided on a voluntary bases to users in prisons and jails as part of an overall harm reduction/rehabilitation effort. Harm reduction/rehabilitation programs should be combined with life skills instruction, vocational training, and general education to further reduce criminal recidivism and drug relapse (Gaes et al, 1999; Mohammed & Mohamed, 2015; Seiter & Kadela, 2003).

Drug use and small drug possession are criminal offenses in Pakistan (UNAIDS, 2021). Around 50 percent of opioid users report having been arrested for either drug use or small drug possession (UNODC, 2013). Decriminalizing personal use and small drug possession should be considered. These cases could fall under the purview of medical, mental health, and rehabilitation treatment.



Much drug use and dependency in Pakistan can be corrected through drug rehabilitation, mental health counseling, educational programs, vocational training, and other relatively non-punitive interventions, as it is in many countries worldwide (Eastwood, Fox, & Rosmarin, 2016). Arresting and incarcerating users for small drug possession stigmatizes and label users (Tannebaum, 1938), disrupts family and community ties, and potentially pushes users further away from the family and social bonds conducive to recovery and prosocial behavior (Hirschi, 1969). Users are also confined to prisons and jails with criminals and other users, commonly facilitating further drug use (Khan et al., 2009), learned criminality (Akers, 1973; Sutherland, 1947), and other risky and socially damaging behaviors (Bayer, Hjalmarsson, & Pozen, 2009; Damm & Gorinas, 2016).

In addition to enacting the Torture and Custodial Death (Prevention and Punishment) Bill, 2021, the Pakistan Penal Code should be amended to include a section dedicated to defining torture, along with a more detailed explication of the punishments for both torturers and the enablers of torture. These reconditions will set in motion a long, complex, and difficult process of implementing institutional reforms. The investigators handling suspected cases of torture require independence from traditional law enforcement agencies and military channels to break the cycle of corruption and government influence. Therefore, a new and autonomous supervisory and investigative division should be created at the federal level specifically to investigate and prosecute cases of torture. This division should answer only to the highest levels of political power, be comprised of members with the highest credibility and training, be completely detached from traditional and pre-existing law enforcement and military entities and their entrenched and far reaching influence, and be held to the highest levels of accountability (any member of this division engaged in corruption, negligence, or any behavior causing or prolonging harm to another should receive the most severe punishment possible for enablers of torture).

It is only when torture, abuse, and threatening conditions are removed from Pakistani prisons and jails that opioid users can engage in effective rehabilitation and recovery. Drug rehabilitation requires compassion, evidence-based treatment, and a social environment conducive to personal growth; this is difficult to achieve when inmates are experiencing, or are regularly threatened by, torture and abuse. Torture and abusive conditions likely prolong and exacerbate drug use among the incarcerated, as inmates seek escape from torment through opioids (Jouhki & Oksanen, 2022), use opioids to bond with other users in a dangerous environment (Inagaki et al., 2016; Proudfoot, 2017), or use for a host of other psychological and physical reasons connected to abusive treatment (Hall et al., 2012; Jürgens et al, 2010; Lee et al., 2012). Legislating control over torture, enforcing torture laws through independent and accountable supervisory and investigative channels, and increasing harm reduction/rehabilitation services in prisons (foremost by instituting safe and segregated detoxification quarters for new inmates and HIV awareness and testing programs) should be immediate priorities for the Pakistani government.



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