



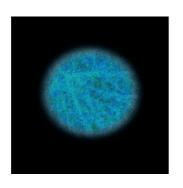


5C initiative

Pakistan's largest drug demand reduction initiative

Drug treatment a gateway to rehabilitation and reintegration

A joint initiative of, Civil administration, Corporate sector, Civil society Communities and Clients to address drug use and related consequences.



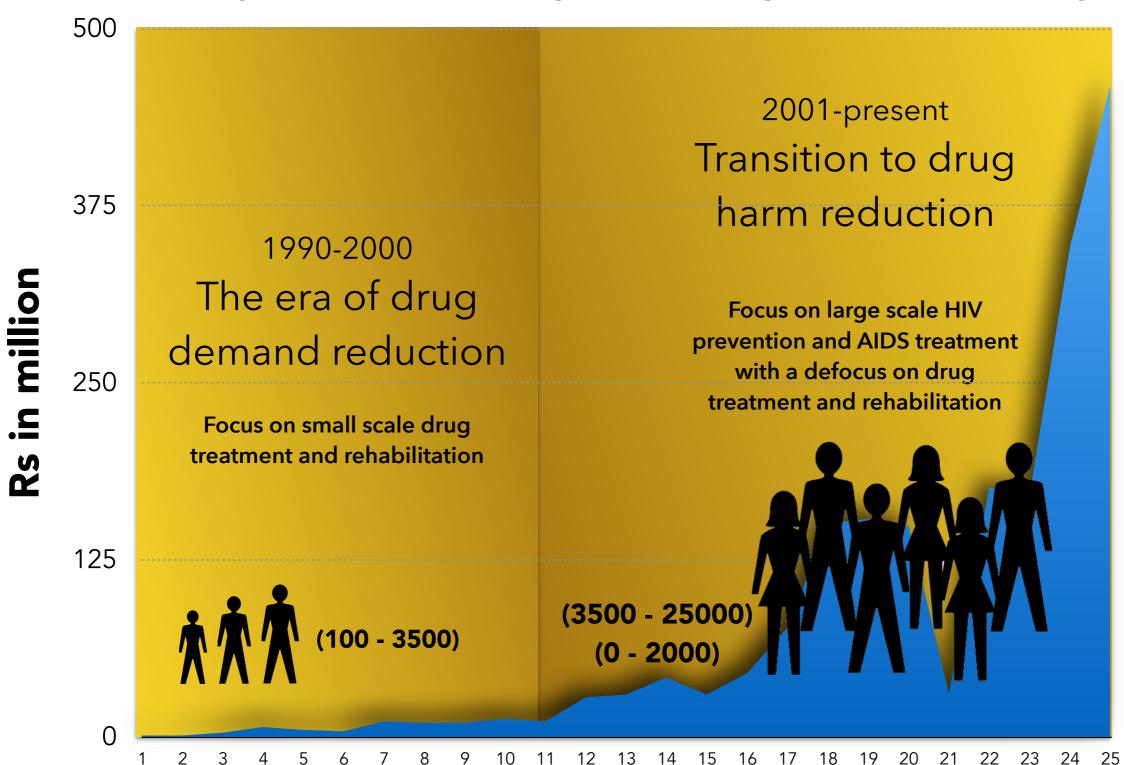
Nai Zindagi Estb. 1989

Initiated by a group of personally affected individuals to provide a range of rights and needs based services to marginalised people who use drugs and those associated and vulnerable.

We prevent the transmission of HIV, reduce drug use related harms/risks and provide opportunities for socio-economic rehabilitation.

With support from the Global Fund, we are the largest nationwide program to prevent HIV among people who inject drugs and their spouses across Pakistan in 28 districts with our implementation partners.

Yearly investment through Nai Zindagi in service delivery



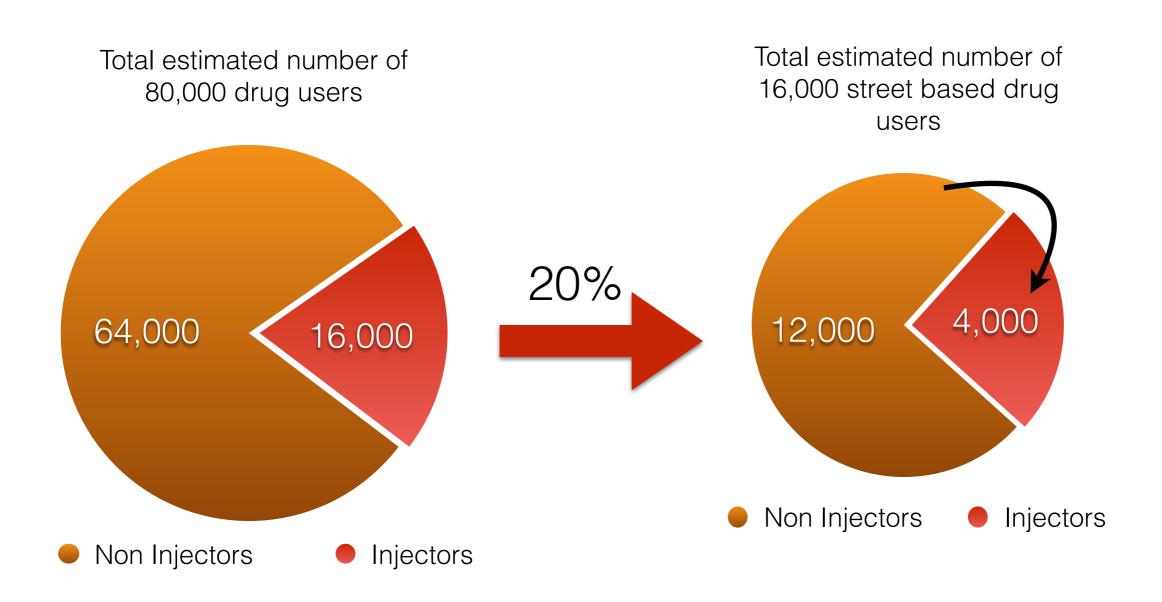
Focus and resources have shifted from people, to an epidemic of HIV and AIDS - resulting in their primary need of drug treatment, rehabilitation and reintegration through employment

not

being met

Estimates

(of drug users in Karachi)



Derived from: Drug Use in Pakistan 2013 - UNODC Report, Global Fund data 2012-2015, HASP IV - 2011

Profile

(street based drug users in Karachi)

- Majority are males of which 28% are below 25 years of age
- Most rely on odd jobs, daily wages, begging and theft
- 47% have no education
- 30% are currently married
- 60% started using drugs below 18 years of age
- Expense of Rs.100 300 per day on drug use
- Almost 100% are using heroin
- 98% of those who inject are Hep C positive
- 42% are HIV positive of which half need AIDS treatment resulting in high treatment costs

Derived from: Global Fund data, HASP IV - 2011

Consequences

- Health = morbidity and mortality = increased burden on the Public health sector
- Crime = additional burden on Law enforcement agencies; threatens human security and undermines economic, cultural, political and social development
- Social hazards = disintegration of families and community; domestic violence; human trafficking
- Loss of work force = lost productivity; theft; injuries; accidents
- Loss of revenue = Rs 5.8 billion expense per year on drug use in Karachi (80000 individuals spending Rs. 200 on drug use every day over a year)

Derived from: Global Fund data, HASP IV - 2011

What has often failed?

- Denial of reality on ground
- Pilots and small scale initiatives; Public and Private
- Clean up operations hidden populations resulting in increased crime and disease
- In consistent initiatives time bound; non contextual approaches
- Non rights based commercial treatment businesses
- Lack of understanding resulting in faulty treatment approaches and concepts
- War against drug use e.g. walks; slogans; anti drug publicity campaigns; etc..

5C initiative

Pakistan's largest drug demand reduction initiative

A needs, evidence and rights based response at scale to reduce drug use in Karachi in partnership with:

- Clients are part of the solution
- Civil society has the experience and expertise
- Civil administration and the Civil armed forces sector *brings* in the enabling environment, transparency and access
- Corporate sector *provides* the sustainability through commitment to resources
- Concerned community facilitates care and reintegration

Action: provide 9,600 street based drug users of Karachi drug treatment in a structured, safe and learning drug free environment every year.

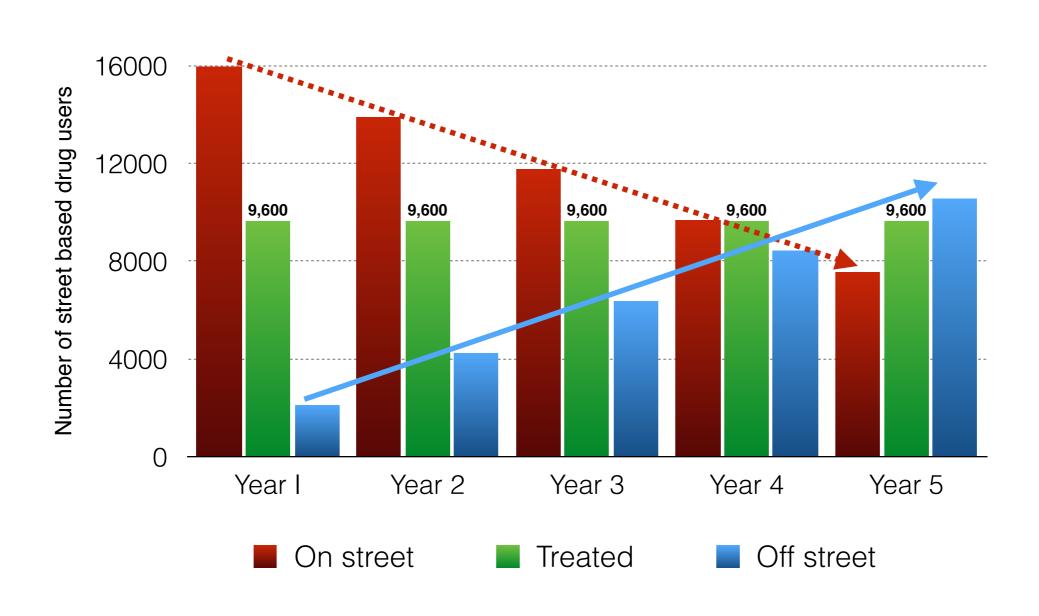
Result: will be improved health, knowledge and reduced drug use. Reintegration into mainstream society becomes a realistic possibility for the client.

Impact: 50% reduction in numbers of drug users on the streets of Karachi in 5 years will result in...

Impact

- Improved Health: reduced burden on the Public health sector
- Reduced Crime: contributes to improved security, economic, cultural, political and social development
- Strengthened social context: family and community reintegration and reduced domestic violence, stigma and discrimination
- Productive work force: a National asset restored

Derived from: Global Fund data, HASP IV - 2011

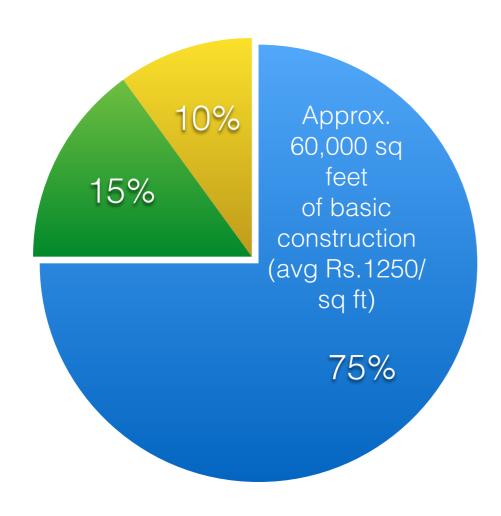


- Set up a 400 bed residential drug treatment facility outside Karachi equipped with adequate financial and human resources
- Clients attend a 2 week voluntary residential program based on psycho social models of drug treatment that is local and has worked
- Civil society manages the residential facility and ensures quality care to clients
- Civil administration provides the leadership, guidance and access to resources and monitoring
- Corporate sector provides the resources in cash and/or kind and ensures regular check
- Community provides possibilities of acceptance to referrals and reintegration e.g employment opportunities

The two week residential program will offer:

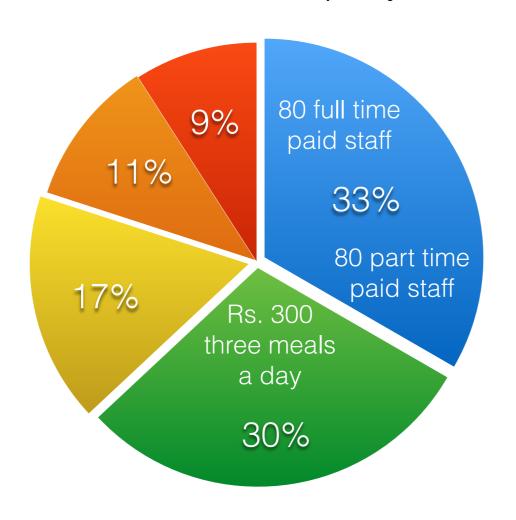
- ZERO financial burden on clients and families
- Voluntary and rights based residential care without coercion
- Non discriminatory of religion, caste or creed
- Supportive structured, safe and learning environment away from chaotic drug use
- Improved health, knowledge, socio economic status, and vocational skills
- Counselling to mitigate conflict and improve family relationships, relapse prevention and the value of work ethics/habits

Capital Costs Rs. 100 million minus cost of land (5-6 acres)



- Building and infrasturcture
- Vehicles
- Furniture, fixtures, equipment

Yearly Running Expenditure of Rs 170 million per year



Per treatment episode costs Rs.18,000 approx.

- Human resource
- Nutrition
- Running costs
- Social services
- Medical

Thank You

This presentation will be available at www.naizindagi.org



How can we move forward?