



Drug & Tobacco Policy

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**PROPOSED DRUG & TOBACCO  
POLICY 2022**

**FOR**


**BAQAI MEDICAL UNIVERSITY**



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## Glossary of Terms and Abbreviations


ADTC	Anti-Drug & Tobacco Committee
ANF	Anti- Narcotics Force
Anti-Tobacco Legislation	The 'Prohibition of Smoking and Protection of Non-Smokers Health Ordinance, 2002,' or any other anti-tobacco legislation in the HEI's jurisdiction, as applicable
Anti-Drug Committee	Committee constituted by the university to curb drug abuse in its vicinity
ATS	Amphetamine-type stimulus
CCTV	Closed-Circuit Television (CCTV), also known as video surveillance
DAI	Degree Awarding Institution
DRAP	Drug Regulatory Authority of Pakistan
Drug(s)	This includes "narcotic drugs" as defined in the Control of Narcotics Substances Act, 1997 as well as "psychotropic substance" listed in the Schedule to the Act, pharmaceutical drugs, sedatives and tranquilizers described in The Drugs Act, 1976 if used without a prescription or authorization, and alcohol prohibited by The Prohibition (Enforcement of Hadd) Order (4 of 1979)
Drug abuse	The use of illegal drugs or the use of prescription or over-the-counter drugs for purposes other than those for which they are meant to be used, or in large amounts.
Drug dependent	Adaptive state that develops from repeated drug administration, and which results in withdrawal upon cessation of drug use (addiction).
Drug user	Recreational drug use.
FIR	First Information Report
Focal Person	The Focal Person appointed under policy



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HEC	Higher Education Commission, Pakistan
HEI	Higher Education Institutes, Pakistan (including all the universities/ DAIs)
HIV/AIDS	Human Immunodeficiency Virus/Acquired immune deficiency syndrome
Illicit Smoking	Smoking in any form for the consumption of drug and is considered as drug abuse.
KHC	Karachi High Court
LEA	Law Enforcement Agency, Pakistan
MATRC	Model Addicts Treatment and Rehabilitation Centers formed by ANF
MNC	Ministry of Narcotics Control
NGO	Non-Government Organization
Peddlers	An unlicensed dealer in illegal drugs.
Poly drug	Combined psychoactive substances to achieve a particular effect.
Psychotropic substance	Chemical substance that changes brain function and results in alterations in perception, mood, consciousness, cognition, or behavior.
Smoking	Smoking shall have the same meaning as it does under the Prohibition of Smoking and Protection of Non-Smokers Health Ordinance, 2002
SOP	Standard Operating Procedure
UNODC	United Nations Office on Drugs and Crime



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## 1. Overview

Drug abuse poses serious risk to human health. According to a report titled, 'Global Burden of Disease', around the world there were six million deaths and 42 million years of "healthy" life lost as a result of the use of drugs<sup>1</sup>. Substance use disorders constitute public health problems, developmental issues and security hazards, both in industrialized and developing countries worldwide. Prevention and treatment of drug use disorders are essential demand reduction strategies of significant importance for public health.


Despite the wide acknowledgment of its risks to human health and social life, drug abuse is on the rise. The trend of drug consumption has become rampant amongst the youth of our country.

Other commonly used drugs include alcohol, methamphetamine, heroin, amphetamine-type stimulus (ATS), cocaine, ecstasy, opium, poly-drug (a combination of several drugs), pharmaceutical cocktails, tranquilizers, cannabis, Mava/Gudka, Manpuri, and sedatives. Factors contributing to drug abuse include easy access to drugs at low prices,

According to the United Nations Office on Drugs and Crime report on 'Drug use in Pakistan, about more than 10 million people aged 15-64 were exposed to drugs. Among these, 6.45 million people were estimated to be drug-dependent (addicts). The survey further revealed that cannabis was the most commonly used drug, with around 5 million users nationwide. Around 1.86 million people consumed heroin regularly, approximately 25,000 people reported that they had experimented with 'Ice' (amphetamine) and nearly 2.6 million people reported the misuse of prescription opioids (pain killers) for non-medical use. Poly drug use was also common, with one in five reporting combining drugs. Of all the people who reported drug consumption, 78% were men and 22% were women. Women were found to predominantly use tranquilizers, sedatives and artificial stimulants (amphetamines).

These statistics reflect that a large number of people (both men and women) in Pakistan have succumbed to drug addiction and the first exposure to this malady is usually in the latter half of the teenage.



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## 2. Smoking & Drugs Abuse in Pakistani Institution

World Health Organization defines drug abuse as harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. UNODC (United Nations Office on Drugs and Crime) defines “abuse” as any consumption of a controlled substance no matter how frequent.


Pakistan is the sixth most populous country with a population of 229.7 million. About 35% of the population lies in the cohort of 15-29 age groups due to which, the role of the educational institution to curb the menace of smoking and drug abuse becomes significant.

There are public and private sector Higher Education Institutions in Pakistan along with sub campus and constituent colleges with a million of students’ enrolled in these HEIs. It is a dilemma of the modern world that we observe a cultural acceptance towards smoking tobacco despite it being hazardous for the health of the smokers and for anyone breathing the smoke contents while being around the smoker. Tobacco kills **over 163,600 people each year** in Pakistan. Almost 31,000 of these deaths are due to exposure to secondhand smoke. Tobacco causes about 16.0% of all male deaths and 4.9% of female deaths. Overall, 10.9% of all deaths are caused by tobacco. Drug abuse too has become so common that it is no longer taboo amongst our youth. Factors contributing towards drug abuse in HEIs in Pakistan are:

- i. Increased availability of drugs at low prices.
- ii. Rapidly changing social norms.
- iii. Lack of jobs and economic frustrations.
- iv. Peer pressure and negligence of parents.
- v. Existence and operation of drug dens.
- vi. Lack of education on drug abuse within the family and in educational institutions.
- vii. Apathy on the part of community leaders in responding to drug abuse symptoms

As per the Ministry of Narcotics Control (MNC), a huge number of cases were reported in 2021 against drug peddlers in Educational Institutions. Further, Honorable Lahore High Court has asked Higher Education Commission to initiate appropriate efforts to define and implement a



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policy in HEIs to control the drug abuse. In this backdrop, there is a dire need of an Anti- Drug Policy, which can be implemented in HEIs, so that the youth of this country is made aware of the health deterioration and legal consequences of drug abuse. Drug abuse may affect health, mental impairment, dependence and relationships. It may also affect community in terms of economic and environmental costs. There are various kinds and forms of drugs being consumed by the individuals nowadays. Some of the commonly used drugs (not limited to) have been enlisted below:


- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| i. Alcohol                           | x. Marijuana (Chars/Ganja)        |
| ii. Smoking                          | xi. Opium (afiyon)                |
| iii. Amphetamine-type stimulus (ATS) | xii. Pharmaceutical cocktail      |
| iv. Cannabis (Bhang)                 | xiii. Tranquilizers and Sedatives |
| v. Cocaine (Powder)                  | xiv. Mava / Gutka                 |
| vi. Crystal Meth (Ice)               | xv. Ecstasy                       |
| vii. Hashish(Hash)                   | xvi. Manpuri                      |
| viii. Heroin                         | xvii. Smoking Shisha              |
| ix. Vaping (Electronic Cigarettes)   |                                   |

### 3. Scope

It is the need of the hour to form certain guidelines in order to ensure uniformity in drug abuse prevention in all the University Campus of the Baqai Medical University. The guidelines in this policy apply to the students, faculty, staff and visitors (including individuals associated with outsourced services) on the premises (campus, classrooms, hostels, playgrounds, libraries, laboratories, cafeterias & university transport, etc.) of the campus of Baqai Medical University.

In this regard, an extended collaboration of all stakeholders i.e. HEIs, Anti-Narcotics Force (ANF), Law Enforcement Agencies (LEAs), Rehabilitation Centers for drug dependents and the parents /guardians of the students is required. This policy will provide the basic guideline to the Baqai Medical University in ensuring a smoke and drug-free environment.



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## 4. Role of Baqai Medical University

Baqai Medical University (BMU) campus performs a key role in the edifice of the zeitgeist. It is through this institution that the perspective of a generation is constructed and propagated, therefore, the BMU has remained to be a priority for the development of any society. By raising awareness regarding the possible prevalent social vices amongst the youth in the BMU and by sensitizing them, the objective of setting our institution free from the shackles of drug addiction can be achieved.


The BMU needs to ensure that no stone is left unturned in the effort to eradicate the drug abuse menace amongst the youth that is enrolled in these institutions. For this purpose, the BMU should take the following measures to effectively exterminate the culture of smoking and drug abuse.

### 4.1. Anti-Drug Committee in Baqai Medical University

In order to control the smoking and drug abuse culture, an organized effort is required. For this purpose, the BMU around the Institution / Campus would constitute a committee to be called as "Anti-Drug Committee" consisting of a minimum of six members, which would be duly notified by the Vice Chancellor. The composition of the committee should be as follows:

- i. **Committee to be headed by Director Student Affairs or a senior faculty member (not less than the rank of professor).**
- ii. **A minimum of three regular senior faculty members inclusive of one member from Community Medicine, one member from family Medicine and one member from the Psychiatric Department. The team senior professor, Associate Professor or Assistant Professor of at least 3 years standing.**
- iii. **One focal person or coordinator member recommended by the Administration department.**
- iv. **One Class Representative of Under Graduate should be part of the committee to represent the students.**



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- v. Keeping in view, the nature of the case being reported and investigated, the committee may co-opt another member to assist or opine upon the issue.
- vi. Each sub-campus of the BMU would also establish its own sub-committee constituted on a similar pattern to perform similar duties or the same policy may be imposed.
- vii. A minimum of 50% will be considered as a quorum for the committee.

#### 4.1.1 Domain

The committee will be responsible to:

- i. Oversee a smoke and drug-free environment in the BMU and take measures to safeguard the interests of the students.
- ii. Inquire, investigate and resolve any matter regarding usage/consumption, sale and distribution of tobacco or illegal drugs in the BMU, in accordance with the policy.


#### 4.1.2 Complaint

Complaint against drug abuse taking place at the University has to be submitted in written form along with any supporting evidence or lead which may facilitate the committee in deciding the matter. The complainant can be anyone from the University including (not limited to) the students, faculty members, non-teaching staff, administrative staff, any employee of the university, any visitor who has witnessed drug abuse while visiting the university etc. An office would be assigned by the university, for the submission of these complaints and a proper record of all such complaints shall be maintained the focal person (Administrator) will be responsible for record maintenance.

#### 4.1.3 Initial scrutiny

- i. Each complaint would be assessed on the basis of shared information and available material. Only those complaints which are found substantive in nature and are associated with sufficient supporting document/evidence would be taken up by the committee for further probe.
- ii. Anonymous complaints shall not be considered and investigated. However, the identity of any whistle blower/complainant shall be kept confidential.



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#### 4.1.4 Investigation

- i. An inquiry may be initiated on the receipt of a written complaint, witnessing an anomaly in an individual's behavior or any information/evidence that might lead to a perpetrator or distributor.
- ii. The accused may be monitored to trace any suspicious activity related to drug abuse that proves him/her guilty. The on-campus CCTV footage can also be used for this purpose.
- iii. The accused would be given a personal hearing to explain the situation or prove his/her innocence.
- iv. In case, any Anti-Drug Committee member finds individual smoking or under the influence of any (un-prescribed) drugs or alcohol, the committee can pronounce him/her guilty and can impose a penalty as per rules without any discrimination.
- v. The body of facts or information (evidence) could be a minimum of two eyewitnesses, an individual found in possession of any illegal substance, an individual found intoxicated (proven by a drug test), an individual caught distributing any illegal drug etc.
- vi. A proper record needs to be maintained of all such instances, where a complaint is registered and the committee investigates any such matter.
- vii. Random testing/ physical checking of the students can be done on the recommendation of any committee member, after approvals by the Committee. At least 50% is considered a quorum.


#### 4.1.5 Decision

Each complaint has to be dealt with seriousness and with due discretion in an effort to finalize the recommendations within one month of its receipt. The decision of the committee via its convener needs to be conveyed in writing to the accused.

#### 4.1.6 Appeal

An appeal to the decision may be made by the aggrieved within three working days to the Vice Chancellor who shall review the recommendations of the committee in consultation with its convener and uphold, minimize or revert the decision made by the Committee within



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seven working days. The decision taken by the Vice Chancellor after the appeal would be final.

## 5. Preventive and Corrective Measures

BMU Administration is to be made sensitive towards drug abuse. Better coordination and interaction would ensure that any of such activity gets reported/ communicated timely to the Anti- Drug Committee members. Moreover, the Departmental Heads need to ensure that the policy is implemented in true letter and spirit and ensure that the security officials are also made aware of SOPs in case they find any individual involved in drug abuse. University may create a specific budget head which shall be used for drug screening test.

### 5.1 Smoking

Prohibition of Smoking in Enclosed Places and Protection of Non-smokers Health Ordinance, 2002 (Ordinance No. LXXIV of 2002):


- i Section 5: "No person shall smoke or use tobacco in any other form in any public place of work or use". Therefore, smoking publicly in the vicinity of the University is strictly prohibited.
- ii Section 6: "No person shall smoke or use tobacco in any other form in a public service vehicle". Therefore, smoking in the premises of Baqai Medical University and transport (buses, points, shuttle etc.) is strictly prohibited.

#### 5.1.1 Penalties

The penalty defined by the Health Ordinance No. LXXIV 2002, Section 11 for smoking publicly is: *"Any person who contravenes the provisions of smoking in public places or public vehicles shall be punishable with fine which may extend to one thousand rupees or in case of second and subsequent offence, shall be punishable with a fine which shall not be less than 1 thousand rupees, and may extend to one hundred thousand rupees"*.

The penalties for students and visitors involved in violations are as under. These penalties will be imposed on the recommendation of the University Anti-Drug Committee.



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#### For Students:

If a student is found **smoking tobacco** publicly in the Institution following penalties may be imposed:

- First time:** a warning letter/email from the Head of the Department.
- Second time:** A fine of minimum Rs. 2,000/-.
- Third time:** A fine of minimum Rs. 5,000/-. For this offence, the BMU has the right to debar the student for one week from the University premises along with officially communicating such to the parents of the student.

#### For Visitors:

In case a visitor is found smoking publicly in the university premises, he/she would be fined a minimum of **Rs.1000/-** and would be made to leave the University premises immediately. University being the autonomous body can make these penalties further stringent, if desired.

## 5.2 Drug Abuse

If a student is found involve in drugs consumption or under influence, the parents of the student need to be informed via a letter and a phone call. Further, below mentioned measures would be taken on the recommendations of Anti-Drug Committee.


### 5.2.1 Penalties

Following are penalties and recommendations to discourage the drug abuse in Institution:

#### For Students:

Depending on the drug type, quantity consumed or found in possession, disciplinary violations and number of repetitions of violation, if a student is found guilty, committee can choose from minor, moderate and major penalties for the students. In addition to the penalties imposed by the University, it is recommended that the accused student is referred to Psychiatric department for rehabilitation process and also send to family medicine for counseling and prevention of smoking and drugs of Anti-Drug Committee, or community medicine for an opinion as agreed upon by the Drug Committee and parents/guardian of the concerned students.



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#### **Minor Penalty:**

- On campus social service of a minimum 24 hours (library, record maintenance assistance, tree plantation, etc.), to be completed within 15 days
- A fine of minimum Rs. 2,000/-.

#### **Recommendations:**

- A warning letter.
- A total of six hours of counseling provided by a Drug & Tobacco committee available in University within one month.
- Discuss with Student /staff guardians regarding his personal issues including stress, strain, anxiety, pressure and hassle by Drug & Tobacco committee.

#### **Moderate Penalty:**

- On campus social service for a minimum of forty eight hours (library, record maintenance assistance, tree plantation, etc.), to be completed within one month.
- A fine of minimum Rs. 5,000/-.

#### **Recommendations:**

- A meeting with the parents/guardians.
- A total of twelve hours of counseling by a Drug & Tobacco committee member specially Psychiatry Doctor to be completed within one month.


#### **Major Penalty:**

- A fine of minimum Rs. 10,000/-.
- Student will be suspended from the university or the semester will be frozen (as per the university rules) until he/she has recovered.

#### **Recommendations:**

- Parents will be asked to admit the student in a registered rehabilitation center or psychiatric hospital in the University premises for recovery.
- ANF will be provided with the details of the student who has been given a major penalty.
- The student will be allowed to rejoin the university, once the rehabilitation center or psychiatrics department certifies him/her as fully recovered.



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### Penalty for Visitors:

In case the visitor's reference/connection to any of the student/faculty member/staff is established, he/she should be issued a warning & disciplinary action would be initiated against them along with that accused visitor. Such visitor should also be reported to local police station.


### Penalty for Faculty/Staff:

The anti-drug committee will investigate the matter, and penalize the faculty/staff member in case he/she is found guilty. The penalty may be a warning letter, suspension from service, demotion, termination of service or referring the case to the ANFs, subject to type and quantity of drug found/consumed etc. as recommended by the committee.

### 5.3 Penalty for Dealers/Facilitators/peddlers

- i **Tobacco:** As per Health Ordinance No. LXXIV 2002, Section 7: *"No person by himself or by any other person on his behalf, store, sell and distribute cigarettes or any other smoking substance or any other tobacco product within fifty (50) meters from any college, school and educational institution"*. The Ordinance further states in section 11 (b), *"Any person who contravenes section 7, shall be punishable with fine which may extend to Five thousand rupees or in case of second and subsequent offence, shall be punishable with imprisonment which may extend to 3 months, or with a fine which shall not be less than one hundred thousand rupees, or with both"*.
- ii The university administration needs to keep an eye on such peddlers in the vicinity of the university. The Head of the Institution is responsible to file an FIR in case any such activity is taking place in the university surroundings.
- iii **Drugs:** If a student or any individual is caught selling or distributing drugs, a police report needs to be filed and the penalty imposed shall be as per the guidelines provided by the Control of Narcotics Substances Act XXV, 1997 section 9 reproduced as:
  1. *Imprisonment which may extend to two years, or with fine, or with both, if the quantity of narcotic drug, psychotropic substance or controlled substance is one hundred grams or less.*



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2. *Imprisonment which may extend to seven years and shall also be liable to fine, if the quantity of the narcotic drug, psychotropic substance or controlled substance exceeds one hundred grams but not exceed one kilogram.*
3. *Death or imprisonment for life or imprisonment for a term which may extend to fourteen years and shall also be liable to fine which has to be up to one million rupees, if the quantity of narcotic drug, psychotropic substance or controlled substance exceeds the limit specified in clause 2. Provided that if the quantity exceeds ten kilograms the punishment shall not be less than imprisonment for life.*

## 6. Strengthening Drug Abuse Prevention

BMU must ensure to declare itself as “Drug/Smoke Free Zone”. In order to create and promote awareness and to educate people about the negative effects of drug use, following measures are proposed by the Anti-Drug & Tobacco Committee.

- i. The University shall distribute drug and tobacco awareness material through student handbooks and pamphlets, including in the admissions materials (for awareness of both parents and students). This may include graphical images / pictorial illustrations of the adverse health effects of drug and tobacco consumption.
- ii. The policy statement regarding No-Drug / No-Smoking signs and penalties needs to be displayed on the notice boards and designated places for students, staff, faculties, Guests, Patients, attendants, volunteers, vendors, visitors, etc., for awareness of smoke-free zone in the University and Hospital.
- iii. Arrange different co-curricular activities such as tableaux, plays etc. to spread awareness on the dire consequences of drug consumption and its effect on personal, social and professional life.
- iv. Awareness raising campaigns throughout the academic year including seminars, walks, workshops, and lectures shall be arranged in collaboration with Anti-narcotics Force, Pakistan and counselors working for public rehabilitation centers.
- v. Anti-drug week, comprising of various extra-curricular and Co-Curricular activities to



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spread awareness regarding the prevalent drug abuse issues of the society. 26<sup>th</sup> June, is observed as Drug Abuse day annually and/or "World No Tobacco Day" (31<sup>st</sup> May) annually. Therefore drug abuse week can be planned accordingly.

- vi. To create awareness against drugs abuse and smoking and strengthen prevention interventions, HEC in collaboration with national and international entities will develop and offer self-paced E-Course through National Academy of Higher Education that will be mandatory for all students (before completion of the degree), faculty and administrative staff during one year of launch of this policy
- vii. Student Societies can be involved to arrange various events and activities to raise awareness on drug & Tobacco abuse.
- viii. To develop drug prevention interventions in curricula with a view to create awareness against drugs in educational settings.
- ix. **All newly admitted students and newly appointed faculty/staff members shall attend a mandatory hour-long orientation session, arranged by the University. The session shall make them aware of this policy and the hazards of drug abuse and smoking.**
- x. **Each student and faculty & staff needs to submit an undertaking in the relevant office of the university at the time of joining the institution attached (Annex- A for student) & (Annex – B for Faculty / Staff).**
- xi. **The already existing staff needs to fill it at the earliest. The head of Institutions or HODs are the responsible to ensure its implementation.**

## Conclusion

A successful and effective execution of this policy will save several generations of our nation from falling prey to the hazardous habits of smoking and drug abuse. The youth saved from this social disease will be able to become productive members of the society and contribute towards our dwindling economy. With a combined effort of all the stake holders i.e.; HEIs, HEC, ANF, Law Enforcement Agencies and the students, it is hoped that the goal to make our Institution smoke and drug free, will be achieved which would in return pay back to our society at large.



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## Annex- A

### UNDERTAKING BY THE STUDENT


Roll number/ Registration Number	
Name	
Father's/Guardian's Name	
Father/ Guardian's Contact Number	
Gender	
Age	
Mark of Identification	
Blood Group	
Any Disability	
Any Neurological / Psychiatric disease, (if yes, please give details)	
Suffering from Hepatitis B / Hepatitis C / HIV (AIDS)	
Any significant Disease Diagnosed in the past	
Taking any medicine on regular basis (if yes, please give details).	
Any Communicable / Contagious Disease	

I \_\_\_\_\_ son/ daughter of \_\_\_\_\_ certify that I am/shall not be involved in any kind of drug abuse (bringing into the campus/consuming or encouraging consumption of tobacco, alcoholic products, drug and narcotics substances) during my period of study at the university. The university is authorized to examine me for drug consumption any time and to take any measure to ensure the implementation of its policies and take any necessary action accordingly.

Signature of the Father/ Guardia	Signature of Candidate
Dated:	Dated:

**Note for Candidate:** Please submit this undertaking form at the concerned office at the time of joining the Institution.



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ANNEX-B

**UNDERTAKING FOR FACULTY AND STAFF**

Name	
Designation	
Department	
CNIC/CRC Number	
Contact Number	
Gender	
Date of Birth	
Mark of Identification	
Blood Group	
Any Disability	
Any Medical Problem or Mental-Health Issues	
Taking any Medicine on a Regular Basis (if yes, please give details)	

I \_\_\_\_\_ son/daughter of \_\_\_\_\_  
 certify that I am/shall not be involved in any kind of drug abuse (bringing into the campus/consuming or encouraging consumption of drug and narcotics substances) or the unlawful use of tobacco products at the HEI. The HEI is authorized to examine me for drug abuse at any time and to take any measure to ensure the implementation of its policies. Further, I have read and am aware of the provisions of the Higher Education Commission's Policy on Drug and Tobacco Abuse in Higher Education Institutions.

**Signature**

**Dated:**

.....

**Note:** Please submit this undertaking form at the Registrar office after joining the University. For current Faculty / Staff members of the University, please submit in accordance with the timelines prescribed by the Committee.