CHAPTER – III
ILLEGAL DRUG TRAFFICKING IN INDIA

Introduction

Illicit drug trafficking is one the most significant transnational organized crimes, which has become a serious issue confronting both developing and developed countries. In most countries, despite years of drug suppression and prevention efforts, the cycle of drug trafficking and drug abuse continues. If allowed to remain unabated, the menace will considerably destroy the quality of life and hamper social, economic and cultural development of the nations.¹

Drug smuggling/trafficking is a clandestine activity. Hence, it is impossible to assess its magnitude precisely. However, the quantity of drugs seized by enforcement agencies throw light to the alarming rate of illegal activities connected with drugs. India accounts for 1.62% of the world’s seizures. Proximity to South East Asia² and South West Asia³ can be regarded as the immediate cause for drug trafficking in India.
Unhindered air and sea linkage with other countries also make India vulnerable to drug trafficking\(^4\).

For more than a century, *morphine* and *codeine*, two of the major alkaloids contained in opium, have been used in the relief of pain, suppressing coughs, and treating diarrhea. Concerns over the addictive properties of these natural opiates prompted attempts to develop semi-synthetic and synthetic opioids\(^5\) with similar beneficial qualities but without adverse effects.\(^6\) Both *morphine* and *codeine* continue to be recommended as essential therapeutic tools with a wide range of medical applications. Indeed, both have featured on World Health Organisation’s Model List of Essential Drugs since its inception in 1977; and *morphine* is included in the WHO’s New Emergency Health Kit. Moreover, in more recent years, under the encouragement of the International Narcotics Control Board (INCB) and the WHO, opiates, and in particular *morphine*, became widely recognized as essential elements in the treatment of cancer-related pain. This has led to an increase in the global consumption of *morphine*.\(^7\) To ensure the availability of sufficient quantity of opiates for legitimate medical needs, opium poppy is being cultivated on a licit basis in a number of countries. Whilst any country is at liberty to cultivate, produce and trade in licit opium, they are required to do so in accordance with the Single
Convention on Narcotics Drugs of 1961 and under the supervision and guidance of the INCB. Currently, there are eighteen countries\textsuperscript{8} that do so; four of them\textsuperscript{9} cultivate opium poppy for the production of raw opium and the rest cultivate it for the production of Concentrate of Poppy Straw (CPS), poppy straw, poppy seeds, and alkaloids such as thebaine.\textsuperscript{10}

There is pressing scientific needs on one land; and the illegal use of opiates—from smoking and eating opium in the 19\textsuperscript{th} century to smoking and injecting heroin in the 20\textsuperscript{th} century, on the other hand. Thus, the challenge for the international community has been to establish regulatory system that ensures that the legitimate medical and scientific needs for opiates are met, whilst preventing diversion to illicit markets.

In jurisdictions where legislation restricts or prohibits the sale of popular drugs, it is common that illegal drugs trade develops.\textsuperscript{11} Large-scale production of drugs is not usually visible in developed countries where such drugs are prohibited; rather, those drugs are often manufactured or harvested in developing nations where corruption and instability facilitates producers to operate with minimal interference from law enforcement agencies. “Soft” drugs are often produced locally\textsuperscript{12}. Regardless of the type, there is a high demand for illegal drugs in the black market. This leads to
the formation of complex illegitimate production, smuggling and distribution networks that span national borders and generate billions of dollars of revenue. In 1989, the United States intervened in Panama for disrupting the drug trade coming from Panama. The Indian Government also has several covert operations in the Middle East and Indian subcontinent. Despite these measures, it is really shocking that the value of the global trade in illegal drugs was around US$400 billion in the year 2000 - an amount higher than that spend for food in the same year.

The United Nations World Drug Report (2005) estimated the value of the global drug market for the year 2003 at US$13 billion at the production level; at US$94 billion at the wholesale level, and at US$322 billion based on retail prices. Major consumer countries include the United States and European nations, although consumption is world-wide. Major producer countries include Afghanistan and Bolivia; and Colombia in the American continent itself.

The History of Drug Trafficking in India.
India is a vast country with land borders extending over more than 15,000 kilometers and a sea coast line of over 7,000 kilometers. India’s narcotic problem needs to be visualized from its geographical situation.\textsuperscript{18}

From the late seventies and eighties when the presence of heroin was felt in Indian market, the official stand has been to highlight the role of India as a \textit{transit country} for drugs that came from the bordering States close to Pakistan/Afghanistan in the north and Myanmar in the North-East.\textsuperscript{19} India is flanked on either side by two regions, which are internationally acknowledged as major sources of illegal opiates namely, South-West Asia and South-East Asia. Additionally, Nepal, a traditional producer of \textit{cannabis}, both herbal and resinous, fringes the country in the North.\textsuperscript{20}

Through these years, the factors that shape drug trade in India have been changed. However, the political and official focus is on the transit of drugs \textit{via} India to other countries.\textsuperscript{21} It is understood that there are three different sources for opiates either used in the country or traded to other countries: \textit{South West Asia, South East Asia and Indian Heroin}. 
India’s vulnerability to drugs has been aggravated by the New Economic Policy (NEP) launched in 1991 by the Narasimha Rao Government which emphasized Liberalization, Privatization and Globalization and the membership in the World Trade Organization (WTO) in April 1993. These initiatives made life easier for drug smugglers and money launderers.22

**Illegal Drug Trade**

Illegal supply to consumers is generally *via* criminal drug dealers who purchase drugs in bulk or produce their own. Such dealers are stereotypically associated with crime syndicates, though in reality they often work freelance and bear no connection to organized criminal groups. The motivation for indulgence in the drug trade varies depending upon the specific drug involved. For instance, dealers of “soft” drugs such as *marijuana* and *psychedelic mushrooms* often cite their motivations as the philanthropic desire to facilitate their recreational use; and tend to view drug prohibition laws as immoral restraints of personal civil liberties.23 In contrast, dealers of “hard” drugs such as *heroin* and *cocaine* which have a more restricted supply, are often motivated by the incredible profits which
can be made from trafficking in these drugs\textsuperscript{24}. Opium originating from South West Asia is having highest demand in US market.\textsuperscript{25}

The billions of dollars yielded from drug trade mainly goes in the kitty of international criminal syndicates or some individual traffickers. The prospect of huge profit in the business has encouraged smuggling in India also through North-West Frontier Province from Pakistan \textit{via} the borders of Jammu and Kashmir, Punjab and Rajasthan and then further transactions to Europe from Delhi and Mumbai.\textsuperscript{26}

\textbf{Illegal trade of legal drugs}

Legal drugs like tobacco can also be the subject matter of smuggling and illegal trading if the price difference between the place of origin and the destination are high enough to make it profitable. Similarly, selling/giving of tobacco or alcohol to minors is also considered as smuggling in almost all More Economically Developed Countries (MEDC).\textsuperscript{27} In addition to this, a part of the licit opium enters the illicit market in different forms. For many years, there is licit trade of opium between India and US; and India remains the primary supplier of licit opiates to the U.S; Turkey being the
second. Their dominance would seem to be increasingly a consequence of the ‘80/20 Rule’ rather than due to any comparative advantage they may have as ‘traditional supplier countries’. This rule dates back to 1981 and was designed to limit the number of nations involved in the licit opium trade and assure a flow of reasonably priced opium to meet U.S. medical needs. It stipulates that ‘at least 80 % of licit opium imported into the United States must have as its original source, India and Turkey; and the rest-20% can have, as its original source, Australia, Hungary, Poland, France and the former Yugoslavia.\(^{28}\)

However, the ‘80/20 Rule’ has been under review since 1999. Despite increasing pressure from US pharmaceutical companies to dilute their commitment to a 60/40 division of the trade, or exclude thebaine altogether, the US Government has not yet decided on a change in policy. For Turkey and India, the review has created a great deal of uncertainty, as Japan is the only other country that has committed to purchase its opium from the ‘traditional supplier countries’. The INCB has raised its concerns over the possible impact, a change in the ‘80/20 Rule’ will have on diversion.\(^{29}\)
The demand for brown sugar or heroin consumed across the country except for the North-Eastern States is largely met by diversion from the licit market. There is around 10% diversion from licit cultivation. There are certain potential ‘risk points’ at which diversion from licit production may take place: the first risk point relates to excess or illegal cultivation of opium poppy; the second relates to the harvesting of opium poppy; and the third relates to the processing of poppy straw into morphine.\textsuperscript{30}

In India, although opium production is strictly under government control, illicit poppy plantations have been reported in many places. Besides, there is illicit cultivation of opium in the hill tracks of some States\textsuperscript{31}. Available data on drug use and seizures in India are indicators of the aforesaid diversion in the production of licit opiate raw materials.

Consumption patterns and seizure data further provides evidence of the routings of drugs both domestically and internationally. However, the aggregate statistics relating to seizures fail to capture the scale and nature of the illicit trade in opiates in India. For instance, in 1999, 1, 635 kg of opium, 362 kg of morphine and 861 kg of heroin were seized in India. If all this were of India origin, this would represent the equivalent of 1% of the total amount of licit opium produced in 1999.\textsuperscript{32}
A review of the ‘Significant Seizures Database’ maintained by UNDCP, Interpol and the World Customs Union reveals that 81% of the opium seized in India from January 1999 to August 2000, was seized from Madhya Pradesh, Rajasthan and Uttar Pradesh. Even if Rajasthan was to be eliminated from this calculation, on the basis that it is a border State and possibly some of the opium seized could be of Pakistan origin, Madhya Pradesh and Uttar Pradesh combined, constitute 61% of the total quantity seized over this period. This represents a high concentration of seizures around the licit producing States.  

The nature of seizures includes: those seized from residences and those seized in transit either via road, rail, or air. The average seizure from residences was estimated to be approximately 6.35 kg, and 13.15 kg for those seized in transit. The exact amount of opium diverted to the illicit market is unknown; however, it has been reported that from 10 to 30 percent of the crop may be diverted; ranging from 130 to 139 metric tons. 

Illegal Trade of Pharmaceutical Drugs
Recently, in India, abuse of pharmaceutical drugs is an area of increasing concern. Some pharmaceutical drugs like opioids prescribed by medical practitioners are sometimes much stronger than heroin found on the street; and consequently diverted into illicit trade. However, it is much easier to control traffic in such prescription drugs than in illegal drugs because the source of the former is a legal enterprise and thus can often be readily found and neutralized\textsuperscript{35}.

In the late 1990s, “No Prescription Web Sites (NPWS) began to emerge, which allow persons to purchase drugs such as opiates without a medical prescription.\textsuperscript{36} They were first recognized by the U.S. Justice Department in 1999, indicating that such sites had been operating at least through the late 1990s. NPWS enable dealers and users to complete transactions without direct contact. While many NPWS accept credit cards, others only accept cash thereby further reducing any paper trail. Many NPWs are hosted in countries in which specific categories of controlled substances are locally legal. But, because of the global nature of the internet, NPWs are able to do (mostly illegal) business with customers around the globe. In addition to prescription opioids, stimulants, sedatives, steroids etc. are often widely distributed. To date, no websites have been found offering directly to sell illegal drugs like heroin, amphetamine or
methamphetamine derivatives, or cocaine; however, the police have uncovered several instances of dealers/drug rings using personal advertisements to solicit drug business using code words and phrases. All other categories of drugs are readily available online.

The Indian population is now being offered drugs with the claim that they need no prescription, drugs can be shipped anywhere, and they are offered in discreet packaging. Prescription drugs are being sold at as much as 70 per cent discount. Medicines for weight loss, depression, pain relief, cholesterol regulation and drugs that help to quit smoking etc. are also offered frequently for sale. It is to be noted that such drugs need a prescription and are dangerous if taken in an unmonitored manner. The dubious advertisements that appear daily in various publications claiming miraculous weight loss and other cures, are also dangerous and should not be taken without a doctor’s prescription. However, reporting about such sales is virtually nil; and there is no in-built system currently to regulate such trade. During 2004, only two cases were registered by the Narcotic Control Bureau (NCB) where pharmaceutical drugs were being sent abroad on receiving orders through internet.

Narco-terrorism
Trafficking of narcotics by terrorist groups as a *quid pro quo* for the funds which are utilized to create terror in the form of assassination, extortion, hijacking, bombing, kidnapping and the general disruption of the government to divert attention from illicit drug operations can be described as “*narco-terrorism*”. In other words, *narco-terrorism* is “terrorism conducted to further the aims of drug traffickers”.

Narcotic traffic which was started as an organized cross border crime has now emerged as a global threat because of its diabolic alliance with terrorist groups. Globalisation has expanded international trade; and consequently, the range of organized criminal activities has been broadened and diversified. Today, an international network that links narco-terrorist groups and individual role players exists. Colombia is the best example where one can easily see narcotic-induced terrorism as well as international arms trade network.

In Asia/Pacific region, *narco-terrorism* is linked with *political terrorism*. India is also not free from narco-terrorism. The incidents of narco-terrorism are assuming gigantic proportions in India. As said earlier, *Golden Cresent* is the largest producer of illicit opium. Afghanistan and
Pakistan alone share the major part of illicit opium production in the world. This is definitely a matter of serious concern to India, because these drugs are the major source for funding Pak-sponsored terrorism in India. Sponsoring terrorism is an expensive affair; and the money does not come through proper channels. The market value of narcotic drugs is much higher than any consumer products in the world. It fetches voluminous amounts and that too in hard cash. For instance, heroin from the *Golden Crescent* that costs approximately one lakh rupees in South Asia, fetches nearly one crore in the US market\(^41\). The volume of money these drugs generate in the West is mind boggling. It is because of the enormous money involved in illegal drug trade, terrorists establish links with drug traffickers to meet expenses for ‘operation terrorism’.

The assumption that the drug trafficking funds are used for terrorist activities are based on the following logical explanations:

- The economy of narcotic-producing countries is dependent on the illegal drug trade. Unless they have an alternate economy, the illegal narcotic trade would continue irrespective of stringent legislation.
• In Afghanistan (notorious for terrorism), poppy cultivation is done in 18 out of 31 provinces in an organized form under the Taliban-controlled administration.  

• Narcotic drugs are the most lucrative commodity that generates quick money without paper work. The transactions are done in hard cash without any documentation for legal action.

• The drug proceeds are laundered through numerous legal and illegal financial institutions and petty business enterprises.

• Large amount of money required for terrorism, which is difficult to acquire through official and legal sources, is sought from illegal sources viz. drug syndicates and underworld dons.

• The criminal dons and drug smugglers too found the proposal attractive because it gave them opportunity to collaborate with aspirants of political power and thereby provide them easy entry into politics in due course of time. Criminalisation of politics is the result of such unholy nexus.

• In Pakistan also drug syndicate runs a parallel economy in connivance with political and military establishments to destabilize India.  

  Government of Pakistan, in collaboration
with the ISI uses proceeds of illegal narcotic drugs and arm trade to fund terrorism in India. Pakistan aims to weaken India’s political and economic will by pumping the hard currency generated from illegal narcotic trade, to disturb the local money market and make a dent in the Indian economy. The economic liberalization introduced in India also opens a plenty of opportunities to Pakistan based drug syndicates.\footnote{44}

It is submitted that the politico-economic condition of Pakistan is the fallout of the unfulfilled commitments made by the political leaders to the people of Pakistan. Growth of narcotic drug addicts and illegal narcotic syndicates is a manifestation of the growing frustration in Pakistan’s socio-economic and political system. Indian strategists and analysts must take note of these negative trends while thinking about the safety of the nation.

**Drug Trafficking: Indian Scenario**

The *Golden Crescent* of South – West Asia and the *Golden Triangle* of South-East Asia are the world’s principal opium poppy-growing
areas. They account for the lion share of world’s illicit production of opium and heroin\textsuperscript{45}. Owing to the geographical position between them, India continues to be affected by constantly increasing illegal transit/traffic of heroin. The United States remains a minor market of Indian heroin, whether produced in or transmitted through India. Though heroin produced in India is trafficked into many international locations, apropos the total amount of heroin produced, Burma, Afghanistan and Colombia are the toppers. Brown sugar- the most common drug produced in India has only a limited market outside the region\textsuperscript{46}.

Since India is wedged between the \textit{Golden Crescent} and the \textit{Golden Triangle}, the proximity has traditionally been viewed as a source of vulnerability, since it has made India both a destination and a transit route for opiates produced in these regions. Besides, Nepal is a traditional source of cannabis, both herbal (marijuana) and resinous (hashish)\textsuperscript{47}. In the early eighties, Punjab became affected with narco-terrorism; consequent to the smuggling of narcotic drugs and arms from across the border\textsuperscript{48}. This was also the time when the drug mafia emerged in \textit{Golden Crescent} countries. Since India was used by the drug traffickers as a transit country, there was an increase in drug abuse due to the \textit{spill-over effect}. However, drug
addiction in India has not assumed such a serious magnitude as in some of the western countries.

In the early 1990s, about 60% of heroin seized in the country was believed to have been smuggled from Afghanistan and/or through Pakistan; some times in bulk quantities, across the States of Rajasthan and Punjab. Only a small percentage (less than 1%) was believed to have been brought across the eastern border from Myanmar and Thailand\textsuperscript{49}. The report of the International Narcotics Control Board for the year 1995 mentions about smuggling of large quantities of hashish out of Nepal and Pakistan into India\textsuperscript{50}.

India has land borders of 3323 km with Pakistan, 1751 km with Nepal; 1643 km with Myanmar and 4361km with Bangladesh. Heroin and hashish produced in \textit{Golden Crescent} and \textit{Golden Triangle} areas are transited through the territory of India for further smuggling to the European countries and the United States of America.\textsuperscript{51}

The significant number of seizures of heroin and hashish of South-West Asian origin underlines the fact that India is being used as a
transit territory for the drugs produced in *Golden Crescent*. Similarly, the seizure of 50 kg of high-grade heroin of Myanmar origin from two Thai vessels along with huge quantities of arms by the Indian Army near Nicobar Island in 1998\(^5\) reveals that Indian territory is increasingly being used for transit of opiates of *Golden Triangle* origin also. However, the question as to how much of the heroin consumed in India is attributable to opium diverted from licit production continues to be debated without precision. Investigations revealed that the drug-runners were using a number of routes to bring high-grade heroin into India and Bangladesh for trans-shipment to western destinations. Further, a number of insurgent groups based in North-Eastern India and Sri Lanka are involved in the drug trade for generating cash to purchase arms and ammunition from South-East Asia\(^5\). The Indo-Pak border has traditionally been the most vulnerable to drug trafficking. Drug trafficking through India consists of hashish and heroin from Pakistan; hashish from Nepal; white heroin from Myanmar and heroin from Bangladesh.

A draft scheme prepared with the assistance of the United Nations International Drug Control Programme in the year 1994 portrayed the situation of drug trafficking in India thus:
• Proliferation of illicit cultivation of cannabis in mountainous forest lands in the traditional Himalayan areas of Jammu and Kashmir, Uttar Pradesh, Manipur, Nagaland, Andra Pradesh, Karnataka, Kerala, Maharashtra and Tamilnadu;

• Diversion of licit opium from licensed farms; and clandestine manufacture of heroin from such diverted opium;

• Illicit opium cultivation in certain States;

• Continued expansion of illicit heroin and hashish manufacture in the Golden Crescent and the Golden Triangle countries and the use of Indian territory for transit and storage of drugs by Pakistani and Afghan traffickers, in particular, for supply to middlemen from West Africa, Sri Lanka, Bangladesh and Nepal and to Indian distributors;

• Close links of smugglers and couriers from Golden Crescent countries with terrorists and subversive elements in India and the growing utilization of these links for clandestine supply of funds, arms, ammunition and explosives to them.

India is having a large number of chemical industries producing precursor materials like acetic anhydride for lawful purposes. These
chemicals can be utilized for processing and manufacturing heroin. Thus, for the last several years, India has become a base for the manufacture of heroin, particularly in and around the opium producing districts of Uttar Pradesh, Madhya Pradesh and Rajasthan. The seizure data strengthen these facts. Five major narcotic substances namely heroin, hashish, opium, herbal cannabis and methaqualone are usually involved in Indian drug trade.\textsuperscript{54}

An assessment of the initiatives of law enforcement in seizing illicit drugs and the consequent arrests thereof provides the basis upon which an analysis of drug trafficking patterns can be made.\textsuperscript{55} However, the proportion of the total quantity of drugs that is seized from the illicit drugs produced and trafficked is only a guess. The picture which emerges from the available data is often incomplete. Sometimes the estimated illicit drug production differs by such a wide margin that their validity is questionable. Data on seizures can be interpreted only with great caution as the evidence they provide is only an indirect measure of drug trafficking. The actual trends in illicit production and trafficking is usually reflected in consumption. Once interpreted in the right manner, they provide an important insight into such trend.\textsuperscript{56}
However, since all confiscated drugs are liable to be destroyed and no authentic market value exists, no precise valuation can be made. During 1997 to 1999, 1531 persons including eight government and two bank officials were arrested by the Customs Department in connection with smuggling of gold, narcotic drugs and other contraband goods. As per the information compiled by NCB, 39690 persons including five government officials were arrested by various enforcement agencies in connection with drug related cases under the NDPS Act during the same period.\textsuperscript{57} A total of 25,475 cases of smuggling of narcotics were registered during 1998 and 1999\textsuperscript{58}. The total number of persons arrested in 1999 and 2000 for drug trafficking as reported by various Drug Law Enforcement Agencies, as on 30\textsuperscript{th} June 2001, were 13490 and 15065 respectively.\textsuperscript{59}

**Major Drug Seizures and Modus Operandi in India**

The usual *modus operandi* includes: keeping in bags along with other food products especially flour, hiding in shoes or suit cases, swallowing after wrapping in small plastic covers etc. Mandrax which was popular in South Africa is now produced in India on large scales\textsuperscript{60}. In South Africa, persons who work in coal and diamond mines under inhuman conditions are given these drugs to increase their productivity. One gram
mandrax tablet that is sold in India for Rs. 15 fetches about Rs. 225 in South Africa and some other foreign countries.

As far as India is concerned, the drugs, namely heroin, morphine, opium, hashish, cocaine, methaqualone, ephedrine, amphetamine and acetic anhydride are most frequently involved in illicit trafficking. Closer analysis of data reveals significant seizures of hashish and morphine from Lucknow, diazepam and heroin from Varanasi; and heroin, brown sugar and opium from Madhya Pradesh. Indo-Pak border in Rajasthan, Gujarat’s Kutch district and the vast deserts of these regions makes it easy for smugglers to bring in contraband, and makes difficult for security forces to keep track of them. Carriers are usually villagers using camels and mules for transport. Once the stuff reaches Gujarat, smugglers take it by road to Mumbai or other destinations. Some of the villagers even cultivate land in Pakistan. “During the mornings, they are in Pakistan for farming, and noon they’re in India for lunch.” From these villages, the contraband is brought by road to Tharad or Deesa in the Banaskantha district, and then taken to Ahmedabad or Mumbai. If meant for abroad, it is sent to Kolkata and then to Dhaka by road. To avoid risk, consignments are sent to Mauritius from Mumbai by sea.
The Foreign Hand

As the worldwide drug trade has witnessed a phenomenal rise of an estimated $800 billion per annum⁶³ - larger than the oil business; and second only to arms trade- the militancy-infested Jammu and Kashmir has emerged as a major source of illegal drug supply in India⁶⁴. While talking about Jammu and Kashmir, the role of Pakistan and Afghanistan has to be brought out well. India is continuing as the major transit point for drugs smuggled from Pakistan and Afghanistan mainly because there is a vast difference in their prices in the two countries. While one Kg of heroin in Pakistan fetches only Rs. 30,000, it is sold for Rs. 1 lakh in Delhi and for Rs. 2 lakhs in Mumbai.⁶⁵ The raw material for heroin that costs between Rs. 5000 to Rs. 10000 per kg in the hostile terrain of Afghanistan goes up to Rs. 4 lakh across the border at Amritsar. While the middlemen who facilitate the illegal crossing pocket half of the amount, the carriers who face even danger to their lives, get only a paltry sum. This heroin fetches Rs. 1 crore per kilogram in the international market⁶⁶.

If we analyse the drug seizures in the border States, the influence of foreign hand can be clearly brought out. In the first week of October 1995, police announced the arrest of four people, including one Pakistani, at Verta
along the Amritsar-Jammu highway. They were found to be in possession of 49kg of heroin and various types of arms and ammunition. This situation has compelled the government to construct another electrified fence along the Jammu and Kashmir border; in the Ranbirsingh Pura area, 30kms from Pakistani border. However, due to the topography of the area notably the existence of numerous small rivers, and the lack of a clear-cut boundary between the two countries, the mission becomes somewhat difficult. It is further complicated by the fact that tribes such as the Gujjar live on both sides of the border, and own land situated in the no-man’s-land between the two countries. These tribesmen seek a one-day pass to travel to their fields. Authorities had discovered that Gujjars are simple smugglers, capable of communicating with traffickers by way of signs and a coded language.

The fight against narcotics trafficking is one of the few areas in which the two “enemy-brothers” Pakistan and India might be expected to co-operate. As a positive step, two annual meetings on the subject are held in Islamabad and New Delhi. However, the mistrust between the two makes it unlikely that information of any real value is exchanged. United States, Great Britain, Canada, and New Zealand have anti-narcotics agents stationed in New Delhi. But Pakistan has no narcotics liaison officers, despite the fact that 93% of drug seizures in 1995 were initiated by Indian
agents in Indo-Pak border. In September 1996, a haul of 81 kg of Pakistani heroin was made in New Delhi.67

Now Kashmir is considered to be one of the biggest centres for the production of ‘charas’ from hemp plant and with the ever-increasing demand of narcotics in the international market, more and more persons have come to engage themselves in its cultivation. Men of power and prestige have joined the trade which has been estimated to be worth millions every year.68 The link between drugs and the relatively long-running conflict in Jammu and Kashmir became clearer when the Indian authorities made a large seizure of heroin and arms near the Pakistani border in the State of Rajasthan in March, 2002. The merchandise belonged to the Sri Lankan movement – Liberation Tigers of Tamil-Eelam (LTTE) and the Indian Punjab Sikh group -Khalistan Liberation Front (KLF), which received the support of Pakistan’s intelligence service.69

The militants in the disturbed Kashmir valley cultivate poppy and cannabis as a means to raise funds for sustaining their insurgency. Of course, they are following the foot prints of the terrorist groups active in Afghanistan. During a raid by the Narcotics Control Bureau (NCB) with the help of defence forces in Pulwana and Anantnag districts, a number of
poppy fields were destroyed. With the poppy, hashish and cannabis crops growing almost unhindered in the neighbouring State, Himachal Pradesh, the drug trafficking syndicate in North India could easily forge a link with militants in the Kashmir valley. These facts were highlighted in the report of the U.S House of Representatives Committee on Unconventional Warfare, Terrorism, and Narcotics. The report accused the Democratic party of supporting the Sikh, Kashmiri and Tamil groups.

Prior to the fencing of the border, heroin/opium was brought along with other smuggled items on unaccompanied horses in the Punjab’s border belt; while camels were used in the deserts of Rajasthan. These horses and camels were made addicted to the drug and trained to reach specific spots where they would be given their next dose on arrival. But since Indian authorities constructed an electrified fence along the Indo-Pak border in Punjab and parts of Rajasthan, traffickers in heroin, hashish, and acetic anhydride have now turned towards the unprotected Jammu and Kashmir, particularly the areas of Ranbir Singh Pura, Samba, and Akhnoor. This channel in the Jammu region is being considered to be relatively safe after the fencing of Punjab border.
With the fencing, people started smuggling drugs through the Samjhauta Express or through underground tunnels across the border.\textsuperscript{75} Throwing of parcels over the fence by individuals specialized in this activity is also frequently resorted to. Acetic anhydride used in the transformation of morphine base into heroin is often smuggled from India to Pakistan, where demand is strong and the profits are enormous. There is an apprehension amongst the authorities that the Jammu and Kashmir border will be used to smuggle large amounts of weapons, as was the case before the electrified fence was build in Punjab and Rajasthan.

However, according to police officials, “there is no clear-cut nexus between the narco-traffickers and the Kashmiri militants”\textsuperscript{76}. Nevertheless, arms have been seized from the same persons who are used as drug carriers on behalf of traffickers operating from Pakistani Punjab. It is believed that the carriers are forced by the drug traffickers to transport arms as well. The drug trafficking trade between two countries has increased by at least 30-40 percent during 2005 ever since the cross-border civilian movement increased between India and Pakistan.\textsuperscript{77}

Punjab, Himachal Pradesh and Chandigarh have emerged as other major destinations for drug traffickers. In Taran alone, the police has
identified 1,000 chronic addicts: one third of them were policemen. Drug traffickers use the cities of Gurdaspur, Hoshiarpur, Amritsar, Kapurthala, Ferozepur, Ludhiana and Patiala as well as Chandigarh to smuggle narcotic substances through Punjab.\textsuperscript{78} A survey in Ludhiana showed that 67 percent boys and 52 per cent girls took drugs. Many families in Majha and Doaba have at least one addict; and sometimes more than one.\textsuperscript{79}

It was believed that once the surveillance on the Pak border has been increased, a major pipeline for illegal drugs would be shut. Instead, new supply routes have been created. It is obvious that when there is demand, suppliers will make hay. Since males are suspect, increasingly, women are being used as carriers by the drug mafia. Cell phones have added a new dimension to these murky operations.

\textbf{The Metropolis}

\begin{itemize}
\item \textbf{Mumbai (Maharashtra)}
\end{itemize}

Mumbai and Delhi are the two transit points for exporting narcotics to Western Europe, Latin America and Africa. In 1998 alone, the Directorate of Revenue Intelligence seized hashish and heroin valued worth
Rs. 5,785 crore from Mumbai. It is estimated to be the biggest narcotic haul in the world. In addition, 615 kg of high quality heroin and 3.6 tones of hashish were seized from a farm house in Maharashtra. Mumbai was estimated to have exported 10 tones of heroin in 1984, and had as many as 80,000 addicts in 1985. Even school and college students at Mumbai and Delhi were found to be consumers of mandrax though the demand for it within the country is not much.

Mumbai has become one of the biggest centres of drug trafficking because of its good marine and air connectivity. Many tourists who come to Goa demand drugs. This demand has made Mumbai the most favoured destination for traffickers. International drug cartels, particularly those run by Nigerians, are increasingly using New Delhi and Mumbai as transit points for trafficking drugs to most parts of Asia. The international cartels bring the “consignment” to Mumbai and export it to Nigeria where it is further processed before being smuggled to countries in Europe. Recently, on 24th August, 2012, the Airport Customs seized such a “consignment” containing MDA worth Rs. 18 crores from Mumbai Airport, and arrested two African nationals. Poverty and illiteracy compel youngsters to join illegal trade for quick money. Most of the arrested individuals are in the age
group of 25-35 years, and the profits are enormous for deliveries without getting caught.\textsuperscript{85}

The drug scene in Mumbai provides a good illustration of the situation prevailing in most of the Indian cities. In the late sixties, heroin use was restricted to the elite class, since it was an expensive affair. However, around 1979, due to the criminalization of cannabis and opium, brown sugar conquered Mumbai market. Selling brown sugar is less risky when compared to opium or cannabis since brown-sugar is less bulky and easier to hide and the profit margins accruing from its trade are much higher than for traditional drugs\textsuperscript{86}.

During 1990s, the daily death rate by the use of the most wanted brown-sugar was four. In addition to drugs, ‘snake bites’ are very popular in Mumbai. Snakes with varying poison levels which are used for biting on either finger tips or tongue to produce addiction that lasts for three days are available on streets for rupees ranging from 100 to 1000\textsuperscript{87}. During 1998-99 and 1999-2000 contraband material worth Rs.37.78 crores and 8.56 crores respectively were seized from Mumbai alone, and it is increasing by every year\textsuperscript{88}. The brand of cannabis sold was known as “Mumbai Black”, and many underworld dons were part of the chain\textsuperscript{89}. In the eighties, when
heroin entered the Indian market, many underworld groups took up drug trafficking along with gold-smuggling and *hawala* business. These groups were based both in Mumbai and Delhi.\textsuperscript{90} The incessant stories of drug seizures involving traffickers and celebrities that we hear frequently testify the continuing illegal drug trade in Mumbai.

The huge profit generation due to the price variation is also a reason for attracting more and more people to this field though the risks are very high. The cost of good quality heroin in Mumbai ranges between Rs. 5,00,000 to Rs. 6,00,000 per Kilogram\textsuperscript{91}. This varies with purity; and at times, with surplus quantity the price crashes but the market stabilizes very fast. In the hands of the dealer the purity level of heroin is between 50-60%; and by the time the drug reaches the seller on the street, the purity will be 30%.

At times, price differences occur. This lead to the use of synthetic opiates for the time being; and some continue the habit. Though the quality and price fluctuates, the users in Mumbai get the drug of their choice within no time. Bad weather and destruction of crop are the factors influencing the price. The lion’s share of local consumption in Mumbai is diversion from
licit cultivation. The locally produced heroin is brown in colour as against Afghan product that is beige.

The officials who facilitated the landing of the RDX and arms involved in the 1993 Mumbai bomb blast, did so under the belief that the cargo contained silver as they were told. After the incident or even prior to it, the groups responsible for the blast dispersed; the offenders went abroad and managed the business from overseas. In recent years, anti-narcotics cells have been seizing an increasing volume of illegal shipment of pain killers from Mumbai and Ahamedabad. These facts reveal that heroin is widely trafficked to international markets from Mumbai.

- Delhi

A study sponsored by the United Nations brought to light, a shocking fact that Delhi is also fast emerging as a hub for trafficking of drugs, for re-export and a big market for narcotics; and hence the Report stressed the need for better enforcement measures to curb the social malady. In Delhi, when compared to other metros, drug re-export is much more significant in terms of scale and size of drug trafficking. As on now there is no way, however, of ascertaining the proportion of the two in the
total market. The local market is mostly fed through indigenous production of heroin; and the local market as well as the market for re-export overlap to some extent\textsuperscript{95}. NCB estimates 50,000 chronic heroin users in Delhi alone, and that the drug users in Delhi consume at least five kg of heroin per day.\textsuperscript{96}

Heroin, available in Delhi is mostly from the nearby towns in Uttar Pradesh, Rajasthan and Madhya Pradesh; and the traffickers are males in their mid-30s. The price of the smallest pudiya (unit) has remained stable over the years. Several varieties of heroin are readily available; and the price depends upon the potency. The product received by the end users is of the lowest quality and purity.\textsuperscript{97}

It is alleged that the policemen are inactive and the peddlers in Delhi almost ignore them and move casually without any fear. The picture is same in other metropolitan cities also. Drugs find their way into this country from the ‘Golden Triangle’ mainly through the Burma-Imphal route and then goes to Bombay or Delhi and finally to the West.\textsuperscript{98} It involves not only street peddlers in the notorious Paharganj area in Delhi but also multi-millionaire smugglers in Bombay who are highly influential. Thus, Paharganj has become an asylum for the drug-addicts in Delhi\textsuperscript{99}.
Moreover, the Buddhist youth hostel at Ashoka Vihar, a kilometer away from Qutab Minar, has been a paradise for drug addicts. The arrest of well-known hotel owner Neeraj Wadhera on charges of possessing cocaine has unwittingly unveiled what has always been known but never exposed. This has definitely revealed the dark side of the glitter that adorns the high society city pages of newspapers. The mobile phone printouts now in the possession of the police contain the names of fashion designers, film stars, models and industrialists, among others; in short, people who are a part of the Capital’s capricious jet set.

A casual perusal of the data itself reveals that large quantities of base morphine were seized from Lucknow, Nimach and Mandsaur. Moreover, informants interviewed in Nimach stated that: heroin from Barabanki and Mandsaur is well known for its ‘quality’; it is being processed locally; and both opium and Acetic Anhydride (AA) are readily available within the area. In Delhi itself during 1998-99 and 1999-2000, 15.29 crores and 15.4 crores worth drugs respectively has been seized. The recent seizures of heroin consignments reportedly procured from Afghanistan by various enforcement agencies indicate an unchecked
massive production and smuggling of heroin from the neighbouring country to other parts of the world using Delhi as a major transit point.\textsuperscript{104}

Smuggling of methaqualone, which is a recreational drug especially for those who cannot afford costlier stuff like cocaine and heroin, had become another major challenge for drug enforcement agencies in the early 1990s, and several big seizures were made during this period. From 1996 onwards, the seizures suddenly dipped giving an impression that manufacturing of methaqualone had gone down. However, subsequently, it was unearthed that methaqualone business was being funded from outside the country, especially from the Gulf\textsuperscript{105} and that Delhi became the new drug route that link the poppy fields of Myanmar, the illegal cocaine processing units in Pakistan and the supply junction in Lagos (Nigeria) from where it is supplied across the world.\textsuperscript{106} The drugs which are imported from Pakistan \textit{via} Ajmer (Rajasthan) are re-packed in Delhi and Faridabad and then shipped to Europe.\textsuperscript{107}

There are atleast five to seven layers of operation between production by traffickers and consumption by end users. At the upper level the transactions are kept in dark; while the lower level maintains transparency\textsuperscript{108}. Drug trade is concentrated in certain areas like Paharganj in
Central Delhi and mushrooming slum clusters all over the city. Most traffickers were found to be drug users and many of them sustained their habit through drug dealing. The majority of persons employed to assist them in the trade were also found to be drug addicts. \textsuperscript{109} Considering Delhi’s local consumption, it is submitted that there is a need to develop more treatment and rehabilitation centres.

The wholesalers reported that: (i) the purchase price of heroin was between Rs. 50,000 – 3,00,000 per kg and the selling price was between Rs. 60,000-4,00,000 per kg during 1999, (ii) the rate per gram for white heroin had been raised from Rs. 1500 per gm to Rs.2500 during 2001, (iii) purity is a key determinant of price, (iv) smallest unit-paper packets weighing a fraction of a gram-was more or less uniformly priced at around Rs. 50, (v) the profits are sustained mainly through catering to a captive market and by increasing the volume of sale by mixing impurities; and (vi) fixed clientele and fixed place of delivery are the essence of the trade where risks are perceptible and not insurmountable. \textsuperscript{110}

Even in 1994, Government of India was aware of the fact that Delhi is being used as a transit point by drug traffickers for the smuggling of heroin and hashish of Pakistani and Nepali origin, and that indigenous
heroin and hashish from Madhya Pradesh, Uttar Pradesh and Rajasthan were also being brought into Delhi in small quantities. Realizing this, many raids were organized by various enforcement agencies in Delhi. Though it culminated in substantial seizures of heroin and hashish, the menace remains unabated.

- **North Eastern Scenario**

  North East India comprises of seven states: Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland and Tripura. Sandwiched between Myanmar, Bangladesh, Bhutan and China, it is the part of India having the lengthiest international border. In Mizoram, Manipur and Nagaland, it is estimated that 6% to 10% tribal youth are heroin addicts; and 90% of them have tried drug firstly between the age group of 11 and 13. The north-eastern region which share a long and porous border with Myanmar has thus became a soft target for a rage of synthetic drugs produced by warlords and criminal gangs in Myanmar. The armed ethnic insurgency in the North Eastern States also contribute a lot for the present situation. These groups are armed by Chinese, Pakistani and Burmese rebels and other South East Asian criminal gangs.
The growing insurgency, under development of the region and un-employment are the major reasons for the development of such groups. For instance, Mizo Famine Front was formed by Pu Laldenga as a protest against the inaction of the Central Government towards the famine situation in the Mizo areas of Assam in 1959\textsuperscript{116}. Tripura insurgents are fighting to protect their language and cultural identity which they claim to have threatened by the large influx of Bangladeshis from the Chittagong Hill Tracts.

Until the 1960s, these groups pursued their political struggle without any violence. However, the situation has been changed when the Nagas began training in China. On their return, the armed struggle began. Others followed the lead of the Nagas. The first arms used in the region were Chinese weapons and World War II remnants. Groups such as the Manipuris called themselves a ‘people’s liberation army’\textsuperscript{117}. The situation changed again in the 1970s when China made a foreign policy decision to stop supporting revolutionary groups around the world, including those in North East India. As a result, insurgency groups in the North East turned to similar groups in Myanmar who had camps all along the Indo-Myanmar
.border. Once the North Eastern groups started mingling with Burmese rebel
groups, the drug problems started.¹¹⁸

Heroin trafficking between India and Myanmar was noticed in
early 1990s after the discovery of six heroin laboratories in the western
Myanmar in 1992¹¹⁹. Along the border that North East India shares with
Myanmar, there are nearly 19 illegal plants to refine opium into heroin.
Much of this area is mountainous and inaccessible. Moreover, heroin
comes into India mainly through the jungle territory extending to 1643
kilometers wherein effective patrolling is impossible. After the surrender of
Mon Tai Army (MTA) to the State Law and Order Restoration Council
(SLORC) in January 1996, drugs are being shipped almost openly upto the
Indian border in army trucks.¹²⁰ The drivers have valid pass to cross the
border. Processing laboratories under the army control have been shifted to
the Indian border area to take advantage of easily smuggled imports of
acetic anhydride-the main chemical needed to produce heroin¹²¹. And this
area came to be known as the ‘Golden Hexagon’. The Myanmar rebels
obtain protection for their drug production and trafficking activities in
exchange of the training imparted to insurgency groups from the North
East.
Referring to the drug syndicates active in the *Golden Triangle* area, International Narcotics Control Bureau sources observed: “these global underground organizations are as efficient as the over ground multinational corporations”\(^{122}\).

Since the mid-eighties, Manipur and Nagaland; and to a lesser extent, Assam have also become a transit link for drug smugglers operating from the *Golden Triangle*. The money from drug cartels is used to ferry weapons bought cheaply from Cambodia on fishing boats via Thailand.

At present, trafficking between India and Myanmar takes place through two major routes: the foremost route begin in Mandalay, continuing through Mongwa and Kalewa, where it splits: northward to the Tamu-Moreh border crossing and the Indian road Manipur, and southward to Hrin Champhani, into Mizoram. Further, Homalin is reached all the way from Bhamo and serves as a spring board into Nagaland from where heroin goes to Assam; and through Dispure it joins other shipments for Calcutta and rest of the Indian Sub-continent\(^{123}\).

Due to extensive and vigorous combating military operations, several years of unfavourable climatic conditions and the new government
policies of forced eradication, there was a great decline in poppy cultivation in *Golden Triangle*. Consequently, synthetic drugs including painkillers are getting increasingly trans-shipped from India to various parts of the world.\textsuperscript{124} The Myanmar government web site itself admits that a synthetic drug in the name of methamphetamine has forced its way into the regional drug scene, while the issue of the illicit production and trafficking of heroin is being tackled.\textsuperscript{125}

The local businessmen and warlords in Myanmar who had pocketed massive profits from the booming opium trade during the heydays of the *Golden Triangle* seem to be the moving spirit behind the large scale, illegal production and trafficking of methamphetamine also. The Indian intelligence sources believe that methamphetamine produced in Myanmar with the raw materials bought from India and China is finding its way back to the Indian States of Nagaland, Manipur, Mizoram and Arunachal Pradesh. According to an official of the Government of India at Imphal, India is likely to be flooded by drugs from Myanmar in the coming years unless Rangoon takes greater preventive measures.\textsuperscript{126}

China, Bangladesh, Laos and Thailand are also flooded with this synthetic drug produced in Myanmar.\textsuperscript{127} Large quantities of synthetic drugs
are trans-shipped to India through the coastal routes in the Bay of Bengal also.

The UN anti-narcotics officials publicly admitted their inability to quantify the flow of drugs from Myanmar into India.\textsuperscript{128} However, with some international assistance, Myanmar government has resorted to counter narcotics initiatives in phases; linking eradication efforts with alternative development programmes in individual regions. The country has made ‘significant gains’ in reducing opium poppy cultivation and opium production in recent years.\textsuperscript{129} The seizure of a large consignment of hashish in transit from Nepal to Canada\textsuperscript{130}, deserves a special mention in this context.

In Manipur, three insurgency groups were predominant until the 1980s. Within a decade, it was increased to 27 groups; and the region was engulfed by drugs. In the State which has two million inhabitants, there are 30,000 heroin addicts. Now Manipur is having the highest incidence of HIV-AIDS in the world because of the large number of intravenous drug use\textsuperscript{131}.

Drugs form the chief funding source of the insurgency groups; and, as a result, drug king pins operate with impunity. Drug trafficking and
increased violence are inextricably linked. According to an investigative report in the U.S, the capital of Manipur State, where heroin costs US $10,000 a kilo, is the centre for drug trafficking facilitated by the massive smuggling of Chinese products of all sorts. Top New Delhi drug control officials says that “heroin trafficking on a large scale can only take place with the complicity of police and the military on the Burmese as well as the Indian side of the border”. Some nationalist movements whose operations were financed by drug money, now realized that their people are being hard hit by this scourge, and hence turned against the traffickers.\textsuperscript{132}

In Assam, the Bodoland Liberation Tiger Force (BLTF) which staged a bloody attack on a train in December 1996, is said to have financed their arms purchases in Bangladesh with heroin money. The fallout from these smuggling activities has caused an explosive increase in drug addiction.\textsuperscript{133}

\textbf{The Colombo Connection}

Following the 1992 \textit{Mumbai attacks}; probably with Pakistani support, there has been a hard clampdown on the west coast, especially in Maharashtra and Gujarat. Pakistani and Indian traffickers have therefore
opened up new routes along the east, using Sri Lanka as a transit country. In 1996, Indian police got ample evidence of trafficking in South-Eastern cities such as Madurai in Tamil Nadu by LTTE\textsuperscript{134}.

Before going into details of trafficking, it is pertinent to note that abusers in India and Sri Lanka prefer to smoke heroin than inject, and hence choose the brown heroin variety. However, the drug abusers have minimal means of verifying purity of the stuff except for complaining in the case of failed ‘trips’\textsuperscript{135}. For the purpose of street trade, usually heroin brought in at a purity level of about 65.70 per cent is cut to the level of 5.79 per cent by mixing adulterants such as sugar, glucose, milk powder, jaggery, caffeine, etc. Heroin is generally procured in one to five kg which is safe housed and given to second rung at a purity level of 30-35 per cent in the range of 100-500 gms. From the second rung onwards, peddling is a closed affair and through known contacts. The further cut drug is sold in batches of decks (.50 mg-1 mg) packed in silver/gold cigarette foils or plastic wraps.

In Sri Lanka, the wholesale rate of heroin is about Rs. 1.5 to 2.0 lakhs per kg (Rs. 150-200 per gm)\textsuperscript{136}. Street retail price may go up to Rs. 400-800 per gm. The margins may seem to be less when compared to that
in western hemisphere, yet given the socio-economic status of most of persons involved in this trade, this is a pretty profitable venture. However, traders/peddlers here are less organized than their western counterparts. Good legal assistance can be afforded and kept ready at hand only by bigger operators and not by mid and lower rangars. Hence, payoffs, if any, may not be substantial to keep the trade in place.\textsuperscript{137}

Of 109 persons arrested during the period between 2000 and 2001 in cases related to heroin smuggling between India and Sri Lanka, 49 have been of Sri Lankan origin. The lion share of heroin trade through Tamil Nadu is meant for Sri Lanka where internal heroin produced is virtually nil\textsuperscript{138}. In a case of seizure of 1.45 kg of heroin, 1.10kg of opium and 175 gm poppy granules on 7.6.1999 from a farm-house in Delhi, two Indians and five Sri Lankans were arrested.\textsuperscript{139} The intelligence wing suggests that the actual amount of heroin being trafficked to Sri Lanka is far more substantial\textsuperscript{140}.

The ethnic proximity between India and Sri Lanka facilitates Sri Lankans to have enough contacts in coastal Tamil Nadu for carrying on their smuggling operations. The trafficking of heroin from India to Sri Lanka is mainly through the maritime route using fishing boats from the
south-eastern India near Tuticorin to the coast just north of Colombo. Small quantities are transported through the air route too. Large number of petty traders is commuting between Chennai and Colombo daily. It make easy for carriers to disguise, conceal and carry heroin in luggage or person. Smuggling activities are carried out not only through the southern cities, but also through the Delhi-Chennai-Colombo international route. Some of the key players have been identified as trafficking racket between Delhi and Sri Lanka.

Though Southern India; especially Tamil Nadu, figures prominently en route to Sri Lanka on heroin transit, the organized procurement and supply for local consumption has not taken significant and exclusive roots. The backup also comes from chunks of Sri Lanka and Tamil population in Bangalore, Mumbai and Delhi. However, prolonged and persistent routing of heroin through Tamil Nadu poses dangerous ‘spillover’ effect. ‘Border agents’ and boatmen are blamed to have pumped heroin that reaches the coast in and around local area or brought to cities like Salem, Trichy and Madurai. Analogous situations can be seen throughout the world: for instance, in Hong Kong and Latin America; and it needs serious attention.
However, the fundamental question as to the final destination of the heroin being shipped to Sri Lanka from India remains unanswered. Moreover, the Sri Lankan authorities are not interested in seizing heroin departing the country. It is to be noted that there is no substantial heroin problem in Sri Lanka: the total number of heroin users ranges from 30,000 to 1,00,000 only. This would tend to suggest that there is a surplus of heroin that is either being stored in the country or trans-shipped. Moreover, purity of the heroin seized in Sri Lanka, ranges from 40% to 60%. Reports from the Sri Lankan authorities indicate that there is little difference between the purity of heroin seized at the point of entry and those confiscated from users. Thus there is little evidence of adulterants, and a high level of purity is maintained even at the retail level. Here arises a pertinent question: whether the product being sold in Sri Lanka is primarily meant for the domestic market?

Contraband trade between India and Sri Lanka has, for long been a lucrative commercial enterprise controlled, for the most part, by gangs operating from both sides of Pak-Strait. While Velvettiturai\textsuperscript{144} is considered to have served as the foremost centre of the smugglers from Sri Lanka; on the Indian side, Madras (Chennai), Tuticorin, Pattukotai,
Rameshwaram, Tiruchendur, Ramnad, Nagapatnam, Cochin and a host of smaller localities inhabited by fishing communities have figured prominently among the smuggler bases and hideouts. The increasing demand for heroin in Sri Lanka in the wake of expanding tourism induced the smugglers to establish contact with suppliers as far north as Pakistan and metropolitan Mumbai, and with delivery destinations as far south as Colombo. At this time, moreover, it became possible for the smugglers to add to their paraphrenalia, speedboats and other naval conveyances and thus increase their turnover, resistance to coastal surveillance and their geographical reach. Tamil Nadu continues to serve as a transit area for heroin.\textsuperscript{145}

To tackle the aforesaid issues, efforts have to be directed on two fronts: Primarily, specialized agencies like NCB have to identify important networks; and then, database needs to be created to link past and future trends. Close and co-ordinate working of enforcement and intelligence agencies has already begun to make a dent on this illegal trade. Sustained efforts definitely render drug running a costly and risky affair.\textsuperscript{146}
Evidence of Pakistani involvement in drug syndicates operating between Tamil Nadu and Sri Lanka has been brought to light by the south zonal unit of the Narcotic Control Bureau (NCB) in February 2000. The coastline extending from Tuticorin and Colachel has numerous landing points; and the drug is carried by local fishermen and loaded onto the fishing boats off their Sri Lankan counterparts in mid sea.

The LTTE is directly linked with the Myanmar regime in making and distributing heroin. In the initial stages of the refugee influx after 1983 riots, lax surveillance procedures and the liberal attitude of the authorities in India towards political refugees facilitated participation of fairly large number of Tamil youth in the drug trade. Many Tamil drug smugglers associated with the Tamil Tigers have been arrested in Sri Lanka, India, Australia, Britain, France, Germany, Switzerland, the United States and Canada. The initial LTTE links with South Africa have taken the form of smuggling of methaqualone (mandrax) from its principal source areas in Gujarat and Maharashtra in India.

There are certainly a growing number of seizures to suggest that there is a vibrant trade in heroin between India and Sri Lanka. Many of these seizures have been traced back to the licit opium producing areas of
Madhya Pradesh, Rajasthan and Uttar Pradesh. Opium diverted from the licensed crop are used for illicit domestic production of heroin, particularly in Madhya Pradesh and Rajasthan. This remains a serious cause of concern.153 This indigenous heroin is distributed both domestically and trafficked across the land border to Bangladesh; and through the Southern Tamil Nadu coast to Sri Lanka. While the Mumbai and Delhi International Airport, the Tamil Nadu coast and the Indo Bangladesh border remained the main staging points for the smuggling of heroin; smaller consignments were also moved sporadically from the Chennai and Trivandrum Airports destined mainly for Sri Lanka and the Maldives.154 LTTE (or one of its front organizations, or a gang masquerading as an agent of the LTTE) is yet a major player in the outward movement of narcotics from the principal producing areas of Asia.155

**Kerala: An Emerging Hub of Heroin Smuggling**

There is mounting evidence establishing the spread of cannabis cultivation to the northern districts of Kerala since 1980s.156 At present, drug abuse and its illegal cultivation and trade has increased in Kerala considerably. The official estimates in 1990 revealed that drugs valuing 50
crores are being sold in Kerala every year; and it might have increased to an alarming level by now.157

Cannabis is widely cultivated in the forests in the border districts of Kerala; especially in Idukki, Thekkadi, and Wayanad158. Illicit cultivation is reported in the forest area of Kulathupuzha and Thiruvananthapuram also.159 In Wayanad, the majority of tribal population are drug addicts and the forest department destroys acres of illegally cultivated crops every year. The use of ganja and hashish is also well established in Kerala.160 It is shocking to note that pethidine intended for medical use had been black marketed from many government hospitals into the hands of drug traders.161 In Kerala, the drug mafia remains in back stage and depute youth as retail dealers in cities as well as tourist spots.162

Kovalam, which finds a significant place in the global tourist map has now become one of the major destinations of international drug mafia. The underworld has targeted Kovalam from eighties; and drugs from Goa, Mumbai etc. are being brought via Vizhinjam.163 Hashish and brown sugar are brought from Manali too. It is estimated that during the peak tourist seasons, drugs trade turn over is in several crores.164
Kochi, the “Queen of Arabian Sea” also figured in the map of international drug mafia when the American Coast Guard captured 15 tons of hashish on 28th March, 1983, costing Rs. 250 crores from the ship “Hettimichal” travelled from Kochi. After that, a series of drug seizures have been reported which testifies drug trade via Kochi. This includes the seizure of heroin costing Rs. 2.5 crores trafficked from Pakistan. Recently, Kerala has been identified as a hub of heroin smuggling to the Gulf and the Maldives too. Recent arrests in Kerala as well as in Gulf further strengthens this argument. During 1999 and 2000, in two cases, 0.51kg and 0.169 kg of heroin respectively has been seized from the State capital, and in January 2006 the Indian Coast Guard seized seven kgs of heroin valued at Rs.7 crores from a fishing boat off Thiruchenthoor in Tamil Nadu. Though the facts remain so, the Narcotic Intelligence Bureau (NIB) has claimed that on strengthening seizure, the cannabis cultivator lobby in Kerala has turned to Andhra Pradesh and Orissa.

In this context, it is suggested that the following specific issues need immediate attention from the part of policy framers and law makers:

- It is believed that the migrant workforce from North India play an important role in smuggling medicines to Bangladesh. An
investigation by the Central Zone Drugs Control Department revealed that daily-wage workers who come to Kerala are going back home with bundles of analgesics such as codeine phosphate and dextropropoxyphene. These medicines are later smuggled to Bangladesh\textsuperscript{170}.

- Kerala’s coastal area has always been a vulnerable point. Thrissur district which has the longest coastline among the districts from Veliyankode in Ponnani Taluk in the north to Kodungalloor in the south, had registered a large number of cases relating to smuggling and trafficking. In fact it has been identified as a transit point for contraband and drugs. The district’s hilly hinterland bordering the Western Ghats are vulnerable areas as far as drugs are concerned.

- The Central Board of Excise and Customs’ failure to operationalise Customs Preventive Commissionerate in Kerala had earlier rendered the state’s 600-kilometre coastline vulnerable to smuggling and drug trafficking activities.

- Enforcement agencies have sounded an alert on drug cartels using Kochi as a transit point for smuggling heroin to Sri Lanka. It is suspected that truck carriers from West Bengal, Madhya Pradesh and Bihar arrive in the city with heroin consignments which are in turn smuggled to Sri Lanka with the help of agents.
Reports reveal that narcotic smuggling rackets in Kerala have increased their activities, with most of the criminals involved in smuggling ganja and other narcotics. The rackets mainly deal with pharmaceutical preparations like buprenorphine, codeine-based cough syrups and painkillers like proxivon.

The growing involvement of Keralites in international drug trade could be traced back to 1996 when 126 persons were executed in Saudi Arabia alone on drug charges: majority of them were Keralities. But in most cases, enforcement agencies could not ascertain the real identity or background of the offenders because most of them had used fake passports for their travel to the Gulf Countries. In 2000, seven Keralites were executed in Saudi Arabia alone for heroin smuggling: Some of them could be innocent possessors tricked into carrying the drug, and others could have smuggled the drug into the Gulf for a free employment visa.171

The close analysis of data reveals that the accused in Kerala are mostly youth hailing from Kozhikode, Malappuram and Kasargod districts.

The NRI Malayalees racket seems to have links with certain travel and recruitment agents in Kerala and Maharashtra; since many of the ‘heroin carriers’ arrested in the Gulf had travelled from Mumbai airport.
In the light of increased terrorism in India, especially in Kerala and the involvement of Keralites in terrorist activities all over India, tracking of the sources of funding has become the need of the hour. In most of the cases, the terrorists’ drug syndicates target young poor youth who are easily attracted by lucrative and a short cut route to acquire wealth and affluence overnight. In Kerala, some religious extremists are also sponsoring the terrorist groups.

Against this backdrop, the role of social scientists assumes significance: the question whether the growth of narcotic drug addicts and terrorism is a manifestation of growing frustration in the present socio-economic and political system in Kerala, similar to what is happening in the North East, need an immediate answer.

- **West Bengal and its Neighbouring States**

In West Bengal, till early eighties, heroin from Pakistan entered through Jammu and Kashmir, Delhi and Bombay; and at times through Gujarat. Some quantity makes its entry from Nepal too. But, now the bulk of heroin consumption of West Bengal is met by the poppy farmers of Barabanki and Ghazipur districts of Uttar Pradesh. The heroin inflow into the State is reportedly stockpiled in Lalgola, Murshidabad, Hoogly,
Howrah, Khargpur and Burdwan from where it flows into Calcutta and other places. The total number of addicts were found to be 1,92,626, of which 1,54,403 were from the urban areas\textsuperscript{173}.

The extent of drug-addiction in West Bengal can be ascertained with the help of the data relating to seizure of illegal drugs by the police. As seen earlier, drug menace has been growing globally since the late sixties. A change in the life style of the younger generation that occurred in the West during the 1960s with the emergence of the ‘hippy culture’, also known as \textit{youth culture}, influenced the Kolkata population in the 15-30 age group also. Ganja became popular overnight. It was from the westernized affluent students that the excitement of smoking drugs got transmitted to the boys belonging to conservative middle-class families. The mid-1960s was also a period in which many young people felt a sense of alienation from the established institutions and values of society. In the mid-seventies, ‘charas’ another derivative from the ganja plant, conquered the young men. The 1980s witnessed unprecedented rise in heroin addiction in Kolkata\textsuperscript{174} that assumed epidemic proportions during 1986-87\textsuperscript{175}, which still continues.
Trade of Some Specific Drugs in India

- **Opium**

India is the world’s largest producer of legal opium, the raw material for codeine, morphine and other pain-killers\(^{176}\). At the international level, illicit trade in opium is relatively rare. Major smuggling organizations prefer to convert opium into heroin before shipping to the consumer countries; since a given quantity of heroin is worth much more than an equivalent amount of opium. As such, heroin is more profitable, and much stronger, because it is made of the main naturally occurring psychoactive substance in opium – morphine\(^{177}\).

In India, licit cultivation of opium exists mainly in three States: Madhya Pradesh, Rajasthan, and Uttar Pradesh and the total area cultivated extends to 26,683 hectares. The annual yield was around one thousand tons for the year 2001-2002. The raw opium produced is exported, and only a small percentage is processed in India for pharmaceutical purposes. It is estimated that there is around 10% diversion from the licit cultivation. Opium is officially traded for Rs.80 crore only; but the underworld converts it into Rs. 600 crore. One kg of opium fetches Rs. 10,000 to Rs. 20,000 in the black market while 1kg heroin is sold for Rs. 1.5 to Rs. 2 lakh. No
other crop in the world offers returns of Rs. 2 lakh per acre. This is the main reason for diversion from licit market.  

For the last decade, as per the data available, the main source of brown sugar or heroin consumed across the country except for the North- Eastern States is largely met by diversion from the licit market. Around 79% of the seized heroin was found to have been made from opium processed in India. It has been alleged that smugglers buy opium from cultivators in Uttar Pradesh and smuggle it out through the Indo-Nepal border to sell it in the international markets. However, no concrete evidence of excess production, illegal sale or smuggling has been brought out. International law enforcement officials, liaison officers, international agencies, social scientists and national officials openly declare that there is far more diversion than is acknowledged by the Government.

Illicit opium is also being cultivated in Arunachal Pradesh in the North East and in the hilly terrain of Bihar, Uttar Pradesh and Himachal Pradesh. It also occurs in parts of Andhra Pradesh and West Bengal. In certain places of Arunachal Pradesh the local inhabitants use opium for rituals and personal consumption. Due to the peculiar topography, most of
the areas, especially Lohit, Yingkiong, Changlang, and Khansa districts of Arunachal Pradesh, permit little access to government officials.

However, in Arunachal Pradesh, destruction of illicit cultivation was undertaken in 30 hectares in 1997, 100 hectares in 1998, 250 hectares in 1999 and 378 hectares in 2000. But illicit cultivation still continues. In March 2002, the State Excise, Police, Customs and NCB jointly destroyed 41.5 acres of illicit poppy cultivation in West Bengal. In the same month, the State Excise of West Bengal also destroyed 3000 illicit poppy plants. In May, 2002, 35 hectares of illicit poppy cultivation was destroyed in Anantag and Pulwana in Kashmir valley.

- **Heroin**

With the passage of time, traditional societies have been replaced by less restricted ones. Consequently, drug abuse is predominantly growing across the developing countries. Heroin was almost an unknown commodity in India till 1980. The first seizure of heroin was in 1981. Within a decade, the number of addicts has been raised to ten lakhs, leaving a historic record.
When heroin made its presence felt in Indian market, the official stand has been to highlight the role of India as a *transit country* for drugs that came from the bordering States close to Pakistan/Afghanistan in the north and Myanmar in the north east. Through these years, the factors that shape drug trade in the country has been changed. However, the political and official stand continues to focus merely on transit of drugs *via* India to other countries.\(^{187}\)

**The Major Sources**

Opiates either used in the country or traded to other countries have three sources: *South West Asia, South East Asia* and *Indian Heroin*\(^ {188}\). The source of the drug is determined by geographical location of seizure, purity of the substance seized, markings on the drug packets and the manner in which it is packed. From the total seizure made in the country till 2001, South West Asia and South East Asia accounted for 30-40%; and in the year 2002, it came down to five percent.\(^ {189}\)

In the case of South West Asian origin, the most susceptible entry points are the border areas of Punjab, Rajasthan, Jammu Kashmir and Gujarat\(^ {190}\). The trade occurs through the border areas of Jammu Kashmir
and Rajasthan over land; in case of Punjab, through land and river routes, difficult to monitor; and the long coastal line of Gujarat, along with numerous creeks and inlets that provide convenient landing spots for sea crafts\textsuperscript{191}. Heroin seizures of Afghan origin accounted for 64% of the total seizures for the years 1996-1997; it came down to 35% in 2000; 21%, in 2001; and 5% in 2002\textsuperscript{192}.

Geographical locations that are most vulnerable to drug trade from South East Asia are Assam, Manipur and Mizoram. In Manipur, Mizoram and Nagaland, heroin is smuggled from Myanmar where it is manufactured on a large scale, and is taken through intravenous injection. This region has the highest incidence of HIV infection among drug users mostly youngsters. However, the seizures made from this area have been minimal and it accounts for less than one percent of the heroin seizures made in the country\textsuperscript{193}.

From the early nineties, Indian heroin has been catering the needs of local users. Moreover, from the late 1980s, the global demand for Indian opium increased due to the closure of the northern Afghanistan border and the reduction in Afghan opium\textsuperscript{194}. 

195
Major Categories of Heroin

On the basis of the source of origin, drug seized in the country has been classified broadly into four categories: *South West Asian, South East Asian, Local and Unknown*\(^{195}\). For the year 1992, the break up for drug seized from different sources were: South West Asia (74%) South East Asia (1.3%), Local (3.4%) and Unknown Source (21.3%)\(^{196}\).

In 2002, out of the total seizure of heroin, 5% was from Pakistan, and 1% was from Myanmar. This accounts for only 6% of the heroin seized in that year and there is no mention as to where the remaining 94% of heroin came from. It seems to have been from Indian source. A considerable reduction in drugs from South West Asia took place due to Taliban efforts, environmental factors, change in regime in Afghanistan and state of alert along Indo-Pak border. However, there has been an increased supply from unknown sources, which probably is diversion from local licit cultivation or from illicit cultivation itself; though illicit cultivation cannot account for such large discrepancies.

There exists a complex network of Pakistan and Indian based syndicates which is active in both smuggling heroin across the border as
well as in its transport to major destinations such as Delhi\textsuperscript{197}. Payment methods range from 	extit{hawala} to straight forward physical currency transfers across the border. The major recipients in India are Nigerian groups who operate major trafficking routes to West Africa, Europe and the U.S. through a variety of modes including passengers, post, parcels etc\textsuperscript{198}.

- **Cocaine**

When the habitual use of cocaine began at the end of the nineteenth century and the beginning of the twentieth century, restrictions on the import, sale and use of this drug were not strictly enforced. The excise authorities soon realized the seriousness of the situation; and consequently, regulations were brought into force to ensure strict control of import and sale of cocaine. The sale of alkaloid to the general public was forbidden, and even the sale by licensed druggists and chemists to medical practitioners and dentists was strictly controlled. No one was allowed to possess coca leaf, alkaloids of coca or any preparations made from them, or preparations containing cocaine or any substance chemically allied to cocaine or having similar effects, except under a special license\textsuperscript{199}.
• Cannabis

Cannabis derivatives, particularly marijuana, hashish and liquid hashish continued to be the most readily available drugs of abuse. "Marijuana", the popular name for the plant, *Cannabis Sativa*, also known as *hemp*, is also used to denote the drug prepared by drying the leaves and flowering tops of the plant. *Hashish* is the drug produced by drying the resin exuded by the marijuana plant. The resin is richer in cannabinoids than the leaves and tops – one gram of hashish is said to have the effect of five to eight grams of marijuana- but the potency of both marijuana and hashish varies widely from sample to sample.

Cannabis cultivation is illegal, yet widespread in India. However, no estimates as to the size of this illicit cultivation are available. Both marijuana and hashish are processed in India. The Kullu Valley in Himachal Pradesh is known to produce marijuana with a high delta – 9 *tetrahydrocannabinol* (THC) content, which makes it more attractive in foreign markets. But the majority of marijuana and hashish produced in India is used for domestic purposes; and only a small percentage is destined for the international market. Cannabis, opium and its derivatives are also frequently trafficked along the 800 km Indo-Nepal border. Due to
increased illicit cultivation, the Indian Government began eradication efforts in the northeast in 1996\textsuperscript{204}.

In this context, it is to be noted that in 1893, the Indian Hemp Commission was set up to examine the trade in cannabis, its effects on the social and moral conditions of the people and the desirability of prohibiting the plant. The Commission found that cannabis was used extensively in India as a medicine, in tonics, at family gatherings, in religious observances and, most commonly, by workers to alleviate fatigue. In none of these capacities could the Commission find any evidence of harm. As a rule, cannabis use was found to be moderate and unproblematic, with cases of excessive use being rare\textsuperscript{205}.

With regard to the question whether the use of cannabis led to insanity, the Commission concluded that while there was a link between mental illness and excessive cannabis use, over-indulgence could be regarded not as a cause, but as a symptom of some predisposition to insanity. The Commission also considered whether the use of hemp inexorably led to crime. Witness after witness described cases where addicts had to steal to maintain their supply. “It is astonishing”, the Commission noted, “to find how defective and misleading are the
recollected which many witnesses retain”. Finally, the Report of the Indian Hemp Commission concluded that there was absolutely no need to ban cannabis in India. The drug was not a serious hazard and— as it grew so prolifically and was so widely used— prohibition would be unworkable. Furthermore, there was no evidence that hemp was habit-forming in the way that alcohol and opium were.  

- **Chemicals and Pharmaceutical Drugs**

Indian narcotics control officials are worried about a disturbing new trend: a vital chemical used to convert opium into heroin is systematically being smuggled out of the country and sold to drug lords in Pakistan and Afghanistan. Though investigations are incomplete, it seems that the *drug mafia* is targeting Indian chemical manufacturers as a source; and that the policemen and politicians are involved in this racket.

In the year 2000, when the chemical units in Surat were raided by the Central Bureau of Narcotics (CBN), 26 tonnes of multipurpose chemical— Acetic Anhydride (AA) which was sufficient to manufacture 10 tons of heroin was found to be missing. Earlier, NCB had busted an illegal mandrax laboratory in Mumbai. AA is required for mandrax manufacture
too. AA, an ingredient in the pharmaceutical and dyeing industries, fetches Rs. 35-40 a litre on the legitimate Indian market. In Pakistan, a litre is worth Rs. 1,500-2000; while in Afghanistan, the price is still higher. Every kilo of heroin requires 2.5 litres of AA and 10 kilos of opium.  

There are at least twelve legal producers of AA in India. AA is used to produce licit pharmaceutical drugs in the textile industry. Nine Indian companies annually produce roughly 45,000 tonnes of AA. Since it is a “controlled substance”, the manufactures are required to seal all trucks leaving their factories. Yet, AA apparently gets smuggled in transit. It is the most commonly used chemical to convert morphine into heroin, and to synthesize the methaqualone precursor N-AAA and the methamphetamine and amphetamine precursor propanone.

Despite government controls, AA produced in India continues to be seized both en route to Afghanistan laboratories and to the methamphetamine and heroin laboratories in Myanmar. Chemicals such as AA, N-acetylanthranilic and acid (N-AAA), emphridine, pseudoephedrine, ergonavine, methylendioxyphenyl 1-2 propanone (MD2P2) phenyl acetone (P2P) etc. are legally allowed in India; subject to government control. However, the government does not exercise control.
over all of the 22 chemicals listed in the 1988 U.N. Convention. In the case of certain chemicals, the government interferes only when evidence is produced to the effect that they are locally produced and are diverted. India is an active participant in DEA’s *Operation TOPAZ* and *Operation PURPLE*, which are initiatives designed to prevent the diversion of AA and similar chemicals.

Both ephedrine and pseudo-ephedrine produced in India which are legally exported to many countries including United States, Canada, Germany, and Mexico are generally used for the illicit methamphetamine. In 1999, Indian law was amended to provide control over ephedrine which is diverted from pharmaceutical companies for illicit use.

India is the world’s largest producer of illicit methaqualone, which is , usually marketed under the brand name *Mandrax*\(^\text{212}\). India has a large production capacity for pharmaceutical products with 25,000 pharmaceutical companies in existence in the country. A wide range of pharmaceutical drugs are legally produced in India, including phensidyl, buprenorphine, and diazepam all of which are widely abused throughout. The most common medicines that are abused are proxyvon, phensedyl,
buprenorphine, diazepam, nitrazepam, lorazepam and tidigesic\textsuperscript{213}. Abuse of pharmaceutical drugs and the spread of poly drug use occur due to the lack of a uniform monitoring of compliance to prescription requirements. An indication of such abuse is the discrepancy between the legitimate medical requirement of these products and the high proportion of profits made on these substances by pharmaceutical companies.

**Drug Trafficking Trends and Patterns in India**

As seen earlier, India is not only a transit country, but also a destination for heroin and hashish produced in Nepal, Afghanistan, and Pakistan. Although the border is closely monitored and tensions remain high between India and Pakistan, opiates continue to enter India overland from Pakistan. Sea and air routes are also used to bring heroin from southern Pakistan\textsuperscript{214}. NCB has identified the established heroin trade through porous borders in Punjab and Kashmir besides adjoining Rajasthan and Gujarat \textit{en-route} to Europe and the USA \textit{via} air and sea routes\textsuperscript{215}. An unknown percentage of this heroin remains in India, and the rest gets transmitted to international destinations, especially from New Delhi and Mumbai by carriers travelling on commercial airliners\textsuperscript{216}. Little data is available on heroin and hashish smuggling by sea, although both are
believed to occur\textsuperscript{217}. The reports available indicates an increasing trend in the seizure of smuggled goods from Delhi, Mumbai and Goa including airports of these cities. However, the data does not indicate that the airports of these cities have become hub for the smugglers\textsuperscript{218}.

Drug trafficking in India usually involves nationals from India, Afghanistan, Pakistan, Bangladesh and Nepal. Nigerian traffickers are also present in India, particularly in Delhi. In addition, West African traffickers reside in India and primarily sell hashish to other Africans and Indians\textsuperscript{219}. There are only two authorized border crossings on India’s northeastern border with Myanmar but the borders are porous. This region is a home to a number of insurgent groups; who facilitate cross-border drug traffic.\textsuperscript{220} Ethnic Tamilians are also involved in trafficking between India and independent island off the southern coast of India. Heroin destined for Sri Lankans is regularly seized in gulf of Myanmar between India and Sri Lanka\textsuperscript{221}. The Liberation Tigers of Sri Lanka receives funding from drug trafficking, although no direct nexus between drug trafficking has been confirmed\textsuperscript{222}. It is found that nearly all Asian terrorist groups are involved in trafficking of narcotics\textsuperscript{223}.
The policy of globalization inaugurated in 1991, featuring a privatization programme; and the membership of WTO in April 1994, made it easier for drug trafficking rings to penetrate the country whose geographical position made it vulnerable to their activities. Since the borders were opened, legal imports rushed into the country, making it less attractive to smuggle gold and electronic equipment, and the syndicates started concentrating more on drugs trafficking. Mumbai City is no longer simply an important transit point for drugs. Laboratories refining Pakistani morphine base into heroin are springing up alongside the plants that have long been producing methaqualone (Mandrax). These activities are nurtured by black money generated by the parallel economy. Many laboratories have been bought by criminal organizations to manufacture mandrax for the African market, especially Nigeria. Mozambique and South Africa.

Conclusion

India is having land borders extending over more than 15000 kilometers and a sea coastline of over 7000 kilometers. The North Eastern borders are mountainous and offer little access to law enforcement agencies. These topographical features facilitate easy ‘entry’ and ‘exit’ of
drugs. Moreover, India’s proximity to the *Golden Crescent*, the *Golden Triangle* and the *Golden Hexagon* which are notorious for illegal drug trade, adds fuel to the fire. India’s vulnerability to drugs has been aggravated by the New Economic Policy of Liberalisation, Privatisation and Globalisation also. Narco-terrorism is also extending its tendacles over India. If allowed to remain unabated, drug menace will considerably destroy the quality of life and hamper social, economic and cultural development of India. The menace is swallowing not only the North Eastern States, but also the Southern States of Tamil Nadu and Kerala. Consequently, ‘*Kanyakumari to Kashmir*’ is under threat. Through these years, the factors that shape drug trade has been changed. However, the political and official stand still remains the same which regards India only as a ‘*transit*’ country. India, being a signatory to almost all international conventions relating to narcotic drugs and psychotopic substances, it is high time to evolve a comprehensive policy and legal frame work for combating drug menace.

Myanmar, Laos and Thailand.

Afghanistan and Pakistan.

Lok Sabha Unstarred Question No. 3071 (10.8.2001).

According to the INCB, the term *opioid* refers to a natural, semi-synthetic or synthetic substance with chemical structure and pharmacological effects similar to those of morphine.

The First Opium War was an attempt to force China to accept illegal drug trade from British drug dealing merchants to the general population of China. Smoking opium was normal in the 1800s and was said to cure many health problems. See, [en.wikipedia.org](http://en.wikipedia.org).


Australia, Austria, Czech Republic, Estonia, France, Germany, Hungary, Netherlands, Poland, Romania, Slovakia, Spain, The Former Yugoslav Republic of Macedonia, China, the Democratic Republic of Korea, India, Japan and Turkey.

China, the Democratic Republic of Korea, India and Japan.


[en.wikipedia.org](http://en.wikipedia.org)

For a discussion on ‘soft drugs’, See, *Supra* Chapter I.

[encyclopaedia. the free dictionary.com](http://encyclopaedia. the free dictionary.com)

See for instance, *Operation Kalbhairav* and *Operation SEARCH*.


*Supra.n.1 at p.572.*
Molly Charles, “Drug Trade Dynamics In India” (Project undertaken for the Max Planck Institute of International Criminal Law, Germany and USA) Supra n.18.


www.ogd/org/rappor/gb RF 92 2 INDE.htm.


National Narcotics Intelligence Consumers Committee Report (US Department of Justice DEA, Intelligence Division, Washington DC). Price of opium and heroin in various locations in India during 2000-01 is placed in Table 5, Appendix.


The Board (INCB) emphasized that the 80/20 rule has greatly contributed to global efforts to maintain a lasting balance between the supply and demand for opiates used for medical and scientific purposes, as required under the provisions of the 1961 Convention. As the U.S is the largest importer of opiate raw materials in the world, the proposed amendment may destabilize the world licit market for opiate raw materials: See, International Narcotics Control Board Report, 1999, (United Nations: Vienna, 2000) Supra.n.10. at p.21.

Supra.n.18.

Supra.n.10 at p.30., Ibid.


Lok Sabha Unstarred question No.1856 dated.15.3.2005.


Annual Report of Narcotic Control Bureau, (Govt. of India, New Delhi, 2007).


Ibid.


Ibid.


Ibid.

Illicit Drug Traffic and Supply and Evaluation of Their Activities. (Reports of Subsidiary Bodies, E/CN.7/1995/9) p.3.

Ibid.


Ibid.


National Drug Enforcement Statistics (NCB & NVB Annual Reports)

Rahul Bedi, “India – A Target for Narco-terrorism”, MP Chronicle, (Bhopal 1.7.2000)

Ibid.

Supra n.51, para.15.


For a bird’s eye view on such data See, Appendix.

Lok Sabha Starred Question No. 222 to be answered on 10.03.2000.

Lok Sabha Starred Question No. 373 to be answered on 18.08.2000.

Lok Sabha Starred Question No. 3071 to be answered on 18.08.2001, Quantity of drugs seized and the number of cases registered by the Central and State Government agencies empowered under the NDPS Act, from 1997 to 2003, are as given in Appendix.

Illegal drug producing unit was sealed at a village in Rampur, UP, by the Delhi zonal unit of the Narcotics Control Bureau (NCB). About 442 kg of mandrax, raw material and machinery worth Rs. 10 crore were seized from the unit. The NCB officials said that the alleged kingpin of the illegal unit was a Dubai-based Indian who was a part of a gang opposed to Dawood Ibrahim and NCB was looking for three more. Mandrax tablets produced in this unit were to be shipped to South Africa via Angola. For this purpose, the accused had formed fake companies in India and Angola. Mandrax is one of the single biggest hauls of the synthetic drug, the clandestine production of which has been steadily increasing in India. Besides the seizure, a large amount of country-made weapons and 1,429 kg of Acetic Anhydride, a controlled substance used to manufacture heroin too, were also seized.
from the factory. Acetic Anhydride is one of the main substances used to produce mandrax. See The Hindustan Times, New Delhi, (7/8/2002).

61 Lok Sabha Starred Question No. 496 to be answered on 20.3.2001.
63 This has been revealed by the Indian Law Institute (ILI) 2007.
65 Abdul Latif Wani “Trafficking in Narcotics : Economic Returns and Fortunes” (Research Paper, University of Kashmir, 2007)

Appendix.

68 Supra.n.63.
69 Supra.n.67.
71 Supra.n.48.
72 Islamic Republic of Afghanistan, Ministry of Counter Narcotics, Daily Press Brief 17.7.06.www.mcn.gov.af
73 Supra.n.67
76 Supra n.48.
77 Supra.n.66.
80 Special Report Probe India, March 1986, p.51.
85 “Delhi and Mumbai are Transit Points for Drug”, Peoples Daily (30.6.2006), english.people.com
87 Supra.n.83.
88 Lok Sabha starred question no.443 to be answered on 25.8.2000.
90 Supra.n.19.
91 “Sinister Morphine Comes to Opium Country,” Outlook (8.3.1999) p.66.
92 Supra n.19.
This argument is being strengthened by a major narcotic seizures in the Capital during the first week of June 2007: four Afghan nationals from Kabul who were part of an international drug cartel, were arrested allegedly with high-quality heroin worth crores of rupees in the international market in separate incidents. In another major narcotic seizure in the capital in August, 2006. Methaqualone (4,400kg) probably meant for one of the African countries via Angola was involved. See, “Afghan Heroin Reaching Drug Users World Wide, via Delhi”, The Hindu (26.10.2005).


A study published by the De-Addiction Centre of All India Institute of Medical Science (AIIMS),2008.

The Mizo fought against the government for 20 years before signing a peace accord in 1986.


“India, Gun Wars And Drug Deaths In South Asia”, action.web.ca.

“Kingdom of Thailand Erosion And Refugee Rights”, web.amnesty.org.


Supra.n.91 at, p. 67.


Supra.n. 70.

“Despite Gains, Burma Still a Major Drug Producer and Trafficker.”

www.usinfo.state.gov.


Supra.n.121.

“War Shifts Narcotics Base to India”, Hindustan Times, (13.11.2001)

In November, 1996 the Narcotics Control Bureau seized $ 71 million worth heroin from Tuticorin which was on its way to Sri Lanka. See, “Drug and Terrorist Trail”, The Observer, New Delhi (2.8.2000)


Supra.n.135.

Supra.n.113.

Rajya Sabha started question number 37 (30.11.99)

Supra.n.10.

News Letter (Quarterly Newsletter of Narcotics Control Bureau), narcoticsindia.nic.in.

According to NCB Report, 1994, heroin, hashish and methaqualone are smuggled from India to Sri Lanka by air and sea. Small quantities of drugs are taken by air; large quantities are trafficked by the sea route. Drugs are concealed in vessels carrying pulses and onions or other items. An international liaison officer indicated that Sri Lanka is used for transit; and the cargo dealt with by Colombo port is huge too for proper regulation. See, Supra n.19.

Supra.n.91 at pp. 66-68.

Velvettitura is a township located along the northern coast of Sri Lanka.


Supra.n.135.

This narco linkage came to light when the NCB seized 39.5 kg of heroin worth Rs. 40 crores from two Sri Lankan nationals near Tirunelveli. See, R.Partha Sarathy, “Pak Link With Drug Syndicates Detected”. The Hindu online edition dt.12.3.2000.

One of the largest seizures effected by the south zonal unit, which reached the State from Delhi and meant for Sri Lanka, had the markings ‘999’ which was of Pakistani origin. According to NCB sources, investigation has shown that the Pakistani drug in most cases reaches Nepal despite the landlocked Himalayan Kingdom having no common borders with that country and the contraband is smuggled into India through the borders of Rajasthan, Gujarat and Punjab from where it is moved to Madhya Pradesh/Mumbai/Delhi. Ibid. The consignments earmarked for Sri Lanka which has emerged as an important transit point for smuggling narcotics in container cargo to the Far East and Western destinations, are then moved by carriers by air/rail/road to Madurai and then onto Tuticorin
which has now turned into a favourable smuggling centre considering its ideal coastal location and proximity to the island nation. See, “Patrolling Along Southern Coast Intensified”, The Hindu (6.3.2000)
Ibid.

Peiris, G.H. “Secessionist War and Terrorism in Sri Lanka”, www.satp.org. Tamil carriers have been caught in some cases with forged or stolen passport. In one drug arrest German police uncovered a collection of tools and stamps to make forged Passports. The Tigers exploit – with money, threats or ideology – overseas Tamil communities. See, “Tigers Adopt A New Tool of Terror”, Bangkok Post , (29.10.97).

Supra.n.151.

“Drug Addiction Blossoms Again”, The Malayala Manorama (1.5.1992)

“Extensive Cannabis Cultivation, Silent Officers”, Mathrubhumi, (5.2.1998)

“Place for Kochi Also” MalayalaManorama, ( 6.5.1992)

Lok Sabha starred Question No. 222 to be answered on 10.03.2000 In connection with smuggling of heroin, various enforcement agencies, including the Narcotic Control Bureau (NCB), are probing the background of more than 12 Malayalis who were arrested in the Gulf in 2003 on charges of smuggling heroin. As many as eight of them were held in Dubai alone in 2002. The arrested include those who have travelled to the Gulf on employment and visiting visas. The charges range from smuggling of heroin to peddling and possession of drug-laced cigarettes. Many of the youth face death penalty in the countries that have detained them. See K.K Suresh Kumar, “Cannabis Cultivator Lobby in Kerala Has Turned to Andra Pradesh and Orissa” Mathrubhumi, (7.5.2007)
The three Sri Lankan fishermen who were arrested in connection with the drug haul revealed that they had entered the illegal trade to quickly overcome the losses suffered in the tsunami disaster See Supra.n.166.

See, Lalitha M, “Drug Abuse and Illicit Trafficking” Kerala Calling 24-27(July 2012), pp.7-10. See also, Table, II, Appendix.

Supra n.169.


Mondal J, A Survey on the Incidence of Drug addiction in the Rural and Urban areas of West Bengal with reference to Demographic Variables, (Social Welfare Department, Govt. of West Bengal, 1986-88)

Supra n.81 at p.23.

Ibid. at p.23.

National Narcotics Intelligence Consumers Committee Report (U.S Department of Justice, DEA, Intelligence Division, Washington DC); See also “Afghanistan Watch”, www.tcf.org.


Supra n.91.

Lok Sabha starred Question No. 97 to be answered (13.12.99).

Supra n.19.


Ibid.

Survey of Opium Cultivation in Lohit District, Arunachal Pradesh (UNDCP, 2000)

Supra n.19.

“Indian Concerns”, Frontline, (30.9.1989)


Narcotics Control Bureau Annual Report 2001-2002 (Department of Revenue, Ministry of Finance, Government of India, New Delhi)

Supra n.176.

Narcotic Control Bureau Annual Report 2002-03 (New Delhi).


Pranab Dhal Samanta, “Drugs On Our Doorstep”, The Hindu, (7th April, 2002);

See, also, NCB Reports from 1992-2002.


Supra n. 191.

Supra n.176.

National Control Bureau Annual Report, 1992; See also Appendix.

Supra n. 91 at p.66.


“Narcotics Flourishing in South Asia”, Statesman, New Delhi, (23.2.1999)


Intelligence Division, Drug Enforcement Administration, Status in International Drug Trafficking (January, 2004) India’s eradication statistics in hectares (1997-2002) is given in Table 7, Appendix.


Ibid.

Supra. n.176.

Rajesh Ramachndran, “Indian Chemical Afghan Drug Loads Can’t do Without”, The Times of India, New Delhi (8.3.2001)

Supra.n.201.


Supra.n.176.

Supra.n.201.


Supra.n.48


Lok Sabha starred Question No. 443 to be answered on 25.8.2000.

Supra.n. 216.

Supra.n.48.

Supra.n.201.


Supra. n. 48.

Aditya Kant, “Trans Border Smuggling”, Times of India, New Delhi (1.2.2000) For a discussion on the pattern of drug trafficking from India, See, Table 8, Appendix.

Supra.n.48.