CHAPTER-6

PROBLEM OF DRUG ADDICTION IN INDIA

Strategic location of India between “Golden Crescent” and “Golden Triangle”, the two great drug producing hub, the presence of long-porous international borders, immobilization international drug traffickers in Europe in the late 1980s and 1990s by the passage of very stringent laws, involvement of terrorist organizations in drug trafficking, involvement of diplomats, air crew personnel etc., laxity of Indian laws in the past and the procedural problems in their effective enforcement have all added to the increasing use of India as a transit country by the international drug traffickers. From a modest country with relatively harmless soft drug addicts, India in the recent years has transformed into a major transit country and a destination for trafficking as well as abuse of narcotic drugs. For instance, the Interpol estimates indicate that nearly 80 percent of the Southwest Asian heroin is now routed through India. In fact, in 1987, out of 7.7 tons of heroin seized by them in Europe and America, 2.7 tons were found to be originated from India.1 If seizures of narcotic drugs, as reported in the press, are any indication, there is every reason to believe that India is the link country between the two major opium producing regions of the world, namely – the “Golden Triangle” and the “Golden Crescent” and that of the western world.

India is the world’s largest producer of licit opium for the world’s pharmaceutical industry. However, a portion of the licit opium poppy crop is diverted to the illicit market. The exact estimate of licit opium diverted to


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illicit market is unknown, however, the most frequently reported estimates are that from 10 to 30 percent of the licit crop may be diverted. Opium obtained both through diversion and from illicit cultivation is processed into heroin in India. In India, heroin is most often found in the form of a crudely refined heroin base called "brown sugar." However, white heroin hydrochloride (HCl) is also produced in India. India is, thus, a minor source country for heroin, but serves as a transit country for Southwest Asian (SWA) heroin from Afghanistan that often enters India from Pakistan. The transit of the Southeast Asian (SEA) heroin from Burma (Myanmar) is not believed to be significant at this time. Heroin from Burma has been found primarily within the addict population of North East Region of India. Surveys conducted in recent years have also revealed the existence of many clandestine routes for international trans-border-trafficking of narcotic drugs through this region. According to one such report, a large narcotics production infrastructure capable of producing multiton amounts of morphine base or heroin has become established in southern Afghanistan and continues to grow. The town of Chutu, near the northern border of Pakistan, has emerged as a major trafficking hub. Opiate processing laboratories are also growing in numbers in Nangarhar province - Afghanistan's second largest poppy growing region. Another major development in the Southwest Asian heroin trade has been the emergence of a powerful network of traffickers that control much of the opium industry and drug trafficking out of southern Afghanistan. They have also established a region wide trafficking network that made them the dominant trafficking organization in the Southwest Asia. Ethnic, tribal and political affiliations of these traffickers allow them to maintain an extensive trafficking network that operates beyond Pakistan and Afghanistan into Iran, Turkey, and Central Asia.

2. WWW.DEA.GOV. Drug Intelligence Brief, May 2002
Interpol report says 787,794 kg of heroin transported through India were seized in different places abroad in 1984 and '85. The map shows where and how much (in kg).

Courtesy; Sunday
The heroin produced in Afghanistan is, thus, easily obtainable in Pakistan. Once the drug consignments are in Pakistan, they are pushed through the Gujrat desert belt separating India and Pakistan. Once the consignments are in Gujrat, these are loaded into milk or oil tankers and brought to Mumbai. The technique used is sorting of the heroin in 1 or 2 kg waterproof packets and loading into milk or oil tankers. It is in rare cases that milk or oil tankers are emptied to look for contraband drugs. From Mumbai the heroin consignments are sent abroad usually either through containers in ships or on mafia boats. Besides, drug consignment can also go in two other directions; either to the coastal areas of Tamilnadu to be forwarded to Colombo and diverted to the West European countries, or on cargo-carriers to West Africa where Nigeria and Ghana provide ready markets. Air routes are also used to smuggle heroin into United Kingdom, France and Germany.

According to intelligence report, Dawood Ibrahim and his D' company is a major player in the global narcotic trade. With international trafficking in heroin and arms smuggling as its core business, the D' company's operations has now stretched across Asia, Western Europe and West Africa, the report said. The D' company's head quarters are at Karachi, its operation base is Dubai and Mumbai is its conduit for heroin. Though the Narcotic Control Bureau (NCB) is yet to pin a drug-smuggling charge on Dawood, the Karachi based don has tied up with LTTE and has been tapping the contraband drug market in France, Austria, Netherland, Germany and U.K. A large part of Dawood's success in narcotic trade is due to the assistance of Tamil Tigers and the support extended by Pakistani ISI. The entire maze of operation is so complex – with atleast four layers of middlemen who take

5. Ibid........................................................................P.-15
orders and transport consignments – that not even a single known transaction can be traced to Dawood⁶.

The three source countries in the “Golden Triangle” region are Burma (Myanmar), Thailand and Laos. In Thailand, aggressive eradication and effective crop substitution programmes have drastically reduced Thai Opium production. But without a meaningful eradication effort of its own and with little change in the status of UN-supported crop substitution projects, Laos remains the world’s third largest producer of illicit opium⁷. Without meaningful eradication effort of its own, Burma has been the cornerstone of the Southeast Asian heroin trade. Besides producing the overwhelming majority of the Southeast Asian opium, Burma is at the center of the region’s drug trade because of the dominance of drug trafficking armies in heroin production and the permissive environment within which the heroin industry is able to operate. The key suppliers of Southeast Asian heroin are powerful drug trafficking armies – particularly the United Wa State Army (UWSA) and the ethnic Kokang Myanmar National Democratic Alliance Army – that largely control Burma’s primary opium growing regions. The UWSA has dominated heroin production and trafficking since Khun Sa negotiated the surrender of his Mong Tai Army to Rangoon in 1996⁸. Most of the UWSA’s soldiers has been deployed in Burma’s opium growing region in the north central Shan state, between the Salween river and the China-Burma border which is the traditional homeland of the Wa ethnic groups.

Thailand, with its advanced communication infrastructure and owing to its proximity to the opium growing regions, has still remained a major brokering and transshipment centre of the world⁹. From this centre, drug

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8. Ibid.................................P.- 42.
consignments are diverted towards Hongkong, Taiwan and Japan. In view of the growing scenario of drug trafficking, these countries had passed very stringent laws in the late 1980s and 1990s. Finding it difficult to continue their trade in narcotics through the old routes, the traffickers started using the long-porous international border bordering the north eastern states of India. Thus, many new routes for trans-border trafficking of drugs came into existence. Four such routes have also been identified. They are—

(a) Tammu-Moreh-Imphal-Dimapur route,
(b) Pangsa-Noklak-Kiphire-Kohima-Dimapur route,
(c) Jhizami-Pfutsero-Kohima-Dimapur route
and (d) Tirap-Ledo-Dimapur route.

Dimapur and its neighbouring areas have emerged as a major transit centre for trafficking of drugs to different destinations. Besides, Dimapur, the city of Guwahati— the nerve centre of the Northeast— has been fast emerging as a major transit centre for trafficking of narcotics to different destinations. The drug consignments usually reach Guwahati from Nagaland (Dimapur), Manipur, Mizoram and Arunachal Pradesh, the report said. From Guwahati, these consignments are sent to different destinations through railway wagons. Besides railways, road transport are also used for the purpose of trafficking of drugs.

Besides opium, large scale cultivation of illegal cannabis plants has also been reported from various parts of our country. Reportedly, large scale illegal cannabis cultivation is done in the States of Kerela, Tamilnadu, Andhra Pradesh, Uttar Pradesh, Bihar, Assam, Manipur, Tripura and Arunachal Pradesh. However, the exact estimate as to the size of this cultivation is not available. Though periodic raids and destruction operations are carried

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out by the enforcement agencies, due to various constraints such as inaccessibility of the growing areas, shortage of staff etc, have seemed to hamper the process of raids and destruction, leaving enough of these produce to feed the illicit drug market. The majority of the cannabis products, viz. ganja (marijuana), hashish, etc. produced in India are likely for domestic use, although a percentage is destined for international drug market. Apart from local cultivation in India, there is Nepal in the north where cannabis grows wild in wide areas. And from the recent seizures it is evident that ganja and hashish produced in Nepal still continued to be transited through India to different international destinations.

According to Narcotic Control Bureau figures, the annual seizure of heroin in our country is about a ton. But this accounts for only a fraction of the drugs that passes through. With so much of contraband drugs passing through our country, it is natural that a portion of these drug consignments is diverted for local consumption. Studies/surveys conducted in different parts of our country have shown that consumption or abuse of narcotic drugs in our country is still on the rise. Not only the metropolitan cities, but the semi-urban, sub-urban and even rural areas are also affected by the increasing abuse of drugs. People from every walk of life- students, government servants, industrial workers, casual labourers, rickshaw pullers and people living in slum areas of different metropolitan cities have been identified as constituting the bulk of drug abusers in our country. This menace has embraces practically all strata of our society.

An ICMR\textsuperscript{12} report suggests that about 33 percent of the boys and girls of Delhi University were victims of drug addiction. The report also suggests that in the Government Colleges of Patiala (Punjab) about 72 percent of the students were drug addicts and annual growth rate of drug

addiction was estimated to be about 10 percent. In Mumbai 42 percent, in Kanpur 64.81 percent and in Kolkata 37.4 percent of the students were found to be drug addicts. Another sample survey conducted by a Professor of Gujrat Medical College also suggests that 37.4 percent students of Calcutta University, 19.7 percent students of Bombay University, 18.9 percent students of Chandigarh University, 50.1 percent students of Delhi University and 47.77 percent students of Benaras Hindu University were drug addicts.

A very recent report\(^\text{13}\) suggests that the percentage of cannabis abusers among those reporting for treatment was high in Bihar with 28.9 percent followed by Himachal Pradesh with 25.69 percent, Orissa with 25.0 percent, Assam with 24.4 percent and Uttar Pradesh with 18.4 percent. The report further suggests that highest proportion of heroin abusers were found in Delhi with 44.0 percent followed by Manipur with 32.2 percent, West Bengal with 32.1 percent, Rajasthan with 30.0 percent and Orissa with 20.7 percent. Raw opium abusers accounted for 42.7 percent of the sample in Punjab and 39.9 percent in Rajasthan. The percentage of alcohol abusers was highest in Goa with 84.8 percent, followed by Meghalaya with 76.7 percent, Tripura with 74.3 percent, Andhra Pradesh with 73.0 percent and Pondicherry with 71.2 percent. The proportions of injecting drug users (IDUs) were highest in Mizoram with 76.0 percent, followed by Manipur with 75.5 percent and Nagalnd with 51.0 percent. (percentage is computed out of 16,942 sample surveyed).

The saddest aspect of the phenomenon of drug addiction is the increasing tilt towards the use of harder and more refined drugs by teenaged boys and girls; and explosion of drug related violence. Statistics of addicts coming for treatment revealed that most of them were regular user of narcotics of any kind. Further, in Delhi as well as in other metropolitan

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13. *Drug Abuse Monitoring System, A Profile of Treatment Seekers* Published by MSJE, GOI & UNODC (ROSA).
cities, it was found that one third of the petty robberies were committed by smack or heroin addicts. Drug abuse has also been found to be cause of many of the road and industrial accidents.

From the foregoing discussion, it is clear that the position has indeed become very frightening so far as cultivation, production, trafficking and consumption of illicit drugs are concerned. Surveys conducted by different organizations revealed that drug addiction among adolescents emerges as a major cause of juvenile crimes or delinquencies. It has been estimated that in our country 3.44 percent of boy and 3.88 percent of girl students in the age group of 15 to 20 are drug addict.

Thus, from the above discussion, it can be inferred that the increasing trend of drug abuse among youngsters resulted in juvenile crimes or delinquencies in our country. Drug abuse has emerged as a major casual factor in the explosion of drug-related crimes and the involvement of young men and women in such crimes has already assumed alarming propositions. Another area of concern has been the rapid spread of AIDS (HIV) among the injecting drug users for sharing of unsterilised needles and in the society at large. So if timely measures to check this menace is not taken, it may end in disastrous consequences.