Proximity to the largest producers of heroin and hashish—the Golden Triangle and Golden Crescent (Afghanistan-Pakistan-Iran)—has made India's border vulnerable to drug trafficking. Indigenous production of low grade heroin as well as various psychotropic and prescription drugs and their growing demand in the neighbouring countries and international market have added a new dimension to the problem of drug trafficking. Trends and patterns of drug trafficking in the country demonstrate that there is a gradual shift from traditional/natural drugs towards synthetic drugs that are being trafficked. Trafficking of drugs takes place overwhelmingly through land borders followed by sea and air routes. Given the vulnerability of the borders to drug trafficking, India has tried to tackle the problem through the strategy of drug supply and demand reduction, which involves enacting laws, co-operating with voluntary organisations, securing its borders and coasts by increasing surveillance, as well as seeking the active cooperation of its neighbours and the international community.

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Drug Trafficking in India: 
A Case for Border Security

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Introduction

For the last three decades India has become a transit hub as well as a destination for heroin and hashish produced in the ‘Golden Triangle’ and the ‘Golden Crescent’. In addition, various psychotropic and pharmaceutical preparations and precursor chemicals produced domestically as well as in various parts of the world are also trafficked through Indian territory.¹ The two-way illegal flow of these drugs and chemicals not only violates India’s borders, but also poses a significant threat to national security.

The nexus between drug traffickers, organised criminal networks and terrorists has created a force powerful enough to cause instability in the country. Money generated through drug trade has been used to fund various insurgent and terrorist movements. For instance, it has been estimated that money generated from the illegal sale of narcotics accounted for 15 per cent of the finances of militant groups in Jammu and Kashmir.² Similarly, Sikh militant groups in Punjab and Northeast insurgent groups like the Nationalist Socialist Council of Nagaland (Isak-Muivah) [NSCN (IM)] are known to channelise drugs into India to finance their operations.

Besides, criminal syndicates engaged in drug trafficking like the Dawood Ibrahim gang have themselves resorted to terrorist acts in the past (the 1993 terrorist attacks in Mumbai) or have become deeply

engaged in the business/logistics end of terrorism. Further, drug trafficking facilitates other organised criminal enterprises such as human trafficking and gun running, all of which use the same networks and routes to smuggle people, arms and contraband. To cite an example, the explosives used in the 1993 Mumbai terrorist attacks were smuggled into India using the same routes through which drugs and other contraband items were trafficked by the Dawood gang.\footnote{Jim Masselos, “The Bombay Riots of January 1993: The Politics of Urban Conflagration,” \textit{South Asia}, 17(1), Special Issue, 1994, pp. 79–95.} Even today, terrorist groups use these routes to source weapons and explosives across the borders.

Against this background, the paper analyses the trends and patterns of drug trafficking in India as well as traces the routes through which drugs are trafficked from across the borders. Given the vulnerability of the borders, the paper also critically assesses the measures adopted by India to better secure its borders.
The global pattern of the flow of illegal drugs reveals that of all drugs, heroin and cocaine are trafficked for long distances; hashish is smuggled for relatively shorter distances; and marijuana/ganja and psychotropic substances like Amphetamine Type Stimulants (ATS), which are consumed locally travel the shortest distance.4 Nearly 70 per cent of these narcotics and drugs are trafficked over land using various modes of transportation5 making the country’s borders the first point of contact for drug trafficking. As regards India, depending

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upon the nature of the border and its milieu as well as the production, demand and supply of drugs, different borders display different trafficking patterns.

**The India-Pakistan Border**

The proximity of the India-Pakistan border to the ‘Golden Crescent’, the largest producer of opium and cannabis in the world, has made it vulnerable to the trafficking of heroin and hashish. Other factors also contributed towards the increased inflow of heroin through the borders. First, the closing of the traditional Balkan route via Iran during the Iran-Iraq war (1980-1988) led to the rerouting of drugs through India. Second, the pre-existing network of bullion smugglers along the border region and the involvement of criminal networks in drug smuggling in the mid-1980s further facilitated the smuggling of drugs. Third, the outbreak of the Sikh militancy in the mid-1980s and the Kashmir militancy in the late 1980s also contributed to increased trafficking of drugs as these militants smuggled in drugs to finance their activities. Finally, the existence of traditional smuggling routes and a porous border provided congenial conditions for drug trafficking.

**Trends and Patterns**

The India-Pakistan border has been witnessing increased trafficking of heroin from the ‘Golden Crescent’ since 1983, which can be

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surmised from the quantity of heroin seized by various law enforcement agencies. Between 1983 and 1988, the amount of heroin seized increased from about 100 kg to 3,029 kg (See Annexure I).

Similarly, large quantities of hashish were also smuggled into India from Pakistan. Seizure figures show that trafficking of hashish has, on an average, demonstrated an upward trend since 1981. From 1985 the quantity of hashish being trafficked into India also increased, when 18,909 kg was seized in 1986 (See Annexure I).

Since 1989, however, the total seizure of both heroin and hashish started registering a sharp decline indicating a dip in the trafficking of heroin from the Afghanistan-Pakistan region. For instance, in 1989 the amount of heroin seized was 2,714 kg, which further reduced drastically to 622 kg in 1991 (See Annexure I). Similarly, seizure figures for hashish also showed a corresponding decline from 8179 kg in 1989 to 4,413 kg in 1991.

It is noteworthy that seizure figures are a mere indication of the amount of drugs trafficked in the country. According to the World Drug Report of 2010, heroin seized accounts for only three per cent of the total drugs that are being trafficked in the country. See, World Drug Report 2010, United Nations Office of Drugs and Crime, n. 4, p. 47.
That the ‘Golden Crescent’ has been the primary source of heroin and hashish being trafficked into India can be deduced from the fact that a substantial percentage of the total heroin and hashish seized in the country has been characterised as that of South West Asian (SWA) origin. In the initial years, only half of the heroin seized was recognised as originating from South West Asia, but in subsequent years as heroin trafficking showed an upward trend, the percentage of South West Asian origin heroin also increased correspondingly. This trend continued till the late eighties (See Annexure III).

However, as the drug trafficking trend registered a decline in the 1990s, the share of South West Asian heroin also recorded a corresponding decline. The share of heroin sourced from the ‘Golden Crescent’ share of South West Asia origin came down from 74 per cent in 1992, to 21 per cent in 2009. In fact, in the years 2002 and 2003, the percentage share of South West Asian heroin had dipped to an all time low of five and four per cent respectively. The sharp decline in the quantity of South West Asian heroin seized was attributed to the military build up along the Indo-Pakistan border in 2002 following the December 2001 Parliament attack.

Similarly, seizure figures for hashish, also displayed a declining trend as far as its origin is concerned. For instance, 84.8 per cent in 1988 it dipped to 70 per cent in 1990 and further to 52.5 per cent in 1991. Since 1990, trafficking of hashish from the ‘Golden Crescent’ has declined substantially from 6,388 kg in 1990 to 3,549 kg in 2009. (See Annexure III).

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9 Based on the area of their origin, the Narcotics Control Bureau categorises heroin seized as South West Asian (Golden Crescent), South East Asian (Golden Triangle), Local (Indian) and Unknown.

10 For instance, while in 1984, only 58 per cent of the heroin seized was categorised as South West Asian origin, by 1986 the share of South West Asian heroin increased to 87 per cent.

It is, however, interesting to note that the seizure figures reported by the Narcotics Control Bureau (NCB) for heroin, hashish and opium have remained constant for the past ten years. The quantity of heroin seized every year since 2000 has been around 1,000 kg and the quantities of hashish and opium seized during the same years have been roughly 3,000 kg and 2,000 kg respectively.\textsuperscript{12} This near constant quantities of narcotics seized over the years gives an impression that the drug trafficked through the India-Pakistan border has stabilised.

However, various reports like those of the United Nations, the US State Department, Australian Crime Commission, etc. indicate that India has become a hub for the transshipment of heroin originating from the Afghanistan-Pakistan region to the rest of the world.\textsuperscript{13}


\textsuperscript{13} Sandy Gordon, “India’s unfinished security revolution,” IDSA Occasional Paper No. 11, August 2011, p. 22.
Various other studies and investigative reports have also reinforced that drug consumption has in fact increased in many border states like Punjab and Jammu & Kashmir in recent years.\(^\text{14}\) Given these findings, it can be concluded that heroin continues to be increasingly trafficked across the India-Pakistan border and that there could be underreporting of trafficking cases by the concerned authorities.

**Routes**

Heroin and hashish produced in the ‘Golden Crescent’ region are trafficked into India through the border states of Gujarat, Rajasthan, Punjab and Jammu and Kashmir.

One of the preferred routes through which drugs were smuggled into the country during the early 1980s was the Thar Desert. The reasons being, first, this was a traditional route through which opium produced in Malwa was smuggled to Karachi and onward to China during the colonial days.\(^\text{15}\) Second, as the desert is vast, barren and poorly guarded, it provided enough hideouts for the illicit drugs,


which could be later retrieved and transported to different parts of the country.\textsuperscript{16}

Heroin that was smuggled into India originated from the border towns of Sahiwal, Rahimyar Khan, Sukkur and Khokhrapar in Pakistan and from there the consignments crossed the border to various receiving towns such as Churu, Sikar, Kishangarh, Ramgarh, Barmer, Jaisalmer, and Anupgarh in Rajasthan from where they were subsequently transported to Delhi and Mumbai.\textsuperscript{17} Heroin and hashish are smuggled in from across the border on camel backs and once the consignment reaches the collection center, it is transported to other major cities by vehicles.\textsuperscript{18} Heroin continues to be smuggled through these routes in Rajasthan. In addition, the Thar Express plying between Khokhrapar and Munabao has been reported to have become a major carrier of drugs from Pakistan since its inauguration in 2005.\textsuperscript{19}

Punjab became a major route for drug trafficking with the rise of the Sikh militancy in the state. During the 1980s, the most favoured route for trafficking was the Lahore-Fazilka-Bhatinda-Delhi route. Another frequently used route was the Attari-Wagah route. This route is still being exploited for trafficking drugs. The Samjhauta Express has alleged to have become a major carrier of illicit drugs from across the border. As a result, Amritsar has emerged as a major center for heroin


\textsuperscript{19} Author’s interview with BSF officials at New Delhi.
trade in Punjab.\textsuperscript{20} Border towns of Ajnala and Gurdaspur have also become prominent heroin collection centers. Agricultural land across the fence, good network of roads and rails right up to the borders and several riverine stretches along the border, all facilitate trafficking of drugs in these sectors.\textsuperscript{21} Despite militancy having died in the state, Punjab continues to be a transit point as well as destination for the heroin manufactured in the Afghanistan-Pakistan region.\textsuperscript{22} Heroin smuggled in through Punjab and Rajasthan are shipped to Mumbai and Tamil Nadu from where it is trafficked to international markets.

The rise of militancy in Jammu and Kashmir also resulted in an increase in heroin trafficking through the state since 1995. Heroin was mainly smuggled into the state through Ranbirsingh Pura, Samba and Akhnoor. Lately, most of the heroin which reaches the mainland is being routed through the Jammu sector. The heroin consignment

\textsuperscript{20} Pierre-Arnaud Chouvy, \textit{Opium: Uncovering the politics of the poppy}, n. 16.


enters India through Sunderbani and Rajouri and reaches Jammu by the Poonch-Jammu highway. From there the route taken to traffic the consignments is Pathankot-Gurdaspur-Amritsar-Faridkot-
Jaisalmer/Barmer-Ahmedabad and finally Mumbai. Acetic anhydride, a precursor for manufacturing heroin, flows through the same routes but in the reverse direction, i.e. from India to Pakistan and Afghanistan.

Significantly, the drug trafficking routes along the Indo-Pakistan border has shifted from being land based to sea based because heightened vigil and fencing along the land border have forced drug traffickers to look towards the sea as an alternative route. As a result, the marsh lands and creeks of Gujarat are increasingly used to smuggle heroin from Afghanistan-Pakistan region. Heroin is smuggled into the Rann of Kutch from Karachi in various country-made boats. These marshlands with their numerous interconnected creeks, sand bars and mangroves provide ideal hideaways for drug traffickers. Seizures of numerous consignments of heroin and hashish in Kutch, the latest being the seizure of 21 kg of hashish in 2009, support this fact.

Trafficking of heroin along the India-Pakistan border is largely carried on by a array of cartels such as the D-Company, the Nigerian, the Afghan and the Kenyan syndicates who work in conjunction with each other. In a typical case, heroin is smuggled into India through Pakistan by the land or air routes by Afghan couriers. In many instances, farmers, villagers and passengers are also induced to function as couriers for trafficking heroin into India. Once the consignment reaches Amritsar, Jaipur or Delhi, it is handed over to the Nigerian or Kenyan syndicate, who then traffic it out of the country through the air routes to international markets like the USA, Canada and

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23 Author’s interview with BSF officials at New Delhi.
Europe. These syndicates also use the courier and postal services to smuggle heroin out of the countries.

India-Nepal Border and India-Bhutan border

Hashish and marijuana/ganja are the two cannabis derivatives that have been traditionally trafficked from Nepal into India. Lately, a growing demand for Nepalese and Bhutanese cannabis in India and a corresponding demand for codeine based pharmaceutical preparations as well as low-grade heroin in Nepal and Bhutan have resulted in two way smuggling of narcotics and drugs through the India-Nepal and India-Bhutan borders. Well developed road networks as well as open and poorly guarded borders have facilitated large scale trafficking of drugs through these borders.

Trends and Patterns

Trafficking of hashish from Nepal has increased manifold in the last three decades. Seizure figures indicate that the share of Nepalese


hashish has steadily increased in the eighties from 7.2 per cent in 1986 to 16.6 per cent in 1989.29 In the 1990s, as trafficking of hashish from Pakistan decreased, the share of Nepalese hashish trafficked into India increased substantially from 29.5 per cent in 1991 to 40 per cent in 2000.30 This trend continued in the succeeding decade as well. The fact that a ‘substantial’ per cent of the total hashish seized in the country is categorised as that of Nepalese origin bears testimony to this fact {See Annexure I}.31 Incidentally, a large quantity of the hashish that is trafficked into India transits the country for destinations such as Europe, Canada and the United States of America.32

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32 ibid, p.23.
late eighties. In 1988, the share of Nepalese marijuana/ganja was 45.9 per cent, which reduced to around 30 percent in 1990.\textsuperscript{33} Since then the share of marijuana/ganja of Nepalese origin in the Indian illegal drug market has reduced as demand for marijuana/ganja in India was met through local production, especially in the Northeastern states of Manipur, Mizoram and Tripura.\textsuperscript{34} Nevertheless, trafficking of marijuana/ganja from Nepal has continued and periodic seizures of marijuana/ganja in states adjoining the India-Nepal border point

\begin{figure}[h]
\centering
\includegraphics[width=0.8\textwidth]{marijuana-ganja-seized.png}
\caption{Marijuana/ Ganja Seized}
\end{figure}

\textsuperscript{33} In fact in 1989, the share of Nepalese marijuana/ganja had declined to 15.7 per cent. The dip in the share of Nepalese ganja coincided with the expiry of the Trade and Transit treaty with Nepal in 1989, which led to the closure of border points (except two) by India. See, \textit{Annual Report1989}, Narcotics Control Bureau, n. 29, p. 3.

\textsuperscript{34} ‘Manipuri Ganja’ is known for its high quality and is in great demand both in the domestic as well as in the international markets. During the last ten years, law enforcement agents have seized around 100 tonnes of ‘Manipuri ganja’ in Assam. For details see “Ganja smuggling routes traced to Manipur: DRI,” \textit{The Times of India}, Guwahati, May 23, 2011, at http://articles.timesofindia.indiatimes.com/2011-05-23/guwahati/29573536_1_dri-revenue-intelligence-drug-peddlers (Accessed on June 28, 2011).
to its rampant trafficking. For instance, in 2009, 16,589 kg of *ganja* smuggled from Nepal was seized in Uttar Pradesh. In the same year, 4,468 kg of Nepalese *ganja* was seized in Raxaul. In recent years, marijuana/*ganja* of Bhutanese origin has also started appearing in India.

While hashish and marijuana/*ganja* are smuggled from Nepal, pharmaceutical preparations containing psychotropic substances prescribed as painkillers and anti-anxiety drugs such as diazepam, alprazolam, nitrazepam, lorazepam, proxyvon, buprenorphine, etc. are trafficked from India to Nepal and Bhutan. Seizures of codeine based tablets and syrups originating from India have been reported periodically from both countries. Low grade heroin, also known as brown sugar, produced in India by diverting opium from licit cultivation as well as procuring it through illicit cultivation is also trafficked to Nepal and Bhutan.

It may be noted that the Single Convention Narcotics Drugs of 1961 recognises India as a licit producer of opium and the only producer of opium gum for medicinal and scientific purposes for domestic need as well as for international market. In India, poppy is cultivated under license in 22 districts in the states of Madhya Pradesh, Uttar Pradesh and Rajasthan. Though cultivation is carried out under

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strict licensing, it is speculated that 10 to 30 per cent of the licit produce is diverted for the manufacturing of low grade heroin in the country.\(^{40}\)

Poppy is also illicitly cultivated in different parts of the country mostly in remote and hilly terrains for manufacturing law grade heroin.\(^{41}\) Poppy is grown illicitly in the states of Jammu and Kashmir (417.65 acres), Himachal Pradesh, Uttarakhand, Bihar, Jharkhand, West Bengal, Manipur and Arunachal Pradesh. In 2011, more than 11,000 acres of illicit poppy crop have been destroyed, of which 7,000 acres were in West Bengal. In 2010, the Central Bureau of Narcotics (CBN) had destroyed 390 acres of illicit poppy cultivation in the country.\(^{42}\) The NCB together with law enforcement agencies have also destroyed a number of illicit laboratories manufacturing brown sugar.\(^{43}\) The fact that since 1998, the share of ‘local/unknown source’ heroin is showing an increasing trend further reinforces the argument that India is fast emerging as a producer of low grade heroin (See annexure III).

Routes

Trafficking of cannabis and its derivatives from Nepal into India and brown sugar and codeine-based pharmaceutical drugs from India to


Nepal takes place mainly through the Bihar and Uttar Pradesh borders. Since the border is open, there are no travel restrictions and smuggling of drugs can take places through any point along the border. However, the pattern of smuggling indicates that the road networks are most preferred by traffickers as they enable bulk transportation of drugs through the border. The prominent routes through which drugs are smuggled across the border are:

- Birganj - Raxaul - Motihari - Patna;
- Nepalganj - Rupaidiha – Bahraich - Barabanki - Lucknow;
- Bhairahwa-Nautanwa - Gorakhpur, and;

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- Lumbini - Shohratgarh - Siddharthanagar.

The quantum of hashish and marijuana/ganja seized along the India-Nepal border indicates that smuggling is quite rampant along the East and West Champaran districts of Bihar and Lakhimpur Kheri district of Uttar Pradesh. Consequently, Raxaul in Bihar and Lucknow and Kanpur in Uttar Pradesh have emerged as the hashish and marijuana/ganja trafficking hubs. On the other side of the

Map 3: India - Bhutan Boarder

45 Author’s interview with senior NCB official at New Delhi. Also observations made by Dr. Nihar Nayak (Fellow at IDSA) during his field visit to the Indo-Nepal border in June 2011.

border, Nairganj is termed as the ‘epicenter of hashish market’ as it is situated equidistant from all major trafficking points.47

Cannabis grown in Bhutan is smuggled into India through the border trading points.48 Samdrup Jongkhar- Daranga has been the most important route through which Bhutanese cannabis is smuggled into India since 1980s. Udalguri in Darrang district of Assam is an important center for the collection and distribution of cannabis smuggled in from Bhutan.49

**The India-Myanmar Border**

Proximity of the India-Myanmar border to the ‘Golden Triangle’, growing demand for drugs among the local population in the Northeastern states, political instability and insecurity brought about by numerous insurgencies in the region as well as a porous and poorly guarded border provided a proliferating environment for traffickers to smuggle heroin and psychotropic substances into the country through the India-Myanmar border. Existence of strong trans-border ethnic linkages, criminal networks, and inauguration of formal trade through Moreh in 1994 have further facilitated the unhindered and, therefore, increased illegal flow of drugs to the Northeast.50

**Trends and Pattern**

Myanmar in the ‘Golden Triangle’ remains the main producer of illicit opium, accounting for nearly 95 per cent of the total opium

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47 “Drug peddlers using common vehicles for smooth sailing,” n. 34.
produced in the region.\textsuperscript{51} While the bulk of the heroin (80 to 85 \%) produced in the region is transshipped to the international market through the Myanmar-Thailand route, a small quantity enters India through the porous India-Myanmar border. As trafficking increased, heroin, which was introduced in the mid-seventies in the Northeast, became easily available in the region after 1984 and by 1990 heroin consumption increased tremendously in the region.\textsuperscript{52}

Unlike the western border, heroin smuggled into the Northeast is not for large-scale commercial sale and is evidenced by the small quantities of heroin that are smuggled in.\textsuperscript{53} Statistics also indicate that the heroin of South East Asian origin constitute only one to two per cent of the total heroin seized in the country (\textit{See Annexure II}). Moreover, the small quantities of seizures (20 gm to 200 gm) mostly from the personal possession of people reinforce the fact that heroin smuggled into the Northeast region is meant for local and individual consumption only.

The low drug seizure figures along the border could also be because of poor management of the India-Myanmar border. The fact that

\textsuperscript{51} \textit{Annual Report 2010}, the International Narcotics Control Board, n. 27, p. 80.

\textsuperscript{52} This fact can be ascertained by the massive jump in the number of addicts, which increased from under one per cent in 1990 to over 50 per cent in 1991 and 80.1 per cent in 1997. For details see, Chris Beyer, et. al, “Overland heroin trafficking routes and HIV-1 spread in south and south-east Asia,” \textit{AIDS}, Vol. 14 (1), 2000, p. 81. Also see, Phanjoubam Tarapot, \textit{Drug Abuse and Illicit Trafficking in North Eastern India}, (New Delhi: Vikas Publishing House, 1997), p 82.

\textsuperscript{53} It is estimated that only two to three kg heroin enters Manipur every month. For details see, Kishlay Bhattacharjee’s interview with an insurgent leader in Manipur, \textit{The Drug Trail}, NDTV, October 2006
large quantities of heroin are smuggled out of the region for sale in cities such as Kolkata and Delhi\textsuperscript{54} and also the fact that a large quantity of those heroin consignments had been seized by officials lend credence to this argument. For instance, between 2002 and 2010, anti-narcotics officials in Guwahati had seized around 25 kg of heroin as they were being smuggled out of the region.\textsuperscript{55}

Besides heroin, a significant rise in the use of psychotropic substances and medicinal preparations containing codeine among addicts of the region has been observed since late 1990. Stringent anti-drug laws and the rising prices of heroin were reasons responsible for this shift, especially towards methamphetamine, which is produced in large quantities in Myanmar. Seizure figures also support this observation. For instance, in 1999, 2,000 tablets of methamphetamine were seized in Moreh.\textsuperscript{56} In the following year 3 kg of methamphetamine was seized, which jumped to 91 kg in 2004 before declining to 40 kg in 2009.\textsuperscript{57}

Precursor chemicals such as ephedrine, pseudo-ephedrine and acetic anhydride from India are trafficked into Myanmar to cater to the demands of numerous mobile laboratories manufacturing heroin and amphetamine type stimulants (ATS). Seizures of ephedrine and

\textsuperscript{54} Phanjoubum Tarapot, \textit{Drug Abuse and Illicit Trafficking in North Eastern India}, n. 52, p.99.


pseudo-ephedrine indicate an increasing trend of trafficking of these chemicals from India to Myanmar. For instance, in 1999 1,421 kg of ephedrine was seized, which increased to 2,304 kg in 2003 and then dipped to 1,244 kg in 2009. It is reported that a majority of these seizures is related to consignments destined for Myanmar.\textsuperscript{58} In addition, large consignments of pharmaceutical preparations such as corex, phensedyl, buprenorphine, spasmoporxyvon are trafficked overland from India to Myanmar.\textsuperscript{59}

**Routes**

Heroin produced in the ‘Golden Triangle’, especially Myanmar is trafficked into India through the India-Myanmar border into the states of Mizoram, Manipur, and Nagaland from Bhamo, Lashio and Mandalay. The most important route is the one which starts from Mandalay, continues to Monya and Kalewa and then bifurcates to enter India at two points. The first moves northwards, enters Moreh in Manipur through Tamu and travels thence to Imphal and Kohima via National Highway-39. The second branch moves southwards and enters Champai in Mizoram through Rihkhwadar.\textsuperscript{60}

There are three other routes through which heroin and ATS are brought into Manipur illegally. These are:

- the New Somtal-Sugnu-Churachandpur-Imphal route,
- the Kheiman-Behiang-Singhhat route, and
- the Homalin-Kamjong route.

\textsuperscript{58} ibid

\textsuperscript{59} *Annual Report 2002*, Narcotics Control Bureau, n. 1.

\textsuperscript{60} Pierre-Arnaud Chouvy, *Opium: Uncovering the Politics of the Poppy*, n. 16, p.72.
Together these four routes account for 90 per cent of the drugs being trafficked into India from Myanmar.61

Similarly, Mizoram also has alternate routes through which heroin and other drugs are smuggled in. The most important routes are:

- the Falam-Dawn-Ngharcchip route,
- the Falam-Lungbun-Saitha route, and
- the Tiddim-Hnahlan route.

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Some of the heroin entering Mizoram is also smuggled out to Bangladesh.

In Nagaland, drugs are smuggled through the Homalin-Jessami-Kohima and the Tamanthi-Noklek routes. Further north, the Maingkwan-Pangsau Pass route is used for smuggling heroin into Arunachal Pradesh. A small amount of heroin brought through the Myanmar border is also transported to Guwahati for further distribution at other collection centers like Patna, Delhi and Mumbai. The Imphal-Numaligarh-Tezpur-Guwahati road and the Imphal-Jiribam-Silchar-Shillong-Guwahati road are two important routes for trafficking heroin from Manipur to Guwahati.

Reverse trafficking of precursor chemicals from India to Myanmar takes place through the same route. Ephedrine is diverted from factories in south India to Kolkata and Guwahati from where they are trafficked to Myanmar overland. But, traffickers also resort to circuitous routes to avoid detection. For instance, ephedrine from Chennai to Kolkata or Guwahati is transported through Delhi. In addition, opium produced along the Indo-Myanmar border especially in Manipur and Mizoram is reportedly transported to Myanmar for

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62 Phanjoubam Tarapot, Drug Abuse and Illicit Trafficking in Northeastern India, n. 52, p. 106.


the manufacture of heroin, which is again smuggled back into India.\textsuperscript{65} Medicinal preparations such as spasmoproxyvon, phensedyl, corex, etc are also smuggled out of India to Myanmar using the same routes.

\textbf{India-Bangladesh Border}

The India-Bangladesh border has been susceptible to smuggling of various kinds of drugs ranging from heroin, marijuana/\textit{ganja, hashish}, brown sugar, cough syrups, etc. High demand for codeine based cough syrups in Bangladesh, a highly porous border, dense settlement along the border, and strong trans-border ethnic ties contribute towards drug trafficking along the India-Bangladesh border. A well-developed railroad and river network, large volume of both formal and informal trade, and existence of criminal networks are other enabling factors for trafficking drugs along the India-Bangladesh border.

\textbf{Trends and Patterns}

Given its large pharmaceutical industrial base, India produces a large number of prescription drugs. Most of these pharmaceutical preparations containing dextropropoxyphene and codeine are trafficked to the neighbouring countries. Phensedyl, a codeine-based cough syrup in particular, has become the chief item for smuggling into Bangladesh. Truckloads of phensedyl bottles from the factory are diverted to the Northeast and West Bengal by distributors and stockists for this purpose. In addition, empty phensedyl bottles are refilled with higher narcotic content and repackaged as ‘phensedyl

plus’ and smuggled back into Bangladesh. Bulk of phensedyl bottles are smuggled into Bangladesh through the Kailashar (Tripura) and the Cachar-Karimganj (Assam) borders.

Law enforcement authorities, in both countries, continue to seize large consignments of phensedyl. For instance in 2009, Bangladesh seized 58,875 bottles of phensedyl. In the same year, India’s Border Security Force (BSF) seized 4,18,788 bottles along the Indo-Bangladesh border. In 2010, Indian law enforcement officials seized 39,000 bottles of phensedyl destined for Bangladesh in Karimganj district of Assam. Similarly in 2011, the BSF seized phensedyl bottles worth about Rs 10.50 lakh.

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68 Annual Report 2010, the International Narcotics Control Board, n. 27, p. 90.


Large-scale seizures of marijuana/ganja by the BSF and other law enforcement authorities along the border indicate a growing trend of marijuana/ganja trafficking from India to Bangladesh.72 Besides Manipur and Mizoram, marijuana/ganja is increasingly being grown by farmers in Tripura for better returns compared to traditional crops.

Heroin sourced from Myanmar has been smuggled into Bangladesh through Mizoram for long. More lately, it is observed that heroin from the ‘Golden Crescent’ is also smuggled from India into Bangladesh. The seizure of large quantities of South West Asian origin heroin from Lucknow and Kolkata indicates that a new heroin trafficking route through the India-Bangladesh border has been established.73 In addition, brown sugar and pseudo-ephedrine manufactured in India are also trafficked to Bangladesh.74

Drugs along the India-Bangladesh border are usually smuggled by individual carriers. Large number of children and women are employed by the drug lords and unscrupulous traders to ferry phensedyl bottles, brown sugar and heroin. These couriers carry these drugs in person when they are crossing the border to avoid detection by the border guarding forces.75

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72 Author’s interview with BSF officials at New Delhi as well as observations made during field visit to India-Bangladesh border in 2007.


74 Annual Report 2010, the International Narcotics Control Bureau, n. 27, p. 90.

Routes

A multitude of smuggling routes along the border gives the appearance that the entire border is porous to drug trafficking. The bulk of the trafficking however, takes place through the road and rail networks, which run deep inside Bangladeshi territory. The border points of Petrapole-Benapole, Hilli-Hilli, Gede-Darsana, Dawki-Tamabil and Agartala-Akhura are the major points through which drugs are smuggled into Bangladesh.76

Drugs are also smuggled through other formal and informal trading routes. Examples in West Bengal include Phulbari-Banglabandhu, Changrabandha-Burimari, South Gitaldaha-Mogolhat, Raiganj-Ranipukur, Bagdha-Ansolia, Krishnanagar-Jadabpur, and Bashirhat-

76 Author’s interview with BSF official at New Delhi
Bhomra. In the case of Assam, the major trafficking routes are Mankachar-Kurigram, and Karimganj-Jokiganj. Baghmara-Bijoypur and Borsora-Sunamganj are the main trafficking routes in Meghalaya. Similarly in Tripura, trafficking of drugs takes place through Srimantapur-Bibirbazar, Belonia-Darshana, Madhopur-Chagalnaiya, Sabroom-Ramgarh, and Sonamura-Khosba. In addition, enclaves dotting the border in Coochbehar district, especially Dohagram Angarpota-Berubari, are major drug smuggling hubs.

The Sea Routes

Both the east and west coasts of India have been major staging points for the smuggling of drugs. In the mid-1990s, the Tamil Nadu-Sri Lanka sector emerged as an important exit route for heroin smuggled in from Afghanistan and Pakistan. Indigenously produced ‘brown sugar’ destined for neighbouring countries also transits through the Tamil Nadu coast, which is transshipped to European and American markets. Tuticorin and Kochi have emerged as top drug trafficking centers in the country, others being Mumbai, Varanasi and Tirupur. Drugs are smuggled out from the shores using small fishing boats. They are then transferred to small islands dotting the south Indian coast, from where they are shipped to Sri Lanka and Maldives.

78 Annual Report 2005-06, Directorate of Revenue Intelligence, Ministry of Finance, Government of India, New Delhi, 2006, p. 35. Also see Molly Charles, “Drug Trade dynamics in India”, n. 21.
Consignments of heroin and ketamine are also smuggled to East and Southeast Asian countries like Malaysia, Singapore, Thailand, Taiwan and China using the sea route. Many seizures made by law enforcement officials in these countries trace back the consignments to Chennai, Trivandrum and Calicut, indicating that drugs are trafficked in large container vessels from these ports.\textsuperscript{81} Kolkata and Chennai ports are used to traffic Manipuri \textit{ganja}, and precursor chemicals to international markets.

Map 6: Sea Routes

Along the west coast, Mumbai is a major port through which drugs illegally enter as well as exit the country. Heroin manufactured in the Afghanistan-Pakistan region is trafficked through the port of Karachi to Mumbai, from where it is dispatched to western countries. Heroin and brown sugar are also smuggled into the country from Pakistan and Iran by country made boats a.k.a. \textit{dhows}, which ply between the Gujarat-Maharashtra coast and countries of the Arabian

\textsuperscript{81} \textit{Annual Report 2005-06}, Directorate of Revenue Intelligence, n. 78, p. 14.
Peninsula with a stopover at Iran or Pakistan. On the other hand, ephedrine and pseudo ephedrine as well as buprenorphine/tidigesic preparations are smuggled to Pakistan from the Mumbai port via Dubai. Some amount of cocaine from West Africa also enters India through the Mumbai port. Hashish from Nepal and Pakistan along with Methaqualone (mandrax) is trafficked from the Mumbai port.

**The Air Routes**

Major as well as secondary airports in the country are used by the traffickers to smuggle various drugs through personal carriers, postal services, etc. While Delhi and Mumbai remain the most important airports from where maximum quantities of drugs are seized every year, other airports such as Hyderabad, Bangalore, Chennai, Amritsar and Trivandrum have also emerged as important conduits, a fact corroborated by major drug seizures in these places.

The most important air routes for the smuggling of heroin to the international market is the New Delhi-Lagos-Addis Ababa and the Mumbai-Lagos-Addis Ababa air links, which are exploited by Nigerian and other African drug cartels for smuggling heroin out of India and cocaine into India. Investigations have revealed that in many instances they induce old and terminally ill patients coming to India for medical treatments to smuggle cocaine into India.

Trafficing routes for East and South East Asian markets are Chennai-Kuala Lumpur; Hyderabad-Kuala Lumpur; Chennai-China; New Delhi-Hong Kong

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83 Annual Report 2009, Narcotics Control Bureau, n. 12, p.70.

and New Delhi-Macao. The New Delhi-Kathmandu air route is yet another important conduit for trafficking heroin to the international market. In these routes both professional smugglers and ‘first timers’ are extensively exploited to trafficking drugs in and out of the country.

From the above discussion it can be concluded that while traditional drugs such as heroin, opium, hashish and cannabis entering India has declined in the last two decades, the inflow of synthetic drugs such as ATS has increased. The flow of low grade heroin, prescription drugs as well as precursors from the country to the international market has also increased tremendously. As regards trafficking routes, along with traditional routes, new routes have become operational. In recent times, sea routes, in particular, are being increasingly used for drug trafficking. In short, as long as borders remain porous, drugs will continue to enter or exit the country.

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Counter Measures

Measures for dealing with drug trafficking

The fact that 70 per cent of the drugs are transported over land makes the land borders corridors, through which drugs are trafficked into the country. Their vulnerability can be assessed by the fact that 70 per cent of the heroin and 40 per cent of opium that are being trafficked are seized from states along the borders. Easy availability of drugs in the border areas makes their abuse rampant among the local populace as is evident from drug consumption trends and patterns in Manipur, Mizoram, Punjab and Rajasthan. Besides border districts, consumption of narcotics and synthetic drugs is widely prevalent in the rest of the country as well creating huge demands.

According to the World Drug Report of 2010, there were 871,000 heroin user and 674,000 opium users in India in 2008. In a survey conducted by the Ministry of Social Justice and Empowerment, in 2001, there were 2 million opium users and 8.7 million cannabis users. However, trends and patterns of narcotics and drugs consumption over the years have shown significant shifts. For instances, while the component of opium use among the drug addicts has been decreasing from 23.1 per cent in 1997 to 9.2 per cent in 2000, the share of cannabis has been increasing incrementally from 5.7 per cent to 9.4 per cent. The share of heroin has also witnessed increase from 12.7 in 1997 to 18.5 per cent in 1999. Most interestingly, the component of other psychotropic drugs has increased from 16.2 per cent to 23.2 per cent between 1997 and 2000.86

Exploitation of the trafficking routes with the help of well entrenched criminal networks by terrorists to infiltrate with arms and explosives adds a critical dimension to the security of the borders. Composite seizures of drugs and arms by security forces at the borders, especially along the borders with Pakistan demonstrate a close nexus between drug traffickers and anti-national elements. For instances, in 2009, the BSF seized 23 kg of heroin along with 12 pistols and several rounds of ammunition in Punjab. In the same year, consignments of 58 kg of heroin, 10 kg of hashish as well as pistols and RDX were seized by the BSF along Rajasthan border. In April 2010, the Punjab Police apprehended two smugglers with six kg of heroin along with an AK 47 rifle and 100 live cartridges. In April 2011, a Manipuri insurgent belonging to the Kanglaipak Communist Party (KCP) was arrested for trafficking 200 kg of ephedrine. Investigation revealed that the money generated from the sale of the chemical was to be used for financing the activities of the insurgent group.

Given these challenges, protecting the borders against violations by either traffickers or terrorists becomes critical. At the same time, reducing the demand for drugs in domestic markets is also essential. Towards this end, India has adopted a comprehensive approach of reducing supply as well as demand for narcotics and drugs. The approach comprises four elements; first, enacting legislation; second, ensuring physical security of the borders and coasts; third, eliciting

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87 Annual Report 2009, Narcotics Control Bureau, n. 12, p.36.
cooperation from neighbours and; fourth, co-operating with voluntary organisations in the national endeavour to prevent abuse of narcotics and synthetic drugs.

**Legislation**

For reducing the supply and demand for drugs into the country, the government deemed it necessary to enact domestic laws that would be stringent enough to deter the organised gangs of drug smugglers; that would allow concerned agencies to investigate and prosecute drug related offences; that would strengthen the existing cartel control over drug abuse and; that would enable India to fulfil its obligations towards international treaties and conventions that it has signed against narcotics drugs and their trafficking.\(^90\)

Accordingly, the Narcotics Drugs and Psychotropic Substances Act (NDPS) was enacted in 1985. Under this act, cultivation, manufacturing, transportation, export and import of all narcotics drugs and psychotropic substances is prohibited except for medicinal and scientific purposes and as authorised by the government. The Act provides for rigorous punishment for any person violating this act and if a person is caught peddling drugs for the second time, death penalty could be awarded to the offender.\(^91\) The act also provides


\(^91\) A minimum punishment of ten years rigorous imprisonment and a fine of Rs. one lakh extendable to 20 years of rigorous punishment and a fine of Rs. two lakhs is handed to persons caught possessing ‘small to commercial quantities’ of drugs. In case of repeated offence, the Act provides for a minimum of 15 years and a fine of Rs.1.5 lakhs and if extended it would go up to 30 years with a fine of Rs. three lakhs. Death penalty is mandated for the second offence. *The Narcotic Drugs and Psychotropic Substances Act, 1985*, n. 90, pp.11-22.
for the detention of any person for more than two years in areas categorised by it as ‘highly vulnerable’. The NDPS Act also provides for forfeiture of property acquired through illicit trafficking of drugs.

Under the NDPS Act, a number of persons have been persecuted and sentenced to rigorous imprisonment and their properties confiscated. In fact, in a number of cases special courts have served death penalties to persons found guilty of possessing drugs for the second time. For example, in 2003, a Nigerian was served death penalty after he was convicted of drug trafficking. Similarly in December 2007, a special court had awarded death penalty to Ghulam Malik after he was convicted the second time for drug trafficking. Incidentally, in both the cases the high court overturned their death sentences to imprisonments. More recently on January 2012, another person was sentenced to death by a lower court in Chandigarh.

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92 A 100 km wide belt along the India-Pakistan border, the India-Myanmar border, India-Bhutan border and India-Bangladesh border is categorised as ‘vulnerable area’ under the NDPS Act. For details see, Giri Raj Shah, Encyclopedia of Narcotics Drugs and Psychotropic Substances: Vol. III-Indian Initiatives, n.5, p. 887.

93 An amendment to the NDPS Act of 1985 was introduced in 1989 which empowered the government to freeze properties acquired through illicit drug trafficking. The Narcotic Drugs and Psychotropic Substances Act, 1985, n. 90, pp.42-49.


Now it is to be seen if this order also will be overturned by higher courts and if such overturning of judgments emboldens drug traffickers.

In addition, the government of India has also enacted the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act in 1988, which allows detention of persons suspected to be involved in illicit trafficking of drugs.\textsuperscript{96} Besides, a few sections of the Customs Act of 1962 are implemented for curbing the illicit export of precursor chemicals. Under the Act, acetic anhydride has been declared as ‘specified item’ to check its illegal export and detection in the border states of Arunachal Pradesh, Nagaland, Manipur and Mizoram. Also, a 100 km belt along the Myanmar border in these states has also been declared as ‘specified area’ under the Customs Act of 1962 to curb any illegal export of acetic anhydride.\textsuperscript{97}

The enactment of various legislations has indeed provided the government with the means to achieve the twin goals of reduction in drug supply and demand. While many drug traffickers have been prosecuted and sentenced under the under the NDPS Act, drug trafficking has contradictorily, registered an increasing trend. It shows that mere enactment of laws is not enough. For combating drug trafficking, it is necessary to successfully investigate and prosecute all drug related offences. Furthermore, proper licensing and strict vigilance is required to ascertain that there is neither illegal cultivation of poppy nor any diversion of opium to manufacture heroin.


Co-opting voluntary organisations

Since de-addiction and rehabilitation of drug dependants require innovative and sustained involvement, the government is assisted by a number of voluntary organisations. These voluntary organisations complement the government’s efforts in the prevention and control of drug abuse by spreading awareness about the destructive effects of drugs in the communities, as well as by assisting in de-addiction treatments and reintegration of drug dependants into the societal mainstream. Since these NGOs have the required expertise and ground knowledge about drug abuse, they advise and work closely with governments.

Under state-community partnership scheme, 361 voluntary organisations are running 376 De-addiction-cum-Rehabilitation Centers and 68 Counselling and Awareness Centers all over the country with active support from the government.98 The Federation for Indian NGOs (non-governmental organisations) in Drug Abuse Prevention (FINGODAP) facilitates intense interactions among various NGOs to share their expertise and ensure better service for reduction of drug dependency. These voluntary organisations, through various programmes like detoxification and de-addiction, rehabilitation and reintegration, outreach, awareness and education, sensitisation and intervention, extended care and livelihood generation, have been quite effective in reducing the demand and abuse of drugs in the country.

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Physical security of the borders and coasts

Considering that India has been a transit hub as well as a destination for drug trafficking, emphasis has been laid upon ensuring the security of the borders by preventing the easy ingress and egress of the drug traffickers along with their consignments through the borders.

In this respect, the most visible measure that was undertaken was the building of border fences. Border fences were erected first along the borders with Pakistan, beginning in the mid-1980s, when large numbers of terrorists as well as huge quantities of drug from Pakistan began to enter India. In later years, fences were built along the India-Bangladesh border primarily to prevent illegal migration, but these fences also acted as a barrier to the free movement of drug traffickers.99 That the construction of fences has reduced the inflow of drugs from across the borders substantially is corroborated by the reduced seizure figures as well as the increased use of sea routes by the traffickers to smuggle in drugs into the country.

Strengthening surveillance along the borders by deploying adequate numbers of border guarding personnel is another measure undertaken to ensure security of the borders. Regular patrolling and electronic surveillance is carried out for detecting suspicious movements along the borders as well as to gather intelligence to effectively deal with drug trafficking.

In addition to border guards, personnel from several central organisations such as the Customs, the Directorate of Revenue Intelligence, the Narcotics Control Bureau, and the Central Bureau

99 Till March 2011, 1,973 km of fences along the Pakistan border and 2,735 km of fences along the Bangladesh borders had been constructed. See, Annual Report 2010-2011, Ministry of Home Affairs, Government of India, New Delhi, 2011, pp, 39, 41.
of Narcotics as well as state organisations such as state police, state excise and state forest are also employed for the detection and apprehension of drug consignments along the borders.

Border states which have been witnessing increasing trends of drug trafficking have initiated several steps to deal with it. For example, Manipur has established a special police wing, the Narcotics and Affairs of Border, in 1985, whose primary focus is to prevent drug trafficking in the state.100 Similarly, Punjab which has been experiencing a spurt in heroin smuggling since 2006 plans to deploy two Indian Reserve Battalion (IRBs) comprising of 2,000 personnel along the most vulnerable stretch of the border at Gurdaspur and Ferozpur districts. These battalions will act as a second line of defence behind the BSF to prevent drug and arms trafficking in the state.101

Since the bulk of drugs are smuggled in through formal trading routes, India has embarked upon a plan to upgrade 13 of the land custom stations into integrated check posts102 with state of the art equipment to detect drug consignments being smuggled into and out of the country along with regular goods.

For securing India’s coasts, several coastal police stations have been established and provided with interceptor boats and other vehicles to intensify vigilance along the coasts and seas. In addition, joint patrolling along the Maharashtra and Gujarat coasts, which are particularly prone to drug smuggling, is being carried out by a team


comprising the state police, coast guard and customs since 1993.\textsuperscript{103} The capacity to detect drug consignments at the airports and sea ports has been strengthened by installing sophisticated screening and detection machines.

Despite these measures, it has not been possible to prevent the entry and exit of drugs across the borders because of various reasons.

First, prevention of drug trafficking is no more a priority issue for the government. It appears that somehow the government has been lulled by the belief that the consumption of drugs as well as their trafficking has declined in the country substantially as compared to that during 1980s. This belief has also been reinforced by the near constant large quantities of drugs being seized by various agencies in the last few years. As a result, there does not seem to be urgency by the border guarding forces in apprehending drug consignments and peddlers from across the borders.\textsuperscript{104}

Second, fences along the border do not provide foolproof protection against drug trafficking as they have been breached periodically by traffickers. For instance, in Barmer, traffickers had allegedly dug a tunnel underneath the fence along the international border to smuggle heroin from Pakistan.\textsuperscript{105} In Punjab, small packets of heroin are thrown over the fence from across the border at night, which are later collected by local traffickers and transported to major drug hubs in the state.


\textsuperscript{104} Interview with senior BSF and NCB officials at New Delhi.

In many cases, traffickers cut the fences or use ladders to scale them.\(^{106}\) Large consignments of heroin are also buried close to the fence by the Pakistani smugglers, to be retrieved later by their Indian counters when they go to their field situated behind the fence.\(^{107}\)

Third, corruption in various concerned agencies has been one of the most difficult hurdle in the prevention of drug trafficking. Drug trafficking generates enormous profits and the lure of money has always been too difficult to resist. It has been alleged that officials not only take bribe from traffickers to look the other way when a drug consignment is trafficked but some of them are themselves actively involved in drug trafficking.\(^{108}\)

Fourth, turf wars between various agencies, lack of manpower and infrastructure, poor drug detection training and procedural delays also hamper the effectiveness of the country’s drug prevention efforts.

These difficulties prove that more than often, a unilateral approach is not adequate to address a problem that has global dimensions and therefore, there is a need to seek the active support of the neighbours through a cooperative framework.

\(^{106}\) Author’s interview with BSF officials at New Delhi.


Cooperation with Neighbours

Realising the importance of a cooperative framework for the prevention of illicit trafficking of drugs and chemicals, India has entered into bilateral and multilateral agreements with several countries including neighbours.109 Bilateral agreements were signed with Afghanistan (1990), Bangladesh (2006), Bhutan (2009), Myanmar (1993), and Pakistan (2011). These agreements have been instrumental in establishing a mechanism for mutual exchange of information, of operational and technical experience, cooperation for joint investigations and other assistance ‘to identify, suppress and prevent criminal activities of the international syndicates engaged in the illicit trafficking of narcotics drugs, psychotropic substances and precursor chemicals’.110

Additionally, there are several other bilateral institutional mechanisms, which facilitate interactions between India and its neighbours to discuss the problem of drug trafficking. These interactions are held at national, sectoral and local levels on annual, bi-annual and quarterly basis involving the Home Ministers and Home Secretaries, the heads of apex Drug Law Enforcement agencies and Director Generals of the Border Guarding Forces of India and its neighbours. For instance, in February 2011, the Drug Law enforcement officials of India and Bhutan discussed avenues to strengthen cooperation for combating

109 India has signed bilateral agreements and Memorandum of Understanding to combat drug trafficking with 29 countries. For details see, *Narcontrol*, Vol. 1 (1), Narcotics Control Bureau, Ministry of Home Affairs, March 2011, p.15

110 India is a signatory to all UN Conventions namely, the Single Convention on Narcotics Drugs, 1962, the 1971 UN Convention on Psychotropic Substances and the 1988 UN Convention Against Illicit Trafficking of Narcotics Drugs, Psychotropic Substances. See, *Narcontrol*, n. 109.
drug trafficking. Similarly, during the 18th sectoral level talks between India and Myanmar in 2011, specific problems associated with drug trafficking were discussed. The Director Generals level talks between BSF and BGB (Border Guard Bangladesh) in 2010 also discussed steps for combating drug trafficking across the borders.

As for multilateral agreements with neighbours, India is a signatory to the SAARC Convention on Narcotics Drugs and Psychotropics substances, 1993. The convention provides for regular meetings of Home Ministers and Home Secretaries of the member countries as well as for interactions among the members of SAARC Conference on Cooperation in Police matters.111 India has also signed the BIMSTEC Convention on Cooperation in Combating International Terrorism, Transnational Organised Crime and Illicit Drug Trafficking in 2009112, which provides for a legal framework to all the member countries to combat drug trafficking and organised crime. India is also a party to the Pentalateral Cooperation on Drug Control, which focuses on the prevention of illicit trade of precursor and other chemicals used for the manufacture of heroin.113

Furthermore, India has signed Memoranda of Understanding on Narcotics Drugs related matters with Bhutan, Indonesia, Iran, Oman, USA and Pakistan. India has also established Joint Working Groups

111 Till date, only two meetings, one in 2007 and another in 2008 were held under the auspice of the Convention. See, Annual Report 2009, n. 12, pp.53-54.


on Counter Terrorism with 27 countries wherein drugs related offences are discussed. India also interacts with the Drug Liaison Officers of several countries stationed in South Asia for sharing intelligence, conducting joint operations/investigations and for controlled deliveries. India has also been participating in various conferences, interactions, and meetings such as Commission on Narcotics Drugs, Asia-Pacific International Drug enforcement Conference, Regional International Drug Enforcement Conference, Anti-Drug Liaison Officials’ Meeting for International Cooperation, CPDAP national Drug Focal Points Meetings, etc organised to discuss various drug trafficking related matters.\textsuperscript{114}

While such bilateral and multilateral platforms provide opportunities for countries fighting drug trafficking to augment their capacities by sharing information, conducting joint operations and assisting one another in investigation and prosecution of any drug related crime, the fact remains that these platforms have not been able to achieve their desired objectives because of mutual distrust, hostilities, blame game and petty politics among member states. Political instability and lack of competence among the law enforcement and intelligence apparatus of the member countries to effectively counter drug trafficking also contribute to the failure.

Though both Pakistan and India have been victims of drug trafficking for long, strained bilateral relations have prevented them from holding regular interactions and evolving a mechanism for mutual cooperation to deal with the problem. Similarly, because of an unsympathetic regime in Dhaka in the past, regular meetings with Bangladesh have not been transcribed into effective cooperation until recently. Political

\textsuperscript{114} Annual Report 2009, Narcotics Control Bureau, n. 12, pp. 52-57.
instability in Nepal has been a major stumbling block as far as cooperation on drug trafficking with that country is concerned. Discussion on drug related issues such as demand suppression and prevention of illicit trafficking of drugs with Bhutan was institutionalised only in 2009\(^\text{115}\) and the first meeting was held in 2010.

Besides, the SAARC Drug Offence Monitoring Desk (SDOMD), which was constituted in 1992 for creating a database for all major drug offences with an aim to improve drug interception capabilities, has not proven effective given that information and intelligence shared by neighbouring countries is alleged to be of inferior quality.\(^\text{116}\) This underlines not only the indifferent attitude but also a lack of competence among the security and law enforcement personnel in some of the neighbouring countries.

Notwithstanding these drawbacks, a trend towards greater interaction between India and its neighbours is discernible. The realisation that mutual cooperation against drug trafficking is the best way ahead is further reinforced by successful cases where cross cooperation has helped in reduction of drug trafficking to a great extent. The most significant example is that of Thailand. Situated amidst the ‘Golden Triangle’, Thailand has been plagued with the menace of drug trafficking for long. However, at present Thailand is celebrated as one country, which has been quite successful in controlling the flow of drugs in the country. For this to materialise, Thailand had not only enforced strict domestic laws but it also sought the cooperation


\(^{116}\) This insight was provided by a senior official of the Narcotics Control Bureau to the Author at New Delhi.
of its neighbours.\textsuperscript{117} Active cooperation of the neighbours such as Vietnam and Laos in prevention of drug trafficking had been to a great extent helpful in making Thailand a success story.

Given the success of Thailand, India should also re-emphasise the relevance of creating a cooperative framework for cross-border cooperation and impress upon its neighbours the advantages of active participation in such an effort to convincingly address the problem of drug trafficking and secure its borders.

India has been enduring the scourge of drug trafficking for three decades. The country’s proximity to two of the world’s largest illicit opium growing areas as well as various external and internal factors have contributed to it becoming a transit, source and a destination for drugs. The trends and patterns of drug trafficking in the country demonstrates that there is a gradual shift from traditional/natural drugs towards synthetic drugs that are being trafficked and consumed in the country. In the 1980s, a large quantity of heroin and hashish was smuggled in from the source areas into the country through various borders. While these drugs are still trafficked, albeit in lesser quantities, the share of synthetic drugs such as ATS and codeine based pharmaceutical preparations has gone up tremendously. Persistence of drug trafficking over the years implies that the sanctity of the borders is being breached and their security compromised. Various studies and newspaper reports indicate that drug consumption and trafficking are in fact showing an increasing trend.

To deal with the problem of drug trafficking and to protect the country’s borders against such infringements, India has employed a mix of measures. On the one hand, it has enacted stringent anti drug laws, co-opted various voluntary organisations and sought to strengthen the physical security of its borders by various means, on the other hand it has been seeking the cooperation of its neighbours and other countries through several bilateral and multilateral agreements. These efforts have only been partially successful in dealing with the problem. For achieving greater success in preventing drug trafficking, a few suggestions are put forth:

- Prevention of drug trafficking has to be accorded greater priority. At present it forms part of the larger mandate of the border
guarding forces to ‘prevent smuggling and any other illegal activity’. Special measures need to be formulated to check trafficking of drugs through the borders.

- Coordination among various agencies needs to be improved.
- Information/intelligence gathering regarding drug trafficking, its analysis and dissemination capabilities need to be strengthened.
- The issue of corruption among the border guarding forces as well as in other concerned agencies has to be dealt with in a pragmatic manner. While officials found guilty of drug trafficking should be punished severely, suitable reward systems should also be introduced to provide incentives to the personnel to work diligently towards preventing drug trafficking.
- A database on production, trade and consumption of various drugs at the national level needs to be prepared to ascertain the extent of the problem.
- Various domestic laws enacted for the control of drug trafficking should be implemented stringently and severe punishments should be accorded to drug stockists.
- The government should provide viable alternatives to farmers in order to wean them away from illegally cultivating poppy and cannabis.
- Agencies such as the SDOMD should be reinvigorated. Capacity building of personnel involved in prevention of drug trafficking in India and its neighbouring areas, should be enhanced.
- Above all greater cooperation with neighbours on matters of drug trafficking need to be forged.
## Annexure I

### Various Drugs Seized (in Kgs)

<table>
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<tr>
<th>Year</th>
<th>Heroin</th>
<th>Hashish</th>
<th>Opium</th>
<th>Ganja</th>
<th>Cocaine</th>
<th>Amphetamine</th>
<th>Methaqualone</th>
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<td>NA</td>
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*Source:* Annual Reports-various years, Narcotics Control Bureau
## Annexure II

### Precursor Chemicals Seized (in Kgs)

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*Source: Annual Reports-various years, Narcotics Control Bureau*
Annexure III

Heroin Seized (origin)

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*Source: Annual Reports-various years, Narcotics Control Bureau*