IMPACT OF NARCO-TERRORISM ON INDIA’S SECURITY

By Avinash Chanda
From Gujarat National Law University

ABSTRACT

Objectives:
The objective of the paper is to analyse the phenomenon of 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”. Drug trafficking facilitates other organized criminal enterprises such as human trafficking and gun running, all of which use the same networks and routes to smuggle people, arms and contraband.

Methodology:
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.

Results:
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.

Enactment of stringent anti-drug laws, and strengthening the physical security of its borders by various means, 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.

Implications:
The paper provides an insight into the modus operandi of cross border drugs smuggling network. It presents the socio-economic costs of the drug problem as well as analysis of the impacts on corruption, public order and state authority. It argues that illicit drug trade should be a greater national security agenda in the upcoming years.

Key References:
- Annual Reports-various years, Narcotics Control Bureau
- World drug reports

Key Words: Narcotics, drug, criminal networks, Narco-terrorism

Introduction

India is a rapidly growing nation with a population of more than a billion. This has led to shifts in culture, social values, and demographics within a short span of time thus having significant impact on the people. Commonly used drugs in the country are Cannabis, heroin, opium and hashish.

Over the previous three decades India has become transit hub as well as the final destination for both heroin and marijuana produced in the regions which is commonly referred to as the Golden triangle and

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Golden crescent. Furthermore, psychotropic and pharmaceutical preparations and precursor chemicals produced domestically as well as in various parts of the world are also being freely trafficked across the country. This free flow of drugs is not only a public health hazard but also poses grave threat to national security. The Link between organised criminal syndicate and drug smuggling is well known and documented. But it’s the nexus between criminal gangs, drug traffickers and terrorists which is potent enough to cause instability in the nation. World over astronomical profits being generated through drug trade is being used to fund various terrorist and militant organisations. It has been estimated that the income generated through drug trade has accounted for 15% of finances of militants operating in Jammu and Kashmir. Similarly various insurgents operating in the north east like Nationalist Socialist Council of Nagaland (Isak-Muivah) [NSCN (IM)] are known to channelize income generated through narcotics to fund their operations. Powerful Criminal syndicates like the D company who have been blamed for carrying out the devastating Mumbai blast of 1993, have become deeply entrenched in the planning as well as logistic end of carrying out anti state activities. Thus networks originally designed for smooth facilitation of drugs trade is being used to move explosives. As was seen during the Mumbai blasts of 1993 that the explosives used for the attack were smuggled into the country using the same rotes through which drugs and contraband were traditionally smuggled by the D company. Even presently it is a source of illegal smuggling of weapons and explosives. Keeping in mind the prevalent scenario, the paper analyses the modus operandi of drug traffickers as well as the popular routes through which drugs are trafficked, which includes routes from across the border. Given the fact that the whole border is not fenced, the paper assesses the vulnerability of the border and the measures adopted to circumvent them. Narco-terrorism is terrorism which is funded by drug money. The free flow of narcotics contributes to a major chunk of terrorism funds. All terrorist groups use this money to fund their activities and the problem has become extremely deep-rooted.

**Basic pattern and routes of Drug trafficking**

India has long been known as a consumer of opium and various derivatives obtained from cannabis. These substances were basically consumed for medicinal purpose and for recreation during religious and social ceremonies. Most of the demand for these narcotics are met locally. Since India has had a long tradition of consuming hashish often as part of religious celebration. Demand was fairly low and the demand got met through smuggling from Nepal and Pakistan. This did not evince any alarm. However from the early 1980’s reports of heroin smuggling started doing the rounds.

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The flow of heroine was widespread and came with disastrous consequences. But in recent years, the widespread availability of synthetic and pharmaceutical drugs and their subsequent overdose have added a new dimension to the ever growing concerns about drug trafficking.

Global experience with respect to the flow of illegal drugs reveals us that drugs like heroin and cocaine are often trafficked for long distances, whereas drugs like hashish are trafficked for relatively shorter distance and marijuana and psychotropic substances like Amphetamine Type Stimulants are consumed locally and travel the least distance. Most of the narcotics nearly 70% of it are smuggled over land using various modes of transportation. This makes the countries border the first point of contact for drug smugglers. India shares its land border with multiple nations. Each of these borders have varied topography which varies from dessert to thick forest. Thus different ways to traffic drugs can be observed depending upon the border.

Border between India and Pakistan

The fact that India-Pakistan border is situated close to the ‘Golden Crescent’, which is a term signifying the largest producer of opium and cannabis, this has made it particularly vulnerable to smuggling of heroin and hashish. However, this is not the only reason, there existed other reason as well which led to exponential rise in smuggling of heroine through the country’s borders. One of the factor which led to the rerouting of drugs through India was the closing of the Balkan route due to Iran-Iraq war which started in 1980 and went on till 1988. Another major factor was pre-existent network of bullion smugglers who existed along the regions closed to the border add to this involvement of criminal networks in drug smuggling in the mid-1980 who further provided impetus to smuggling of drugs. Insurgency like the Sikh militancy and one in Jammu and Kashmir also led to increase in smuggling of drugs as the insurgents often relied on it to generate funds to carry out their activities.

It has been observed that there has been astronomical rise in trafficking of heroin from the “Golden Crescent” since 1983. This can be gauged from the huge amount of heroine seizures by various law enforcement agencies. It can be conclusively said that the Golden crescent has been the primary source of narcotics due to the fact that majority of heroin and hashish seized has been found to be of South West Asian origin. However drug seizures have registered a decline since the 1990’s, the share of heroine seized of south west Asian origin have declined. The sharp decline of heroine of this specific origin have been attribute to the strong build up along the border following the waves of terror attacks on India which were allegedly planned and executed from Pakistan. An interesting fact that needs to be noted is that the figures of seizure reported by the Narcotics control bureau for heroin, hashish an opium have surprisingly remained constant.

Various reports published by the United Nations, the US State Department, Australian Crime Commission, etc. have pointed out

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that India has become major hub for the transhipment of heroin which were produced in the Afghanistan-Pakistan region to the other parts of the world. Various surveys have time and again pointed out that consumption of narcotics has increased in many states which are bordering Pakistan like Jammu and Kashmir and Punjab. This could mean that drugs like narcotics are still being smuggled across the border, under reporting by the relevant authorities could be a possible reason for the above situation.

Heroin produced in the ‘Golden Crescent is often smuggled into Ina through states that share land border with Pakistan like Gujarat, Rajasthan, Punjab and Jammu and Kashmir. Thar desert was once a popular route to smuggle drugs into India, as it was a traditional route through which opium produced in the malwa region was smuggled into Karachi and from there further onward to China during the days of the British. Since the desert was poorly manned and patrolled it provided ideal hideouts for narcotics which could later be retrieved by designated individuals and then transported across the country.

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. 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.

In addition, the Thar Express plying between Khokrapar and Munabao has been reported to have become a major carrier of drugs from Pakistan since its inauguration in 2005. 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-Manakhar-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 trade in Punjab.

Border towns of Ajnala and Gurdaspur have also become prominent heroin collection centres. Agricultural land across the fence, good network of roads and rails right up to the


8 Vimal Bhatia, ‘Smugglers Say 36Kg Heroin Brought Via Thar Express - Times Of India’ (The Times of India, 2017)

9 ‘‘Largest Ever’ Seizure Of Drugs FromSamjhauta Express’ (The Hindu, 2017)


borders and several riverine stretches along the border, all facilitate trafficking of drugs in these sectors. 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. 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 RanbirSinghPura, Samba and Akhnoor. Lately, most of the heroin which reaches the mainland is being routed through the Jammu sector. The heroin consignment 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-FaridkotJaisalmer/Barmer-Ahmedabad and finally Mumbai. Acetic anhydride, a precursor for manufacturing heroin, flows through the same route but in the reverse direction, i.e. from India to Pakistan and Afghanistan. Significantly, the drug trafficking routes along the Indo-Pakistan border have 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 marshlands 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 mix 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 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.

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, prazosin, 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 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. Poppy is also illicitly cultivated in different parts of the country mostly in remote and hilly terrains for manufacturing low grade heroin. 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. The NCB together with law enforcement agencies have also destroyed a number of illicit laboratories manufacturing brown sugar. 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.

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16 Annual Report 2010, the International Narcotics Control Board.
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.\textsuperscript{18}

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{19}, in the following year 3 kg of methamphetamine was seized, which jumped to 91 kg in 2004 before declining to 40 kg in 2009. 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 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. In addition, large consignments of pharmaceutical preparations such as corex, phensedyl, buprenorphine, spasmoporxyvon are trafficked overland from India to Myanmar.\textsuperscript{20}

India-Bangladesh Border
The India-Bangladesh border has been 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. A well-developed railroad and river network, large volume of both formal and informal trade, 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 strong trans-border ethnic ties contribute towards drug trafficking along the India-Bangladesh border. 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 ‘phensedylplus’ 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. Large scale seizures of marijuana/ganjaby the BSF and other law enforcement authorities along the border indicate a growing trend of marijuana/ganja trafficking from India to Bangladesh. Besides Manipur and Mizoram, marijuana/ganajas 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. In addition, brown sugar and pseudo-ephedrine manufactured in India are also trafficked to Bangladesh. 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.

**Measures to deal with this menace**

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

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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.87 In April 2010, the Punjab Police apprehended two smugglers with six kg of heroin along with an AK 47 rifle and 100 live cartridges.88

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.22

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. 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. The act also provides 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. The enactment of this legislation 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 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.

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. 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.

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’. 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.

Conclusion:
Considering India to be a transit hub as well as a destination for drug trafficking, the emphasis has been largely on ensuring the security of the borders by preventing the easy ingress and egress of the drug trafficker along with their consignments through the borders. In this respect, the most important measure undertaken by India was the construction of border fences. Border fences were erected first along the borders with Pakistan. This process began 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 in order to prevent illegal migration. These fences also acted as a barrier to the free movement of drug traffickers. The positive feature of the construction of such fences is that it has reduced the inflow of drugs from across the borders. Strengthen surveillance system along the borders by deploying adequate numbers of border guarding personnel. Another measure undertaken to ensure security of the borders is to regularly patrol 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, various central bodies such as the Customs, the Directorate of Revenue Intelligence, the Narcotics Control Bureau, and the Central Bureau of Narcotics as well as state organisations such as state police, state excise and state forest are there to prevent drug consignments along the borders. India has also entered into bilateral and multilateral agreements with several countries including neighbours. Bilateral agreements have been 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”. Besides these measures, there are several other bilateral institutional mechanisms, which facilitate interactions between India and its neighbors 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 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 was an important in combating drug trafficking across the borders. As for multilateral agreements with neighbours, India is a signatory to the SAARC Convention on Narcotics Drugs and Psychotropic 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. India has also signed the BIMSTEC Convention on Cooperation in Combating International Terrorism, Transnational Organised Crime and Illicit Drug Trafficking in 2009. It provided a legal framework to all the member countries to counter drug trafficking and organised crime. India is also a party to the Pent lateral Cooperation on Drug Control, which focuses on the prevention of illicit trade of precursor and other chemicals used for the manufacture of heroin. 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. Though these drugs are trafficked, in fewer quantities, the share of synthetic drugs such as ATS and codeine based pharmaceutical preparations has gone up. 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 antidrug laws, co-opted various voluntary organisations and sought to strengthen the physical security of its borders by various means and 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.

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