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DRUG TRAFFICKING IN INDIA: ROUTES AND TRENDS

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ABSTRACT

Drug-related issues have become the core area of research throughout the nation as it has extended its reflection far beyond geographical boundaries. Many external and internal factors are responsible for the spread of this menace. Since the last decade, along with the old drugs, quite dangerous and new drugs have emerged in the market. The illegitimate drug markets have been captured by synthetic drugs, pharmaceutical preparations, psychoactive components, chemical precursors and many more.

The trade of drugs, which is considered illegal, can formulate a black market economy at the global level and eventually decline the entire nation's economy. Drugs have existed for decades in society, but the only thing that is seen evolving is the kind of drug trafficking, modus operandi of drug trafficking, profile and trends of drug trafficking and traffickers.

The present research is based on different aspects of drug trafficking in India, along with recent trends and modus operandi of drug trafficking involving distinct routes and measures to counter the practice. State police agencies are responsible for arresting the drug traffickers, and "ganja" has been seen as the major drug being trafficked in India. There is a need for strict law and punishment to put a full stop to this practice in India.

Keywords: Drug Trafficking, Routes, Trends, Rules and Laws

INTRODUCTION

"One of the incontrovertible realities of nature is that human beings are always unsatisfied with whatever has been provided to them for survival. Having an astuteness superiority over other living organisms, humans always strives for 'something more' and undoubtedly, this craving for 'something more' has been the main thrust behind the advancement of civilization. In addition, it has also shown the pathways to incomprehensible repulsiveness and demolition which is more commonly known as crime. Legally, crime can be defined as an act or

deed contravening the code of law. Socially, crime is any activity infringing upon the norms of a community or a society. Crime is a global paradox and it is as old as human civilization. It has several forms, and these thrives mainly on lust for power, thirst for ego and quest for wealth. The obnoxious side of development is a complex web of illegal organizations, comprising of criminal activities, which represent few of earnest obstacles in all civilizations across the world which somehow jeopardize the worldwide shelter and safety. Hence, it can be inferred that underneath this buoyant surface of human faces, lies a murky, gory and deceptive ground flourishing all the illegal deeds.” (Unpublished Thesis, Chauhan, 2018). One such activity that is flourishing beneath this layer of greed is known as Trafficking of Drugs.

The drug can be defined as any synthetic, non-synthetic or biological substance ingested as non-dietary requirements. While the whole drug is produced outside the human body, its action is seen after ingestion. It is responsible for altering some body functions, primarily in treating diseases, pain relievers or others. Drug Trafficking, on the other hand, is a term used at the international level, which involves various offences contributed to narcotic drugs, including manufacturing, smuggling, import, and marketing of the drugs produced. All the crimes related to the dissemination of the drugs, including transportation, chemicals involved in the manufacturing of narcotics, production of psychotropic components and crimes involved in illicit trafficking, can be included under Drug Trafficking.

The solid connection amongst drug traffickers, a network of criminals, and terrorists involved have formulated a strength that causes instability in the entire country. An infinite number of terrorist moments have been fed through the income generated by drug trafficking. More than 15 per cent of finances involved in militants in Jammu and Kashmir comes from income generated through illegal sourcing of narcotics (Chopra, 1990). Furthermore, gun-running, as well as human trafficking, has been facilitated by drug trafficking in India. For instance, in the 1993 terrorist attack in Mumbai, the same route got followed through which drugs were trafficked. The terrorists have followed the same route to source the arms and explosives over the borders.

TRENDS OF DRUG TRAFFICKING: AN OVERVIEW OF ROUTES AND PATTERNS

India has been consuming opium and various other derivatives of cannabis like *bhang*, *ganja*, and *hashish* for ages. These were often considered to be essential for religious purposes and recreations in certain Indian societies. All demands related to these narcotics were on a local basis only. A minute amount of *hashish* was brought in from Nepal and Pakistan earlier. The inflow of heroin since the 1980s became a matter of concern for India as it leads to a wide array of drug trafficking. Across global pattern, it has been viewed that 70 per cent of *hashish*, *ganja* and other psychotropic compounds like Amphetamine type stimulants (ATS) are trafficked through the land route with the help of different modes of transport (Charles et al., 1999). In India, different borders showcase a distinct variety of trafficking patterns that depend on the border's nature.

INDIA-PAKISTAN BORDER

The proximity of India and Pakistan's border to the golden crescent, which is the largest manufacturer of opium and cannabis, has increased the possibility of trafficking of *hashish* and heroin. The enhanced flow of heroin through the India and Pakistan border has emerged due to various other factors. The shutdown of the conventional Balkan route through Iran during the Iran-Iraq war from 1980 to 1988 resulted in India's drugs rerouting (Reuter, 2009). The interference of criminals in the smuggling of drugs and the already persisted network of bullion smugglers at the borders also led to the smuggling of drugs. The pre-existing conventional routes of smuggling and porous border offered compatibility for the trafficking of drugs.

Since 1983, India and Pakistan's border is seeking enhancement in the trafficking of heroin from the Golden Crescent. From 1983 to 1988, an increased amount of heroin from 100 kg to 3,029 kg was observed. From Pakistan, large chunk of *hashish* was also observed to be smuggled to India (Chopra,

1990). The number of investigative reports has strengthened that consumption of drugs has increased in various borders of Punjab and J&K. From the above findings, it can be deduced that heroin trafficking has been continuously increasing across the India-Pakistan border.

ROUTES OF DRUG TRAFFICKING IN INDIA

The border states of Gujarat, Punjab, Jammu & Kashmir, and Rajasthan are used for drug trafficking of heroin and *hashish*. The Thar Desert was one of the most preferred routes in the 1980s through which the smuggling of drugs was done. The major reason was that this was the same old route that produced opium in Malwa was smuggled to Karachi and then further to China. The smuggled heroin into India was originated from the town borders of Sahiwal, Sukkur, Khokhrapar, Rahimyar Khan in Pakistan and reached the borders of various towns like Churu, Kishangarh, Ramgarh, Sikar, Barmar, Jaisalmer as well as Anupgarh in Rajasthan, which were then transported to Delhi and Mumbai. Camels were used to transport the consignments of Heroin and *hashish* and were reported to the respective collection centres from where they were transported to other cities.

These routes were the ones through which heroin got constantly smuggled in Rajasthan. Since its opening in 2005, the Thar Express amongst Khokhrapar and Munabao had been observed as a major drug carrier from Pakistan. Punjab was also considered to be the major route for the trafficking of the drug in the 1980s. Lahore-Fazilka-Bhatinda-Delhi route was the most favoured one. Attari-Wagah Route was another most common route used in drug trafficking.

It was reported that Samjhauta express used to carry illicit drugs across the borders, due to which Amritsar city became the major hub for the trade of Heroin in India. Heroin was also found prominently in the regions of Ajnala and Gurdaspur. The heroin produced in the Afghanistan-Pakistan region got transported to Punjab that was considered as a transit point. The Heroin received and produced in Punjab and Rajasthan was further transported to Mumbai and Tamil Nadu. From this destination, the heroin was trafficked to the global market. Ranbir Singapora, Akhnoor and Samba were major regions through which heroin smuggled (Charles, 2004).

The consignment of Heroin mostly enters through Sunderbani and Rahjouri areas into India and finally reached Jammu via the Poonch-Jammu highway. Further, Pathankot-Gurdaspur-Amritsar-Faridkot-Jaisalmer-Ahmedabad and Mumbai were used as a common route for the trafficking of the consignments. The precursor of the manufacturing of Heroin is Acetic Anhydride which was flown through the same routes but oppositely, i.e. India to Pakistan and Afghanistan (Chopra, 1990). Indo-Pakistan border drug trade route showed a shift from road to sea due to fencing alongside the borders.

Gujarat's marshlands and creeks got used increasingly for the smuggling of heroin from Afghanistan-Pakistan areas. From Karachi, heroin smuggled into Rann of Kutch through many boats made in the country. These marshlands possess several interconnected creeks, mangroves, and sand bars. These were considered the best hideaway areas for the trafficking of drugs. Afghan couriers are widely used to smuggle heroin into India through Pakistan by land or air routes. As the heroin consignment reaches Delhi, Jaipur or Amritsar, these were further handed over to Nigerian or Kenyan syndicate who were responsible for trafficking the package out of the nation via air mode to global markets in the USA, Europe or Canada.

INDIA-NEPAL BORDER AND INDIA-BHUTAN BORDER

The two main derivatives of Cannabis like *Hashish* and *Ganja*, are trafficked to India through the Nepal route (Fisher, 1975). The increasing demand for Nepalese and Bhutanese cannabis in India and low-grade heroin, along with demand for codeine in Nepal and Bhutan, lead to two-way smuggling of narcotics with the routes of India-Nepal and India-Bhutan. The poor shielding and open wide networks are the major reasons for drug trafficking in these areas.

In fact, *hashish* trafficking has seen an enhanced manifold for the last thirty years. The Nepalese *hashish* share increased steadily in the eighties from 7.2 per cent in 1986 to 16.6 per cent in 1989. During the 1990s, the *hashish* trafficking decreased from Pakistan, whereas the *hashish* share from Nepal increased into India from 29.5 per cent in 1991 to 40 per cent in 2000. The trend continued in the next decades too.

Likewise, *Ganja* and *Hashish* were smuggled from Nepal, and subsequently, pharmaceutical preparations like pain killers and anti-anxiety drugs like diazepam, alprazolam, nitrazepam, lorazepam, proxyvon, buprenorphine are trafficked from India to Nepal and Bhutan. Brown Sugar, the low-grade heroin manufactured in India, is trafficked to Nepal and Bhutan.

ROUTES FOR DRUG TRAFFICKING

Cannabis and its derivatives trafficking from Nepal to India and codeine drugs from India to Nepal follow Bihar and Uttar Pradesh's trade routes. These routes do not boast any travel restrictions, and the smuggling of drugs can be done freely alongside the border. The major routes through which drugs are smuggled through the border include Birganj - Raxaul - Motihari - Patna; Nepalganj-Rupaidiha - Bahaich - Barabanki - Lucknow; Bhairahwa - Nautanwa - Gorakpur, and Lumbini - Shohratgarh - Siddharthanagar. East and West Champaran districts of Bihar and Lakhimpur district of Uttar Pradesh are quite prevalent in the trafficking of ganja and hashish. Raxaul in Bihar and Kanpur, Lucknow in UP are the hubs of trafficking of *ganja* and *hashish* (Kumar, 1998).

Samdrup Jongkhar-Daranga is the most important routes which are used to smuggle Bhutanese Cannabis into India. The most important centre for collecting and distributing the Cannabis being smuggled from Bhutan is Udalguri and Darrang district of Assam.

INDIA-MYANMAR BORDER

The closeness of the India-Myanmar border to the Golden Triangle, non-stable political structure, increase in demand of drugs amongst the population, poor shielding border, and porous borders lead to trafficking of drugs to smuggle heroin into the nation via the India-Myanmar border. The network of criminals, the opening of formal trade via Moreh in 1994, has enhanced the suitability of drugs' trade to the Northeast (Reuter, 2009).

Myanmar is the major manufacturer of Opium, which accounts for about 95 per cent of total opium being manufactured in the region. About 80-85% of heroin being manufactured in the area is transshipped to the global market via the Myanmar-Thailand route. A minute amount is received in India through the porousness of the India-Myanmar Border.

ROUTES FOR DRUG TRAFFICKING

India-Myanmar is the major trade route for smuggling of Heroin into India via Mizoram, Manipur and Nagaland from Bhamo, Lashio and Mandalay. Mandalay is considered the most important route that reaches Monya and Kalewa and further diverts at two points to enter India. The first branch includes movement towards the north, entering Moreh in Manipur via Tamu and then to Imphal and Kohima through the National Highway. The second route towards the south involves entry into Champai in Mizoram via Rihkhadar. The three major routes involve: New Somtal-Sugnu-Churachandpur-Imphal route; the Kheiman-Behiang-Singhat route, and the Homalin-Kamjong route (Reuter,2009).

MODUS OPERANDI OF DRUG TRAFFICKING IN INDIA

India is located between the world's two largest areas: the highest produces of illicit opium, i.e. the Golden Crescent and Golden Triangle. The proximity has enhanced the vulnerability as India has now become a leading destination and transit route for drug trafficking. There are several ways that Drug traffickers are adopting to transfer the courier consignments from one place to another.

1. Through Shipments Using Coastal Areas and Country-made Boats

The eastern and western coasts of India boast major points for drug smuggling. The essential route for heroin smuggled in from Pakistan and Afghanistan are the Tamil Nadu-Sri-Lanka region. Transshipment of consignments of brown sugar from the Tamil Nadu coast to European and American markets and then to international markets originate from this route. Drug Traffickers smuggle the drugs from the shores with the help of fishing boats. These consignments are then transferred to small islands near the southern coast of India. They then are shipped to Sri Lanka and Maldives (Fisher, 1975). Mumbai as well as the most major port via which drug traffickers transfer drugs to the whole country. Afghanistan and Pakistan manufactured heroin is trafficked to the Karachi port and then sent to western nations. The country-made boats known as *dhow*s smuggle heroin and brown sugar to the Arabian countries from Gujarat-Maharashtra.

2. Postal Services and Personal Carriers through Airplanes

Drug Traffickers are considering making use of major and secondary airports of the country to smuggle the drugs through personal carriers and postal services. The maximum quantity of drug is transported from Delhi and Mumbai airports. Hyderabad, Bangalore, Amritsar, Chennai, and Trivandrum are other major airports used as transporting sources of drugs. The Delhi-Lagos-Addis-Ababa and Mumbai-Lagos-Addis-Abbaba air links are the most important air routes used for the smuggling of heroin and Cocaine by Nigerians and African drug traffickers (Charles, 2004). They use Ill-patients coming to India for their treatment in medical hospitals for smuggling cocaine into India.

3. Layer of Contacts to Transfer Couriers

The drugs supplied in the form of couriers are never supplied directly to the source. There are several layers of sources and contacts that are used to transfer them to the final destination. The major thing is that Drug Traffickers never use a direct supply as the courier is transferred through various connecting flights to make confusions for the investigators.

4. Use of HIV/AIDS Patients

It has been revealed by various investigation agencies that the drug cartels have started using the patients who are suffering from AIDS / HIV to transfer the couriers of drugs. People having poor backgrounds are being used to ferry the drug couriers. Women suffering from life-threatening diseases are also being used to ferry the banned substances by Drug Traffickers.

MEASURES TO COUNTER DRUG TRAFFICKING

1. **Legislative measures:** Activation of domestic laws in the country to deter the gangs of smugglers;
2. **Voluntary Organizations:** By co-opting the voluntary organizations to prevent and control drug usage;
3. **High tech security at Borders as well as Coasts:** Bilateral and Multilateral agreements with neighbouring countries for exchange of information.

CONCLUSION

In the last three decades, an increase in the trend of drug trafficking in India has been observed. The trends and patterns have shown an increase in drug trafficking from traditional drugs to synthetic drugs. Porous borders, money laundering, corruption and terrorism are major factors responsible for increasing drug trafficking in India. Various routes across borders, sea-trade and air-routes have been used to transfer the consignments of drugs at the national and international level. Poor people, women, ill-patients, AIDS/HIV patients are being used to supply drugs by drug cartels. Strict legislative measures are required to deter the gangs involved in Drug Trafficking.

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