DRUGS
The Insidious Enemy

KC Verma
Drug trafficking and addiction pose a serious threat to the country, even as the gravity is not fully understood. India lacks the structures and wherewithal for management of the threat. Several other issues related to drugs also need to be addressed. The author suggests some urgently needed policy initiatives.

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Drug trafficking and addiction cause untold human suffering throughout the world. They also spawn evils like corruption, terrorism, human trafficking and prostitution. Yet the danger from drugs is seldom recognized because of its insidious nature. In India, there is insufficient awareness of critical issues and even the extent of drug abuse is unclear. Policy responses have been inadequate, mainly due to absence of structures to deal with the multi-dimensional threat.

The first and only nation-wide survey of drug addiction patterns in India was done in 2001. In the subsequent years, there have been many anecdotal reports of alarming levels of drug addiction, particularly in Punjab, but no extensive survey has been undertaken and drug-related information remains deficient. A recent survey seems to confirm that the level and pattern of drug abuse in Punjab should indeed be a matter of grave concern.

India has an adequate legal architecture, but enforcement is lackadaisical and harm reduction capacities are woefully inadequate. The drug addict is rarely treated as a victim and enforcement efforts focus predominantly on street level peddling. Inadequacies in capacities are often compounded by lack of coordination between agencies. There is little involvement of civil society and the full potential of non-government organisations for countering the menace of drugs is not realized.

Effective policy formulation is possible only on the basis of appropriate information inputs. Highest priority needs to be accorded to conducting periodic reliable surveys to assess the extent and patterns of drug trafficking and consumption in the country. A comprehensive and coordinated approach by different departments and agencies is essential. A coordinating ‘authority’, as envisaged in the NDPS Act, must be established.

It is necessary to give importance to the various dimensions that are connected with drug trafficking and consumption. It is imperative to invest more in drug demand reduction strategies. The National AIDS Control Programme should be viewed as part of harm reduction efforts. Amphetamine type stimulants, new psychoactive substances and abuse of pharmaceutical preparations need to be constantly monitored and undesirable outcomes prevented. The lingering problem of non-availability of morphine to terminally ill patients must be addressed.

Illicit cultivation of poppy has acquired worrisome proportions and diversion of licitly cultivated opium remains an imponderable. A switch to the concentrated poppy straw method is overdue.

India seems to have been left out as far as recent developments in the field of cannabis research are concerned. It also needs to prepare itself for the outcome of the forthcoming United Nations General Assembly Special Session on Drugs, which is likely to lay emphasis on decriminalization of drugs, in preference over stricter enforcement.
According to the United Nations Office on Drugs and Crime (UNODC) there were an estimated 187,100 drug-related deaths in 2013. The annual global drugs trade is worth around $435 billion a year. Globally, organized crime accounts for 1.5 percent of the global gross domestic product and is worth around $870 billion. Drugs account for 50 percent of the income from international organized crime.\(^1\)

The UNODC estimates that in the year 2013, a total of 246 million people in the world, or 1 out of every 20 people between the ages of 15 and 64 years, used some illicit drug or the other. Further it was estimated that more than 1 out of 10 drug users is a problem drug user, suffering from drug use disorders or drug dependence. In other words, some 27 million people (or almost the entire population of a country the size of Malaysia) are problem drug users. Almost half (12.19 million) of those problem drug users inject drugs, and an estimated 1.65 million of those who inject drugs were living with HIV in 2013.\(^2\)

Drugs destroy millions of families and cause untold misery because of addiction and broken homes. They corrupt societies, sustain insurgent groups and fund terror organizations. Drugs are also associated with street crime, gun running, prostitution rackets, human trafficking and spread of AIDS. Drugs ruin the economies of states and destabilize governments.

Yet the threat from drugs remains understated and underestimated in many parts of the world. India seems to not only have an inadequate appreciation of the problem but also lacks the wherewithal to meet the challenge.

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**Drug Problem in India**

Reporting on the drug problem in India is episodic. Infrequent reports in the media mention alarming levels of drug addiction among the youth in

\(^1\) World Drug Report 2015 – UNODC Publication
\(^2\) ibid
different parts of the country in general and Punjab in particular. The matter engages the attention of the media and the people for a few days – with the predictable sprinkling of political mudslinging and discussions generously peppered with terms like narco-terrorism. Then along comes some sensational development of ephemeral significance and the subject of drugs is mothballed till the next silly season.

In the absence of any reliable statistics, outlandish claims are made; depending on the axe any person wants to grind. For instance, there is a truly bewildering array of reports about drug addiction in Punjab. It was claimed that a survey conducted by the Department of Social Security Development of Women and Children of the Government of Punjab had suggested (in 2012) that as many as 67 percent of rural households in the state had at least one drug addict in the family. It was further claimed that there was at least one death every week in the region due to drug overdose. In 2012, Congress General Secretary, Rahul Gandhi, had expressed concern over the condition of youngsters in Punjab, saying that 7 out of 10 youth in the state had a drug problem. Baba Ramdev said that 80% of Punjab youth were addicted to drugs.

Equally episodically, seizures of drugs or psychotropic substances are reported from different places in the country. In order to sensationalize, astronomical values are assigned to the seized drugs. Competitive claims of enforcement agencies about recoveries also create distorted perceptions about the quantum of drugs being trafficked.

Most estimates about drug trafficking are no better than conjectures because it is difficult to know how much of an illegal activity has not come to notice. Similarly, most claims about drug addiction are based on anecdotal reporting. This seems inevitable because there has been no worthwhile survey of drug consumption or addiction patterns in the country since 2001.

National Survey on the Extent, Pattern and Trends of Drug Abuse in India

A NATIONAL SURVEY ON THE EXTENT, Pattern and Trends of Drug Abuse in India was sponsored by the Ministry of Social Justice and Empowerment (MSJE) and the United Nations Office on Drugs and Crime, Regional Office South Asia (UNODC-ROSA) in 2000-2001. The report on the survey, published in 2004, observed that alcohol, cannabis, opium and heroin were the major substances of abuse in India. The prevalence rates (i.e., the subjects who had used these substances within the last one month) according to the National Household Survey revealed that the rates were: Alcohol 21.4%; Cannabis 3.0%; Opiates 0.7% and any other illicit drug 3.6%. The number of Injecting Drug Users (IDU) was estimated to be 0.1%. In the survey, tobacco was not included as a substance of abuse.

Based on the above data, it was projected that there were approximately 8.7 million cannabis users and two million opiate users in the country in 2001. The survey revealed that the problem was more serious in the border states such as Punjab, Rajasthan, the North-East and the mega cities.

It needs to be kept in mind that methodologies and

3 DW-Asia March 19, 2013. (Drug Abuse Threatens Punjab’s Population, by Murali Krishnan. And Nishik A Shetty, Startup/per)
4 News X October 11, 2012
5 The Hindu, May 9, 2015.
7 Ibid – Paraphrased from above report
sample sizes are crucial. Conclusions drawn from any survey suffer from inherent biases and a far better understanding can be derived by reading the complete report. (The relevant portion of the MSJE/UNODC report is at Annexure II)

In the years after 2001, the MSJE has variously declared its intent to conduct a nationwide survey, to conduct a pilot study in some parts of India or to conduct focused studies in Manipur and Punjab. Unfortunately, no worthwhile study has been undertaken in any part of the country in the past fifteen years.

In early 2016, there were reports about a survey carried out by the National Drug Dependence Treatment Centre (NDDTC) at the All India Institute of Medical Sciences, New Delhi. The survey was conducted in ten districts of Punjab in 2015 and data was collected from 3,620 opioid dependent individuals. Based on projections, the survey concluded that there are about 2.3 lakh opioid-dependent persons in the state (lower limit 1.74 lakh and upper limit 3.22 lakh), while another 8.6 lakh are estimated to be opioid users. The number of heroin dependent persons was assessed to be 1.23 lakh. The NDDTC estimated the number of injecting drug users at around 75,000; substantially higher than the existing estimate of fewer than 20,000.

The study also indicated that in a matter of just a few years, the drug of preference had changed from poppy husk to pharmaceutical preparations; and from pharmaceutical preparations to heroin.

The foregoing clearly shows that reporting about drugs is susceptible to distortions and sensationalism. Importantly, data regarding the extent of drug abuse is not reliable and even the imperfect conclusions drawn from available data can change with time.

The main stakeholders in India, including the media, do not adequately appreciate the complex interrelated aspects of drug abuse and its consequences. Thus almost everyone expresses that it is a serious problem, but there is little commonality of views. General terms such as ‘drug addiction’ are used, with no clarity about the substances of abuse. It is not uncommon to come across commentaries that even use terms like cannabis and heroin interchangeably! Stereotypical arguments are advanced, such as India is merely a transit country, situated as it is between the major illicit opium growing areas of the ‘Golden Crescent’ and the ‘Golden Triangle’. Such facile averments insinuate a certain helplessness in checking drug trafficking, and seek automatic exoneration. In the popular perception drug trafficking and addiction are due to a range of causes, from patronage by different shades of politicians, to unemployment, migrant labour addiction, noveau riches, narco-terrorism and conspiracies of the ISI of Pakistan.

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9 Punjab Sinking in Pak Drugs Worth 7,500 Crore Per Year: AIIMS – By Shimona Kanwar TMN Jan 15, 2016

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Drug Policy Formulation

IT WOULD NOT BE ALTOGETHER incorrect to state that drug policy issues in India are approached without adequate information inputs. While basic data is not available for informed decision making, matters are further obfuscated for extraneous reasons. Important and far reaching initiatives are launched on the basis of anecdotal inputs, as populist measures or under pressure from interested lobbies. With India being a signatory to all major international conventions and treaties on drug control, policy makers also need to keep international obligations and considerations in mind. In order to appreciate where India has been deficient in policy making and where improvements need to be effected, it is necessary to consider the provisions of the existing drug legislation and the role and responsibilities of various stakeholders and entities involved.

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The Narcotic Drugs and Psychotropic Substances Act (NDPS Act)

THE NARCOTIC DRUGS and Psychotropic Substances Act, 1985 (61 of 1985) was enacted “to consolidate and amend the law for the control and regulation of operations relating to narcotic drugs and psychotropic substances, [to provide for the forfeiture of property derived from or used in illicit traffic in narcotic drugs and psychotropic substances, to implement the provisions of the International Conventions on Narcotic Drugs and Psychotropic Substances]¹⁰ and for matters connected therewith.”¹¹

The Statement of Objects and Reasons appended with the Bill explained that the existing legislation, enacted a long time ago, had many deficiencies and that it was necessary (i) to prescribe penalties that would deter traffickers, (ii) to invest officers of Central enforcement agencies with the power to investigate offences, (iii) to enact legislation that would be in consonance with treaties and conventions to which India was a signatory and (iv) to provide a law to exercise control over psychotropic substances. The Statement of Objects and Reasons for the NDPS (Amendment) Act, 2001 explained the need for introduction of features like pre-trial disposal of seized drugs, forfeiture of property and to make the penal provisions more stringent.

When it was enacted, the NDPS Act came in for criticism on the ground that it was legislated in a hurry under pressure so that India could meet its international obligations. It was also adversely commented upon because it contained some provisions that went contrary to long-established concepts of Indian jurisprudence.

These features include (i) prescribing a harsh minimum punishment (ten years in most instances) rather than a maximum sentence in respect of offences under other laws, (ii) a mandatory death sentence in the case of a repeat offenders (now being reinterpreted), (iii) the overwhelming importance of ‘possession’ and presumptive guilt (iv) provision for forfeiture of property and proceeds of crime and (v) denial of routine bail. Probably the most significant aspect of the NDPS Act was that it gave powers to central agencies to enforce a law in the states.

The NDPS Act is also unique in that, besides defining the crime and punishment there for, it advocates the

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¹⁰ Inserted by Act 9 of 2001 in the NDPS Act, 1985
¹¹ The NDPS Act, 1985
¹² ibid
treatment of a drug addict as a victim rather than an offender. It draws a distinction between a drug consumer and a trafficker and prescribes graded punishment on the basis of the quantity of the drug in possession.

The Act provides for the constitution of a National Fund for Control of Drug Abuse and the establishment of a Narcotic Drugs and Psychotropic Substances Consultative Committee. It empowers the Central Government to constitute an authority or authorities to take measures related to coordination of actions under the NDPS Act, discharge India’s obligations under international conventions and take steps for demand reduction and measures for the re-integration of addicts. The NDPS Act also empowers the state governments to appoint officers as required for the purposes of the Act.

Notwithstanding the fact that it has been in existence for the past thirty years, the NDPS Act still agitates its detractors. It is claimed that because the provisions of the Act are deemed to be too stringent, the Bench has tended to be conservative while weighing evidence in NDPS Act cases. At the same time, enforcement agencies have often despaired on the ‘over reliance’ on the fact of possession. This makes it easier to book the drug addict but leaves out the kingpins of drug trafficking. There have been allegations, not wholly without foundation, of lower police functionaries abusing the tough bail provisions of the Act.

Social workers in the field of drugs argue that enforcement agencies and the courts look only at the stringent penalties and that they lack an understanding of the provisions of the Act that encourage rehabilitation of the addict. They emphasize that the NDPS Act empowers the government to establish centres for the identification, treatment and rehabilitation of drug addicts (Section 71). The Act further empowers trial courts to release certain offenders on probation, rather than sentencing them to imprisonment (Section 39). It even grants immunity from prosecution to addicts who volunteer to undergo treatment for de-addiction (Section 64A). Despite these provisions, the addict is almost always treated as an offender rather than a victim. Further, the abysmal lack of de-addiction centres discourages use of these provisions of the law. It is often stated that there is a need for a significant campaign to educate the enforcement agencies, the prosecutors and the judiciary to differentiate between the trafficker and the addict.

Other positive features of the NDPS Act remain unutilized or have not been leveraged to their full potential.

The National Fund for Control of Drug Abuse, envisaged in Section 7 A of the Act, was constituted as far back as in 1989; but rules for its administration were notified almost twenty years later, in 2006. It is not very surprising that the Fund is yet to come into its own.

The Narcotic Drugs and Psychotropic Substances Consultative Committee, envisaged in Section 6 of the Act, would have provided a much needed partnership between government agencies and civil society. No such committee has been formed though the rules for the conduct of its business were brought into force in 1988.

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Stakeholders

UNDER THE CURRENT DISPENSATION, drugs and related issues are dealt with by the Ministries of

13 NDPS Act 1985
14 Articles such as : India’s Anti-Narcotics Law is in Urgent Need of Rehab By Neha Singhal & Sakshi in ‘The Wire’ dt. 26/01/2016
15 Drug policy in India by Tripti Tandon, Deputy Director, Lawyers Collective – International Drug Policy Consortium Briefing Paper February 2015
Finance, Ministry of Home Affairs, Ministry of Health & Family Welfare and Ministry of Social Justice & Empowerment. The State Governments have the largest interface with the people, through their social welfare departments and the police forces. Many hospitals – both government and private – treat drug patients. A very large number of non-government organisations are active in harm reduction activities and treatment of addicts. Besides direct drug addiction issues, matters like AIDS control too are linked. The pharmaceutical industry is intimately involved in several ways. Many chemical units are impacted on account of different substances being used as precursor chemicals. Additionally, if methods of drug trafficking, internet pharmacies and money laundering are taken into reckoning, many other ministries, departments, banking institutions, courier services, postal channels and money transfer agencies would need to be added to the list.

Matters related to drugs also have many international dimensions. Not only do international obligations have to be discharged, even the laws have to be formulated with the legal architecture and practices of other countries in mind. Multilateral and bilateral agreements, Memoranda of Understanding, Mutual Legal Assistance Treaties, international enforcement efforts, exercising control on banned substances and practices like controlled delivery require complex networking and much diplomatic finesse. Drug issues figure in regional and multilateral cooperation initiatives and, not infrequently, they provide the common narrative in uncomfortable dialogues like the SAARC.

Even as issues related to drugs are complex and involve a large number of agencies, there is little coordination between the various ministries and organisations in India. Besides some token coordination, most of the stakeholders function in their own silos.

Just as an illustration, it could be mentioned that the Department of Revenue, Ministry of Finance, formulated a National Policy on Narcotic Drugs and Psychotropic Substances in 2012. A separate National Policy for Drug Demand Reduction was formulated in 2014. The MSJE also constituted a National Consultative Committee on De-addiction and Rehabilitation (NCCDR) in July, 2008 to advise the government in framing policies, programmes and legislative measures. While the actual functioning of this Committee remains unclear, it needs to be underlined that this is not the Narcotic Drugs and Psychotropic Substances Consultative Committee, envisaged in Section 6 of the NDPS Act.

It also remains unclear why a ‘national policy’ – by any name – could not be formulated earlier. Admittedly, there is not much scope for the DoR and the MSJE to work at cross purposes, but the synergy that could have been generated by the different ministries working together is sadly lacking.

Coordination is essential for supplementing and complementing each other’s efforts and to ensure that schemes launched by different departments are in consonance with each other, matching capacities are created and allocation of scarce resources is optimized. Ad hoc arrangements, such as meetings of the Secretaries concerned, do not provide the continuing attention that drug issues need from government departments. Such steps also do not bridge the chasm between the Centre and the States. The NDPS Act possibly envisaged that the authority/authorities established in pursuance of Section 4 of the Act would provide this essential coordination.

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The Narcotics Control Bureau (NCB)

The Narcotics Control Bureau was established by the Central Government in March, 1986 as
provided in Section 4 of the NDPS Act as an authority (emphasis added) which would exercise the powers and functions of the Central Government for taking measures for (1) coordinating actions of all Central and State governments and other authorities in connection with enforcement of the NDPS Act, (2) discharge India’s obligations under international conventions, (3) assist concerned international entities in matters related to drug trafficking and (4) coordinate actions of the various ministries, departments and organisations in respect of drug abuse.\textsuperscript{16}

Though the Narcotics Control Bureau was termed an ‘authority’ it bore the nomenclature of a ‘bureau’ and was placed as a department under the Department of Revenue (DoR), Ministry of Finance. The fledgling NCB had to rely on existing structures within the DoR in the initial period because any new organisation can only grow with time. Besides the Directorate of Revenue Intelligence (DRI), the new NCB was helped by the much older Central Bureau of Narcotics (CBN), the opium cultivation licensing arm of the DoR. It was not illogical that some responsibilities which should have been entrusted to the newly created ‘authority’ continued with, or were assigned to, the older CBN for reasons of administrative convenience or on mundane considerations such as availability of manpower. At the same time, the fact that the CBN is headquartered at Gwalior created its own set of problems.

Even after the creation of the NCB, India’s obligations under international conventions are discharged by both, the CBN as well as the NCB. As long as the NCB functioned under the Department of Revenue, this divided responsibility did not create significant problems.

The NCB was shifted to the Ministry of Home Affairs in April, 2003 in pursuance of the recommendations of the Group of Ministers Report on National Security, 2001. The reasons for this recommendation could possibly have been linked to the nexus between security and matters like enforcement of the NDPS Act, drug and arms smuggling and the link between crime and drugs. Perhaps it was assumed that the larger responsibilities of the NCB relating to coordination and international liaison could be equally well discharged by the Bureau after it was placed under the MHA.

It is anybody’s guess whether shifting of the NCB from the DoR to the MHA has facilitated better coordination with the police and border guarding forces. On the other hand, the disaggregated functioning has certainly created avoidable difficulties in India meeting its international obligations. More importantly, from being considered a significant office under the Ministry of Finance, the NCB has come to be considered an inconsequential ‘central police organisation’ under the MHA umbrella. The specialized nature of the NCB is neither appreciated nor understood.

In the past, there was at least one joint secretary in the MHA who sincerely thought that it was within the competence of the Ministry to set targets regarding the quantity of illicit drugs that should be recovered by each zonal office of the NCB every month! Such endearing innocence would indeed be amusing, were it not for the fact that policies are formulated on the bedrock of such notions.

The attention that the NCB receives in the MHA can be gauged by considering a matter as basic as the appointment of its Director General. In the 17 years that the NCB functioned under the Ministry of Finance, it saw seven Director Generals and was under the stewardship of some officer officiating as DG for an aggregate of ten months. In the 13 years that the

\textsuperscript{16} Paraphrased from Ministry of Finance (Department of Revenue) Order dated 17th March, 1986, relating to constitution of the Narcotics Control Bureau – Its Powers and Functions
NCB has been under the MHA, it now has its sixth DG. The cumulative period when there was no full time DG adds up to a whopping 34 months. The longest period that the organisation remained headless was just nine days short of one full year!

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Need for a Coordination Authority

THERE IS AN URGENT NEED to accord greater importance to drug related issues in the government. The many aspects indeed are such that no single ministry or department can handle all of them. It can be attempted by creating an “authority” as envisaged under the NDPS Act.

Many countries have full-fledged ministries or departments to deal with drug issues. In India too, there is a National Authority for the Chemicals Weapons Convention, under the chairmanship of a secretary level officer, to discharge India’s obligations under international conventions. This should be replicated either by creation of a new ‘drug authority’ or empowering the NCB to discharge the functions for which it was established.

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Structures in the States

WHILE THE DRUG RELATED structures under the central government work in their own silos with little or no coordination, even the structures at the state level are almost non-existent. At the same time, it is the state government’s institutions that have the largest interface with the people. Barring a few exceptions, awareness among state government functionaries dealing with drug issues is generally poor. Responsibilities are improperly assigned or ill defined. Budget allocations are minuscule. There are variations from one state to another in their drug demand reduction and drug supply reduction efforts. Drug programmes are generally assigned to departments responsible for executing social welfare schemes, where politically sensitive initiatives command greater attention.

The police forces in the states register a vast number of cases under the NDPS Act. Their enforcement efforts check trafficking but their focus is on street level peddling/consumption. The emphasis remains on punitive action against the addict.

There is almost no interaction between the central organisations involved in demand reduction and supply reduction activities. It is here that the non-government organisations fulfill a very valuable role. Nonetheless, the near absence of any structures involved in harm reduction under the state governments remains probably the weakest link in countering the problem of drug addiction. Dedicated departments working in tandem with central agencies are essential for giving results.

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Synthetic Drugs and Precursor Chemicals

AFTER CANNABIS, SYNTHETIC DRUGS – almost all falling in the class of amphetamine-type stimulants (ATS) - are the second most widely used drugs across the globe, outstripping the use of cocaine and heroin. Synthetic drugs are prepared using different chemicals, adopting different chemical processes. In just the past ten years, they have emerged as a major threat in India. The perception that India’s huge pharmaceutical industry can be an easy source of precursor chemicals and a lax enforcement regime has led to many efforts
to establish clandestine labs in the country. The unearthing of several synthetic drug manufacturing labs clearly indicates that even foreign nationals are involved in setting up such units in India.

The country does not have adequate laboratory support to assist in investigation of cases involving traditional drugs. In the area of ATS, this shortage is very acute because of the large number of synthesized substances. This limitation also very adversely impacts enforcement of the Drugs and Cosmetics Act, with little or no capacity for detection and testing of spurious drugs. The country has a large unregulated chemical industry, and loose licensing procedures. With the available infrastructure, it is not possible to effectively monitor every single chemical unit, big and small. As a result, many kitchen labs have been able to produce synthetic drugs for considerable periods of time before being detected.

The UNODC has repeatedly expressed concern that, along with ATS, there has been a continued growth of the new psychoactive substances (NPS) market. In fact, the UNODC noted that by the end of 2014, ninety countries and territories had reported the emergence of 543 NPS. It also noted that the identification and detection of the NPS remains a major obstacle to addressing the problem due to the sheer numbers and diversity of NPS. The side effects and long term damage caused by most of the NPS remain unknown.

Misuse and Abuse of Prescription Drugs

The misuse of prescription drugs such as painkillers containing synthetic opioids, tranquilizers containing benzodiazepines or sedatives containing barbiturates is another serious issue because the consequences of misuse can be as deadly as any street drug. Abuse of prescription drugs produces toxic effects, adverse reactions, and other negative physical and emotional consequences. Many cause dependence. Some can even be fatal.

These substances are legally produced and widely available. In well regulated regimes, pharmaceutical preparations for abuse need to be diverted, stolen or acquired through subterfuge like forgery or recycling of genuine prescriptions. Measures to circumvent controls often prompt the establishment of parallel markets. In loosely regulated regimes, such as prevailing in India, scheduled drugs are available as easily as any ‘over the counter’ medicine. In the Indian milieu, abuse of pharmaceutical preparations is more likely because popping a few pills does not invite any questions from the family; unlike smoking or injecting drugs.

The country also does not have the wherewithal to enforce provisions of the Drugs and Cosmetics Act 1940 (As amended from time to time) and Rules of 1945. The central as well as state level structures established under this Act have their share of shortcomings. Desultory efforts to enforce some essential provisions of the Drugs and Cosmetics Act have been resisted by the pharmacist/chemist community, including through actions like strikes. The country does not have the required number of doctors or qualified pharmacists or the inspecting machinery to enforce the provisions of the Act. Strict enforcement, even if it were possible, would result in boundless misery as huge segments of the country’s population living in rural areas would be deprived of essential medicines.

Even with these handicaps, it is imperative to establish a robust regime to reduce, if not eradicate, the abuse of pharmaceutical preparations.

National AIDS Control Programme

AN AREA OF COLLATERAL concern related to injecting drug users is the prevalence of AIDS. The National Aids Control Programme has been spearheaded by the National AIDS Control Authority (NACO) and has been quite successful in containing the incidence of AIDS. This programme has also been dogged by the same malaise of lack of reliable statistics. For the AIDS programme to come out of the doldrums, far closer functioning of harm reduction agencies is needed.

In the recent period, the issue of reduction in budget outlays for the NACP/NACO has caused concern among those active in the field of AIDS control. A larger perspective has to be adopted while deciding budgetary support for extensive programmes needing to be executed by central and state agencies.18 19

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Availability of Morphine for Palliative Care

ONE OF THE UNINTENDED consequences of the stringent provisions of the NDPS Act has been the adverse impact on availability of morphine for relieving pain in terminally ill patients. It is universally accepted that morphine is central to palliative care, but India is not able to make available this essential drug on account of its cumbersome rules and complicated licensing procedures.20 Less than four per cent of the one million people in India who suffer from the chronic pain caused by cancer have access to medicinal morphine.21 This means that more than nine lakh terminally ill cancer patients suffer needless pain!

The International Narcotics Control Board and World Health Organization figures show that medicinal use of morphine dropped by ninety-seven per cent in India after the NDPS Act came into force. The annual consumption in 1985 was seven hundred kilograms. It reached a low of just eighteen kilograms in 1997! From 1999 till 2006, the amount ranged between 73 kg and 261 kg, rising to between 200 and 290kg from 2007 to 2014. Recent efforts to simplify procedures are yet to show results.22 Meanwhile, the country has to live with the irony that it is globally the most important supplier of morphine to other countries but its own people live in pain.

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Opium and Opium Straw

INDIA IS THE ONLY COUNTRY currently producing licit opium gum for domestic medical and scientific purposes as well as for export under the terms of the 1961 Single Convention.

The Central Bureau of Narcotics (CBN), functioning under the Department of Revenue, with its headquarters in Gwalior, manages, regulates and polices the growing of, and trade in, poppies and opium. It also

18 http://www.avert.org/professionals/hiv-around-world/asia-pacific/india
20 “Stringent NDPS rules vary from state to state and require cumbersome licensing procedures. As many as three or four licenses are typically needed to procure every consignment of morphine. Several agencies, including the Excise, Drug Control, and Health Departments, are involved in the process of licensing to obtain morphine. Frequently the validity of one license (e.g., the possession license) expires by the time another license (e.g., transport license) is obtained. It is very difficult (or sometimes impossible) for doctors and hospitals to obtain all the licenses necessary to procure morphine. From — Opioid Availability - An Update M.R. Rajagopal, MD, MNAMS, and David E. Joranson, MSSW Trivandrum Institute of Palliative Sciences (M.R.R.), Trivandrum, Kerala, India; and Pain & Policy Studies Group (D.E.J.), Paul P. Carbone Comprehensive Cancer Center)  
21 The New Yorker, December 5, 2013, “An Epidemic of Pain in India” by Um-e-Kulsum Shariff  
22 ‘The Hindu’, Passing of NDPS Act Amendment Bill will make morphine more accessible by C.Maya
discharges several other functions related to issuance of licenses for manufacture of synthetic drugs, export/import of drugs, precursor chemicals, poppy seed and enforcement of the NDPS Act. Its main function remains the overseeing of licit cultivation of poppy; spread over Madhya Pradesh, Rajasthan and Uttar Pradesh. The area under cultivation keeps changing. In the year 2013-14, the CBN licensed 44,348 cultivators to grow the opium poppy in an area of 5,893 hectares. The opium production was 318 tons. Considering that the geographical area is very widespread, some diversion is to be expected. In an earlier report, the UNODC had observed that “an unknown portion of India’s licit opium crop (1,061mt in 2004) is diverted into illicit channels and then converted into heroin, usually close to source.”

The generation of a huge quantity of poppy husk, which too contains minor quantities of opioids, also poses problems. The husk, variously called ‘Bhukki’, ‘Phooki’, ‘Doda’ etc, is used for recreational consumption. The drug addiction problem in Punjab has been ascribed since long to the poppy husk from Rajasthan being smuggled into Punjab.

For many years, India has been mulling the issue of switching over to the concentrated poppy straw (CPS) method of separating opioids. With enabling changes having been made in the law recently, the decision should not be delayed any further.

A few years back, there used to be stray reports of illicit cultivation of poppy for extraction of opium in remote parts of the country. The more frequently named areas were the inaccessible parts of Himachal Pradesh, Uttarakhand or Arunachal Pradesh. Quite alarmingly, areas finding more frequent mention in recent years include places in West Bengal, Bihar, Maharashtra and Jharkhand. Estimates vary, but the land under illicit cultivation is extremely large. This is indicative of an abject failure of governance in the states. Regrettably, this has not raised any eyebrows, in the same fashion that many other drug related issues are ignored or underestimated because of inadequate appreciation of import.

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Some New Trends

**EVEN AS INDIA REMAINS** mired in a labyrinth of Central and State laws, exciting things are happening elsewhere in the world. There is a growing sentiment that marijuana is not as harmful as tobacco or alcohol. Its consumption for therapeutic purposes, as also for recreational use, has gained a fair amount of acceptance. Many countries permit possession of small amounts for recreational purposes. These include Austria, Belgium, the Czech Republic, Germany, Canada, Colombia and Uruguay among others. In the United States of America, almost half the states have laws legalizing marijuana in some form. Israel has a very advanced medical marijuana programme. More than 20,000 patients have a license to use cannabis to treat such conditions such as glaucoma, inflammation and asthma.

India has a rich heritage by way of knowledge about the medicinal uses of cannabis. Yet, the knowledge in Ayurveda and other texts has neither been scientifically documented nor exploited. The medicinal use of cannabis remains an inexact science, more in the

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23 Website of the CBN
25 The Narcotic Drugs and Psychotropic Substances (Amendment ) Act, 2014
26 Annual Report of the Narcotics Control Bureau, 2014
27 National Geographic, June 2015 issue ‘Marijuana’s Moment’
domain of quacks rather than scientists. Ritual and recreational use of cannabis meanwhile continues in many parts of the country, totally unmindful of the fact that it is an illegal activity.

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UNGASS 2016

The Commission on Narcotic Drugs (CND) assists the Economic and Social Council (ECOSOC) in supervising the application of the international drug control treaties. It effectively lays down the drug policies for all UN members. A special session of the United Nations General Assembly (UNGASS) was held in 1998 whereat member states committed themselves to “eliminating or significantly reducing the illicit cultivation of the coca bush, the cannabis plant and the opium poppy by the year 2008” and to “achieving significant and measurable results in the field of demand reduction.” The “war” on drugs was to be reviewed in 2008. The third UNGASS was due to be held in 2019 – the target date set out in the 2009 Political Declaration and Plan of Action - for the achievement of a significant reduction in or the elimination of the demand and supply of drugs.

In September 2012, however, the Presidents of Colombia, Guatemala and Mexico called on the UN to host an international conference on drug policy reform. Subsequently, a provision was included in an annual omnibus resolution on drug policy – sponsored by Mexico, and co-sponsored by 95 other countries – to bring forward the global drug policy summit meeting to 2016. It was decided that the “special session of the General Assembly will review the progress in the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, including an assessment of the achievements and challenges in countering the world drug problem, within the framework of the three international drug control conventions and other relevant United Nations instruments.”

The current approach of ‘total elimination’ of drugs was decided in the UNGASS of 1998. Misgivings about the total war on drugs abounded even when the political declaration was adopted in 1998. Since then, the approach of a universal ‘War on Drugs’ has remained unaltered. In recent years, however, many governments and people are questioning the efficacy of the ‘war’ which, they allege, has been leading to public health crises, corruption, detentions and black-market fuelled activities. From a war on drugs, many countries want to move on to a modified approach. In particular, the countries through which drugs transit to USA have increasingly expressed that the world is not winning the war on drugs and the cost of the war is too high.

As is the practice, the UNGASS 2016, due to be held from April 19 to 21, has been preceded by a slew of preparatory events. The past two years have witnessed much activity, both at Vienna and at New York. During December 2015 alone, there were three Special Events, covering an address by the President of the General Assembly H. E. Mr. Mogens Lykketoft (December 1), a session on the world drug problem – with focus on people, public health and human rights (December 9) and an information briefing in New York on preparations for the UNGASS (December 18). These were followed by a briefing on new
psychoactive substances (January 27) and informal interactive stakeholder consultation for the UNGASS (February 10).

Worldwide, the forthcoming UNGASS is being watched for substantial changes in the architecture of drug laws and management of related matters. Among the issues that are likely to be discussed are resetting the objectives of drug policies, supporting policies of experimentation and innovation, ending the criminalization of the most affected populations and committing to the harm reduction approach. The prevailing sentiment seems to be to ease off on the ‘War on Drugs’ and instead prioritize health, human rights and safety.

Many of these issues affect India. Indian authorities, however, do not seem to have associated themselves in any significant manner with the preparations for the UNGASS. Unfortunately, there has also been little public debate or discussion about the special session.

Conclusion

The insidious evil of drugs has been slowly but steadily eroding our country. The most important requirement is to recognize the fact that the problem exists.

The country needs a robust policy for countering the menace of drugs. This can be done by ensuring that there are reliable information inputs. Mechanisms need to be put in place that shall ensure monitoring of the prevailing situation regarding drug trafficking and consumption patterns. An empowered coordinating authority must be established. Other institutions that could help counter the threat also must be created and made effective at the earliest. Many related matters that remain unaddressed must receive due attention. In particular, abuse of pharmaceutical preparations must be prevented.

A definite plan of action needs to be drawn up to assess the addiction and trafficking situation and a time bound and comprehensive action plan must be drawn up, with continuous assessments of outcomes.

Governments usually react to immediate issues. Important matters are lost sight of; especially if there is no hue and cry. Drug addiction and drug trafficking are insidious threats, quite liable to be overlooked. The country, however, cannot afford this. Action to counter the threat in all its dimensions must be taken on priority. Adopting a laissez faire approach is not an option.

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List of Abbreviations

1. ATS ~ Amphetamine type stimulants
2. CBN ~ Central Bureau of Narcotics
3. CND ~ Commission on Narcotic Drugs
4. DG ~ Director General
5. DoR ~ Department of Revenue
6. DRI ~ Directorate of Revenue Intelligence
7. GoM ~ Group of Ministers
8. IDU ~ Injecting drug user
9. MHA ~ Ministry of Home Affairs
10. MSJE ~ Ministry of Social Justice and Empowerment
11. NACO ~ National AIDS Control Organisation
12. NCB ~ Narcotics Control Bureau
13. NDDTC ~ National Drug Dependence Treatment Centre
14. NDPS Act ~ Narcotic Drugs and Psychotropic Substances Act
15. NPS ~ New psychoactive substances
16. UNGASS ~ United Nations General Assembly Special Session
17. UNODC ~ United Nations Office on Drugs and Crime

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From the report of

UNODC/ MSJE

Summary findings of the National Survey released in 2004.

This survey, jointly released in June 2004 by the Ministry of Social Justice and Empowerment and UNODC, contains a multi-modality approach whose main advantage is to ensure crosschecking, triangulation and multiple indicators in order to provide the most accurate picture of drug abuse trends.

The National Survey has four major components:

- National Household Survey of Drug and Alcohol Abuse (NHS)
- Drug Abuse Monitoring System (DAMS)
- Rapid Assessment Survey of Drug Abuse (RAS), and
- Focused Thematic Studies:
  - Drug Abuse among Women
  - Burden on Women due to Drug Abuse by Family Members
  - Drug Abuse among Rural Population
  - Availability and Consumption of Drugs in Border Areas
  - Drug Abuse among Prison Population

The NHS was carried out between March 2000 and November 2001 on a randomly selected nationally representative sample (males only, 12 to 60 years) across the country. Altogether, 40,697 males were interviewed and data on various socio-demographic and drug use parameters was collected. Alcohol, cannabis and opiates were found to be the three most common drugs of use. The prevalence of current use (i.e., use within the preceding month) was as follows:

- Alcohol - 21.4%
- Cannabis - 3.0%
- Opiates - 0.7%

- Any illicit drug - 3.6%
- IDU - 0.1%

Based on the above data, it can be projected that currently in India, there are approximately:

- 62.5 million Alcohol users
- 8.7 million Cannabis users
- 2 million opiate users

It was observed that that among current alcohol users, 17% were dependent users. Correspondingly, 26% of current cannabis users and 22% of current opiate users were dependent users. These figures translate to 10 million alcohol-dependent individuals, 2.3 million cannabis-dependent and 0.5 million opiate-dependent individuals. This can be considered as the ‘volume of work’ for India in terms of providing treatment services.

In the DAMS component (UNODC ROSA and MSJE 2002), data was obtained from patients seeking help in various drug abuse treatment centres. A total of 203 centres participated. The four most commonly abused substances were alcohol, cannabis, heroin, and opium. Alcohol was reported by 43.9% of treatment seekers. This was followed by opiates as a group (26.0%) and cannabis (11.6%). About 14% of individuals reported injecting drug use (IDU).

In the RAS component (UNODC ROSA and MSJE 2002a), information was collected from drug users on the streets of 14 cities in the country. 10 Some Key Informants (KIs) were also interviewed. Out of 4,648 drug users interviewed, 371 (8%) were women. Opiates (heroin, buprenorphine and propoxyphene) and cannabis were the major drugs abused. The highest proportion (35.6%) of subjects was currently (i.e., within the last one month) using heroin followed by
other opiates (propoxyphene, opium, buprenorphine, and pentazocine) at 28.6%. About 22% were using cannabis, about 5% were alcohol users and 3.7% had used sedatives and hypnotics. Nearly half had injected drugs at some time in their life (43%).

Through Focussed Thematic Studies, it was found that drug abuse does exist among women in India and women also bear significant burden due to drug abuse by their family members. Drug abuse was also reported in rural areas, border areas and prisons."