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India and central Asian republics: Drug trafficking

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Abstract

In the wake of collapse of the Soviet Union, Central Asia has transformed into a key hub along the Afghan opiates trafficking routes. Around 30 percent of the heroin manufactured in Afghanistan is estimated to be smuggled through Central Asian Republics in its way to booming drug markets in Russia and Eastern Europe. The article seeks to confute mainstream analyses which emphasize connections between drug trafficking and other criminal activities like terrorism, arm proliferation and human trafficking. The focus is on conducive factors for the establishment of drug routes in Central Asia, the characteristics of drug related networks, and the nature of political-criminal relations across the region. This paper examines also examine drug trafficking in India with specific emphasis on the role of border security. In doing so, it seeks to discern the role played by narcotics trafficking in the broader political-geographic space of the Republics and India, paying specific attention to state capacity. Likewise, it is interested, how these processes are shaped by political-geographic space. This paper ultimately supports some recent measures taken for controlling narcotics trafficking in the Republics and India. By moving the focus from drug-terror nexus to the state-crime connections, the article provides a critical insight into political economy issues surrounding a complex and multifaceted phenomenon such as the drug trade in both regions.

Keywords: CARs, India, trafficking, nexus, corruption, border security

Introduction

Central Asia has recently emerged as a major international drug trafficking center. 'According to United Nations drug control experts, 80 percent of heroin consumed in Western Europe originates in Afghanistan and Pakistan' ^[1]. One half of these drugs (about 120 tons of heroin equivalent per year according to some estimates) travels to Europe via Central Asia, a dangerous cargo to pass along the revived ancient Great Silk Road. The drugs trafficking and crimes related to it have emerged as a very vital non-conventional threat in the Central Asian countries because during the communist rule, drug use in the Soviet Union was nowhere near as wide-spread as it was in the West. But Soviet-Afghanistan war (1979-1989) changed the status quo. With the collapse of the USSR in 1991, newly independent Republics have emerged, borders have opened, and new relations have been established. Unluckily, this has also meant more opportunities for drug trafficking and proliferation in this region because these Republics can't easily cut themselves off from the Afghanistan's drug situation.

The proliferation of drugs was affecting Central Asian society, damage economic and social environment and also threat to the traditional system of values. The trade of drugs in the CARs was not a simple societal problem but it became a serious security issues for these five republics and also to regional security. The growing drug trafficking in the region enables corruption, fundamental extremism, separatist and terrorist movements in Central Asia. The presence of drugs brings with it organized crime. These criminal groups are sometimes able to find potential partners among some of the region's opposition forces. This is especially true of anti-system groups that have little or no chance of gaining political access to political power under the current circumstances. The most extreme Islamic radical groups are thus attracted to alliances with the drug trade, as are those that seek guns and other weapons. The increased presence of drugs in Central Asia has also created an expanded drug problem among the Central Asian population; this problem is fed in part by the fact that for the first time heroin is being refined in significant quantities in the region.

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The growing drug problem puts a further burden on government budgets, increases crime rates and diminishes public safety, raises levels of domestic violence, child abuse, and costs of health care, stimulates the rapid spread of several deadly infectious diseases, and further decreases economic productivity. The Central Asian states lack the funds and technical expertise to wage a successful war against drugs. Most of the governments in the region also lack the will power to do so. There is a dangerous cycle developing. Weak regimes are reluctant to take the political risks associated with tangling with a dangerous opponent, but the organized drug trade is rapidly becoming a more powerful presence in the area, and the political risks of engaging with them will only increase over time.

Drug Trafficking Region

Geography and history make CARs attractive areas for drug traffic even 'Central Asia cultivation and product minimal opium still this region was using maximum types of drugs because over 99 percent of opiates originating from Afghanistan' [2]. Most of the world's illicit opium for heroin has been grown in the Golden Crescent (Afghanistan, Pakistan, and Iran). 'According to UN estimates, Afghanistan, as the world's largest opium supplier, accounted for nearly 80 percent of the world's opium in 2010' [3]. These Republics were situated between the world's largest illegal opium producers and the most profitable markets in Western Europe.

The amount of drugs produced just beyond Central Asia's borders poses an almost unmanageable challenge to these new and weak states. 'According to a United Nations Drug Control Program (UNDCP) Report 1997, Afghanistan and Myanmar was produce 80 % of illicit opiates and 90% of the quantity of illicit opium production' [4]. Opium poppy cultivation in South-West Asia increased in 1999 as a result of greater cultivation in Afghanistan.

Initially there had been some hope that the apparent victory of the Taliban movement would lead to more effective restrictions on Afghan drug producers. The movement leaders had earlier made a point of stressing that they would pursue a policy of drug controls. The consumption of "intoxicants" was contrary to Islam and violates Sharia law, so they were going to control cultivation of opium, manufacturing of heroin and morphine, and drug trafficking. But later Taliban fails to control opium cultivation.

'According to the UNODC, the trade of opium through Central Asia started to develop in the early 1990s, and heroin first appeared in 1995' [5]. Central Asia didn't have any production facilities for converting opium into heroin. Consequently, all opiates reached Central Asia was either processed in Afghanistan or will remain as opium until processed elsewhere. The region was highly affected with the trafficking due to weaker administration systems and border management developed by the government. CARs have become a major route for Afghanistan opium and heroin travelling to Europe. As Pakistan and Iran have cracked down on drug trafficking from Afghanistan, the flow has moved north. 'The large portions of Afghanistan's opium crop was processed into heroin and morphine base by drug laboratories inside Afghanistan and thereby move ahead to markets in Europe, Asia, and the Middle East through Pakistan, Iran and Central Asia' [6].

Three Central Asian countries; Tajikistan, Turkmenistan, and Uzbekistan share border with the world's largest opiate

producer Afghanistan, while Turkmenistan also share border with Iran. These countries loosely protected border enable it to serve as a conduit of drugs between Afghanistan and Iran. In addition, Kyrgyzstan, Kazakhstan and Tajikistan border with China which offers a market for the selling of drugs and also serves as a supplier of ephedrine, which was legal in China but illegal in most of the world. These countries were used as market for the output of heroin laboratories in Pakistan, Afghanistan, and Tajikistan and as well as used as passage for transportation to Eurasian market.

The illicit drugs trafficking in the region was the product of greater connectivity and the development of free trade zones which remained the subject of various criticisms about the opening of the door for the economic development. The neighbouring country Afghanistan was the serious concern to supply the opium through the borders of CARs. 'According to UNDCP, There was different route for drugs supply in world. "Northern Route", supply drugs from Afghanistan to Central Asia, Russia and CIS countries and easily moved to their key destination markets' [7]. "Balkan route", Afghan opiates were supplied to most of Europe through Iran, Turkey and South-Eastern Europe, which continues to be the most important conduit for heroin trafficking. "Southern Route", also has importance because it goes to Europe, through Pakistan and the Islamic Republic of Iran. 'One half of total drugs travel to Europe via Central Asia, a dangerous cargo to pass along the revived ancient Great Silk Road' [8].

Moreover, the trade routes were mostly gets corrupted by the illicit drugs activities in the region. The northern route which connects the Central Asian countries to the Europe, China and Afghanistan having the maximum contribution in the growth of the drugs related crimes in the region. According to UNODC figures, in 2009 Afghan traffickers made an estimated \$2.2 billion in profits, while mutineer groups made only \$155 million. Central Asia also followed similar profit-sharing proportion. However, the governments in CARs were working serious to mitigate the challenges of the national security threats emerged after the Soviet collapse; therefore technological and instrumental help have been taken from the UNO and other global Agencies to trace the illegal activities on the border areas.

There were several factors to contribute in the growth of the drugs and crime in the region after 1990s -there was the high growth of opium and drugs production in the neighbouring country Afghanistan and its smuggling to other parts of the world; The European Union and Central Asian countries were having high demands for the drugs which have rapidly increased in the recent past; Iran has tighten the security on its borders as well as the northern route connecting Central Asian regions playing a greater role in the development of the drugs related issues in the region; The social and economic situation of the people after Soviet dissolutions has worsened which forced them to indulge in the drugs trade for their economic survival; The government institutions were not much influential in CARs to have the proper control over the illicit drugs trafficking; Medical facilities and rehabilitation system was very poor in the CARs to mitigate the challenges of drugs abuse; Use of narcotic substances, which have been a crucial factor in the spread of HIV/AIDS, Hepatitis, tuberculosis and other infectious diseases; 'The emergence of new synthetic drugs, as well as an increase in the number of users of these drugs' [9]; Availability of raw material drug base in the form of

wild-growing hemp and ephedrine, as well as the persistence of illicit poppy cultivation in some regions.

India's drug trafficking outlook

India has been a traditional consumer of opium and various cannabis derivatives and these Drugs were mostly consumed for medicinal purposes, for recreation or during religious and social occasions. But after 1991, there were a gradual shift from traditional/natural drugs towards synthetic/derivatives drugs that are being trafficked which demonstrate that the Trends and patterns of drug trafficking in the country change. 'According to NCB in 2010, major drugs seizure in India were Heroin, Cocaine, Methaqualone, Acetic anhydride (litres), Ephedrine, Opium, Morphine, Cannabis, Cannabis resin/ hashish' ^[10].

'According to the World Drug Report 2010, in 2008, there were 871,000 heroin users and 674,000 opium users in India. In the Ministry of Social Justice and Empowerment survey in 2001, there were 2 million opium users and 8.7 million cannabis users in India' ^[11]. The trends and patterns of narcotics and drugs consumption over some years have shown significant shifts. The component of opium among drug users has been decreasing while cannabis and heroin has also increased. There was also a Trend of sharp declination in drug seizure in India Between 1997 to 2003. 'The sharp decline in the quantity of South West Asian drug seized was attributed to the military buildup along the Indo-Pakistan border in 2002 following the December 2001 Parliament attack. But next one decade it sustained and now it increased again in 2011-12' ^[12].

CARs region was not directly involve in India drug trafficking through South Route of Afghanistan and Central Asian drug illicitly comes in India. India was wedged between the world's two largest areas of illicit opium production, the Golden Crescent and the Golden Triangle. Illicit drugs produced in the 'Golden Crescent' region was trafficked into India through the border states of Gujarat, Rajasthan, Punjab and Jammu and Kashmir. This proximity has traditionally been viewed as a source of vulnerability, since it has made India both a destination and a transit route for opiates produced in these regions.

Pakistan was main source of illicit drug trafficking in India via south route of drug trafficking while Nepal border and Myanmar border also other drug trafficking route for India. But after 2001 attack, the drug trafficking land based routes along with Indo-Pak border has shifted to sea based route which gives an alternative route to drug traffickers. Both the east and west coasts of India have been major staging points for the smuggling of drugs for this new alternative sea route where Tamil Nadu-Sri Lanka sector and Mumbai emerged as an important exit route for drugs smuggled in from Afghanistan and Pakistan. Air routes were also used for this drug trafficking in which various drugs smuggled through personal carriers, postal services, etc. The New Delhi-Lagos-Addis Ababa and the Mumbai-Lagos-Addis Ababa air links was most important air routes for the smuggling drugs via Africa.

Measures

The challenge of drugs and crime in Central Asia and India both appears a substantial threat to the national security in the modern times. However, the nations in the CARs are making all the efforts to control the drugs and crime in the region through peaceful cooperation and technological help

from the global institutions. The external powers like USA were also having the interest to control the crime and drugs in the region. Multilateral platform like SCO, CSTO, also committed to control drug trafficking. 'India and all five CARs was signatory of Paris Pact of Initiative (PPI) 2003, for combating illicit traffic in opiates originating in Afghanistan' ^[13]. It aims at the reduction of illicit traffic in opiates including opium poppy cultivation, production and global consumption of heroin and other opiates, and at the establishment of a broad international coalition to combat illicit traffic in opiates.

On other hand India was also making efforts to control drug trafficking. India has adopted a comprehensive approach of reducing supply as well as demand for narcotics and drugs. An effective statutory and administrative framework has been set up in India to combat drug trafficking. India already has Narcotics Drugs and Psychotropic Substances Act (NDPS) 1985 and The Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, 1988. 'The NDPS Act was amended in 1993 and October 2001 by which financial investigation and the forfeiture of illegally acquired property also included' ^[14]. India complies with the regulations under the various UN Conventions and co-operates with countries in the region in supply reduction and law enforcement efforts. India was a signatory of a multilateral agreement SAARC Convention on Narcotics Drugs and Psychotropic substances, 1993 and the BIMSTEC Convention on Cooperation for Transnational Organised Crime and Illicit Drug Trafficking 2009' ^[15]. UNODC Regional Office for South Asia was also located in New Delhi. India has signed bilateral agreements with Afghanistan, Myanmar, Bangladesh, Bhutan, and Pakistan in 1990, 1993, 2006, 2009 and Sept, 2011 respectively after Realizing the importance of a cooperative framework for the prevention of illicit combating trafficking of drugs, psychotropic substances and precursor chemicals. These agreements helped India in establishing a mechanism for mutual exchange of information, of operational and technical experience, cooperation for joint investigations and other assistance to discern, clamp and inhibit criminal activities of the international syndicates engaged in the illegal trafficking of narcotics drug, psychotropic substances and precursor chemicals.

Conclusion

Both CARs and India was affected by drug trafficking. It is clear that Central Asia is completely unprepared to deal with the threat posed by the proliferation of drugs and has no resources to pay for the enormous economic and social costs associated with the problem. There is no shared regional understanding of the problem; each country instead focuses only on its particular aspects. There is also a discontinuity between the Western approach to the problem that views criminalization, corruption, and social costs as part of the problem and the local approach that focuses on drug trafficking in a narrow sense. Those engaged in the illicit drug trade are interested in destabilizing the region to advance their goals. The enormous profits that drugs generate are likely to support all forces that can have devastating effects on these states and on those well beyond their borders. Drug money has and will support all sorts of radical movements and terrorist organizations. Political, social, and economic changes in Central Asia can affect Russia, China, Afghanistan, Iran and India. The region can

potentially become a major “hot spot.” It is time the world paid closer attention to this problem and helped Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan take charge of the situation before it gets completely out of control.

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