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THE NEW URBAN JUNKIE

Who does which drug, where and why is changing, as new substances of abuse find their way into urban India and become a part of everyday social activity

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From the editor-in-chief

Visit any night club or rave party and it's quite amazing how much energy today's young party people possess; they literally dance the night away, riding on an adrenaline rush. A closer scrutiny will reveal the real reason. Many of them are high on party drugs, a necessary ingredient of the clubbing or rave scene. Indeed, the club scene and rave parties have popularised an assortment of synthetic drugs which many young people mistakenly believe are harmless. It's not just club and raves, substance abuse in India is literally on a new high, in fact a new everything: scary new numbers, new drug cocktails, new sources like illegal Internet pharmacies, and new users like those working late night shifts at India's ubiquitous call centres.

In the last decade, drug use in India has undergone a demographic and social shift which could be a public health disaster in the making. Usage of cocaine and heroin has declined globally while alcohol, opium and cannabis, traditional drugs in India, have given way to synthetic drugs—especially Amphetamine-Type Stimulants (ATS) and prescription drugs. If half the world's ATS users live in Asia, India's contribution is a whopping 29 per cent, according to UN figures. Availability is another issue. They can be bought and sold over the counter, sourced via the Internet, sent through the local courier. The World Drug Report says India has of late become a hub of drugs sold through illegal Internet pharmacies. For the first time in India's history, drugs have come out in the open; they are visible and not illegal but they are also dangerous.

For a generation that craves quick and easy solutions, these drugs appeal to the needs of today's societies and have become part of modern lifestyles—recreationally and occupationally. Their use is believed to enhance performance, including sexual. They are often taken in discreet pill form which avoids the dangers of injection or the social stigma of smoking. Changing demographics is another worry. Today's abuser is younger, affluent and open to try a range of drugs. They are professionals, students, women who seek chemical comfort to ease life's stresses and strains—do a job better, stay awake longer, feel relaxed. A growing tribe of the young workforce in our call centres is taking to drugs, says the UN. It's now a new landscape and a different culture of drug abuse that's staring India in the face. The Union Ministry for Social Justice and Empowerment is alarmed enough to begin work on the first-ever national policy on prevention of substance abuse.

For many young people, it may be too little, too late. According to recent data, among those involved in drug and substance abuse in India, 13.1 per cent are below 20 years. Party and performance-enhancing drugs may be 'cool' but are highly addictive. With 70 per cent of the population below 35, the loss in terms of human potential may be incalculable. Our cover story was put together by Deputy Editor Damayanti Datta who recalls a mother in a de-addiction clinic threatening to commit suicide if the doctor could not check her teenage son's drug habit. Substance abuse may be a growing problem but like most things in India, all it needs is strict enforcement and regulation to keep it in check. The alternative could be a generation lost in synthetic heaven.



OUR JUNE 2006 COVER



(Aroon Purie)



Photo by GETTY IMAGES. Photoimaging by SAURABH SINGH

THE NEW URBAN JUNKIE

It's a crazed new world out there with regular city dwellers riding the chemical wave

By Damayanti Datta

"I am not into drugs," she repeats five times in course of a single chat. And she changes the storyline of her first brush with drugs in Delhi so often—in one she is offered a joint by a call centre colleague in the office car, in another a stranger cajoles her to snort in a toilet at Hotel Samrat—that you start doubting her claims. Whichever version you believe, there's no dithering when she describes the "cocktail" that quietly changes hands every midnight shift at her call centre: "Cough syrup and rum, pepsi or coke, with crushed spasma proxyvon tablets and a bit of iodex." But the 21-year-old insists that she has never tasted it. She doesn't need such "pharm kicks" to survive the daily grind of sleeplessness, abusive customers, fake accents and tight targets. But ask her if

she minds working with them and she balks: "Oh no. They are really cool people."

Enter the world of new urban junkies, where drugs are cool. From young men working the corporate ladder, nubile women next to you in a lounge bar, call centre employees taking 10 calls to the hour, students in high-pressure professional courses, pimply-gangly teens drooling over the Net to the sweet kid next door—they are all around you. Not decrepit creatures of the night, inhabiting hidden depths of cities and indistinguishable from criminals. Nor Page 3 snorteratti who abuse drugs to be "in" the scene. But regular people who just want to smoothen life's little issues—do a job better, appear more cheerful, stay awake longer, feel more relaxed. As new drugs find their way into urban India, they seek a dash of chemical comfort—easy to procure, cheap to buy—that allows them to navigate under the radar of social and legal scrutiny. From metros to Tier II towns, the conventional understanding of who does which drug, where, how and why is being turned on its head as substance abuse becomes a part of everyday social activity.

It's a trend that's been captured by the new World Drug Report (WDR) 2010 of the United Nations Office on Drugs and Crime (UNODC). The report indicates a shift towards new drugs and new markets, increased drug use in developing countries and the growing abuse of amphetamine-type stimulants (ATS) along with prescription drugs. "It points to a different culture of drug abuse," says Cristina Albertin, the UNODC representative for

South Asia. The report has set off a buzz on the sixth floor of Shastri Bhavan in the Capital. "We are working on the first ever national policy on prevention of substance abuse in India," says Mukul Wasnik, Union Minister for Social Justice and Empowerment (MSJE). "Awareness is the need of the hour." Joint Secretary Purnima Singh fleshes it out: there will be more awareness via curricula from medical colleges to schools, strict vigilance on social networking sites, periodic national surveys on drug abuse, careful monitoring of chemists, drug demand reduction as a public health policy, shift in treatment from detox and rehab to substitution therapy, humane treatment of patients in de-addiction centres. And all that in convergence with concerned ministries.

"Already the National Sample Survey Organization is working on a large-scale survey across the country at our behest to capture the changing profile of drug abuse in the country," she adds.

It's a profile aided by technology. Anil is 15 and spends more hours on the Internet than at school. His philosophy of life is shaped by cyberspace: take what you like and leave what you don't. And right now he wants to "take" all the information that he can on an insignificant flower called Morning Glory. But it's not the flower; he wants the seeds. He is already a part of half-a-dozen herb web groups and has located one that can courier him the seeds. After that, he will move on to websites that can deliver petroleum ether. He will then comb through *Erowid.org*—the drug database online that chronicles trip reports and dosages—to pick and choose an easy recipe. His aim is simple:

New profile: Boosting performance is the key issue for a growing crowd of younger, well-off, educated urban men and women, inclined to try a range of drugs. Age of initiation averages at 17.

New drugs: Party drugs, designer drugs, metro drugs—call it what you will. Synthetic chemicals and mind-altering amphetamines are the new rage in Asia with India being a major contributor.

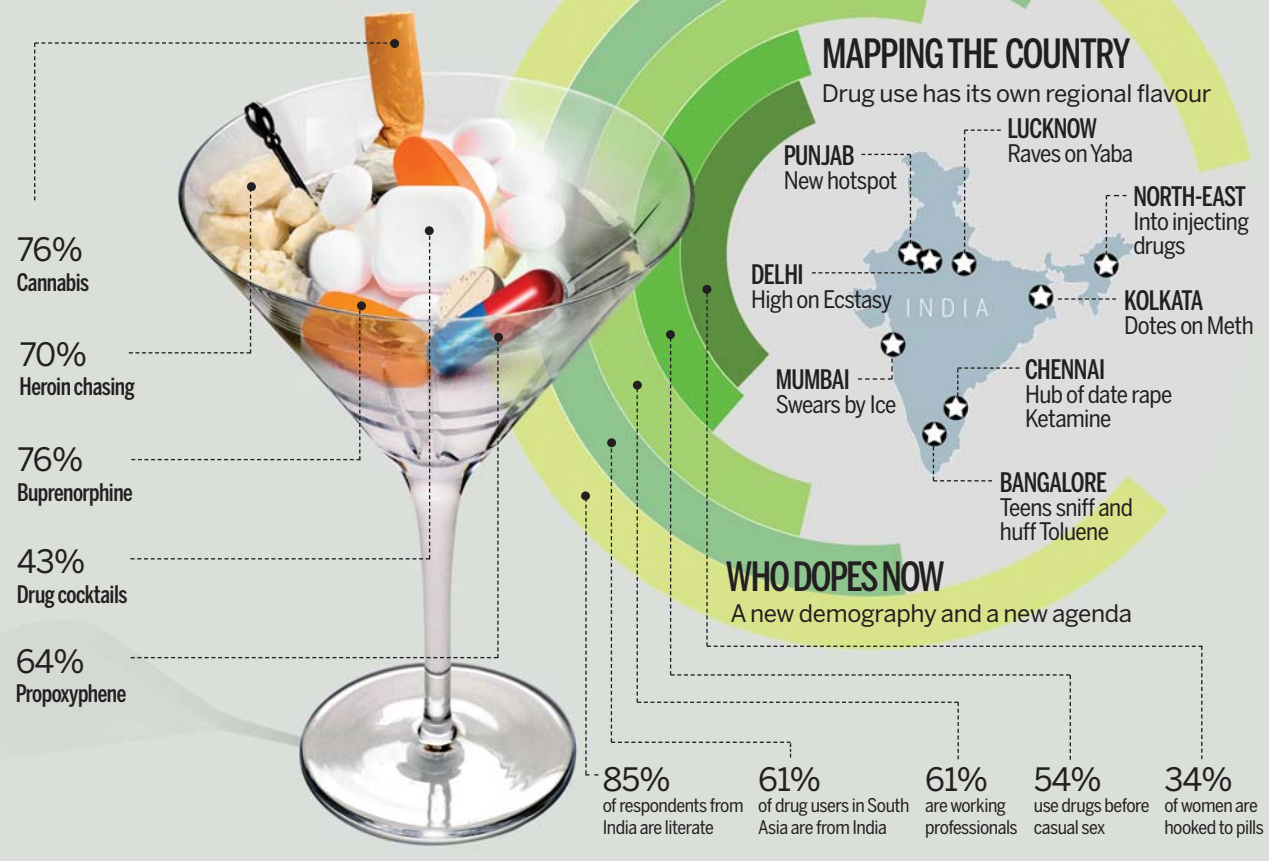
New channels: Drugs via Internet and couriers are in. India is now a hub of drugs sold through illegal Internet pharmacies and courier companies.

New users: There's a crisis in the call centres of the country with 27 per cent of workers using drugs, new research shows.

Graphic by PRASHANT CHAUDHARY/www.indiatodayimages.com

SUBSTANCE OF CHOICE

It's not just one substance; most users take this and that and some in between



Source: Rapid Situation and Response Assessment (RSRA) of HIV/AIDS-related risk behaviours... UNODC 2008, World Drug Reports, 2007-10; UNODC Reports, 2008-2010

he wants to be a “drug geek” and kick off a clandestine career by creating the magic potion for homegrown LSD. The 15-year-old doesn't know that he is a sitting duck for drug traffickers, who target social networking sites to recruit youngsters to work as peddlers. His worried parents do not know that according to WDR 2010 India has become a hub of drugs sold through illegal Internet pharmacies. But they have got in touch with Taralika Lahiri, who heads the National Detectives and Corporate Consultants in Delhi, and asked her to “keep an eye” on him and his friends. It's a new trend that's emerging, feels Lahiri.

Behind the changing profile of the “new junkie” is the frightening reality

of new drugs of use. Synthetic drugs (psychoactive substances produced in a lab) are the flavour of the season. And they cover a wide range—from mind-altering amphetamines, ecstasy, LSD and other expensive, hard-to-get designer drugs to the easily available and pocket-friendly prescription and over-the-counter (OTC) medicines. Check out the National Drug Dependence Treatment Centre (NDDTC) at All India Institute of Medical Sciences (AIIMS), where over 32,000 drug abusers turn up every year and 21,000 more get community care. Their data shows that opiate users (natural and semi-synthetic poppy pod extracts—opium to heroin) upped from 22 per cent to 42 per cent between 2000 and 2009, but

synthetic drug users zoomed quietly in less time to account for 15 per cent of footfalls. “That's the major factor behind the changing profile of drug abuse in India,” says Dr Rajat Ray, who heads NDDTC. “Globally the main ‘problem drugs’—cocaine and heroin—are on a decline, while pharma abuse is on a steady high.”

“The misuse of pharma drugs, such as pain-killers, sedatives, anxiolytics, hypnotics and synthetic opioids like buprenorphine, as well as polydrug use is steadily rising,” says Suresh Kumar, deputy director of the National Centre for Drug Use Prevention under MSJE. A 2008 UNODC Rapid Situation and Response Assessment (RSRA) among 9,465 people between age 21 and 30 in

FUTURE SYNTHETIC

KETAMINE a vet anaesthetic, also called the date rape drug. Meant to relax, it's 10 to 20 times stronger than the sedative Valium. Overdosing can be fatal.

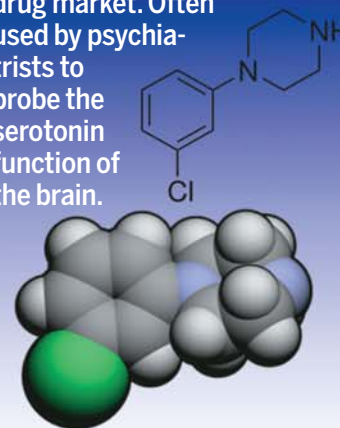


YABA a brand new psychotropic drug, gives a kick four times stronger than Ecstasy. Known to cause intense sexual arousal, it leads to a crash once the effect wears off. Overdosing can cause death.



ICE known as crank, glass or crystal meth. Powerful, very addictive and is spreading fast. Looks like crystal chunks. Has euphoric effects. Can cause erratic, violent behaviour.

METHYLONE & mCPP designer drugs that appeared first on the Dutch drug market. Often used by psychiatrists to probe the serotonin function of the brain.



five South Asian countries captures the change. Of the 5,800 respondents from India, 43 per cent were found to use “drug cocktails”—with over 64 per cent injecting painkiller propoxyphene and 76 per cent buprenorphine. Of the 359 women sampled, 16 per cent were found to resort to sleeping pills and 18 per cent to painkillers. Add amphetamines and you get as noxious a cocktail as you can: India is the largest consumer of heroin in South Asia, reports WDR 2010. But it's slowly emerging as one of the world's biggest manufacturing hubs of ephedrine and pseudo-ephedrine—the precursor chemicals used in amphetamines. If half the world's ATS users live in Asia (WDR 2008), India's contribution to it would be around 29 per cent (WDR 2009).

On a hot summer afternoon, a bunch of young men lie around in the Spartan dorm of the de-addiction center in Vasant Kunj, Delhi. All thin as rakes, all united in despair, all clutching on to whatever little dignity they've got. But they are not alone. Franklin Lazarus, 46, is talking to them about his own drug-dotted journey of 26 years—

“THE MAIN ‘PROBLEM DRUGS’—COCAINE AND HEROIN—ARE ON A DECLINE, WHILE PHARMA ABUSE IS ON A HIGH. DRUG COCKTAILING, MIX-AND-MATCH OF SYNTHETIC CHEMICALS IS THE NEW FLAVOUR.”

DR RAJAT RAY, Chief, National Drug Dependence Treatment Centre, AIIMS

from the first sniff to his ultimate “re-birth” as a man free of addiction. He came to the Society for Promotion of Youth and Masses (SPYM) seeking help. Today, he works as a counsellor here to help others like him. To Rajesh Kumar, the man who founded SPYM, it was easier to reach out to Franklin's generation. “Young people were more receptive then,” he says. That's the verdict of other specialists in drug intervention, too. “Today's abuser is younger, well-off and inclined to try a range of drugs, even while the category of economically backward drug addict continues to exist,” says Mukta Puntambekar, deputy director of Muktangan Rehabilitation Center in Pune. Agrees Dr Anita Rao, who heads

IMAGESBAZAAR



the TTRC Research Centre in Chennai: “Earlier, wives used to accompany patients. Today, mothers bring them in.” To Father Joe Pereira, chief of Kripa Foundation, Mumbai, “It's the social acceptance of and easy access to drugs that explain the dynamics of change in the drug abuse pattern today.”

In an insidious manner, white-collar addiction is coming out of the woodworks of India Inc. Consider Aarthi Rangarajan, 27, of Chennai. You don't become the star performer in a top-notch software company unless you are smart. Even a year back, Rangarajan had that easy confidence of someone who knows where they are headed. The girl from an orthodox Thanjavur family brought her parents over, bought a flat

SITUATIONAL AWARENESS

Tell-tale signs that your child might be on drugs

Inexplicable and wild mood swings, along with restlessness, insomnia, hostile attitude, increased yelling or violence.

Worrying health symptoms—nausea, sweating, shaking, anxiety, blackouts to unknown infections and rashes.

Shirking work at school or home—flunking classes, skipping work, neglecting homework.

Taking risks, such as reckless driving, getting into trouble for disorderly conduct, lying and stealing money from friends, family and even strangers.

Fighting with friends, family, teachers and losing old friends.

Listless and giving up activities enjoyed earlier—hobbies, sport or socialising.

Constant need for alone-time—taking innumerable trips to the washroom, closing bedroom door and shutting out family and friends.

Carelessness about personal hygiene and appearance.



VIKRAM SHARMA/www.indiatodayimages.com

“WHITE-COLLAR ADDICTION IS COMING OUT OF THE WOODWORK. MANY YOUNG PROFESSIONALS ARE DRIVEN TO DRUGS BY PEER PRESSURE, BOREDOM, STRESS AND DISPOSABLE INCOMES.”

DR PRATIMA MURTHY, Chief, De-addiction Centre, NIMHANS

and gave them a taste of the good life they've never had. But the heady way to the top proved slippery, as her jet-set party lifestyle led to an implosion of drugs and casual sex. Today, she is in a de-addiction centre, with a high level of HIV in her blood. She doesn't meet anyone, not even her parents. "Dangerous experimentation with drugs is rampant in the cities," says Dr Pratima Murthy, who heads the De-addiction Centre at the National Institute of Mental Health and Neuro Sciences (NIMHANS) in Bangalore. "We see a lot of young professionals, who are driven to drugs by peer pressure, boredom, stress and disposable income." The RSRA sample

survey found 62 per cent of drug abusers to be employed.

A sign of the time is a new type of corporate service: background screening and substance abuse testing. Way back in 1997, the Federation of Indian Chamber of Commerce and Industry (FICCI) along with UNODC and the International Labor Organisation (ILO) had taken up a project to integrate drug prevention strategies into the management practice of enterprises. ILO studies had revealed that employees who use drugs miss work more often, are less healthy, and more prone to harming themselves and others in the workplace. India Inc was hardly interested.

With rising affluence, stress at workplace and greater social acceptability of drug abuse, however, IT, ITes and multinationals are coming forward to implement drug testing at the workplace. "The awareness that substance abuse may affect the workplace has seen an upward trend in the last two years," says Anil Dhar, one of the top bosses of the Gurgaon-based AuthBridge Research Service. "We see mostly opiates and marijuana abuse by the 20-40 age band, including women," he adds. "It is an ongoing process and urine samples are usually taken without prior notice to the employees."

Are addicts made or born? Ask psychiatrists and they will tell you it's as a student that an addict is "born". If in 2001, the age of initiation stood at 20, today it averages at 17, says the UNODC. Is the trend dipping further? Payel was just 14 when she started using whiteners, the correction fluid ink. Much as curiosity killed the cat, the Kolkata girl

ventured into the noxious world of inhalant addiction when she found her classmates at it. From 8-10 bottles a day she moved to anti-anxiety drugs, alcohol and ganja. A drug regime made possible by her father's premature death, her mother's workload as the sole bread-winner and the lack of supervision at home. The 20-year-old today is free of drugs, but what happened to her is a quintessential sign of the times. "Whiteners contain toluene, an addictive solvent used in paints, chemicals, pharma and rubber industries," says Dr Anju Dhawan, assistant professor, NDDTC-AIIMS. "They have inherent properties that lead to repeat use and euphoria. But prolonged 'sniffing' or 'huffing' of Toluene can cause permanent brain damage and death." The Vidyasagar Institute of Mental Health and Neuro-Sciences (VIMHANS) in Delhi gets about 10-14 cases a week. "These bottles, available at around Rs 26 at any stationery shop are within easy access of children," says psychiatrist Dr Jitendra Nagpal. "They should be banned." One-time star vocalist, Rabiul Islam, a UNODC resource in Assam, reports rampant use of glue, like Dendrite, among pre-teens in a recent survey.

School children seem to be experimenting with a whole range of drugs. A 2010 study on 2,000 Shimla school students by the NGO Youth Enlightening the Society along with Indira Gandhi Medical College, points in that direction: over 55 per cent boys and 24 per cent girls are regular drug users, with 29 per cent hooked to cannabis, cough syrups and opium. Abhishek Verma, 21, who started "sniffing" at the age of 15, certainly understands why: "It was cool, rebellious and heady. I could do it in class and the teacher wouldn't know. Soon I became the most popular person in school," says the son of a doctor couple who still hasn't managed to come to

terms with his addiction. Age 15 emerges as the most vulnerable age of initiation in yet another study at five professional colleges of Berhampur in Orissa in 2008, where peer pressure pushed 59 per cent students toward drug abuse. In a 2004 study at two premier medical colleges in Kolkata, "friends" emerged as the primary influencers with 47 per cent students who are into problematic drug use. Chandan Saikia, 36, of Guwahati, Assam, lost the love of his life, cricket, and his budding vocation as a cricketer to stress and peer pressure. The former student of Cotton College started to experiment with pharma drugs while

“WE ARE WORKING ON THE FIRST-EVER NATIONAL POLICY ON PREVENTION OF SUBSTANCE ABUSE IN THE COUNTRY.”

MUKUL WASNIK, Union Minister for Social Justice and Empowerment



“MAKING SYNTHETIC DRUGS IS NO ROCKET SCIENCE. ONE CAN GO TO THE INTERNET, DOWNLOAD RECIPES AND PREPARE THEM IN THE KITCHEN.”

CHRISTINA ALBERTIN, Representative for South Asia, UNODC



representing the state at various places. "We used to try drugs at team parties just for fun," he says.

Psychedelic lights, smoke, dry ice fog and hundreds of young people dancing to the sledgehammer thumping of techno music. Yet another all-night dance party? Not just. Check the supplies in the "cool down" area. If you find a strange assortment of vicks vaporubs, eye drops, surgical masks, lollipops, lots of water, juice, soft drinks—and no alcohol—it's a rave. The paraphernalia is there to camouflage the drug, enhance or control its effects. But every city has its poison of choice: Delhi gets high on ecstasy,



HEMANT CHAWLA/www.indiatodayimages.com

HEMANT CHAWLA/www.indiatodayimages.com



Mumbai swears by ice, ketamine is Chennai's poison, Lucknow raves on yaba and Calcutta dotes on meth. The bottom-line is: they are all amphetamine-type stimulants—the second most commonly used drug globally, ahead of cocaine and opiates, says WDR 2010. Way back in 2004, when the MSJE published the only national survey on drug abuse, *The Extent, Pattern and Trends of Drug Abuse in India*, about 0.2 per cent were ATS abusers out of 81,802 of treatment-seekers. “Synthetic drugs are particularly attractive to young people,” says Dr Arindam Mondal, consultant psychiatrist and a de-addiction specialist with Apollo Gleneagles Hospitals, Kolkata. “They bring down social inhibitions, produce a sense of high energy, cleverness and competence.”

New drugs demand new supply chains. One dewy February morning this year saw Yogesh Deshmukh, the deputy director general of Narcotics Control Bureau, and his team checking every compartment of a train at the New Delhi railway station. He had re-

“FRIENDS ARE THE KEY INFLUENCERS AMONG STUDENTS IN HIGH-PRESSURE PROFESSIONAL COURSES. THEY MISUSE PHARMA DRUGS—SEDA-TIVES, ANXIOLYTICS AND SYNTHETIC OPIOIDS.”

SURESH KUMAR, Deputy Director of National Centre for Drug Use Prevention, MSJE

THE ACTION PLAN

First national policy on drugs on the anvil

- ▶ More de-addiction centres.
- ▶ Convergence between ministry of social justice, health, women and child development, HRD, sports and youth affairs.
- ▶ Consequences of drug abuse in school curriculum. Awareness for teachers and parents.
- ▶ Vigilance on social networking sites. Periodic national surveys on drug abuse and monitoring chemists and treatment-seekers.
- ▶ Drug demand reduction and preventive policies.
- ▶ New treatment modality: from detox and rehab to substitution therapy.

ceived a tip-off about a Nigerian man in possession of heroin. His team located the man in one of the compartments. The search, however, revealed just a few door-stoppers. He insisted that he worked for a company that manufactured those. But when Deshmukh broke them down, each was found to carry heroin. “Concealment is the trend as illicit drugs become a part of everyday life,” he says. “We have busted several clandestine labs manufacturing synthetic drugs, quite a few Internet pharmacies and courier companies, which are the major modus operandi now.” Without strict laws to enforce selling of drugs by prescription, it's hard to crack down on the chemical high surging across the country, he explains.

“There are about 70 million drug

Manipur to MAQBOOLPURA

It used to be the North-east. Now it's the North-west.

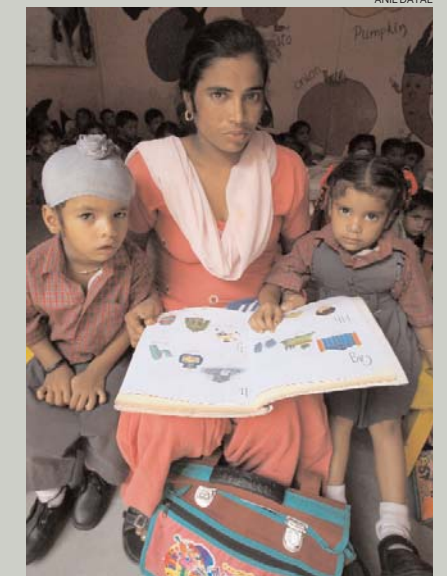
Here, the first words infants pick up are bhang and charas. Children ask teachers if they need a “bottle”. Temples offer liquor as *prasad*. Hawkers call out, “*glassy lo glassy*”—the favoured intoxicating beverage—to passersby. And every household mourns a man, or men, lost to drugs. Maqboolpura, on the outskirts of Amritsar, is India's “village of widows and orphans”.

Jaswant Kaur, 45, who lost her husband to drugs and now faces the uphill task of raising four daughters and two sons, fits the average profile. Her neighbour, Naam Kaur, lost five sons to drugs and the only surviving one—a *sadai* (insane) thanks to drugs—shouts abuses through the day. The daughter-in-law she had married off to one son after another, as they died prematurely, is now the breadwinner of the family. Next door, Raj Kaur, 30, is struggling with a perennially doped husband. Such stories echo across the 13 lanes of the village. “Clearly, the Government is not interested,” says Brij Bedi, industrialist and one of the few working to im-

prove their lot. The school he runs for the children of addicts has impressed even his wife, Kiran Bedi, India's first woman IPS officer.

It's a story the nation has witnessed before—far away from Maqboolpura—way back in the '70s. Led by Manipur, the Seven Sisters in the North-east paid the price of proximity to the infamous drug hub—the Golden Triangle of Myanmar, Thailand and Laos. From heroin to synthetic drugs, chasing to injecting, they are now in the grip of acute HIV. A whopping 28,000 have been diagnosed HIV positive in Manipur alone. “Until recently, it was believed that severe drug abuse was mostly confined to the North-east,” says Dr Atul Ambekar, assistant professor at AIIMS, who did a seminal study of drug abuse in Punjab with UNAIDS in 2008.

With the shadow of the Golden Crescent in Pakistan, Afghanistan and Iran looming, today Punjab, Chandigarh and Haryana are emerging as the new hotspots. Ambekar found over 20 per cent of 18-30 year-olds in Punjab—up to 50 per cent



RAJ KAUR WITH HER CHILDREN IN THE VILLAGE SCHOOL OF MAQBOOLPURA

in Amritsar—into injecting drugs, especially pharma. And it's not just the northwest. Uttar Pradesh, Maharashtra, Goa, Kerala, Tamil Nadu, Gujarat—show up a similar pattern. As Harjit Singh, secretary, Department of Social Security, Punjab, says: “It's a drug hurricane. We are in danger of losing our young generation.”

by Arvind Chhabra and Kaushik Deka

users in the country,” goes the official line. But that figure comes from the first and last national survey on drug abuse in India, carried out in 2000-01 and published in 2004. The most common drugs of abuse then were ganja, hashish, opium and heroin. ATS and prescription drugs were not large enough to deserve scrutiny. Women and children were kept out too. And a “drug addict” meant the man on the street—homeless, dispossessed, of the

criminal fringe. A profile distant enough for middle and affluent India not to be overtly worried about. Ten years have gone by. In absence of national studies, “70 million” is still being touted as the magic number. Meantime, opium and heroin are on a slide. Synthetic drugs are muscling in. What's more, they are being manufactured surreptitiously across the country. The “new urban junkie” has got a whole new profile: young, educated,

working, upper and middle classes. The new affordable, discrete drugs appeal to them both recreationally and occupationally. It's a new landscape that's staring India in the face. Unfortunately, it might just take a long time for a nation busy thumbing the pages of the past to make sense of a new reality calling for urgent attention. with Arvind Chhabra, Kaushik Deka, Kiran Tare, Mitali Patel, Gunjeet Sra, Lakshmi Subramaniam, Sarbani Sen, Stephen David