



UNITED NATIONS
Office on Drugs and Crime

INDIA

2003

Country profile



UNODC Regional Office for South Asia

Mandate of the United Nations Office on Drugs and Crime (UNODC)

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EXECUTIVE SUMMARY

India is wedged between the world's two largest areas of illicit opium production, the Golden Crescent and the Golden Triangle. This has rendered India both a destination and a transit route for opiates produced in these regions. In addition, the possibility of diversion from the licit opium crop and the conversion of the same into heroin, the illicit cultivation of opium poppy and cannabis, the clandestine manufacture of Methaqualone and Mandrax, the trafficking of cannabis and hashish from Nepal as well as the diversion of precursors from both domestic and international trade add to the drug scenario. A new factor in this picture is the trafficking of Amphetamine-type Stimulants (ATS) from Myanmar into India.

The most significant recent shift in drug use patterns in the region as well as in India is the move from smoking or chasing to Injecting Drug Use (IDU). Heroin, buprenorphine (tidigesic/tamgesic) and dextropropoxyphene (spasmo-proxyvon) are the commonly injected drugs in India.

HIV prevalence among drug users in India indicates a differential epidemic characterized by high levels in certain areas (for instance, Manipur with a reported HIV prevalence of 60%), high prevalence rates in many cities of India with a concentrated IDU population (Chennai, and New Delhi) and low-level prevalence in certain areas like Mumbai & Calcutta. The majority of injecting drug users in India exhibits high levels of injection as well as high-risk sexual behaviour. In some areas of India, the population segments at risk for drug use and high-risk sex overlap. In high prevalent IDU-HIV areas like Manipur, transmission of HIV virus from injecting drug users to their spouses has been established and a study found 45% of the wives of the HIV infected IDUs to be HIV positive.

Providing accurate information on crime levels in India is difficult given the lack of statistics. Nevertheless, a review of the available data suggests that organized criminal activities, trafficking in human beings, underground banking and corruption are of particular significance.

The above is closely linked to the poverty issue, which remains India's most compelling challenge, despite a significant reduction of poverty rates both in urban and rural areas.

UNODC supports the country in a few key areas covering demand and supply reduction fields. Equally important, India has by and large the largest network of Non-Governmental Organizations (NGOs) addressing drug-related issues, with a significant support of UNODC to the Civil Society at large, especially in drug abuse prevention, treatment and rehabilitation.

1. GENERAL SUMMARY STATISTICS

| Indicator | Country Value | Comparative aggregate average: | |
|---|--------------------------------|--------------------------------|----------------------|
| | | Developed countries | Developing countries |
| Human development index rank (2002) | 124 (on a total 173) | | |
| Land | | | |
| Size of country, (sq. km)(1999) | 3,287,260 | | |
| Arable land, (sq. km)(1999) | 1,618,000 | | |
| Population | | | |
| Population (million)(2001) | 1,033.4 | | |
| Population growth, (%)(2001) | 1.5 | 0.30 | 1.40 |
| Life-expectancy at birth (2000) | 63. | 77.00 | 64.70 |
| Population under age 15 (%)(2000) | 33.5 | 80.50 | 66.60 |
| Population age 65 and above (% in 2000) | 5.0 | 13.60 | 18.60 |
| Share of urban population, (%)(2001) | 27.9 | 78.1(1998) | 39.0(1998) |
| Economic development | | | |
| GDP growth, (%)(1995-2001) | 5.5 | 1.00 | 2.50 |
| GDP per capita, PPP \$ (2000) | 2,358 | 23410.00 | 3530.00 |
| Trade: imports as % of GDP 2001 | 15.4 | 21.7(1998) | 30.2(1998) |
| Trade: exports as % of GDP 2001 | 13.7 | 22.7(1998) | 31.7(1998) |
| Share of agriculture in GDP, (%) | 25 | 2.5(1998) | 13.5(1998) |
| Total external debt, % of GDP (2000-01) | .. | | 42.80 |
| Poverty and unemployment | | | |
| Population living below national poverty line (2001) | 44.2 | | |
| Income distribution ratio, (20% richest / 20% poorest) | 5.7 | | |
| Unemployment rate | .. | 7.0(OECD)(98) | |
| Youth unemployment rate | .. | 12.8(OECD)(98) | |
| Health | | | |
| Public expenditure on health, (% of GDP)(1990-98) | 5.4 | 6.2 | 2.2 |
| Population with access to essential drugs (%)(1999) | 0-49 | | |
| Doctors per 100,000 people (1992-1995) | 48.0 | 246.0 | 78.0 |
| People living with HIV/AIDS, adults % age 15-49, 2001 | 0.79 | | |
| Education | | | |
| Adult literacy rate (2001) | 58 | 98.5 | 72.3 |
| Combined enrolment ratio (primary, secondary, tertiary)(1999) | 55.0 | 91.0 | 61.0 |
| Radio per 1,000 people (2000) | 121.0 | 1,005.0 | 185.0 |
| Television per 1,000 people (2000) | 78.0 | 621.0 | 162.0 |
| Telephone lines per 1,000 people (2000) | 32.0 | 524.0 | 58.0 |
| Internet users (thousands)(2000) | 5000 | | 0.26 |

Sources: World Bank, UNDP, DESA, FAO

2. BACKGROUND AND OVERVIEW OF THE DRUG AND CRIME SITUATION

DRUG

India is wedged between the world's two largest areas of illicit opium production, the Golden Crescent and the Golden Triangle. This has rendered India both a destination and a transit route for opiates produced in these regions. In addition, the possibility of diversion from the licit opium crop and the conversion of the same in heroin, the illicit cultivation of opium poppy and cannabis, the clandestine manufacture of Methaqualone and Mandrax, the trafficking of cannabis and hashish from Nepal as well as the diversion of precursors from both domestic and international trade add to the drug scenario. A new factor in this picture is the trafficking of ATS from Myanmar into India.

The most significant recent shift in drug use patterns in the region as well as in India is the move from smoking or chasing to injecting drug use. Heroin, buprenorphine (tidigesic/ tamgesic), diazepam (calmpose), promethazine (phenargan), chlorpheneramine maleate (avil), other synthetic opiates (pethidine, pentazocine and morphine) and dextropropoxyphene (spasmo-proxyvon) are the commonly injected drugs in India. Buprenorphine injecting is common in many parts of India. Heroin and dextropropoxyphene are the preferred drugs for injecting in northeast India.

Injecting is well established in Northeast India metropolitan cities (Chennai, New Delhi, Calcutta and Mumbai). Among injecting drug users, sharing of injection equipment is common. Many injecting drug users in the country practice unsafe sexual behaviours.

CRIME

According to the National Crime Report 2000 issued by the Ministry of Home Affairs 5,167,750 crimes were registered in the year 2000 in India. These comprised 1,771,084 cases under the Indian Penal Code (IPC) and 3,396,666 under Special and Local Laws (SLL). The report notes that the total of "cognizable crimes" had been steadily increasing in India. It is, however, keeping pace with the increase in population, though at varying rates over the past 50 years. The incidence increased by 5.5 percent over the decade.

Violent Crimes (238,381 cases) constituted 13.5 percent of the total IPC crimes reported in 2000. Of these 42.7 percent crimes were violent crimes affecting life (1,01,781 cases); violent crimes affecting property were 12.3 percent (29,326); violent crimes affecting public safety were 38.1 percent (90,848); and violent crimes against women (rape) were 6.9 percent (16,496 cases).

A total number of 363,979 property crimes constituting 20.6 percent of the total cognizable crime under the IPC were reported during the year. As compared to the previous year, this form of crime recorded a slight decrease of 0.5 percent. The share of these crimes has also been steadily decreasing during the past four decades, from 67.1% in 1953 to 20.6% in 2000.

58,581 economic crimes constituting 3.3% of the total cognizable crimes under the IPC were reported in the country, showing a marginal increase of 0.6 percent compared to the previous year.

The National Capital Territory (NCT), New Delhi reported the highest IPC crime rate at 399 in the country as compared to the national average of 176.7. Among the states, the crime rate was highest in Kerala (306.1), a state in the southern part of India.

Organized crime in India is present in large cities and especially in Mumbai, which is considered to be the commercial capital. It is believed that organized criminal groups began to establish themselves from the early 1960s onwards. Their main illegal activities included gold smuggling, gambling, smuggling and brewing illicit liquor and drug trafficking. Currently, Indian officials believe that the criminal gangs in Mumbai are mainly involved in drug and firearms trafficking, contract killings, racketeering, kidnappings for ransom, money laundering and trafficking in human beings.

Trafficking in human being is not new in India and South Asia, but there is evidence of new forms, routes, and sources. Traffickers target the most powerless and vulnerable groups of society, usually poor and uneducated women and children. A large percentage of victims are trafficked into prostitution, while others are subjected to domestic servitude, forced marriage, begging, illegal adoption, and other forms of exploitation. Poverty, corruption, and discrimination against girls and women contribute to a regional environment where trafficking flourishes.

3. SUMMARY STATISTICS

Table 3.1. Licit cultivation (licensed area in hectares)

| | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 |
|-------------|--------|--------|--------|--------|--------|--------|
| Opium Poppy | 29,799 | 30,714 | 33,459 | 35,270 | 26,684 | 22,847 |
| Coca bush* | | | | | | |
| Cannabis** | | | | | | |

Source: CBN, *NIL **Not Available

Table 3.2. Licit production (in tons)

| Drugs | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 |
|------------|------|------|------|-------|------|------|
| Opium | 988 | 260 | 1075 | 1,326 | 726 | 790 |
| Coca leaf* | | | | | | |
| Cannabis** | | | | | | |

Source: CBN, *NIL **Not Available

Table 3.3. Seizures (in kg)

| Drugs | | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 |
|----------------------------|----------|--------|--------|--------|---------|--------|--------|
| Heroin | Seizures | 1,332 | 655 | 839 | 1,240 | 889 | 712 |
| | cases | 2,990 | 3,095 | 2,937 | 2,776 | 3,891 | 2933 |
| Cocaine | Seizures | 24 | 1 | 1 | 0.350 | 2 | 2 |
| | cases | 6 | 6 | 4 | 5 | 10 | 5 |
| Opium | Seizures | 3,316 | 2,031 | 1,635 | 2,684 | 2,533 | 1,506 |
| | cases | 1,333 | 954 | 927 | 1,257 | 1,205 | 959 |
| Morphine | Seizures | 128 | 19 | 30 | 39 | 26 | 49 |
| | cases | 75 | 56 | 103 | 142 | 146 | 75 |
| Cannabis/ganja | Seizures | 80,866 | 68,221 | 38,610 | 100,056 | 75,943 | 75,769 |
| | cases | 7,062 | 6,018 | 5,935 | 6,073 | 6,467 | 2295 |
| Cannabis resin/ hashish | Seizures | 3,281 | 10,106 | 3,290 | 5,041 | 5,664 | 2170 |
| | cases | 2,223 | 2,193 | 2,314 | 2,078 | 2,117 | 1344 |
| Methaqualone | Seizures | 1,740 | 2,257 | 474 | 1,095 | 2,024 | 11,130 |
| | cases | 207 | 114 | 8 | 31 | 8 | 7 |
| Acetic anhydride (liters) | Seizures | 8,311 | 6,197 | 2,963 | 1,337 | 8,501 | 3284 |
| | cases | 12 | 9 | 7 | 14 | 6 | 3 |
| Ephedrine | Seizures | 8,311 | 1,051 | 2,134 | 532 | 792 | 27 |
| | cases | 12 | 14 | 51 | 8 | 1 | |

Source Narcotics Control Bureau, Government of India

Table 3.4. Annual prevalence of drug abuse (as a percentage of aged 15 and above, 1997-98)

| Drugs | % |
|-------------------------------|--------------|
| Cannabis | 0.2 – 5.8 * |
| Cocaine | -- |
| Opiates | 0.09 – 1.6 * |
| Stimulants (amphetamine-type) | N/A |

Source: UNODC ROSA. *Current = last 1 month among male

Table 3.5. Incidence of Cognizable Crimes (IPC) under different crime heads (1995-2000)

| S No. | Year | Murder | Attempt to commit Murder | C.H. not amounting to murder | Rape | Kidnaping/Abduction | Dacoity | Preparation and Assembly for dacoity | Robbery | Burglary (House-breaking) | Theft | Riots |
|-------|------|--------|--------------------------|------------------------------|-------|---------------------|---------|--------------------------------------|---------|---------------------------|--------|-------|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) |
| 1 | 1995 | 37464 | 29571 | 3830 | 13754 | 20426 | 8335 | 961 | 22443 | 116507 | 294306 | 96520 |
| 2 | 1996 | 37671 | 29597 | 3728 | 14846 | 20848 | 8035 | 888 | 22705 | 115097 | 284985 | 92831 |
| 3 | 1997 | 37543 | 29322 | 3869 | 15330 | 21898 | 7867 | 1049 | 22141 | 113319 | 277077 | 91812 |
| 4 | 1998 | 38584 | 30577 | 3681 | 15151 | 23520 | 8091 | 1266 | 23603 | 119260 | 287967 | 90767 |
| 5 | 1999 | 37170 | 29628 | 3912 | 15468 | 23236 | 7079 | 1501 | 21332 | 111296 | 271907 | 80838 |
| 6 | 2000 | 37399 | 30743 | 3737 | 16496 | 22871 | 6825 | 1505 | 20926 | 105391 | 258588 | 80456 |

| S No. | Year | Criminal breach of trust | Cheating | Counterfeiting | Arson | Hurt | Dowry deaths | Molestation | Sexual harassment | Cruelty by husband or relatives | Import of girls | Other IPC crimes | Total cognizable crimes under IPC |
|-------|------|--------------------------|----------|----------------|-------|--------|--------------|-------------|-------------------|---------------------------------|-----------------|------------------|-----------------------------------|
| (1) | (2) | (14) | (15) | (16) | (17) | (18) | (19) | (20) | (21) | (22) | (23) | (24) | (25) |
| 1 | 1995 | 15503 | 30678 | 2203 | 12028 | 203812 | 4648 | 26856 | 4689 | 28579 | - | 722583 | 1695696 |
| 2 | 1996 | 15368 | 33823 | 2796 | 12425 | 223977 | 5513 | 28939 | 5671 | 35246 | - | 714587 | 1709576 |
| 3 | 1997 | 15077 | 35228 | 2288 | 12363 | 228497 | 6006 | 30764 | 5796 | 36592 | - | 726042 | 1719820 |
| 4 | 1998 | 16157 | 38271 | 1353 | 12913 | 235870 | 6975 | 30959 | 8053 | 41375 | - | 744422 | 1778815 |
| 5 | 1999 | 15454 | 41403 | 1347 | 11218 | 236313 | 6699 | 32311 | 8858 | 43823 | 1 | 763835 | 1764629 |
| 6 | 2000 | 14581 | 41701 | 2299 | 10392 | 240580 | 6995 | 32940 | 11024 | 45778 | 64 | 779757 | 1771084 |

Table 3.6. Central Police Organization strength as on 31.12.2000

| Sl. no. | Name of the Central Police Organization | Total no. of Battalions | Number of | | Total |
|---------|---|-------------------------|-------------------|-----------------------|--------|
| | | | Gazetted officers | Non-gazetted officers | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| 1 | Assam Rifles | 67 | 828 | 52967 | 53795 |
| 2 | Border Security Force | 160 | 3470 | 182474 | 185944 |
| 3 | Central Industrial Security Force | 306 | 882 | 88730 | 89612 |
| 4 | Central Reserve Police Force | 141 | 2667 | 165090 | 167757 |
| 5 | Indo-Tibetan Border Police | 29 | 686 | 30576 | 31262 |
| 6 | Railway Protection Force | - | 287 | 68217 | 68504 |
| | Total | 703 | 8820 | 588054 | 596874 |

Source: Crime in India 2000, National Crime Records Bureau, Ministry of Home Affairs

Table 3.7. Cognizable crimes registered during 1995-2000

| Year | IPC (Indian Penal Code) | SLL (Special and local laws) | Total | Ratio (IPC, SLL) |
|------|-------------------------|------------------------------|---------|------------------|
| 1995 | 1695696 | 4297476 | 5993172 | 1:2:53 |
| 1996 | 1709576 | 4586986 | 6296562 | 1:2:68 |
| 1997 | 1719820 | 4691439 | 6411259 | 1:2:73 |
| 1998 | 1778815 | 4403288 | 6182103 | 1:2:47 |
| 1999 | 1764629 | 3198902 | 4911730 | 1:1:78 |
| 2000 | 1771084 | 3396666 | 5167750 | 1:1:92 |

Source: Crime in India 2000, National Crime Records Bureau, Ministry of Home Affairs

4. THE YEAR IN REVIEW: MAIN EVENTS

Synopsis

- While a broad political consensus for reform exists, a series of events have distracted the government from its ambitious reform agenda and appear to have resulted in delays in Parliament's consideration of important policy changes
- Poverty reduction remains India's most compelling challenge
- India's economic growth has been strong but below the government-set target
- Raising economic growth to the GoI's objective of 8% per year is unlikely to be achieved without substantial progress in fiscal consolidation and faster structural reform.
- At the central government level the fall in the tax to GDP ratio, the rise in debt service costs, and the steep increase in the salaries of civil servants have been the main contributors to the deterioration of public finances. The states account for about one-half of India's national fiscal deficit
- India continues to be used as a transit country for heroin from West Asia. Exit points are often Delhi, Maharashtra (Mumbai) and the Tamilnadu coast.
- Total heroin seizures in the northeastern states of India are comparatively lower than seizures at the western border. There are however, no reports of heroin trafficked into northeast India either being moved to other parts of the country or overseas through India.
- Some of the opium diverted from the licit crop is being processed into heroin in and around the opium growing areas.
- India and Pakistan shared a rather strained and tensed relationship due to mounting terrorist activities.
- Diplomatic staff and citizens were advised to leave India owing to the worsening of political and military situation. The United Nations also declared phase three security level in India in the first week of June.
- Mass riots between two sections of the community in Gujarat, left hundreds dead, wounded, homeless and possibly shaken forever.
- The tentacles of crime, spread to the Indian film industry

4.1. Major political and economic events

The National Democratic Alliance government led by the Bharatiya Janata Party (BJP) remains in power, but the BJP has lost a number of state-level elections to the country's biggest political party, the Congress. While a broad political consensus for reform exists, a series of scandals in 2001 related to corruption in defense procurement, stock market manipulation and mismanagement of the country's largest state-owned mutual fund may have distracted the central government from its ambitious reform agenda. After the events of September 11, 2001, and a terrorist attack on the Indian Parliament in December 2001, tension with Pakistan has increased. Sectarian violence in Gujarat starting in February 2002 shook India, and the long-term consequences are yet to be fully understood. These developments appear to have resulted in delays in Parliament's consideration of important policy changes—from reduction of government ownership in the banking system to the fiscal responsibility legislation—and a slow down in reforms.

In September the state of Jammu and Kashmir went to poll amid tight security. The People's Democratic Party (PDP) president, Mr. Mufti Mohammad Sayeed, was sworn in as the Chief Minister of Jammu and Kashmir and the senior Congress leader, Mr. Mangat Ram Sharma, as his Deputy.

Elections were also held in Gujarat, in which the Bhartiya Janta Party won by a landslide victory. The party won more than 2/3rd of the seats. Mr. Narendra Modi, who has established himself firmly in Gujarat with his Hindutva philosophy, was sworn in as the Chief Minister.

The year also saw the 71-year-old scientist, Mr. A.P.J. Abdul Kalam, responsible for the Indian missile programme, being elected as the 12th Indian President. Mr. Bhairon Singh Shekhawat was sworn in as the new Vice President of the country after the demise of the former Vice President, Mr. Krishan Kant.

Poverty reduction remains India's most compelling challenge, notwithstanding good progress in the 1990s. Based on new information (1999/2001), the government of India (GoI) estimates that poverty fell from 36% of the population in 1993/94 to 26% by the end of the decade, with rural poverty falling from 37.3% to 27.1% and urban poverty falling from 32.4% to 23.6% over the same period. However, India is still home to 260-290 million poor people. The draft Tenth Five-Year Plan (2003-2008) emphasizes the key goals of poverty reduction and human development, recognizes the importance of the Millennium Development Goals (MDGs), and identifies an explicit set of development goals and monitorable targets.

India's economic growth has been strong but below the government-set target. Economic growth was estimated at 5.4% in 2001/02, up from 4% in 2000/01. The service sector continues to be the strongest while manufacturing is the weakest. Raising economic growth to the GoI's objective of 8% per year is unlikely to be achieved without substantial progress in fiscal consolidation and faster structural reform.

Inflation is temporarily subdued. In 2001/02 WPI (Wholesale Price Index) inflation was about 3.4% and CPI (Consumer Price Index) inflation about 4.3%. The fall in WPI inflation over the last 3 years reflected the waning effects of earlier energy price hikes and flat manufacturing goods prices. The easing of monetary policy since early 2001 provides ample liquidity to meet potential revival in private credit demand.

Persistent and large fiscal deficits remain a major concern, as they may result in higher inflation, push up interest rates, further crowd out private investment, weaken the health of the financial system and increase vulnerability to macroeconomic risks.

At the central government level the fall in the tax to GDP ratio, the rise in debt service costs, and the steep increase in the salaries of civil servants have been the main contributors to the deterioration of public finances. The states account for about one-half of India's national fiscal deficit: large increases in the salaries of civil servants and growing power sector losses have been powerful forces behind the deterioration of the states' finances.

4.2. Drugs

India continues to be used as a transit country for heroin from West Asia. However, the quantity of seized heroin has dropped from 813kg in 2001 to 712kg in 2002. The Narcotics Control Bureau (NCB) attributes the drop in seizures mainly to the military build up at the border between India and Pakistan after the tensions between the two countries augmented significantly after terrorists attacked the Indian Parliament at the end of the year 2001. According to the Narcotics Control Bureau internal trafficking routes in 2002 have not changed significantly compared to the year 2001. States most vulnerable to drug trafficking are the northwestern states bordering Pakistan through which South West Asian heroin enters India. Exit points are often Delhi, Maharashtra (Mumbai) and the Tamilnadu coast.

Total heroin seizures in the northeastern states of India are comparatively lower than seizures at the western border. Further while South West Asian heroin transits India to overseas destinations, there are no reports of heroin trafficked into north-east India either being moved to other parts of the country or overseas through India.

The discovery of a number of heroin processing facilities and investigations into seizures in various parts of the country confirm that some of the opium diverted from the licit crop is being processed into heroin in and around the opium growing areas.

4.3. Crime

The 2002-year itself never started off on the right foot for either India or its neighbouring countries. For India and Pakistan, who mostly share a rather strained and tensed relationship, the situation never seemed to improve. January saw the rail link between the two countries, the Samjhauta Express, being discontinued owing to the mounting tensions at the borders and a war-like climate created due to the mounting terrorist activities. Tensions reached a high point when gunmen (believed to be from Lashkar-e-Taiba) staged an attack on civilians on a bus and in the family housing section of an army camp in the Kashmiri town of Kaluchak, killing 32, including 10 children. India has claimed that the three assailants, who were killed by Indian security forces, were from Pakistan. Although Pakistan condemned the attacks, Indian Prime Minister Atal Bihari Vajpayee vowed to respond with "appropriate action."

The biggest blow to the peace and harmony of the country came with the mass riots between two sections of the community in Gujarat, which left hundreds dead, wounded, homeless and possibly shaken forever. In Godhra, Gujarat, Hindu activists, while travelling through Ayodhya-bound train, were burnt alive and this sparked off one of the worst human tragedies in the country.

As the year progressed, the tension between India and Pakistan escalated to its peak and countries such as the United States of America, United Kingdom and Australia advised their diplomatic staff and citizens to leave India owing to the worsening of political and military situation. The United Nations also declared phase three security level in India in the first week of June.

The tentacles of crime, which had spread to the Indian film industry too, became evident when audiotapes of conversation between underworld "don" Chota Shakeel based in Karachi, Pakistan and Sanjay Dutt (Indian Actor) were released by the police authorities. Till now, quite a few names of eminent personalities from the film industry have been exposed in this regard.

Violence and terrorist attacks were reported from many parts of the country. A total of 29 devotees, including 16 women and four children, were killed and 74 injured, when 2 terrorists stormed into the Akshardham temple in Gandhinagar, Gujarat. The siege ended after a nightlong commando operation in which both the terrorists were killed, along with 3 Indian commandos. This attack in Gujarat, which had just emerged from a very violent communal riot, could possibly have been planned in order to enflame one section of the community against the other in order to revive the tensions there.

What may be perceived as a victory for Indian law enforcers, the underworld "don" and an accused in the 1993 Bombay serial blasts case, Abu Salem was detained in the Portuguese capital of Lisbon. The Indian government tried all diplomatic means to have Salem deported to India, where he is wanted in a number of cases. Although he was detained in the month of September, till date he is far from being deported and prosecuted in India and the case proceedings in Lisbon is crawling on a slow pace.

5. GENERAL SETTING

Synopsis

- India is still home to 260-290 million poor people
- The geographic location of India and the breakdown of traditional societies resulting in part from large-scale rural-urban migration have both contributed to the rise in drug abuse in recent years.
- Industrialisation has contributed new and cheaper pharmaceutical drugs widely abused by the poor and unemployed

Major socio-economic characteristics (relevant to the drug problem)

Widespread poverty remains pervasive, with slow growth in per capita income and great unevenness in the distribution of the fruits of growth. India is still home to 260-290 million poor people—poverty in India is of global significance. The Tenth Five-Year Plan emphasizes the key goals of poverty reduction and human development.

Table 5.1. Socio-economic characteristics

| Country | Population (Millions) | Real GDP per capita (PPP\$) | Human development index rank | Adult literacy rate (% age 15 and above in 2000) |
|---------|-----------------------|-----------------------------|------------------------------|--|
| India | *1027.0 | 2,358 | 124 | 57.2 |

*As per the Census of February 2001

These conditions, together with the geographic location of India and the breakdown of traditional societies resulting in part from large-scale rural-urban migration have both contributed to the rise in drug abuse in recent years. Industrialisation has contributed new and cheaper pharmaceutical drugs widely abused by the poor and unemployed while creating pockets of affluence which are said to be exploring the “designer drugs” more common to date in western countries.

6. DRUG SITUATION

Synopsis

- Illicit cultivation of opium poppy does take place in India though it is extremely difficult to estimate the extent of illicit cultivation
- Cultivation of opium poppy in the northeast, which traditionally cultivated it for medical and recreational use, has become commercial since the tribal population came into contact with timber merchants from the plains in the late 1980s.
- Opium is usually the only marketable commodity produced. CBN carried out a survey in three districts of Arunachal Pradesh. The survey covered 86 out of 506 villages. Out of 86 villages 52 are growing opium.
- Cannabis is illicitly cultivated and also grows wild in India
- Total requirement of licit opium for the crop year 2002 was 560 tons at 90-degree purity. Against this, 790 metric tons at 90 degree of opium was procured during 2002.
- Although an elaborate system of regulatory and preventive controls has been established to prevent the diversion of opium certain quantities do flow into illicit channels.
- India is also a large manufacturer of pharmaceuticals. Law regulates the production, but there is no uniformity in the monitoring of compliance with the law, contributing to an increase in abuse.
- Part of the Indian licit opium production is diverted into illicit channels and converted into heroin. The extent of diversion is not known. Clandestine laboratories exist in the country.
- India's drug problem stems mainly from its geographical location between two internationally acknowledged major sources of opium and opiates.
- The majority of persons arrested for drug trafficking is from South Asia, however traffickers from outside India have also established themselves in the country and have developed a network of local suppliers and international couriers.
- India has noticed a sharp decline in heroin seizures during the year 2001. The Narcotics Control Bureau attributes this development mostly to the events of 11 September and the subsequent measures taken by the Indian government, which sealed the border between India and Pakistan.
- Intelligence reports continue to indicate the extensive use of the Tamilnadu coastline around Tuticorin as a staging point for heroin shipments to Sri Lanka.
- Kashmir has emerged as one source of Hashish seized in the country. Hashish is also being smuggled into India from Nepal across the land border in the states of Bihar and Uthar Pradesh from where it finds its way to Delhi and Mumbai.
- Seizures of the last three years as well as intelligence reports call for a review of earlier assessments that the illicit production of Methaqualone has been largely eliminated from India.
- Amphetamines both in terms of trafficking and abuse are a growing concern for Indian authorities. It is interesting to note that seizures of ephedrine in India after a significant fall in 2000 picked up again in 2001. The majority of these seizures relate to consignments destined for Myanmar, where a significant illicit ATS manufacturing industry reportedly exists.
- An increasing number of rich and affluent people are using cocaine in Delhi and other cities. This contradicts the myth that cocaine abuse does not take place in Indian cities.
- In early 2001 investigations carried out by NCB Mumbai lead to the unraveling of a major racket involving domestic diversion of AA for the manufacture of Methaqualone.
- The Ministry of Social Justice and Empowerment and the United Nations Office on Drugs and Crime, Regional Office for South Asia (UNODC, ROSA) supported a multi-component survey of "The extent and pattern of drug abuse in India".
- The President of India has signed the Prevention of Money Laundering Act 2002.

6.1. Production and cultivation

6.1.1. Illicit cultivation

Illicit cultivation of opium poppy does take place in India. Though it is extremely difficult to estimate the extent of illicit cultivation, some production of opium has been reported in Arunachal Pradesh (north-east), Uttaranchal (Uttarkashi district) and in Himachal Pradesh, Kulu and Kalpa districts (according to CBN).

Table 6.1. Destruction of narcotic drug yielding plants in India

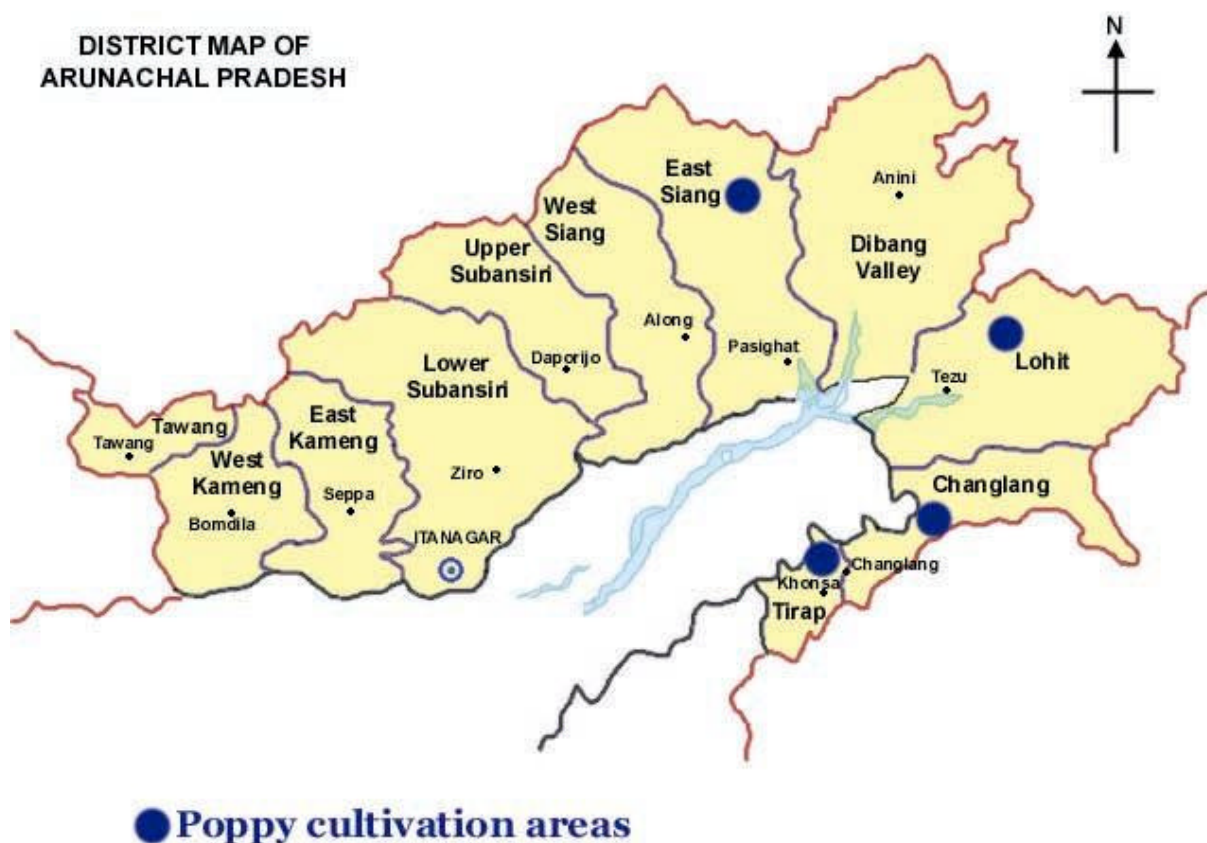
| | | 1998 | 1999 | 2000 | 2001 | 2002 |
|----------------|-------------------------|------|-------|------|------|------|
| Poppy plant | Area (in acres) | 729 | 378 | 150 | 4.2 | 539 |
| | Potential yield (in kg) | 6804 | 6,804 | - | 12 | - |
| Cannabis plant | Area (in acres) | 39 | - | 222 | 124 | - |

Source: Narcotics Control Bureau, Government of India

Opium has been cultivated for centuries in northeastern states of India for medical use for both people and livestock, and for use in festivals and celebrations. Most areas have now stopped this practice, but it remains in more remote areas, such as in the east of Arunachal Pradesh. Experts believe that the cultivation of opium poppy in the northeast has become commercial since the tribal population came into contact with timber merchants from the plains in the late 1980s. There is very little economic activity in these districts, and agricultural practices are primitive and basic. Opium is usually the only marketable commodity produced, and has the added advantage of being collected from the door by traders, a facility not normally available for other agricultural products. For the past years the Central Bureau of Narcotics (CBN) has been co-coordinating efforts to destroy illicit cultivation in this region, and in 1999 destroyed 280 hectares of opium poppy cultivation in a joint operation with the Customs and Excise Department.

In order to know the extent of illicit cultivation of opium poppy the CBN carried out a survey in three districts of Arunachal Pradesh. The survey covered 86 villages out of 506 on the three districts Upper Sing, Tirap and Changlang. Out of 86 villages 52 are growing opium.

Map 1. Opium poppy cultivation areas in Arunachal Pradesh



Most of the cultivators started opium growing in 1999. The size of the plots varies between 50sq.m and 12ha. The average yield is about 5-8kg/ha. Experts assume that cultivation in Arunachal Pradesh could reach 1,000ha, 500 of these in Lohit district where CBN carried out a survey in 1999/2000.

Cannabis is illicitly cultivated and also grows wild in India, mainly in the states of Himachal Pradesh and Uttaranchal. This cannabis is used to supply mainly illicit markets within and outside the country.

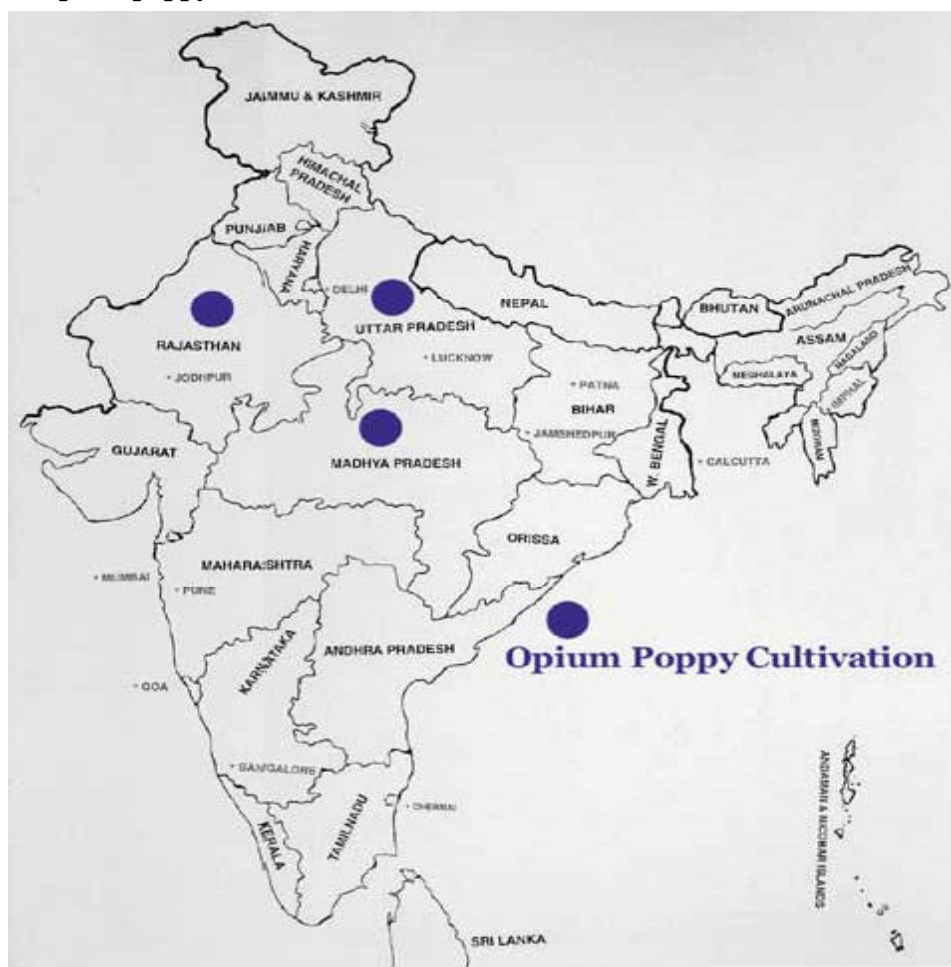
6.1.2. Licit cultivation

Opium poppy is cultivated in the following districts of three states of India: Madhya Pradesh, Rajasthan and Uttar Pradesh in the crop year 2001:

- Madhya Pradesh: Mandsaur, Neemuch, Ratlam, Ujjain, Jhabua, Shajapur, Rajgarh and Gwalior.
- Rajasthan: Kota, Baran, Jhalawar, Chittorgarh, Udaipur and Bhilwara.
- Uttar Pradesh: Barabanki, Faizabad, Ghazipur, Mau, Lucknow, Raibareilly, Bareilly, Shahjahanpur and Budaun.

The government has decided that the total requirement of opium for the crop year 2002 was 560 tons at 90-degree purity. Against the above, 790 metric tons at 90 degree of opium was procured during 2002.

Map 2. Licit opium poppy cultivation areas



Note: The boundaries shown on the map do not imply official endorsement or acceptance by the UN

6.1.3. Licensed cultivation/production

During the crop year 2001/2002 114,486 cultivators were given licenses by the Central Bureau of Narcotics, Government of India but only 101,844 farmers tendered opium. The total area licensed was 22,847 hectares.

Table 6.2. Licensed cultivation/harvested area (in units)

| Name of unit | Area licensed in hectare | Area utilized (in hectares) | | | | Quantity of opium at 70° consistence | Average at 70° consistence |
|----------------|--------------------------|-----------------------------|----------|----------|-----------|--------------------------------------|----------------------------|
| | | Not sown+ unutilized | Measured | Uprooted | Harvested | | |
| Madhya Pradesh | 10,373 | 2,030 | 8,343 | 454 | 7,889 | 459 | 58.24 |
| Rajasthan | 9,160 | 331 | 8,829 | 407 | 8,422 | 484 | 57.49 |
| Uttar Pradesh | 3,314 | 9 | 3,305 | 1,168 | 2,137 | 73 | 34.09 |
| Total | 22,847 | 2,370 | 20,477 | 2,029 | 18,448 | 1016 | 55.10 |

Source: Central Bureau of Narcotics (CBN)/Narcotics Control Bureau (NCB)

Corresponding figures for the number of cultivators are as follows:

Table 6.3. Number of licensed cultivators

| Name of unit | No. of cultivators licensed | No. of cultivators | | | |
|----------------|-----------------------------|--------------------|----------------|--------------|----------------|
| | | Did not sow | Measured | Uprooted | Tendered opium |
| Madhya Pradesh | 51,863 | 2,794 | 49,069 | 2,246 | 46,823 |
| Rajasthan | 46,057 | 260 | 45,797 | 1,874 | 43,923 |
| Uttar Pradesh | 16,566 | 12 | 16,554 | 5,456 | 11,098 |
| Total | 114,486 | 3,066 | 111,420 | 9,576 | 101,844 |

Source: CBN

The average yield per hectare was 55.1kg per ha. Although an elaborate system of regulatory and preventive controls has been established to prevent the diversion of opium certain quantities do flow into illicit channels. This is evidenced by seizures in opium growing areas although the extent of diversion is almost impossible to determine. The obvious incentive for the farmers is the higher prices offered by the illicit market (ranging from Rs. 5,000 - around US \$100 - per kg during the crop season in April, to anywhere between Rs 15,000 to 20,000 in December/January (approx. US\$ 300-400)) compared to government's procurement prices, which in 2001 ranged from Rs 630 to 1,400 per kg depending on the quantity of opium tendered per hectare.

6.1.4. Other licit drugs

India is also a large manufacturer of pharmaceuticals. Law regulates the production, but there is no uniformity in the monitoring of compliance with the law. Codeine-based cough syrups, such as Phensdyl, and some psychotropic substances, including benzodiazepines, such as Campose, are available without medical prescription, contributing to an increase in abuse.

Table 6.4. Import of narcotics drugs

| S.No. | Name of drug | Estimated production in kg. | Quantity imported in kg | |
|-------|--------------|-----------------------------|-------------------------|-------|
| | | | 1997 | 1998 |
| 1 | Codeine | 3,000 | 8,880 | 4,440 |
| 2 | Pholcodine | 450 | 201 | 278 |
| 3 | Morphine | 2,000 | 0.178 | NIL |

Source: CBN

Table 6.5. Export of narcotic drugs

| S.No. | Name of drug | Quantity exported in kg | | |
|-------|--------------------|-------------------------|---------|---------|
| | | 1997 | 1998 | 1999 |
| 1. | Dextropropoxyphene | 19,789 | 22,105 | 27,870 |
| 2. | Diphenoxylate | 969 | 1,727 | 1,135 |
| 3. | Opium | 643,500 | 744,780 | 508,280 |
| 4. | Opium cake | 2,616 | 2,609 | NA |

Source: CBN

6.2. Manufacture

According to the 2002 INCB Report part of the Indian licit opium production is diverted into illicit channels and converted into heroin. The extent of diversion is not known.

Clandestine laboratories exist in the country. In November 1999, a massive heroin production laboratory functioning from Delhi, and suspected of having links with the Liberation Tigers of Tamil Ealam (LTTE, in Sri Lanka) was unearthed by the NCB. This was the first time that a complete heroin production unit had been discovered in the capital. Raids in Delhi and neighboring states also led to the discovery of many clandestine laboratories. In 2001 and 2002, heroin laboratories were detected and destroyed.

In February 2001, 1,423 kg of mandrax (methaqualone) tablets were seized at Dombivli, Mumbai by the NCB. These tablets were being manufactured on the premises of a chemical company and it is suspected that the consignment was destined for South Africa via sea. At the same day there was another seizure of 200 kg of mandrax tablets from a school bus in Mumbai. In 2002, Methaqualone seizures amount to 11,130kg. The NCB notes that the illicit manufacturing, which was limited to Maharashtra and Gujarat, could take place in pharmaceutical entities in other parts of the country. Manufacturing facilities have been discovered in Hyderabad, South Gujarat, Rajasthan and Eastern Uttar Pradesh. In some cases it was found that these illicit operations were financed and controlled by non-residents based outside India. The principal destination for the end product remains South Africa. Another feature, which has transpired during some investigations is the use of a substitute chemicals instead of Acetic Anhydride, which is controlled under the Narcotics Act. The use of such chemicals will render the location and identification of illicit manufacturers increasingly difficult.

6.3. Trafficking

India's drug problem stems mainly from its geographical location between two internationally acknowledged major sources of opium and opiates namely the Golden Crescent (Pakistan, Afghanistan, Iran) on the West and the Golden Triangle (Myanmar, Thailand and Lao PDR) on the East. Nepal is also a traditional source of cannabis, both herbal (cannabis) and resinous (hashish).

India continues to be used by drug traffickers for transit routes to destinations in other countries, sub-regions and continents, as well as internal markets. The majority of persons arrested for drug trafficking is from South Asia, however traffickers from outside India have also established themselves in the country and have developed a network of local suppliers and international couriers. The most famous of these are the Nigerian groups.

India has noticed a sharp decline in heroin seizures during the year 2001. Compared to 2000, the seizures dropped from 1,240kg to 813kg last year. In 2002, law enforcement agencies seized 712kg. The Narcotics Control Bureau attributes this development mostly to the events of 11 September and the subsequent measures taken by the Indian government, which sealed the border between India and Pakistan. So it seemed more difficult for traffickers to smuggle heroin into India.

However, the main source of heroin is still the Golden Crescent. Around 25% of the seized heroin originated in West Asia. Main seizures took place in Rajasthan, Gujarat, Delhi, Maharashtra, Punjab and Tamil Nadu. The data indicates that the areas most vulnerable to drug trafficking are the northwestern states bordering Pakistan, Maharashtra (Bombay), and Delhi as well as the Tamilnadu coast which constitute the exit routes.

Total seizures of heroin in the northeastern states are far less than at the western border. Total heroin seizures in the northeastern states aggregated to 12,15kg in 2001 as against 10.28kg in 2000. The government insists that this low figures in the region support the assessment that trafficking volumes in this area are significantly lower than at the India-Pakistan border. While West Asian heroin admittedly transits India to overseas destinations, there are no reports of heroin trafficked into the north east of India either being moved to other parts of the country or overseas through India.

Intelligence reports continue to indicate the extensive use of the Tamilnadu coastline around Tuticorin as a staging point for heroin shipments to Sri Lanka.

In 2002 Indian law enforcement agencies seized about 77 metric tons of Hashish and Ganja compared to 91 metric tons in 2001. In terms of origin, Kashmir has emerged as one source of Hashish seized in the country mainly in Gujarat and Maharashtra. Apart from Kashmir Hashish is being smuggled into India from Nepal across the land border in the states of Bihar and Uthar Pradesh from where it finds its way to Delhi and Mumbai.

Seizures of Methaqualone in 2001 (1,984kg) and 2002 (11,130kg) went up sharply compared to 2000 (1,095kg). Most of these seizures were made in the Mumbai area but also in other parts of the country. Seizures of the last three years as well as intelligence reports call for a review of earlier assessments that the illicit production of Methaqualone has been largely eliminated from India. There are clear indications of a revival of illicit production particularly in the vicinity of Mumbai. An important factor in the clandestine manufacture of Methaqualone in the Mumbai area is the closure of a number of small-scale pharmaceutical units. Some former employees of these units with the necessary expertise have reportedly been lending their talents to illicit Methaqualone manufacturers.

Amphetamines both in terms of trafficking and abuse are a growing concern for Indian authorities. Over the last three years small consignments have started entering India across the Indo-Myanmar border. During the year 2001 around 5,000 tablets have been seized mainly at More, at the Manipur-Myanmar border.

India has already in December 1999 imposed controls under the NDPS Act on ephedrine and pseudo-ephedrine in order to deny access to these chemicals to the illicit ATS industry in Myanmar. It is interesting to note that seizures of ephedrine in India after a significant fall in 2000 to 532kg picked up again to 792kg in 2001. The majority of these seizures relate to consignments destined for Myanmar, where a significant illicit ATS manufacturing industry reportedly exists. There were no reports of the diversion of ephedrine or pseudo ephedrine within India for the manufacture of ATS.

In 2001 the Delhi police seized around 2kg of cocaine from an Afghan dealer. Investigations pointed to the fact that an increasing number of rich and affluent people are using cocaine in Delhi and other cities. This contradicts the myth that cocaine abuse does not take place in Indian cities.

Two recent new trends noted by NCB have been the active involvement of foreigners, especially women, in the smuggling of drugs, and increased use of mail and private courier companies to send drugs abroad.

6.4. Diversion of drugs and precursors

The diversion of opium from licit production takes place in India though the extent is not known. Diversion of precursor chemicals (Acetic Anhydride and Ephedrine) from licit channels also takes place in spite of strict controls exercised by law enforcement agencies. India produces about 45,000 mt of *Acetic Anhydride* every year for its pharmaceutical and dye industries. Strict controls have been imposed on this chemical both under the NDPS Act as well as the Customs Act. There was a decline in seizures between 1999 and 2000, from 2,963kg to 1,337kg. However, in 2001 the seizures jumped up to 8,501kg. In 2002, 3,234kg of Acetic Anhydride were seized.

In early 2001 investigations carried out by NCB Mumbai lead to the unraveling of a major racket involving domestic diversion of AA for the manufacture of Methaqualone. This involved transporters, warehouse keepers, and middlemen who were fencing AA to illicit Methaqualone manufacturers.

India produces over 500mt of ephedrine and pseudo ephedrine. Both substances have been declared controlled substances under the NDPS Act in December 1999. Consequently, all manufacturers, traders and consumers of these chemicals are required to maintain records and comply with other restrictions under the NDPS Act. There was a significant fall in seizures from 2,134kg to 532kg in 2000. Seizures, however, have picked up again in 2001 in which 792kg have been seized.

6.5 Demand reduction

The Ministry of Social Justice and Empowerment and the United Nations Office on Drugs and Crime, Regional Office for South Asia (UNODC, ROSA) supported the project “The extent and pattern of drug abuse in India”. A multi-modality approach and methodology was adopted to make this assessment. This project had four major components.

1. National Household Survey of Drug and Alcohol Abuse (NHS)
2. Drug Abuse Monitoring System (DAMS)
3. Rapid Assessment Survey of Drug Abuse (RAS), and
4. 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

(See details in Annex II)

6.6. Money laundering

The President of India has signed the Prevention of Money Laundering Act 2002. The Bill has ten Chapters. In Chapter II money laundering is defined as an offence punishable with rigorous imprisonment for a term which shall not be less than three years but which may be extended to seven years. Chapter III Attachment, Adjudication and Confiscation mentions attachment of property involved in money laundering, Adjudicating Authorities and Management of Properties confiscated under this chapter. Chapter IV spells out the obligations of banking companies, financial institutions and intermediaries. Chapter V explains summons, searches and seizures. Chapter VI to Chapter X goes into administrative details about appellate Tribunal, special courts, authorities, reciprocal arrangements for assistance in certain matters and procedure for attachment and confiscation of property and Miscellaneous.

7. CRIME SITUATION

Synopsis

- Total cognizable crime in the country has been steadily increasing. It is noted that this is however keeping pace with the increase in population though at a varying rate over the past 50 years.
- Crimes against women are a matter of serious concern in India. Women in the country suffer, due to a lack of awareness of their rights, illiteracy and oppressive practices and customs. A sizable number of crimes against women go unreported due to social stigma attached to them.
- Economic offences constitute a distinct class as the state or the society as a whole suffers economic loss due to such activity. A number of special laws regulating customs, excise, taxes, foreign exchange, narcotic drugs, banking, insurance and commerce relating to export and import have been enacted in the country.
- According to Transparency International, India is the world's eighth most corrupt country. A federal home ministry report focuses on the connection between organized crime and corruption stating that crime syndicates have corrupted India's state machinery at all levels, virtually running a parallel government.
- Underground banking is the alternative remittance system through non-official banking systems and is called "Hawala". Such secret funds are useful in order to meet a number of objectives such as bribery and tax evasion.
- The issue of trafficking in human beings and especially women and children is increasingly of concern in India. According to the US State Department's most recent report, "India is a country of origin, transit and destination and destination for trafficked persons".
- Another result of this illegal sex trade is the spread of HIV/AIDS. According to a 2001 World Bank Report "Nepal (the main supply country for India) will see an AIDS catastrophe by the end of the decade unless immediate and vigorous action is taken to combat human trafficking".

Law enforcement and management of law and order, security, crime prevention and crime detection are essentially enforced and performed by the Police authority. The role and performance of police is governed by the following three major laws:

- Indian Penal Code, 1860
- Indian Evidence Act, 1872 and
- Code of Criminal Procedure 1973

Apart from these, to cater to various specific needs, several new laws have been enacted. As such several Special Laws – applicable to a particular subject i.e. arms act, Narcotics Drugs and Psychotropic Substances Act, etc.- and Local Laws – applicable to a particular part of India - have been enacted from time to time to meet the growing crime prevention needs.

According to the National Crime Records Bureau the total cognizable crime in the country has been steadily increasing. It is noted that this is however keeping pace with the increase in population though at a varying rate over the past 50 years. The incidence increased by 5.5 percent over the decade. Within the different headings cheating, hurt, molestation and cruelty by husband or relatives continue to record increasing trends over the years. While those of property crimes as theft and burglary reported decline.

Crimes against women are a matter of serious concern in India. Women in the country suffer, due to a lack of awareness of their rights, illiteracy and oppressive practices and customs. The resultant consequences are many viz, a constant fall in the sex ratio, high infant mortality rate, low literacy rate, high drop out rate of girls from education, low wage rates etc. Crimes against women reported an increase of 4.1% and 3.3% over previous years 1999 and 1998 respectively.

Table 7.1. Proportion of crime against women (IPC) toward total IPC crimes

| S.No. | Year | Total IPC crimes | Crime against women (IPC cases) | Percentage of total IPC crimes |
|-------|------|------------------|---------------------------------|--------------------------------|
| (1) | (2) | (3) | (4) | (5) |
| 1 | 1998 | 1778815 | 119012 | 6.7 |
| 2 | 1999 | 1764629 | 123122 | 7.0 |
| 3 | 2000 | 1771084 | 128320 | 7.2 |

Source: Crime in India 2000, National Crime Records Bureau, Ministry of Home Affairs

Table 7.2. Incidence of crimes against women – All India (1998-2000)

| Sl. No. | Crime head | Year | | | Percentage variation in 2000 over 1999 |
|---------|--------------------------------|---------------|---------------|---------------|--|
| | | 1998 | 1999 | 2000 | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| 1 | Rape | 15151 | 15468 | 16496 | 6.6 |
| 2 | Kidnapping and abduction | 16351 | 15962 | 15023 | -5.9 |
| 3 | Dowry death | 6975 | 6699 | 6995 | 4.4 |
| 4 | Torture | 41376 | 43823 | 45778 | 4.5 |
| 5 | Molestation | 30959 | 32311 | 32940 | 1.9 |
| 6 | Sexual harassment | 8054 | 8858 | 11024 | 24.5 |
| 7 | Importation of girls | 146 | 1 | 64 | 6300.0 |
| 8 | Sati Prevention (P) Act | 0 | 0 | 0 | - |
| 9 | Immoral Traffic (P) Act | 8695 | 9363 | 9515 | 1.6 |
| 10 | Indecent Rep. of Women (P) Act | 190 | 222 | 662 | 198.2 |
| 11 | Dowry Prohibition Act | 3578 | 3064 | 2876 | -6.1 |
| | Total | 131475 | 135771 | 141373 | 4.1 |

Source: Crime in India 2000, National Crime Records Bureau, Ministry of Home Affairs

The availability of data indicates an increasing trend during the years 1998-2000 for cases registered under IPC crimes such as rape, torture, molestation and sexual harassment and under SLL crimes such as “Immoral Traffic (prevention) Act” and “Indecent Representation of Women Act”.

The All India Crime rate i.e. number of crimes per 100,000 population for crimes against women reported to the police worked out to be 14.1 This rate does not appear alarming at first sight may be viewed with caution, as a sizable number of crimes against women go unreported due to social stigma attached to them.

Economic offences constitute a distinct class mainly due to the fact that they have a special modus operandi. In most of these cases any individual person is not the victim. Instead it is the state or the society as a whole, which suffers economic loss due to such activity. Such activities are continued without legality some times taking advantage of the deficiencies of the existing legal provisions. A number of special laws regulating customs, excise, taxes, foreign exchange, narcotic drugs, banking, insurance and commerce relating to export and import have been enacted in the country.

Table 7.3. Various economic offences, the relevant act of legislation and the enforcing authorities

| Sl. No | Economic crimes | Acts of legislation | Enforcement Authorities |
|--------|---|--|--|
| 1. | Tax Evasion | Income Tax Act | Central Board of Director Taxes |
| 2. | Illicit Trafficking in contraband goods (smuggling) | Customs Act 1962 COFEPOSA, 1974 | Collectors of Customs |
| 3. | Evasion of Excise Duty | Central Excise and Salt Act, 1944 | Collectors of Central Excise |
| 4. | Cultural Objects Theft | Antiquity and Art Treasures Act, 1972 | Police/CBI |
| 5. | Money Laundering | Foreign Exchange Regulations Act, 1973 | Directorate of Enforcement |
| 6. | Foreign contribution manipulations | Foreign contribution (Regulation) Act, 1976 | Police/CBI |
| 7. | Land Hijacking/Real Estate Frauds | IPC | Police/CBI |
| 8. | Trade in human body parts | Transplantation of Human Organs Act, 1994 | Police/CBI |
| 9. | Illicit drug trafficking | Narcotic Drugs and Psychotropic Substances Act 1985 & PIT NDPS Act, 1988 | NCB/ Police/CBI |
| 10. | Fraudulent bankruptcy | Banking Regulation Act, 1949 | CBI |
| 11. | Corruption and bribery of public servants | Prevention of Corruption Act, 1988 | State Vigilance Bureaux/CBI |
| 12. | Bank frauds | IPC | Police/CBI |
| 13. | Insurance frauds | IPC | Police/CBI |
| 14. | Racketeering in employment | IPC | Police/CBI |
| 15. | Illegal foreign trade | Import & Export (Control) Act, 1947 | Directorate General of Foreign Trade/CBI |
| 16. | Racketeering in false travel documents | Pass Act, 1920/IPC | Police/CBI |
| 17. | Credit cards fraud | IPC | Police/CBI |
| 18. | Terrorist activities | Terrorist and Disruptive Activities (Prevention) Act, 1987 | Police/CBI |
| 19. | Illicit trafficking in arms | Arms Act, 1959 | Police/CBI |
| 20. | Illicit trafficking in explosives | Explosives Act, 1884 & Explosive Substance Act, 1908 | Police/CBI |
| 21. | Theft of intellectual property | Copy right Act, 1957 (Amendments 1984 & 1994) | Police/CBI |
| 22. | Computer crime/software piracy | Copy right Act, 1957 | Police/CBI |
| 23. | Stock manipulations | IPC | Police/CBI |
| 24. | Company frauds (contraband) | Companies Act, 1956 MRTTP Act, 1956 | Civil in nature |

Source: National Crime Records Bureau, Min. of Home Affairs

Information from the Directorate of Revenue Intelligence (DRI) for the years 1996-2000 regarding the number of seizures made by Customs officials, the total value of seizures and the nature of commodities seized by the agency show a decline of 2.2% compared to 1999.

Table 7.4. Seizures made by Customs under Customs Act (1996-2000)

| Sl. No. | Year | Total no of seizures | Value of seizures (in Indian Rs. in crores) |
|---------|------|----------------------|---|
| 1 | 1996 | 49,580 | 553.4 |
| 2 | 1997 | 49,993 | 983.9 |
| 3 | 1998 | 39,906 | 1,274.4 |
| 4 | 1999 | 40,066 | 436.4 |
| 5 | 2000 | 39,178 | 698.5 |

Source: National Crime Records Bureau, Min. of Home Affairs

Corruption continues to be a serious concern in India. According to Transparency International, India is the world's eighth most corrupt country. A federal home ministry report compiled by senior officials, including heads of India's internal and external security agencies and tabled in Parliament, declared that corruption across the country was "endemic"¹. The same report focuses on the connection between organized crime and corruption stating that crime syndicates have corrupted India's state machinery at all levels, virtually running a parallel government.

In 1997, then Prime Minister Inder Kumar Gujral publicly declared that corruption had permeated every aspect of Indian life and that the government was having difficulty countering it. Bribery is an everyday phenomenon in India: the citizens have to bribe someone in order to get an approval for a loan or a driver's license, check in and out of Customs Office, even buy quality products used in everyday life. Poverty and shortage of basic goods are a cause of such low level corruption. The government is usually criticized because of the loose campaign financing rules, which permit political parties to be funded by major companies.

Underground banking is an important element of local economies. The alternative remittance system through non-official banking systems is called "Hawala". Such secret funds are useful in order to meet a number of objectives such as bribery and tax evasion. In fact, Indian officials state that money laundering in India is indulged in mainly by commercial entities to evade taxes, generally not being related to illicit drug trafficking. It is believed that this underground banking system developed in the 1940s from networks related to people who immigrated to Hong Kong, Britain, Canada and the United States. Today, it is estimated that a fee of 15-30% is demanded for the illegal transfer of money across international borders.

India is counting on strict legislation to counter these phenomena. The "Immoral Traffic (Prevention) Act in 1986" deals with trafficking in human beings; "Hawala" and money laundering are the main objectives of both the "Foreign Exchange Maintenance Act" and the Prevention of Money Laundering Bill". At the same time, several committees have been formed, in order to help in fighting public sector corruption.

The issue of trafficking in human beings and especially women and children is increasingly of concern in India. According to the US State Department's most recent report, "India is a country of origin, transit and destination and destination for trafficked persons". Indian women and children are trafficked to the Middle East and the West for purposes of forced labor and sexual exploitation. However, India remains -above all- a destination for trafficked women and girls, because of the demands of the local sex industry (believed to be a 400,000 million Rupees annual business). The main origin country for sex workers is Nepal: it is estimated that 200,000 Nepalese women and girls are currently working in situations of prostitution in several Indian cities and that 12,000 of them are trafficked to India every year. Other sources claim that the number of women and girls trafficked annually through the Nepalese-Indian border is between 5,000 and 7,000.

The traffickers deceive their victims with fraudulent promises of jobs and marriage and take advantage of the lack of sufficient cross border cooperation between Nepalese and Indian authorities. No passports are required at the Nepalese-Indian border, across which free movement is permitted for both Indian and Nepalese citizens. An NGO working on the issue in Nepal cites the causes of the problem as "poor economic conditions, unfair labor relations, bad governance, social discrimination and conservative social systems including patriarchy, which leads to acute gender disparity".

Another result of this illegal sex trade is the spread of HIV/AIDS. Most of the trafficked girls die very young (the average life span is estimated to be only 30 years) mainly from HIV/AIDS, but also from malnutrition, abuse, neglect and sexually transmitted diseases. According to a 2001 World Bank Report “Nepal (the main supply country for India) will see an AIDS catastrophe by the end of the decade unless immediate and vigorous action is taken to combat human trafficking”. According to the Joint Director of the Central Bureau of Investigation, 15,363 cases of kidnapping of women and girls were reported in 1998, which were up by 4.8% over the previous year, while 17,247 male and 1217 female offenders were arrested for similar cases.

8. POLICY

Synopsis

- India is a signatory to all three UN drug control conventions. The broad legislative policy on Narcotic Drugs and Psychotropic Substances is contained in the three Central Acts, viz.-Drugs and Cosmetics Act, 1940,
- The Narcotics Control and Psychotropic Substances (NDPS) Act, 1985, and the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, 1988. The NDPS Act 1985 has been amended. The amendments now incorporated in the Act have brought about significant changes in the penal structure
- The Narcotics Drugs and Psychotropic Substance (NDPS) Act, as originally enacted, was directed towards combating trafficking in Narcotic Drug and Psychotropic Substances, and regulating their production, manufacture and use.
- National policy on Narcotic Drugs and Psychotropic Substances is based on the directive principles contained in Article 47 of the Indian Constitution which directs that the “State shall endeavor to bring about prohibition of the consumption, except for medicinal purposes, of intoxicating drugs injurious to health”.
- The NDPS (Regulation of Controlled Substances) Order 1993 provides for record based control of controlled substances and requires the manufacturers, distributors, sellers, importers, exporters and consumers of controlled substances to maintain records and file quarterly returns with the Narcotics Control Bureau.
- Effective statutory and administrative framework has been set up in India to combat drug trafficking. While heroin and precursor chemicals trafficking remain India’s key concern, there are significant quantities of other drugs, viz.; cannabis (ganja), cannabis resin (hashish), opium and mandrex (methaqualone), being trafficked within the country and across its borders. Codeine-based cough syrups, such as Phensidyl, and some psychotropic substances, including benzodiazepines, such as calmpose, are available without medical prescription, contributing to an increase in abuse and trafficking across borders.
- A National Fund for Control of Drug Abuse has been established to meet the expenditure incurred in connection with the measures taken for demand and supply reduction, but is yet to be made operational. Further, in April 1988, the government constituted a Cabinet Sub-Committee to evolve appropriate strategies for drug abuse control. In March 1994, a Narcotics Co-ordination Committee of Secretaries was established. Subsequently, a draft National Master Plan was developed in 1994 empowering both supply and demand reduction activities. The Ministry of Social Justice and Empowerment is also in the process of drafting its National policy and study for Drug Demand Reduction in India.
- Control of injecting drug use is to be carried out under the National AIDS Prevention and Control Policy (1998). This policy recognizes that injecting drug use is also one of the major causes for the spread of HIV/AIDS in the country.
- The Money Laundering Bill has been cleared and has been signed by the president of India. The current bill provides for holistic addressing of issues that perpetuate or result in money laundering.

- India has also been host to similar international, regional and bilateral exchange programme under the aegis of UNODC, SAARC, system, ICPO-INTERPOL and Colombo Plan Bureau. Particularly noteworthy are India's contributions in the fields of precursor control and demand reduction.

8.1. Drugs

8.1.1. Conventions adherence

India is a signatory to all three UN drug control conventions, namely, the Single Convention on Narcotic Drugs 1961 (as amended by the 1972 Protocol), Convention on Psychotropic Substances 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.

8.1.2. Legislation

The broad legislative policy on Narcotic Drugs and Psychotropic Substances is contained in the three Central Acts, viz.-Drugs and Cosmetics Act, 1940, The Narcotics Control and Psychotropic Substances (NDPS) Act, 1985, and the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, 1988. Ministry of Finance, Department of Revenue has the nodal co-ordination role as administrators of the NDPS Act, 1985 and the Prevention of Illicit Traffic in Narcotic Drugs and Psychotropic Substances Act, 1988. The Ministry of Social Justice and Empowerment is responsible for implementing drug demand reduction programme in the country, mainly through support to NGOs.

Amendment to the NDPS Act

The NDPS Act 1985 has been amended w.e.f. 2nd October 2001. The amendments now incorporated in the Act have brought about significant changes in the penal structure under the NDPS Act, 1985 have made financial investigations and forfeiture of illegally acquired property more purposeful. In addition, provisions for new investigative techniques and removing certain practical difficulties faced by the investigating officers have been introduced.

AMENDEMENTS

Graded punishments

– The amended Act grades punishment into three categories depending on the quantity of drugs seized and also provides for judicial discretion as far as the severity of punishment is concerned. Violations relating to small quantities now attract imprisonment of up to six months or fine or both. Violations in respect of commercial quantities continue to attract a minimum prison sentence of 10 years, which may extend to 20 years and shall also involve a fine of not less than Rs. 100,000 (approx. US\$2,100) which may extend to Rs. 200,000. (approx. US\$4,200) Any violations involving quantities of drugs more than prescribed the small quantities but less than commercial quantities shall be punishable with rigorous imprisonment for a term, which may extend to 10 years and with fine.

Financial investigations made easier

– The property of drug offender can after the amendments be frozen as soon as he is arrested, without waiting for conviction or completion of full period of preventive detention.

Money laundering has become an offence

- The laundering of illegally acquired property has been made an offence under the Narcotics Act.

Removal of difficulties in the compliance of Section 50

- The provisions of Section 50 of the NDPS Act, non compliance of which has resulted in a large number of acquittals, have been made more flexible to cater to the real life situations where it is not practicable to take the person to be searched to the nearest Gazetted officer or Magistrate without the possibilities of the suspect parting with the drugs.

Controlled delivery

- Further to facilitate though the complete investigations and to neutralize the entire syndicate involved in drug trafficking, a provision has been made for the movement of seized drugs from one place to another place within and outside the country under controlled conditions.

Ambit of Sections 41 and 42 enlarged to include Controlled Substances and Financial Investigations

- The provisions of search, seizure etc. under sections 41 and 42 shall now be applicable for cases relating to Financial Investigations and Controlled Substance Also.

The NDPS Act, 1985 contains provisions for the control of precursor chemicals. The government of India has issued a statutory order, The NDPS (regulation of controlled substances) Order, 1993 that prescribes adequate controls and procedures for the production, trade, and distribution etc of such substances. Presently four substances namely, acetic anhydride, N-acetylanthranilic acid, ephedrine and pseudo-ephedrine have been notified for controls under this order. In addition controls are also exercised on imports / exports of few other chemicals.

Recently a Supreme Court bench laid down ten rules to be followed by the law enforcement authorities and lower courts in respect of the implementation of drug laws. The bench reinforced the provision of the NDPS Act that failure to inform a suspect of the right to be searched before an officer or magistrate would render the recovery of illicit articles suspect and vitiate any conviction. The Supreme Court expressed its concern over the growing narcotics menace in September 2000, and ruled that those arrested for dealing with illegal substances should not be routinely granted bail.

8.1.3. Drug control institutions

The nodal agency dealing with drug trafficking is the Narcotics Control Bureau (NCB). However, officers of Central Bureau of Narcotics, Directorate of Revenue Intelligence, Customs, Central Excise, Border Security Force, Coast Guard and Police authorities of State governments are also empowered to take action against drug trafficking under the provisions of the NDPS Act, 1985. The nodal agency for drug demand reduction is the Ministry for Social Justice and Empowerment (MSJE), which implement its programmes mainly by supporting NGOs all over the country. The general health, treatment and hospitalization facilities are the responsibility of the Ministry of Health and the Health Departments of the States and Union Territories.

8.1.4. Main characteristics of national drug control policy

The Narcotics Drugs and Psychotropic Substance (NDPS) Act, as originally enacted, was directed towards combating trafficking in Narcotic Drug and Psychotropic Substances, and regulating their production, manufacture and use. Progressively, however, the scope of drug law enforcement worldwide was being enlarged to cover substances used in the manufacture of narcotic drugs and psychotropic substances – described as ‘precursors’ and to create statutory mechanisms for the confiscation of drugs – related assets. In line with these evolving trends, the Act was amended in 1988/89 in order, *inter alia*, to establish trafficking in precursors as a

punishable offence and to provide for the forfeiture of assets derived from drug trafficking. In 1993, the government of India promulgated the NDPS (Regulation of Controlled Substances) Order, which sets out the detailed rules and procedures governing the manufacture, distribution, trade, import, extort, etc. of specified 'controlled substances'. These amendments and the 1993 order constitute substantive compliance with the asset forfeiture and precursor control provisions of the 1988 Convention.

At the operational level, India's drug law enforcement strategy has focused upon: a) combating trafficking through appropriate intelligence, interdiction and investigative initiatives; b) eradicating illicit drug crops; c) preventing leakage from licit opium crop; d) implementing a regime of domestic and international trade controls over select precursor chemicals; and e) increasingly targeting assets derived from drug trafficking for confiscation and forfeiture.

National policy on Narcotic Drugs and Psychotropic Substances is based on the directive principles contained in Article 47 of the Indian Constitution which directs that the "State shall endeavor to bring about prohibition of the consumption, except for medicinal purposes, of intoxicating drugs injurious to health". The government's policy on the subject which flows from the above said constitutional provision is also guided by the international conventions on the subject, mentioned under 'Conventions adherence' (para. 7.1.1) above.

The NDPS Act, 1985 lays down the focus and direction of drug control strategy in the country. This Act made an express provision for constituting a Central Authority for the purpose of exercising the powers and functions of the Central government under the Act. In exercise of the powers, the "Narcotics Control Bureau (NCB)" was constituted with Headquarters at Delhi on 17th March 1986. The overall coordination in the drug control matter is a function of the NCB, Department of Revenue.

The drug related health, treatment and hospitalization facilities are the responsibility of the Ministry for Social Justice and Empowerment (MSJE) and Health Department of the States/Union Territories –in cooperation with the NGOs-. MSJE has drawn up a three-pronged demand-reduction strategy based on the approach that drug abuse is a psycho-socio-medical problem that can be handled through community-based interventions. The three components are: (1) building awareness about the harmful effects of drugs, (2) programmes of motivation, counselling, treatment and follow-up and (3) social reintegration of drug addicts, Training of volunteers in drug abuse prevention and rehabilitation. Over 278 voluntary organisations are involved in implementation of the strategy.

The National Demand Reduction approach formulated by the Ministry of Social Justice & Empowerment is complementary to the Master plan drawn up in 1994. Though the Master plan has not yet been formally adopted as such, many of its provisions have been absorbed into subsequent National Five-Year Plans. The Ministry of Social Justice and Empowerment is also in the process of drafting its National Policy and Study for Drug Demand Reduction in India.

8.2. Licit control

Licit opium cultivation in India is supervised by the CBN headed by the Narcotics Commissioner. An elaborate system has been designed to ensure that all opium produced in India is duly accounted for and to prevent its diversion to illicit channels. The main elements of the system are licensing control, with the prescription of Minimum Qualifying Yields (MQY), and government monopoly of purchasing. Strict monitoring measures, including stepping up test measurements and checking of Preliminary Weighment Registers, have been introduced. The entire licensed harvested crop is procured by CBN, and is processed in its two opium and alkaloid factories. It is

believed that in spite of controls exercised by CBN, there may be large quantities of opium diversion to illicit channels of over 20% of the opium cultivation.

India has a fairly advanced and large chemical industry that manufactures and uses a wide range of chemicals for legitimate purposes. Some of these chemicals are also precursors or essential chemicals required by the illicit drug industry and are, therefore, prone to diversion. These factors lie at the root of the drug trafficking problem in India. India produces 15 precursor chemicals, including acetic anhydride, ephedrine, pseudo-ephedrine, anthranilic acid and nacetylanthranilic acid.

Acetic Anhydride and N-acetyl anthranilic acid are controlled substances under the NDPS (regulation of controlled substances) Order, 1993. In view of the increase in the misuse of ephedrine and its potential role in the illicit manufacture of amphetamine-type stimulants both Narcotics Control Bureau and Central Bureau of Narcotics recommended that it should be declared as a controlled substance. In December 1999, pseudoephedrine and ephedrine were declared controlled substances through a notification by the Ministry of Finance, Department of Revenue, Government of India.

The NDPS (Regulation of Controlled Substances) Order 1993 provides for record based control of controlled substances and requires the manufacturers, distributors, sellers, importers, exporters and consumers of controlled substances to maintain records and file quarterly returns with the Narcotics Control Bureau. Export of seven (including acetic anhydride, ephedrine, pseudoephedrine and potassium permanganate) of the twenty-three precursors is permitted only after the exporter obtains a No Objection Certificate from the Narcotics Commissioner of India.

While heroine and precursor chemicals trafficking remain India's key concern, there are significant quantities of other drugs, viz.; cannabis (ganja), cannabis resin (hashish), opium and mandrex (methaqualone), being trafficked within the country and across its borders. Codeine-based cough syrups, such as Phensidyl, and some psychotropic substances, including benzodiazepines, such as calmpose, are available without medical prescription, contributing to an increase in abuse and trafficking across borders.

8.3. Supply reduction

Effective statutory and administrative framework has been set up in India to combat drug trafficking. India is also fully committed to comply with the regulations under the various United Nations Conventions and co-operates with countries in the region as well as outside in the global war against drug trafficking and abuse. India is also signatory party to the SAARC Convention on Narcotics Drugs and Psychotropic Substances.

The detection and eradication of illicit drug crops is a law enforcement priority. The opium and cannabis eradication statistics has been given in the para 5 (a) of the Drug Situation.

8.4. Demand reduction

Under the NDPS Act, the Narcotics, Drugs and Psychotropic Substances Consultative Committee was constituted in February 1998. The Committee has a broad-based membership including members of Parliament, professional experts, social scientists, and secretaries of all concerned Ministries. A National Fund for Control of Drug Abuse has been established to meet the expenditure incurred in connection with the measures taken for demand and supply reduction, but is yet to be made operational. Further, in April 1988, the government constituted a Cabinet Sub-Committee to evolve appropriate strategies for drug abuse control. In March 1994, a Narcotics Co-ordination Committee of Secretaries was established. Subsequently, a draft National Master Plan was developed in 1994 empowering both supply and demand reduction activities.

No specific policy on drug abuse control has been drawn up as yet in the Health Ministry. However, control of injecting drug use is to be carried out under the National AIDS Prevention and Control Policy (1998). This policy recognizes that injecting drug use is also one of the major causes for the spread of HIV/AIDS in the country. It has been stated in this document that various harm minimization measures would be the most appropriate strategy. The government will encourage the NGOs and greater convergence will be brought about between NGOs and the hospital based de-addiction programmes run by the government. Several health experts are, however, in favor of a comprehensive plan to tackle the problems of tobacco-alcohol and drugs together and do not suggest separate policies and programmes for individual substances.

Experiences has shown that the demand of drugs can be curbed effectively only in a social climate of abstinence among the people, to be created by propagating a life-style that rejects the use of dependence producing substances. By and large, abstinence is still deeply rooted in Indian culture and is strongly supported by the family, the community and the religion. The approach has to recognize drug abuse as a psycho-social medical problem, which can best be handled by adoption of a community-based approach. This approach has been adopted by the Ministry of Social Justice and Empowerment keeping in view the fact that in handling of the drug abuse problem community participation facilities, mobilization of the important resources of skills, manpower and care are available in the community. Such community participation, as distinct from institutional services, is considered less costly and eliminates the need for institutions, which tend to deprive the addicts of contacts with his family and the community.

Keeping the aforesaid approach in view, the Ministry of Social Justice and Empowerment has adopted a three-pronged strategy consisting of :

- Building awareness and educating people about ill effects of drug abuse.
- Dealing with the addicts through programme of motivation, counseling, treatment, follow-up and social reintegration of cured addicts.
- Imparting drug abuse prevention rehabilitation training to volunteers having in view to build up and educated a cadre of drug abuse control operators.

The Ministry of Social Justice and Empowerment also recognizes drug abuse as a psycho-socio-medical problem, which can be best, handled by adoption of a family/community-based approach. Accordingly, the strategy for demand reduction includes: (i) awareness building and educating people about the ill effects of drug abuse; (ii) training of governmental and non-governmental functionaries engaged in drug abuse prevention; and (iii) community based action for the motivation, identification, treatment and rehabilitation of drug addicts. The strategy is based on the conviction that a coordinated response of government and non-government organisations is more effective for drug abuse prevention. This is being achieved through the Scheme for Prohibition and Drug Abuse Prevention wherein funds are released to voluntary organisations for setting up/maintenance of Counseling & Awareness Centres, Deaddiction-cum-Rehabilitation Centres, De-addiction Camps and for preventive awareness programmes, workplace prevention programme and training of service providers.

In order to counteract the increasing demand for dependence-producing drugs, the Scheme for Prohibition and Drug Abuse Prevention, being launched since the Seventh Five Year Plan as a Central plan Scheme, has been reviewed and restructured titled "Scheme for Prevention of Alcoholism and Substance (Drugs) Abuse". The revised Scheme is being implemented w.e.f. 1st April 1999 in the light of the approach and objectives envisaged for ninth Five Year Plan. The Scheme is implemented through registered Societies/Trusts/Companies or the Organisations/Institutions by providing financial assistance to the extent of 90% of the total approved expenditure and in case of the northeastern states, Sikkim, Jammu and Kashmir it is

95%. These organizations are financially assisted for setting up/maintenance of Counseling and Awareness Centres and Treatment-cum-Rehabilitation Centres and for organizing Deaddiction camps, Awareness programmes and manpower development.

The Ministry of Social Justice and Empowerment is also in the process of drafting its National policy and study for Drug Demand Reduction in India.

The department of Youth Affairs and Sports, through the National Service Scheme, (NSS) and the NYKs through their volunteers, carry out awareness generation on drug abuse and AIDS. NSS volunteers, (Urban Student Youth), concentrate on the integrated development of adopted villages and slums, and NYK carry out their activities in rural India.

8.5. Money laundering control measures

The Money Laundering Bill has been cleared and has been signed by the president of India. The government of India has taken steps to implement the NDPS Act that *inter alia* provides for tracing, identification, seizure and forfeiture of properties derived from drug trafficking. Besides, certain other laws namely (1) Benami Transactions (Prohibition) act 1988 (2) Income Tax Act 1961 (3) Foreign Exchange Regulation Act (FERA) 1973 and (4) Smugglers and Foreign Exchange Manipulators (Forfeiture of Property) Act, 1976, also contain provisions for countering money laundering to some extent. The current bill provides for holistic addressing of issues that perpetuate or result in money laundering.

The Foreign Exchange Regulations Act, 1973 (FERA) has recently been repealed and is replaced by Foreign Exchange Management Act (FEMA). Directorate of Enforcement is the enforcement authority for the control of crimes relating to money laundering.

8.6. International cooperation

India has always been actively involved in international seminars, symposia, conferences, workshops, bilateral and multilateral meetings and working groups, which have immensely contributed towards greater awareness, exchange of ideas, information and expertise in the field of narcotics control. In addition, India has also been host to similar international, regional and bilateral exchange programme under the aegis of UNODC, SAARC, system, ICPO-INTERPOL and Colombo Plan Bureau. Particularly noteworthy are India's contributions in the fields of precursor control and demand reduction.

India has entered into bilateral agreements with a large number of countries on matters relating to combating trafficking in Narcotic Drugs, Psychotropic Substances and precursor chemicals. These agreements relate to: a) exchange of information/experience of operational, technical and general nature; b) assistance in joint investigations, identification and destruction of illegal drug processing sites/laboratories; c) control over precursor chemicals; d) prevention of Money laundering; e) training and measures to reduce demand through prevention; and f) treatment and public awareness activities.

So far India has entered into bilateral agreements with several countries including USA, Mauritius, Afghanistan, Russia, Myanmar, Zambia, the UAE, Bulgaria, Egypt, China, Italy, Turkey.

9. CRIME

Synopsis

- Despite the decline in the caliber of the judiciary, established procedures for the protection of defendants, except in the case of strife-torn areas, are routinely observed. The penal philosophy embraces the ideals of preventing crime and rehabilitating criminals.
- India has an integrated and relatively independent court system.
- Under the constitution, criminal jurisdiction belongs concurrently to the central government and the states. The prevailing law on crime prevention and punishment is embodied in two principal statutes: the Indian Penal Code and the Code of Criminal Procedure of 1973.
- The constitution assigns responsibility for maintaining law and order to the states and territories, and almost all-routine policing--including apprehension of criminals--is carried out by state-level police forces. The constitution also permits the central government to participate in police operations and organization by authorizing the maintenance of the Indian Police Service.
- The principal national-level organization concerned with law enforcement is the Ministry of Home Affairs. In addition to managing the Indian Police Service, the Ministry of Home Affairs maintains several agencies and organizations dealing with police and security. Police in the union territories are the responsibility of the Police Division, which also runs the National Police Academy and the Institute of Criminology and Forensic Science. The Central Bureau of Investigation investigates crimes that might involve public officials or have ramifications for several states. The ministry also is the parent organization of the Border Security Force.

9.1. National crime prevention framework

9.1.1. Criminal justice system

The criminal justice system descends from the British model.

Despite the decline in the caliber of the judiciary, established procedures for the protection of defendants, except in the case of strife-torn areas, are routinely observed. The penal philosophy embraces the ideals of preventing crime and rehabilitating criminals.

Courts of law try cases under procedures that resemble the Anglo-American pattern. The machinery for prevention and punishment through the criminal court system rests on the Code of Criminal Procedure of 1973, which came into force on April 1, 1974, replacing a code dating from 1898. The code includes provisions to expedite the judicial process, increase efficiency, prevent abuses, and provide legal relief to the poor. The basic framework of the criminal justice system, however, was left unchanged.

Constitutional guarantees protect the accused, as do various provisions embodied in the 1973 code. Treatment of those arrested under special security legislation can depart from these norms, however. In addition, for all practical purposes, the implementation of these norms varies widely based on the class and social background of the accused. In most cases, police officers have to secure a warrant from a magistrate before instituting searches and seizing evidence. Individuals taken into custody have to be advised of the charges brought against them, have the right to seek counsel, and have to appear before a magistrate within twenty-four hours of arrest. The magistrate has the option to release the accused on bail. During trial a defendant is protected against self-incrimination, and only confessions given before a magistrate are legally valid.

Criminal cases usually take place in open trial, although in limited circumstances closed trials occur. Procedures exist for appeal to higher courts.

India has an integrated and relatively independent court system. At the apex is the Supreme Court, which has original, appellate, and advisory jurisdiction. Below it are eighteen high courts that preside over the states and union territories. The high courts have supervisory authority over all subordinate courts within their jurisdictions. In general, these include several district courts headed by district magistrates, who in turn have several subordinate magistrates under their supervision. The Code of Criminal Procedure established three sets of magistrates for the subordinate criminal courts. The first consists of executive magistrates, whose duties include issuing warrants, advising the police, and determining proper procedures to deal with public violence. The second consists of judicial magistrates, who are essentially trial judges. Petty criminal cases are sometimes settled in *panchayat* courts.

9.1.2. Legislation

Under the constitution, criminal jurisdiction belongs concurrently to the central government and the states. The prevailing law on crime prevention and punishment is embodied in two principal statutes: the Indian Penal Code and the Code of Criminal Procedure of 1973. These laws take precedence over any state legislation, and the states cannot alter or amend them. Separate legislation enacted by both the states and the central government also has established criminal liability for acts such as smuggling, illegal use of arms and ammunition, and corruption. All legislation, however, remains subordinate to the constitution.

The Indian Penal Code came into force in 1862; as amended, it continued in force in 1993. Based on British criminal law, the code defines basic crimes and punishments, applies to resident foreigners and citizens alike, and recognizes offenses committed abroad by Indian nationals.

The penal code classifies crimes under various categories: crimes against the state, the armed forces, public order, the human body, and property; and crimes relating to elections, religion, marriage, and health, safety, decency, and morals. Crimes are cognizable or noncognizable, comparable to the distinction between felonies and misdemeanors in legal use in the United States. Six categories of punishment include fines, forfeiture of property, simple imprisonment, rigorous imprisonment with hard labor, life imprisonment, and death. An individual can be imprisoned for failure to pay fines, and up to three months' solitary confinement can occur during rare rigorous imprisonment sentences. Commutation is possible for death and life sentences. Executions are by hanging and are rare--there were only three in 1993 and two in 1994--and are usually reserved for crimes such as political assassination and multiple murders.

9.1.3. Crime control institutions

The constitution assigns responsibility for maintaining law and order to the states and territories, and almost all-routine policing--including apprehension of criminals--is carried out by state-level police forces. The constitution also permits the central government to participate in police operations and organization by authorizing the maintenance of the Indian Police Service. Police officers are recruited by the Union Public Service Commission through a competitive nationwide examination.

The constitution also authorizes the central government to maintain whatever forces are necessary to safeguard national security. Under the terms of the constitution, paramilitary forces can be legally detailed to assist the states but only if so requested by the state governments. In practice, the central government has largely observed these limits. In isolated instances, the central government has deployed its paramilitary units to protect central government institutions over the protest of a state government.

The principal national-level organization concerned with law enforcement is the Ministry of Home Affairs, which supervises a large number of government functions and agencies operated and administered by the central government. The ministry is concerned with all matters pertaining to the maintenance of public peace and order, the staffing and administration of the public services, the delineation of internal boundaries, and the administration of union territories.

In addition to managing the Indian Police Service, the Ministry of Home Affairs maintains several agencies and organizations dealing with police and security. Police in the union territories are the responsibility of the Police Division, which also runs the National Police Academy and the Institute of Criminology and Forensic Science. The Central Bureau of Investigation investigates crimes that might involve public officials or have ramifications for several states. The ministry also is the parent organization of the Border Security Force.

The Police Act of 1861 established the fundamental principles of organization for police forces in India, and, with minor modifications, continues in effect. Consequently, although state-level police forces are separate and may differ in terms of the quality of equipment and resources, their patterns of organization and operation are markedly similar.

An inspector general, answerable to the home secretary of the state, heads each state, union territory, or national capital territory police force. Under the inspector general are a number of police "ranges" composed of three to six districts, headed by deputy inspectors general. Superintendents command district police headquarters. District superintendents have wide discretionary powers and are responsible for overseeing subordinate police stations as well as specialty elements, such as criminal investigation detachments, equipment storehouses and armories, and traffic police. Many large districts also have several assistant district superintendents.

Constables assigned to police stations carry out most preventive police work. Depending on the number of stations there, a district may be subdivided and, in some states, further divided into police "circles" to facilitate the supervision from district headquarters. Most of the major metropolitan areas such as New Delhi, Bombay, Calcutta, and Madras have separate municipal forces headed by commissioners. Police in the states and union territories are assisted by units of volunteer Home Guards, maintained under guidelines formulated by the Ministry of Home Affairs.

In most states and territories, police forces are functionally divided into civil (unarmed) police and armed contingents. The former staff police stations, conduct investigations, answer routine complaints, perform traffic duties, and patrol the streets. They usually carry *lathis* - bamboo staffs weighted or tipped with iron.

Contingents of armed police are divided into two groups, the district armed police and the Provincial Armed Constabulary. The district-armed police are organized along the lines of an army infantry battalion. They are assigned to police stations and perform guard and escort duties. Those states that maintain distinct armed contingents employ them as a reserve strike force for emergencies. Such units are organized either as a mobile armed force under direct state control or in the case of district armed police (who are not as well equipped) as a force directed by district superintendents and generally used for riot-control duty.

Since the late 1980s, women have entered in larger numbers into the higher echelons of the Indian police, mostly through the Indian Police Service system. Women police officers were first used in 1972, and a number of women hold key positions in various state police organizations. However, their absolute numbers, regardless of rank, are small. Uniformed and undercover

women police officers have been deployed in New Delhi as the Anti-Eve Teasing Squad, which combats sexual harassment against women ("Eves"). Several women-only police stations have also been established in Tamil Nadu to handle sex crimes against women.

There are few Central Law Enforcing Agencies characterized as "Special Investigation Agencies" which also register cognisable crimes, investigate and place results to "normal" or "special" courts for trial. The agencies include the Central Bureau of Investigation, the Directorate of Enforcement, the Central Board of Direct Taxes, the Directorate of Revenue Intelligence, the Directorate of Preventive Operations, the Narcotics Control Bureau, and the Directorate of Income Tax.

ANNEX I**List of acronyms**

| | |
|------------|--|
| – BJP | Bharatiya Janata Party |
| – CBHI | Central Bureau of Health Intelligence |
| – CBN | Central Bureau of Narcotics, government of India |
| – CPI | Consumer Price Index |
| – CSW | Commercial Sex Worker |
| – DAMS | Drug Abuse Monitoring System |
| – DRI | Directorate of Revenue Intelligence |
| – FEMA | Foreign Exchange Management Act |
| – FERA | Foreign Exchange Regulation Act |
| – FINGODAP | Federation of Indian NGOs in Drug Abuse Prevention |
| – GoI | Government of India |
| – IAS | Indian Administrative Service |
| – IDU | Injecting Drug User |
| – IPC | Indian Penal Code |
| – LTTE | Liberation Tigers of Tamil Ealam (Sri Lanka) |
| – MDGs | Millennium Development Goals |
| – MQY | Minimum Qualifying Yield |
| – MSJE | Ministry of Social Justice and Empowerment |
| – NACO | National AIDS Control Organisation, India |
| – NACP | National AIDS Control Programme |
| – NCB | Narcotics Control Bureau |
| – NCDAP | National Centre for Drug Abuse Prevention, India |
| – NCT | National Capital Territory |
| – NDPS | Narcotics Drugs and Psychotropic Substances Act |
| – NGO | Non-Governmental Organization |
| – NHS | National Household Survey |
| – NSS | National Service Scheme |
| – NYK | Nehru Yuvak Kendras |
| – PDP | People's Democratic Party |
| – RAS | Rapid Assessment Survey |
| – ROSA | Regional Office for South Asia |
| – RRTC | Regional Resource and Training Centre |
| – SLL | Special and Local Laws |
| – UNESCO | United Nations Educational, Scientific and Cultural Organization |
| – UNODC | United Nations Office on Drugs and Crime |
| – WHO | World Health Organization |
| – WPI | Wholesale Price Index |
| – ATS | Amphetamine-type Stimulants |
| – SAARC: | South Asian Association for Regional Cooperation |

ANNEX II

Details of the Components of the Demand Reduction Project “the extent and pattern of drug abuse in India”

The Ministry of Social Justice and Empowerment and the United Nations Office on Drugs and Crime, Regional Office for South Asia (UNODC, ROSA) supported the project “The extent and pattern of drug abuse in India”. A multi-modality approach and methodology was adopted to make this assessment. This project had four major components.

1. National Household Survey of Drug and Alcohol Abuse (NHS)
2. Drug Abuse Monitoring System (DAMS)
3. Rapid Assessment Survey of Drug Abuse (RAS), and
4. 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 data was collected between March 2000 and November 2001. It has data from altogether eight studies, and provides a systematic documentation of information and drug abuse in India for use by policy planners, decision-makers and service providers. In addition, the study provides information towards evolving a National Drug Demand Reduction response. The highlights of the data from the various component of the project are discussed below.

1. National Household Survey (NHS)

The NHS has been carried out on a nationally representative sample of 40,697 (males only) chosen randomly (from two stage stratified random sample). The data was collected through face-to-face interview with the respondents by trained interviewers. (Data is preliminary, awaits approval from the Government of India).

Alcohol, cannabis and opiates were the major drugs of abuse. Preliminary analysis of current prevalence (used within last one month) showed:

| | |
|---|-------|
| Tobacco | 55.8% |
| Alcohol | 21.4% |
| Cannabis | 3.0% |
| Opiates | 0.7% |
| Any Illicit Drug (excludes tobacco and Alcohol) | 3.6% |

There were a few abusers of sedatives/hypnotics substances: about 0.1 percent reported their abuse ever in their life (at least once). Injection drug use was reported (ever use) by 0.1 percent of the population. Among opiate abusers, opium use (0.5%) was most frequently reported followed by heroin (0.2%) and other opiates (0.2%). It was seen that between 17 and 26 percent of current users of various compounds could be called dependent users (addicts) as per the international definition (ICD-10, WHO). About 25 percent were multi drug users.

Age specific prevalence data reflected that alcohol abuse was highest (32.2%) in the age group 41-50 years, and those for cannabis and opiate abuse were in the age group 51-60 years (5.2%) and 31-40 years (1.0%) respectively. There were a few young (12-18 years) abusers. Among them alcohol, cannabis and opiate abuse was reported. Most were introduced to these compounds between the age 21 and 23 years. The current abusers reported several health hazards. Finally, it

was seen that very few (2-19%) of current users of alcohol/cannabis/opiates had sought formal treatment.

2. Drug abuse monitoring system

The data for this component was obtained from patients seeking treatment from various treatment centres. The de-addiction/counselling centres funded by the Ministry of Social Justice and Empowerment, de-addiction centres funded by the Ministry of Health and Family Welfare and private psychiatrists participated and provided data on persons seeking treatment (Group A). Apart from these de-addiction centres, other agencies were also contacted in order to collect information from addicts who came in contact with them. The other participating organizations (Group –B) were: Prisons, NGOs working with street children, NGOs working with HIV/AIDS affected persons, the Youth organisations (Nehru Yuva Kendras) and psychiatric hospitals. A separate set of proforma and guidelines were prepared for these organizations.

Group-A: Data from government, Non-Government Treatment centres and Private Psychiatrists. A total of 16,942 individuals (treatment seekers) were reported from 209 centres spread across the entire country. Many were multi drug users and a total of 20169 types of drug were reported by these subjects. They were largely males (97.2%). About one third belonged to the age group 21-30 years and 31-40 years respectively. About 25 percent was above the age of 40 years and about 5 percent of treatment seekers was below 20 years of age. Most (71.9%) were married and about 16 percent was illiterate. The remaining had varying level of education, however, only some (about 12%) were graduates and above. Most were employed and about 20 percent were currently unemployed. The subjects of this study were equally distributed between rural and urban background. About 52 percent was from rural background and the remaining 48 percent were from urban India.

Primary drug of abuse among these subjects was: Alcohol 43.9 percent, Opiates 26.0 percent [Heroin (11.1%), Opium (8.6%), Propoxyphene (2.6%), other opiates (3.7%)], Cannabis 11.6 percent, Stimulants 1.8 percent and others 16.7 percent. There were a few subjects reporting abuse of minor tranquillisers, sedatives, barbiturates, amphetamines, inhalants and hallucinogens. About 14 percent reported injecting drug use and about 10 percent were current injectors. Most (about 46%) were introduced to drugs within 21-30 years; a few (about 10%) were introduced to drugs before the age of 16 years. A large proportion (53.5%) had abused these compounds for five years and longer before, they reported for treatment. Minority (27%) reported that they have been treated for substance abuse disorder in the past. About 13 percent reported drug related arrest and 49 percent reported presence of drug abusing family members. Heroin abusers were largely young (21-30 years), and alcohol and opium abusers were older (above 40 years). Opium abusers were predominantly from rural India and heroin abusers from urban background. Injecting drug use was more often reported among heroin abusers. Abusers of alcohol, cannabis, heroin and opium were alike on other parameters.

Group-B. Information on drug abusers from other sources: Prisons (N=18); Organizations working with children in difficult circumstances (N=11), youth (N=30), Agencies involved in HIV/AIDS prevention and management (N=13); and Psychiatric hospitals (N=3).

A total 2365 individual from were reported from 75 such centres as listed above. Youth organisations reported the largest number of individuals (1017) followed by agencies involved in HIV/AIDS prevention and management (869). The remaining organisations reported between 108 and 253 individuals. Largely (87-100%), they were males. The distribution of subjects according to various parameters was variable across the type of organization. The subjects were older in psychiatric hospital and prison. A large number of illiterate subjects were reported from NGOs working with children in difficult circumstances. Primary drug of abuse varied: Alcohol- 32-51

percent, Opiates 3-27 percent [Heroin (3-11%), Opium (0-15%), Propoxyphene (0-1.7%)], Cannabis 7-38 percent and others 16-33 percent. Between 2 and 20 percent were injecting drug users and were mostly from Nehru Yuvak Kendras (NYKs), NGO – HIV/AIDS and NGO – Children (14-20%). Between 15 and 21 percent had attempted to give up drugs in the past. Between 13 and 34 percent had been arrested for drug related offence.

3. Rapid Assessment Survey (RAS)

Information on drug use was collected through in-depth interview of drug using subjects recruited from the street. Additional information was obtained from interview with several key informants like policy makers, treatment centre personnel, law enforcement officers, treatment providers, ex-drug users, drug dealers, community leaders and media persons. The drug using population was selected through ethnographic mapping. Focused group discussions were also conducted. Altogether, fourteen urban sites were selected. Nine of these sites were sponsored by UNODC, ROSA. UNESCO supported the remaining five urban sites.

A total of 4648 subjects recruited from the street were interviewed, out of which 2831 were from the nine sites sponsored by UNODC, ROSA (Group-A) and the remaining 1817 were from the sites sponsored by UNESCO (Group-B). The study focussed on interviewing non-alcoholic drug users with an emphasis on IDU. The age varied between 23 and 35 years and the mean age for the subjects in Group-A was 29.8 years. Largely (92%) were males. About 26 percent were homeless. About 49 percent were unmarried and about 21 percent were illiterate. Majority (71%) was employed and about 29 percent were unemployed. Their average monthly income was around Rs.4,050 (USD 87).

Most were introduced to drugs between the age 16 and 20 years, and cannabis (40%) and alcohol (33%) were the common drugs of initiation. Current drugs of abuse were:

| | |
|---------------|-----|
| Heroin | 36% |
| Other opiates | 29% |
| Cannabis | 22% |

Other opiates comprised drugs like opium, buprenorphine and propoxyphene. There were a few differences across sites. Abuse of cannabis and other opiates were more often reported from the sites in Group-A whereas heroin abuse was more often reported from those in Group-B. About 42 percent from Group-A had been using drugs for five years and longer. Between 7 and 60 percent reported having had at least one drug abusing family member. However, a very large majority (90%) reported being in company of drug using friends.

Overall, about 43 percent reported injecting drug use (ever). Their proportion was slightly higher among the subjects in Group-B (around 59%). The subjects started injecting practices following 2-10 years of drug use. Among IDUs, sharing of needles was quite common and on an average these were shared with three persons. Primary reasons for injecting were: non-availability of heroin, injection less expensive and available street heroin was impure.

Several health hazards like weight loss, fever, diarrhea, jaundice and tuberculosis were noticed. Most of the drug users interviewed were sexually active and had their first sexual experience between 14 and 20 years. Between 2 and 80 percent reported sex with commercial sex worker. Consistent use of condoms was reported by 40-60 percent. Most did not have adequate knowledge about the transmission of HIV and other infections. Only a small minority reported that they had been tested for HIV.

Among subjects in Group-A about 27 percent had sought treatment in the past and currently about 12 percent was undergoing treatment for drug abuse. Between 8 and 73 percent reported drug related arrest and between 4 and 67 percent reported being in a prison. Between 22 and 45 percent reported drug related violence.

In-depth interviews of drug users and key informants provides qualitative information on several areas like injection drug use, description of typical day, sexual behaviour, treatment seeking, available treatment services, human rights issues and high-risk behaviours are available. Finally, an action plan based on key findings has been suggested.

4. Focused thematic studies

These five studies were designed to capture the information on special populations as listed above. Besides collection of primary quantitative data from the subjects (non-random sample), each study collected information through in-depth interview of drug users from the target populations and key informants (local experts like Government officers, Police officers, Community leaders, etc.).

4.1 Drug abuse among women

All together 75 drug-using women, 25 from each site (Aizawl, Mumbai and Delhi) and 29 key-informants were interviewed. In Aizawl, they were mainly treatment seekers, in Mumbai they were largely Commercial Sex Workers and in Delhi, workingwomen were interviewed. Most (49%) were between 21 and 30 years of age, a few (16%) were younger (below 20 years). About one third was illiterate and about an equal proportion was unmarried. About 32 percent was divorced or separated. Majority (67%) was employed.

Primary drug of abuse among these interviewed women was: Heroin, Propoxyphene, Alcohol and Minor Tranquillizers/Sedatives. Thirty out of these seventy-five women were injecting drug users. Mainly their friends introduced them to drugs. A few (11%) were introduced to drugs by their spouse/partner. Majority (72%) was introduced to drugs before the age of 20 years. About 60 percent had been using drugs for five years and longer, and the remaining 40 percent for below five years. Some (31%) were involved in drug trade. Several health problems like physical weakness, headache, jaundice and respiratory problems were reported. Common psychological problems like reduced sleep, depression and anxiety were also reported.

4.2 Burden on women due to drug abuse by family members

Altogether 179 women having affected family members and 143 key-informants from 8 cities were interviewed. Most (55.3%) drug using family members were husband and about 31% were sons. Most of them were current abusers of heroin, cannabis and psychotropic drugs.

These women reported several health hazards, psychological, occupation and economic problem. Impact of drug abuse was also seen in the family environment and as family violence. The women themselves reported weight loss, aches & pain and chronic cough. Psychological problems commonly reported were depression, anxiety and sleeplessness. They also reported occupational problems, neglect of household work and neglect of children. Loss of income and debts were frequently reported. Many (around 50%) reported physical and verbal violence by the drug using family member. Overall, the burden felt was significant and about 65 percent of the women reported a score of 75 and more out of possible 100 (maximum score). Very few women either sought or received help to lessen their burden. Most received informal counselling from friends and relatives.

The key informants reported the need to address the issues like vulnerability, stigmatization and social support of women having drug using family members.

4.3. Drug abuse among rural population

Altogether 202 drug abusers and several key-informants were interviewed from 57 villages at six rural sites (Districts/states). Most were around the age of 40 years. Most (82%) were married, about 30 percent was illiterate and most were employed. Only a minority (2.5%) was unemployed. The primary drug of abuse reported by these subjects were:

| | |
|----------|---|
| Alcohol | 27.9% |
| Opiates | 38.1% |
| | [Heroin (11.3%), Opium (22.6%), other opiates (4.2%)] |
| Cannabis | 29.4% |
| Others | 4.6% |

About 53 percent subjects were multi-drug users. Around 3 percent reported injecting drug use (ever) and 1 percent was current IDUs. Most (60%) was introduced to drugs by the age of 20 years and 80 percent have been using drugs for five years and above. Only a minority (10%) had attempted treatment for drug abuse in the past and about 8 percent were undergoing treatment currently. About 25 percent reported family history of drug abuse. Family members did not approve of their drug consumption.

Several hazards of addiction like change in behaviour, strained family relations, neglect of family responsibilities, loss of income, reduced work output, absenteeism from work, humiliation by neighbors and loss of respect by the spouse were reported. Health problems like weakness, loss of appetite and cough were reported. A minority (12%) reported sex with commercial sex workers..

Qualitative data on injecting drug use, treatment seeking, high-risk behaviours, and views of experts on rural drug abuse are available.

4.4. Availability and consumption of drugs in border areas

The data was collected from eight sites from the five international borders (Indo-Pakistan, Indo-Nepal, Indo- Bangladesh, Indo- Myanmar and Indo-Sri Lanka) and 195 drug abusers and 80 key informants were interviewed. All of them were males and their average age varied between 27 and 39 years (across sites). About 26 percent was illiterate and an equal proportion was unemployed. About 40 percent was unmarried. Commonly abused drugs in these sites were poppy husk, heroin, other opiates and cannabis. There were a few injecting drug users and their proportion varied between 0 and 100 percent across various sites. Most reported that drugs were easily available and affordable in these sites. About 40 percent of users were involved in drug trafficking. Several health hazards, psychological, occupational, legal and family problems were reported. Most reported that drug trafficking was integrated with other smuggling activities at these sites. The subjects and the key informants reported cross border drug trafficking.

Data from these sites for the year 2000 revealed that opium seized from these border sites accounted for 56 percent of national seizure. Corresponding figures for seizure of heroin, ganja and charas were 71 percent, 39 percent and 39 percent respectively. Qualitative data reflected the linkage between availability, drug trafficking and consumption.

4.5 Drug abuse among prison population

This study documents changing profile of drug users in a large prison in the city of Delhi. Information was collected on 6,800 drug users in the Tihar Jail, Delhi (convicts and prisoners undergoing trial) over four years (1997-2000). Altogether 6,800 male subjects, 771 in 1997, 1514

in 1998, 2605 in 1999 and 1910 in the year 2000 were interviewed. Over these four years many parameters had remained stable. These were:

| | |
|-------------------|--------|
| Age (21-25 years) | 30-35% |
| Unmarried | 40-44% |
| Illiterate | 48-50% |
| Employed | 81-93% |

Primary drug of abuse was heroin among 76-82 percent; alcohol among 5-13 percent and a minority (3-7%) reported cannabis abuse. About 40% were using more than one compound. Around 40 percent were introduced to drugs at 16-20 years, 20-25 percent at 21-25 years. Between 57 and 75 percent reported drug abuse for five years and longer. Most (71-80%) were using heroin through inhalation (chasing).

Over these four years (1997-2000), the following parameters showed some changes

- IDU had decreased from 4.9% (in 1997) to 0.3% (in 2000)
- Duration of drug abuse for five years or more declined from 75.4% (1999) to 61.5% (2000).
- Severe dysfunction due to drug abuse declined from 64.6% (1999) to 40.9% (2000)
- Use of Alcohol as the primary drug increased from 5.3% (1997) to 13.5% (2000).

Common parameter and indicators of drug abuse across various studies:

There were a few common data items in the three major components (NHS, DAMS and RAS) and the five focused thematic studies. Thus comparison of data across these eight studies was possible. It should be remembered that the data from NHS and DAMS reflect information on the nation as a whole and the data from the remaining studies reflect that from a specialized subgroup of population (non-random) and thus applies to the population studied. Furthermore, the data from the NHS reflect the general population, those from the component DAMS reflect the population seeking treatment in the organized sector and those in the component RAS mainly represent the street sample.

The findings are as follows:

- Largely the subjects were males (91-100%) except the study on drug abuse among women and respondents for the study on burden due to drug abuse.
- Most were in early thirties; drug abusers in the NHS were older (37.9 years) and younger in the RAS (29.8 years).
- Between 51 and 76 percent were rural subjects except the sample in the RAS were all from urban background and the study on rural subjects were all from rural background.
- Between 11 and 49 percent was unmarried
- Between 16 and 49 percent was illiterate.
- Between 3 and 27 percent were students
- Most drug abusers was earning around Rs.3000 per month (approx US\$65)
- Alcohol, cannabis and opiates were the common drugs of abuse except in the RAS where the proportion of opiate user was higher.
- Between 22 and 66 percent was multi drug user.
- Between 20 and 49 percent had positive family history of drug abuse.
- The proportion of IDU varied between 0.1 (NHS) and 43% (RAS).
- Buprenorphine, propoxyphene and heroin (in descending order) were commonly injected drugs.
- Sharing needle among IDUs was very common
- Sex with CSWs varied between 4 and 24 percent.
- Unprotected sex practices with partners other than the spouse was quite common

- Several health hazards like weakness, cough, loss of body weight, chest infection, fever and T.B. was common across studies.
- Depression and anxiety were most commonly reported psychological symptoms.
- Between 6 and 49 percent reported drug related arrest.
- Between 24 and 66 percent reported drug related violence
- Most had not sought treatment and very few were currently undergoing treatment.

The above data shows commonalities and divergence across studies. The data also reflected that there are areas/ regions in the country reflecting high/ low (ab)use of one or more compounds. However, the proportion or number of treatment seekers (DAMS) did not go hand in hand with the observation seen in the general population survey (NHS). Most abusers who sought treatment reported that the facilities were inadequate and often the staff were not perceptive to their problems. Several areas of concern, which included IDU practices, multiple high risk behaviour, long duration of drug use, rural drug abuse, IDU among rural subjects, time lag between onset of drug dependence and treatment seeking were noted. Finally, it was also seen that overall enrolment in the treatment centres is low and the workload of many established centres is insufficient.

Injecting drug use

Injecting drug use has increased transmission of HIV in parts of north-east India. In Manipur in north-east India, in spite of implementation of Government supported HIV interventions targeting injecting drug users, unsafe injection as well as sexual practices continues. In many cities, a shortage of heroin and an increase in the availability of synthetic opiate injectable preparations like buprenorphine has facilitated injection drug use. Recent rapid assessment studies during 2000 supported by UNESCO indicate that injection opiate drug use is prevalent in Chennai, New Delhi, Calcutta and Mumbai. Injecting drug use is also reported in the Rapid Assessment studies, 2000-01 supported by UNODC in other cities like Thiruvananthapuram, Jamshedpur, Hyderabad, Bangalore, Shillong, Dimapur, Amritsar and Ahmedabad. Of those seeking treatment, 14.3% are injecting drug users (DAMS, 2001).

HIV scenario

It is estimated by NACO that there are 3.97 million HIV infected persons in India by the end of 2001 compared to 3.86 million in 2000. Antenatal HIV prevalence data from seven metropolitan cities indicate above 1% in the cities of Mumbai, Hyderabad, Bangalore and Chennai; and below 1% in Calcutta, Ahmedabad and Delhi. This data supports the fact that HIV infection is percolating from high-risk groups to low risk groups in the population. Of the diagnosed AIDS cases in the country, about one in twenty cases is attributable to injecting drug use.

HIV prevalence among IDUs

Wide differences in HIV prevalence rates are found within the country. For example, the city of Manipur reports an 80.7% HIV infection among IDUs whereas in the neighbouring city of Calcutta, HIV sero-prevalence among IDUs remains below 2% for the past seven years (Dorabjee and Samson, 2000). Cities like Chennai show an increasing trend for HIV infection amongst injecting drug users (31.2% in sentinel surveillance, TANSACS, 2001). Within a city, there could be localized HIV epidemics in some geographical locations, like in New Delhi with 48% HIV sero-prevalence among IDUs in certain locations. There is evidence that from the injecting drug users the non-injecting sexual partners are getting infected increasingly in places like Manipur. In many cities with concentrated populations of IDUs, the HIV prevalence is above the critical level of 5%, causing great public health concern.

India is in the Phase II of the National AIDS Control Programme (NACP). The NACP II has the twin goals of

- Reducing the transmission of HIV
- Increasing India's capacity to respond to the epidemic

The national apex institution in charge of the NACP is NACO or National AIDS Control Organisation. The role of NACO is to provide policy guidelines and leadership programmes.

At the State Level: The programme at the state level is managed through the State AIDS Control Society, which is a registered society. An Indian Administrative Services (IAS) officer who is in charge of programme governance heads the society. The team at the state level has a technical and an administrative wing. Each person in the technical wing is in charge of one or more of the components listed below. The states adopt the uniform structure of NACP II for management as follows:

- Prevention of transmission in high-risk behaviour populations
- Prevention of transmission in low-risk groups
- Care programme
- Inter-sector strengthening
- Inter-sector collaboration

UNAIDS and joint UN response to HIV-AIDS in India through the virtual team framework:

UNAIDS supports an expanded response to the epidemic that will address the goals of NACP II as stated above. UNAIDS takes a three pronged approach to address the twin goals as under:

- Supporting and strengthening key international mandates of UNAIDS including targeted interventions with high-risk groups, working with youth, political advocacy etc.
- Mainstreaming HIV into cosponsors work, e.g. into ongoing programmes of UNODC ROSA
- Strengthening state responses.

Reducing the HIV/AIDS amongst drug abuse is a priority within the UNAIDS and National AIDS Control Programme II.

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