

Origin and Development of Drug Addiction in South Asia with Special Reference to Pakistan

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Abstract

During the course of this search man has extracted opium from poppy plant, cocaine from the leaves of coca bush, and cannabis from the hemp plant. Initially the use of these was only for the purpose of relieving the physical and mental capabilities, and for medicinal and surgical purpose. But the human spirit of innovation must have led to the use of these substances for mood-altering effects and offer an escape from the real and difficult world of existence to a more agreeable world of fantasy. These things are perhaps a few of the oldest natural substances a fewer of the oldest natural substances used by human race.

The major purpose of the study is to highlight the origin and development of the drug addiction in the South Asian region, and discover its impacts on Pakistan. The problem of the drug addiction, which once could be learned as a by-product of drug trafficking throughout Pakistan has become a major challenge for the governments, philanthropists and the social reformers of this age. The present extent of addiction depicts a bleak future for the generation to come, unless a revolutionary, well-coordinated and determined approach is envisaged and implemented.

Keywords: Drug Addiction, Drug Trafficking, South Asia, Pakistan.

1. Background

The history of addiction goes back many thousands of years, for a description of the cultivation and preparation of opium is included in the clay tablets of the Sumerians, and debated some 7,000 years BC (Zacken, 1988). Archaeological evidence suggests that more than 5,000 years ago in Mesopotamia (the area that is now Iraq), the Sumerians treated many ills with medicines made from the poppy. Later, the Assyrians and then the Babylonians inherited the art of slitting the flowering bulb of the poppy plant to collect and dry milky juices, using the seed. Capsules to prepare in 1500 BC Egyptian priest (Zacken, 1988). Physicians praised the magic of the poppy and its household use spread throughout their civilization. Hippocrates, the Greek Physician, was one of the first people to describe the medicinal use of opium.

Heroin is a drug derived from the opium poppy, *popover somniferous*, which means “the poppy” that the ways in which the extracts from the poppy affect human beings. The poppy is technically an herb. White or purple-petal led, the opium poppy is difficult to cultivate and grows best in the moderate or warm climates. The process of collecting and preparing the plants gummy juices is quite laborious for these reasons; ancient peoples ate parts of the flower or made them into liquids for drinking. By the 7th Century, the Turkish and Islamic Cultures of Western Asia, however, had discovered that the drugs most powerful effects were produced by igniting and smoking the poppy’s congealed juices people in India and China soon began drinking or eating mild opium potions to ease the pain of minor ailments (Zacken, 1988).

Evidently the sub-continent, in its long history has been exposed to two kinds of narcotics i.e. opium and cannabis. From the Mediterranean region, Opium was carried to India and China by Arabian traders in the 9th and 10th Centuries. As early as the 11th Century, Islamic doctors, the most advanced. Physicians of the pre-modern world noted that the more opium, a person took, the more he or she needed to take to gain the same effects experienced previously. By the 14th Century, Arab Scientists observed that continued use of drug “degenerates” “corrupts” and “weaken the mind”. It was already common knowledge that a single overdose could lead to death.⁴

During the time of Mughal Emperor Akbar, opium was cultivated as a cash crop for international trade. Opium poppy production was further augmented as a means of domestic and international trade and revenue with the advent of British rule in India.

Cultivation of poppy brought under Governmental control in Akber’s time and, later, over-production was channeled through export trade the “Englishmen” in the sub-continent inherited a fairly well organized opium monopoly and found the situation to their advantage in exporting opium to China, the Far-East and even to Europe opium laws were promulgated to cater for local demand and a vend-system for distribution was evolved.

On the discovery that “scheduled Castes” were using. “Chars” as a regular means of relaxation, it was also brought under Government monopoly. The imported chars from Central Asia was subjected to customs duty and its distribution was regulated through chars vends. British monopoly – trading in opium, and large fiscal and monetary gains, encouraged the cultivation and production of poppy and Chars in the sub-continent. Chinese was the largest market for Indian opium.

As the 18th Century drew to a close, one or more of the competing opium products could be found in virtually every British home. During the 1850s and 1860s tens of thousands of Chinese entered the US to help build the Western railways and to work the California minis. Heroin was included in medicines such as cough suppressants and its potential for abuse was largely ignored (Bagchi, 2005).

In the 20th Century, the Far East has had even greater success than the west battling with its opiate problem strong internal and international pressures brought an end to the large-scale importation of opium into China. And, though addiction and associated corruption continued into the 1930s, as national concern they were overshadowed by the military and political upheavals of this revolutionary period. India, for so long the major grower of high-quality poppies managed a particularly begin control and reduction of the opium supply (Bagchi, 2005).

The decreased use of opiates in India and China began before either nation had significant exposure to morphine or heroin. World War II disrupted smuggling operations and diverted most opium to the medical needs of war victims all over the globe. However, there were subtle and UN noticed changes going on in many societies during the late 1950s and early 1960s which were to prepare the way for later development in the abuse of drugs (Sidney, 1985).

Drug smuggling is the world's biggest invisible business conducted by criminal mafia, whose sole objective is to make money. These operations are operated by an organization of well-coordinated criminals with efficient global networks. The closest they come to being a worldwide "Cartels" are the occasions when several master criminals combine their talents and resources to pull off specific jobs.

Illegal poppy cultivation is still rampant, however, in the area of South Eastern Asia known as the Golden Triangle countries – Burma, Thailand, and Laos – became the principal source of the world's heroin after the illegal Turkish trade ended and in the nations that makeup the Golden crescent – Pakistan, Iran, Afghanistan in South Western Asia. The countries of the Golden Triangle and the Golden crescent continue to undergo powerful social and political stresses, and there is no telling what their impact will be on future opium production. But it is thought that huge opium stockpiles have been hidden away in both regions.

The major problem seems to be that all the countries where opium poppies are grown are poor opium brings growers and laborers more money than almost any other crop. Sometimes three to five times more and it are easier to grow. The desperately poor peasants who tend poppy fields are unwilling to give up their profits even though their product causes pain and suffering throughout the world. The local middlemen who organize the growing and smuggling make even more money; sometimes they are government officials who secretly sabotage their own government's efforts to crackdown on illegal drug traffic. Even if an illegal operation is stopped, the principal drug traffickers can usually startup new operations elsewhere, enticing growers and laborers with ready cash. Opium is typically growing remote areas that are usually separated from government power centers by mountains and deserts. Because of the remote location of the poppy fields, soldiers and police cannot easily locate or get to them to destroy the opium.

2. National Scenario of Drug Addiction

Pakistan has long been exposed to the consequences of illicit opium cultivation,, production, trafficking and abuse. The extent and gravity of the problem has, however, fluctuated over time. The use of certain opium poppy and cannabis products has a long history and has acquired a degree of psychological and socio-cultural acceptance.

Falling in a region that produces nearly 90 percent of the world's opiates, Pakistan is facing multi dimensional threats emerging from its being the most favorite drug route, re-cultivation of poppy, smuggling of precursors and psychotropic substances and an alarming increase in its population of drug addicts. Now the drug menace is spreading into previously an affected area, fresh gangs are emerging, and new trafficking rates and drugs of abuse, particularly synthetics and solvents, are being discovered.

The drug abuse scenario in Pakistan is likely to worsen if assessed against the backdrop of the steep rise in poppy cultivation and production of heroin in Afghanistan. A major

chunk of the heroin produced in Afghanistan is finding its way into Iran and Pakistan—both for local consumption as well as for illegal export through land and sea routes. However, Pakistan is faced with a serious dilemma. In view of its international commitments, it must implement stringent anti-smuggling measures at its borders; this measure has the potential to be accompanied by the looming danger of increased availability of heroin on the streets. It is, therefore, necessary to halt cultivation and production of heroin in the source country so that the drug does not find its way into neighboring countries, like Pakistan, Iran and Central Asian Republics, where existing resources constraints make it impossible for these countries to allocate additional resources to deal with the situation. At the same time, increase in local consumption would lead to a cyclic increase in production and narcotics money, which can be reinvested to fund heroin exports to relatively more lucrative markets in the west.

3. Cultivation

Pakistan is facing a serious and complex situation in narcotics. Two narcotics plants (i) the opium poppy and (ii) cannabis have traditionally been grown in Pakistan. Cannabis grows wild in most parts in Pakistan and as a cultivated plant in the north of the country. The irresistible temptation to collect and convert it into cannabis resin (charas and hashish) for sale and easy profit is thus understandable. In recent times, poppy cultivation was restricted to three types of administratively diverse areas in the, Khyber Pakhtoon Khawa (KPK) strategically very important and politically very sensitive because of their close proximity to the Afghan and Soviet borders. These are (a) settled districts, (b) merged areas or Provincially Administered Tribal Areas (PATA) and (c) Federally Administered Tribal Areas (FATA).

The cultivation of poppy in the merged or PATA which at one time accounted for about 20% of opium production in Pakistan, now accounts for all of the opium produced in Pakistan. These areas were not governed by a licensing system or any central law enforcement agency; and presently the national laws of the country are being gradually extended to them in a phased manner. The FATA, which contributed today 40-50% of the total production of opium, enjoy a special status, as they continue to be largely administered by tribal custom and tradition.

In 2003 poppy cultivation was reported at 6,703 ha. Which included opium production in Balochistan, the Khyber Pakhtoon Khawa (KPK) and the Federally Administered Tribal Areas (FATA). Poppy cultivation in Balochistan was reported for the first time in 2003; most of the poppy cultivated in Balochistan has been eradicated every year since then. Over the past three years the Khyber Agency (on the border with Nangarhar province in Afghanistan) in the FATA has harvested the bulk of opium around 1.2 percent of the area cultivated in Afghanistan, there is a risk that cultivation in Pakistan could increase substantially unless there are sustained efforts to dissuade farmers from planting poppy and to destroy opium crops before they are harvested (UNODC, 2010).

Due to sincere efforts of the government the country was able to achieve poppy-free status in 2000. In spite of the re-emergence of poppy cultivation in the last two years Pakistan is not producing heroine due to timely destruction of poppy crops by law enforcement agencies and strict surveillance to prevent the establishment of heroine laboratories on the country's soil, but poppy cultivation has resumed in the country, though on a small scale according to the new report of International Narcotic Control

Board in 2006, “poppy’s now cultivated in parts of southern province of Balochistan, Districts of Khyber Agency and Kohistan in KPK. Lack of monitoring and eradication combined with poverty remain the key reasons for the re-emergence of opium cultivation. Efforts to stem opium cultivation in neighboring Afghanistan and also forced some growers across the border” (UNODCP, 2002).

5. Trafficking

Narcotics production and refining in Afghanistan is a major impact on Pakistan. According to the UNODC’s Afghanistan Opium Survey 2007, around 70% of Afghanistan’s opium was grown in five provinces along the border with Pakistan includes Kandahar, Nirmoz, Nangarhar, Badakhshan and Helmand. Pakistan geographical condition provides a favorable corridor for trafficking (UNODCP, 2002).

The ANF (Anti-Narcotics Force) has identified the following trends in the trafficking of illicit drugs through Pakistan Trafficking through unaccompanied baggage; Impregnated letters/soaked apparels; Trafficking of liquid heroin; Hiring of families as couriers; Use of air courier services Convoys through Balochistan, Increased resistance to interdiction efforts; Night movement use of Satellite phones for coordination

Through airports trend are concealment in baggage, Concealment by swallowing /ingesting concealment by wrapping around bodies Heroin concealed in shampoo bottles; Increased trafficking of psychotropic injections. The common trends through seaports are trafficking using container Increased trafficking using boats.

The porous borders in between Pakistan and Afghanistan facilitate trafficking of afghan drugs to various parts of the world through Pakistan. This situation enhances the vulnerability as a transit corridor. Open and scarcely inhabited areas of Baluchistan especially near Zhob, Chaman, Taftan, Mand and Makran coast facilitate trafficking of drugs through vehicular convoys and animal transport from southern Afghanistan. These areas also provide dumping sites foe the drugs before these are trafficked beyond Pakistan.

After crossing the Afghanistan Pakistan (Baluchistan) border same drugs are transported across the Iranian province of Sistan, Balochistan for onward movement towards turkey and Western Europe. The coastal areas of Pakistan,(including Karachi, Port Qasim, and the small fishing ports along Makran costal), Are also vulnerable to drug smuggling activities towards gulf states and beyond large hasish seizires effected in the province of Khyber Pakhtoon Khuwa (KPK) indicates that hasish is also smuggled from Afghanistan through FATA and then further trafficked to coastal areas using land routes, from where it is shipped abroad. Similarly heroin seizires pattern suggests the large quantities are transit through KPK/FATA, from where it is trafficked to world destination using air and sea routes.

6. Consumption

Pakistan is the second largest country in the south Asia region with an estimated population of 170 million. It’s demographic and health profile is similar to the rest of South Asian countries, characterized by the high rates of infant and maternal mortality, low level of literacy and poor access to health care. Additionally, already crunched health budget is being diluted due to expenditure on burgeoning problem of drug of dependence HIV/AIDS caused by use of injecting drug. Drug abuse study surveys conducted in 1980,

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1982, 1988, 1993, 2000 and 2006 indicate the increase in number of drug abuse at the rate of 7% annually.

The 2006 National Assessment Report on Problem Drug Use in Pakistan estimates that there are 628,000 opiate users. Of these, around 482,000 (77 percent) are heroin users. Given the massive increase of opium and heroin production in Afghanistan, the relative stability in the numbers of the opiate abusing population over the past six years is a notable achievement. However, the number of injecting drug users (IDUs) in 2006 is estimated at 125,000, double the estimated figure for 2000. This is a cause for concern particularly in terms of the HIV/AIDS transmission risk (UNODC. 2006).

The prevalence rates for opiate use range from 0.4 percent in the provinces of Punjab and Sindh to 0.7 percent in the KPK and 1.1 percent in Balochistan. The latter two provinces share a direct border with Afghanistan. While the overall rate of abuse has not changed much in Pakistan, the proportion of drug users who inject has increased from 15 percent in 2000 to 29 percent in 2006 (UNODC. 2006).

Table 1: Prevalence of Opiate Use in Pakistan by Province

	Prevalence (% of Population)	95% CI	Numbers	IDU Prevalence	IDU Numbers
KPK	0.7	0.5-0.9	90,000	0.06	8,000
Punjab	0.4	0.2-0.6	200,000	0.2	100,000
Sindh	0.4	0.2-0.6	87,000	0.2	44,000
Balochistan	1	0.8-1.2	45,000	0.1	4,500
Overall Pakistan	0.7	0.4-1	628,000	0.14	125,000

Source: UNODC National Assessment Report 2006

According to the 2006 National Assessment Report, the majority of opiate users (77%) were using heroin while the remainder were using opium and other opiates. Most of the opiate users were multiple users, i.e., they were using more than one substance at any given time or during a day. Many drug users reported facing serious health and social problems. Around 8 percent reported having HIV infection, 18 percent reported having Tuberculosis and 11 percent reported Hepatitis C infection.

The report estimates the average age of opiate users at 35.5 years. Countrywide, up to 33 percent of the drug users were between 31 to 40 years old, while in Punjab and Sindh up to 40 percent of the drug users were between 16 and 30 years old. The majority of opiate users (72 percent) were still living at home. While 38 percent had no education, 25 percent had up to primary and one third up to high school education. Around one third of the opiate users were unemployed, while the remainder had been supporting them through casual work (39 percent), or had been working part or full time (15 percent and 7 percent respectively). Therefore, contrary to conventional assumptions, a significant proportion of opiate users can and do participate in economic activity (UNODC. 2006).

7. Situation in Neighboring Countries

The successful ban imposed on opium poppy cultivation in Afghanistan on July 2000, was recognized at the international level but the reprieve was short lived as cultivation resumed on a large scale in 2002, spiraling from 185 metric tons to 3,400 metric tons and registering a further increase by 8% in 2003 i.e. 3,600 metric tons. In 2004, opium poppy cultivation increased by 2/3, reaching an unprecedented 131,000 hectares, as reported in the 2004 Afghanistan opium survey of the United Nations Office on Drugs and Crimes (UNODC). Cultivation stretched across all 32 provinces, making the illicit industry the engine of economic growth and the strongest link of the Afghan nation. At present, the opium economy is valued US\$ 2.8 billions, equivalent to about 60% of Afghan GDP. The opium economy involves 2.3 million people meaning one in 10 of the Afghan population (UNODC. 2010).

It caters to 90% of the world's demand for opium and heroin. Being in close proximity of Afghanistan, all regional countries, especially Pakistan, are being extensively used for the transit of Afghan opiates. It's estimated that opium production in 2007, 2008, and 2009 stood at 8200, 7700 and 6900 metric tons respectively. Approximately 56% of total opium production estimated to be smuggled as morphine and heroin. It is also believed that 40 percent Afghan opiates are smuggled through/ into Pakistan. Cannabis is grown as cash crops especially in the northern region of Afghanistan. UNODC carried out first comprehensive survey in Afghanistan in 2009 and reported cultivation of approx. 20,000 to 25,000 hectares (UNODC. 2009).

With the increase in trafficking through Pakistan, the availability of Afghan drug also increased in the country correspondingly. The situation was aggravated by the inflow of Afghan opium in the tribal areas of Pakistan from across the border. The presence of mobile groups among the 3 million refugees further complicated the affairs.

The consumption of opium and heroin has increased along the drug trafficking routes, which are constantly proliferating. Numerous new routes have emerged other than the historical Balkan route connecting Afghanistan, Pakistan, Iran, Turkey and Europe.

The Iran is situated in Middle East, bordering the Gulf of Oman, the Persian Gulf and Caspian Sea between Iran and Pakistan. The population of Iran is 65,875,224 (2008) and the adult prevalence rate of HIV/AIDS is 0.2% in 2005. On the other hand people living with HIV/AIDS, 66,000 in 2005 (UNODC. 2009).

Despite substantial interdiction efforts and considerable control measures along the border with Afghanistan, Iran remains one of the primary transshipment routes for Southwest Asian heroin to Europe; suffers one of the highest opiate addiction rates in the world, and has an increasing problem with synthetic drugs; lacks anti-money laundering laws; has reached out to neighboring countries to share counter-drug intelligence

The region constituting Pakistan, Afghanistan, Iran and the Central Asian Republic has been witnessing the rise and fall of poppy cultivation for the last many decades. This fluctuation has had ramifications on the socio-political milieu of these countries. Pakistan earned the status of a "poppy-free country" in 2001-02 but the 2002-03 and 2003-04 crops seasons were again marked by resumption of opium much to the detriment of the country's had earned status (UNODC. 2009).

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In Table 2 shows opium base seizures in Pakistan, Afghanistan and Iran. Pakistan makes the bulk of heroin/morphine base seizures in the region where Iran is responsible for the majority of opium seizures see Table 3.

Table 2: Heroin/Morphine Base Seizures (Kg) Pak Iran and Afghanistan

Year	Pakistan	Iran	Afghanistan
2001	8756	12669	-
2002	12710	13498	1292
2003	34141	16390	900
2004	24744	17593	2473
2005	24341	12493	9079
2006	35478	21269	-

Source: UNODC World Drug Report 2008

TABLE 3: Opium Base Seizures (Kg) in Pakistan, Iran and Afghanistan

Year	Pakistan	Iran	Afghanistan
2001	5175	81061	-
2002	2686	72856	5582
2003	5786	97575	8412
2004	2495	174091	21446
2005	6437	231352	90990
2006	8907	311306	29425

Source: UNODC World Drug Report 2008

The drug abuse scenario in Pakistan is likely to worsen if assessed against the backdrop of the steep rise in poppy cultivation and production of heroin in Afghanistan. A major chunk of the heroin produced in Afghanistan is finding its way into Iran and Pakistan—both for local consumption as well as for illegal export through land and sea routes.

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9. Conclusion

The last two years have witnessed the emergence of an alarming trend that poses new challenges to policy makers and law enforcing agencies engaged in surveillance of the borders, airports and seaports. This trend pertains to an alarming increase in the amount of psychotropic substances and injections being illegally imported into the country. Mood-lifting drugs associated with partying in the top strata of the society will also become cause of concern in the years to come.

Synthetic drug abuse is an emerging phenomenon in Pakistan as against the developed countries, which have long been victims of this unrestrained menace. As a matter of fact, they are unable to extrapolate what kind of turned future events may take and with what repercussions. Synthetic drugs are available in these countries in abundance and at relatively cheaper rates because of a developed pharmaceutical base, which leads to the establishment of clandestine laboratories.

Socio-cultural problems including unemployment, poor economic conditions and illiteracy; loose social and parental control, juvenile delinquencies, fad of savoring new things and immoral tendencies are some of the key provocations for drug abuse in a developing countries setting like Pakistan's. Till a couple of years ago, synthetic drug abuse was an urban cosmopolitan phenomenon. Since these drugs were very costly, their use was restricted to the upper strata of the society. No such distinction exists today as these drugs are available at cheaper rates and even people of relatively lower socio-economic status can afford to use them, with the most vulnerable segment being youth. This scenario had led to an expansion in the user group of synthetic drugs, thereby posing a greater threat to the society.

No evidence exists and no studies have so far been conducted to ascertain the scale of indigenous production of synthetic drugs. This should not be taken to mean that the menace will not stretch its wings. While young people are particularly vulnerable, poor education exposes the entire population to synthetic drug abuse. For instance, energy drinks containing ingredients commonly used in the manufacturing of synthetic drugs are available aplenty for consumption. Similarly, steroids and over-dosage of sleeping pills also causes addiction, which is nothing but synthetic drug abuse.

10. Recommendations

In the light of above analysis, the following recommendations are made:

1. It is strongly recommended that, to reduce the demand for illicit drugs through preventive education campaign for awareness certain to reach the maximum population of the country, especially at high risk group.
2. It is suggested that to formulate cohesive policy to control of drugs.
3. It is also suggests to formulate clear and easy comprehensive public messages for the identification of synthetic drugs, consequences of abuse, distinction between synthetic and life saving drugs.
4. It is also necessary to realize that the phenomenon of a synthetic drug still relatively new in Pakistan, present a window of opportunity to nip the evil in the bud before it leads to the establishment of strong syndicates with international links. Institutions of educational endorsement in hot spots of synthetic drugs

- abuse like schools, colleges, universities, hotels, restaurants and recreational spot.
5. It is fact that drug addiction is a coping mechanism to a number of stresses and social problems, alternative coping mechanism should be evolved such as more athletics sports and ground facilities, creative hobbies and confidence training, stress management, skill development and meaningful employment.
 6. It is suggested that drug education should part into the school syllabi and teachers training, doctors, school social workers, community health workers towards taking early remedial action. It is a greater and prior responsibility to the provincial government for drug control activities especially through the social action program.
 7. The department of social welfare can also ensure to upgrade the database of addicts to ensure comparison, evaluation and research in future to improve admissions in the treatment centers with the help of voluntary agencies and social workers to obtained desire results. Working class population believes that the intake of drugs increase work capacity or sex stimulation, these attitudes need to be change.
 8. Addiction basically a moral failure of individuals and the stigmatizing of people struggling with addiction needs a public education campaign presenting addiction as a public health issue. The print and electronic media, educational institutes, concerned government authorities and treatment centers can play a vital role in this regard.

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