

DRUG TRAFFICING ITS EFFECT ON PAK-AFGHAN RELATIONS

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ABSTRACT

Afghanistan produces largest and fine quality of opium while Pakistan is an important consumer, transshipment point and important regional actor involved in drug trade. Blaming Afghanistan for drug smuggling to Pakistan deteriorates their relations which are already strained because of cross border infiltration of militants. The current article highlights the issue of drug trafficking from Afghanistan to Pakistan. It endeavors to find ways and means to address the issue effectively so as to reduce the pitfalls of drug trade on their bilateral relations. Moreover, it recommends a regional approach treating Pakistan and Afghanistan as a single entity to dismantle poppy cultivation in Afghanistan and its infiltration to Pakistan.

KEYWORDS: Social Problem, Increase Drug Uses

INTRODUCTION

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. Introduction of drugs in Pakistan have a socio-political history.

Historical evidences reveal that the use of drugs by human is a very old phenomenon. Extracts of plants were used for relief of pain and worries. Although people were highly dependent on use of such drugs yet it was not considered as a social problem rather an individual's problem till recent times. During the era of industrialization and modernization the use of drugs increased dramatically affecting a large number of people, hence making it a serious social problem. Drugs are the substances other than food which are taken to change the way the body or mind function. Similarly, drug addiction is use of any substances to change physical and mental capabilities of normal human beings. Various drugs on the basis of their effects are categorized as Depressants, (Opium, Morphine, Codeine, Heroin, Methadone, and Other Narcotics) Stimulants, (Barbiturates, Benzodiazepines, and Methaqualone) Hallucinogens, (Cocaine, LSD, Mescaline and Peyote, other hallucinogens); Cannabis (Marijuana, Hashish, and Hashish Oil) and these are commonly used worldwide (Prashant, 1991). Drug addiction is the continued use of illegal drugs, which leads to dependence on the drug and the addict anticipates pains or discomfort if he/she withdraws from the use of the drug (ibid: 1991; Clinard and Meier 1995). Various

drug rehabilitators have divided the drug addiction process into four main stages. In experimentation stage the drug is used for fun or escape from problem, without experiencing any negative legal or social consequences. Regular use stage is characterized by use of drug without becoming dependent on it, at this stage complexity in behavior of individual starts to emerge.

In the past 35 years the Drug Abuse pattern has changed twice in Pakistan. In the low income segment of the society the use of Opium, bhang, Chars (hashish) and alcohol was high in 1960s. In 1983 there were only 5000 hard drug addicts. After 1987, second change in drug abuse pattern was observed and when Heroin was introduced during 1980s. Within a short period of five years, the number of drug addicts increased from 20,000, to 365,000 in 1985. There were more than 2 million heroin abusers in Pakistan. The figure rose to 3.1 million addicts in 1993. According to 2002 survey Heroin was the popular drug used by 2.1 million people approximately. The figure of drug user rose to 4.1 million, which is (2.8%) of the total population, with an increase of one millions drug user in only 8 years. The number of drug addicts has risen to 8 millions now. (Quraishi, 2003)

RESULT AND DISCUSSIONS

Literature Review

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) Drugs are the substances other than food which are taken to change the way the body or mind function. Similarly, drug addiction is use of any substances to change physical and mental capabilities of normal human beings. Various drugs on the basis of their effects are categorized as Depressants, (Opium, Morphine, Codeine, Heroin, Methadone, and Other Narcotics) Stimulants, (Barbiturates, Benzodiazepines, and Methaqualone) Hallucinogens, (Cocaine, LSD, Mescaline and Peyote, other hallucinogens); Cannabis (Marijuana, Hashish, and Hashish Oil) and these are commonly used worldwide (Prashant, 1991). Drug addiction is the continued use of illegal drugs, which leads to dependence on the drug and the addict anticipates pains or discomfort if he/she withdraws from the use of the drug (ibid: 1991; Clinard and Meier 1995).

Position in Neighboring Countries

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)

Utilization

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, Drug Addiction in South Asia 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 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 Baluchistan. 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).

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 for the drugs before these are trafficked beyond Pakistan.

CONCLUSIONS

The addicts lead miserable life as they remain under heavy debt as they take loan from friends and their poor health demand high expenditure with low economic performance. Revitalization of strong family system that provide

socio-psychological strength to its members during their socialization, timely treatment, care and rehabilitation of addicts, strict law enforcement, rewarding the addicts after their successful recovery, awareness raising in masses about various causes and effects of drug addiction by involving political and religious leadership,

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