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Drug Pandemic in J&K

Published On: 30-08-2023

Why is in news? Drug pandemic in J&K: Networks of terror intersect with drug supply lines, on ground, from sky and online

From the sky, drones from Pakistan that drop drugs across the border; on the ground, a distribution model akin to a multi-level marketing scheme where an addict ropes in more addicts; consignments ferried from neighbouring states; prescription drugs sold against cancelled licences; and opioids procured from the darknet.

About:

The plains of Jammu division have **emerged as a major entry point for drugs into the state**. In fact, since 2019, state police and other security forces have seized over 700 kg of heroin valuing roughly Rs 1,400 crore in the international market.

This is apart from the 2,500 kg of charas and nearly 1 lakh kg of opium derivatives seized across the union territory in the same period, according to police records.

Not just a destination, Jammu and Kashmir is **also a transit point for drugs** coming from Afghanistan.

Officers believe the consignment originated from Afghanistan, and special markings on the packets indicated the final destination was outside India — countries in Africa, as well as the Gulf and Europe.

Charas that has its **origin in Kashmir** is in **demand in Maharashtra, Gujarat and Surat**. It also makes its way to the Middle East, especially Qatar.

The Drug and Food Control office in Kashmir raided a courier agency in Srinagar and seized **23,000 tablets of tapentadol**. Though prescribed as an opioid to **relieve acute pain**, **tapentadol has emerged as the psychotropic drug of choice for addicts** in the Valley, making its foray into the market through illegal channels from outside the state.

A 2022-2023 study by the Institute of Mental Health and Neurosciences (IMHANS) Kashmir has revealed that **over 90 percent of drug abusers in the Valley are addicted to opioids** – both plant-based as well as synthetic drugs.

Plant-based opioids follow a different route, these are **either cultivated in the Valley or come from Pakistan**, and **then make their way to the rest of India**.

Inter-state gangs peddle narcotics. Around 70 percent are transported outside J&K while 30 percent are utilised locally.

These narcotics, primarily **heroin**, have a flourishing market outside the state, particularly **Punjab, Gujarat and Mumbai**.

Indeed, the **use of narcotics to fund terrorism** is a now a significant **cause of concern for police and security agencies**, with senior officials ringing a note of caution that money which comes from the sale of drugs is being

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used to fund terrorism not only in J&K but also to foment trouble in neighbouring Punjab.

The Army confirmed that **instances of narcotics, arms and ammunition coming from across the border** were “**growing**”, and that “troops were undertaking operations with utmost care, safety and with zero collateral damage to the local population”.

Often, drugs and weapons are smuggled from Pakistan together. The weapons are delivered to militants and part of the narcotics proceeds are returned to “handlers sitting across the border and the rest shared by the peddlers.

To avoid casualties, “elements in Pakistan started sending militants, weapons, explosives and narcotics through **cross-border underground tunnels dug up along the international border** in the plains of Jammu”, said a senior officer of the Anti-Narcotics Task Force (ANTF), a specialized unit of Jammu and Kashmir Police.

Factors contributed to the drug addiction in Kashmir:

Numerous young people are vulnerable and disillusioned as a **result of the high unemployment rate and the lack of available economic prospects** which lead some individuals to experiment with drugs out of boredom or frustration.

Kashmir is geographically located **near the Golden Crescent** and hence there is **easy availability of drugs** (Golden Crescent refers to illicit opium production areas in Iran, Afghanistan, and Pakistan).

Numerous people have experienced trauma, stress, and anxiety as a **result of the region’s prolonged conflict and political unrest**. To cope with these emotional and psychological difficulties, some people turn to drugs.

People may underestimate the effects of drug usage as a **result of inadequate education and awareness initiatives**. The lack of recreational facilities in the valley has contributed to the growing menace of drug use.

Due to the **religious taboo** connected with alcohol consumption in the Valley and the fact that the population is predominately Muslim, adolescents are turning to heroin as a coping and recreational tool.

Preventive measures:

Communities **may shift young people’s attention away from drug use** by getting involved in programs that provide them with healthy alternatives, such as sports, the arts, and vocational training.

The state government **in cooperation with civil society** has worked to increase the number of DDC (drug de-addiction centres) to reduce the stigma around addiction and seek treatment.

Law enforcement should **strengthen efforts to limit the supply chain of drugs** by curbing drug trafficking from neighbouring countries & states like Punjab & Haryana.

Establishing well-equipped **rehabilitation centres and treatment facilities**, along with trained medical professionals, can provide individuals struggling with addiction the help they need.

The likelihood of young people turning to drugs can be decreased with the help of programs that emphasize skill development, job training, and entrepreneurship.

Some Government initiatives:

The ‘**Nasha Mukta Bharat Abhiyaan**’ or a ‘**Drugs-Free India Campaign**’ was flagged off on 15th August 2020 across 272 districts of the country found to be most vulnerable based on the data available from various sources.

Ministry of Social Justice & Empowerment has begun implementation of a **National Action Plan for Drug Demand Reduction (NAPDDR)** for 2018-2025.

The government has allocated funds for **drug rehabilitation measures** and established counselling centers across all districts.

The government has constituted **Narco-Coordination Centre (NCORD)** in November, 2016.

The government has constituted a fund called “**National Fund for Control of Drug Abuse**” to meet the expenditure incurred in connection with combating illicit traffic in Narcotic Drugs; rehabilitating addicts, and educating public against drug abuse, etc.

The Indian Army has implemented **Operation Sadbhavana**, which includes de-addiction counselling centers and awareness camps. De-addiction counselling centers help drug-addicted youth, while awareness camps aim to educate the public about the dangers of drug abuse.

Way ahead:

The Kashmiri society needs to have an internal interlocution and take a serious look at Pakistan’s policies to foment trouble, especially through narco-terrorism.

Kashmir’s elders and religious leaders through mosques need to get involved in the war against drugs and guide the youth to engage meaningfully with the spate of developmental activities undertaken by the national and Union territory government following the abrogation of Article 370.

The government should also initiate and enable public-private partnerships, where local police, military, paramilitary, and citizen bodies act in harmony to make Kashmir free of narco-terror and Pakistan-implemented culture of violence.