

Golden Triangle, Drugs Trade and Drug Abusers in North East India

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Abstract

Over the years, Golden Triangle has been framed as the most popular of drug production among the three triangles in the world. From this area, the drug is smuggling out through different routes and spread across different part of the world. This trade has become a hub to generate colossal black money. The North East India being lies at the crossroad of this triangle is affected since 1980s as both a route to ship the consignment to final destination and a new expanded centre of production. For serving as a corridor this drug has directly and indirectly affected the youth of Northeast India, especially to the Border States with Myanmar viz. Mizoram, Manipur, Nagaland and Arunachal Pradesh. Thus, this paper is to study on the significance of Golden Triangle, trend of smuggling of drugs and abuse cases in the Northeast region. While doing so, it would also look forward on various factors that have influenced on making the North East India a safe haven for illicit drugs trafficking, and how this emerging case of drug trade have impacted on the socio-cultural lives of the ethnic groups living in the region. Consequently, the paper is also to examine on the emerging cases of abusers over the last few years, role of the governments both centre and states to tackle the menace in the region.

KEYWORDS: Golden Triangle, Northeast India, Drug Trade, NGOs and Abusers

Introduction

The name 'Golden Triangle' is to identify the location where opium is cultivated, manufactured and supply to the world after developing into different form of drugs. This triangle over the years becomes one of the three most popular centers for producing varieties of drugs. In fact, the name was given for its unique popularity in the history of 'Dark World'. This triangle is located in the highlands of the Indochinese peninsula, where the international borders of Burma, Laos, and Thailand are link. In other words, the place is situated at a geostrategic location that connects the East, South, and Southeast Asia. As a result, the surrounding area of Northeast India, South China and mainland Southeast Asia are directly and indirectly affected with it. It is pointed that 'Golden Triangle' is one of the oldest in the account of world's illicit opium trade that started as early as 1950s and dominated as most popular stage in the illegal market until 1990 when the 'Golden Crescent' surpassed in terms of production.

Prior the dawn of 'Golden Triangle' and 'Golden Crescent' as the centre opium production and trade, China had been dominated in the production following a Treaty of

Nanking in 1942 signed between China and Britain followed by the Treaty of Tientsin in 1958. These treaties legalized the cultivation of opium and trade without hindrance. During this period, the colonial masters are thriving profit through this trading until when the Second World War came to end, but auspiciously the Northeast India was not affected from it despite close geographical proximity. But when China got independence in 1948, the situation began to change as the Chinese Communist Party cracked down heavily on drug producers and consumers alike by forcing the consumers into compulsory rehab, having dealers arrested and executed, and opium-producing regions either burnt or planted with new crops. With these measures forced the remaining opium producers to shift their operations to the south of Chinese border and expanded to the territory in Upper Burma, Laos, and Thailand. This area slowly became to the formation of Golden Triangle region. The Kuomintang (KMT), which was militant group, turned as the forbearers of many private narcotics armies operating in the region, and in the name of protection, they even extracted a heavy tax on the opium farmers, forcing them to increase production to make ends meet. Thus, the production in 1950s was close to 600 tons annually. Generally, the Golden Triangle is geographically not confined only at an area of mountainous and forest hinterland that overlapping the contiguous border areas of three countries, but it is also richly cultivated in a populous region largely dominated by diverse ethnic groups who do semi-nomadic slash-and burn agricultural work for their livelihood. In fact, the Golden Triangle was first coined by the United States Vice-Secretary of State Marshall Green in 1971, whilst referring 'Gold' to the concentration of opium production and trade directing to Burma, Laos, and Thailand (Renard, 1996: 4). But, this was politically-grounded geographic reference and contested by many experts. According to Bertil Lintner, the reference of 'Golden' came to highlights the quality of gold found in the region among the first traders in the tri-border region, especially those of the Thai-Burmese border towns of Mae Sai (Thailand) and Tachileck (Burma) (Lintner, 1994). Despite the contestation, 'Golden Triangle' slowly becomes popular to refer the area of opium production and trade. This trade have spread out quickly and developed considerably in mainland Southeast Asia over the course of the second half of the twentieth century.

The notorious Golden Triangle represents the region coinciding with the rugged hills and mountains, heavy monsoon rains, and lack of transport infrastructures have protected from rebel armies and illicit crops from the writ of central governments and antidrug agencies. It is Southeast Asia's main opium-producing region and one of the oldest narcotics supply routes to Europe and North America. Thus, it is describes that the region has been favorable to the contraband trade and narcotics flourished all the more (Renard, 1996: 5). The thriving has cause detrimental to young population of the region as well as badly affected the health of the concern countries. To tackle the situation the Southeast Asian countries particularly those infested countries begun to initiate punitive action and measurement in controlling widespread of the contrabands.

With different measures initiated by the concern country and through the collaboration of UN and ASEAN, it has observed that after decades of the expansion of poppy cultivation, the positive signaling of opium production progressively receding in the region. Opium poppy cultivation in the Golden Triangle region decreased from a total estimated 157,900 hectares cultivated in 1998, the year of the United Nations General Assembly Session on Drugs, to only 24,160 hectares in 2006, which corresponds to a

reduction by 85 percent in only eight years.¹ For example, the production of opium is almost completely disappearing in Thailand in the 1990s, and seriously diminishing in Laos since as early as 2000s. Even in Myanmar the case of poppy cultivation has declined massively after 1998. However, it did not eradicate totally from this business where the cultivation and production is corner in the northern and north-eastern region. The sustenance of the production in Myanmar is because of its turbulent political history come across since independence in 1948, and also the historical caravan route that passes through its length and breadth since time immemorial. With the continuity of this as the Asia's longest illicit opium production; the economy of the concern countries are affected extremely in an unfavorable way. Meanwhile, it also nurtured anti-social and anti-national elements such as insurgent groups, increases of abuser among youth, spread of HIV/AIDS, human trafficking, broken families, and also led to small arms trade across the region. For example, the insurgent groups particularly in the Eastern and Northeastern Myanmar are thriving with the resource generated out of this illicit drugs trade. The Kachin Independence Army (KIA) and the United Wa State Army (UWSA) are said to have directly linked with this trade and through the money they received made to carry out their movement and ravage into internal war for the past seventy years. Indeed, as an extremely valuable economic resource opium has often enabled warring factions to fund their respective war efforts. Even at time the opium production has also weighed upon strategic negotiations, offering both state and non-state actors opportunities to gain political leverage or create ad hoc strategic alliances. As a result, the Myanmar junta has very early and repetitively integrated opium in its negotiation strategy so as to affect power struggles, something that some anti-government forces have directly or indirectly benefited from. With the dwindling in this nefarious activity, the health of the country is badly affected. It directly spirals to issues such as poor infrastructural development, employment and poor economy.

With Northeast India particularly the states of Arunachal Pradesh, Manipur, Mizoram, and Nagaland having directly connected geophysical boundary to Myanmar of about 1643 km has risk the frontier in this bald game of narcotic drugs. It is highlights by many experts that window opening of commercial link between southern China and northeast India has allowed the emergence of new trafficking routes. Furthermore, another section has of the view that emergence of insurgent groups in the Northeast India since the mid 1980s led to become the nucleus of drug trafficking industry in India's northeast. Some of the drugs that are commonly found are opium, heroin, methamphetamine and many more are smuggled from Myanmar into the Northeastern states. All these drugs are trafficked through the nexus of insurgent group, at the inception, NSCN with the drug lords who deeply involved in the Golden Triangle region. It is reported that these illicit drugs are shipped through different routes and entered in Manipur, Mizoram, Arunachal Pradesh and Nagaland. In recent time, there is also growing of Poppy cultivation in different parts of the North-eastern states. Hence, the effect of Golden Triangle is drawing closer to the region with the passing years and spoiling the peaceful environment.

Brief Sketch of the Northeast India

¹ UNODC (October, 2006). Opium Poppy cultivation in the Golden Triangle –Lao PDR, Myanmar, Thailand. New York: United Nations.

The Northeast India is the eastern most region of the country which comprises of Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland and Tripura, and it is commonly known as the ‘seven sisters’² but with the addition of Sikkim into the fold it is now called as ‘eight sisters’. Uniqueness of the region is that every state fortunately or unfortunately shares international border. For instance, Arunachal Pradesh shares border with Bhutan, China and Myanmar; Assam with Bhutan and Bangladesh; Manipur and Nagaland with Myanmar; Meghalaya and Tripura with Bangladesh; Mizoram with Bangladesh and Myanmar; and Sikkim with Bhutan, Nepal and China. As a result the region has more international boundary than that of the area connecting with mainland India. Every state of Northeast India is itself an abode of multiple ethnicities with a bulk of people converted to Christianity by the European Christian Missionaries. There are around 220 ethnic communities in the Northeast India alone and more than 220 dialects. The hills states in the region like Arunachal Pradesh, Meghalaya, Mizoram and Nagaland are predominantly inhabited by native ethnic communities with a degree of diversity even within the ethnic groups. These different ethnic groups inhabit from time immemorial. Besides the diverse native population, the region has been witnessing huge immigration since the pre- and post-independence of India in 1947. There is internal migration from the states; again, there is external immigration from the neighboring nations. With this interaction and intersection there are also innumerable account of inter-ethnic conflicts.

Historically, the whole Northeast India was commonly known as Assam region and has been part of India since centuries. As interpreted by some scholars, the term ‘Assam’ is from the Sanskrit word ‘Asoma’, which means matchless or unequalled. According to the current studies, the term has been originated from the original name ‘Ahom’, the people who ruled the land for about 600 years before the British invasion. During the epic period, this state was called ‘Pragjyotisha’ or the place of eastern astronomy but later changed to ‘Kamrupa’. The reference to Kamrupa kingdom is found in Allahabad pillar inscription of king Samudragupta. Even Hiuen Sang, a Chinese traveler is said to have visited Kamrupa in 743 AD and had written about the kingdom. Consequently, from the epic period down to the 12th century AD, the region was called Pragjyotisha and Kamrupa.

The Northeast India constitutes roughly of around 7.98 percent of the country’s total geographical area and 3.79 percent of the total population of the country.³ The region lies in between 20’ and 29’ 30 North Latitude and 89’ 46 and 97’ 30’ East Longitude. Its northern and eastern boundaries are natural barriers represented by the high of Himalayan and Patkai ranges respectively. However, the southern and western boundaries are more political than natural.⁴ Prior to the India’s independence, it was an independent territorial area dominated by a mosaic of different ethnic groups. This land of ‘red river and the blue hill’⁵ was once a time a gateway that connects the world through the Silk Road as it lies at the crossroad of East, South, and Southeast Asia. When the British India freed the sub-continent, the Northeast was integrated within the Indian suzerainty and the

² Walter Fernandes, Gita Bharali & Vemedo Kezo (2008). The UN indigenous decade in Northeast India. Guwahati: North Eastern Social Research Centre, p. 1.

³ Roy, Burman B.K. (1970). Demographic and Socio-economic Profiles of the Hill Areas of North East India. New Delhi: Office of the Registrar General of India – Eastern Social Research Centre, p. 54.

⁴ Parth Saikia (10 January, 2019). A brief introduction to Northeast India. Guwahati: Northeast India Info

⁵ Hem Barua (1954). The red river & the blue hill. Guwahati: Lawyer’s Book Stall, p. 1

demarcation of boundary was made in such a way that the whole region was locked in a deep freeze of isolation in spite the geostrategic location, and thus it has for six decades become a 'security zone' and sanctuary of insurgencies. It links the mainland India with thin chicken neck of just 21 kilometers width through a thread line of Siliguri Corridor. On other side, unlike any other regions, it has a long international boundary of approximately 4500 kilometers, which is about 98 per cent of its entire border area, with China in the North, Myanmar in East, Bangladesh in South-West and Bhutan to North-West.⁶ With the enforcement of the continental connectivity, the Northeast can now revitalize its opportunity in terms of the social and economic paradox through the cooperation with East and Southeast Asian countries.

Inflow of drugs smuggling in the Northeast

The Northeast region is centered near the Golden Triangle, which is one of the three worlds' famous in illegal drug trade. Over the last few decades, the region have encountered various type of drugs trades and smugglings – the drugs that are commonly found are opium, morphine, heroin, cannabis, synthetic drug, marijuana etc. Among all the drugs available the heroin and opium is recorded as the common item due to easy availability and price. The drugs and other narcotic items are not only used within the region, but it exported to other parts of the world viz. Africa, Europe, Northern and Southern America. This smuggling in and out is owing to poor vigilant system and nefarious act of the law enforcement agencies. Traditionally the epicenter of the drugs was in Myanmar, Thailand and Indochina region but it spread over the Northeast region since a decade back. Frequently, the consignments originated in Myanmar that transported through India to other parts of the world. There were series of intermittent seizures of Methamphetamine tablets that were meant for Bangladesh, indicating the existence of multiple exit points along the border in the Indian states of Tripura, Assam, and Meghalaya.⁷ It is said that most of the Methamphetamine production labs in Myanmar are in Shan state along the Chinese border, which is controlled by United Wa State Army (UWSA), an insurgent group, that controls the region after ceasefire agreement with the Tatmadaw in 1989. There is also information that some labs emerged at other places including the disturbed Rakhine state and Sagaing Division. Likewise, the UWSA is sustained by narcotics money in addition to illegal small arms trade. It becomes easier for this group to get involved in drug trade because of the control over 1643 km long on Indian side and 1800 km long border with Thailand. Taking advantage of the geophysical location, the UWSA has emerged as the largest producer of methamphetamine with Mong Yawn as base and enjoys direct access to both the Thai and India's border.

Meanwhile, the Northeast India also shares a long stretch border with Bangladesh, which passes through a bewildering range of hills, plains, and rivers, making it difficult for state machinery to protect on both sides. An effort to fence of the border is initiated by India, but still there are many un-mend areas making it easily exploits by the drug lords and traffickers. It revealed that until today there are two routes which is actively

⁶ Samir Kumar Das (2008). BIMSTEC or the Big Leap Forward for India's Northeast?. *World Focus*, XXIX (1), p. 17.

⁷ Rajeev Bhattacharyya (02 May, 2019). India's Northeast emerges as a drug-trafficking corridor between Myanmar and Bangladesh. *The Diplomat*. See at <https://thediplomat.com/2019/05/indias-northeast-emerges-as-a-drug-trafficking-corridor-between-myanmar-and-bangladesh/>

used to transport the consignments across the region. The most prolific route is through Mizoram originating at Champhai, an India-Myanmar border town. In term of geographical location, this Champhai is very well connected to border towns of Myanmar that includes Tiddim and Mandalay. The other route is in Manipur, which is contiguous to Myanmar's Sagaing Division.

There are many cases of drug seizure every year by the police and other agencies of the states. The reason for more drugs inflows has many but of it is an increasing demand across the world. Crackdown on this smuggling is carried out in regular basis but the disruption of some networks is temporary and cannot bring to absolute permanent solution. Many of this trafficking originate in Myanmar and passes through the Northeast region and goes to Bangladesh or mainland India. Under the report of government agencies, since the operation began, more than 200 drug dealers have been killed in encounters with the authorities, about 25,000 apprehended, and over a hundred 'drug godfathers' have been forced to surrender in Bangladesh. However, despite all the efforts to curb drug trafficking, not all the arteries from Myanmar have been choked. Several routes are still active in the coastal district of Bangladesh's Cox's Bazar. Some Indian government officials are of the view that methamphetamine is carried through routes that are also used for ferrying other contraband items. Experts say that the some gangs are involved in smuggling different commodities. The pattern so far in the supply chain indicates that a large number of gangs are engaged, whose roles are clearly defined in the illicit trade. Generally, the consignments are received by different group of traffickers near India-Myanmar border and subsequently dispatched to far-off destinations through agents at select locations who would not know the source of the item. There is no dearth of traffickers given the low income and impoverished conditions of inhabitants along the Myanmar-India-Bangladesh border. Until recently, there is also information of smuggling banned cough syrup called Phensedyl as another alternative because it gives more profits to the traffickers. There are reports suggesting the emergence of manufacturing units in the Northeast and north Bengal.

Since the 1980s and 1990s, the state of Manipur was infested with narcotics trafficking and drug abuse apart from insurgencies and human rights violations.⁸ The fire of insurgency has engulfed this strategic region making it one of South Asia's most disturbed regions. Bordering the five countries of Bhutan, Nepal, Bangladesh, China and Myanmar, the region has immense geo-political significance for both positive and negative *raison d'être*. Precisely the story of narcotics in Northeast India started around 1983 when heroin, a deadly derivative of morphine, started making an entry into Manipur and other bordering states. Within two decades, it recorded over 1,10,000 drug addicts and over 6871 HIV positive cases with Manipur having nearly eight percent of India's total HIV positive cases. This widespread of drugs and HIV/AIDS devastated not just in Manipur, but to the whole region of Northeast India.⁹

⁸ Binalakshmi Nepram (25 September, 2020). Drugs, Guns and Four Stories from the Northeast. Outlook. See at <https://www.outlookindia.com/website/story/india-news-drugs-guns-and-four-stories-from-the-northeast/360878>

⁹ Binalakshmi Nepram (25 September, 2020). Drugs, Guns and Four Stories from the Northeast. Outlook. See at <https://www.outlookindia.com/website/story/india-news-drugs-guns-and-four-stories-from-the-northeast/360878>

The increasing number of smuggling through Northeast India to the rest of the country as well as to the outside world is also because of long alienation of the region, underdevelopment and isolation by the Indian government.¹⁰ When there was proliferation of narcotics production started in Golden Triangle following the end of Second World War, the Northeast India was loosely mended the border and kept as sanctuary of anti-national elements. Thus, the region that shares a 1,643 km border with Myanmar, which falls as part of the Golden Triangle and producing drugs amounting to 68 percent of all known illicit opium production and refining in the world, slowly integrated with the Golden Triangle circuit.¹¹ Reports in 1989 pointed out that Manipur, Mizoram and Nagaland together accounted for the smuggling of at least 20 kilograms of heroin every day. The first district affected by heroin in the region is Churachandpur located in the southern part of Manipur bordering Northwest Myanmar. According to Phanjaobam Tarapot, the important trafficking routes in Northeast India are: Behiang – Singhhat – Churachandpur – Imphal; Tamu – Moreh – Imphal; Homalin – Ukhrul – Jessami – Kohima; Mandalay – Tahang – Tiddim – Aizwal – Silchar; Myitkina – Maingkwant – Pangsau Pass – Nampong – Jairampur – Digboi; Tamanthi – Noklak – Kohima – Dimapur; New Somtal – Sugnu – Churachandpur – Imphal – Kohima – Dimapur. Apart from these well-identified routes, there are also several other tracks used by smugglers for illicit trafficking of heroin. After the narcotic drugs reach Imphal, Aizwal, Kohima, Silchar or Dimapur, it is dispatched to Calcutta, Mumbai, Delhi, Chennai or Bangalore and other places. The lack of security posts at border points coupled with inadequate security staff and connivance of some officials have led drugs to freely entering the region. Moreh in Manipur, Champhai in Mizoram and other border points have become floodgate of drugs from Myanmar. Absence of an institutionalized intelligence framework within the police forces of vulnerable states like Assam, Nagaland, Mizoram and Manipur to tackle the well-coordinated narcotics trafficking into the region has been a boon for the thriving racket.¹²

In recent years, there is also numbers of fake pharmaceutical companies emerges in Northeast India and produces narcotic drugs. According to the UN Office on Drugs and Crime, “India has a well-developed chemical industry, which produces substantial quantities of acetic anhydride, ephedrine, pseudo-ephedrine, potassium permanganate and many other precursor chemicals. In spite of precursor control legislation and procedures being in place, several cases of diversions of significant quantities of precursor chemicals have occurred in recent years.”¹³ Likewise, the region is slowly becoming an expanded territory of Golden Triangle and this not only undermines the health and wellbeing of society but also curtailing the India’s initiative of connecting Southeast Asia through the corridor of Northeast. In order to grasp the success of regional cooperation of India with Southeast Asia, the New Delhi need to immediately bring anti-drugs control measures and mechanisms to snuff out the possibilities of surges in narcotics

¹⁰ Mukul Kumar 28 September, 2004). Doctors take drug trafficking to new areas in eastern India. Series No. 1512, New Delhi: IPCS. See at http://www.ipcs.org/comm_select.php?articleNo=1512

¹¹ Binalakshmi Nepram (25 September, 2020). Drugs, Guns and Four Stories from the Northeast. Outlook. See at <https://www.outlookindia.com/website/story/india-news-drugs-guns-and-four-stories-from-the-northeast/360878>

¹² Mukul Kumar 28 September, 2004). Doctors take drug trafficking to new areas in eastern India. Series No. 1512, New Delhi: IPCS. See at http://www.ipcs.org/comm_select.php?articleNo=1512

¹³ UN Office on Drugs and Crime

trafficking.¹⁴ Until recently, the Northeast India is sandwiched between economic cooperation with Southeast Asia and menace of drug trafficking. There are many instances where the public servants also involved in this trading, and one such instance is the arrest of PRO of Indian Army in February 2013, with 24 crores worth of narcotic drugs consignment in Manipur.¹⁵ This illicit drug trade has serious impacts for Northeast India. The opening up of the region with Southeast Asia carries a double edged sword for it promises development and investments on one hand and invites the danger of rapid flow of illicit drugs and arms on the other.¹⁶ Thus, the governments both centre and state should seriously look into effective drug control mechanisms that guarantee illicit trade is kept to the minimum vis-à-vis address the social impact of drugs to the local population.

Drug Trade and the Challenges in the Northeast

Over the years, the Northeast India posit not just the route for trafficking the narcotic drugs but also increases the number of abusers and affecting the socio-cultural values and health of people. Thus, the opening up of the region to Southeast Asia for trade and commerce has equally endangered the young generation for introducing the narcotic drugs. Although it builds on a premise to generate development and investments by way of economic integration so that people of the region can grasp better livelihood after decades of marginalization from the paradox of underdevelopment, unemployment and isolation simply for its location as the far flange corner. But, the rapid flow of illicit drugs and arms is endangering the people, particularly youth in the region. As it stated above, this menace started in mid eighties as a transit of the contraband to be transported to international black markets in different parts of the world, but over the years it began to see the poppy cultivation too in the region. This cultivation is found in Arunachal, Nagaland, Manipur and Mizoram, and gives an alarming situation on how the region have slowly become part of the larger expanded area of Golden Triangle. The reason for this rise is due to lack of effective drug control mechanisms. Many pointed out that India should take proactive roles and establish institutional mechanisms to work in tandem with China, Myanmar and Thailand to counter-illicit trafficking. In addition, there must be a long term strategy to limit drugs trafficking by spreading the ill effects of drug abuse in schools, and established efficient rehabilitation centers in the HIV and drug zones in Northeast India. There is perhaps no other way to address the life threatening effects of drug addiction and HIV, currently destroying youths in Northeast India especially the four bordering states with Myanmar.

Since independence, the India-Myanmar border is guarded by the Assam Rifles (AR), a paramilitary force, but encounters non-conventional security challenges as it provides a secure channel for the movement of insurgents, narcotics trafficking, small arms and wildlife smuggling etc. due to strong ethnic unity, regionalism, and tribal loyalties. Many sympathizers to the criminals provide information about security arrangements in the area. The rough terrain also poses a huge challenge to the security

¹⁴ Namrata Goswami (10 February, 2014). Drugs and the Golden Triangle: Renewed Concerns for northeast. IDSA Comment. New Delhi: Manohar Parrikar Institute for Defence Studies and Analyses

¹⁵ (February 2013). PRO of Indian Army Caught in Drug Smuggling.

¹⁶ Namrata Goswami (10 February, 2014). Drugs and the Golden Triangle: Renewed Concerns for northeast. IDSA Comment. New Delhi: Manohar Parrikar Institute for Defence Studies and Analyses

agencies as the region is porous and difficult of proper security management. Consequently, the lack of basic connectivity like roads and railway made inaccessible to the borders. Thus the drug lords and insurgent groups freely used these terrains to ship their consignment without hurdle and checking it. India and Myanmar share friendly relations and are not involved in any border dispute; consequently, there is no strict fencing of the border. Above that, as part of an understanding between the two countries, there exists a free movement allowing free movement of people within 16 km of the border without visa restrictions. Sadly, this framework is misused by insurgents and criminals. Sometime, the corrupt officials do not act against criminals despite having intelligence inputs. Moreover, the unemployment, poverty, and ethnic conflicts also provoke the people of this region to discreetly work for drug lords to ship the consignments.

With this impact of drug trade in the region, it began to see the number of drug users as well as infection with HIV/AIDS. The account of first drug abusers in Northeast India emerged in the state of Manipur where young youth is influenced with 'heroin' popularly known as 'No. 4'. Ever since the emergence of 'heroin' the availability in drugs or drugs market has sharply increased. Usually the drugs are coming Myanmar due to contiguity with Golden Triangle.

Table: Drug Seizures from North East States between 2013 to 2017

STATES	2013 (in Kg)	2014 (in Kg)	2015 (in Kg)	2016 (in Kg)	2017 (in Kg)
Arunachal	484.42	379.61	904.25	2945.91	770.45
Assam	5400.21	8638.02	1120.42	8397.4	10240.65
Manipur	2355.55	3112.04	4834.72	509.17	3550.46
Meghalaya	1346.07	0.14	3.2	378.5	79.41
Mizoram	333.2	788.71	807.31	310.64	2241.88
Nagaland	1737.85	3245.7	6971.1	8869.1	6879.75
Manipur	1065	2525	513.75	3843.65	10264.41

Source: Annual Report of Narcotics Control Bureau

At the beginning, the addiction of drug is seen among people who work in shipping the consignments from one place to another. Slowly, it got influenced to some youth that are largely school dropouts, unemployed and poor family background. Knowingly well that drug has serious negative health effect, it started as a kind of fashion and slowly got addicted to it. Among the varieties of drugs, the use of 'heroin' intravenously is more deadly. In recent years, the drug like Amphetamine-Type Stimulants (ATS) also appeared on the market. The ATS is said to have first arrived in Moreh at around late 1990s, brought by the Myanmar and Chinese traders asserting as good medicine for workers. Though it is not as popular as heroin but it entered the Northeast region as an alternative to the popular and expansive drugs. Generally, the addicted youths afford the expenditure on drugs by stealing or extorting small to valuable goods from others or their own houses. The crimes related to drugs addiction thus increases day by day and it become a social problem. Domestic chaos and violence to women and children were the ultimate impact of drug users.

The teenagers that fall with the age group of 18-24 are more common in not only abuse of drugs but are also infected with virus like HIV/AIDS, HVC and other incurable

diseases because they are prone to sharing of injecting equipment. Even there is report that more than half of the IDUs were infected with HIV. Thence, the infected men risks of contracting of HIV to their female sexual partner and this created a chance of transmitting virus knowingly or unknowingly to spouses and then to their children. Earlier, HIV/AIDS cases were confined among the IDUs, however, this epidemic has now penetrated in the general population through the risk behaviors of IDUs.¹⁷ However, when IDUs become aware of their HIV status, they reduce their high-risk behaviors. Even though antiretroviral medications are available for free, there are still many individuals who choose not to seek treatment. Due to the geographical location and lack of good HIV/AIDS surveillance despite being high prevalence, the Border States is deeply affected economically and socially due to the HIV epidemic.

The frequent political and social turmoil in the region worsens the case of drug trafficking and spread of HIV/AIDS. The insurgency movements led to enforcement of strict law by government in the form of Armed Forces Special Powers Acts (AFSPA). Under this act, possession of any illegal or suspicious goods is liable to be sent to custody without any warrant. Therefore, armed forces and local police are given special power to arrest any suspect including IDUs. The above situations consequence the ineffectiveness of the syringes exchange program, initiated to prevent the drug trade and spread of HIV. As such preventive measure fails to stop the risk of drugs in the region. Hence, the law and order situation also influence negatively on the adherence to drug and hinders the effective programs initiated to limit the HIV transmission.

Drugs Abusers and Spread of HIV/AIDS in Northeast India

The National AIDS Control Organization (NACO) of India, which is the nodal organization for NACP, provides a comprehensive package of prevention, detection and treatment services to drug abusers and highlights the rates of HIV infection among the groups of people especially pregnant women, single male migrants, long distance truck drivers, FSWs, MSMs, H/TG people and IDUs since 1998.¹⁸ The first case of HIV among drug abusers in India was reported in the Northeast in 1989. Since then the infection rates have soared and its prevalence is widely among IDUs. The epidemic has now spread to the general population particularly among the Border States with Myanmar. It is increasingly alarming because the region is border with Golden Triangle and has been used as routes to transport the consignment to different parts of the world. While acting as a route, the young people slowly got addicted to variety of drugs. The most harmful one is injecting of heroin and through it especially sharing of syringes caught infected with HIV/AIDS. According to NACO, the AIDS-related mortality per 1,00,000 population in India was estimated to be the highest in Manipur with 36.86 percent, followed by Mizoram with 28.34 percent, Nagaland with 26.20 percent, and Meghalaya with 11.08 percent.¹⁹ In another disturbing development, the trend of IDUs is rising among the youth between the age group of 15 and 20 years in several north-eastern states. To check this rapid rising trend, the concern state governments has initiated policies and

¹⁷ Moses, G. (July-September 2007). Drug Use, HIV/AIDS and Human Trafficking in the North East. Dialogue, Vol. 9 No.1.

¹⁸ NACO Technical Report (2019). HIV Sentinel Surveillance 2019 – Antenatal Clinic Attendees. New Delhi: Ministry of Health & Family Welfare

¹⁹ Sujit Chakraborty (1 December, 2020). HIV/AIDS epidemic in Northeast Alarming: Report. The Daily Guardian. See at <https://thedailyguardian.com/hiv-aids-epidemic-in-northeast-alarming-report/>

programmes in tandem with NACO, which is a nodal agency under Ministry of Health and Family Welfare. For instance, the state of Tripura is working in collaboration of 11 departments including Education, Social Welfare, Education, Sports, and Police departments. Tripura state AIDS Control Society.²⁰ Likewise, all the Northeastern states are actively employed its Excise and Narcotics Department along with police to check, cease and give awareness of the drugs and other narcotics that has direct link with HIV/AIDS. Among all the states, Manipur is badly infested and led to the death of many innocent lives. In the case of Mizoram, nearly 1,645 people have died of abuse since the first case was reported. Besides, Mizoram stood at 2.04 percent in the HIV prevalence rates, and recorded more than 20,000 HIV positive cases. Similarly, the states of Manipur and Nagaland also stood at 1.43 percent and 1.15 percent per one million people respectively. The NACO report (2020) suggests that the HIV case is in decline nationally from 0.54 in 1995 to 0.05 per 1,000 uninfected populations in 2019, but, the case per 1,000 uninfected populations was estimated to be highest in three north-eastern states viz. Mizoram at 1.18 per 1,000 uninfected populations, Nagaland at 0.73, and Manipur at 0.34 in 2019. In the case of Female Sex Worker (FSW), the incidence in country was as high as 2.12 percent in Meghalaya followed by 1.14 percent in Mizoram and Nagaland. Although the annual AIDS-related deaths have declined from 2010 to 2019 across country, the states like Meghalaya, Manipur, Arunachal Pradesh, Tripura and Assam is still grim on new HIV infections cases. In fact, the annual new HIV infections have increased in Arunachal Pradesh and Tripura whilst Mizoram and Nagaland maintain stable during the period of 2010 to 2019.²¹ This account is unwilling to accept among the local NGOs who engage on the field saying all states are at the tipping position that require sincere investigation on the case of drug abusers and HIV/AIDS because many remain hidden due to social stigma. Under the initiative of World Health Organisation and UNAIDS, the antiretroviral treatment is freely made available at major hospitals in Northeast since 2004. This intervention somehow reduced the number of IDUs affecting HIV cases from about 70 percent in 1998 to 20 percent in 2006. Another threatening case is the increasing number of drug abusers among female in recent years. It is said that about ten percent of drug users in Manipur and Nagaland are women. Female drug users are highly stigmatized because they do not get the support of families like that of most male users will get from their families. A high percentage of female drug users are from ethnic minorities, many of them hill people. Generally, it is also found that many of the women drug users grew up in single parent households, experiencing an unstable childhood. Some were displaced and have no permanent residence thus many NGOs started addressing the problems of women since 2007, and one measure is the creation of women-only drop-in centre offering daytime treatment and place to reside without harassment.²² The increasing number of female drug users requires more focused services to address their problems.

Policy and Programmes to manage drug abuse and HIV/AIDS

²⁰ IANS (2020). Interview with Project Director Phanindra Kumar Majumder.

²¹ NACO report

²² Murthy, Dr. P. (2002). Women and Drug Abuse: The problem in India, UNODC and Ministry of Social Justice and Empowerment Government of India.

With the detection of drug abuse and spreading of HIV/AIDS, Indian government enforced several ministries to get involved and create policies and programmes to tackle the menace in the country. For instance, the ministries such as Health and family welfare, Social Welfare, Justice and Home Affairs are all actively involved. It set up infrastructures to implement drug treatment with different approaches but unfortunately there is no scientific national strategy to curb the menace. Nonetheless, there is Narcotics Control Bureau (NCB), at national level, as the agency to oversee drug control policy in India. In 1985, the Ministry of Social Justice and Empowerment drafted a policy towards prevention of substance abuse, which subsequently revised in 1994, 1999 and 2008. One of the strategies was to give education, treatment, rehabilitation and social integration of drug users to prevent drug abuse. But, sadly there is no coherent and coordination among different government bodies from the inception towards addressing the drug use problems. In 1992, the National AIDS Control Organization (NACO) to coordinates with the National Aids Control Programme (NACP), yet it lack to produce necessary positive outcome.²³ However, NACO began to tie up with several UN agencies and started joint projects in the Northeast. Under this mission, the World Bank, Global Fund and AusAID came forward and funded on a large scale HIV prevention and treatment programme. These bodies played a pivotal role in allocating funds, but NACO failed to control the epidemic. Internal report of World Bank in 2007 reveals about the unmitigated corruption and fraud at NACO and on state level in the second phase of the NACP. Even the India's Comptroller and Auditor General also identified shortcomings on the roles of NACO, which reflects the insincerity of Indian government in tackling the issues. In addition, many states have different policies and programme to enforce the law as well as reduce the abuses and spread of HIV/AIDS, but failed to come up with meaningful solution.

Under Global Fund, antiretroviral drugs are provided through government hospitals. Many local NGOs stress the need to start primary prevention programmes at schools for it is linked to starting drug use, and many children are not aware of the dangers. The oral substitution therapy could have started massively in the country but limited the uses only at Tihar Jail in New Delhi. Thus, the chances of contracting disease are increased exponentially and rampant to infect with HIV and hepatitis C. Furthermore, although HIV infection among women and children is fast increasing, the government has no projects on sexual and reproductive health care. Instead, the condoms are freely distributed at drop-in-centres for drug users, female drug users often do not feel comfortable going there. In response, Guardian Angel, an NGO focusing on female drug users in Dimapur, has started involving local bars known as "booze joints" in the free distribution of condoms.

In recent times, the NGOs play an active role in India whether it is in policy-making or towards implementation of programmes. These groups some time act as pressure group and on other time work hand-in-gloves with the governments. Thus it secured a very important place in the country especially towards helping the weak and downtrodden section of societies. The Northeast India also encountered the increasing number of NGOs since the mid eighties. Thence many organizations orientated it to work for the victim of drug abuse and save lives. Uniqueness of it was that even the abusers

²³ Office of the Narcotics Control Board, National Narcotics Control Policy on Five Fences Strategy": <http://en.oncb.go.th/document/e1-info-5Fence.html>

slowly formed an organization. Some of the organizations like the Care Foundation, Social Awareness Service Organization (SASO), OST, State Anti Drug and Prohibition Council Guwahati, North East Voluntary of Rural Development (NEVARD), Mizoram Social Defence Rehabilitation Board, Nagaland Users Network, Akimbo Society Nagaland, and the Mothers Vision Arunachal Pradesh are some few that have been actively involves in controlling the menace of drugs in the region.

Since mid 1990s, the NGOs in the Northeast have pioneered methods to best reduce the harm of drug use. The NGOs are run by volunteers, most of them with an IDU background. They have suggested that a home based care has proven to be very effective, and this is now a priority for the abuser has reservation as well as unable to visit a doctor. It is also pointed that the constant conflicting situation in the region made difficult to fight in eighties and nineties, and this resulted in further widespread of abusers. In collaboration with the state governments, the NGOs in Manipur and Nagaland the oral substitution programmes are implemented where they handed the buprenorphine from the drop-in centres. These tablets are crushed and the clients are requested to swallow these tablets on the spot, to prevent the drug finding its way onto the illicit market. An evaluation of the OST programmes in Manipur and Nagaland suggests that there has been a concomitant decrease in criminal activities.²⁴ A local NGO worker in Dimapur confirmed OST has helped to lower the crime rates. Many NGOs have had a vital role in providing much needed services. However, there has been criticism on the quality of services provided by some local NGOs and accusations of corruption.

Major Steps to check drug trafficking in Northeast India

As there are increasing number of drugs trafficking taking place in the region, it become quintessential for all the states governments to collectively consider multipronged measures to this menace. It is no longer possible for the region to allow this trafficking without uncheck for it has potential to jeopardize the very fabric of socio-cultural lives of the region, and many young people are began to enmeshed themselves with drug consumption. Continuing of it would alter if not spoil the whole population of Northeast India as it observed in the countries fallen within Golden triangle. Thus, a measure to tackle it is need of hour for the region. There are many mechanisms from the top level to bottom level, but few of the imminent measures are as follows; firstly, there should be proper border management by setting up strong fencing and proper vigilance system at the India-Myanmar border where there is inflow of drugs into the region. In this process, the paramilitary forces that are guarding the international border should coordinate and try to control the smuggling of drugs in the region. Apart from men's power involves in border management, the government should used advance technological system such as unmanned Aerial Vehicles, camera, be employed and the existing infrastructures such as entry gates should be upgraded. Secondly, there should be strong Community based groups to deal the matter in an aggressive way. If this people are taken into confidence, the cooperation receives would help to detect or get reliable inputs. In the 21st century, the role of the civil society is very essential in combating drug trades. Thirdly, all the Northeast states must work in tandem and if necessary form an Inter and intra-Regional Forums. This will provide common platform for the states to

²⁴ Manipur State AIDS Control Society (2010). Epidemiological Analysis-Sentinel Surveillance, <http://manipursacs.nic.in/assets/docs/epidemOct2010>

discuss the non-traditional security threats such as narcotics trafficking, human trafficking etc. Greater cooperation with countries of the Golden Triangle as well as others in its proximity also needed to be established. Fourthly, the Indian government must considerably initiate to uplift the economic and development health of the region. It is doubtful that influx of drugs in the region is related to the complete isolation from development regime for the last seven decades. With this the region is lagging behind in all aspects including proper education, employment and development, which corner the people of this region to get involved in this dark market and create a menace. Fifthly, the Indian government should negotiate with all the insurgent groups of the region as early as possible. In the past, there is account that these insurgent groups started the use of drug trade in the region, which they got support directly from Myanmarese militant groups. It is clear that if the insurgencies are subdued in the region, there is hope in despair that the quantity of drugs available would reduce in a big way. Lastly, the empowerment of women is quintessential. The Female drug addicts face several kinds of discrimination and social rejection. Thus, the government and civil society must establish women only and women friendly rehabilitation centers, proper medical care, counseling and vocational trainings etc.

Conclusion

From the above narration, it can be seen that Northeast India is entangled in the drug trade for being close proximity to the Golden Triangle, and this has exploited the socio-cultural values of ethnic groups and also spoils young innocent lives through the influence of this harmful intoxication. Sometime the penetration of this drug has led many broken families, particularly to the bordering states viz., Manipur, Nagaland, Mizoram and Arunachal Pradesh. Over the years, there is dramatic shift on pattern of drugs uses i.e., from smoking opium and heroin to injecting heroin and pharmaceuticals, which is a very harmful form of inoculation to the body. With this uses, many were driving to incurable diseases like HIV and hepatitis C epidemics. Undoubtedly, the National AIDS Control Organization has been taking a lead role to control this menace and funded both the state agencies and NGOs to work on improving and ensuring the abusers that they receive proper orientation, awareness, rehabilitation centers and other necessary activities. Under this programme, it has able to effectively reach out some of the most risk abusers. But, as it said the addiction are secretly held and even the infected people are shadow behind the wall refusing to get the necessary support from the agencies due to stigmatization of public over those users. Hence, there is lot more rigorous work to carry out more intensely in properly identifying the abusers and give support. Even more the local authorities, including the police and non-state actors, should stop discrimination and mistreatment of drug users, instead address the specific problems like reintegration programmes and sensitization are established for their security, privacy and freeness.