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Drug Production in Pakistan and Khyber Pakhtunkhwa: State Measures in Controlling Drug Abuse

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Abstract: *Pakistan and Khyber Pakhtunkhwa had an important role in drug production in the entire Golden Crescent. US declared war on drugs and Pakistan has initiated practical steps to curb the production of drugs in its territory. The law enforcement agencies in Pakistan have evolved the policy of drug eradication and has played a vital role in its implementation at the ground level although the success was meagre in comparison to the drug issue. The state has not only developed the strategies of law enforcement, rather these were improved in legislation as well. Khyber Pakhtunkhwa being a main front to eradicate its deep-rooted problem of drugs production and smuggling, became the first province to frame its own special narcotics law as "Khyber Pakhtunkhwa Control of Narcotic Substances Act, 2019".*

Keywords: Drug Cultivation, Trafficking, Drug Abuse, Law Enforcement Agencies

1. DRUG PRODUCTION IN PAKISTAN: HISTORICAL PERSPECTIVE

Pakistan exists in the geographical context of south-west (and, to a degree, south-east) Asia and it is not easy to understand the geopolitics of opium and heroin production in Pakistan. After all, until the Central Asian states of Tajikistan, Uzbekistan, and Turkmenistan, as well as several eastern European countries and Mexico, emerged as new opium producers (Kumar, 1994). These territories accounted for nearly all of the world's illicit opium cultivation. Approximately 2205 metric tonnes were manufactured in India and the Pakistan-Afghanistan bordering territories. Due to this fact, the two regions were held responsible for (90%) of global supply (David & Bewley, 2002). Pakistan includes in the Golden Crescent, a political and geographical region that includes Pakistan, Iran and Afghanistan. Word "Golden" referred to the narco-money earned by the foreign traffickers, but the fact cannot be denied that the hilly tribes living below the line of poverty who cultivates opium in their respective areas (Tullis, 1995).

Pakistan falls in the most important and strategic location but the level of poverty is on peak like Afghanistan and Iran. The name "Golden" was introduced by the western media in 1980s amid the Afghan-Soviet war, to title that hilly area as "Golden" which is known for the cultivations and trafficking of narcotics, however the name of golden triangle was designated by the Vietnam War. The political, geographical, and topographical difficulties of the growing locations were hard obstacles to attain the accurate numbers of acres that cultivates poppy. The Anti- Narcotics Force Pakistan (Formerly Pakistan Narcotics Control Board) is responsible for collecting information on drug manufacturing and trafficking. This is always had been a controversial subject regarding the statics and especially Pakistan and USA has never developed consensus on the output and

cultivations statics. Even the legal cultivation in Pakistan has never been systematically assessed so the matter is far away to evaluate the statics of illegal production. The current opium production and heroin consumption data reflects Pakistan to be the net importer of opiates and other narcotic substances. The “Golden Crescent” earns the US$5 Billion annually in the entire US$400 Billion of world drug trade although the data regarding its share in the global market is not available. The UN Drugs Control Programme (UNDCP) director says that: *However, based on current opium production and heroin consumption data, Pakistan looks to be a net importer of opiates and other narcotic substances. The "Golden Crescent" has a stake of around US$5 billion per year in a global illicit drugs trade of about US$400 billion; however, no accurate data on its portion of the market are available* (Quaglia et al., 1997).

Pakistan's opium production falls from 800 metric tonnes in 1978-79 to 155 metric tonnes in 1996, nearly 50 times lesser than Afghanistan's output. Though, (80% to 90%) of Afghanistan's cultivation is dispatched to Pakistan for its further processing into heroin. Afghanistan is considered to be the world largest opium producer. As leaders of the major opposition organisations were involved in opium and heroin cultivation, processing, and trafficking to finance the fight, this growth began immediately after the withdrawal of Soviet forces. 200,000 households, or one million individuals out of a population of 17 million, were believed to be involved in opium cultivation and related industries at the time. Whereas in (1995-96), 38,740 hectares of less cultivable land were dedicated to poppy growing, yielding an estimated 1250 metric tonnes, in 1999, this figure increased to an estimated output of 4,600 metric tonnes of raw opium, accounting for (75%) of global opium production (Childers & Urquhart., 1999).

Wars urge supply of funds and that what opium earned. (93%) of Afghanistan's total opium output comes from areas under the Taliban Government's control, which has essentially legalised cultivation by imposing a (10%) tax on opium, as well as all other products in their control areas (called ushr). As a result, even if Pakistan's government were to eradicate poppy cultivation, the Afghan problem would continue. As a result, heroin manufacturing will continue to remain unchecked for the predictable future, because people in charge of it are also interested in its development (Miller, 1980).

Opium was mostly manufactured in Pakistan for domestic use. Even in 1972, considering the massive amount of raw opium produced and a province-wide addiction rate was less than (1%) and is seemed unbelievable. While the 1972 World Opium Survey estimated licit opium output in Pakistan to be 12 tonnes, it estimated illegal opium production to be up to 160 metric tonnes, more than twice the current opium production (World Opium Survey, 1972). When the United States announced its first "war on drugs" in the early 1970s, the international pressure to control drug-related problems emerged dramatically. Drug addiction first became an issue in Pakistan in the 1970s; perhaps no one anticipated that how it could create such a large scale uncertainty. Heroin was unknown, but psychotropic synthetic drugs like barbiturates and amphetamines, as well as indigenous substances like opium and cannabis, were widely used. Despite rumours that a few people in Karachi's coastal metropolis had taken heroin for some time, most likely as a result of Karachi's international commerce and communications ties, Pakistan's first instance of heroin addiction was discovered in Baluchistan in 1979. The first two cases in Khyber Pakhtunkhwa (the then NWFP) were discovered a year later in Peshawar, the provincial capital. Since then, heroin addiction has spread like wildfire: 100,000 people have been hooked to it every year for the past two decades, and the number of addicts is currently growing at a rate of (7%) per year, with no treatment or rehabilitation available at the state level (Gossop, 2017). Pakistan's fast-growing opium-using populace created a significant heroin market, driving opium production to remote parts of the tribal belt, where government control was almost non-existent. While opium cultivation has been a part of the local economy

in Khyber Pakhtunkhwa for many years, when heroin production was introduced in the late 1970s, cultivation increased because the crop offered an infinitely more appealing yield than the few other crops that could grow on land where irrigation water was not available (Mansfield, 2001). Pakistan had no problem with heroin in the 1970s. Local farmers and tribesmen quickly realised the financial benefits of this new technique, and starting in the 1980s, they began growing enormous quantities of opium poppies, which were subsequently processed into heroin. The Khyber Pakhtunkhwa saw the most cultivation and refining activity, with much of it controlled by fiercely autonomous indigenous tribes who have protected their operations against government intrusion, including narcotics enforcement (Gossop, 2017). Heroin use exploded in popularity throughout the 1980s and 1990s. According to government figures, there were around 5,000 heroin users in Pakistan by the end of 1980, with the number rapidly increasing to 20,000 in 1981 and 657,000 in 1986. In 1988, the million-person mark was passed, and by 1993, the figure had risen to 1,524,000. According to a 1996 UN Drugs Control Programme (UNDCP) assessment, heroin was the drug of choice for (51%) of Pakistan's 3.1 million drug addicts. On the basis of a (7%) yearly rise, it was predicted that by the end of 1996, the total number of addicts would have surpassed 3.6 million, 140 with the number of heroin addicts reaching 2 million by 1998 (Rauschning et al., 1997). In a similar vein, a report to the Senate Standing Committee on Narcotics in 1995 claimed that Pakistan had 1.5 million heroin addicts, which is broadly consistent with PNCB statistics, which identified 3.2 million drug addicts, of whom 2 million were heroin addicts; including an increasing proportion of females (Rauschning et al., 1997). In Pakistan, both illegal drug usage and non-medical prescription drug use are well-established and well-known occurrences. For Health Administrators, the issue of non-medical usage of prescription medicines has long been a problem. The National Ministry of Health Reforms and provincial health departments never conduct any scientific research or studies to determine the seriousness of non-medical prescription medication usage and its effects. The combination of psychological, biological, sociological, and cultural variables (e.g., historic usage of cannabis and Heroin), as well as easy availability to an abundance of controlled drugs throughout the country, has undoubtedly resulted in a significant number of individuals. Psychological, biological, social, and cultural factors (e.g., traditional use of cannabis and Heroin) have likely resulted in a large number of people experimenting with or using drugs for recreational purposes, as well as developing drug use disorders and dependence, due to easy access to an abundance of controlled substances throughout the country (Pecorar & Woody, 2011).

In addition to its physical proximity to Afghanistan, the world's largest opium producer, Pakistan has become more vulnerable to drug trafficking (chars & heroin). Pakistan has been conducting national drug usage surveys and evaluations since 1982. Despite the country's changing demographics, it's impossible to make direct comparisons because these polls had distinct scopes and methodology. Nonetheless, these studies have produced estimates of the various drug-using populations, which will be valuable for policy and programming in the country. The initial study, led by the former Pakistan Narcotics Control Board, estimated that there were about 1.3 million users of any drug. More specialised research on heroin usage was conducted the following year, showing an estimated 100,000 heroin users (Sinha, 1982). According to the Board's 1988 report, an update to the poll was performed in 1986, estimating 1.9 million overall drug users, and within two years, this figure was projected to have grown to 2.24 million any illegal drug users. In 1993, Pakistan was projected to have 3.01 million users of various illegal drugs. This revealed that, in addition to opiates and cannabis, a wide range of licit (prescription medicines) and illegal substances were utilised in the nation at the time. The following national survey, performed in 2000 with UNODC assistance, used a technique to get more accurate estimates of habitual heroin users. According to the report, there were an

estimated 500,000 habitual heroin addicts in Pakistan in the year 2000. According to the most recent evaluation of opioid use, performed in 2006 with UNODC help and using a multiplier/benchmark technique, the country had 624,000 regular opiate users and 130,000 individuals injecting opiates. The number of opiate users is currently believed to be 1.06 million, with 430,000 persons injecting opiates (Khaled, 2013).

Pakistan had 1.5 million heroin users. Due to the growth of opium poppy and cannabis in neighbouring Afghanistan, Pakistan lies on one of the world's busiest drug trafficking routes. According to UNODC estimates, Pakistan is responsible for 40% of the narcotics (heroin and charas) manufactured in Afghanistan. This provides a significant opiate supply for both export and domestic consumption. Apart from cannabis and the opium poppy, there is evidence of an increase in the availability of amphetamine-type stimulants (ATS), ecstasy, and cocaine. In the last several years, Pakistani law enforcement officials have seized methamphetamine and discovered anomalies in the import of related precursor substances like ephedrine. Furthermore, Pakistan has a well-developed pharmaceutical sector as well as a huge network of unregulated pharmacies and medical stores throughout the nation. Almost, all areas of the nation are served by these pharmacies and stores, which distribute and sell medications, including prohibited substances, without the need for a doctor's prescription in most cases (Taylor, 2013). The initial study, led by the former Pakistan Narcotics Control Board, indicated that there were about 1.3 million users of any substance in Pakistan. A more specialised research on heroin usage was conducted the following year, showing an estimated 100,000 heroin users. According to the Board's 1988 report, an update to the poll was performed in 1986, with an estimate of 1.9 million total drug users. Within two years, this figure was projected to have grown to 2.24 million illegal drug users. In 1993, Pakistan was projected to have 3.01 million users of various illegal drugs (Khaled, 2013). In Pakistan, an estimated (6%) of the population, or 6.7 million people, aged (15-64), had used drugs in the previous year, including those who had used at least once as well as regular drug users. Out of these 4.25 million people are thought to be suffering from drug use disorders and drug dependence, 44 reporting significant challenges controlling or reducing their use (WHO, 1996).

2. GOVERNMENT MEASURES TO COUNTER DRUG ABUSE IN PAKISTAN

Pakistan has signed all UN treaties on drug production, trafficking, and addiction, assuming the responsibility to combat illicit opium and heroin production and heroin addiction inside its borders. Following the passage of the Hudood Ordinance in 1979, Pakistan started on a two-pronged strategy to address addiction: demand side reduction, which included better treatment and rehabilitation programmes, as well as criminal punishments, and supply side control. In terms of demand-side reduction, there is a near-complete absence of treatment and rehabilitation facilities, with just 200 treatment centres for three million addicts (one centre every 15,000 addicts) and detoxification being the only national strategy accessible. As a result, sepsis from begging addicts scars and wounds, unsanitary living circumstances among beggars who dwell on or near rubbish dumps and other dirty locations, and hepatitis and other liver illnesses all contribute to the high death rate among addicts. The extensive use of criminal penalties has been hampered by corruption among politicians and law enforcement authorities. These, in any case, may have little influence on the problem unless they are part of a larger effort that includes therapy and rehabilitation: a carrot and a stick. However, health-care resources are scarce, and those that are available are poorly allocated, both across and within provinces. To deal with the current drug problem in the country, the government issued the Antinarcotic Policy 2010. It seeks to re-energize existing national drug law enforcement agencies, strengthen the Anti-Narcotics Force, establish an efficient coordination and control system, and engage Pakistan's citizens, particularly youth and institutions, to assure active involvement in drug

eradication. (Narcotics Control Ministry, 2013) It covers all three major drug-related topics: demand reduction, supply reduction, and international cooperation. To balance supply and demand, the government plans to beef up law enforcement forces to combat drug trafficking and eliminate poppy production, particularly in Khyber Pakhtunkhwa and Baluchistan, by planting alternative crops. This strategy also emphasises the importance of educating the general public, as well as the younger generation, about the negative consequences. In terms of international collaboration, Pakistan gladly collaborates with foreign organisations by sharing and exchanging drug-related information (Narcotics Control Ministry, 2013). The creation of special Narcotics Courts in 2000-2001, which deal with drug matters under the Control of Narcotic Substances Act, 1997, was another move taken by the Pakistani government to address drug concerns. This law was created to provide comprehensive information on all types of medicines. It also established penalties for narcotic drug production, possession, import or export, trafficking, and funding (Government of Pakistan 1997) (Asad, 1999).

3. DRUG PRODUCTION IN KHYBER PAKHTUNKHUWA

Khyber Pakhtunkhwa has a history of cultivation of poppy and local production of drugs being a bordering province to Afghanistan. The matter can never be figure-out that the Khyber Pakhtunkhwa has always been influenced by the circumstances that developed across the border. This province has produced large number of opium for local use but the fact can never be denied that the huge quantity of the cultivation to heroin in labs constituted at the tribal districts of Khyber Pakhtunkhwa (the then FATA). But keeping in view the setbacks the federal and provincial governments have always been indulged in everlasting endeavour to curb the menace from its provincial territory and it was successful if not (100%). The government of Khyber Pakhtunkhwa even now in a continuous strive to control the drug abuse and to grasp it with more stern laws and recently have passed the Khyber Pakhtunkhwa Control of Narcotic Substances Act 2019, which initiates more penalties for certain, drugs.

4. STATE MEASURES TO CURB DRUGS IN KHYBER PAKHTUNKHWA: HISTORICAL PERSPECTIVE

In an attempt to eradicate the poppy crop, government paramilitary troops killed poppy growers in the Gadoon Amazai region in 1986. The US Government compensated the victims of the US-instigated slaughter of 26 fanners by building an industrial estate (alternative development) in the region, in order to give other means of livelihood, as this area had previously relied on opium growing. The PPP (Pakistan People's Party) won the first General Election following eleven years of martial law in 1988. A party, dominated by feudal and the landed nobility, built this industrial park with a slew of incentives for investors, including tax holidays, low-cost energy, and machinery import refunds. Within three years, almost 200 industrial units were up and running. However, the inter-provincial politics of ethnic conflict and Punjab's economic supremacy are not favourable to the area's industrialization (Asad, 1999).

5. POPPY CULTIVATION AND DRUG ABUSE IN KHYBER PAKHTUNKHWA

According to one oral storey, Chandu, a type of opium smoking, was introduced by and named for a Hindu Prince, Chandan Kumar alias Chandu, who tried opium smoking in China and promoted it to his close aides when he returned, with the habit subsequently spreading. Influential persons may have had access to opium during the British opium trade period and may have introduced the habit. Opium was brought by the Greeks, according to Muslim oral tradition Khyber Pakhtunkhwa and Eastern Afghanistan. Records reveal that Alexander the Great brought opium and the poppy with him on his journey to conquer the world, bringing it to India and utilising it for his troops. This appears probable, given the therapeutic usefulness of opium as an analgesic, anaesthetic, and anti-diarrhoea preparation, especially because the places most widely grown for millennia have

been Persia, Turkey, India, Afghanistan, and Central Asia, Alexander's path to India in 334 BC. Chando is only available to a select few. Whereas Chando was formerly produced and smoked in remote locations such as abandoned water mills or ruins, it is now prepared in feudal village guest homes to which police and other law enforcement officers have no access. Chando smoking is reported to occur in the Khyber Pakhtunkhwa's district Charsadda, Mardan, Peshawar, and Mansehra, all of which are fertile places with much above-subsistence output, which is likely what led to the development of pleasure-seeking psycho-cultural impulses. Madak is a second technique of preparation and ingestion whose history is likewise unknown. Finally, a few people, such as beggars and mendicants, as well as the impoverished and crippled, utilise dhoda, a dry capsule that has been crushed to a powder and taken with water. Dhoda is a common treatment in the Khyber Pakhtunkhwa for a variety of ailments, including coughs, diarrhoea, headaches, dysentery, asthma, and digestive problems in children; it is claimed to cause abortion if given to pregnant women. Its symptoms and effects are typically milder and shorter-lasting than opium's. The user has a sensation of relaxation and well-being a few minutes after taking the potion, as well as a wonderful shift in attitude and behaviour. However, the Greek physicians, subsequently known as Unani hakeems by the Arabs, have extensively detailed the medicinal usage of opium. Opium was planted and widely utilised for medicinal purposes in Swat, which was once a Graeco-Bactirean valley and its neighbouring territories of the districts of Dir, Swabi, Chitral, and Bajaur - in the winter for colds, influenza, and coughs, and in the summer for diarrhoea, pain relief, and inducing sleep.

According to the World Opium Survey 1972, the Afridi Pathans of Khyber Agency controlled and dominated the opium trade and traffic in Pakistan a quarter-century ago. To meet increased demand in Iran, the Afridi either transported their opium through Afghanistan or passed it on to the Shinwaries (a large tribe across the Afghan border near Landi Kotal, still in Khyber Agency) and Ghilzais (a nomadic tribe from Afghanistan who travel to the plains of Pakistan during the winter and return in the summer) for onward transportation through tribal relationships. The UNDCP regional office for south-west Asia, based in Islamabad, identified the main opium-producing areas as Dir District and the tribal agencies of Bajaur (Malakand Division), Muhmand, and Khyber (Peshawar Division), with only minor quantities produced in other tribal agencies, according to a 1996 report (WHO, 2003)

In terms of narcotics, the districts of Dir, Chitral, and Buner are the most backward, least known, and little documented. Due to opium cultivation, the Dir and Buner regions have been a focal point for the worldwide community. Initially, opium was transported and processed into heroin abroad, with opium factories emerging only in response to growing demand in the late 1970s. Only one hamlet, Kurya, in the Buner District of Malakand Division, where 50 to 75 percent of the male population was claimed to be hooked to opium, exhibited symptoms of widespread addiction in a WHO-sponsored assessment of drug addiction in Khyber Pakhtunkhwa in 1975. In reality, a second investigation on Buner revealed that the village's opium addiction was much lower (Asad, 1999).

6. DRUGS FROM LICIT TO ILLICIT: 1947 TO 1957

To fulfil demand after independence, the government imported opium from India and sold it through a century-old vending system. This included hakeems and shops authorised by the Excise Department to sell opium to registered users (private smoking was outlawed in 1950). The stores were auctioned off on a district-by-district basis every year. At the time of independence, there were 328 such businesses, 267 of which were in Punjab and only a few in the Khyber Pakhtunkhwa, where opium was plentiful. There were 260,000-280,000 users at the time (including a few kasabgars [artisans] who allegedly used opium to increase their working efficiency, and landlords or members of the ruling elites who used the most potent form of the drug [chandu or madak] for recreational

purposes) and 68,000 herbal practitioners, homoeopaths, and ayuervedics (and over 500,00073 in India). The Unani hakeems and other practitioners met the medical requirements of almost 80% of the people. However, exaggerating the role of opium in these medical systems would be a mistake. Only a handful of the 200-250 stock formulations of traditional medicines in the main dispensary of Ayuervedic and Tibbi college of Delhi included opium. Indiscriminate use was more common in the home, as a treatment for diarrhoea, dysentery, coughs, bronchitis, asthma, colic, piles, neuralgia, fevers, rheumatism, diabetes, and other ailments: as a folk medicine, opium was given to infants in the Khyber Pakhtunkhwa, both to protect them from dehydration-related viral diseases like vomiting and diarrhoea (the leading causes of infant However, a terrible result of this erroneous thinking was an increase in child mortality (Asad, 1999).

7. (1953 to 1956)

Rather than being used indiscriminately in the workplace, it was used in the home as a treatment for a variety of ailments. The United Nations allowed Pakistan to cultivate opium under the International Opium Protocol of 1953. As a result, imports halted, and the Government, reinforcing the 1857 and 1878 Opium Acts, authorised production in Punjab (although not Khyber Pakhtunkhwa), first using seeds imported from India. Despite the fact that the Punjab is known for cotton and wheat, opium cultivation failed due to weather problems, labour intensiveness (which made it uneconomic in the different social structure there), and a lack of farming expertise (Asad, 1999).

8. (1957 to 1972)

As a result of the failure of the Punjab experiment, in (1956-7) the Government permitted poppy growing in Khyber Pakhtunkhwa. Farmers in the Swabi, Mardan, and Peshawar districts were granted licences, and controlled agriculture began in these settled regions, in addition to unregulated cultivation in tribal areas. The duty for opium production was passed to the Provincial Government under the 1956 Constitution, and it became their job to acquire the gum from licenced growers. This technique enhanced output, and by 1958, there were 789 vending machines. Individual licences were issued to farmers directly, but villages received joint licences specifying the acreage that could be cultivated. The headman (lamberdar) was charged with dividing the quota according to farmers land holding size and ensuring that all the opium was procured in exchange for a 2% commission. Farmers were notified in advance of the location and date of the opium purchasing depots' establishment. The ratio of bribery actually rose when the Federal Government sent in the Pakistan Narcotics Control Board (PNCB) in 1974, since officers collected bribes from both licensees and non-licensees. The fact that by (1977-78), acreage of 8,960 acres had been recorded, but licenced acreage was only 2500 acres, demonstrates the severity of the enforcement problem (Asad, 1999).

9. (1973 to 1978)

Despite the fact that this stage was marked by greater control measures, it was also a period of tremendous expansion, which is ironic yet significant. PNCB's unclear function, established under Article 13 of the United Nations Single Convention of 1961, aided this administratively. Opium and poppy cultivation remained a provincial duty and inconsistencies in the duties of the PNCB and provincial opium officers emerged, generating the resulting uncertainty provided possibilities for corruption, and enforcement failure guaranteed that opium production was virtually unmonitored, with both PNCB and Opium Department employees taking money from farmers. Confusion about the Federal and Provincial governments' respective obligations (Asad, 1999).

10. (1979 to 1999)

Prior to 1970, the entire region of south west Asia produced 24 percent of the world's total illicit opium output, estimated at 140080 tonnes per year, but by 1978-9, the Khyber Pakhtunkhwa alone was producing 800 metre tonnes, of which only 4.7781 metric tonnes were legal. The illegally produced crop was either processed locally into heroin or sent to Iran or

Turkey for processing. The UN and other western nations pressured Pakistan to make opium production illegal after seeing the record crop in 1978-9. As a response, the military government issued the Hudood Ordinance in 1979, an Islamic legislation prohibiting the use, trafficking, and manufacture of all intoxicants, including opium, as well as the vending system. Despite being presented as an Islamic provision; the Ordinance was most likely motivated by American pressure rather than Islam. It certainly misunderstood Islamic law, as Islam does not prohibit the processing of agricultural products such as poppies, barley, grapes, and apples into beer, wine, and cider. Despite the fact that the law included no specific mention of poppy cultivation, the bureaucracy regarded it as such until a Presidential Ordinance in 1995 addressed the situation. Following the Iranian Revolution in 1979, opium production was declared illegal there as well, creating a significant new market for Pakistani and Afghan opium. In the same year, Soviet troops invaded Afghanistan, causing a massive influx of Afghan refugees to flee to Pakistan, with Khyber Pakhtunkhwa serving as a reinforcement camp for Afghan resistance. According to research conducted at Islamabad's Quid-e-Azam University, heroin manufacturing in the Gadoon area was originally introduced by German scientists. Many locals in Khyber Agency believed that westerners, most likely Germans, had started the manufacture of heroin. These Germans had been coming into the area for many years to trade in hashish, and had introduced the technology of THC, or hashish oil, as well as imparting heroin knowledge to locals. Brown (No 1) heroin was being produced in the area by 1978. This heroin is not water soluble and is smoked using a pipe, panne ("chasing the dragon"), over tin foil. The amount of heroin generated in secret in tribal communities has never been revealed. The number of laboratories discovered and destroyed, as well as their output capacity, might be used to determine the scope of its production. In 1982, the US Drug Enforcement Administration reported that 15-20 such laboratories had been demolished; in 1985, the Daily Telegraph reported that 47 had been demolished in the tribal areas in the first nine months of that year, with (90%) of them located in Khyber Agency, each with a production capacity of over 50 kg heroin per month, with (65%-80%) purity for brown heroin powder and up to (90%) purity for white heroin powder (Asad, 1999).

11. LAW-ENFORCEMENT AGENCIES CONTROLLING NARCOTICS IN PAKISTAN

The Pakistani government has made significant efforts and commitments to combat drug manufacturing, trafficking, and abuse despite having very few resources. The international community—including the United States, for example—has made a significant contribution to the fight against vice. The Pakistani government devised a plan to deal with the drug issue in order to combat the social threat (Rensselaer, 1991). Using law enforcement tools and agencies, the Narcotics Control Strategy, as it was known, sought to lower the supply and demand for drugs while also creating alternative activities for people to participate in. In the worldwide campaign against drugs and substance misuse, the policy also called for collaboration with other nations (Ministry of Narcotics Control, 2009). President Zardari of Pakistan has made it clear how critical it is to reduce the drug problem on a national and international level. In September 2012, the leader stated at the UN General Assembly that the uncontrolled cultivation and selling of illegal drugs not only finance terrorist organisations in Pakistan but also worldwide. He declared that the nation had a plan in place to curb vice (Khaled, 2013).

The Pakistani government created the 2010 Anti-Narcotics Policy in that year. The policy was created in response to changes in the global drug environment and the current state of affairs. The goal of the Drug Control Master Plan 2010-2014 is to lessen the social, economic, and health issues related to drug trafficking and substance misuse in Pakistan. The goal of the regional ministerial conference, which was attended by a number of dignitaries from Afghanistan, China, India, and many other countries, was to strengthen regional collaboration in order to

develop a comprehensive strategy to combat drugs (Khaled, 2013). The policy's four basic components are as follows: -

- Drug supply reduction: this entails, among other things, ending poppies growing nationwide, successfully preventing drug trafficking, and enhancing the capabilities of anti-drug troops.
- Preventing the demand for narcotics entails developing public awareness campaigns, providing treatment, and improving rehabilitation facilities, all of which contribute to the formation of a drug-free society (United Nations Office for Drug Control and Crime Prevention, 2000).
- Encouraging and strengthening collaboration in the fight against drug and substance abuse with the global community.
- Creation of the National Anti-Narcotics Council (NANC) and the parliamentary committee entrusted with overseeing and evaluating the policy.

The United States and Pakistani governments struck a five-year agreement in September 2007, according to the UNODC. A $2.3 billion FATA Sustainable Development Plan intended to be integrated with a $750 million US funding package. The assistance was intended, among other things, to support livelihood enhancements, infrastructure development, agricultural, small and medium-sized business development, and capacity building initiatives. The improvement of livelihoods through these initiatives would result in the abolition of opium poppy growing (Rydell & Everingham, 1994).

To combat the vice, the Pakistani government also set up several organizations and drug-control divisions. These organizations are vital in preventing drug misuse in the nation as well as the manufacture of drugs through cultivation and trafficking (Khaled, 2013).

There are several agencies, which are working in Pakistan in order to eliminate the offence of narcotics such as the agencies below:

12. THE ANTI-NARCOTICS FORCE (ANF)

With the passage of the Control of Narcotics Substances Act in 1997, the ANF was given the lead role in the fight against drug trafficking. The main agency tasked with stopping the manufacture, trafficking, smuggling, and misuse of illegal drugs and psychoactive substances is the ANF. It gathers intelligence and handles drug seizures, arrests, and the investigation and prosecution of criminals through its five regional directorates, which are led by officers at the brigade level and assisted by officers and staff who are seconded from the Army. The ANF's enforcement role is enhanced by the seizure of assets generated by the drug trade and the reduction of money laundering. ANF is also in charge of demand reduction initiatives in addition to this. The Director General of the ANF, a serving military commander on deputation from the Army, oversees the organization's operations under the Ministry of Narcotics Control NC. With 2,400 employees in 2007 compared to less than 1,000 in 1996, the ANF has grown in size in recent years. The ANF integral cadre, which is being extended to 3100, makes up the remaining 47% of the force's workforce, with the remainder being seconded from the Army and other agencies (Barakatullah, 2011).

13. FRONTIER CORPS (FC)

These paramilitary groups, which are stationed in the provinces of Khyber Pakhtunkhwa and Baluchistan along Pakistan's border with Afghanistan, are made up of many wings that are roughly the size and composition of a regiment. They are also stationed in the Province of Baluchistan, which borders Iran in Pakistan. In addition to their primary duty of border guarding, they also engage in anti-drug trafficking activities. Their ability to investigate, though, needs to be improved. The Federal Ministry of Interior receives reports from the Inspector-General of the FC. The FC has been given anti-drug authority by the ANF (Barakatullah, 2011).

14. PAKISTAN CUSTOMS

Pakistan Customs is accountable to the Ministry of Finance's Federal Board of Revenue. This service is divided into two primary sections,

each of which includes drug control as part of its purview. The Intelligence and Investigation Division maintains investigation offices across the nation in addition to its core intelligence function. The second arm is dispersed around the nation and is made up of different Customs Collectorates. The specialised medication units used by both arms come in different sizes. The larger units are typically found in Pakistan's airports and international ports. There are fifteen entry and exit locations along the customs borders (Barakatullah, 2011)

15. PAKISTAN COAST GUARDS

The precise number of people working with the Pakistan Coast Guards is still unknown. Pakistan's coastline is under the guardianship of the Pakistan Coast Guard. The Ministry of Interior is subordinate to the Director General of the Coast Guards, who is a Brigadier on secondment from the Army. The Coast Guard currently focuses mostly on drug trafficking and lacks the majority of its original mandate. Thus, it is suggested that during peacetime, the Coast Guard be put under the administrative jurisdiction of ANF (Barakatullah, 2011).

16. POLICE AND EXCISE

It is the responsibility of the Excise Departments and Provincial Police Forces to monitor drug distribution and trafficking inside the nation, particularly at the consumer level. Because the ANF lacks the manpower to patrol the streets for peddlers, its duty is tied to high-value consignments of narcotic substances, making this a crucial purpose (Barakatullah, 2011).

17. Maritime Security Agency (MSA)

The MSA is a paramilitary organisation that was founded in 1986 and consists of about 2,500 members. In collaboration with the Navy and the Army-manned Coast Guard, the MSA is in charge of patrolling the Exclusive Economic Zone, which includes drug interdiction (Barakatullah, 2011).

RANGERS

The nation's internal security is provided by the Pakistan Rangers. General officers from the army lead the Rangers, who are organised at the provincial level and report to the Ministry of Interior. These troops are in charge of maintaining domestic security, which includes preventing the importation of psychoactive and narcotic narcotics (Barakatullah, 2011).

18. AIRPORT SECURITY FORCE (ASF)

A Brigadier on leave from the army leads the ASF. It is present at every airport in the nation, and while its main duty is to prevent any attempt to smuggle explosives or weapons onto aircraft or compromise airport security generally, it also assists in the detection of drug trafficking through its various baggage screening systems (Barakatullah, 2011).

19. ACHIEVEMENTS IN NARCOTICS CONTROLLING MEASURES IMPLEMENTED BY THE GOVERNMENT OF PAKISTAN

Although there is still much to be done, the Government of Pakistan's "Anti-Narcotics" war has yielded some positive results, with the greatest success to date being in the control of drugs. Nevertheless, despite the country's efforts to reduce the production and cultivation of drugs, there are signs that trafficking has become more powerful; this growth has been countered by the counter-narcotics agencies, as evidenced by the number of seizures that have occurred (Kumar, 1994).

20. SPECIAL LEGISLATION IN KHYBER PAKHTUNKHWA FOR CONTROL OF NARCOTICS (Khyber Pakhtunkhwa Control of Narcotic Substances Act, 2019)

According to KP CNSA 2019, the KP Directorate General of Excise, Taxation, and Drugs must establish a narcotics control branch. The wing will be led by a director, who will be selected by the government. Without necessary permissions, the growing of cannabis, coca plants, and opium poppy is prohibited. These will only be used for medical, scientific, or industrial research. Those who break the legislation face a sentence of up to seven years in jail, as well as fines or both. It also prohibits the manufacture, production, storage, and transportation of drugs. Violations can result in up to two years in jail, fines, or both. For drugs

weighing 50 to 100 grams, the penalty is three years in jail and a fine of Rs50, 000 to Rs100, 000. For 100 grams and up to one kilogram, the imprisonment is up to seven years and the fine shall be between Rs100, 000 and Rs300, 000. Similarly, for drugs weighing more than one kilogramme, the penalty may be death, life imprisonment, or a fine of Rs0.5 million to Rs1 million (TIMES, 2021).

21. SPECIAL LEGISLATION FOR CURBING METHAMPHETAMINE

Ice and methamphetamine, which has been a problem in the province, are punished differently under the legislation. It stipulates a minimum sentence of seven years in jail and a fine of Rs0.3 million for ice quantities less than 100 grams. For ice weighing more than 100 rams but less than one kilogramme, the penalty is at least ten years in jail and a fine of not less than Rs0.5 million. Similarly, for quantities of the drug exceeding one kilogramme, the law imposes a death sentence or a life sentence with a fine of Rs1 million. For owning, running, or managing a property where drugs are produced or processed, the legislation stipulates a sentence of 10 to 25 years in jail and a fine of up to Rs5 million. Those found guilty of owning and running buildings or apparatus for the manufacture of drugs face a sentence of up to 25 years in jail, with a minimum sentence of 10 years, and a fine ranging from Rs1 million to Rs5 million. The legislation also prohibits the purchase and ownership of assets generated from drugs, and punishes individuals who possess or transfer such assets with up to 14 years in jail. In such situations, the fine amount will not be less than the current worth of the assets, and the assets will be forfeited to the government. The act's offences are both cognizable and non-bailable (TIMES, 2021).

22. CONCLUSION

Even with Pakistan's relative success in combating drug cultivation, manufacture, and trafficking, the government of Pakistan remains committed to this battle; more work has to be done. The nation is expected to maintain its status as the main country for the passage of drugs because Afghanistan, its neighbour, is still producing drugs. One of the primary obstacles to stopping the transit of drugs via Pakistan is still the unstable border with Afghanistan. Despite the drug problem, Pakistan is a nation already plagued by poverty and issues with internal security.

The Government of Pakistan must take proactive measures to ensure a safe society and safeguard the country against the evils of drugs in order to eradicate the horrible crimes related to drug use. Additionally, it is imperative that the government change the drug laws and make them extremely strict in order to discourage repeat offenders and to punish drug dealers harshly in order to set a positive example for others. I believe that the graph will fall if courts cease taking a lenient stance when it comes to the resolution of cases involving bail or trial.

Traditional plant-based drugs have lost ground to synthetic designer drugs, sometimes known as amphetamine type stimulants (ATS), in the drug addiction trend of recent years. Young people are quickly adopting this fast-growing drug trend, which poses a serious threat to the South Asian region. These medications, especially ATS, are becoming more and more common among young people. The emphasis on performance, success, and trendy lifestyles in Pakistani societies has resulted in a shift in societal structures that has increased both the supply and demand for ATS. The Control of Narcotics Substances Act, 1997 is being amended in several pertinent sections due to the widespread use of cocaine, semi-synthetic drugs, and synthetic drugs in Pakistan and the harmful impact these substances have on people.

Convictions frequently take years because the Control of Narcotics Substances Act, 1997, does not place a time limit on the Investigating Officers' (IOs') ability to conclude their inquiries and investigations, nor does it require the courts to finish the trial of asset cases within a set amount of time. As a result, various changes to the Control of Narcotics Substances Act, 1997, have been proposed, pertaining to the embargo on assets issues involving Special Courts and

Investigation Officers. Operational and punitive Sections have been introduced in relation to the limits of periods of inquiries and investigations by the IOs, Trial Courts, and filing appeals before the Appellate Courts in order to make the provisions of the Act, relating to assets freezing/forfeiture, more effective. Also, because public prosecutors lack expertise in drug matters, drug cases involving minors are not adequately prosecuted. Therefore, in order to give ANF Special Courts the authority to hear juvenile drug cases, changes to the Control of Narcotics Substances Act, 1997 are being recommended.

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