Drug Situation Analysis Report
Islamic Republic of Pakistan

2010 Report
Acknowledgments

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<tr>
<td>ANF</td>
<td>Anti Narcotics Force</td>
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<tr>
<td>ARQ</td>
<td>Annual Report Questionnaires</td>
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<td>APGML</td>
<td>Asia/Pacific Group on Money Laundering</td>
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<td>CARICC</td>
<td>Central Asia Regional Information and Coordination Centre</td>
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<td>CNS</td>
<td>Control of Narcotics Substances</td>
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<td>ECO</td>
<td>Economic Cooperation Organization</td>
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<td>FATA</td>
<td>Federally Administered Tribal Areas</td>
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<td>FATF</td>
<td>Financial Action Task Force</td>
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<td>FBR</td>
<td>Federal Board of Revenue</td>
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<td>FC</td>
<td>Frontier Corps</td>
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<td>GCC</td>
<td>Gulf Cooperation Council</td>
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<td>HH</td>
<td>Hydroxylamine Hydrochloride</td>
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<td>IDU</td>
<td>Injecting Drug User</td>
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<td>INCB</td>
<td>International Narcotics Control Board</td>
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<td>KPK</td>
<td>Khyber Pakhtunkhwa</td>
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<td>MATRC</td>
<td>Model Addiction Treatment and Rehabilitation Centres</td>
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<td>MOI</td>
<td>Ministry of Interior</td>
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<td>MNC</td>
<td>Ministry of Narcotics Control</td>
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<td>MSA</td>
<td>Maritime Security Agency</td>
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<td>NACP</td>
<td>National AIDS Control Programme</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>NOC</td>
<td>No Objection Certificates</td>
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<tr>
<td>TI</td>
<td>Triangular Initiative</td>
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<td>SAARC</td>
<td>South Asian Association for Regional Cooperation</td>
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<tr>
<td>UNODC</td>
<td>United Nations Office on Drugs and Crime</td>
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</table>
Executive Summary

Pakistan’s geographic location next to Afghanistan places the country in a vulnerable position with respect to the illicit trafficking of opiates and precursors. Afghanistan is now the source for more than 90 percent of the world’s opium and a significant cannabis producer – much of it harvested in provinces bordering Pakistan and consequently, large quantities of opium, heroin and cannabis are trafficked via Pakistan onwards for Iran, the Middle East, Africa, East Asia and Western markets. Pakistan is also a major transit country for precursors entering Afghanistan. The United Nations Office on Drugs and Crime (UNODC) estimates that the annual revenue generated by Afghan opiate trafficking to and through Pakistan exceeds $1 billion. This does not include the revenue from illicit trading in associated precursors which may be of a similar value.

Pakistan’s importance as a key trafficking route is illustrated by the large number of seizures made by its law enforcement agencies. Extrapolation of flows, demand in destination countries and seizures indicate that between 2002 and 2008, approximately 150 tons of morphine and heroin entered Pakistan per year, of which 18 percent were seized. Between 1996 and 2007, Pakistani authorities captured an average of 7200 kg of opium per annum, making it the second most important country of interception in the world after Iran. Cannabis seizures increased from 134,622 kg in 2008 to 186,876 kg in 2009. Notable seizures of precursors include 14.8 tons in Karachi in 2008, 5 tons in Quetta in 2009 and 15.6 tons in Karachi in March 2010.

Pakistan inherits a region that is heavily oriented towards the threat of opiate production and trafficking, but use – and possible production – of synthetic drugs in Pakistan is an increasing and emerging problem. There has been a significant increase in synthetic drug production and trafficking in the region over the past few years and indications that Pakistan is both a transit and destination country for these emerging drugs. There have been seizures of synthetic drugs and their precursors in other countries that seem to have originated from or been destined for Pakistan.

Pakistan cultivates a small amount of poppy (around 1700 ha. in 2010) and vigilance is required to prevent expansion. The problematic areas in terms of poppy cultivation are largely concentrated in the Federally Administered Tribal Areas (FATA). In 2010, poppy cultivation was reported for the first time in the district of Shahdadkot in Sindh on the border with Balochistan. While little is known about cannabis cultivation in Pakistan but significant amounts are believed to be cultivated in the country.

The available information on drug use in Pakistan is outdated and is of questionable accuracy. It is suspected that the actual rates of drug use are much higher than currently estimated, given the high levels of drug trafficking through the region, the presence of emerging drugs in the market and the inability of past surveys and assessments to reach hidden populations (such as women). UNODC estimates that at least 80 tons of opium are consumed annually in Pakistan. Pakistan accounts for 6 percent of the global opiate consumer market and one-twentieth of total global heroin consumption (with 5 percent of the world’s heroin users). Volumes of non-medical pharmaceutical, synthetic drugs and cannabis consumption are unknown, but considered to be high in the case of cannabis.

Although current rates of HIV/AIDS in Pakistan are low, the 100 percent increase in injecting drug use between 2000 and 2006 suggests that there is currently a concentrated, but localized, HIV

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1 Addiction, Crime and Insurgency – The Transnational Threat of Afghan Opium, 2009, UNODC. Street value in Western markets is much higher.

epidemic among injecting drug users in Pakistan. Coupled with widespread risk behaviours, this could lead to an HIV epidemic in the wider population."}

It is difficult to quantify the extent to which organized crime is embedded in drug trafficking in Pakistan given the lack of data available. However, many of the arrests have focused on low-level traffickers or individuals with minor quantities in their possession, rather than investigating and interdicting high-value targets. Nonetheless, it is of note that the ANF conviction rate is at 87.4 percent in drug-related cases and assets worth US$ 74.524 million have been frozen to date.

Patterns of drug production, trafficking, use and related crime change as a result of social, economic as well as regional and international developments. Ongoing research in drug and related crime trends is necessary in order to ensure that policy making and interdiction stays ahead of the curve. This report briefly analyzes and presents drugs and related crime trends in Pakistan. It places Pakistan within the wider context of regional and international developments by focusing on the dynamics and developing situation of Afghan opiates and cannabis as well emerging trends such as synthetic drugs and cocaine.

The report is structured into sections on production, trafficking, use and drug-related crime. Government data and statistics have been utilized – mostly from 2008 and 2009 but also in some cases, from 2010. Where relevant, information gaps and weaknesses have been highlighted for policy interventions in the future.

Pakistan has had considerable successes in its counter-narcotics efforts. Law enforcement and border management agencies continue to improve their detection capabilities, reflected in the significant volumes of large drug seizures including of previously undetected precursor chemicals and drug-related arrests. The Government of Pakistan has been moving rapidly on the policy side and both the Anti Narcotics Policy 2010 and Drug Control Master Plan 2010-14 were approved by Cabinet in 2010 and are now in the implementation stages.

For Pakistan to improve its efforts against its drug-related challenges, the strategy must involve the effective application of the rule of law within Pakistan but needs to be combined with addressing the regional and global dimensions of organized crime. Countering the production, trafficking and use of illicit drugs effectively requires the implementation of the below strategies, which are already to a large extent part of the Government of Pakistan’s Anti Narcotics Policy 2010 and Drug Control Master Plan 2010-14.

1. **Expanding the evidence base.** There are gaps in knowledge of drug use, types, quality and number of illegal movements and their origin and destination. An expanded evidence base will assist practitioners in developing appropriate strategies. For instance, a national drug use survey or an in-depth analysis of the drugs economy would be beneficial for policymakers.

2. **Mainstreaming drug prevention and treatment.** At present, drug treatment is somewhat separated from the mainstream health system. Disseminating drug abuse knowledge into health-worker training would help to extend its coverage, improving the efficiency of the current network of treatment and rehabilitation providers.

3. **Inter-agency cooperation.** The MNC is the policy level institution dealing with narcotics control in Pakistan and the ANF is the principal enforcement agency. However, there are a wide range of other Government departments at the federal and provincial levels that are

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3 Problem Drug Use in Pakistan: Results from the 2006 National Assessment, 2006, Government of Pakistan / UNODC.
tasked with drug enforcement. A robust coordination mechanism is needed to integrate these varied agencies. One such recent initiative is the creation of an Inter-Agency Task Force on Narcotics Control.

4. **Building law enforcement training programmes.** Training academies need enhanced management approaches and modernized curriculum to meet new challenges. While the traditional orientation is towards Afghan opiates, law enforcement agencies need to be familiarized with new and emerging challenges such as precursor chemical trafficking and importation/transhipment/production of synthetics and their precursors.

5. **Developing human capacity in the criminal justice sector.** Elements of the criminal justice system, such as the prosecution service and the prison system require improvement to better deal with drug-related cases.

6. **Enhancing interdiction capacities.** The operational capacities of Pakistan’s law enforcement and border management agencies require improvement as they often work with limited means. Simple on-the-spot drug testing kits and enhanced transportation capacity would assist interdiction efforts.

7. **Strengthening regional and international cooperation.** As a primary transit country for Afghan opiates, regional cooperation is necessary, particularly between Afghanistan, Iran and Pakistan. Effective border management requires both working on the internal coordination of border protection agencies and linking those agencies with their counterparts on the other side of the border. This includes cooperation between regional and national law enforcement agencies in sharing real time information on drug trafficking.
Introduction

Key points

• Pakistan’s counter-narcotics work is guided by the Anti Narcotics Policy 2010 and Drug Control Master Plan

• The legislative framework is provided by the Control of Narcotics Substances Act 1997 as well as various regional and international convention and protocols ratified by the Government of Pakistan.

• The main Government actors include, among other, Ministry of Narcotics Control, Anti Narcotics Force, Federal Board of Revenue, Maritime Security Agency, Ministry of Health and the Ministry of Education.

• Pakistan is strongly engaged with various regional and international bodies and mechanisms that promote drug-related cooperation

Pakistan borders Iran and Afghanistan in the west, India in the east, China in the north and the Arabian Sea in the south. Pakistan’s security challenges are to a large extent related to those of the region and drugs and precursors trafficking are facilitated by porous borders.

National structures

Pakistan’s counter-narcotics work is guided by the National Anti Narcotics Policy 2010 and the Drug Control Master Plan 2010-14. The Control of Narcotic Substances (CNS) Act, 1997, arising from an ordinance of the same name and promulgated in 1995, effectively covers all aspects of Pakistan’s drug control efforts. It deals with the cultivation, manufacture, production, trafficking and possession offences as well as clearly setting out the powers of search and seizure. The Act also allows the Government to set up special courts with exclusive jurisdiction in drug issues. Provision is also made for the mandatory reporting by banks and financial institutions of suspicious financial transactions. Pakistan is also signatory to a number of international and regional legislations.

The federal Ministry of Narcotics Control (MNC) frames and implements law enforcement and drug demand reduction policies. Other key activities include preparation of policies on drug education, treatment and rehabilitation of drug addicts, and provision of grants-in-aid to non-government organisations (NGOs) engaged in the field. It also takes the lead on international cooperation. The MNC is responsible for the issuance of No Objection Certificates (NOC) for the import of precursor

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4 Pakistan borders Iran (approximately 910 kilometres) and Afghanistan (approximately 2,430 kilometres), India (approximately 2,910 kilometres), China (approximately 520 kilometres) and the Arabian Sea (approximately 1,050 kilometres).

chemicals for pharmaceutical medicines as well as industrial units.

The Anti Narcotics Force (ANF) has primary responsibility for counter-narcotics law enforcement. The ANF has the primary responsibility for interdicting the production, smuggling, trafficking and use of narcotics and illicit psychotropic substances. It is also responsible for the seizures of drug-generated assets and the curbing of drug related money-laundering. The ANF runs three Model Addiction Treatment and Rehabilitation Centres (MATRC) in Quetta, Karachi and Islamabad, as well as drop-in centres for outreach work. ANF’s Drug Abuse Prevention Resource Centre is responsible for the coordination of NGOs working on demand reduction activities.\(^6\)

Within the Ministry of Interior (MOI) there are several attached departments and autonomous bodies that deal with illicit trafficking/smuggling and border management. The Civil Armed Forces - Pakistan Rangers, FC, Pakistan Coast Guards and Frontier Constabulary are responsible for the prevention of smuggling and the enforcement of drug control.

The Federal Board of Revenue (FBR) of the Ministry of Finance is the main Government agency charged with controlling and containing smuggling. It is responsible for setting quotas for industrial units in the import of chemicals (including precursor chemicals). It has delegated anti-smuggling powers (except the powers of adjudication) to the Pakistan Rangers (Punjab and Sindh), Frontier Corps Khyber Pakhtunkhwa (KPK) and Balochistan and Pakistan Coast Guards under the Customs Act 1969. Pakistan Customs, which reports to the Federal Board of Revenue, works against the movement of contraband goods and is a facilitator of bona fide trade. It also has specialist drug units which vary in size.

The 2,500-strong Maritime Security Agency (MSA), under the Ministry of Defence, is a coast guard and is responsible for patrolling Pakistan's territorial waters.

The Ministry of Health (MOH) is a federal government agency headed by a Minister. MOH is responsible for matters concerning national planning and coordination in the field of health. The National AIDS Control Programme (NACP) works on drug-related HIV. The Ministry of Education (MOE) is a federal government agency headed by the Education Minister.

Pakistan’s engagement in the region

In recognition that transnational threats require cooperative international responses, a number of regional bodies have been developed to set policy, share experiences and foster inter-state action against shared challenges. Pakistan is an active member of many bodies and continues its policy of cooperation with the regional and international community for drugs related intelligence sharing, controlled delivery operations and mutual legal assistance.

\(^{6}\) NGO registration with the ANF entails some degree of oversight for their activities in drug dependence treatment and rehabilitation.
Rainbow Strategy: The Rainbow Strategy is a regional response to the threat posed by the supply, trafficking and consumption of Afghan opiates conceived in the framework of the Paris Pact, a UNODC-initiated partnership of more than 50 States and organizations designed to reduce the supply, demand and trafficking of Afghan opiates. It acknowledges that a national problem demands a regional solution, and therefore engages both Afghanistan and neighbouring countries. The Rainbow Strategy comprises of seven action outlines, which addresses key issues, allowing for constructive engagement with prime actors in the region, facilitating local ownership, and supplementing interventions from national governments and other Paris Pact partners. The approach is pragmatic and realistic, accepting that a long-term engagement is required in order to build confidence and trust.

- Triangular Initiative: The UNODC brokered Triangular Initiative (TI) launched in June 2007, is designed to strengthen drug control through information exchange and joint intelligence-led operations between Afghanistan, Iran and Pakistan. The Triangular Initiative is part of the Rainbow Strategy, conceived in the framework of the Paris Pact, a UNODC-initiated partnership of more than 50 States and organizations designed to reduce the supply, demand and trafficking of Afghan opiates.

- CARICC: The Central Asia Regional Information and Coordination Centre (CARICC), established under the Rainbow Strategy, aims to facilitate information exchange and analysis, and to assist in the coordination of operational activities of the various law enforcement agencies in the region – police, drug control agencies, customs, border guards and security services. It will provide assistance in organizing and executing joint international operations and investigations, including controlled deliveries. Pakistan has an observer status in CARICC.

The Bali Process brings participants together to work on practical measures to help combat people smuggling, trafficking in persons and related transnational crime in the Asia-Pacific region and beyond. Pakistan is a Bali Process member and its officials have participated in the numerous working groups and senior officials’ meetings.

The Asia/Pacific Group on Money Laundering (APGML) is an international organization consisting of 40 members (including Pakistan) and a number of international and regional observers including UNODC. The APGML is closely affiliated with the Financial Action Task Force (FATF) based in the OECD Headquarters at Paris, France. All APGML members commit to effectively implement the FATF’s international standards for anti-money laundering and combating financing of terrorism.

**Triangular Initiative**

UNODC brokered the Triangular Initiative (TI) between Afghanistan, Iran and Pakistan in June 2007 to counter the trafficking of Afghan opiates along common borders. The TI is part of the Rainbow Strategy, conceived in the framework of the Paris Pact Initiative, a UNODC-initiated partnership of more than 50 countries and organizations designed to reduce the supply, demand and trafficking of Afghan heroin.

The TI umbrella of cooperation operationally engages Afghanistan, Iran, and Pakistan in finding field-oriented solutions to the transnational threat posed by the trafficking of Afghan opiates and the diversion and smuggling of associated precursors. It consists of several counternarcotics and border control operational plans targeting internationally agreed priority areas.

The TI has facilitated trust and confidence building between the policy-level and technical-level officials from the three countries, through which state parties focus action-oriented cooperation mechanisms.
Pakistan underwent a Phase II APGML mutual evaluation in 2009.

The South Asian Association for Regional Cooperation (SAARC) is a regional organization which aims to accelerate the process of economic and social development in Member States. Under SAARC, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka and Afghanistan cooperate on agriculture and rural development; health and population activities; women, youth and children; environment and forestry; science, technology and meteorology; human resources development; and transport. Recently, high level working groups have also been established to strengthen cooperation in the areas of information and communications technology, biotechnology, intellectual property rights, tourism, and energy. The SAARC Convention on Mutual Assistance in Criminal Matters, including drugs and terrorism, was also signed in 2008.

The Economic Cooperation Organization (ECO) is an intergovernmental regional organization established in 1985 by Iran, Pakistan and Turkey for the purpose of promoting economic, technical and cultural cooperation among the Member States. Current members are Afghanistan, Azerbaijan, Iran, Kazakhstan, Kyrgyzstan, Pakistan, Tajikistan, Turkey, Turkmenistan and Uzbekistan.
Production

Key points

- Pakistan cultivates a small amount of poppy (around 1700 ha. in 2010). Prevention of expansion should be a priority for law enforcement.
- Problematic areas in terms of poppy cultivation are largely concentrated in the FATA. Over the past few years the Khyber Agency in the FATA, on the border with Nangarhar province in Afghanistan, has harvested the bulk of opium cultivated.
- In 2010, poppy cultivation was reported for the first time in the district of Shahdadkot in Sindh on the border with Balochistan.
- Little cannabis production is reported but significant amounts are believed to be cultivated.

Opium

While poppy cultivation in Pakistan is only a fraction to that of Afghanistan’s, it exists. Afghanistan’s history of record poppy crops in recent years have contributed to an over-supply of opium in the region that has almost certainly contributed to the low levels of poppy cultivated in Pakistan.\(^7\)

The commitment of the Government of Pakistan to measures for eliminating opium poppy cultivation, together with alternative development projects funded by the international community, led to a decrease in poppy cultivation from approximately 9,441 ha. in 1992 to a ‘poppy free status’ with cultivation of some 213 ha. in 2000/2001.\(^8\)

However, following the Taliban’s prohibition of poppy cultivation in Afghanistan in 2001 there was a re-emergence of poppy cultivation, probably as a result of high opium prices. In 2003 poppy cultivation was reported at 6,703 ha., which included opium production in Balochistan (reported for the first time), KPK and FATA. Most of the poppy cultivated in Balochistan has been eradicated every year since then.

Poppy harvested has remained at low levels since 2006 although eradication has been notably low in the past few years (56 ha. in 2008, 105 ha. in 2009 and 68 ha. in 2010). Of the 1906 ha. cultivated in Pakistan in 2008, 94 percent (1850 ha.) was harvested. Although total reported cultivation in 2009 dropped to 1779 ha., again 94 percent (1,674 ha.) was harvested. Table 1 gives the cultivation, eradication and harvest statistics from 2002 to 2009.

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\(^{8}\) ‘Poppy-free’ refers to cultivation of less than 1000 ha.
Table 1: Poppy cultivation, eradication and harvest 2002-2010 (in hectares)\footnote{Provided by ANF, Islamabad, August 2010}

<table>
<thead>
<tr>
<th>Year</th>
<th>Reported Cultivation</th>
<th>Eradicated</th>
<th>Harvested</th>
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<tbody>
<tr>
<td>2002</td>
<td>1123</td>
<td>332</td>
<td>791</td>
</tr>
<tr>
<td>2003</td>
<td>6703</td>
<td>4182</td>
<td>2521</td>
</tr>
<tr>
<td>2004</td>
<td>6697</td>
<td>5202</td>
<td>1494</td>
</tr>
<tr>
<td>2005</td>
<td>3145</td>
<td>707</td>
<td>2439</td>
</tr>
<tr>
<td>2006</td>
<td>1949</td>
<td>397</td>
<td>1553</td>
</tr>
<tr>
<td>2007</td>
<td>2153</td>
<td>614</td>
<td>1708</td>
</tr>
<tr>
<td>2008</td>
<td>1906</td>
<td>56</td>
<td>1850</td>
</tr>
<tr>
<td>2009</td>
<td>1779</td>
<td>105</td>
<td>1674</td>
</tr>
<tr>
<td>2010</td>
<td>1789</td>
<td>68</td>
<td>1721</td>
</tr>
</tbody>
</table>

Problematic areas in terms of poppy cultivation are largely concentrated in the FATA. Over the past few years the Khyber Agency (on the border with Nangarhar province in Afghanistan) in the FATA has harvested the bulk of opium cultivated (1538 ha. out of 1721 ha. in 2010 with no eradication). In KPK, poppy cultivation was almost concentrated in the Kala Dhaka area and in Swat (no eradication).\footnote{The Public Accounts Committee expressed concerns over reports of increased poppy cultivation in Swat and tribal areas in June 2010. The Nation, 9 June 2010, \url{http://www.nation.com.pk/pakistan-news-newspaper-daily-english-online/Politics/09-Jun-2010/Poppy-cultivation-on-rise-in-Swat-Fata-PAC-told}.} Due to the deployment of thousands of Frontier Corps forces to Mohmand, Bajaur, and Swat, as well as to North and South Waziristan, the entirety of the KPK and FATA cultivation (1709 ha.) was harvested in 2010.

In 2010, 96 percent of the cultivation was harvested, i.e. 1721 ha. of 1789 ha. Interestingly, in 2010, there was known cultivation of 24 ha. with no eradication Shahdadkot district of Sindh, close to Balochistan. In Baluchistan 46 ha. out of 56 ha. was eradicated in 2010 with cultivation concentrated in district Loralai. See Table 2 for a provincial and district breakdown of cultivation and eradication in Pakistan in 2010.

Table 2: Provincial break-down of cultivation, eradication and harvest 2010 (in hectares)\footnote{Provided by ANF, Islamabad, August 2010}

<table>
<thead>
<tr>
<th>Province</th>
<th>District/Agency</th>
<th>Cultivated</th>
<th>Eradicated</th>
<th>Harvest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khyber Pakhtunkhwa</td>
<td>Kala Dhaka</td>
<td>31</td>
<td>1538</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Malakand</td>
<td>24</td>
<td>88</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Buner</td>
<td>8</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>FATA</td>
<td>Khyber</td>
<td>1538</td>
<td>31</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Mohmand</td>
<td>88</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Bajaur</td>
<td>20</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Balochistan</td>
<td>Loralai</td>
<td>56</td>
<td>46</td>
<td>46</td>
</tr>
<tr>
<td>Sindh</td>
<td>Shahdadkot</td>
<td>24</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>1789</strong></td>
<td><strong>68</strong></td>
<td><strong>1721</strong></td>
</tr>
</tbody>
</table>

The area cultivated in Pakistan (after eradication) during 2010 was equivalent to only around 1.4 percent of the area cultivated in Afghanistan (see Figure 1), which demonstrates that the long-standing Government of Pakistan campaign against increased poppy cultivation has been mostly sustained, even without the threat of eradication. However, although at very low levels, cultivation has expanded slightly in KPK and Sindh and requires efforts to dissuade farmers from planting poppy and for law enforcement to destroy opium crops before harvest.
Figure 1: Opium cultivation in Afghanistan, 2010
**Heroin**

Without precursor chemicals there can be no heroin processing. The chemicals used in heroin processing range from unrestricted, common chemicals to internationally monitored substances. Acetic anhydride remains the highest-priority target for precursor interdiction against heroin production. UNODC estimates that 1.1-1.3 million litres of acetic anhydride are required each year for the production of Afghan heroin. A significant proportion of this production occurs in Afghanistan, the majority in provinces bordering Pakistan. None of the required chemicals are currently manufactured in Afghanistan. Instead, they are diverted from licit trade and trafficked into the illicit market.

Pakistan discontinued the manufacture of acetic anhydride in 1995. UNODC information from Afghanistan suggests that some of the opium production in eastern Afghanistan is exiting into Pakistan for processing.\(^\text{12}\)

The UNODC was informed that the ANF successfully destroyed nine mobile laboratories in the Malgai area of Balochistan in June 2006. Interviews with local law enforcement officials suggest that no further facilities were present in Pakistan, and that while it is immediately unclear where heroin production might have moved, the development signalled that vigilance needs to be maintained. This is particularly true because facilities are known to be increasingly mobile and clustered in south Afghanistan (particularly Helmand and Nimroz), close to the border with Balochistan.\(^\text{13}\)

A primary concern for Pakistan is the diversion of precursors for heroin production. Pakistan has ceased licit domestic manufacturing of acetic anhydride, but retains a legitimate demand for the chemical in a number of industries, particularly textiles, pharmaceuticals and paints. While the focus of interdiction effort tends to be on unlicensed imports, Pakistani law enforcement officials have been concerned about possible diversion of licensed imports. UNODC is starting to work with industry to improve precursor control and limit diversion through effective dissemination of foundational awareness and training programmes.

**Cannabis**

Control over cannabis production and its eradication has been a lower priority within drug control authorities and hence information is limited. No official statistics on cannabis cultivation, production and eradication are available, but considerable amounts are believed to be cultivated in the country.

Around 10,000 to 24,000 ha. of cannabis are grown in Afghanistan every year and while other countries have even larger cannabis cultivation, the yield of the Afghan cannabis crop (145 kg of resin per hectare as compared to around 40 kg/ha in Morocco) makes Afghanistan the world’s biggest producer of hashish, estimated at between 1,500 and 3,500 tons a year.

According to the UNODC’s first-ever Afghanistan Cannabis Survey 2010 there is large-scale cannabis cultivation in exactly half (17 out of 34) of Afghanistan’s provinces. Moreover, similar to poppy plantation, patterns of production have shifted towards the Southern provinces in recent years and the area now represents more than two-thirds of total cannabis cultivation.\(^\text{14}\) This has profound implications for trafficking via Balochistan. See Figure 2.

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\(^{\text{12}}\) Precursors Trafficking and Diversion in Pakistan, March 2010, UNODC.  
\(^{\text{13}}\) Enhancing Border Management: An Assessment of Balochistan’s Frontiers, November 2010, UNODC.  
\(^{\text{14}}\) The Southern provinces include Helmand, Kandahar, Uruzgan, Zabul and Day Kundi (ibid and various WDRs).
Figure 2: Harvesting dates of cannabis, 2009
**Synthetic drugs**

Unlike the cultivation of the coca leaf or opium poppy, synthetic production is not limited to certain geographic locations - laboratories can clandestinely operate anywhere and be relocated as risk increases. One unique characteristic is directly related to how they are produced – from precursor chemicals, which are to synthetics what opium is to heroin. If a traditional precursor becomes unavailable, replacements can be easily found. New synthetic stimulants not yet under international controls can also be brought quickly to market.

The manufacture of synthetic drugs in Pakistan are to a large extent unknown due to incomplete statistics, but the surrounding region has experienced a significant increase in synthetic drug manufacture and trafficking over the past 10 years. There are now significant consumption and production bases in some neighbouring countries, most notably China, India and Iran. Additionally, there have also been seizures of synthetic drugs and their precursors in other countries that seem to have originated from or been destined for Pakistan.

Given the apparent proliferation of labs in Sri Lanka, India and Iran, it is highly likely that Pakistan will be targeted soon or is already hosting a small production capability for synthetic drugs. These will probably rely on pseudoephedrine, rather than more complex or less easily available recipes. There is one registered producer of pseudoephedrine, in Lahore.

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15 Precursor Trafficking and Diversion in Pakistan, February 2010, UNODC.
**Trafficking**

**Key points**

- A significant proportion of Afghanistan’s opium production occurs in provinces bordering Pakistan and as a consequence Pakistan is a key trafficking route – for opiates leaving Afghanistan and precursors entering Afghanistan.
- Afghanistan is the world’s greatest hashish producer and much of the cultivation is concentrated in the provinces bordering Pakistan.
- Pakistani agencies have interdicted significant quantities of Afghan opiates as well as cannabis over the past few years, roughly keeping pace with the increase in production in Afghanistan.
- The surrounding region has experienced a significant increase in synthetic drug manufacture and trafficking over the past 10 years, and there are now significant consumption and manufacture bases in some neighbouring countries.
- Smuggled synthetic drug precursors from Pakistan have been seized as far away as Canada.

**Opium and Heroin**

Afghanistan remains, by far, the world’s largest opium producer and UNODC estimates that Pakistan is now the destination and transit country for approximately 40 percent of the opiates produced in Afghanistan. Afghan opiate trafficking through and to Pakistan has kept pace with the dramatic increase in production in Afghanistan since 2005. According to UNODC’s estimates, 6900 tons of opium were produced in Afghanistan in 2009, with the provinces of Helmand and Kandahar (bordering Pakistan) accounting for nearly three-quarters of the total area under poppy cultivation (see Figure 1). While the harvest of opium has declined to 3600 tons in 2010, this is largely related to an outbreak of a disease of the poppy plant, with a significant likelihood of re-expansion.

Pakistan’s importance as a key trafficking route is illustrated by the large number of seizures made by its law enforcement agencies. Extrapolation of flows, demand in destination countries and seizures indicate that between 2002 and 2008, approximately 150 tons of morphine and heroin entered Pakistan per year, of which 18 percent were seized (see Figure 3). The similar ratio for all opiates in opium-equivalent terms is 17 percent. Between 1996 and 2007, Pakistani authorities captured an average of 7200 kg of opium per annum, making it the second most important country of interception in the world after Iran. In 2008, Pakistan and Iran seized a combined 16.3 tons of morphine, most of it close to the Afghan border. This represents 95 percent of global morphine seizures that year.

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16 Afghanistan Opium Survey, 2009, UNODC.
Figure 3: Opiate seizures 2000 – 2010 (kg)

Heroin seizures have generally remained stable since 2006 in recent years there has been a consistent increase in opium seizures – most of which have taken place in Balochistan. Morphine seizures were significant between 2003 and 2006 after which they started dropping steeply. It is important to keep in mind that seizure figures do not necessarily indicate changes in production/smuggling levels as they may be attributed to variation in law enforcement activity (see figures 4 and 5).

Figure 4: Heroin seizures in Pakistan 2002-2009 (kg)
Figure 5: Opium seizures in Pakistan 2002-2009 (kg)

There are two main possibilities for opiates to enter from Afghanistan – FATA or Balochistan (see Figure 5). Apart from contiguity to drug-intensive areas, many physical and human characteristics converge to increase vulnerability to drug trafficking of these areas. First and foremost, Pakistan shares over 2,500 km of border with Afghanistan and approximately 900 km with Iran. This is in addition to the 1062 km long coastal belt. From the perspective of law enforcement, the terrain is rugged, arid and intemperate. The border areas are remote and supply of electricity, food and water to check-posts is usually difficult. Another feature is the porousness of the borders; several tribes co-habit the border areas between Pakistan, Iran and Afghanistan and cross-country movements are frequent.

Generally, most drug seizures occur in the vicinity of entry and exit points, where law enforcement agencies are strongest – including around ports – rather than within the country. Limited smaller seizures within Pakistan occur almost entirely along major trade and transport corridors – although this could simply reflect the limited reach of law enforcement agencies. International airports are also a conduit for trafficking and 271 kg of heroin was seized at airports in 2009. Apart from concealing narcotics on their person or in their luggage, traffickers are also resorting to sending drugs in letters and parcels to minimize the risks of getting caught, although the quantities involved tend to be much smaller. However, within Balochistan, drugs are mainly trafficked on smaller, unmonitored routes between the border and the Makran coast. It is important to note that there have been no significant seizures in FATA in recent years.

Table 3 illustrates the prominence of Balochistan (72 percent) and KPK (22 percent) in the distribution of opium seizures below.

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Table 3: Distribution of Opium Seizures in Pakistan 2002-2009

<table>
<thead>
<tr>
<th>Region</th>
<th>Seizures (kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balochistan</td>
<td>72%</td>
</tr>
<tr>
<td>KPK</td>
<td>22%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
</tbody>
</table>

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Table 3: Distribution of opium seizures reported in Pakistan by location 2002-2009

<table>
<thead>
<tr>
<th>City</th>
<th>Region</th>
<th>Percentage of total opium seized in Pakistan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quetta</td>
<td>Balochistan</td>
<td>28.98</td>
</tr>
<tr>
<td>Kohat</td>
<td>KPK</td>
<td>13.25</td>
</tr>
<tr>
<td>Pishin</td>
<td>Balochistan</td>
<td>13.06</td>
</tr>
<tr>
<td>Kharan</td>
<td>Balochistan</td>
<td>8.57</td>
</tr>
<tr>
<td>Turbat</td>
<td>Balochistan</td>
<td>4.55</td>
</tr>
<tr>
<td>Makran</td>
<td>Balochistan</td>
<td>4.47</td>
</tr>
<tr>
<td>Nok Kundi</td>
<td>Balochistan</td>
<td>4.38</td>
</tr>
<tr>
<td>Panjgur</td>
<td>Balochistan</td>
<td>3.53</td>
</tr>
<tr>
<td>Sargodha</td>
<td>Punjab</td>
<td>2.46</td>
</tr>
<tr>
<td>Chagai</td>
<td>Balochistan</td>
<td>2.26</td>
</tr>
<tr>
<td>Chaman</td>
<td>Balochistan</td>
<td>1.93</td>
</tr>
<tr>
<td>Peshawar</td>
<td>KPK</td>
<td>1.79</td>
</tr>
<tr>
<td>Dalbandin</td>
<td>Balochistan</td>
<td>1.68</td>
</tr>
<tr>
<td>Gwadar</td>
<td>Balochistan</td>
<td>1.62</td>
</tr>
<tr>
<td>Faisalabad</td>
<td>Punjab</td>
<td>1.37</td>
</tr>
<tr>
<td>Karachi</td>
<td>Sindh</td>
<td>1.11</td>
</tr>
<tr>
<td>Attock</td>
<td>Punjab</td>
<td>1.01</td>
</tr>
</tbody>
</table>

Detailed and precise information on drug trafficking routes is largely unavailable, and the representation of routes in Figure 6 is intended to provide a broad indication of general flows (based on seizure data), and not definitive information about routes.

Figure 6: Afghan opiate trafficking through Pakistan
Federally Administered Tribal Areas (FATA)

The FATA borders Afghanistan to the west, the KPK and Punjab to the east and Balochistan to the south.\textsuperscript{19} The ANF reports that drugs trafficked through the KPK are smuggled in much smaller quantities and some of them are destined for foreign markets.\textsuperscript{20}

Opiates trafficked through FATA can move in three main directions:

1. Towards China via Gilgit-Baltistan, by road
2. To Punjab through the KPK, or
3. Towards Karachi via KPK.\textsuperscript{21}

It is worth noting that seizures in Gilgit-Baltistan have been small in recent years. In 2009 only 1.25 kg of heroin and no opium was seized.\textsuperscript{22} Trafficking has occurred on passenger buses, in trucks and private vehicles. The flows relevant to the Chinese border are those coming through KPK, both directly onto the road network and through the north-western areas of Gilgit-Baltistan, such as from Chitral.\textsuperscript{23}

The section of the KPK between Torkham and Islamabad is also a prominent seizure area, with traffickers likely capitalising on the established trade network and infrastructure connecting the border with Islamabad. Negligible opiate seizures have been reported in FATA over the last several years.

In Punjab, most of the seizures took place along major transport corridors as well as prominent cities including Faisalabad, Sheikhupura and Multan. Heroin seizures have taken place at Wagah, on the border with India.

Balochistan

Balochistan remains a key entry and transit point for drugs produced in southern Afghanistan. Considering logistical arrangements and known drug routes, it is highly likely that more than half of all heroin and morphine trafficking (around 90 tons per annum) occurs at Balochistan’s border with Afghanistan. In fact, between 2004 and 2007, 72 percent of total opium seizures in Pakistan were located in Balochistan. In addition, approximately 35 tons pass through Balochistan into Iran.\textsuperscript{24}

Opiates trafficked through Balochistan mainly gather in the cities of Quetta and Dalbandin where a large proportion of opiate seizures occur in and near those settlements before splitting off onto other routes, including:

1. To eastern Iran, by road or rail (for use in Iran or onwards towards Turkey and ultimately Europe), or
2. To the Makran Coast and Karachi towards Pakistan’s ports for shipment to Africa, Middle East and South-East Asia, or
3. To Pakistan’s main cities for domestic consumption. See Figure 7.

\textsuperscript{19} FATA comprises seven agencies and six frontier regions. The seven agencies are Bajaur, Kurram, Orakzai, Mohmand, Khyber, North Waziristan and South Waziristan. The six frontier regions are Kohat, Peshawar, Bannu, Lakki, Dera Ismail Khan and Tank. The latter are transition areas between FATA and the adjoining settled districts of the KPK. They are jointly administered by KPK and FATA; according to the 1998 census, they had a combined population of 235,000. Some tribal pockets are kept under the provincial administration as well.

\textsuperscript{20} Drug Situation in Pakistan and Counter Narcotics Achievements, Ministry of Narcotics Control/Anti Narcotics Force, 2009.

\textsuperscript{21} Addiction, Crime and Insurgency – The Transnational Threat of Afghan Opium, 2009, UNODC.

\textsuperscript{22} The ANF is the only agency that has executed any seizures.

\textsuperscript{23} Enhancing Border Management: Assessment of the Pakistan-China Frontier, November 2009, UNODC.

\textsuperscript{24} World Drug Report, 2010, UNODC.
A location-wise analysis of seizures indicates that trafficking is highly concentrated in the north-west of Balochistan. Between 2002 and 2008, major seizures have been reported in the areas of Chaghai, Dalbandin and Taftan, in proximity of the Afghan border (see figures 3 and 4 above). Large seizures have also been reported at Chaman, Gulistan, Pishin and Quetta. Kharan is another major point of interception. Further to the south, the areas of Gwadar, Panjgur and Turbat are significant. Of note, the loci of major opium and heroin seizures largely coincide, indicating the use of similar routes and/or transport of multiple drugs within the same consignment.

Trafficking into Iran is reportedly concentrated around the area of Mashkhel, as supported by the large number of seizures in Kharan district. While seizures have also been recorded around Taftan, accounts indicate that the construction of large border walls in the area by Iranian authorities has reduced viability of this route. It is noteworthy that the terrain gradually shifts from mountainous to flat and sandy south of Taftan. This increases the range of specific routes available to traffickers.

From Mashkhel, some consignments depart for the Makran coast. There are a large number of unofficial jetties on the Makran coast, which increase the possibilities of points of exit available to traffickers. Another reported route runs from the Afghan border to the areas of Noshki, Kharan, Panjgoor/Buleda, Turbat and the coast. Large seizures have been undertaken in Kharan, Panjgoor and Turbat. From the coast, the greatest volumes are trafficked to Oman or Dubai.

Trafficking for domestic consumption mostly utilises the network of main and secondary roads originating from Balochistan. Experts suggest that trafficking in the region feeds drugs markets in Sindh, south Punjab and Balochistan itself. Important cities identified include Karachi, Hyderabad, Dera Ghazi Khan and Quetta.

Figure 7: Generalised routes of drug trafficking in Balochistan
In conjunction with seizures, price data can serve to provide a more comprehensive indicator of the magnitude of trafficking. Placing this within a regional context is critical for a complete picture. Between 2008 and 2009, prices of heroin fell sharply (from US$ 217 to US$ 150 per kg) to reflect a more subtle price change from US$ 70 in 2008 to US$ 64 per kg in Afghanistan (see Figure 8). In addition, heroin wholesale prices closely reflect those of Afghanistan’s (see Figure 9). The usefulness of price data is lowered by the fact that heroin purity levels are unknown.

**Figure 8: Opium prices in West Asia 2006-2009 (US$/kg)**

![Graph showing opium prices in West Asia 2006-2009 (US$/kg)]

**Figure 9: Heroin wholesale prices (not adjusted for purity) in Africa, Asia and Europe 2008 (US$/gram)**

![Graph showing heroin wholesale prices (not adjusted for purity) in Africa, Asia and Europe 2008 (US$/gram)]

**Precursors**

Illicit morphine and heroin production require large quantities of precursor chemicals such as acetic anhydride, a substance which is essential in the refinement of morphine into heroin. All acetic anhydride used for heroin production has to be smuggled into Afghanistan as no known production facilities of the substance exist in the country, nor is there any reported legitimate use of the chemical. UNODC estimates that 1.1-1.3 million litres of acetic anhydride may be required each year for the production of Afghan heroin.

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26 World Drug Report, 2010, UNODC.
A significant proportion of Afghanistan’s heroin production occurs in provinces bordering Pakistan (particularly important have been Helmand and Nimroz, which adjoin Pakistan’s Balochistan province). There has historically been little pressure on the supply routes of heroin precursors; until 2008, there had not been sizeable seizures of acetic anhydride in any of the countries surrounding Afghanistan.

Starting from 2008, Pakistan has made several, relatively large heroin precursor interdictions. Based on this seizure data (see Table 4) and the fact that Pakistan’s geographic proximity to world’s largest precursor producer countries, Pakistan appears to be a major source of precursors entering Afghanistan.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Seizure description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 March 2008</td>
<td>Quetta, Balochistan</td>
<td>1,224 L of acetic anhydride</td>
</tr>
<tr>
<td>23 March 2008</td>
<td>Karachi, Sindh</td>
<td>14,000 kg of acetic anhydride</td>
</tr>
<tr>
<td>29 August 2008</td>
<td>Karachi, Sindh</td>
<td>46.5 L of acetic anhydride</td>
</tr>
<tr>
<td>16 January 2009</td>
<td>Karachi, Sindh</td>
<td>5,000 kg of acetyl chloride</td>
</tr>
<tr>
<td>27 May 2009</td>
<td>Karachi, Sindh</td>
<td>137 kg of acetic anhydride</td>
</tr>
<tr>
<td>29 July 2009</td>
<td>Chagi, Balochistan</td>
<td>4,989 kg of acetic anhydride and 3,600 L of ammonia</td>
</tr>
<tr>
<td>March 2010</td>
<td>Karachi, Sindh</td>
<td>15,600 kg of acetic anhydride</td>
</tr>
</tbody>
</table>

Within Afghanistan, confirmed seizures of acetic anhydride in 2008 were only around 1 percent of the probable volume entering the country. However, some other chemical seizures likely included acetic anhydride and were not registered as such.

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27 Precursor Trafficking and Diversion in Pakistan, Feb 2010, UNODC.
Based on information collected in Afghanistan and Pakistan, Figure 10 depicts acetic anhydride trafficking routes through Pakistan. The numbers next to each route are elaborated below:

1. **Large consignments coming from Karachi.** Sporadic seizures and law enforcement assessments suggest that mislabeling is the most common method of smuggling acetic anhydride through Karachi. A particular challenge is that smugglers can take advantage of the Pakistan-Afghanistan Transit Trade Agreement to avoid regular cargo inspections. From Karachi, there are three onward routes:
   a. **Through Balochistan.** Trucks can travel through Chaman or enter Afghanistan through unofficial crossings.
   b. **Through KPK and the Khyber Agency.** The Torkham crossing receives the lion’s share of official Pakistan-Afghanistan trade. However, from the perspective of southern Afghan drug processors, receiving precursor chemicals through Torkham adds to complications, since they must then transit the chemicals through eastern and central Afghanistan back down to southern laboratories.
   c. **Though the FATA and into south-eastern Afghanistan.** Afghanistan’s Paktya province has experienced a few sizeable seizures in recent years.

2. **From Iran through Balochistan into southern Afghanistan.** A significant proportion of opiates transiting Balochistan enter into Iran and these well-worn smuggling paths appear to be used in reverse to traffic precursor chemicals.

3. **Irregular landings on Balochistan’s coast.** Pakistani law enforcement and Balochistan locals point out that irregular and unmonitored landing of various boats are not unusual on Balochistan’s coast.

4. **From the Khunjerab Pass (China) into eastern Afghanistan.** The Chinese land border currently accounts for a small proportion of bilateral trade, although it is likely to grow and traffic...
regulation is difficult. There have been acetic anhydride seizures in China’s western province of Urumchi, destined for Afghanistan. Locals in Pakistan’s Gilgit-Baltistan area refer vaguely to “chemicals” being traded, although these are apparently unregistered by Customs. From the Khunjerab Pass, goods can travel difficult but well-worn paths across northern Pakistan, or join trade flows into Torkham.

5. **Smuggled from India to join central flows.** Although the Indian border is heavily militarised and by all accounts smuggling of all types has generally declined, Pakistani law enforcement believes that there are still some acetic anhydride trafficking ventures that enter overland from India.

The price of acetic anhydride in Afghanistan has risen rapidly in recent years, and is now a more costly input than opium – making it a major cost factor in the production of heroin. Stricter controls in source countries appear to have contributed most to the rising price of acetic anhydride by raising the risk of diversion. Importantly, the high price of acetic anhydride means that now even small shipments are financially viable. This is likely to impact precursor trafficking logistics by increasing the sale of smaller volumes and the subsequent use of minor routes through the Afghan-Pakistan border, making interdiction more difficult.

**Synthetic drugs**

Traditionally, East and South-East Asia, North America, Oceania (Australia and New Zealand) and West and Central Europe have been the most prevalent markets for synthetic stimulants. However, over the course of the past decade, South and South West Asia have increasingly become important centres for the manufacture-related activity and consumption of synthetic drugs. For example, the Middle East is experiencing an increase in the manufacture and use of various types of synthetic drugs.

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29 Precursor Trafficking and Diversion in Pakistan, Feb 2010, UNODC.
30 All ATS are available in diverse forms and vary in purity. Methamphetamine or amphetamine can be in powder, tablet, past or crystalline form while ecstasy is usually available in tablet or powder form. They can be used in a variety of methods such as swallowing, smoking, snorting and injecting.
Figure 11 highlights that Pakistan’s region has experienced an increase in synthetics activity. This ranges from the huge and established demand and production in China, through to the early development of consumption markets in Afghanistan. Between 1999 and 2008, seizures of ATS worldwide increased more than 30 percent from 39 metric tons (mt) to 51.3 mt. A significant amount of this increase was seen in Asia, notably the Middle East as well as South West Asia with unprecedented increases (approximately eight-fold) in seizures of amphetamine-containing pills sold as Captagon.\textsuperscript{31} Saudi Arabia serves as the most notable consumer market for Captagon tablets, with Jordan, Lebanon, Turkey and the Syrian Arab Republic serving as important transit points.

Furthermore, annual seizures of amphetamine in Saudi Arabia rose steadily over the 2000-2007 period, reaching 13.9 mt in 2007.\textsuperscript{32} In 2008 Saudi Arabia reported amphetamine seizures of 12.8 mt, with the total for the Middle East and South West Asia amounting to 14.8 mt in 2007 and 15.3 mt in 2008. The World Customs Organization reports that this level continued in 2009 with 13.4 mt of amphetamines seized.\textsuperscript{33} Reports from Lebanon,\textsuperscript{34} Turkey, the United Arab Emirates and Yemen identified Saudi Arabia as a major destination for amphetamine on their territory in 2008, while Gulf Cooperation Council (GCC) States generally were destinations mentioned by Jordan and the Syrian Arab Republic. Large quantities of captagon tablets, containing amphetamine, were seized by Jordan (14.1 million tablets in 2008, up from 10.6 million in 2007), Yemen (13.4 million in 2008) and the Syrian Arab Republic (11.8 million tablets in 2008 and 12.0 million in 2007). This may have implications for Pakistan because of the large numbers of Pakistani migrant workers in the Middle East.

Reports from Iran have also pointed to large amounts of synthetic drugs entering the country. The 2009 Anti-Narcotic Police Drug Report, stated the flow of unspecified amphetamines in the first seven months of 2009 totalled 421 kg, nearly three times the amount reported in 2008. In addition, 1.3 million unspecified synthetic drug tablets and 389,457 ampoules of synthetic opioids were also reported.\textsuperscript{35}

\textsuperscript{31} UNODC World Drug Report 2010, pg. 98.
\textsuperscript{32} Data for Saudi Arabia relative to the period 2002-2007 were sourced from the World Customs Organization and ICPO/Interpol.
\textsuperscript{33} World Customs Organization, Customs and Drugs Report 2009, June 2010, Brussels.
\textsuperscript{34} Country report by Lebanon to the forty-third Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East.
Growing consumption of methamphetamine. Significant production and transhipment as evidenced by seizures originating from Iran throughout East Asia. Apparently the main source of synthetics for the Afghan market. Iranians arrested throughout for synthetics trafficking.

First seizures of methamphetamine in 2009. Small consumption market, likely to grow.

Massive synthetic consumption market. Big producer of ephedrine and pseudoephedrine. Huge seizures of ketamine. Exporter of chemicals to Pakistan.

Transhipment point for ephedrine and pseudoephedrine. Small methamphetamine consumption market.

Producer of ephedrine, pseudoephedrine and ketamine. Supplier of chemicals to Pakistan. Several industrial scale labs destroyed in recent years, including close to the Pakistan border.

Industrial scale methamphetamine production labs destroyed in recent years.
The country’s combined seizure of amphetamine and methamphetamine amounted to 1.47 mt in 2008 and 2.43 mt in 2009. The results of research undertaken in Iran, as reported by its Drug Control Headquarters, also indicate that the use of methamphetamine has increased. Additionally, the first confirmed seizure of methamphetamine in Afghanistan was made in January 2009, in the Helmand province, although a survey undertaken in 2009 indicates negligible synthetic use. To the east of Pakistan, Chinese seizures of methamphetamine totalled 6.09 mt in 2007 (the largest worldwide for that year) and 6.15 mt in 2008.

In addition to the rise in the seizure of synthetic drugs destined for the region, there are signs that their manufacture within the region is on the rise due to the number of uncovered synthetics manufacture laboratories and the growing prevalence of relevant precursor chemicals. Iran seized four clandestine methamphetamine laboratories – their first reports ever – and has since reported quickly decreasing street prices and an increase in methamphetamine use. That manufacture outpaces domestic consumption is also reflected in the notable increase in 2009 in the frequency and extent of reported methamphetamine trafficking from Iran, with much of this destined for lucrative markets in East and South-East Asia.

The starting material used in the illicit manufacture of methamphetamine in Iran is most likely domestically diverted pseudoephedrine. Since 2006, the first year such reporting was required by the INCB, Iran has reported notable increases in its annual legitimate requirement of the chemical. In just four years, the demand has grown to give Iran the fourth highest legitimate requirement in the world. Not only does this increase the likelihood of domestic diversion, but it also makes the country an attractive target for precursor diversion by transnational organized crime groups. That this may be more than a realistic concern is evidenced by recent reports of two stopped shipments of pseudoephedrine totalling 11 mt exiting the country.

Since 2006, Bangladesh’s annual legitimate requirement for pseudoephedrine has tripled, now making it the sixth highest in the world. In 2009, Bangladesh was first identified as a source country for tableted pharmaceutical preparations containing pseudoephedrine diverted into illicit drug manufacture with multi-million table shipments being seized in Central America. Bangladesh may also become a target for diversion of pseudoephedrine into neighbouring Myanmar’s illicit methamphetamine manufacture if pressure upon Myanmar’s precursor supply continues.

A similar situation may also be occurring in the Middle East, where the diversion of phenyl-2-propanone (P-2-P) may be fueling the region’s expanding Captagon market.

To the east of Pakistan, India is one of the world’s largest exporters of methamphetamine precursors (ephedrine and pseudoephedrine), and the size of its chemical and pharmaceutical industry makes the country a target for international drug syndicates involved in the manufacture of synthetic drugs.

36 Drug Control in 2009, Islamic Republic of Iran, Drug Control Headquarters.
37 Drug Control in 2008, Annual Report and Rapid Situation Assessment, Drug Control Headquarters, Islamic Republic of Iran.
38 DCHQ Deputy SG, Prices of the synthetic drugs have dropped to one fourth, 6 October 2009, Islamic Republic of Iran National Drug Headquarters; UNODC World Drug Report 2009.
39 737 kg of various drugs were found in airports this year, Official Islamic Republic News Agency; Global SMART Update 2009, Vol. 2, October 2009.
40 Countries provide INCB with annual estimates of their legitimate requirements for various ATS precursor chemicals to prevent their diversion into illicit manufacturing. In 2009, 91 countries reported their annual legitimate requirements for pseudoephedrine (bulk and preparations), 98 for ephedrine (bulk and preparations), and 15 for P-2-P. INCB, Annual legitimate requirements reported by Governments for ephedrine, pseudoephedrine, 3,4-methylenedioxymethylphenyl-2-propanone, 1-phenyl-2-propanone and their preparations, 2 March 2010 and past publications.
41 Jordan reported its annual legitimate requirement of P-2-P at 60,500 kg in 2009, accounting for more than half of the global total. World Drug Report 2010, UNODC.
In addition, a number of clandestine laboratory operations have been discovered over the past decade. For instance, at a site in Hyderabad in 2004, 1.6 tons of methaqualone, 590 litres of acetic acid, 2.7 tons of anthranilic acid, 1.8 tons of ortho-toluidine and 91.4 kg of piperonal were seized. In late 2007, 963 kg of suspected pseudoephedrine, 290 kg of pseudoephedrine and 900 kg of crushed tablets containing pseudoephedrine were seized at an illicit laboratory in Mumbai. Additionally, clandestine laboratories were also discovered in Jalandhar, Kolkata, Gurgaon, Mumbai, Nashik, off Kolkata and in Vadodara over the past decade.42

In China, the number of clandestine laboratories seized over the past four years has increased considerably, some of which have been of industrial scale. In 2005, 37 labs were reportedly seized. This figure rose to 53 in 2006 and 77 in 2007. A total of 244 unspecified laboratories and drug dens were dismantled in 2008, and while no information was available on the type of drug these labs manufactured, it was believed these facilities were meant for synthetics-related manufacture. In regards to precursor chemicals in China, significant seizures have been reported over the course of the past three years. In 2008, 170 cases involving smuggling and illegal trade in precursors were reported in China. In April 2008, a large-scale pseudoephedrine smuggling operation was interrupted and two pseudoephedrine extraction laboratories were dismantled in Hunan, and in mid-2009, 13.4 million tablets of pseudoephedrine hydrochloride were seized in Guangdong Province. It is also important to note that synthetics manufacturing in China is becoming increasingly diversified with the synthesis of precursors and the different stages of manufacturing being divided across provinces.43

Ketamine has emerged onto the drug control radar relatively recently in many countries. Without much fanfare, seizures in China have skyrocketed and in 2008 they were greater than those of heroin. Substantial seizures have also occurred in India. However, ketamine demand, consumption and supply methods have not been well-studied. There appear to be two main sources of illicit ketamine. The first and seemingly most common at present is diversion of licit production. Second, it is quite simple to create ketamine by heating hydroxylamine hydrochloride (HH). HH is used for a range of processes in synthetic chemistry and in the creation of soaps and acids. Seizures of HH have occurred in China and India. Data on importation of HH in Pakistan is unavailable but certainly bears investigation.

Given these trends in the neighbourhood, it is striking that there is little official information from Pakistan on methamphetamine. There have been cases elsewhere that have apparently included

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42 2009 Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs in East and South-East Asia (and neighbouring regions), Global SMART Programme; Global SMART Update Volume 2, October 2009; Global SMART Update Volume 3, March 2010.

43 2009 Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs in East and South-East Asia (and neighbouring regions), Global SMART Programme.
transhipment of pseudoephedrine through Pakistan. Beyond this, UNODC is not aware of any other official information on methamphetamine consumption, production, trafficking or precursor inputs.

Cocaine

Colombia has been the world’s largest producer of cocaine since the 1970’s – in 2008 it accounted for about half of global production (followed by Peru and Bolivia). Cocaine use has now spread globally and in 2007/2008 seizures were reported in 130 countries and territories. International cocaine trafficking is still far more ‘organized’ and large-scale in number than trafficking in any other drug. This is why the average cocaine seizure is 10 to 20 times larger than any heroin seizure. This may be due to the fact that 40 years of trafficking has made the market far more mature in comparison to the Afghan opiates market.44

There is little known about cocaine use in Pakistan but it is believed it must be limited due to its high price. Table 5 details the seizures by the ANF in 2008 and 2009.

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seizures/Cases</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Defendants/Persons Arrested</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Cocaine (in kg)</td>
<td>7.3</td>
<td>0.571</td>
</tr>
</tbody>
</table>

Cannabis

In the regions of Central Asia, Middle East and South Asia, most cannabis resin seizures are reported from Afghanistan, Iran and Pakistan. Reports from Iran and Pakistan indicate that most of the cannabis resin (hashish) seized there originates from Afghanistan. The large cannabis resin seizure in Kandahar in 2008 was exceptional within Afghanistan but also in comparison to its neighbours. A similarly large seizure did not occur in Afghanistan in 2009. Data from Pakistan shows a generally upward trend of cannabis resin seizures since 2005, with a sharp increase in 2009 at 204,610 kg (from 134,622 kg in 2008). Seizures in Iran have declined recently. See Figure 12.

The general annual trend in Figure 13 shows that prices for cannabis had moved up during 2007-2008 (US$ 60/kg and US$ 56/kg respectively) in comparison to 2006 (US$ 49), and decreased in 2009 (US$ 50/kg). The same trend was reflected by wholesale prices for hashish on the Peshawar market in Pakistan.46

46 Afghanistan Cannabis Survey, 2010, UNODC.
Drug Use

Key points

- The data on drug use in Pakistan is limited and is likely to under-represent the scale of the problem.
- UNODC estimates that at least 80 tons of opium are consumed annually in Pakistan. Pakistan accounts for 6 percent of the global opiate consumer market and one-twentieth of total global heroin consumption (with 5 percent of the world’s heroin users).
- Volumes of non-medical pharmaceutical, synthetic drugs and cannabis consumption are unknown.

The evidence base

Social and demographic changes in Pakistan are occurring alongside regional and domestic security developments that affect drug supply, and are likely impacting drug use patterns in Pakistan. There are significant data limitations and methodological concerns with regard to current drug use estimates for Pakistan. It is suspected that the actual rates of drug use are much higher than is currently estimated. The last national survey took place in 1993, which estimated 3.01 million drug addicts in Pakistan and assumed a 7 percent annual increase. Based on these Government figures, the number of drug users in 2000 would be between two to three million. Since then there has been no national survey. However, the joint Government of Pakistan and UNODC 2000 National Assessment estimated 500,000 heroin users with an opioid use prevalence of 0.8 percent of the adult population.47

The latest assessment of drug use in Pakistan took place in 2006 and estimates the number of chronic opiate users at 628,000 and heroin users at 484,000. Prevalence was revised downwards to 0.7 percent of the adult population.48 These results indicate that heroin use has decreased between 2000 and 2006. However, this may be a dubious finding given that heroin trafficking has increased in this period. Interestingly, prevalence rates in Iran are estimated at 1.5-3.2 percent of the adult population – a much higher level than in Pakistan, when more heroin transits Pakistan.49

Existing estimates are not likely to reflect the current drug use levels in Pakistan. None of the surveys/assessments carried out to date in Pakistan were peer-reviewed and their limitations are acknowledged. A comprehensive survey on drug use, which adheres to internationally followed methodologies and is peer reviewed, would be an essential prerequisite to an effective understanding of drug use levels.

Key findings of the Assessment of the National Drug Treatment and Rehabilitation System of Pakistan, April 2010, UNODC

- Treatment services are without reference to a solid evidence base
- The majority of treatment centres are concentrated in the largest cities and other areas remain unserviced.
- Treatment and rehabilitation coverage is low and tailored programming for population sub-groups is also a weak area for treatment centres.
- In general, centres lack protocols and guidelines. Between them, there is a weak referral system. Within them, institutional and human capacity is weak.

47 Drug Abuse in Pakistan: Results from the 2000 National Assessment, 2000, Government of Pakistan / UNODC.
48 Problem Drug Use in Pakistan: Results from the 2006 National Assessment, 2006, Government of Pakistan / UNODC.
49 World Drug Report 2009, UNODC.
Drug use trends

Nonetheless, despite these limitations, there are some interesting findings on provincial variations from the 2006 National Assessment. The prevalence rates for opiate use range from 0.4 percent in the provinces of Punjab and Sindh to 0.7 percent in KPK and 1.1 percent in Balochistan. The latter two provinces share a direct border with Afghanistan. The proportion of drug users who inject has increased from 15 percent in 2000 to 29 percent in 2006. See Table 6 for a breakdown of opiate abuse by province.

Table 6: Prevalence of opiate use in Pakistan by province

<table>
<thead>
<tr>
<th>Province</th>
<th>Prevalence (% of Population)</th>
<th>95% CI</th>
<th>Numbers</th>
<th>IDU Prevalence</th>
<th>IDU numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>KPK</td>
<td>0.7</td>
<td>0.5 – 0.9</td>
<td>90,000</td>
<td>0.06</td>
<td>8,000</td>
</tr>
<tr>
<td>Punjab</td>
<td>0.4</td>
<td>0.2 – 0.6</td>
<td>200,000</td>
<td>0.2</td>
<td>100,000</td>
</tr>
<tr>
<td>Sindh</td>
<td>0.4</td>
<td>0.2 – 0.6</td>
<td>87,000</td>
<td>0.2</td>
<td>44,000</td>
</tr>
<tr>
<td>Balochistan</td>
<td>1</td>
<td>0.8 – 1.2</td>
<td>45,000</td>
<td>0.1</td>
<td>4,500</td>
</tr>
<tr>
<td>Overall Pakistan</td>
<td>0.7</td>
<td>0.4 – 1</td>
<td>628,000</td>
<td>0.14</td>
<td>125,000</td>
</tr>
</tbody>
</table>

UNODC estimates that at least 80 tons of opium are consumed annually in Pakistan. Pakistan accounts for 6 percent of the global opiate consumer market and one-twentieth of total global heroin consumption (with 5 percent of the world’s heroin users). Volumes of non-medical pharmaceutical, synthetic drugs and cannabis consumption are unknown.

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

The 2006 National Assessment identifies hashish is the most commonly used substance and the ‘drug of choice’ given its low price and easy availability. The report makes no estimate of its prevalence.

WHO/UNAIDS estimate that there are 46,000-210,000 adult HIV-positive cases in Pakistan. A 100 percent increase in injecting drug use was observed between 2000 and 2006. Evidence from other HIV outbreaks suggests that there is currently a concentrated but localised HIV epidemic among injecting drug users (IDUs) in Pakistan. Coupled with widespread risk behaviours, this could lead to an HIV epidemic among the wider population. To illustrate, one study in Karachi revealed an increase in HIV prevalence among IDUs from 1 percent in 2004 to 26 percent in March 2005, while a more recent study found that HIV prevalence among IDUs has reached 24 percent in Quetta (along the border of Afghanistan). The increase in the numbers of IDUs has complicated drug treatment and requires trained service providers.

50 Problem Drug Use in Pakistan: Results from the 2006 National Assessment, 2006, UNODC
51 The prevalence of HIV among the general public is less than 1%.
While keeping in mind the data limitations of the 2006 National Assessment, the report points to a substantial increase in the use of cannabis, sedatives and tranquilisers since 2000. The use of inhalants has also been observed to be increasing among adolescents. A study among street children conducted in 2004 indicated that among 400 street children interviewed, around 90 percent had used inhalants. 60 percent of these had been regularly using inhalants for over 2 years. There is an increasing use of benzodiazepines and up to a quarter of the respondents of the 2006 National Assessment reported using benzodiazepines indicated injection as their preferred mode of use.

The 2006 National Assessment identifies an emerging shift from traditional plant-based drugs to synthetic drugs (for example, ecstasy). Though increasing, use of this new wave of drugs is not yet widespread and is largely restricted to young people from more prosperous families. However, easy availability and falling prices could result in usage spilling over to the general population in the future.

The threat of ATS to Pakistan and neighbouring states can be directly attributed to their attractiveness to users. They appeal to the needs of today’s societies and have become part of what is perceived to be a modern lifestyle, both recreationally and occupationally. Their use is believed to enhance sexual performance and their use is often initiated by mouth in ‘convenient’ and discrete pill form that avoids the dangers of injections or social stigma of smoking. They are often sold in single tablet units, which are often erroneously perceived as being less harmful than in other forms.

The results of the 2006 Assessment Report indicate an increasing use of benzodiazepines, which are licit substances obtained over the counter through pharmacies and other channels. It is important to regularise the sale of psychotropic substances through a prescriptions system with appropriate checks and safeguards to detect and prevent misuse of the prescriptions. The most preferred method for use of benzodiazepines was orally (75 percent), however up to one quarter reported injecting benzodiazepines. In the province of Punjab, a significantly higher proportion of drug users (up to 45 percent) reported injecting benzodiazepines. This trend of injecting benzodiazepines is worrisome. Apart from measures to regularize the sale of psychotropic substances, there is a need to train local law enforcement officials to identify these substances and to increase public awareness, especially targeting urban youth through educational programmes on the health and social consequences of using synthetic drugs.

It is difficult to determine the true nature and extent of drug use among women in Pakistan and data is limited. The 2006 National Assessment indicated that whilst drug substance use by women is not likely to be found at the same levels as among the male population for most drug types, it clearly exists. There is increasing anecdotal information about recreational substance use by young middle class women. Although injecting drug use has been identified as primarily a male activity in Pakistan, there is evidence suggesting that female IDUs also exist and that injecting drug use among women is on the rise. Female commercial sex is widespread in all major towns and substance use, including intravenous drug use, is common among female sex workers (FSWs) which puts them at the risk for drug-related HIV. Additionally, regular sex partners of drug users are at risk.

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54 Study on Solvent Abuse Among Street Children in Pakistan, 2004, UNODC.
55 In Punjab, 45 percent of the respondents were injecting benzodiazepines.
56 World Drug Report 2010, UNODC.
57 Nationally, the three main substances that the drug users injected were opioids – excluding heroin (56 %), heroin (49 %), and benzodiazepines (36 %). Problem Drug Use in Pakistan: Results from the 2006 National Assessment, 2006, UNODC.
There are approximately 85,000 people incarcerated in Pakistan’s 97 prisons. According to 2009 prison statistics, there are approximately 11,137 prisoners convicted for drug-related offences. Of these, 3,630 are drug addicts whereas 7,507 are drug traffickers. It is suspected that the number of addicts in prisons is significantly higher than these official statistics as drug use in prisons is reportedly widespread, the result of readily available drugs and the prison environment. Further, the combination of injecting drug use and unprotected sexual activity in the prison population provides a potential fast track to an HIV epidemic as prisoners are released and return to society.

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Prison facilities are over-stretched as they were originally designed for prison population of only 35,000 and availability of educational, vocational training and recreational services is severely restricted. For a comprehensive study of the prisons system in Pakistan, see Pakistan: Assessment of the Prison System, January 2010, UNODC.

Central Jail Staff Training Institute, 2010.
Drug-related crime

Key points

- It is difficult to quantify the extent to which organized crime is embedded in drug trafficking in Pakistan given the lack of data available.
- The high revenues generated by the criminal industry facilitating drug trafficking necessitates the laundering of significant amounts of money, particularly by those operating within larger criminal networks.
- The ANF conviction rate at 87.4 percent of cases in which judgment has been reached. Both the number of drug-related cases registered and the number of convictions has gone up since 2002.
- The great majority of narcotics cases that go to trial are uncomplicated drug possession cases involving low-level couriers and straightforward evidence. The problematic cases tend to involve more influential, wealthier defendants who often tend to overturn court decisions on appeals.

The drugs economy

UNODC estimates that the annual revenue generated by Afghan opiate trafficking to and through Pakistan exceeds $1 billion. This does not include the revenue from illicit trading in associated precursors – which is important because these are probably quite high as increased international controls and cooperation have led to a high price level of acetic anhydride (US$350/l – US$400/l).

Cannabis reaps a high return - the gross income per hectare of cannabis (US$ 3,900) is higher than from opium (US$ 3,600). Cannabis does not need much labour cost: in Afghanistan it is three times cheaper to cultivate a hectare of cannabis than a hectare of opium. As a result the net income of a hectare of cannabis is US$ 3,341 compared to US$ 2,005 per hectare of opium. In the aggregate, however, because opium cultivation far exceeds cannabis cultivation, in 2009 the value of cannabis resin production in Afghanistan was estimated at between US$ 39-94 million, about 10-20 percent of the farm-gate value of opium production.

The high revenues generated by the criminal industry facilitating drug trafficking necessitates the laundering of significant amounts of money, particularly by those operating within larger criminal networks. The transfer of money to others within the criminal network is also a necessary component of operations, comprising both the use of informal value transfer systems and established companies. The drugs economy is an area that warrants further study.

Criminal justice capacities

There appears to be a consensus that both highly structured and loosely structured organizations are involved in transnational organized crime. UNODC argues that while networks of market-driven individuals have always existed in transnational trafficking, it is now a matter of a group of illicit activities in which some individuals and groups are presently involved – strategies aimed at the top, while important, will not stop the illicit activities if the market dynamics remain unaddressed and the incentives remain to attract new people to service the market.

60 Addiction, Crime and Insurgency: The Transnational Threat of Afghan Opium, 2009, UNODC.
61 World Drug Report 2010, UNODC.
62 Afghanistan Cannabis Survey, 2010, UNODC.
There have been several incidents of gun battles between law enforcement personnel and drug traffickers. For example, in July 2006, five Frontier Crops soldiers were killed during an encounter with smugglers in the Chaghai region on the border with Afghanistan. It is not uncommon for the law enforcement agencies to seize arms and ammunition alongside with drugs. The Iranian authorities have also reported killing of several law enforcement personnel in drug-related violence along the border with Pakistan.  

In order to assist the criminal justice system respond appropriately to drug-related crime, the Government of Pakistan set up six dedicated narcotics courts (two at Karachi, one each at Lahore, Rawalpindi/Islamabad, Peshawar and Quetta) as defined in the CNS Act 1997. These were created in order to speed-up the judicial process and free-up the prosecuting agency manpower. All agencies are required to use the CNS Act to prosecute narcotics cases. The cases registered under the CNS Act by the ANF and other law enforcement agencies are to be conducted in these Special Courts while applying the Criminal Procedure Code 1898. See Table 8 for a brief summary of the performance of the narcotics courts.

### Table 8: Performance of narcotics courts 2009

<table>
<thead>
<tr>
<th>Special Court</th>
<th>Cases at the beginning of the year</th>
<th>New cases</th>
<th>Cases disposed</th>
<th>Cases pending at year end</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karachi-I</td>
<td>480</td>
<td>194</td>
<td>445</td>
<td>229</td>
</tr>
<tr>
<td>Karachi-II</td>
<td>735</td>
<td>471</td>
<td>286</td>
<td>920</td>
</tr>
<tr>
<td>Lahore</td>
<td>155</td>
<td>690</td>
<td>348</td>
<td>497</td>
</tr>
<tr>
<td>Rawalpindi</td>
<td>90</td>
<td>114</td>
<td>98</td>
<td>106</td>
</tr>
<tr>
<td>Peshawar</td>
<td>105</td>
<td>272</td>
<td>260</td>
<td>117</td>
</tr>
<tr>
<td>Quetta</td>
<td>32</td>
<td>43</td>
<td>17</td>
<td>58</td>
</tr>
</tbody>
</table>

According to the CNS Act 1997, acquisition of assets through drug proceeds is a crime. The ANF traces, freezes, forfeits, and confiscates all illegitimate assets of the drug traffickers. The accused can be awarded 5-14 years of imprisonment besides the forfeiture of their assets. So far assets worth US$74.524 million have been frozen. Table 9 sets out the achievements of ANF in this regard during 2008-2009.

### Table 9: ANF prosecutions and freezing of assets 2008-2009

<table>
<thead>
<tr>
<th>Description</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of cases</td>
<td>258</td>
<td>265</td>
</tr>
<tr>
<td>Total number of cases pending trial</td>
<td>162</td>
<td>166</td>
</tr>
<tr>
<td>Total number of cases in appeal</td>
<td>62</td>
<td>66</td>
</tr>
<tr>
<td>Total number of cases under investigation</td>
<td>34</td>
<td>33</td>
</tr>
<tr>
<td>Value of frozen assets</td>
<td>Rs 98.35143 (M)</td>
<td>Rs. 12.20402 (M)</td>
</tr>
<tr>
<td>Value of assets forfeited</td>
<td>-</td>
<td>12.000 (M)</td>
</tr>
</tbody>
</table>

Both the number of cases registered and the number of convictions has gone up since 2002. However, despite the success of the new narcotics courts, the prosecutions of most criminal cases in Pakistan are still protracted. Judges grant long continuances, defendants file delaying interlocutory appeals and witnesses are reluctant to testify. The great majority of narcotics cases that go to trial are uncomplicated drug possession cases involving low-level couriers and straightforward evidence.

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65 Besides these Special Courts, powers have also been conferred on most of the District and Sessions Judges of Pakistan under the CNS Act to try narcotics cases.
The problematic cases tend to involve more influential, wealthier defendants who often tend to overturn court decisions on appeals.

The ANF has been effective in dealing with reversals of convictions by hiring its own special prosecutors, who have had positive results despite limited resources, and by including additional attorneys as part of its expansion. The number of cases and prosecutions of drug traffickers by the ANF have increased, especially through the ANF Special Investigation Cell (SIC), by utilizing conspiracy legal concepts (i.e. prosecuting an individual for conspiracy even when not in direct possession of drugs). These measures have had a positive impact leaving the ANF conviction rate at 87.4 percent of cases in which judgment has been reached. See Table 10.

<table>
<thead>
<tr>
<th>Description</th>
<th>No. of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases registered since 1995</td>
<td>8972</td>
</tr>
<tr>
<td>Convicted cases</td>
<td>6103 (87.85%)</td>
</tr>
<tr>
<td>Acquitted cases</td>
<td>844</td>
</tr>
<tr>
<td>Dormant cases</td>
<td>652</td>
</tr>
<tr>
<td>Closed cases</td>
<td>305</td>
</tr>
<tr>
<td>Under-trial cases</td>
<td>1068</td>
</tr>
</tbody>
</table>
Conclusion

Pakistan is uniquely placed due to its geographical proximity to Afghanistan and more specifically, to Afghanistan’s major poppy and cannabis growing provinces. In addition, Pakistan borders China, Iran and India, which are significant synthetic drug production and consumption bases. This has profound implications for drug use in the country – the exact nature of which remains to be determined. Just the opiate trafficking to and through Pakistan generates an estimated $1 billion, this excludes the trafficking of associated precursors, cannabis and synthetic drugs. The recent seizure of cocaine in October 2010 in Karachi with an estimated value of $40 million illustrates the scale of the problem.

Pakistan suffers to some extent from the fact that the processes of globalization has outpaced the mechanisms for global governance, and this deficiency has produced just the sort of void in which transnational organized crime can thrive. People and goods can move cheaper than ever before, the flows are too intense to easily distinguish the licit from the illicit, and these problems cannot be solved by any country in isolation.67

For Pakistan to expand on its successes against its drug-related challenges, the strategy must involve the effective application of the rule of law within Pakistan but needs to be combined with addressing the regional dimensions of organized crime. Countering the production, trafficking and use of illicit drugs effectively requires the implementation of the below strategies, which are already to a large extent part of the Government of Pakistan’s Anti Narcotics Policy 2010 and Drug Control Master Plan 2010-14.

These efforts must be actively supported and expanded to continue strengthening a strategic national and regional response that is based on a growing understanding of the patterns and dynamics of the drug situation in Pakistan and the region and targeted, sequenced and cost-effective mix of interventions.

1. Expanding the evidence base. There are gaps in knowledge of drug use, types, quality and number of illegal movements and their origin and destination is. An expanded evidence base will assist practitioners in developing appropriate strategies. For instance, a national drug use survey or an in-depth analysis of the drugs economy would be beneficial for policy-makers.

2. Mainstreaming drug prevention and treatment. At present, drug treatment is somewhat separated from the mainstream health system. Disseminating drug abuse knowledge into health-worker training would help to extend its coverage, improving the efficiency of the current network of treatment and rehabilitation providers.

3. Inter-agency cooperation. The MNC is the policy level institution dealing with narcotics control in Pakistan and the ANF is the principal enforcement agency. However there are a wide range of other Government departments at the federal and provincial level that are tasked with drug enforcement. A robust coordination mechanism is needed to integrate these varied agencies. One such recent initiative is the creation of an Inter-Agency Task Force on Narcotics Control.

4. Building law enforcement training programmes. Training academies need enhanced management approaches and modernized curriculum to meet new challenges. While the traditional orientation is towards Afghan opiates, law enforcement agencies need to be

familiarized with new and emerging challenges such as precursor chemical trafficking and importation/transhipment/production of synthetics and their precursors.

5. **Developing human capacity in the criminal justice sector.** Elements of the criminal justice system, such as the prosecution service and the prison system require improvement to better deal with drug-related cases as well as inmates.

6. **Enhancing interdiction capacities.** The operational capacities of Pakistan’s law enforcement and border management agencies require enhancement as they often work with limited equipment. For instance, on-the-spot drug testing kits and mobility would be a boost for interdiction efforts.

7. **Strengthening regional and international cooperation.** As a primary transit country for Afghan opiates, regional cooperation is necessary, particularly between Afghanistan, Iran and Pakistan. Effective border management requires both working on the internal coordination of border protection agencies and in linking those agencies with their counterparts on the other side of the border. This includes cooperation between regional and national law enforcement agencies in sharing real time information on drug trafficking.