



International drug trafficking: a case study of the South Asian region

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Abstract:

The complex dynamics of international drug trafficking in South Asia, a region characterized by diverse cultures, socioeconomic difficulties, and complex geopolitical landscapes, are examined in this paper. Due to its physical proximity to the Golden Crescent, South Asian nations have emerged as a significant hub for the production and transportation of a variety of illegal substances, most notably opiates. The study evaluates how drug trafficking and regional instability interact, with a particular emphasis on how corruption, poverty, and insurgency support the drug trade. Analyses with adjacent regions show varying regulation strategies and enforcement capacities, while case studies from Afghanistan highlight the effects of drugs on local economies and governments. Additionally, the study investigates how drug trafficking affects the region's socioeconomic development, public health, and security. Along with evaluating the efficacy of present policies and initiatives, the involvement of bilateral and international agencies in the fight against drug trafficking is also evaluated. Lastly, the results highlight the necessity of a thorough, multifaceted strategy to address the underlying causes of drug trafficking in South Asia, focusing on cooperation between regional governments and foreign partners to promote long-term solutions and improve security.

Keywords: South Asia, Drug misuse, Drug trade, Multifaceted strategy, Diverse cultures, Illegal substances, Opiates, Geopolitical landscape, Corruption, Poverty.

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1. Introduction

The issue of drug trafficking is one of the critical and attractive topics in this contemporary world. The nation's economy is severely impacted by the multifaceted drug problem, in addition to the health of individual citizens. Because of their deterrent effects, medications are tightly regulated in both national and international societies regarding their manufacturing, distribution, and usage. Aware of the industrial, scientific, and medical applications of narcotic drugs and psychotropic substances (NDPS), states are obligated by international agreements to permit the lawful manufacture and cultivation of narcotic drugs through regulated initiatives. However, the concept of drug trafficking cannot be ignored because nowadays, many people are involved in this negative activity. Furthermore, there is evidence connecting drug dependence to psychological, physiological, and emotional factors that enhance the "feel good" experience associated with drug use and are sometimes viewed as a status symbol, especially in the case of youth. Numerous countries worldwide have synchronized their endeavours to counter drug trafficking (Interpol, 2024)

It also includes aftercare services, rehabilitation, and pharmacological and psychosocial therapy approaches for substance use disorders. Concentrated efforts are essential to achieving the intended goal. The above-mentioned criteria also highlight the positive efforts made by the South Asian states. These states are also considering regional and international organizations to counter the dilemma of drug tariffing within the framework of the global structure. Drug trafficking, the process of determining pharmaceutical product costs, is a significant factor in the globalization of healthcare systems. There are potential and problems associated with implementing an international drug tariffing system in South Asia, a region with various healthcare landscapes and socioeconomic conditions. This case study aims to investigate the possible effects, viability, and ramifications of implementing an international drug trafficking system in the South Asian region. Much of the world's population resides in South Asia, including nations like Bangladesh, India, Nepal, Bhutan, the Maldives, Pakistan etc. A standardized drug trafficking system could potentially address difficulties with pharmaceutical product quality, price, and accessibility in such a complicated setting (Dawn, 2022). The following significant elements have been examined in this case study:

1.1. Current healthcare environment

This section provides a thorough rundown of South Asian countries' regulatory frameworks, pharmaceutical marketplaces, and healthcare systems. Evaluating the viability of implementing an international drug tariffing system requires an understanding of the policies and infrastructure currently in place.

1.2. Opportunities and challenges

This section examines the difficulties that the pharmaceutical industry in South Asia faces, including discrepancies in prices, fake medications, and inconsistent regulations. Furthermore, prospective prospects have been investigated, including enhanced market transparency, collaborative regional efforts, and economies of scale.

1.3. Policy implications

The study evaluates how international drug trafficking affects different stakeholders, such as

governments, pharmaceutical corporations, healthcare providers, and patients. We'll discuss techniques for implementing policies effectively and offer policies that take into account the various requirements and goals of South Asian nations.

1.4. Case studies and best practices

The research examines lessons learned from global experiences and effective drug tariffing programs in other areas. Case studies showcasing both successes and failures will offer insightful insights into creating and implementing a successful model adapted to the South Asian environment.

1.5. Future prospects

The possible long-term effects of international drug trafficking on pharmaceutical business dynamics, public health outcomes, and regional collaboration in healthcare will be assessed. Additionally, methods for monitoring and assessing the trafficking system's effects will be suggested.

By means of a thorough examination of these variables, this case study seeks to add to the current conversation about pharmaceutical policy and healthcare reform in South Asia. Policymakers, healthcare providers, and other stakeholders can learn much about how to promote improved accessibility, affordability, and equity in healthcare delivery throughout the area by investigating the viability and possible advantages of international drug trafficking.

2. Literature review

2.1. Global structure

The growing issue of drug trafficking and the problems associated with undetected cross-border transactions have been noted by the UN. The three main drug control treaties, the Single Convention on Narcotic Drugs (1961, as amended in 1972), the Convention on Psychotropic Substances (1971), and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988), have mandated that Member States create a strong framework for countering anti-narcotics mindset. Huge meetings and settings are beneficial for each other and complement one another. Due to the relevance of these drugs for scientific and medical goals, the Treaties provide the authorized authorities to issue licenses for the prescribed and lawful uses of these substances (Citaristi, 2022). It also advocates for international cooperation in the battle against drug trafficking as a means of deterring drug traffickers. Drug addiction is another issue that is addressed using a prohibitionist approach. In response to the widening and diversification of the range of drugs of abuse, it established regulations over several synthetic compounds based on both their medicinal usefulness and potential for abuse (Gurule, 1998).

Established as an independent, quasi-judicial body, the International Narcotics Control Board was entrusted with three major narcotic agreements. Enforcing laws that forbid drug production, sale, and transportation across international borders. Most countries have adopted a proactive stance by ratifying the three Drug Conventions because of the fact that almost all of them battle drug trafficking and abuse. The major motive of the international drug control system is human well-being. The International Narcotics Control Board report from 2022 states

that diverting controlled substances into illicit channels must be stopped. Fulfilling this goal will require two steps: first, ensuring that internationally regulated substances are available for use in science and medical science (United Nations, 2022; US Department of State, 1997).

2.2. Drug laws maintained under South Asian states

The author investigated drug laws in the central South Asian states. Furthermore, it is found that, in terms of illicit activities that occur both nationally and internationally, the problems of drug abuse and trafficking are essentially the same. Every country has a long history with pharmaceuticals, including some conventional varieties. While there are certain commonalities between the drug laws of these governments, there are also notable differences in the implementation of these laws (Luhar, 2022). United Nations on drugs and crime has discovered the following new mechanism in South Asian drug trafficking:

- Trafficking like heroin across Afghanistan to Pakistan and India. More trafficking from India to neighbouring countries in Europe, Asia, and America.
- Cannabis is grown both illegally and wild in India. Cannabis trafficking from Nepal to India.
- Rise in the amount of cocaine being trafficked into India from the Americas and Europe. Pharmaceutical preparations and prescription medications that contain opioids and psychoactive chemicals are being diverted from India to neighbouring South Asian nations.
- Preventing the manufacture of amphetamine-type stimulants (ATS) by pharmaceutical preparations using ephedrine and pseudoephedrine as well as prohibited licit substances. Precursor trafficking from northern India to Myanmar.
- Ketamine trafficking, primarily to Southeast Asia, from India to other locations.

2.3. Judicial structure

The law-making frameworks of the jurisdictions subject to this article were modified more recently to conform to the requirements of the UN drug convention, but they originally date back to the early 20th century. A new counter-narcotics law established by the Republic of Afghanistan in 2005 forbids the use of Narcotic Drugs and Psychotropic Substances in any department for the sake of research or in the medical sector. The law classifies narcotic drugs into four tables and forbids the use of any of these.

- 1st strict ban on abusing drugs was discussed.
- 2nd completely gripped over such types of medicines that contain a high risk of abuse.
- 3rd controlled substances which are used during the preparation of such drugs.
- The state of Bangladesh approved Multiple drug bills in the era of 1990, which was further becoming more substantial in 2002.

Mainly, acts passed in 1800 still regulate some South Asian states, such as Pakistan, India, Bangladesh, Afghanistan, etc. Acts were regulated according to their own laws. New rules that met worldwide standards were passed because it was realized that the existing ones did not facilitate any proper mechanism considering global advancements. Pakistan enacted the Control of Narcotics Substance Act of 1997 to fulfil its obligations under three international treaties. The purpose of judicial regulations is to prohibit territorial trade on behalf of import, export, trafficking, production, and other activities related to the use of illegal damaging

substances and drugs. Along with trials, treatment, and rehabilitation, it also outlines the consequences of violations. Furthermore, the 1997 Anti-Narcotics Force Act delineates the Force's organizational structure, leadership, responsibilities, power, and other specifics. It highlights the designated unit under the Ministry of Narcotics Control that works with national and foreign supporters. The regime of the state of Sri Lanka has taken the initiative to enact several laws that prohibit the illegal drug trade since the beginning of the 20th century. Dangerous drugs are referred to as "illicit drugs" and are subject to several legislative gazettes, acts, and ordinances. The National Dangerous Drugs Control Board Act No. 11 of 1984 established the National Dangerous Drugs Control Board (NDDCB), a government body. To create guidelines for the treatment and rehabilitation of drug-dependent people, one of the acts was passed in 2007. Details of the chemicals that the laws cover.

- Prohibitions against the production, distribution, manufacturing, transportation, supply, and such chemical substances that are forbidden.
- NDPS amounts and penalties are divided into two categories according to how severe they are.
- The worst punishment is either life in prison or the death sentence.
- Special Courts/Designated Courts to hear cases involving violations of laws.
- Protocol for examination, acquisition, and confiscation offered.
- Forfeiture of assets obtained through NDPS unlawful activity.
- External transactions are forbidden, yet they may be allowed under specific conditions with the required approval from relevant authorities.
- Permission to cultivate under license for industrial, scientific, and medical uses.
- Clauses about deaddiction and immunity from a penalty if the victim receives therapy.

2.4. Implementation procedures

Several authorities are also involved in the process to create a thorough framework. The operational methods in each selected country are summarized here to assist you in understanding how drug-related laws should be implemented. The Ministry of Counter Narcotics was founded in Afghanistan by the new legislation. As the primary ministry in this field, the Ministry of Counter Narcotics coordinated and evaluated the Law's implementation. The Minister for Counter Narcotics was to draft the National Drug Control Strategy with input from other Ministries, agencies, and establishments. As per Presidential Decree No. 139, published on January 28, 2019, the Government of Afghanistan dissolved the Ministry and assigned its duties and obligations to the Ministry of Interior. A Special Narcotics action has been established inside the Ministry of Interior, with the power to apprehend those engaged in drug trafficking, confiscate illegal materials, and use appropriate action against those who interfere with its operations.

Ministries are required by Article 54 of the Counter Narcotics Drugs statute to monitor drug abuse and trafficking. For example, the Ministry of Public Health oversees detoxification and rehabilitation. At the same time, the National Directorate of Security collects information on drug production, trafficking, and cultivation and prepares operational and strategic intelligence reports on counterdrugs. In consultation with the Ministry of Counter Narcotics Drugs, the Ministries of Education and Higher Education, as well as other relevant agencies, are responsible for introducing topics on the prevention of illegal drug use into the curricula of their respective educational institutions. To stop the proliferation of illegal plants and encourage the cultivation of legal crops, the Ministries of Interior, Public Health, Food and

Animal Husbandry, Rural Rehabilitation and Development, and Agriculture will implement steps. The Ministry of Foreign Affairs will oversee the coordination of international efforts (Sopko, 2002). In addition, the law enforcement agencies that can confiscate illegal drugs, the money gained from drug-related crimes, and related equipment and supplies are a) Anti-Narcotic police department; b) Afghanistan's special Narcotic force; c) Border police management; and d) Afghanistan custom staff.

The United States of America designated the Special Inspector General for Afghanistan Reconstruction (SIGAR) to oversee the legislative process supervising Afghanistan's reconstruction and combatting the illicit trade. To battle drugs in Afghanistan, the United States established a licit economy, trained the Afghan government in drug-fighting techniques, and discouraged farmers and traffickers from cultivating and trading opium. Participating in these endeavours was the U.S. Agency for International Development, the Departments of State and Defence, and the Drug Enforcement Administration (DEA). Japan and the UK, in addition to the USA, have provided support to Afghanistan in its efforts to curb illegal trade.

2.5. Crisis and brief analysis

The motive of this portion is to list the problems and viewpoints under certain laws which highlight the concept of drug trafficking. As was previously indicated, there is a great deal of pressure on each of these governments to ensure that drug deals are carried out illegally. Still, they have not been able to outlaw the illicit trade successfully. Previous research indicates that some intrinsic difficulties make carrying out illegal activities difficult. Based on the evidence at hand, it has been demonstrated that a significant portion of the Afghan population engages in the illicit cultivation of opium, which has grown to be a substantial source of income. In 2020, the predicted total area under cultivation of opium poppy in Afghanistan was 224,000 hectares (202,000 - 246,000), an increase of 37% or 61,000 hectares from the previous year. According to a survey by UN in 2020, 84% of opium was cultivated in Afghanistan. The study further claims that in rural Afghanistan, opium trafficking is becoming more and more common. Farmers are now selling their unlawful food in community and district marketplaces rather than having dealers visit the farm to get it. This is perhaps the most significant indicator of how commonplace the black market has grown in these communities and across the country.

It is not believed to manufacture any narcotic drugs or psychotropic substances illicitly, nor does it manufacture any precursor chemicals except hydrochloric acid and sulphuric acid. Still, illicit drug abuse is seen on the rise and is a challenge for the executive machinery to control. This contributes to the severe problems of drug abuse and trafficking. These drugs are produced in secret laboratories close to the Chinese Myanmar border. Shipping Yaba straight from manufacturing to other parts of the country and abroad was regarded by many involved in drug trafficking as a lucrative endeavour. Nepal, a landlocked country between China and India, is susceptible to several illegal violations. Using connected fronts, it is easy to move drugs from Asia to other continents and regions. Additionally, the Narcotics Control Bureau and Ministry of Home Affairs have conducted a survey which shows that the use of narcotics and illegal drugs is raised by 11.38% per year. In 2019–20, 4,259 people were arrested for their involvement in the importation of illicit drugs. This transnational trade involves farmers, producers, suppliers, merchants, and couriers.

Pakistan shares borders with China to the northeast, Afghanistan to the west and northwest, Iran to the west, and India to the east. Pakistan's advantageous geographic position makes it an

ideal destination for cross-border trafficking, an international drug trade hub, and a transit country. It is among the countries that comprise the Golden Crescent, except Afghanistan and Iran, which are renowned for cultivating illicit opium. As was previously said, Afghanistan is widely recognized for serving as both a significant supply source for these substances through smuggling and as the centre of the world's illegal manufacture of deadly drugs. Due to the illicit drug trade from Afghanistan, which is facilitated by their 2,611-kilometer shared border, there are serious social, political, and security problems in Pakistan. The responsible anti-narcotic departments are active in containing the threats of drugs inside her territory.

Since the problem is so pervasive and intricate, it is challenging for law enforcement to monitor illegal activity inside and outside national borders. First off, due to the country's proximity to Afghanistan and the worldwide drug market, it is complicated to decrease drug trafficking structurally. Second, there are unique transactional challenges because drug law enforcement agencies are not convergent. Another difficulty is the lack of funding and resources available to handle the drug problem in the region. Despite claims that the country's problems with drug production and poppy farming have mostly been overcome, there is still a growing problem with domestic drug abuse and the use of the nation as a transit country by foreign drug traffickers (Khan et al., 2021).

2.6. Typical issues from the World Drug Report (2024)

Artificial drug trade for natural and semi-synthetic drug replacement reported emergence of New Psychoactive Substances (NPS), many of which are not subject to global regulation. There were 541 distinct NPS available in the market in 2019, of which 48 were discovered in 2018. Policymakers have relatively limited access to information about NPS trafficking, its abuse patterns, and trends, which prevents them from making well-informed judgments.

- People are more susceptible to drug usage and trafficking as a result of the COVID-19 lockout and subsequent unemployment.
- The chance that more farmers will engage in illicit farming because of the epidemic.
- Lack of international collaboration to carry out cooperative operations due to financial difficulties and technical challenges such as language limitations and agreements.
- Using the deep web, dark web, and transparent web to sell and buy drugs online.
- Using social media groups and platforms as a hub for transactions between buyers and sellers.
- Rather than in Europe or North America, the increase in the population most at risk of drug use is found in low-income nations, particularly in Africa and, to a lesser extent, Asia.
- One in every eight individuals in the 15–64 age range has used drugs at least once in the preceding year, or an estimated 275 million people globally (range: 175 million to 374 million). This represents 5.5% of the world's population between the ages of 15 and 64.
- An increase in drug-related fatalities.

2.7. Research gap

Even though South Asia is becoming more interested in healthcare reform and pharmaceutical price policies, several unanswered research questions remain about international drug trafficking. Among the significant areas of study lacking are:

2.7.1. Limited empirical evidence

Few empirical studies have examined how international drug tariffing affects South Asian countries' pharmaceutical prices, access, and health outcomes. The majority of current research is based on theoretical frameworks and qualitative evaluations, which emphasize the need for strong quantitative analysis and empirical research to determine whether drug tariffing processes improve the affordability and accessibility of medications.

2.7.2. Health system heterogeneity

South Asia is made up of the nations with a variety of socio-cultural and economic backgrounds, legal systems, and health care systems. However, much of the already done research ignores this variation and assumes that the pharmaceutical pricing regulations are implemented and have the same effects. To determine context-specific elements influencing the success or failure of drug trafficking programs, comparative studies that take into consideration the variations in health systems and the policy environments across different nations in the region are necessary.

2.7.3. Stakeholder engagement and perspectives

Research on international drug tariffing frequently concentrates on legislative measures and regulatory frameworks. Still, it often ignores the experiences and viewpoints of essential parties, such as patients, pharmaceutical firms, hospitals, and civil society organizations. Designing inclusive and prosperous drug trafficking policies that consider the requirements and goals of all parties concerned requires understanding many stakeholders' opinions, interests, and concerns.

2.7.4. Sustainability over the long term and health system resilience

Most research on the South Asian pharmaceutical pricing strategies is done in the short term, mainly focusing on the immediate results, like shifts in drug prices or patterns of use. On the other hand, little is known about the long-term viability of the medication, trafficking methods and their consequences for the health system's resilience, especially considering new health concerns, including pandemics, antibiotic resistance, and non-communicable diseases.

2.7.5. Regional cooperation and harmonization:

Although there is much agreement about the possible advantages of regional cooperation and harmonization of pharmaceutical pricing policies, there isn't much empirical data regarding the opportunities and practical difficulties of implementing international drug tariffs in South Asia. Understanding the political, economic, and technical obstacles to the regional cooperation and the procedures for resolving member nations' differing the policy agendas and interests is lacking.

Interdisciplinary techniques, cooperation between researchers, legislators, and practitioners, and an emphasis on context-specific evidence creation are all necessary to fill these research gaps. By addressing these information gaps, future research can help make better decisions and support the creation of policies targeted at enhancing pharmaceutical costs and access in South Asia (Das, 2021).

3. Theoretical framework

This paper considers the theoretical angles of neoliberalism and liberal institutionalism. Reviewing literature on liberal institutionalism has only increased understanding and provided the research study with the most suitable theoretical framework. Furthermore, Neoliberalism is also crucial for economic growth. The research has analysed various drug trafficking arrangements made by South Asian nations using the fundamental metaphors of these two theories. Moreover, a thorough examination reveals that the fundamental tenets of these theories can identify the most appropriate prism through which to view South Asian interactions in the context of cross-border drug trafficking. Within the parameters of the above-mentioned theoretical approaches, the study concludes as:

3.1. Policy analysis and health systems:

This framework looks at how healthcare services, including prescription drugs, are organized, paid for, and provided in the South Asian region. It investigates how different health system elements—such as financial sources, governance frameworks, and service delivery models—interact to influence drug prices. This methodology offers insights into the viability and possible effects of enacting international drug tariffs by doing a SWOT analysis of the health systems currently in place in South Asia (Menhari, 2024).

3.1.1. Health policy and governance perspective

This paradigm focuses on how governance structures, regulatory frameworks, and policy-making processes influence pharmaceutical access and pricing in South Asia. It looks at how international organizations, legislative bodies, and government agencies work together to develop and carry out drug tariffing laws. Essential ideas like regulatory alignment, stakeholder involvement, and coherence in policy are explored to comprehend the viability and efficiency of standardizing drug pricing throughout the region's varied healthcare systems.

3.1.2. Framework for public health and medicine access

Public health outcomes and fairness issues are prioritised in this paradigm regarding pharmaceutical price regulations. It looks at obstacles to access, such as those related to cost, accessibility, and acceptance of necessary medications, especially for underprivileged and marginalized groups in South Asia. This perspective, which takes a human rights-based stance, highlights how crucial it is to establish fair and transparent drug tariffing procedures to guarantee everyone access safe, effective, and reasonably priced medications (Prinja et al., 2024). The theoretical frameworks offer supplementary perspectives for examining the intricacies of international drug tariffing within the South Asian milieu. By integrating concepts from public health, policy analysis, and health economics, this case study seeks to provide a comprehensive understanding of the possible advantages, difficulties, and policy implications associated with regional pharmaceutical pricing harmonization.

4. Methodology

Using research methodology, one can approach a topic in a methodical and appropriate way. This study employs a logical, methodical, and concise descriptive approach through the application of the "qualitative method" and many theoretical frameworks, including social

constructivism, neoliberalism and liberal institutionalism. The research further embraces the interpretivist paradigm to investigate the objectives, convictions, and self-perceptions of intrastate relations among several South Asian governments concerning drug trafficking. It has examined the nature of state responses to the drug issue by talking about their successes, disagreements, and the global fight for a stable place in regional politics. In compendium, natural individual behaviours, states, and the nature of their bilateral nexus have been researched, investigated, and characterized through a qualitative study.

4.1. Research design

To investigate and evaluate this issue in this research, this qualitative study employed secondary sources for data collecting. An attempt was made to gather pertinent data from reliable, authentic, and legitimate sources and to formulate a conclusion while adhering to the research study's topic. The research questions and their primary goals and objectives were followed by the data collected from pertinent, valid, up-to-date, and best books, journals, strategic and political reports, newspaper articles, websites, cogent research articles, and other research and literature works. This allowed the research findings and main conclusion to be justified. It has investigated and evaluated the topic of international drug trafficking: a case study taking the South Asian region into consideration, starting with an exploratory analytical research study. The independent variable in this study is "international drug trafficking," whereas the dependent variable is "South Asian states." It means that this study examines every event that has occurred and significantly impacted the interactions and anti-drug efforts made by the South Asian governments, resulting in a harmonized bilateral nexus between these states in the region.

4.1.1. Cross-sectional descriptive study

Analyse the regulatory structures and pharmaceutical pricing strategies of South Asia. This entails recording the institutional arrangements, statutory requirements, and existing practices that influence drug prices, including price control, tariffing, and procurement methods.

4.1.2. Comparative analysis of longitudinal data

Conduct a long-term investigation to evaluate patterns in pharmaceutical costs, availability, and consumption before and after implementing medication tariffing policies in a few South Asian nations. This architecture allows one to evaluate how things have changed over time and pinpoint the causes of policy actions' results.

4.1.3. Methods of case studies

Choose case studies that illustrate the various South Asian nations to investigate differences in pharmaceutical pricing strategies and how they affect medication availability. This entails using qualitative data-gathering techniques, including focus groups, interviews, and document analysis, to thoroughly analyse the policy contexts, stakeholder dynamics, implementation processes, and responses of the health system.

4.1.4. Framework for policy analysis

Examine the creation, application, and assessment of drug tariffing laws in South Asia using a

framework for policy analysis. This entails determining the policy's aims, evaluating its coherence and alignment with the objectives of the larger health system, examining the interests of stakeholders and power dynamics, and reviewing the equality, efficiency, and effectiveness of the policy's results.

4.1.5. Stakeholder involvement plan

Create a plan for including key stakeholders in the research process, such as legislators, physicians, representatives of the pharmaceutical business, and patient advocacy organizations. This may entail planning expert consultations, policy discussions, and stakeholder workshops to guarantee the applicability, reliability, and adoption of study findings.

4.2. Sources of data

Any research article must include the selection of comparable or pertinent data since it gives the researcher many chances to evaluate the results and conclusions of his work, as well as the study strategy and techniques. Secondary data has been compiled for this publication. Books that are pertinent and comparable to the subject of International Drug Trafficking: A Case Study of South Asia have been read and examined, with an emphasis on past actions and current standards regarding mutually beneficial development initiatives and actions, all within the context of regional and global political paradigms. Additionally, information has been acquired from several print and electronic news outlets, both domestic and foreign. Observed and analysed by numerous think tanks, non-governmental organizations, IGOs, periodicals, and research journals, their brief articles have also been consulted. In addition to reliable sources of data collection, renowned publications, magazines, and a variety of research articles have also been used in the data collection process.

5. Drug trafficking in South Asia: analysis and discussion

5.1. Criteria for drug trafficking in Bangladesh

In Bangladesh, the Department of Narcotics Control, which is under the ministerial direction of the National Narcotics Control Board, oversees implementing drug law enforcement and a program to prevent drug abuse. The Department is under the supervision of the Ministry of Home Affairs. The DNC oversees gathering intelligence, performing operational tasks, and overseeing the implementation of demand reduction initiatives. In addition, among other enforcement organizations, it is responsible for maintaining balanced operations by the Bangladeshi law enforcement departments. One of the reasons the DNC doesn't create national statistics on arrests and seizures is that the other agencies won't give the necessary data. In addition, district, division, and national committees are established.

5.2. State of Bhutan combating drug trafficking

The Bhutan Narcotics Control Agency was founded in 2006 to serve as an active institution regarding antinarcotics and have the authority to supervise, monitor, and regulate the drug industry. United Nations drugs and crime are also connected with the main drug-related institutions present in Bhutan to combat this issue (Bhalla, 2018). Bhutan's traditional medical systems and procedures stayed mostly unaltered throughout the colonial era. Although there was an elite medical tradition, there was no public health system, and most people relied on

healers in their communities and villages. In other parts of the British Empire in South Asia, biomedicine, also known as allopathic or "Western medicine," was purposefully employed to win over the native populations. In Bhutan, the government controls all aspects of healthcare, and private medical practice is outlawed. Citizens of Bhutan are entitled to free medical care in all forms, including prescription drugs (around 328 essential biological drugs and vital traditional remedies). The propensity of foreigners seeking medical care in Bhutan suggests that standards of practice are generally higher than in neighbouring countries.

On the other hand, individuals in need of more sophisticated medical care—like kidney and hip replacements—are transported abroad for care. The Medical Services Department of the Bhutanese Ministry of Health oversees the Institute of Traditional Medicine Services in Thimphu. ¹⁰ In brief, its declared objectives are to support and uphold traditional medical systems that draw from a wealth of cultural knowledge and to supplement biomedicine. Bhutan offers an intriguing illustration of a public health system where patients have a choice among true medical systems. The degree to which these systems might be categorized as hierarchical would require analysis from a range of angles. Still, even though traditional medicine may not have developed structurally as quickly as biomedicine and biomedical professionals make up the majority of the public health system's leadership, the government still supports the traditional system, and biomedical professionals are generally tolerant of it. The government of Bhutan is making their way balanced in terms of anti-narcotics control as well. By carrying out laws, they can contain the threat of drug trafficking (Givelg, 2011).

5.3. The Republic of India and Anti-drugs containment moves

Several central, state, and district-level authorities are tasked in India to supervise the enforcement of drug-related laws. The process involves the Narcotics Control Division, the Narcotics Control Bureau, and other agencies like the Directorate of Revenue Intelligence, the Central Bureau of Investigation, the Customs Commission, and the Border Security Force. The Ministry of Finance's Department of Revenue carries out the NDPS Act. However, the Ministry of Social Justice & Empowerment oversees all matters pertaining to drug demand reduction. The Government of India's Ministry of Health oversees all health-related issues and runs several drug rehabilitation facilities. Across the country, government hospitals are home to these facilities. Many Central and State officials coordinate their activities under the NDPS Act under their Narcotics department. The state governments also have their own health and social welfare agencies, each of which has a different set of programs aimed at lowering the need for drugs. In addition to serving as a roadmap for all pertinent entities, including non-governmental organizations and foreign organizations, the National Drug Policy Scheme (NDPS) is being implemented to reiterate India's commitment to addressing the drug problem comprehensively (Singh & Taneja, 2024)

5.4. The state of Nepal and anti-narcotics encroachments

The highest body in Nepal tasked with developing general policy in the areas of law enforcement and drug addiction prevention is the National Coordinating Committee. This indicates that the administrative implementation of the approved policies and programs is under the administrative supervision of the Executive Committee for Drug Abuse Control. The Chief Narcotic Drug Control Officer oversees this committee. A separate drug law enforcement unit has been established at the Centre in accordance with a component of the Master Plan for Drug

Abuse Control to successfully combat illicit drug trafficking. This unit is empowered to investigate and prosecute drug offenders (Kumar, 2022).

5.5. Islamic republic of Pakistan: mechanism to counter anti-narcotics threats

According to the report of Anti-Narcotics 2019, the existing framework in Pakistan on drug abuse and the implementation of laws pertaining to illicit drugs is overseen by several federal and provincial government departments comprising representatives from all governmental levels. The main body in Pakistan tasked with stopping the importation of illicit drugs, which mostly enter the nation through its vast porous border with Afghanistan, is the Anti-Narcotics Force, which was established in compliance with the ANF Act. The main duty for stopping drug trafficking was assigned to the Anti-Narcotic Force by the Control of Narcotics Substances Act of 1997. The ANF is the primary organization entrusted with preventing the production, distribution, trafficking, smuggling, and abuse of illicit narcotics and psychotropic substances. It is also in charge of investigating and prosecuting offenders, conducting arrests, and seizing substances. F.C is located at Pakistan's sensitive frontiers to patrol the border regions and carry out anti-drug trafficking activities.

The Anti-Narcotics Policy 2010 was created in response to the evolving worldwide drug landscape that has resulted from the 1993 Narcotics Policy, as well as the current drug situation in Pakistan. The purpose of this new policy is to reduce the health, social, and financial costs associated with drug trafficking and substance abuse in Pakistan. It was developed in accordance with international best practices and outlines several objectives aimed at reducing supply, reducing demand, and fostering international cooperation. Reducing drug supply, supporting law enforcement agencies that are already in place, and treating drug users and traffickers differently are the key objectives of the policy. The purpose of the Ministry of Narcotics Control Pakistan's founding is to design and formulate drug control laws. The Ministry of Health oversees the use of the NDPS for medical purposes. The Frontier Corps, Pakistan Customs, Pakistan Coast Guards, Police, Rangers, Airport, and Maritime Security Forces are among the other agencies that combat drug trafficking in addition to the Ministry (Jamshed & Bakhsh, 2024).

5.6. Sri Lankan national policies regarding interior drugs management

The National Dangerous Drug Control Board (NDDCB) is the first government organization in Sri Lanka to counter anti-drug missions. The NDDCB's primary responsibilities include treating drug dependents and helping them get back on their feet. The Board is under the direction of the Southern Development and Law and Order Ministries. The Board is the principal national body responsible for developing and examining national policies pertaining to the prevention, control, treatment, and rehabilitation of drug abusers. The Minister may also receive advice and recommendations from the Board regarding such measures. In addition, the Board maintains databases, carries out epidemiological studies, and assists other agencies and organizations in carrying out their drug usage, prevention, and control-related duties. Furthermore, the Board supervises and supports relevant agencies in fulfilling their mandates under the UN and SAARC Conventions, which have been ratified by the government. Coordinating with the government and the International Narcotics Control Board, the Board represents itself in the Commission on Narcotics Drugs. Furthermore, to reduce drug availability and use, the National Policy for the Prevention and Control of Drug Abuse in Sri Lanka was created to address problems related to the eradication of drug addiction.

National policy's three main pillars are assistance, prevention, and the application and enforcement of the law. Laws against the illegal drug trade are enforced by the NDDCB and the Police Narcotics Bureau. In addition, the Navy, Customs, and Excise Department handle drug-related matters. The nation's drug law enforcement initiatives and drug-related policy planning are supervised by the NDDCB's Subcommittee on Drug Law Enforcement. Periodically, the Ministry of Health searches pharmacies to monitor the county's admission of medications that are prohibited. Rehabilitation facilities are collaboratively managed by NGOs and the NDDCB throughout Sri Lanka. Drug addicts can also receive counselling services and residential treatment facilities from certain treatment institutions. The Precursor Control Authority was founded by the 2008 Act to regulate and control precursors (Darshana et al., 2022).

6. Conclusion

Addressing the issues brought up by these South Asian nations that are the focus of this investigation has proven challenging for both the UNODC and the national law enforcement organizations. The effective date of this Convention is November 15, 1993. Many Conventions recognize that effective legislative measures for regional cooperation in criminal matters must be established and strengthened to suppress international criminal activities related to the illicit traffic of narcotics and psychotropic substances in the region. Nevertheless, the countries have mostly failed to control the drug problem despite a range of concerted and individual initiatives. The three primary facets of the drug problem are illicit manufacturing, illicit trafficking, and drug misuse (Krasna, 1996).

Monitoring the grassroots projects in charge of covert production, manufacture, and selling is crucial. Enforcement agencies should proceed cautiously, maybe putting in place region-specific measures to halt illegal manufacturing, production, and farming, given the breadth of the country and its area. It's time for rules to be enforced more seriously and for those who break them to be penalized immediately. Special Forces with the power to pass laws must be established and implemented. The only practical approach to fixing the issue is to apply severe sanctions in conjunction with persistent efforts, as step-by-step law enforcement actions from higher and concerned departments are unacceptable. If all unlawful activity is stopped by coordinated national and international actions with UNODC cooperation, the problem under investigation will undoubtedly decrease.

Addressing the issues brought up by these South Asian nations that are the focus of this investigation has proven challenging for both the UNODC and the national law enforcement organizations. One of the conventions held in 1990 under the South Asian Association for Regional Cooperation and the UN Report 2024 discussed the significance of the anti-narcotics crisis at regional levels. The effective date of this Convention was November 15, 1993. The main motive of that convention was to eliminate the threats of illegal drug trafficking from the regional level. The Convention recognizes that effective legislative measures for regional cooperation in criminal matters must be established and strengthened to suppress international criminal activities related to the illicit traffic of narcotics and psychotropic substances in the region. Nevertheless, the countries have mostly failed to control the drug problem despite a range of concerted and individual initiatives. The three primary facets of the drug problem are illicit manufacturing and illicit second-hand medicine misuse. Drug trafficking is the most profitable industry, having many self-advantages second only to the arms trade and higher than the whole oil sector. This is why the issue has grown beyond the jurisdiction of the law

enforcement agencies. The countries under investigation also found multiple issues, including narcotics and their illegal trafficking, alarming drug consumption rates, especially among youngsters, challenges enforcing active principles of narcotics, etc.

Joint efforts are desperately needed to counter the threats of narcotics. All governments should collaborate with volunteer organizations and non-governmental organizations to heal and rehabilitate drug abuse sufferers, especially the younger generation. Monitoring the grassroots projects in charge of the covert production, manufacture, and selling is crucial. Enforcement agencies should proceed cautiously, maybe putting in place region-specific measures to halt illegal manufacturing, production, and farming, given the breadth of the country and its area. It's time for rules to be enforced more seriously and for those who break them to be penalized right away. Special Forces with the power to pass laws must be established and put into action. The slow process of action is not desirable by the concerned department; it's time to sort out a proper solution for this crisis through the implementation of multiple strategies, such as a concert penalty in tandem with persistent attempts. It seems that the problem under investigation will surely be lessened if all illegal activity is combated through coordinated national and international measures with UNODC involvement.

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References

- Ahmed, A. (2022). UNODC to assist institutions tackling illicit trafficking. *Dawn*. <https://www.dawn.com/news/1692972>
- Ali, R., Ali, I., & Ullah, S. (2019). SCO as a passage to regional security: future developments and opportunities for Pakistan. *Liberal Arts and Social Sciences International Journal (LASSIJ)*, 3(1), 19–29. <https://doi.org/10.47264/idea.lassij/3.1.3>
- Bhalla, D. (2018). Availability and sufficiency of phenobarbital, an essential medication, in Bhutan: a survey of global and neuropsychiatric relevance. *BMC Research Notes*, 11, 549. <https://doi.org/10.1186/s13104-018-3617-x>
- Citaristi, I. (2022). United Nations publications. In *The Europa Directory of International Organizations 2022* (pp. 59-59). Routledge.
- Das, D. P. (2021). Border management and threats to internal Security. *Electronic Journal of Social and Strategic Studies*, 2(1). <https://doi.org/10.47362/EJSSS.2021.2106>
- Darshana, N., Wijesinghe, C. J., & De Silva, P. V. (2022). Assessment of characteristics and exposure to vulnerable factors for drug use among male illicit drug users in Sri Lanka. *Indian Journal of Community Medicine*, 47(2). https://doi.org/10.4103/ijcm.ijcm_712_21
- Gurule, J. (1998). The 1988 U.N. Convention against illicit traffic in Narcotic drugs and psychotropic substances—a ten year perspective: is international cooperation merely illusory? *Fordham International Law Journal*, 22(1). <https://ir.lawnet.fordham.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1586&context=ilj>
- Givel, M. S. (2011). History of Bhutan's prohibition of cigarettes: implications for neo-prohibitionists and their critics. *International Journal of Drug Policy*, 22(4), 306-310. <https://doi.org/10.1016/j.drugpo.2011.05.0>
- Interpol. (2024). Selection process for secretary general. *Interpol*. <https://www.interpol.int/en/News-and-Events/News/2024/International-crackdown-nets-synthetic-drugs-worth-USD-1.05-billion>
- Jamshed, J., & Bakhsh, F. (2024). Challenges and reforms in Pakistan's narcotics law: a critical analysis of the control of narcotics substances Act 1997. *Pakistan Journal of Humanities and Social Sciences*, 12(1), 188-199. <https://doi.org/10.52131/pjhss.2024.v12i1.1900>
- Khan, A., Khan, I., & Khan, N. U. (2021). War, refugees and regional implications: the impact of Afghan refugees on local society of Khyber Pakhtunkhwa, Pakistan. *Journal of Humanities, Social and Management Sciences (JHSMS)*, 2(1), 121–132. <https://doi.org/10.47264/idea.jhsms/2.1.11>
- Krasna, J. S. (1996). Narcotics and the national security of producer states. *Journal of Conflict*

Studies, 16(1), 100-133. https://www.erudit.org/en/journals/jcs/1996-v16-n1-jcs_16_1/jcs16_01art06/

Kumar, D. S. (2022). Narcotics trafficking impact on human security in South and Central Asia. *International Journal of Multidisciplinary Trends*, 4(1), 244-250. <https://doi.org/10.22271/multi.2022.v4.i1c.186>

Luhar, N. (2022). Drug Trafficking laws in South Asian countries: problems and perspectives. *Specialusis Ugdymas*, 2(43), 2096-2111.

Mehkri, I. A. (2024). *The mosaic of drug trafficking and its consequences*. Express Tribune. <https://tribune.com.pk/story/2493059/the-mosaic-of-drug-trafficking-and-its-consequences>

Prinja, S., Purohit, N., Kaur, N., Rajapaksa, L., Sarker, M., Zaidi, R., & Rao, K. D. (2024). The state of primary health care in South Asia. *The Lancet Global Health*, 12(10), e1693-e1705.

Singh, P., & Taneja, M. (2024). Causes of rising drug trafficking in India and ways to stop drug trafficking. *International Journal for Multidisciplinary Research*, 6(2). <https://www.ijfmr.com/papers/2024/2/14548.pdf>

Sopko, J. F. (2002). *Counternarcotics: lessons from the U.S. experience in Afghanistan is the fifth lessons learned report*. The Special Inspector General for Afghanistan. <https://www.sigar.mil/pdf/lessonslearned/SIGAR-18-52-LL.pdf>

United Nations. (2022). *Report of the international narcotics control board for 2022*. United Nations Publication. https://www.incb.org/documents/Publications/AnnualReports/AR2022/Annual_Report/E_INCB_2022_1_eng.pdf

US Department of State (1997). *International narcotics control strategy report*. The Bureau for International Narcotics and Law Enforcement Affairs, US Department of State Washington DC. <https://apps.dtic.mil/sti/tr/pdf/ADA347103.pdf>