



# DRUGS SITUATION in Karachi



## Policy Brief

# Understanding and Responding to Karachi's Drug Menace

*National Initiative against Organized Crime-Pakistan*

## 1. Introduction

With a population of over 16 million, Karachi is the largest city of Pakistan and 7th largest city in the world.<sup>1</sup> It hosts Pakistan's major port, which handled a record cargo volume of 52.49 million tons during the year 2016-17,<sup>2</sup> including the Afghan transit trade.<sup>3</sup> Besides being the provincial capital of Sindh, Karachi is also deemed as financial capital of the country for it contributes the largest chunk of revenue in the national exchequer. However neither the city's population nor economic opportunities are evenly distributed. According to some accounts, a majority of Karachi's population lives in urban slums, or *katchi abadis*. The city has one of the world's highest population growth rates (it stood at 9 percent in 2010), which is primarily contributed by high rural-to-urban migration.<sup>4</sup> This migration is not restricted to the Sindhi hinterland only, but interestingly Pashtuns from Khyber Pakhtunkhwa and Balochistan constitute the second highest ethnic group of the city after mohajirs.<sup>5</sup> These immigrants mostly settle in the *katchi abadis*, dotting all six districts of the city.

Every metropolis has an underbelly, hidden by a glitzy infrastructure. The slums exist under the radar with high-density population clustered together. These population clusters tend to be ethnic concentrates, due to the phenomenon of 'chain migration'.<sup>6</sup> This composite of ethnic concentration in unplanned slums restricts access of law enforcement due to loyalty factor as well as difficult urban geography. A combination of these factors creates conducive environment for organized crime to exist and thrive in the underbellies of metropolises around the world. Karachi has a very large underbelly, which provides the opportunity for organized crime, such as drug trafficking, to exist and thrive. This quantum of opportunity is augmented by the presence of a large Pashtun population,<sup>7</sup> ethnically and tribally connected with Afghanistan, the largest producer of opium in the world. The Afghan transit trade is also organized via Karachi, which makes it highly probable that precursor chemicals are smuggled into Afghanistan using the transit trade.

This article strategically describes the dynamics of drug use and trafficking in Karachi, risk factors and vulnerabilities as well as required state responses and policy options to deal with the drug menace in the city.

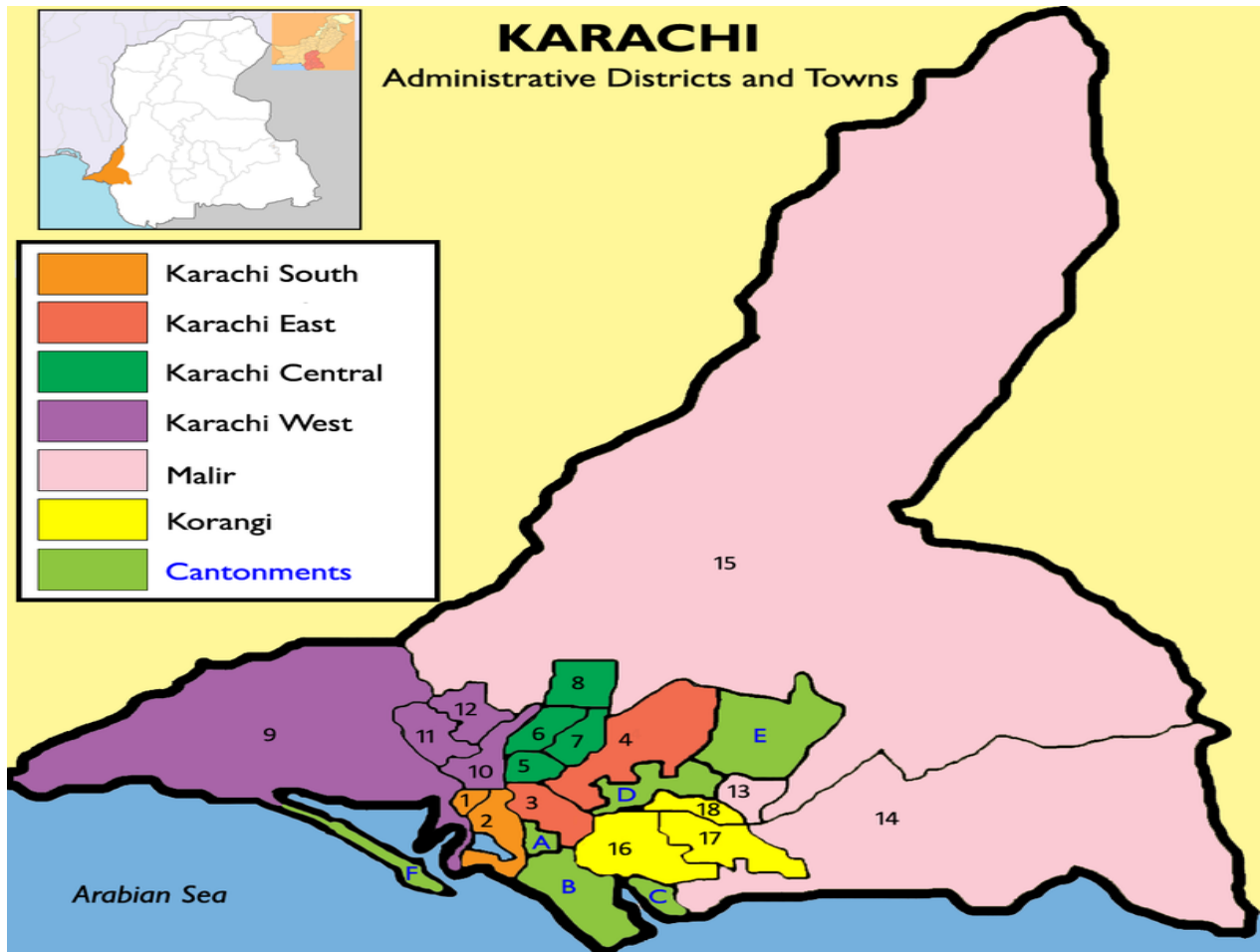
## 2. Key challenges: From the cobwebs of slums, and dynamics of transit & abuse of drugs, to complexities of drug trafficking and gangster syndicates

### *Slums as breeding grounds of drugs abuse, trafficking and other organized crimes*

Karachi as a mega city is divided into six administrative districts that include Karachi East, Karachi West, Karachi Central, Karachi South, Malir and Korangi. The middle income and low income population is dispersed across these six districts. Much of the elite class tends to live in the posh neighbourhoods developed by Defense Housing Authority (DHA), Clifton and PECHS, served by low-skilled labour including housemaids. Therefore almost every elite or posh locality has a slum nearby. Following table and accompanied map describe the urban geography of Karachi.

**Table 1: Administrative units of Karachi**

<b>Karachi South</b>	<b>Karachi East</b>	<b>Karachi Central</b>	<b>Karachi West</b>	<b>Malir</b>	<b>Korangi</b>
1.Lyari Town	3.Jamshed Town	5. Liaqatabad Town	9.Kemari Town	13. Malir Town	16.Korangi Town
2.Saddar Town	4.Gulshan Town	6. North Nazimabad Town	10.SITE Town	14. Bin Qasim Town	17. Faisal Town
		7. Gulberg Town	11.Baldia Town	15. Gadap Town	18. Landhi Town
		8. New Karachi Town	12. Orangi Town		



Source: Karachi Metropolitan Corporation

This complex urban landscape, with multiple ethnic mix, high population density and being a major port has magnified, two kinds of problems related to drugs; it's a transit for drugs (incoming & outgoing) and it has a huge drug abuse problem.

***Karachi as a transit of drugs***

According to a UNODC report in 2008, as many as 14 tons of Acetic Anhydride was seized in Karachi in just one interdiction made by the Anti-Narcotics Force (ANF) of Pakistan. Similarly, the Counter Narcotics Police in Afghanistan intercepted 3,190 Kg of precursor chemicals in Kabul, which were hidden in sacks of fertilizer and rice in a transit trade truck.<sup>8</sup> The largest reported seizure of precursors happened at Port Qasim, Karachi in 2010, i.e. 15.8 tons, which was destined for Afghanistan. All precursor chemicals are the controlled substances and have to be pre-notified to the ANF. However, the volume of legitimate trade is small compared to the production of heroin in Afghanistan, therefore much of the precursor chemical stash slips through. According to 2010 International Narcotics Control Strategy Report, the largest precursor flows have historically arrived at Karachi – after most likely been smuggled through the UAE, Central Asia, China, South Korea, and India – and then crossed into Afghanistan in

mis-labeled containers of [the Afghan] transit trade.<sup>9</sup> This historical pattern has not changed significantly. That is despite the fact that a chunk of the inflow of precursors into Afghanistan has shifted to Tajikistan and Turkmenistan,<sup>10</sup> the Northern Route, mainly due to efforts made by Pakistan. Despite vigorous enforcement and enhanced capacity of the ANF and Pakistan Customs Department, Karachi remains one of the major transit sources of precursor chemicals, including due to frequent instances of misuse of transit trade with Afghanistan. Similarly, according to UNODC, some of the highly processed drugs are transited through Karachi Port;<sup>11</sup> 40% of Afghanistan's heroin transits through Pakistan with a bulk of it going through Karachi. Most of it is smuggled out but some of it remains to be used in the city.<sup>12</sup>

### ***Dynamics of drug abuse***

Although the problem of Karachi as a transit destination is acute, however more worrisome is the growing usage of drugs in the city as well as in the country. In 2013, UNODC reported 6.8 million users of drugs in Pakistan.<sup>13</sup> This was a significant increase from an earlier national assessment, which was done in 2003. Hence the real problem of Pakistan is linked to the increasing drug use especially in Most At Risk Adolescent (MARA).

Some even suggest that Karachi is the second highest consumer of cannabis after New York.<sup>14</sup> For one, a media report last year, i.e. 2019, said that an enormous quantity of 41.95 metric tons of cannabis was consumed in Karachi annually.<sup>15</sup> The consumption of cannabis, especially hashish, is high because of many factors. First, it is easily available through networks linked to Afghan drug trade. Secondly, there is this erroneous 'belief' among many that hashish is not forbidden in religion and it does not fall in the category of liquor or alcohol, which are prohibited. Thirdly, it cuts across class barriers and is popular in all classes and genders. Fourthly, it is relatively cheaper than liquor, hence affordable as a recreational drug of choice. Fifthly, it is also erroneously believed that it is non-addictive. Finally, it is popular among truckers/transporters,<sup>16</sup> who besides being users of the drug also act as traffickers from upcountry to Karachi.<sup>17</sup>

### ***Drug trafficking & distribution, and urban gangs***

Urban gangs are formed by a process of association, mainly in mega cities with poor service delivery and weak writ of the government. This association is usually centered around kinship, lingual and ethnic affinity, as well as shared economic deprivation. There is evidence to suggest that groups or gangs formed through such association develop their own structures parallel to those of the state, controlling territories, usually the urban slums.<sup>18</sup> These gangs also control and provide essential services, like water, in poor neighbourhoods, in the absence of state services. It is estimated that 41% of Karachi's water supply is siphoned off and distributed through an illegal system of tankers.<sup>19</sup> Therefore curiously and ironically, water distribution in Karachi is also an organized crime.

The Afghan war made Karachi an important transit point of international drug trade. One immediate effect was transformation of the Lyari slum (one of the oldest settlements of Karachi)

into intermediary node for international drug trade originating from Afghanistan. This settlement was predominantly Baloch in ethnic composition. The Lyari Baloch gangs were rivaled by Pashtun gangs in another slum neighbourhood, i.e. Sohrab Goth, which was initially populated by Afghan refugees and later by local Pashtuns from KP and Balochistan. The drug trade made these gangs rich throughout the eighties.<sup>20</sup>

The ethnicity-centered politics of Karachi, which had in its fold also armed groups, provided conducive atmosphere for these gangs to grow and prosper. For one, the ‘violent’ politics of the MQM was matched by the armed gangs patronized by the PPP. The case of People’s Amn Committee, headed by Rehman Dakait and later by Uzair Baloch, is an example in this regard. The drug trade by these gangs was tolerated by the governments in lieu of the former’s ‘services’ including the use of violence.<sup>21</sup>

These gangs have evolved their capacity from trafficking of traditional drugs, i.e. heroin and hashish, to manufacturing and peddling of Ice, or crystal meth. Neighbourhoods like ‘Hijrat Colony’ are described as nurseries of crime. It is controlled by “Hamid Tehra Group”. Undercover DEA agents found a website of a Karachi-based pharmacy that offered to ship a number of prescription opiates as well as ephedrine. The ‘Shama Medical Store’s” physical address was in Hijrat Colony, a territory controlled by a criminal gang. The evidence of gangs operating the new trade in Ice is convincing.<sup>22</sup>

### **3. Risk factors as well as vulnerabilities, both in terms of human groups and geographical units**

Considering the scale of the drug problem in a complex city like Karachi, it will be useful to dig deeper into various aspects of the problem to develop multiple sub-analytical segments and their interface. This section tends to develop four sets of analyses, as listed below, by filtering the data and information on drug use and related issues across different income brackets and urban geography and other connected variables.

- Drivers of drug abuse
- Prevalence in different income groups
- Prevalence in gender and age groups
- Co-relation with urban gangs & ethnic conflict

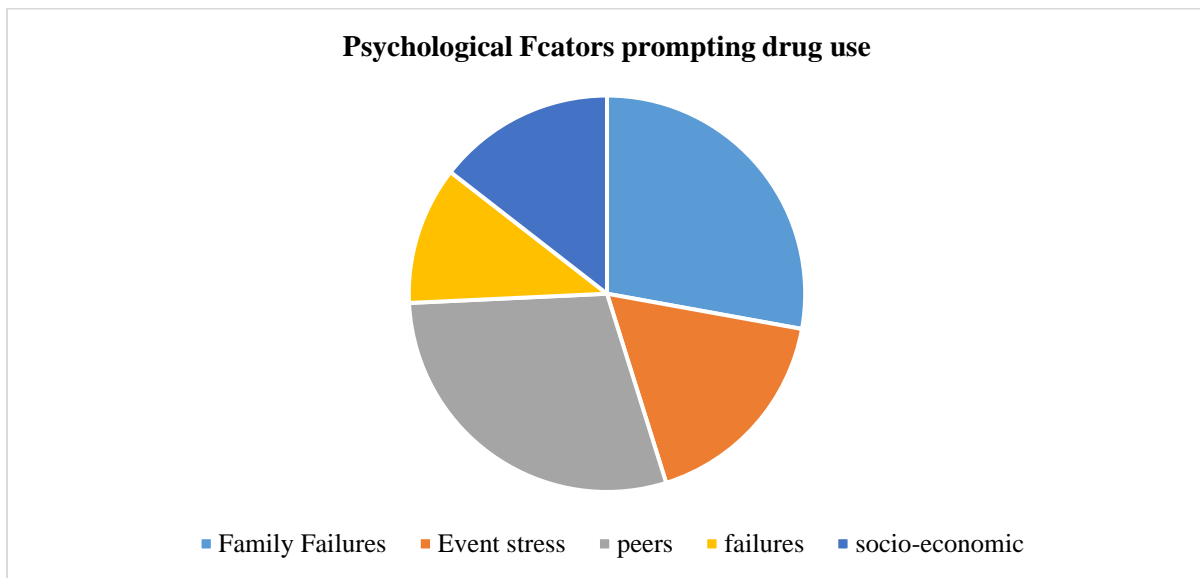
#### ***Drivers of drug use***

There is no consensus about the risk factors and vulnerabilities that lead individuals to start using drugs. Individual risk factors may include ‘genetic disposition, social deprivation, psychopathology (depression, and personality disorders), [and] educational [problems], particularly dropping out of school’.<sup>23</sup> The environmental factors, among others, include urbanization.<sup>24</sup>

Urbanization is a complex process. It involves ‘uprooting’ of individuals and families, a process that creates many stress factors. The reliance on traditional support structures, such as family, clan, and tribe, is suddenly removed. The traditional value-gatekeepers, such as family and clan elders, are also not there anymore to regulate behaviors. The enhanced stress and pace of urban living, creates a demand for relaxation. This demand is responded by supply of drugs, among others. The proximities of urban living help ease peddling drugs and a drug market is born. Therefore, being the biggest urban center of Pakistan, Karachi carries the innate vulnerabilities for becoming a thriving drug market.

The following chart represents findings from a study of 500 drug users in Karachi, published by the World Health Organization (WHO).<sup>25</sup>

**Chart 1: Psychological factors leading individuals to drug use**



***Prevalence [of drug use] in high-income group(s)***

The WHO study also presented data on types of drugs used by the sample population, most probably drawn from high-income groups, which will be discussed later. That data is reproduced below:<sup>26</sup>

**Table 2: Types and frequency of drugs used, and source of money (WHO study of a sample of 500 respondents in Karachi)**

Variable typology	No. of respondents	Percentage
<b>Type of drug</b>		
Cocaine	95	19
Crack Cocaine	75	15
Amphetamines	55	11

Alcohol	50	10
Barbiturates	50	10
Benzodiazepines	50	10
Ecstasy	25	5
Cannabis	25	5
Morphine and its analogues	25	5
<b>Frequency of drug use</b>		
Once a day	91	18.2
Twice a day	111	22.2
Alternate days	81	16.2
When needed	27	43.4
<b>Source of money for buying drugs</b>		
Employment	191	38.2
Pocket money	148	29.6
Borrowed	129	25.8
Stolen	32	6.4
<b>Route of administration</b>		
Nasal inhalation	151	38.6
Smoking	140	28
Oral	98	19.6
Parenteral	40	8
Oral + Parenteral	64	12.8

Although, the study itself did not reveal the sample composition, however, it can be deduced from the following indicators that the sample was drawn from high-income groups.

- a. The most commonly used drugs [among the respondents] were cocaine (19%) and crack-cocaine (15%). According to a recent study by National Initiative against Organized Crime (NIOC), the street value of cocaine is 8,000-20,000 PKR per gram.<sup>27</sup> When this is extrapolated with frequency of use with ‘once a day’ being 18.2% and ‘twice a day’ being 22%, it becomes clear that the study is talking about the rich. Another corroborative evidence for this deduction is that the ‘employment’ is the highest source of money for drugs, indicating a high income from salary or employment. This is further strengthened by the fact that ‘pocket money’ is also one of the sources for purchasing cocaine. Only high-income families give their children a pocket money, which would suffice to purchase cocaine. The ‘borrowed’ and ‘stolen’ also indicate proximity to large amounts of available cash.
- b. Secondly, the pattern of drug abuse as revealed by the study is highly prevalent in what has been termed as ‘Yuppies’ (Young Urban Professionals) class. The term roughly means high salaried group of individuals from rich families, with high education background.

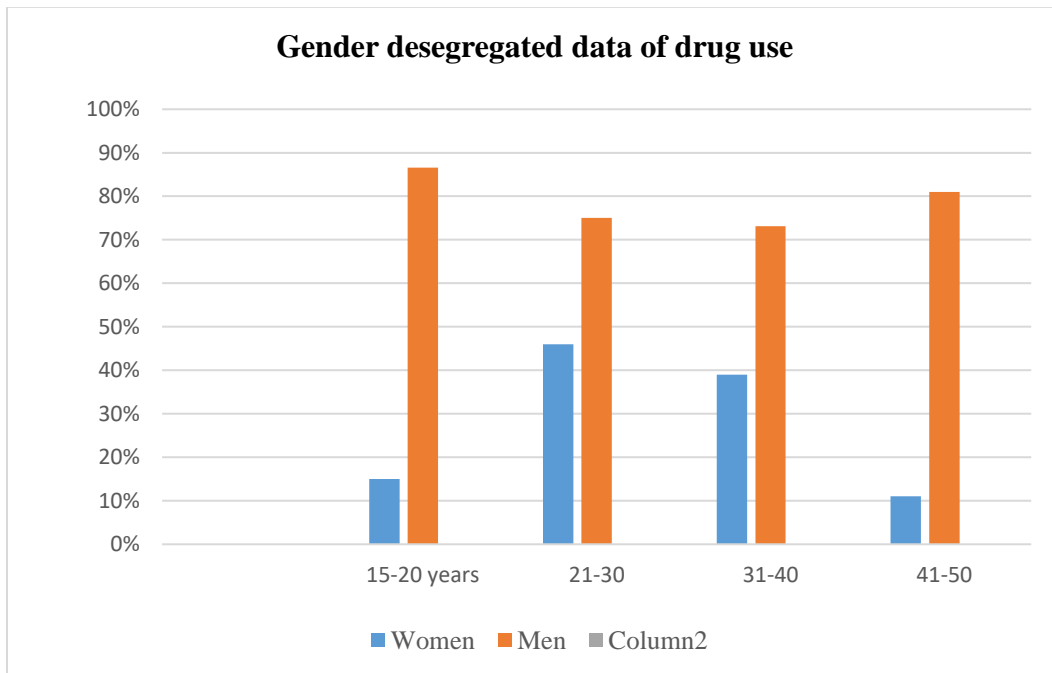


- c. Thirdly, the study clearly indicates absence of the use of heroin, which either means that heroin is more stigmatized in the sample group of high-income bracket or this is the actual case. It also indicates that drug use is purely ‘entertainment’ related.

***Gender desegregated drug use pattern***

In terms of age and gender the findings of the WHO study are presented as follows:<sup>28</sup>

**Chart 2: Gender desegregated data of drug use (WHO study)**



The Chart-2 indicates that there is a high prevalence of drug use in male teenagers, and much less in female teenagers. The use remains almost constant, though with slight variations, for males in the next two age groups (in 21-30 years and 31-40 years age brackets), but increases in 41-50 years old age group. In case of females the drug use spike is observed after teenage that remains somewhat constant till the age of 40 years and then drops significantly. This trend indicates following logical probabilities:

- a) Girl teenagers are least exposed to drugs, including due to cultural constraints. However, on attaining independence and entering the job market, they have their own disposable income and the drug market becomes accessible to them. After attaining 40 years of age, it is highly probable that they get ‘settled’, and are more focused on post marital responsibilities. Therefore, even in the high-income bracket, the cultural constraints are significant determinant of drug use among females.

- b) In case of males, the trend of drug use peaks in teenage and slightly dips in age bracket of 21-40 years. This age bracket is usually the time when they are more involved in career progression and drug use is probably confined to socializing means only. This age is also the time for getting married, making the dip understandable. However the drug use rises again when they are settled in their professions and are comfortable, having enough disposable income to spend on drugs and partying. This means that males of high-income group, across the age brackets, are more vulnerable to the use of expensive drugs.

The above analysis presents patterns of drug use in the elite neighborhoods. However, this reflects only part of the bigger mosaic of the drug problem in the city. It is pertinent to explore the drug use problem amongst the middle- and low-income segments, who live in vertical urban neighborhoods and in unplanned slums. This segments also covers the street dwellers, including street children.

### ***Prevalence [of drug use] in middle- and low-income groups***

From the year 2000 to 2010, Karachi's population grew by 80%. Nevertheless, in China, despite the opening up of Shenzhen, the city only grew by 56%, during the same years.<sup>29</sup> The reported populated growth in Karachi was mainly contributed by the wave of migration, which was partly driven by the rise of terrorism in northern Pakistan, especially in Khyber Pakhtunkhwa (KP) including the erstwhile FATA. The Pashtun population multiplied in the city during this decade. The trend of economic migration from rural to urban areas also continued. The migrants tended to settle in unplanned ethnically concentrated settlements both in high-rise neighbourhoods as well as *katchi abadis* like Sohrab Goth. These immigrants increased the city's vulnerability to a high incidence of usage of hashish by adding to networks of trafficking of hashish from KP and Afghanistan. Even before this immigrant wave "opiates ha[d] always been a drug of choice in Karachi," according to the Foreign Policy magazine.<sup>30</sup> According to some accounts, there also has been high incidence of injection drug users (IDU) in Karachi. However, the IDUs (of heroin) have been socially isolated and they have probably formed a community of their own. They are also reticent to share their family details due to social stigmatization of IDU.<sup>31</sup>

Another recent trend in the middle- and low-income groups is related to the production of methamphetamine, and crystal meth or Ice. The chemicals required for their production are ephedrine and pseudoephedrine. In 2011, 540 pounds of ephedrine was interdicted at Karachi Port. The same year, Iranian authorities recovered 1,170 pounds of ephedrine, which had originated from Pakistan. Again, in 2012, authorities intercepted 1,750 pounds of ephedrine at Karachi Port.<sup>32</sup> The use of crystal meth or Ice is on the rise and the trend cuts across varying income brackets. Its use is prevalent in posh areas like DHA as well as in slums like Lyari. The reasons for that widespread use include a growing local production and cheaper street value of the drug at about 1200 to 4000 PKR per gram. Some argue that crystal meth/Ice is now steadily and gradually eclipsing the usage of heroin as a drug of choice in Karachi.<sup>33</sup>

There is also an increasing trend of online sale of crystal meth.<sup>34</sup> Astonishingly, some sellers are operating openly using their general email addresses. The production and sale of Ice has also strong co-relation with gangs and urban slum areas, where there is a restricted access of law enforcement agencies. It is now termed as an ‘endemic’ in Karachi.<sup>35</sup>

A recent research also provided an alarming trend of the use of Ice in young population. The research was conducted with a small sample of 142 young people of Karachi. The findings showed that 42.25% of the male respondents and 31.68% female respondents were aware of Ice. In terms of its use, 38.03% males admitted they used the drug while only 14% females admitted having used it. Similarly, the age bracket of 15-35 was found highly aware about Ice among males but females in the same age bracket showed less awareness about it. Also in the same age bracket (15-35), both male and female users affirmed to a high frequency of use. The respondents belonged to all income groups, with high incidence in unemployed youth.<sup>36</sup>

### ***The troubling case of solvent addiction***

Karachi like any megapolis has a large number of children who live on the streets. The estimates show that there are around 30,000 street children in Karachi.<sup>37</sup> They are exploited economically and abused sexually and mentally. Their travails are enormous, hence they look for escape from the drudgery of existence. There is high prevalence of ‘solvent abuse’ in these street children. Substances like ‘samad bond’ (a type of glue), petrol, benzene and paint are easily, cheaply and readily available to them.

## **The Hotspots**

Hindu Para and Masan Chowk in Keamari, Chanesar, Razaqabad and Steel Town in Shah-Latif, Hospital Chowrangi and Baraf Khana in Landhi, Pehalwan Goth and Shah Faisal in Malir, Johar More and Disco Bakery in Gulistan e Johar, Sohrab Goth, Koochi Camp, Kati Pahari, Gol Market in Nazimabad, Shershah, Water Board in New Karachi, Fareed Colony and Faqeer Colony in Baldia Town, Hawksbay area, Lyari and Baldia Town. Sherin Jinnah Colony, Kala pul, Khy-e-Bukhari, Muslim and Badr Commercial, Clifton Block 2 & 4 are covering DHA and Clifton areas. (Source: Jamil Junejo, “Drugs situation in Karachi,” (an internal NIOC report prepared in March 2020).

“In Manghopir, a violent, impoverished slum in Karachi’s north, the (ICE) users are easy to spot. “I’ve seen these guys start banging their heads against a wall; they become out of control. It’s like they are numb and don’t feel pain,” said a community activist who asked to remain nameless due to numerous threats from the Taliban and gangs. “Now heroin is ending and crystal is taking over.” A gram of crystal goes for anywhere from 500 to 800 Pakistani rupees — roughly \$5 to \$8. That’s still more expensive than heroin, but users say the high is more intense. Most of the young men whom the activist sees tweaking in the streets are foot soldiers for Baloch’s gangsters: “The gangs hire the kids, get them addicted to crystal, and then make them do crimes when they are high so they have no fear. Then they pay them with more crystal.” (Source: Taimur Khan, “Cooking in Karachi,” *Foreign Policy*, September 3, 2013.)

A study in Karachi found out that 83% of 10,000 street children were addicted to sniffing glue and other solvents in Karachi.<sup>38</sup> The children who were profiled lived in places like footpaths, public parks, railway stations, shrines and shopping centres. At least 40% of the 10,000 solvent abusers earned their living through odd jobs, begging and car washing, while 30% were found engaged in criminal activities and 25% were garbage scavengers, according to the study.<sup>39</sup> “Aslam, a runaway 13-year-old boy, sa[id] he sniff[ed] glue to fight off hunger and memories of his family”.<sup>40</sup>

#### **4. Responses: Law enforcement and other predicaments**

The laws on drugs in Pakistan are very strong, but the law enforcement is not. The law enforcement infrastructure in Karachi against drugs comprises of Anti-Narcotics Force (ANF), Pakistan Customs, Sindh Rangers, Pakistan Coast Guards and provincial or Sindh police. However ANF, Customs and Coast Guards are focused more on border controls, while it is the Karachi police, and to some extent Rangers, which serve as primary agencies for leading operations against drugs in the city.

The police to population ratio, in Karachi is very low; i.e. 1: 700. This is the smallest compared to all the big cities in the world. London has a 1:152 police to population ratio, which can be taken as a comparative benchmark.<sup>41</sup> There are almost 14,000 Rangers personnel deployed in Karachi.<sup>42</sup> This sub-optimal law enforcement presence, is not the only problem. There are a variety of other more substantive and often intractable challenges, as discussed below.

- a) **Police under political manipulation:** This is one of the most significant challenges confronting the law enforcement agency in its fight against drugs. In Karachi, the police have been, in many instances, mere spectators of criminal activities including drug trafficking. The saga of Amn Committee of Lyari is a testament to this.<sup>43</sup> Political parties have been patronizing criminal gangs for gaining turf control of criminal enterprises such as drugs and extortion of money. Hence police’s institutional reasoning has mutated into “if powerless to stop crime, become a part of it” sort of thinking. Corruption is rampant in Karachi police, according to a former Inspector General of Sindh police.<sup>44</sup> The police also lose incentives when they see parallel non-state actors in the form of gangs being protected by political parties. A combination of these factors has rendered police ineffective against the rampant drug trafficking business in the city.
- b) **Organized crime:** Organized crime is most systematized in Karachi compared to anywhere else in the country. This is because of many reasons. For one, large cities have a bigger appetite for vice, hence the demand for drugs is manifold. Secondly, being a huge city, Karachi gives anonymity to individuals and creates atomization on large scales, removing community value structures. Thirdly, the urban geography especially in slums restricts entry of services including law enforcement, creating a void, which is easily filled by gangs. For

instance, People's Amn Committee used to run schools, blood banks and many welfare projects.<sup>45</sup> When state abdicates its responsibility for providing services in poor neighbourhoods, it is either taken up by philanthropy or criminality; Karachi has both kinds. Orangi Pilot Project and Edhi Foundation are examples of philanthropy taking charge and Kutchi Rabita Committee (KRC) and Amn Committees are the examples of gangs taking over. In this state dysfunctionality model in Karachi, gangs collect revenue from crime including drug trade and extortion, some of which is siphoned to welfare, some to bribes and rest is kept. In 2010, Lyari gang war claimed 73 lives.<sup>46</sup> The ingress of militants in Karachi made this gang presence more dangerous and volatile. The sectarian killings in Karachi are highest in the country besides Quetta. There is no available evidence that extremist outfits are involved in dealing drugs, however the possibility of extortion from drug trade cannot be ruled out.

- c) **Urban geography:** Lastly, the urban geography of Karachi, with narrow lanes and shanty towns, makes it extremely difficult for law enforcement to apprehend criminals or curb drug peddling. It is a serious law enforcement challenge.

### ***The rehabilitation challenge***

Rehabilitation of drug addicts is a daunting task. It is not only complex but also very expensive. It requires expertise, which is currently not adequately available in Pakistan. Nonetheless, rehabilitation here only provides 'detoxification' services.<sup>47</sup> The next necessary steps of rehabilitation include job assessment, job training, job placement, and employment etc. The remaining steps of rehabilitation do not happen, leading to high relapse rate.

Health is a provincial subject, according to the Constitution of Pakistan. Therefore in Sindh, as in other provinces, every district head quarter (DHQ) hospital has a special ward dedicated for drug rehabilitation. But these wards have poor facilities. Stretching outside its mandate, the Anti Narcotics Force has established Model Addiction Treatment and Rehabilitation Centers (MATRC) in various cities of Pakistan, including Karachi. The largest MATRC is in Karachi with a capacity of 60 beds.<sup>48</sup> Combined together, all these facilities are woefully inadequate to match the drug abuse problem. A study in Karachi revealed that only 4.3% of 3528 addicts were availing the rehabilitation facilities. The same study noted that 68.7% of respondents were not aware of harm that drugs could cause and the availability of rehabilitation services. The key lies in demand reduction through awareness.<sup>49</sup>

## **5. Strategic policy options**

In Karachi, known as the city of lights, drug business thrives in the shadows, although the trends are changing. The traditional drugs of heroin and hashish are being overtaken by the manufacturing and consumption of Ice as the new drug of choice by elite and the poor, and new

dimensions like online sale are cropping up. All drugs pose danger to humans, especially the young but drugs like LSD and Ice are far more dangerous. This problem needs to be realized. There are no immediate solutions to Karachi's evolving drug problem. The only medium to long-term solution is a ***combination of enhanced law enforcement and sustained demand reduction***.

The psychological drivers of drug abuse may not abate. The pace and stress of urban living will continue. However, the drug enterprises can be dismantled with reinvigorated law enforcement. Karachi has been largely cleansed of ethnic and extremist violence. It was the 6th most dangerous city in the world in 2014 and now it is 93rd,<sup>50</sup> which is a very significant achievement of law enforcement agencies. The same policy resolve can be applied in addressing the drug problem, especially the emerging trend of Ice manufacturing and online sale. For that to happen, ***more coordination between law enforcement agencies like FIA cybercrime wing, ANF and police is required***.

Similarly, ***inter-provincial cooperation is also needed*** to address the menace. Drugs are not a Karachi specific problem.

Another step is related to ***capacity building of police***. Ice does not have any smell. It can be smoked through cigarettes or Shisha, a very popular past time of the young and vulnerable. Police personnel's awareness about the new drug needs to be augmented. It is also essential that the ***manufacture of ephedrine and related controlled substances is strictly regulated***.

Similarly, ***more investment and attention is required on drug abuse awareness***. The awareness budgets may be included in provincial public health allocations as well as those of police and ANF. A sustained campaign on harms of drug use can curtail the demand patterns.

In the long terms, the ***municipal services of Karachi also need a structural overhaul***. The urban geography needs significant improvement. A combination of all these measures will reduce the menace of drugs in Karachi.

## Notes

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- <sup>1</sup> World Population Review, “Karachi population 2020,” <https://worldpopulationreview.com/world-cities/karachi-population>
- <sup>2</sup> “Record volume of cargo handled at Karachi port,” *Dawn*, July 6, 2017, <https://www.dawn.com/news/1343425>
- <sup>3</sup> In general, the port is handling about 26 million tons of cargo per annum. (Further port statistics can be seen here: <http://kpt.gov.pk/pages/default.aspx?id=43>)
- <sup>4</sup> S. Abbas and M. Ansari, “Pattern of Karachi Katchi Abadis,” *Journal of Basic and Applied Sciences* 6, no. 2 (2010): 119-134.
- <sup>5</sup> World Population Review, “Karachi population 2020.”
- <sup>6</sup> World Economic Forum, “Migration and its impact on cities,” October 2017, [http://www3.weforum.org/docs/Migration\\_Impact\\_Cities\\_report\\_2017\\_low.pdf](http://www3.weforum.org/docs/Migration_Impact_Cities_report_2017_low.pdf)
- <sup>7</sup> The intention is not ethnic profiling of a particular people but to highlight the opportunity factor.
- <sup>8</sup> United Nations Office on Drugs and Crime (UNODC), “Targeting precursor chemicals in Afghanistan and beyond,” July 16, 2008, <https://www.unodc.org/unodc/en/frontpage/targeting-precursor-chemicals-in-afghanistan-and-beyond.html>
- <sup>9</sup> Bureau for International Narcotics and Law Enforcement Affairs [at the US Department of State], “International Narcotics Control Strategy Report,” Volume I (March 2010), <http://anf.gov.pk/library/global/Narcotics%20Control%20Strategy%20Report.pdf>
- <sup>10</sup> Bureau for International Narcotics and Law Enforcement Affairs [at the US Department of State], “International Narcotics Control Strategy Report,” Volume I (2018), <https://www.state.gov/wp-content/uploads/2019/04/2018-INCSR-Vol.-I.pdf>
- <sup>11</sup> Nazia Hussain and Louise Shelley. "Karachi: Organized crime in a key megacity." *Connections* 15, no. 3 (2016): 5-16. The paper can be read here: [https://www.jstor.org/stable/26326447?seq=3#metadata\\_info\\_tab\\_contents](https://www.jstor.org/stable/26326447?seq=3#metadata_info_tab_contents)
- <sup>12</sup> Tariq Khosa, “Drug Trafficking in Pakistan: An Analysis,” National Initiative against Organized Crime (NIOC), January 7, 2020, <https://nioc.pk/article/394>
- <sup>13</sup> Ibid.
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