INDIA'S ROLE IN GLOBAL SYNTHETIC DRUG MARKETS

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ACRONYMS AND ABBREVIATIONS

ANPP	4-Anilino-N-phenethylpiperidine
ATS	Amphetamine-type stimulants
CBCS	Codeine-based cough syrup
CDSCO	Central Drugs Standard Control Organization
CJNG	Cártel de Jalisco Nueva Generación
D&C Act	Drugs and Cosmetics Act
DRI	Directorate of Revenue Intelligence
EU	European Union
GI-TOC	Global Initiative Against Transnational Organized Crime
GMP	Good manufacturing practices
INCB	International Narcotics Control Board
INR	Indian rupee
LSD	Lysergic acid diethylamide
MDMA	3,4-methylenedioxymethamphetamine
NCB	Narcotics Control Bureau of the Government of India
NDPS Act	Narcotic Drugs and Psychotropic Substances Act
NPP	N-Phenethyl-4-piperidone
NPS	New psychoactive substances
OECD	Organisation for Economic Co-operation and Development
UAE	United Arab Emirates
UN	United Nations
UNODC	United Nations Office on Drugs and Crime

EXECUTIVE SUMMARY

India is sometimes referred to as 'the pharmacy of the world', as it supplies 20% of the global demand for generic drugs – cheaper, legal alternatives to brand-name medicines.[1] In 2023 (the year for which the latest data is available), the country was the largest manufacturer in the world of controlled psychotropic substances in terms of gross weight, according to the International Narcotics Control Board (INCB).[2] The country also has significant illicit drug markets. The prevalence of illicit opioid use in India is estimated to be three times the global average.[3] In his 2025 speech, the country's home affairs minister, Amit Shah, stated that 7% of the Indian population uses drugs,[4] or roughly 102 million people. The country has the largest youth population in the world, with 65% of the population under the age of 35.[5] Although India surpassed the UK as the world's fifth-largest economy in 2023,[6] inequality has been consistently increasing since the 1990s.[7]

India is situated at the intersection of the illicit drug flows from two key drug-producing regions, the so-called Golden Crescent (encompassing the border regions of Afghanistan, Pakistan and Iran) and the Golden Triangle (including Myanmar, Laos and Thailand), and has been historically affected by heroin flows from both directions. As methamphetamine production has rapidly increased in the last two decades in both of these drug-producing regions, traffickers have begun using heroin-smuggling infrastructure for shipping the synthetic drug. With the declining heroin market (especially in the aftermath of the narcotics ban instituted by Afghanistan's de facto Taliban authorities in 2022), methamphetamine has threatened to become a new drug of choice for many countries in South and South East Asia, including Afghanistan[8] and Myanmar[9] – the two largest global suppliers of heroin.

All of these factors – the vast chemical and pharmaceutical industry; the large youth population; a fast-growing, highly unequal economy; and its strategic geographic location – mean that illicit drug economies are likely to have a significant impact on India. Although India's drug markets have traditionally been dominated by cannabis and heroin – including high-purity heroin trafficked from abroad, the domestically produced lower-grade 'brown sugar'[10] and adulterated 'chitta'[11] – synthetic drugs have become more widespread in the past two decades. Owing to their diversity, high potency and ubiquity (the production does not rely on the agricultural cycles and is usually mobile and more agile) synthetic drugs present additional challenges to law enforcement. While the prices of synthetic drugs vary, they are significantly cheaper than heroin or cocaine, making them more accessible.

The latest comprehensive national drug use assessment published in 2019 (based on data from 2017–2018) showed that only a small percentage of India's population used synthetic drugs, including amphetamine-type stimulants (ATS; 0.18%) and hallucinogens (0.12%). For comparison, around 3.2% of the population consumed cannabis – including legal and illegal cannabis products – and around 1.6% consumed heroin and opium.[12]

Drug type	Price per kilogram (INR)	Price per kilogram (US$)
Cannabis	2 000	30
Alprazolam	99 000	1 000
Ketamine	497 000	5 000
Methaqualone/Mandrax	529 000	6 000
Mephedrone	1 514 000	18 000
Methamphetamine	2 020 000	24 000
Heroin	7 496 000	89 000
Cocaine	9 083 000	108 000

FIGURE 1 Approximate prices per kilogram of different types of synthetic drugs, cannabis, cocaine and heroin in India, as of October 2024.

NOTE: The prices per kilogram are calculated by dividing the estimated market value by the quantity of the drugs seized, reported by the Directorate of Revenue Intelligence, assuming that the market value is calculated based on wholesale prices.

SOURCE: Indian Directorate of Revenue Intelligence, Smuggling in India Report, 2023–2024, https://dri.nic.in/main/smug2024

However, the Indian government has, in the past few years, elevated the threat of synthetic drug markets. In 2024, India's Narcotics Control Bureau (NCB) – the main drug enforcement and intelligence agency under the ministry of home affairs[13] – cautioned about an increasing shift towards synthetic drugs, enabled by the rise of illegal manufacturing, the proliferation of digital illicit drug markets, and the use of cryptocurrency and courier and postal services for drug deliveries.[14] While seizures by the Indian law enforcement agencies continued to be dominated by cannabis, opiates and cocaine – synthetic drugs amount to only a fraction of total seizures – the NCB has identified a trend of rapidly increasing production, trafficking and consumption of synthetic drugs.

India's significance for global synthetic drug trafficking is considerable and can be summarized in four key points:

1. Alongside China, India is one of the major sources of chemical precursors for the manufacturing of heroin, methamphetamine and a range of other synthetic drugs, including synthetic cathinones and fentanyl.[15] India-based actors supply precursors to producers in Afghanistan, Myanmar and Mexico, as well as in East and southern Africa.[16]

2. The trade in illicit pharmaceuticals, both diverted from licit supply chains and manufactured illegally, affects not only domestic and regional populations (in India, Bangladesh, Bhutan, Nepal and Sri Lanka), but also users in other regions, including West Africa, where illicit pharmaceuticals have led to a public health crisis, especially affecting the youth. E-pharmacies have made illicit pharmaceuticals easily accessible to consumers around the world and enabled some private sector actors in the pharmaceutical industry to establish a parallel illicit supply chain alongside their legal operations.

3. Domestic manufacturing of synthetic drugs, including methamphetamine, mephedrone, MDMA (3,4-methylenedioxymethamphetamine) and ketamine,[17] has increased in recent years, catering

to the demand from India and abroad, including the US, the UK and the EU. Darknet markets and small parcel delivery systems have enabled traffickers to ship small quantities of synthetic drugs around the world, with India-based actors increasingly selling and buying illicit drugs online.

4. India's coastal territories are increasingly being used for the trafficking of synthetic drugs and precursors.[18] India, along with Sri Lanka, is a main transit point for maritime shipments of methamphetamine originating from Western Asia (Afghanistan, Pakistan and Iran) and South East Asia (Myanmar). Drugs may enter India over land or by sea, and are often shipped by onwards to their final destination in Australasia, North America, Western Europe, West Africa, and East and southern Africa. Drug-related crime in the major Indian Ocean region countries increased by 35% between 2020 and 2024.[19]

This report addresses persistent gaps in the understanding of India's role in global illicit synthetic drug markets. The findings draw on a comprehensive review of the available literature, law enforcement and media reporting, and are informed by expert interviews and field-based observations, including interviews with key stakeholders conducted during fieldwork in India in late 2025. The report begins by tracing the expansion of India's synthetic drug economy and mapping the core sub-markets – methamphetamine, 'traditional' party drugs, new psychoactive substances (NPS), illicit pharmaceuticals – and the precursor chemicals that enable production. It then examines the trafficking and distribution dynamics that connect these markets to regional and international supply chains, focusing on high-volume maritime shipments, trafficking by air, and the growing influence of online markets in decentralizing the trade. The report further identifies key weaknesses in current responses to this developing threat and sets out priority areas for policymakers and law enforcement.

Methodology

This report is grounded in extensive consultations with experts on India's illicit drug markets, spanning law enforcement, academia and the media, conducted online and in Delhi between August and December 2025. This was complemented by field research carried out in late 2025 in locations across central and southern India. Locally engaged researchers employed non-participant observation and semi-structured qualitative interviews to systematically document the dynamics of synthetic drug trafficking and the responses it elicits. This approach enabled the research team to collect evidence from a broad range of stakeholders with direct and indirect experience of illicit drug economies, including those involved in illicit operations, as well as investigation, prosecution, reporting, harm-reduction and treatment services, and relevant segments of the private sector.

Interviews were conducted with journalists; drug rehabilitation service providers and religious institutions representatives; former (not in active duty) law enforcement officers and acting police officers; street drug dealers, intermediaries and drivers; family members of convicted drug traffickers; criminal lawyers representing individuals facing drug trafficking charges; and private-sector actors involved in India's pharmaceutical industry. Fieldwork took place in Delhi; Ahmedabad, Bhuj and Mundra (Gujarat); Mumbai and Nashik (Maharashtra); Chennai (Tamil Nadu); Arambol and various other locations in the state of Goa. Additional fieldwork was carried out in early 2026 in the north-eastern Indian states bordering Myanmar. To protect participants, identifying information has been withheld.

Findings from the field research were triangulated through expert consultations and a close review of published sources, including academic literature, reports by Indian state agencies, publications by international organizations and NGOs, and relevant media and law enforcement reporting.

Given the high priority attached to the anti-drug agenda by the Indian government and the framing of drug trafficking as not merely a public health concern but also a security issue, law enforcement and media sources frequently report seizures and arrests connected to synthetic drug trafficking in near real time. While this data is more reflective of law enforcement activity than of the true scope and geographic reach of illicit drug markets, it helps identify patterns, shifts and emerging developments in illicit drug markets. In the absence of reliable, standardized national data on drug use, such sources are often used to inform counternarcotics interventions. At the same time, conclusions drawn solely from law enforcement data risk producing misdirected and potentially biased responses. This research therefore seeks to address important gaps in the current understanding of illicit synthetic drug markets in India and additionally outlines areas of inquiry where further research and improved data collection are needed.

Relevance to global supply chains

The importance of India in the global synthetic drug trade is best understood not through the lens of supply-demand relationships, but rather as a set of structural conditions that embed India in the upstream and enabling parts of global synthetic drug supply chains. These include vast chemical and pharmaceutical sectors, ready access to controlled and dual-use chemicals, availability of specialized labour, uneven regulatory capacity across administrative units and an advantageous position as a key node of global trade and maritime logistics. Moreover, Indian diaspora networks around the world may be abused by criminal actors to facilitate international trafficking operations.

These conditions support rapid innovation in NPS and 'designer' precursors, facilitate diversion from legitimate supply chains, create opportunities for concealment through containerized trade and enable international trafficking. This matters because as bilateral commerce expands, organized crime groups can piggyback on legitimate trade systems for diversion and trafficking, as well as for laundering the proceeds of crime. This is especially relevant as trade volumes between some countries – for example, the UK and India – are set to increase. UK–India trade is currently estimated at £47.2 billion, and is set to grow by an additional £25.5 billion annually following a recently signed trade deal.[20]

Some of the most consequential actors in India's illicit synthetic drug economy are found inside the legitimate economy. Their involvement spans a spectrum. At one end are unknowing participants – companies that manufacture a controlled or dual-use chemical in response to orders and paperwork that appear compliant but where the purchasing chain has been infiltrated by criminal brokers. In the middle are actors whose weak compliance, wilful blindness or poor governance allows diversion risks to accumulate – for example, through inadequate due diligence or a tolerance for irregular documentation. At the other end are knowingly complicit facilitators and rogue entrepreneurs who exploit professional status and access for profit – such as chemists, logistics intermediaries or managers who can enable diversion, illegal production and trafficking. The motivations of such actors vary from profit motives to coercion by criminal groups, debt pressures and constrained access to stable licit employment. This means that the focus of the enforcement should shift from interdiction alone towards identifying and influencing the compliance 'choke points' in licit supply chains.

India also hosts a diverse ecosystem of foreign criminal actors who can use the country for different functions: outsourcing production to shorten supply chains; brokerage between producers and distant demand markets; and money movement and laundering. Reporting and expert assessments

commonly point to the presence of South East Asian, West Asian, Latin American, West African, East and southern African, and European criminal groups and actors operating within India's illicit drug economies, often interacting with licit businesses and specialist service providers. As Western demand evolves for substances such as ketamine, synthetic cathinones and certain synthetic opioids, India's position as a production and sourcing environment can connect – directly or through multi-leg routing via hubs in East and southern Africa – to European demand markets. Moreover, the criminal value chain may be dominated not by the movement of drugs alone, but by brokerage and finance layers that are harder to detect than physical consignments, including trade-based money laundering risks in high-volume trading relationships.

India plays a growing role as a global designer drug laboratory. When individual substances are scheduled or enforcement pressure increases, supply can pivot towards close analogues or upstream chemicals that sit at the margins of controls and can be manufactured by India-based chemical suppliers. European sources have explicitly linked supplies of certain synthetic cathinones to India. For instance, the rise in popularity of a mephedrone analogue metaphedrone, or 3-MMC, which has rapidly become one of the most-consumed drugs in the Netherlands, is directly linked to India-based suppliers.[21] Thus, drug market monitoring should extend beyond end-products to include precursor families, pre-precursors and analogue patterns.

Online markets further blur the line between licit and illicit supply. E-pharmacies and business-to-business (B2B) marketplaces – whether legitimate or operating in a grey zone – may list lawful and unlawful products side by side, making it more difficult for consumers to judge what they are buying. Small-parcel trafficking spreads risk across thousands of consignments, complicating targeting and stretching enforcement capacity. Effective governance therefore requires coordinated action across regulators, public health actors, manufacturers, payment providers, digital platforms, and postal and courier operators.

Ketamine illustrates how uneven regulation and legitimate supply chains can create diversion opportunities. As regulatory regimes differ across jurisdictions within the EU, licit ketamine becomes more challenging to track end-to-end once it enters the bloc. Risk management needs to integrate trade and regulatory intelligence – such as stricter adherence to licensing requirements, flagging suspicious ordering patterns and identifying diversion indicators – with enforcement and harm-reduction responses.

Finally, diaspora-linked dynamics need to be better understood. Indian diaspora communities may, like any transnational networks, be exploited by criminal actors to support illicit drug distribution. Research is essential, but it must be designed to avoid stigma and bias. A productive approach is to focus on specific facilitation behaviours, such as brokerage, logistics coordination and money movement; the engagement should be designed to protect communities while enabling reporting and prevention.

Overall, the main threat posed by India's synthetic drug economies is the way expanding trade links can be used as cover for illicit operations. As trade grows, India's industrial capacity and fast-evolving NPS and precursor markets create more opportunities for criminal infiltration of legal supply chains. Without stronger compliance, better forensic profiling and early warning, and closer international coordination, deeper economic integration may increase risks to the trading partners rather than reduce them.

Key findings

- India's vast chemical and pharmaceutical sectors enable the illicit synthetic drug trade through the diversion of precursors and prescription medicines from licit production; the presence of a large pool of skilled labour force able to synthesize drugs in clandestine laboratories; and the proliferation of the private-sector chemical and pharmaceutical companies, which may exert influence over state-level officials, collude with criminal networks and provide cover for illegal drug manufacturing.
- While foreign criminal actors may seek to tap into these resources, rogue entrepreneurship by 'bad actors' in the chemical and pharmaceutical sectors appears more common than collaboration between gangs. The Indian government takes steps to regulate precursor and pharmaceutical manufacturing and exports, but more stringent regulations risk hurting India's economy – the chemical industry contributes around 7% of the country's GDP[22] and the pharma industry around 1.7%[23] – and provoking discontent from private sector companies.
- The export-oriented illicit pharmaceuticals economy has created public health crises at home and abroad. Indian pharmaceutical companies have supplied large quantities of illicit prescription drugs to international demand markets – for example, tramadol and its analogues to West Africa[24] and methaqualone (known by the brand name Mandrax) to South Africa[25] – fuelling prescription drug use epidemics. The lack of adequate controls of pharmaceutical manufacturers and uneven regulation across states and union territories have enabled diversion and the production of counterfeit medications for the global illicit markets and have led to a growing problem with the manufacture of substandard or adulterated medication, leading to fatalities, often in children.[26]
- Two-way flows play an essential role in India's synthetic drug economy. Interactions between Indian and foreign suppliers and buyers are often two-way. India-based actors have long supplied precursors to illegal drug producers in Myanmar and Afghanistan, who then ship the finished products (heroin, methamphetamine and *yaba* pills – the latter being a combination of methamphetamine and caffeine) back to India and onward to end markets. The illicit supply chain for synthetic party drugs, supported by the digital infrastructure and international postal network, involves the shipment of European-origin MDMA and LSD (lysergic acid diethylamide) to India, while India-produced ketamine, mephedrone and illicit pharmaceuticals may be sent to Europe, the UK and other demand markets.[27]

Methamphetamine is fast becoming a drug of choice in South Asia, with the market dominated by crystal meth and *yaba* (pink tablets consisting of a combination of methamphetamine and caffeine). *© Anusak Laowilas/NurPhoto via Getty Images*

- While organized criminal networks operate in a poly-drug environment, there appears to be little overlap between the distinct illicit drug supply chains and networks overseeing these operations; different illicit drug markets appear to be localized. For instance, traffickers often move methamphetamine, heroin and cannabis from Pakistan along maritime and land routes. The industrial-scale clandestine production of mephedrone and ketamine may take place in the same illegally operated manufacturing facilities that have links to Indian mafia-style groups, and is more likely to focus around such industrial centres as Mumbai and Pune in Maharashtra, Bangalore in Karnataka, Chennai in Tamil Nadu and Ahmedabad in Gujarat. Other networks, typically located

around urban centres or along the tourist-heavy southern coast, operate the small-scale production and distribution of party drugs, such as MDMA and LSD, along with cannabis and small volumes of cocaine.

- The online illicit drug trade allows for the decentralization of the supply and the emergence of small-scale entrepreneurs, who are often young, educated and based in cities. These individuals may have connections to rogue actors in pharmaceutical companies, who assist them in sourcing illicit pharmaceuticals for export to customers abroad or ordering party drugs online (from vendors often based in Western markets) to resell to consumers within their extended social circles – for example, to high school or university students.[28] Reports by Indian law enforcement may overinflate the role of such actors as 'masterminds' of online drug networks. Instead, these actors are more likely to operate in small groups and their impact is relatively limited.

Priority actions

- **Improve screening of parcels and small consignments.** Strengthen monitoring and interdiction through intelligence-led targeting, using clear risk indicators and faster information-sharing between carriers and law enforcement.
- **Reduce online access to synthetic drugs and illicit pharmaceuticals.** Work with digital platforms, e-pharmacies and payment providers to tighten seller checks, remove illegal listings faster, and block suspicious sellers from accessing payment services. These efforts should be supported by clear public guidance on safer online medicine purchases.
- **Focus on gatekeepers in legitimate supply chains.** Strengthen due diligence and documentation checks across logistics intermediaries, chemical and pharmaceutical firms, digital marketplaces and professional service providers, to reduce opportunities for diversion, concealment and facilitation across the synthetic drug economy.
- **Strengthen drug testing and early warning.** Expand and standardize drug testing and expedite information-sharing across relevant agencies to detect new drugs sooner and track shifts in supply.
- **Close intelligence gaps.** Strengthen research and analysis to better understand developments within India's synthetic drug markets and how drugs and precursors are routed onward through third countries.
- **Support stronger regulation of chemical and pharmaceutical supply chains.** Work with Indian regulators and industry to curb diversion from the legitimate trade by tightening oversight of precursor exports and ensuring routine cooperation with manufacturers and distributors of dual-use chemicals.
- **Use diplomacy to support stronger action.** Use the bilateral engagement on trade and security to keep synthetic drugs and precursor diversion on the agenda and enhance practical cooperation. Priorities should include stronger monitoring, tighter controls on precursor exports and more effective interdiction.

INDIA'S ILLICIT SYNTHETIC DRUG MARKETS

Cannabis and opiates continue to dominate India's illicit drug markets, but synthetic drugs have become pervasive. Such substances include a wide range of synthetic substances with varying degrees of potency and availability in the Indian market, as well as different modes of manufacture and distinct supply chains.

Illicit synthetic drugs prevalent in India's markets, as well as the chemicals used for their manufacture, can be grouped into five broad categories:

1. Methamphetamine has dominated the global synthetic drug markets,[29] including in South and South East Asia. India serves as a key transit point for western and eastern methamphetamine flows. Local clandestine production also occurs, often with the involvement of foreign actors.

2. 'Traditional' party drugs, such as LSD and MDMA, represent relatively smaller but well-established markets. Foreign criminal groups are involved in small-scale distribution in India. The proliferation of digital drug markets has reshaped this illicit market and led to its decentralization, as many small-scale entrepreneurs have emerged.

3. NPS are a wide category of synthetic drugs not controlled by the UN drug conventions. Ketamine and mephedrone are especially relevant in the Indian context, as both drugs are illegally produced in industrial-scale facilities. For ketamine, large-scale diversion from licit production is also common. Given India's large chemical sector and the presence of a specialized labour force, the country has become one of the main producers of 'designer drugs'.

4. Illicit pharmaceuticals diverted from India's vast pharmaceutical sector or manufactured illegally represent a significant public health threat both domestically and abroad. The trafficking of such substances takes place behind the veneer of legality and often involves private sector actors rather than career criminals.

5. Precursors used in the global production of illicit drugs often originate from India. While the government has taken steps to prevent the diversion and export of chemicals used in drug manufacturing, the volume and diversity of precursors derail enforcement efforts.

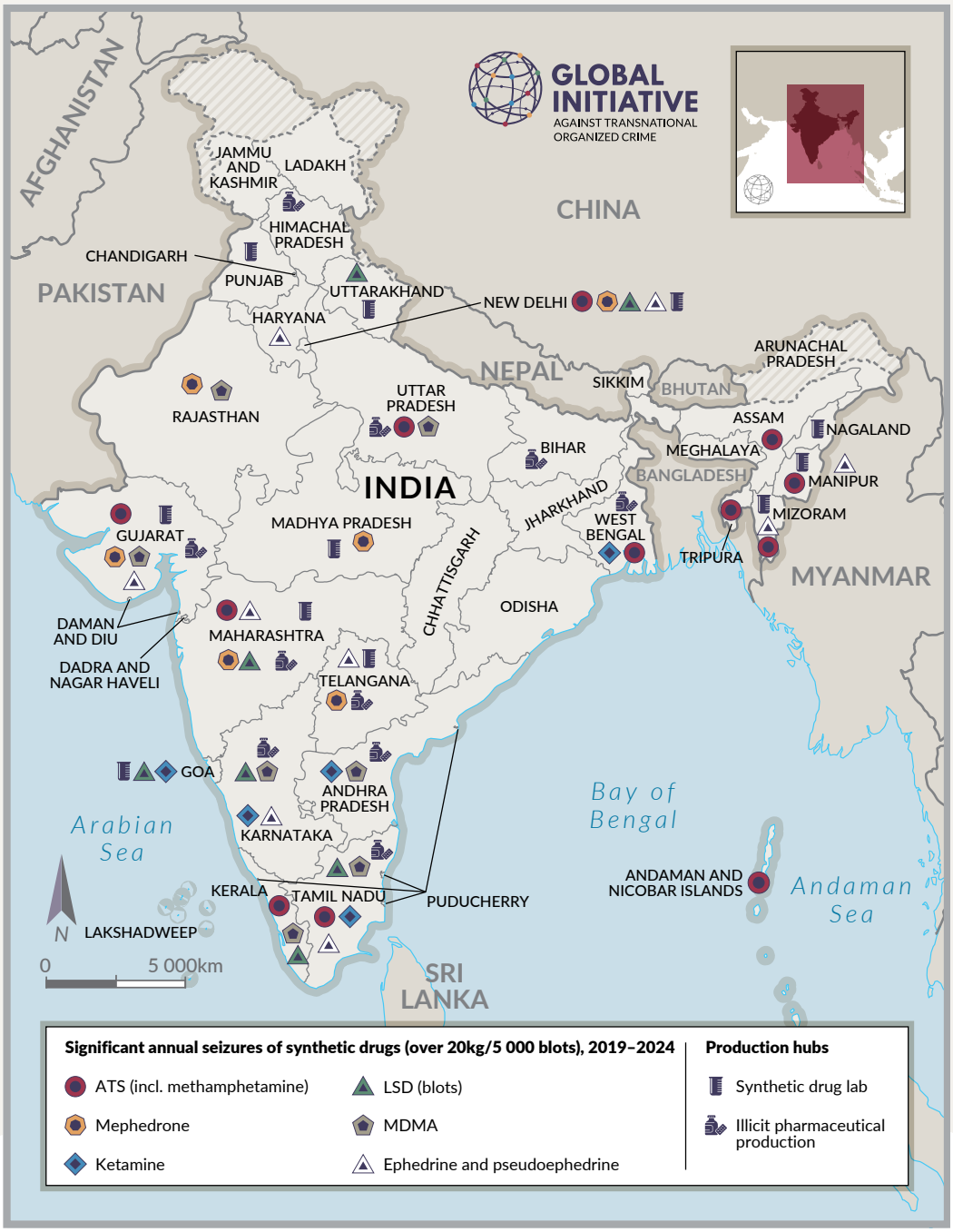


FIGURE 2 India's illicit synthetic drug markets.

SOURCE: Based on seizure data from India's Narcotics Control Bureau

These categories often overlap. For instance, methamphetamine and many NPS may be consumed as party drugs, while ketamine and tramadol can be considered both illicit prescription drugs and NPS. Precursors used in drug manufacturing may be extracted from illicit pharmaceuticals, as is the case with pharmaceutical preparations of ephedrine. At the same time, there is significant variation within some categories that include a wide range of controlled substances. For example, both party drugs and NPS contain stimulants, depressants and psychedelics. The categorization used in this paper is specific to the Indian context and serves to illustrate the dynamics of India's illicit synthetic drug markets.

Drug type	Common uses	Supply to India	Main demand markets and trafficking methods	Criminal actors involved
Methamphetamine (crystal meth/'ice', *yaba*)	Performance enhancement (e.g. to endure long work hours); recreational use in the nightlife scene; chemsex; high-vulnerability users.	Trafficked from South East Asia and Western Asia (by land and sea); domestic production in clandestine labs.	Oceania (Australia), South East Asia (Thailand, Malaysia); trafficked from India by sea.	South East Asia, West Asian and Latin American organized crime groups; Indian organized crime groups; local chemists; shell companies (importers).
'Traditional' party drugs (LSD, MDMA/ ecstasy)	Recreational use in the nightlife scene (primarily, young and urban populations); poly-drug use.	Procured online, often from European producers; trafficked into India by air using 'mules'; domestic production in small-scale 'kitchen labs'.	Widespread in urban centres and in southern India; transported across India by land; Western markets (Europe, UK, US) – small parcel shipments.	Indian organized crime groups; West African organized crime groups; foreign criminal groups (e.g. Russian-speaking, Israeli) involved in small-scale trafficking, often embedded in diaspora networks; Indian darknet market vendors; European suppliers.
New psychoactive substances (ketamine, mephedrone and other synthetic cathinones)	Recreational use in the nightlife scene; chemsex; poly-drug use; high-vulnerability users; often used as adulterants or sold as other substances.	Large-scale domestic production in illegally run labs; diversion from licit production.	Domestic markets – transported across India by land; Western markets (Europe, UK, US) – small parcel shipments.	Indian private sector companies (chemical and pharmaceutical producers); Indian organized crime groups; Indian darknet market vendors.
Illicit pharmaceuticals (codeine-based cough syrup, tramadol, alprazolam/Xanax, diazepam/Valium)	Self-medication, pain relief; recreational use; high-vulnerability users.	Diversion from licit production; parallel illicit production by pharmaceutical companies.	West Africa, East and southern Africa, South and Central Asia; Western markets. Trafficked by sea in containers; postal and courier shipments.	Indian pharmaceutical companies colluding with domestic and foreign criminal groups; online pharmacies and marketplaces.
Precursors (ephedrine and pseudoephedrine, methylamine, sulphuric acid, fentanyl precusros NPP and ANPP)	Used to synthesize illicit drugs or their precursors.	Diversion from licit production; parallel illicit production by chemical and pharmaceutical companies.	Major methamphetamine-producing regions (South East Asia, West Asia, Latin America); global consumers.	Indian private sector companies (chemical and pharmaceutical producers) colluding with domestic and foreign criminal groups; online marketplaces and B2B platforms; Indian and foreign organized crime groups.

FIGURE 3 Characteristics of India's different illicit synthetic drug markets.

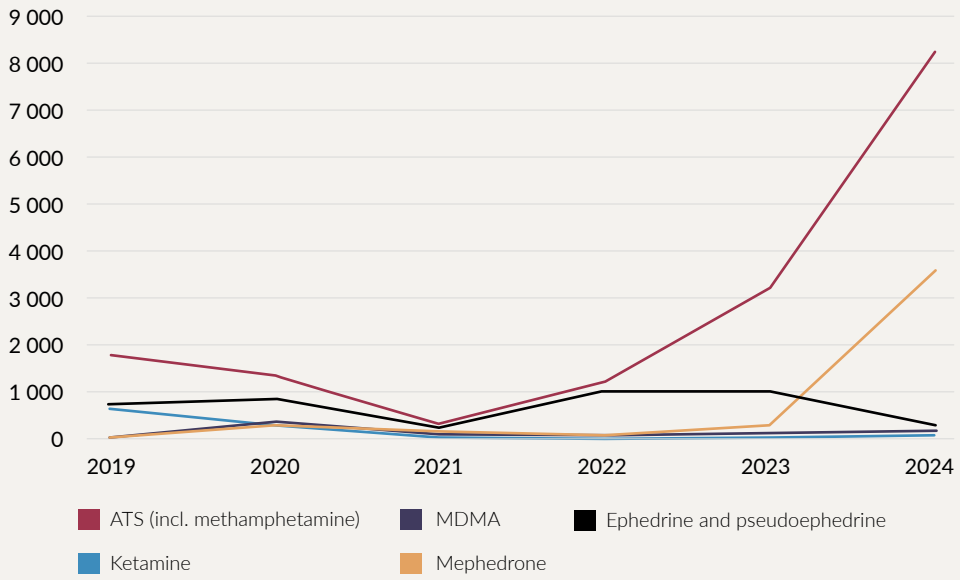


FIGURE 4 Seizures of select synthetic drugs and precursors, in kilograms, by drug law enforcement agencies in India, 2019–2024.

SOURCE: Indian Narcotics Control Bureau

Methamphetamine

Methamphetamine is an ATS widely consumed around the world, particularly in Asia, Oceania and North America.[30] The drug enters India from South East Asia ('Myanmar meth') and Western Asia ('Afghan meth'), with limited supply coming from North America ('Mexican meth'). In particular, the tri-border region between Myanmar, Bangladesh and India has emerged as a main trafficking hub for methamphetamine.[31] The Afghan meth (sometimes also referred to as 'Pakistani meth') that originates from the border region between Afghanistan and Pakistan has become widespread since at least 2019, and is considered highly competitive on the global illicit market.[32]

Two products dominate the methamphetamine market in India: crystalline methamphetamine (known colloquially as 'ice') and *yaba* (pink tablets consisting of a combination of methamphetamine and caffeine). *Yaba* pills are particularly accessible given their low price (for example, in Thailand, street prices are as low as 10–20 baht for one pill, or around US$0.30–0.60).[33] *Yaba* pills are primarily consumed in Bangladesh, Sri Lanka and the Mekong region countries, as well as in India's north-eastern regions.[34] They are trafficked into India through the porous north-eastern border with Myanmar and are transported in trucks, cars and motorcycles.[35]

Increasing quantities of ATS – dominated by crystal and tabletted methamphetamine – have been entering India since the late 1990s across the Myanmar border.[36] The Moreh–Tamu border crossing is alleged to function as a key gateway for the trafficking of heroin, methamphetamine and other ATS, with smugglers exploiting dozens of unofficial crossing points. Once in India, consignments are typically routed to Imphal (Manipur) first, before moving westward to Kohima and Dimapur (Nagaland), where shipments are loaded onto the railway network into Assam, which serves as a distribution hub for the rest of the country.[37]

While the drugs were trafficked into India, precursors used for their production, such as ephedrine and pseudoephedrine, were illegally exported from India into Myanmar.[38] Since the early 2000s, illegal production facilities of ATS, including methamphetamine and MDMA, have been detected in India. The first laboratories dismantled by law enforcement featured the involvement of individuals from India, Myanmar and China,[39] signalling regional knowledge transfer. The scope of clandestine manufacturing of methamphetamine in India is difficult to assess; however, it is likely to be limited, as the regional meth market is dominated by Myanmar and Afghan meth. In 2023, around 77 kilograms of methamphetamine were seized during the raids on illegal labs in India – a mere fraction of all seizures made by Indian law enforcement.[40]

Most methamphetamine seizures occur along the sea routes. In 2024, seizures of ATS across India increased 2.5-fold (from over 3 tonnes to over 8 tonnes), driven by the single largest case in November 2024 off the shore of the Andaman and Nicobar Islands, situated between the Bay of Bengal and the Andaman Sea.[41] The Indian coastguard confiscated around 5.5 tonnes of methamphetamine from a Myanmar-flagged fishing boat.[42]

2019	2020	2021	2022	2023	2024
1 774	1 357	297	1 224	3 234	8 211

FIGURE 5 Seizures of amphetamine-type stimulants (including methamphetamine), in kilograms, by all drug law enforcement agencies in India, 2019–2024.

SOURCE: Indian Narcotics Control Bureau

The Moreh–Tamu border crossing, marked by the Indo-Myanmar Friendship Gate, is believed to be a major conduit for heroin, methamphetamine and other amphetamine-type stimulants, with smugglers exploiting dozens of unofficial routes along the porous frontier. *© Biju Boro/AFP via Getty Images*

In some cases, foreign organized criminal groups are believed to have overseen methamphetamine manufacture in India. In October 2024, the authorities dismantled a methamphetamine factory in Greater Noida, Uttar Pradesh, established by the Mexican Jalisco New Generation Cartel (Cártel de Jalisco Nueva Generación – CJNG).[43] While the authorities had been aware of the cartel's involvement in India's underworld, centred primarily in the National Capital Region and linked to the sourcing of precursors for methamphetamine and fentanyl production,[44] the Greater Noida factory was the first known case of the CJNG participating directly in drug production in India.[45]

Such foreign operations have not been uncommon for Mexican cartels: for instance, the advent of domestic methamphetamine production in the Netherlands around 2015 was linked to the presence of Mexican criminal groups; and in Nigeria, the first dismantled 'super lab' manufacturing methamphetamine in 2016 was similarly connected to a Mexican network.[46] As the drugs produced in the CJNG-run Greater Noida factory were destined for export,[47] it appears that the cartel had sought to take advantage of the shorter supply chain by outsourcing the production closer to the supply of precursors. This signals a worrying trend, where foreign criminal groups may seek to use India as a manufacturing hub for drugs produced for export.

Demand markets

The consumption of methamphetamine has been on the rise in India, with Mumbai, the capital of the Maharashtra state and India's financial capital, having emerged as the largest consumption hub in the country. A former law enforcement official noted that the city averaged about 30 drug-related arrests a day in 2022.[48] A criminal lawyer, who represents defendants in drug-related cases, suggested that repeat offending is widespread due to limited reintegration and rehabilitation services.[49] Methamphetamine is commonly used to enhance energy and endurance, and the drug appears especially widespread in Mumbai's film and fashion industries, as well as in sex work. Experts suggest that it has already replaced cocaine as the preferred party drug, especially as cocaine in India appears to be commonly adulterated.[50]

However, while the domestic methamphetamine market has grown, India continues to play an important role as a transit country for the flows from Western Asia and the Mekong. Methamphetamine flows transiting India are primarily destined for Australia and New Zealand, as well as South East Asian states such as Malaysia and Thailand,[51] due to geographic location and maritime access, and the presence of highly lucrative demand markets. However, there is insufficient information to measure the share of methamphetamine flows transiting India en route to destination markets. Similarly, India's role as a trans-shipment point for Afghan meth trafficked from the Gujarat coast to East and southern Africa using the heroin trafficking infrastructure along the so-called 'southern route' is not well understood.

While there were reports of seizures of *yaba* pills originating from South East Asia in the UK, France and Ireland and instances of domestic clandestine manufacture of *yaba* in the UK as early as 1999,[52] the use of *yaba* outside Asia is likely to remain limited to diaspora networks. For instance, in 2023, a mini-market owner in Milan, Italy, was found in possession of small quantities of crystal methamphetamine and *yaba*, as well as other drugs, such as cocaine and hashish.[53]

Party drugs

While a wide range of drugs – including cannabis, cocaine and methamphetamine – is associated with the nightlife scene in India, several synthetic substances are especially prevalent. These include stimulants such as MDMA (also known as 'ecstasy' or by its street name 'molly'), depressants such as ketamine and methaqualone (known as Mandrax in South Africa and Quaalude in North America) and psychedelics such as LSD. These drugs are often consumed by young urban populations. Apart from large urban centres, the consumption of party drugs is concentrated in the coastal southern states, known as popular tourist destinations and locations with considerable party scenes, such as Goa, Kerala,[54] Karnataka and Tamil Nadu.

LSD

LSD, a semi-synthetic, extremely potent hallucinogen drug, colloquially referred to as 'acid', is commonly distributed in the form of blotter paper with geometric or abstract designs[55] (often sold in sheets of around 100 tabs).[56] While domestic production of LSD in clandestine labs has been reported, the scope of these operations is unknown and is likely limited to the secondary preparation of the drug using liquid LSD imported from European suppliers, many of which are based in the Netherlands. Liquid LSD is often smuggled concealed in bottles of medicine, such as eye drops. The secondary preparation of dosage units then often takes place in India's southern state of Goa, where paper blots are dipped into the liquid and cut.[57]

Several criminal groups have long been active in Goa's illicit drug market, mainly engaging in street dealing. A decade ago, media sources reported that foreign groups from Nigeria, Russia and Israel, as well as individual actors from the UK and several European countries, had been maintaining an active presence in Goa and had been involved in the small-scale trafficking of LSD, MDMA, methamphetamine and cannabis. Local research across the state of Goa confirmed the continued presence of foreign criminal actors – most prominently, Russian-speaking, Nigerian, Israeli, British and Italian. Describing Goa's shifting drug-distribution landscape, a resident of the coastal region explained: 'The Russians run the business; the Indian proxies provide the paperwork and the premises.'[58]

The various foreign groups are generally believed to have divided the party drug market among themselves, often operating from a specific location within the Goa state, and at times dealing drugs

almost exclusively within their own networks.[59] For instance, Arambol – a fishing village that has become a tourism hotspot – has been linked to Russian-speaking groups running small-scale clandestine synthetic drug production.[60]

Given LSD's high potency – it produces a strong pharmacological effect at very low doses (20–50 micrograms)[61] – trafficking even small quantities can be highly lucrative. Thus, the drug is often marketed online and trafficked using postal and courier services. In June 2023, the NCB dismantled an illegal LSD factory in Anjuna, Goa, seizing around 15 000 blots in the biggest seizure of the drug to date.[62] While the media reported that an 'international drugs trafficking network operating on the darknet' was involved, the individuals arrested were students who were using the instant messaging app Wickr and social media platforms to market the drugs to international audiences in the US, the Netherlands, Poland and Russia, and delivering small shipments of drugs using fake addresses and mobile phone numbers.[63]

2019	2020	2021	2022	2023	2024
16 710	6 645	4 291	1 150	35 596	8 944

FIGURE 6 Seizures of LSD, in blots, by all drug law enforcement agencies in India, 2019–2024.
SOURCE: Indian Narcotics Control Bureau

MDMA

The use of MDMA, an ATS commonly marketed in tablet form (in street lingo, 1 gram of MDMA is often referred to as a 'full pack', and half a gram as a 'book'),[64] as well as in powder or crystal form, is prevalent in Mumbai and India's relatively affluent southern regions. The drug is often used as a more accessible alternative to cocaine, with the street price of 1 gram of MDMA being around INR3 000 (or US$30), compared to INR8 000 (or US$80) for 1 gram of cocaine.[65]

Ecstasy pills may contain varying levels of purity. Research on ecstasy markets in South East Asia has shown that ecstasy pills sold in Thailand contained, in some cases, under 20% MDMA.[66] Often, ecstasy pills are adulterated with other substances, such as methamphetamine, ketamine, diazepam and caffeine.

Given Europe's large-scale MDMA production (centred in the Netherlands and Belgium), which is believed to far exceed the domestic demand, European organized crime groups are considered the primary global suppliers of MDMA, catering to the demand from across Asia, Oceania and Latin America.[67] Indeed, Europe-origin MDMA accounted for over 40% of the quantity of MDMA seized globally between 2018 and 2022.[68]

Despite these figures, European-origin MDMA appears to represent only a relatively small share of the Indian MDMA market. Between 2019 and 2022, around 53 kilograms of EU-origin MDMA were seized in India. Thailand seized around 70 kilograms and Australia around 180 kilograms of the drug during the same period.[69] Based on seizure data from the NCB, a total of 541 kilograms of MDMA was seized in India during this period, meaning that only roughly 10% of the drug was linked to European suppliers. While there is insufficient information to determine the scope of domestic production, clandestine labs manufacturing MDMA are among those most commonly dismantled by law enforcement.

2019	2020	2021	2022	2023	2024
14	347	117	63	47	195

FIGURE 7 Seizures of MDMA, in kilograms, by all drug law enforcement agencies in India, 2019–2024.
SOURCE: India's Narcotics Control Bureau

In July 2025, the police in the northern Uttarakhand state uncovered MDMA production facilities operating on poultry farms in the districts bordering Nepal. The criminal network involved was sourcing precursors from companies in Maharashtra and Uttar Pradesh, and the MDMA produced in these facilities was being shipped to Mumbai.[70] Small-scale drug-producing and distributing operations, sometimes referred to as 'drug kitchens' or 'kitchen laboratories', have been uncovered in different parts of the country.[71] These facilities appear to be used primarily for smaller-scale production and domestic distribution.

Kitchen labs

The small-scale production of MDMA and other synthetic drugs, which often takes place in makeshift labs set up in residential apartments, is likely to cater primarily to domestic demand. In 2021, after a dozen local drug trafficking networks had been dismantled by law enforcement, the NCB reported that kitchen laboratories (known colloquially as 'pressure cookers')[72] were becoming a key synthetic drug supplier.[73] In the Mumbai Metropolitan Region, such rudimentary labs are hidden in Taloja (a residential and industrial hub in Navi Mumbai) and in the suburban belt housing Mumbai's Dongri informal settlements.[74] It appears, however, that the term 'drug kitchen' does not strictly refer to drug manufacturing: in some cases, the networks may be primarily involved in the storage and distribution of drugs within India. For example, a law enforcement operation in August 2025 led to the dismantling of a network, including Indian, Nigerian and Nepali citizens, that was smuggling MDMA from Delhi to southern India, using the dark web for illicit transactions.[75]

The role of foreign criminal actors

Media and law enforcement sources often report the involvement of foreign actors in the small-scale production and distribution of party drugs in India. In many cases, such actors are believed to arrive in India legally but remain in the country after overstaying their visas. However, the extent of the involvement of foreign actors in such operations remains unclear, and the disproportionate media focus on reporting cases of foreign actor involvement may represent a bias rather than reality.

Between 2019 and 2024, nationals of countries in West Africa (Nigeria, Ghana, Côte d'Ivoire), as well as South and South East Asia (Nepal, Myanmar, Bangladesh), were among the foreign actors most often apprehended in connection with drug cases, according to the NCB.[76] Between 2016 and 2018, 37% of foreign nationals arrested for drug trafficking charges in India were Nigerian nationals, involved in a variety of illicit drug markets, such as opioids, cannabis, cocaine and ATS.[77]

It is possible, however, that the perception of the high level of involvement of West African actors in drug trafficking in India may have led to increased profiling of individuals from the region by the Indian law enforcement. Overall, foreign actors continue to make up only a fraction of drug-related arrests, while the majority of cases involve Indian nationals.[78] ■

Poly-drug trafficking networks

Criminal networks operating in India are typically involved in the trafficking of several types of party drugs (both plant-derived and synthetic), including cocaine, cannabis, LSD and MDMA. In July 2025, Indian law enforcement disrupted a West African criminal network that was operating in the National Capital Region and was trafficking cocaine from Colombia into India. The group also sold cannabis and MDMA. The authorities suspect that the group, allegedly led by a Nigerian national,[79] had links to Australia, New Zealand, Japan, Malaysia and the UK. The authorities believed that operations in India were overseen by a Cameroonian national, who was apprehended by law enforcement.[80] The network used courier parcels to ship drugs to customers in the National Capital Region, disguised in consumer items such as clothing or shoes. The group was preparing customized chemical mixes, which were sold as MDMA, and could have made the drug more addictive.[81] (According to a former law enforcement officer, such operations to 'boost' MDMA have been discovered in other parts of the country – notably in Kerala, where the wholesale MDMA trade in major hubs such as Kochi and Thiruvananthapuram is believed to be controlled by African criminal actors.[82])

The operations in Delhi were supported by a call-centre-style network of operators in Nigeria, who used Nigerian and UK phone numbers to communicate with customers and couriers on WhatsApp. The drugs were delivered to a specified location in India, and the coordinates were shared with the customer. Couriers – the low-level elements of the criminal groups who deliver the drugs to the locations where they were picked up by the buyers – did not have access to the information about customers, ensuring that the operations would not be disrupted if the couriers were arrested. The Nigeria-based elements of the network used *hawala*, an informal money transfer system widely used across South and West Asia,[83] to launder the trafficking proceeds. The Indian diaspora in Nigeria paid the criminal group in Nigerian naira as remittances, and their families in India would have received the equivalent in Indian rupees.[84]

Indian law enforcement officers have suggested that Nigerian criminal groups may seek to recruit Nigerian students or graduates from chemistry or pharmaceutical study programmes in Western universities, and then send them to India to work in the production or trafficking of illicit drugs.[85] In some cases, individuals previously apprehended in India on drug charges enter the country again under false identities and with forged documents, and continue engaging in drug trafficking operations. Smugglers arrested by Indian law enforcement disclosed that criminal leaders kept the passports of low-level operators such as couriers, and threatened to harm their family members if they tried to quit.[86] Such use of drug mules and other 'foot soldiers' – lower-level operatives who often stem from disadvantaged backgrounds and are coerced into transporting illegal drugs – is a well-documented trafficking method supporting drug trafficking between Asia and Latin America coordinated by Nigerian brokers working alongside Chinese-language criminal networks and Latin American cartels.[87]

In another case, a Nigerian organized crime group with links to Europe was disrupted in Goa in September 2025. The group allegedly smuggled a range of illicit drugs – including cocaine, methamphetamine, LSD and MDMA – into Mumbai and Pune in Maharashtra using courier services.[88] Once in India, the drugs were sent southwards to Goa and Hyderabad, Telangana, transported by local couriers. A financial investigation traced the drug-related transactions back to the members of the network in Nigeria and their family members. According to Indian law enforcement, the group used the services of *hawala* brokers, who collected the drug proceeds in Goa and funnelled them into the Mumbai-based private companies. The funds were used to obtain consumer items, such as food products or clothing, which were shipped back to Nigeria in containers.[89] A subsequent investigation found that the same actors were operating *hawala* offices in Mumbai, Ahmedabad and New Delhi.[90]

New psychoactive substances

NPS, also known as 'designer drugs' or 'legal highs', are synthetic substances mimicking the effect of 'traditional' drugs like cannabis, cocaine, MDMA, LSD and others, but they are not controlled under the UN's 1961 Single Convention on Narcotic Drugs nor the 1971 Convention on Psychotropic Substances.[91] NPS are produced by introducing minor modifications to the chemical structure of illicit drugs. Despite not having been included in the UN conventions, many NPS have been scheduled by national authorities, and their production and supply are often strictly controlled or prohibited at the national level. For instance, India included ketamine in the list of controlled psychotropic substances covered by the Narcotic Drugs and Psychotropic Substances (NDPS) Act in 2011, mephedrone in 2015,[92] and tramadol in 2018.[93]

In 2025, authorities dismantled a clandestine mephedrone manufacturing facility on the outskirts of Bhopal, seizing over 61 kilograms of the drug in liquid form and more than 541 kilograms of precursor chemicals.
Photos: Directorate of Revenue Intelligence

Ketamine

India is believed to be among the largest global suppliers of ketamine (both legal and illegal), an anaesthetic drug used in human and veterinary medicine that has hallucinogenic effects.[94] Other producers include Pakistan, China and several Mekong countries.[95] The non-medical use of ketamine has been reported at least since the 1970s and has become widespread across Europe.[96] Overdose deaths related to ketamine have increased exponentially; however, these have been primarily linked to poly-drug settings, as ketamine is often used in combination with other illicit drugs, which increases health risks.[97]

In recent years, ketamine has dominated global NPS markets,[98] rapidly spreading from South, East and South East Asia to other regions in Asia, Africa, Europe and the Americas.[99] 'Indian ketamine' has come to be associated with a perception of high quality among the European online illicit drug markets, similarly to how 'Afghan heroin' and 'Mexican meth' designate higher-quality drugs in their respective categories.[100]

The illicit ketamine trade in India was initially fuelled by the diversion from legal production, which took place primarily in western Maharashtra state in the mid-1990s, while wholesalers were often based in Goa. The drug in its liquid form was trafficked to a distributor network in the UK in rose-water bottles sent by courier services.[101] Over time, the operations became more professionalized and acquired an industrial scale.

With the increase in ketamine trafficking activity between India and the UK in the mid-2000s, the operations began increasingly attracting the attention of law enforcement and were eventually disrupted when traffickers began using the same concealment method to traffic liquid cocaine back from the UK into India.[102] The rose-water method ceased to be used, but traffickers continued to source the drug from legal factories and traffic it to the destinations in South East Asia, Africa and the UK.[103]

At the end of 2013, the Indian authorities clamped down on the diversion of ketamine, leading to supply shortages across large-demand markets, including the UK.[104] This provided a window of opportunity for producers in China and Hong Kong, where illegal factories had begun appearing in the preceding decade, and multi-tonne seizures of the drug had been reported by the Chinese authorities since 2007.[105] The drug was believed to be smuggled from China into Europe using the established trafficking routes for synthetic cannabinoids and cathinones.[106]

Since the early 2000s, the supply of non-medical ketamine has become more diversified. However, in Europe, illicit ketamine is predominantly believed to be sourced from India and, to a lesser extent, from Pakistan and China.[107] Following the surge in illicit supply, European countries such as the Netherlands and Belgium have become common trans-shipment points for ketamine destined for markets outside Europe,[108] including South East Asia.[109]

2019	2020	2021	2022	2023	2024
647	228	1	3	26	65

FIGURE 8 **Seizures of ketamine, in kilograms, by all drug law enforcement agencies in India, 2019–2024.**
SOURCE: Indian Narcotics Control Bureau

In July 2025, Indian law enforcement dismantled two illegal manufacturing facilities in Rajasthan and Maharashtra. The factories were producing ketamine and mephedrone, a synthetic cathinone: 34 kilograms of powder ketamine and 12 litres of liquid ketamine were seized, along with a range of precursor chemicals (including ammonium chloride, bromine, chloroform, cyclohexanone, propylene chloride and toluene).[110] The investigation found that a shuttered legal chemical factory in Maharashtra had been converted into an illegal production site, with one of the apprehended individuals having previously worked at this factory. In Rajasthan, the same network manufactured synthetic drugs in a buffalo barn in a secluded rural location.[111] Domestically produced ketamine is commonly used as a party drug and is sometimes combined with other substances to intensify its effects. In northern Goa's nightlife scene, a substance known colloquially as 'CK1', 'Calvin Klein', or 'blizzard', and produced by mixing cocaine with ketamine, has reportedly become widespread, linked to the operation of Russian-speaking networks in locations such as Candolim, Baga, Anjuna, Vagator and Arambol.[112]

While clandestine production is primarily destined for the regional demand markets, medical ketamine diverted from licit production supplies international markets. Criminals employ several diversion methods along the licit ketamine supply chain, which can be illustrated by the India–UK supply chain (see Figure 9). One method involves diversion from legal production. It starts with an order for a bulk

quantity of ketamine placed with an India-based legal producer by a company with a valid ketamine import licence based in Europe or the UK. At this stage, the order may appear entirely legitimate, but the company may have been co-opted by criminal elements seeking to purchase licensed companies experiencing financial difficulties. In other cases, the order may be placed by a fake company that only appears legitimate. Once the ketamine reaches its destination, its diversion depends on the level of infiltration and co-optation of the import company by criminal elements. If the importer is a front company, the entire order enters the illicit market. In other cases, bad actors operating in the legitimate importer company partially divert ketamine into illicit supply chains.

Another method involves diversion during transit. In 2023, customs officials in Belgium discovered that the shipment of Indian-origin medical ketamine contained table salt instead of the drug. It became apparent that ketamine was being diverted into the illicit market during its trans-shipment in Europe. The consignment first arrived in Austria from India by air and was then transported onward to Belgium via Germany and the Netherlands, where it is believed to have been swapped for salt. The Belgian authorities discovered over 20 similar consignment switches in the ensuing months.[113] This method of substituting ketamine with sugar or salt appears common[114] for the shipment of illicit ketamine into the UK, as traffickers exploit the presence of legal ketamine markets in the trans-shipment countries.[115]

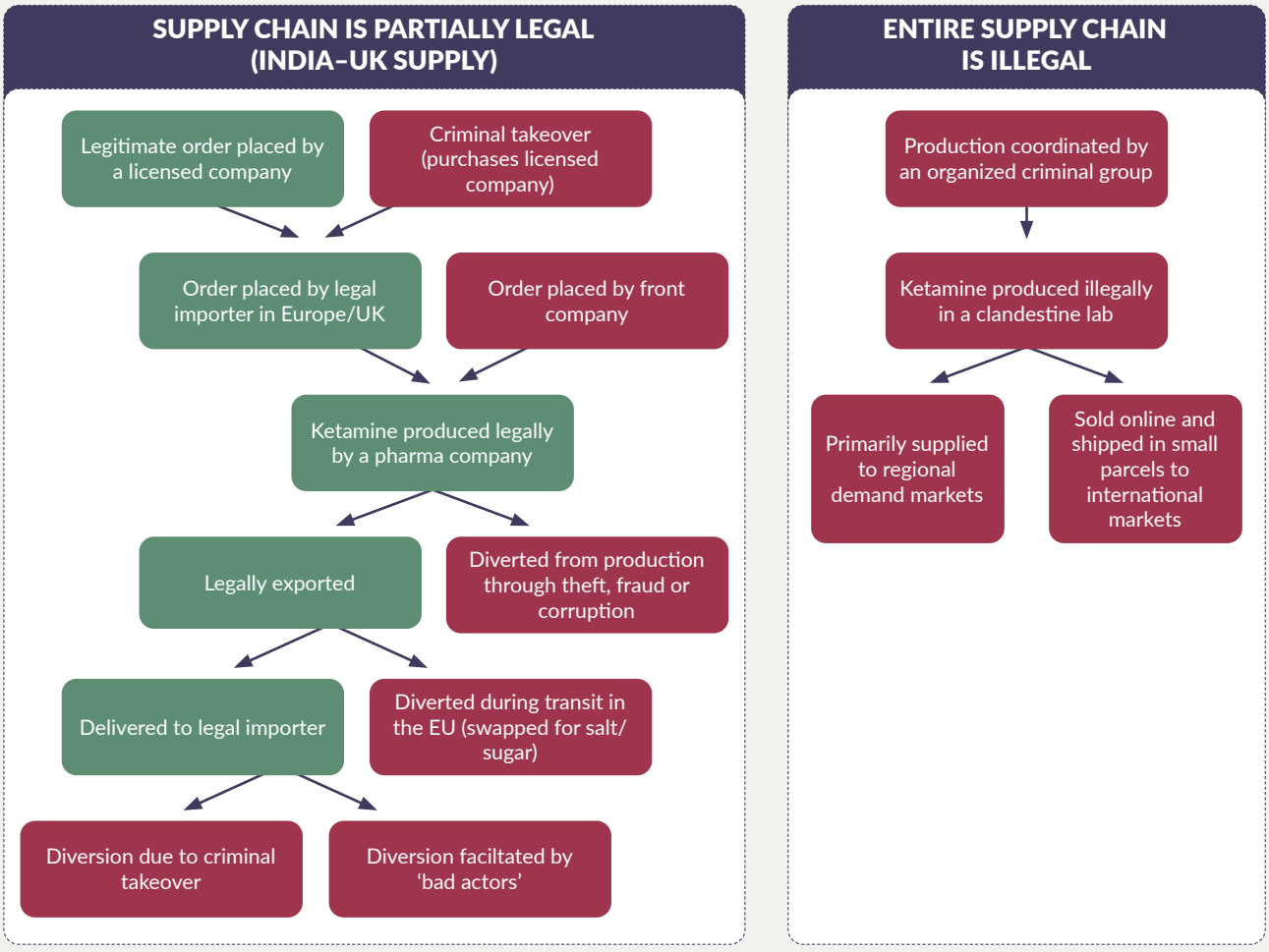


FIGURE 9 Illicit ketamine supply chains.

Illicit vapes laced with synthetic drugs

Illicit e-cigarettes are a growing market in India, and seizures of illegally imported vapes are increasing. Despite the Prohibition of E-Cigarettes Act passed by India in 2019, large volumes of vapes continue to be smuggled into the country by air and sea from South East Asia (Malaysia and Thailand) and the Gulf states. Beyond the health risks linked to the consumption of counterfeit vapes, a new trend has caused significant concern: illicit vapes have frequently been found to contain synthetic drugs, such as methamphetamine, ketamine, etomidate (an intravenous anaesthetic), synthetic cannabinoids and nitazenes (highly potent synthetic opioids).[116]

Such vapes have become known as K-pods, short for 'ketamine pods'[117] (after the substance originally most commonly associated with the adulterated vapes) or 'zombie vapes' (as they may cause physical reactions like uncontrollable twitching or even convulsions).[118] The vapes have become widespread in South East Asia, especially among the youth. K-pods are predominantly sold online on e-commerce websites and social media platforms, as well as through encrypted social media channels.[119] In some cases, the buyers may unknowingly purchase vapes that contain illicit substances.[120]

This trend reveals an overlap between two different illicit supply chains – illicit e-cigarettes and synthetic drugs – and points to the need for more comprehensive and integrated responses that address both markets. ■

Synthetic cathinones

Synthetic cathinones, sometimes referred to as 'bath salts', are a class of synthetic drugs that are chemically related to substances found in the khat plant and mimic the effects of ATS.[121] In the past, China was considered the primary source of these substances. However, large-scale production of synthetic cathinones has become increasingly common in India.[122] Synthetic cathinones are also being manufactured in clandestine laboratories in Europe, close to the demand markets,[123] using precursor chemicals sourced from China and India.[124] However, despite increasing domestic production, European law enforcement authorities continue reporting seizures of Indian-origin synthetic cathinones.[125]

While several types of synthetic drugs belong to this group, including clephedrone (4-CMC), metaphedrone (3-MMC), clophedrone (3-CMC), methylone (MDMC) and alpha-PVP, the synthetic cathinone market in India is dominated by mephedrone (4-MMC – sometimes referred to as 'drone', 'M-Cat' or 'meow meow').

Mephedrone

The drug has drawn international attention due to a short-lived consumption 'epidemic' in the demand markets such as the UK and the US in the late 2000s. Having first entered European markets in 2004,[126] mephedrone is believed to have enabled the emergence and proliferation of online drug markets.[127] Following the banning of the drug in 2010 in the UK and 2011 in the US, its popularity decreased and its use centred on a smaller demographic of predominantly economically disadvantaged and socially marginalized people. At the same time – and probably in conjunction with the proliferation of online drug markets – pockets of mephedrone use began appearing in other regions, such as Eastern Europe and Central Asia.[128]

2019	2020	2021	2022	2023	2024
53	275	146	2 872	300	3 559

FIGURE 10 Seizures of mephedrone, in kilograms, by all drug law enforcement agencies in India, 2019–2024.
SOURCE: Indian Narcotics Control Bureau

Mephedrone is believed to have first arrived in India in the 1980s.[129] It was notified as a banned psychotropic substance by the Indian authorities in 2015,[130] following the bans in the major demand markets. However, it continues to be produced in clandestine labs and remains one of the most seized illicit drugs in the country to date. In August 2025, the Directorate of Revenue Intelligence (DRI) dismantled an illegal mephedrone manufacturing operation in the village of Jagdishpur, situated on the outskirts of Bhopal, the capital of Madhya Pradesh, seizing over 61 kilograms of the drug in liquid form and over 541 kilograms of precursor chemicals, such as acetone, hydrochloric acid, methylene dichloride, monomethylamine and 2-bromopropane.[131]

The network behind mephedrone production sourced precursors from Bhiwandi – a commercial hub located in the proximity of Mumbai in India's Maharashtra state. Different actors were involved in overseeing the supply of chemicals, their transport, the manufacture of the drug and the financing of the operations through *hawala*. While several low-level operators and intermediaries were arrested, the organizers were believed to have been based in Türkiye, from where they oversaw the operations across Gujarat, Madhya Pradesh, Maharashtra and Uttar Pradesh.[132]

The Jagdishpur factory was the second illegal mephedrone production facility discovered by the authorities in proximity to Bhopal within the span of a year; four more clandestine factories were dismantled in other parts of the country in the ensuing months.[133] The dismantled factories revealed the large scope of the illegal mephedrone production in India: a factory discovered in October 2024 is considered the largest illegal synthetic drug production site to have been dismantled in India, with the capacity to manufacture 25 kilograms of mephedrone in one day.[134] Bhopal is believed to have become an important production and distribution location for synthetic drugs.[135]

Law enforcement in India linked the Jagdishpur seizure to a synthetic drug trafficking network with connections to Dawood Ibrahim, described by the UN Security Council as 'one of the most prominent criminals of the Indian underworld'.[136] While Ibrahim fled India in the 1980s,[137] his criminal organization, known as 'D Company', has become synonymous with the term 'Mumbai mafia' and is believed to continue operating in India and Nepal.[138] One of the alleged organizers of the mephedrone trafficking network behind the Jagdishpur seizure reportedly worked for the right-hand man of Ibrahim,[139] and had been previously linked to D Company.[140] While the precise nature of the relationships between different actors in India's underworld is difficult to discern, reports of such connections abound.

The Indian authorities believe that Dola's mephedrone network plays a leading role in the drug's production and trade in Maharashtra and Gujarat and is instrumental in securing the precursor supply and manufacturing location, as well as funding the drug production operations.[141]

Shortly after the Jagdishpur bust, another industrial-scale mephedrone factory was discovered on the premises of a chemical company in Hyderabad, Telangana. The authorities seized 5.8 kilograms of mephedrone and 35 500 litres of precursor chemicals,[142] which could be used to produce around 6 tonnes of mephedrone.[143] The criminal group running the production was believed to have operated since 2017.[144]

In some cases, illegal factories dismantled by law enforcement were found to have produced both mephedrone and ketamine. According to the Ahmedabad police, an illegal manufacturing facility in an industrial zone in Chhatrapati Sambhajinagar (formerly Aurangabad), Maharashtra, produced both substances; law enforcement further found 23 kilograms of cocaine on the premises.[145] Notably, the smugglers were believed to have sent ketamine to the UK and the US, and to have used the Angadia system – an informal, trust-based parallel banking system used for transferring cash and valuables between cities and relying on a network of couriers operating across India.[146]

New synthetic cathinones: metaphedrone

The market for synthetic cathinones is constantly changing, with new substances appearing to replace those which have attracted law enforcement's attention. In 2022, metaphedrone (3-MMC), a designer drug from the cathinone family which was first detected around 2012,[147] became the third most commonly used substance in the Netherlands after cannabis and MDMA.[148] In many cases across Europe, metaphedrone was sold to consumers as another, more well-known drug, such as mephedrone, MDMA, ketamine or cocaine.[149]

While limited local production of metaphedrone takes place in several EU states, including the Netherlands, France and Poland, the drug is predominantly trafficked from India.[150] Seizures of the drug made by Indian law enforcement suggest that it is produced on an industrial scale and is enabled by the collusion of pharmaceutical companies with criminal groups. In March 2024, over 90 kilograms of metaphedrone was seized from an illegal operation at a manufacturer based in Telangana.[151] The company's director was put under investigation for their suspected involvement in the illicit production and export of the drug to Europe.[152]

The trafficking of new types of synthetic cathinones from India into European markets can be seen as illustrating India's role as a global designer drug laboratory. ■

Synthetic opioids

The 2019 national drug consumption study estimated that around 2.1% of India's population, or over 22.5 million people, were active opioid users (including heroin, opium and pharmaceutical opioids).[153] North-eastern states had a particularly high prevalence of opioid users, reaching 10% of the population in some states. This is partially explained by the proximity to the Golden Triangle, from where opium has long flown into India. The use of pharmaceutical opioids was already significant in 2019, at 0.96%.[154]

Heroin consumption in some regions across the globe has been declining, and the global heroin market has shrunk following the narcotics ban instituted by the de facto Taliban authorities in Afghanistan in April 2022.[155] However, heroin consumption in India has remained substantial. In 2023, the UN Office on Drugs and Crime (UNODC) estimated that half of the global opioid users were in South and South West Asia.[156] In 2025, the organization warned that South Asia faced a dual challenge: persistent opiate use and a threat of a synthetic drug surge.[157]

However, as opium stockpiles held in Afghanistan are being depleted, a more radical shift to synthetic drugs could be expected. With the large population depending on opioids to treat chronic pain, which affects up to 20% of India's adult population, according to some estimates,[158] the demand for illicit opioids in the form of both prescription opioids and illicitly sourced synthetic opioids is likely to be sustained.

Most illicit synthetic opioids available on the Indian market are pharmaceutical products. The presence of the illicit market is partially explained by the lack of availability and accessibility of legal opioids, especially for palliative care.[159] These drugs can be diverted from licit production or manufactured in clandestine laboratories (see the section on illicit pharmaceuticals below).

While illegal labs manufacturing fentanyl have been detected in India, linked to Mexican organized crime groups, their output was primarily destined for markets abroad. The limited available information about fentanyl consumption in India does not allow for an assessment of the drug's prevalence; however, the research conducted for this report did not find significant domestic consumption of fentanyl. At the same time, as medical fentanyl remains legal (albeit regulated) in India, instances of diversion do occur. For instance, fentanyl patches, which can be purchased online through e-pharmacies, can be misused to extract fentanyl for non-medical use.[160] Furthermore, fentanyl precursors continue to be supplied from India-based producers (see the section on fentanyl precursors below).

In recent years, several synthetic opioids, which have never been approved for medical use due to their high potency and safety concerns, have entered the global illicit drug market. Nitazenes, a class of synthetic opioids that may be several hundred times more potent than heroin,[161] have penetrated markets around the world, including in Australia, the UK and Europe.[162] Given the relatively uncomplicated production procedures and the ease of access to precursors (some of which are not controlled in India),[163] nitazenes can be produced in small-scale laboratories. Between 2022 and 2025, India banned several substances in the nitazene group, such as isoto-, meto-[164] and protonitazene, etazene and etonitazepyne;[165] however, other analogues remain unscheduled. Some manufacturing is believed to take place in the country,[166] although there is a lack of information to determine the scope of such operations. The limited chemical drug testing in India means that nitazenes, which are often used as adulterants, are not being detected.

An investigation by Bellingcat into the sales of nitazenes on the surface web revealed an array of B2B marketplaces across Asia (in China, Singapore, India and Pakistan) that were marketing nitazenes to customers in Europe.[167] Given India's role in the global chemical and pharmaceutical manufacturing, early warning systems should be in place to alert of the potential emergence of other highly potent synthetic opioids that can be produced in the country.

Illicit pharmaceuticals

In 2023, there were around 3 000 pharmaceutical companies, 10 500 drug manufacturing units and over 11 000 chemical companies in India.[168] With the country having one of the largest pharmaceutical industrial bases and being the largest global manufacturer of several key controlled substances, such as benzodiazepines and barbiturates,[169] diversion represents a significant risk. Codeine-based cough syrups (CBCS) such as Corex, Phensedyl and Recodex; synthetic opioids such as buprenorphine and tramadol; and benzodiazepines such as alprazolam (sold under the brand name Xanax) and diazepam (sold under the brand name Valium) are among the prescription medicines most commonly abused.[170] Pharmaceutical manufacturers typically cluster in the states with more beneficial tax regimes and lenient regulation. As a result, states such as Gujarat, Maharashtra, Telangana, Andhra Pradesh, Karnataka, Tamil Nadu, Uttar Pradesh and Himachal Pradesh have a high concentration of pharmaceutical manufacturers, who exert significant influence over local officials.[171] In some cases, pharmaceutical producers use third parties to manufacture in those states where regulations are most lenient, or may loan manufacturing licences to one another.[172]

Large volumes of prescription drugs are smuggled into neighbouring Bhutan and Nepal,[173] while Bangladesh is particularly affected by flows of Phensedyl from India.[174] Within the country, the northern states (West Bengal, Assam and Bihar) are most impacted by the consumption of illicit CBCS, likely due to their location along the export routes. India-based manufacturers have repeatedly come under fire for supplying tainted cough syrup to countries in West Africa, South East Asia and Central Asia, linked to multiple fatal cases in children.[175] Following the death of more than 20 children in India's Madhya Pradesh, in October 2025 the World Health Organization issued a warning against the use and distribution of cough syrup manufactured by three Indian pharmaceutical companies, after high levels of diethylene glycol, a chemical found in industrial solvents, were detected in the cough syrup.[176] The case brought renewed international attention to the deficiencies in the regulation of India's vast generic drugs market, leading to calls for reform.[177]

The weak regulation of prescription medications in India leads to their wide accessibility, often resulting in self-medication. In rural regions, the majority of the population does not have access to licensed healthcare providers and has to rely on informal medical practitioners or local chemists to obtain medication. This problem, however, is not limited to rural India, as urban populations similarly often rely on informal medical service providers.[178]

The Drugs and Cosmetics Act of 1940

The 1940 Drugs and Cosmetics Act (D&C Act), together with the 1945 Drugs and Cosmetics Rules, is the main national legal framework regulating the import, manufacture, distribution and sale of pharmaceutical drugs.[179] It sets national quality and safety standards and restricts the production and sale of substandard, adulterated, misbranded or spurious products.

Regulatory responsibilities are split between the central regulator (the Central Drugs Standard Control Organization – CDSCO) and state drug control authorities. The CDSCO sets quality standards; handles drug approvals, quality and import controls; and coordinates the activities of drug control organizations, while states issue licences and regulate the manufacture, sale and distribution within their territories.[180] Manufacturing standards are set out in Schedule M of the 1945 Rules, which specifies good manufacturing practices (GMP) and related requirements for facilities, processes, documentation and quality systems. It has been revised in 2023 to strengthen GMP requirements and align more closely with international quality control systems.[181]

The D&C Act overlaps with the NDPS Act as far as controlled pharmaceutical substances are involved, but the two legal frameworks serve different purposes: the D&C Act is primarily designed to govern the legitimate pharmaceutical supply chain, while the purpose of the NDPS Act is drug control and criminal enforcement against illicit trafficking and unauthorized possession and consumption. Compared with the NDPS Act, the D&C Act has weaker enforcement tools and penalties, particularly in addressing counterfeit and spurious medicines, although reforms have sought to strengthen sanctions over time.[182] ■

The proliferation of e-pharmacies – online platforms selling prescription medication directly to consumers – has compounded the issue.[183] A 2023 comparative study of e-pharmacies in India and Kenya found that almost half of online retail pharmacies in India did not adhere to the requirements of the Indian government, and about a third listed controlled substances for sale.[184] E-pharmacies, which have multiplied exponentially since the COVID-19 pandemic, may take advantage of the legal

gaps, as no legislation in India specifically regulates them; the 1940 D&C Act, which regulates physical pharmacies, has only limited application.[185] Several India-based e-pharmacies have been subject to international sanctions, as they were found to market illegal substances to international audiences. In September 2025, the US Treasury sanctioned an India-based e-pharmacy for supplying counterfeit prescription medications containing fentanyl.[186]

2019	2020	2021	2022	2023	2024
42 740	100 666	135 981	118 214	198 160	243 110

FIGURE 11 Seizures of pharmaceutical drugs, in kilograms, by all drug law enforcement agencies in India, 2019–2024.

SOURCE: Indian Narcotics Control Bureau

The problem of illicit pharmaceuticals in India is two-fold. First, the diversion of prescription medicines from legal supply chains – including factories, pharmacies and medical institutions – facilitated by colluding employees, pharmacists or doctors, is widespread. Diversion can occur at different points and through several methods, including pilferage from lorries during transportation, misdeclaration during import and export, indicating overconsumption, use of forged documents such as no-objection certificates, placing orders against non-existent companies, and mixing licit and illicit supplies.[187] A former anti-narcotics officer noted that tanker trucks transporting pharmaceutical chemicals are routinely siphoned for leftovers (the remaining 30–40 litres) – including acetic anhydride, which is used in the synthesis of legal pharmaceuticals and illicit drugs such as heroin and methamphetamine – which are then diverted into a parallel illicit supply chain.[188]

Secondly, illegally manufactured and counterfeit pharmaceuticals – which include substandard, falsely labelled or falsified products[189] – represent a concerning issue.[190] This also includes medicines containing a higher amount of active ingredient than allowed by law (for example, 225-milligram tramadol pills, which are marketed despite the approved dosage of 50–100 milligrams).[191] However, the two categories often overlap. For example, pharmaceuticals legally produced in India may supply both licit and illicit markets, while the same companies often manufacture both legal and illegal medicines.[192]

Illicit pharmaceuticals are primarily trafficked on container ships, often misdeclared as legitimate medicines or general merchandise.[193] Concealment methods include fraudulent rebranding, where illicit medicines are placed into packaging of legitimate products, or hiding the pharmaceutical inside other legitimate goods. Traffickers also rely on corrupt port officials to facilitate, or at least not obstruct, the entry of illicit products.[194]

Online marketplaces have enabled the emergence of distributors abroad, far from the production hubs of illicit pharmaceuticals. In May 2024, a UK national was found guilty of the illicit trade in several prescription drugs, including erectile dysfunction medicines, tramadol, zopiclone (a sedative-hypnotic) and pregabalin (an anti-convulsant and analgesic).[195] The distributor sourced the drugs from India, China and countries in the Middle East through the postal system, and resold them through online marketplaces such as Amazon and eBay as 'natural remedies', using self-produced packaging and fabricated brand names.[196]

Given their legitimate medicinal use, illicit pharmaceuticals are more accessible and may be perceived as less dangerous. The ease of obtaining these drugs increases their appeal for recreational use, especially among younger demographics.[197]

Counterfeit pharmaceuticals

Up to 20% of pharmaceuticals sold in India are estimated to be counterfeit.[198] The production of counterfeit medicines takes place in a number of regions, including the northern and north-eastern states of Uttar Pradesh, Bihar and West Bengal, and the north-western state of Gujarat.[199] The Bhagirath Palace, where a wholesale medicine market in Delhi's Chandni Chowk square is located, is known as the centre of the trade in counterfeit pharmaceuticals.[200]

Criminal actors use high-quality counterfeit packaging obtained from specialized printing operations, often bearing fake labels and foils mimicking legitimate brand medications. Packaging from legitimate brands may be further obtained directly from hospital staff who illicitly sell empty cartons and vials through online marketplaces.[201] The drugs are transported by courier services, falsely declared as brand medication, 'machine parts' or other legitimate products.[202] In June 2025, an operation by Delhi law enforcement led to the dismantling of a network that allegedly produced counterfeit medications, including fake copies of cancer medications, and sold them in multiple northern Indian states using social media platforms and encrypted messaging applications.[203]

An ongoing investigation by India's Enforcement Directorate in Lucknow, Uttar Pradesh, is pursuing the alleged coordinator of a network trafficking CBCS across several Indian states, who is believed to have falsified tax documents, tampered with stock registers, overseen the transport and bottling of CBCS as well as clandestine production sites, and used informal value transfer networks to launder the proceeds. The alleged smuggler is believed to have fled to Dubai and has denied the allegations.[204] The trafficker's network is thought to have been established during the COVID-19-induced lockdowns, which led to a rise in e-commerce and operated across Uttar Pradesh, Jharkhand and West Bengal in India, as well as in Bangladesh.[205] The case raised concerns about potential collusion between public officials and private companies engaged in illicit CBCS trafficking, which has enabled the illicit trade in CBCS, as the shell companies listed as CBCS suppliers possessed all necessary licences.[206]

While counterfeit medicines are often sold on the domestic and regional markets, they are also trafficked to countries in other regions. In 2020, Organisation for Economic Co-operation and Development (OECD) research found that India, along with China, was the largest global supplier of counterfeit medicines. Illicit pharmaceuticals were believed to transit the UAE, Hong Kong, Singapore, Yemen and Iran on their way to the key destination markets in Africa, Europe and the US.[207] However, the Red Sea crisis following the Houthi attacks in November 2023,[208] which disrupted container shipping routes between Asia and Europe, is likely to have stifled illicit pharmaceutical trafficking via the UAE.

The Bhagirath Palace in Delhi, home to one of India's largest wholesale medicine markets, is also notorious as a hub for counterfeit pharmaceuticals – an industry estimated to account for up to 20% of all medicines sold in India. *© Sonu Mehta/Hindustan Times via Getty Images*

Tramadol trafficking to West Africa

Several countries have drawn attention to India's insufficient export regulation and enforcement of tramadol (a synthetic opioid legally prescribed as a pain medication and used illegally as a powerful stimulant)[209] and its analogues, such as tapentadol, to countries in the Middle East and Africa, where it is increasingly used as a recreational drug, fuelling a public health crisis.[210] Several high-profile cases have involved India-based pharmaceutical companies allegedly manufacturing unlicensed opioid medications and exporting them to West African countries including Nigeria, Ghana, Guinea and Côte d'Ivoire.[211]

Tapentadol tablets seized in Lagos, Nigeria. Across West Africa, tapentadol is typically sold as tramadol – a catch-all term for pharmaceutical opioids – and exported by Indian companies in strengths unapproved in India and unsanctioned by international regulators. *© Olympia De Maismont / AFP via Getty Images*

Despite the Indian government introducing enhanced control measures to address tramadol trafficking under the NDPS Act in 2018, as a result of international pressure,[212] the country continues to be a major global supplier of illicit tramadol and its analogues.[213] In 2024, customs authorities at the Port of Mundra in Gujarat seized 9.4 million tramadol tablets destined for Africa[214] (around 6.8 million tablets destined for Sierra Leone and Niger were seized in one event in July 2024).[215] Previous GI-TOC research has found that some West African trafficking networks have established direct contacts with both legal and illegal drug manufacturers in India and often order specific amounts of desired medical products to be produced and shipped.[216] West African diaspora networks in India play an important role in facilitating the illicit trade by establishing contact with producers and intermediaries who enable the import of illicit pharmaceuticals.[217]

While West Africa remains a major demand market, other regions are similarly affected by illicit tramadol trafficking. An investigation in early 2025 uncovered a series of emails between a pharmaceutical company based in Hyderabad, Telangana, and its foreign clients, which allegedly contained details about the illicit exports of tramadol and its variant, tramadol nitrate, to Pakistan, Iran and Cambodia, using third-country intermediaries in Malaysia and Denmark to obscure the destination of shipments.[218] ■

Precursors

India has the sixth-largest chemical industry in the world, and it is expected to grow by 12% by 2027.[219] The Indian government regulates the export of key precursors used in the manufacture of illicit drugs, such as acetic anhydride (used in the production of heroin, as well as methamphetamine synthesized using the P2P method), ephedrine and pseudoephedrine (used in the manufacture of methamphetamine), and sulphuric acid (used in the production of MDMA and cocaine). All of these are controlled under the 1985 NDPS Act. In total, 45 substances are controlled under the NDPS Act, as of 2025 (see the annex).[220] India periodically schedules new precursor chemicals, typically after they have been detected domestically or following international scheduling decisions and pressure to align with global standards. Since the early 2000s, factories producing precursors such as ephedrine, pseudoephedrine and acetyl derivatives have become frequent targets of enforcement drives.[221]

However, a range of chemicals used in the production of methamphetamine, fentanyl and other synthetic drugs, remain unregulated.[222] As a result, many precursors, including those used in the manufacture of fentanyl and nitazenes, are sold legally and can be procured online.[223]

Ephedrine and pseudoephedrine

Both ephedrine and pseudoephedrine are controlled substances with legitimate use in the production of cold medicines.[224] Ephedrine was classified as a 'dangerous drug' in India in 2006;[225] however, large quantities of ephedrine continued to be diverted from legal production and manufactured illegally. India was the world's largest exporter of both ephedrine and pseudoephedrine in 2023,[226] yet it reported almost no legitimate annual requirements for these precursors to the INCB.[227]

Ephedrine and pseudoephedrine have long been key producers in the manufacture of methamphetamine, and India has been a main source of ephedrines for producers in Myanmar and in West Asia.

2019	2020	2021	2022	2023	2024
686	841	253	1 001	965	264

FIGURE 12 Seizures of ephedrine and pseudoephedrine, in kilograms, by all drug law enforcement agencies in India, 2019–2024.

SOURCE: Indian Narcotics Control Bureau

Most ephedrines seized in India are produced domestically and are procured by illicit manufacturers either as the raw material or as pharmaceutical preparations of pseudoephedrine. The chemicals can be diverted from licit production or manufactured in clandestine laboratories. Ephedrines are typically diverted from licit production as pharmaceutical preparations, while the raw material is seized from illegal production sites.[228] Australia and New Zealand are believed to be the primary demand markets for the India-origin ephedrines. Other international destination markets are located in East Africa (Tanzania), Central Africa (Democratic Republic of the Congo), South East Asia (Malaysia)[229] and Latin America (Mexico).[230]

India-based pharmaceutical companies were found to meddle in the process of licit drug manufacturing by reducing or entirely omitting the active ingredient, and instead diverting ephedrines into illicit channels.[231] In October 2023, the director of a Haryana-based pharmaceutical company was arrested and accused of diverting over 475 kilograms of pseudoephedrine into illicit channels.[232] (All three individuals accused in connection with the case were convicted in 2026 and sentenced to seven years in prison.[233]) Ephedrines are primarily trafficked in air cargo through airports in cities such as Delhi, as well as smaller airports in cities such as Chennai (Tamil Nadu) and Kochi (Kerala), where authorities may be less prepared to detect and intercept illicit drugs. In some cases, smaller quantities of precursors (typically less than 5 kilograms) may further be smuggled in courier parcels.[234]

A new method of methamphetamine manufacture

Two main approaches are used for methamphetamine manufacture. The first, the ephedrine-based approach, synthesizes the drug from ephedrine or pseudoephedrine. The ephedrine can be derived from the naturally occurring ephedra plant – this method is common in Afghanistan, where it has enabled burgeoning methamphetamine production – but it is primarily synthesized chemically. The second approach is known as the P2P or BMK method, derived from the main chemical used: phenyl-2-propanone or benzyl methyl ketone.[235] The former method is generally considered less technical and is more likely to be used in small-scale clandestine production facilities.[236]

While bulk shipments of chemically synthesized ephedrines have been primarily illegally sourced from countries such as China and India, ephedrine itself can be synthesized from so called 'pre-precursors'. These are chemicals that have legitimate industrial use, such as colourants and lubricants used in the production of plastics, and are not subject to international controls, making them much more accessible to illicit producers.[237] For example, a chemical propiophenone is used to derive ephedrine and pseudoephedrine when combined with other chemicals,[238] such as tartaric acid.[239] The P2P/BMK approach makes it possible to synthesize methamphetamine from a broader range of pre-precursors than the ephedrine-based approach.

The use of unscheduled precursors and pre-precursors (such as methylamine, phenylacetic acid, phenylacetone and propionyl chloride) has become common among methamphetamine manufacturers in Mexico and South East Asia. In August 2024, Myanmar police in the Sagaing region bordering India seized over 1 000 litres of propiophenone, along with over 2 tonnes of ammonium chloride and 13 tonnes of caffeine, transported in vehicles from the India–Myanmar border.[240] This use of pre-precursors creates a significant problem for policymakers and drug control bodies, as these chemicals often cannot be banned due to their legitimate use. The issue exposes the challenges of controlling precursor supply as a tool to disrupt synthetic drug production and trafficking.[241] ■

Fentanyl precursors

Several reported cases indicate that India, along with China, has served as an important supplier of fentanyl precursors to Mexican cartels.[242] There is evidence of Mexican criminal groups outsourcing fentanyl production to India, which has allowed them to shorten the supply chain by setting up a production facility close to the supply of fentanyl precursors. In 2018, the DRI dismantled a drug trafficking operation involving Indian nationals and a Mexican associate linked to the Sinaloa cartel and seized 9 kilograms of fentanyl illegally manufactured in a legal chemical production facility in Indore, Madhya Pradesh;[243] the company director was convicted and sentenced to 20 years in prison, according to court documents.[244] Indian law enforcement believe that the fentanyl was destined to be shipped to Mexico concealed in passenger luggage on a commercial flight.[245]

While limited clandestine fentanyl production does occur in India, large volumes of medical fentanyl and precursors are illicitly shipped abroad by private sector actors. India-based actors both partner with Chinese organized crime groups and work independently to supply the global demand markets.[246] According to *The Hindu*, in 2019, Mumbai Police's Anti-Narcotics Cell arrested the director of a Gujarat-based pharmaceutical company, which allegedly illicitly exported fentanyl precursors to an Italian firm;[247] 100 kilograms of fentanyl were seized during the operation.[248]

Also in 2019, India regulated both key fentanyl precursors, NPP and ANPP; however, the enforcement is assessed by some sources as insufficient.[249] Moreover, unlike China, the government stopped short of introducing class-wide controls on fentanyl, which would prohibit the illegal production and sales of all current and future fentanyl analogues.[250] Thus, Chinese companies have increasingly sought to outsource the last stage of fentanyl production abroad: first to Mexico and later on to India.[251]

India-based manufacturers continue to produce NPP legitimately; indeed, India is the second-largest exporter of NPP after France, while the US and the UK are the two largest importers.[252] It is precisely the dual nature of precursors like NPP and ANPP, which have legitimate uses, that makes curbing diversion and clandestine manufacturing challenging. In October 2025, a large India-based manufacturer of generic medicines was exposed for offering to supply a US-based commercial buyer with NPP. The company allegedly provided export assurances and promised that the shipment would pass customs control.[253] This case prompted a series of punitive actions on behalf of the US government, including indictments and visa revocations,[254] against Indian commercial actors for their alleged involvement in fentanyl trafficking.[255]

To ship fentanyl precursors to foreign customers, companies typically mislabel them as 'industrial intermediates' or other similar categories in order to avoid customs scrutiny. The shipments may be further rerouted through a third country before reaching the demand markets in the US.[256]

Diversification of precursor supply

India and China have often played complementary rather than competitive roles in the supply of precursor chemicals.[257] As substances become more regulated and difficult to produce in one country, criminal groups often seek to take advantage of a looser regulatory regime in another. As the Indian government pushed to regulate ketamine in the mid-2010s, Chinese producers emerged as an alternative source. This dynamic ensures an uninterrupted supply of illicit drugs and precursor chemicals to global demand markets.

While China and India have long been considered among the largest global sources of chemical precursors to drug-producing criminal networks, the pool of precursor suppliers has grown. For instance, Mexican drug producers can obtain fentanyl precursors from a broader range of suppliers, including China, India, Germany, Guatemala and the US.[258] Following the structural shift in synthetic drug production towards the use of unrestricted pre-precursors, the list of potential suppliers has further increased. For example, in 2024, the largest global exporters (in terms of export value) of methylamine – a crucial precursor for synthesizing methamphetamine[259] – included Belgium, India, the EU, South Korea and the US.[260]

Despite this increasing diversification of the precursor supply, India is likely to continue to play a significant role due to a combination of factors that are difficult to replicate elsewhere: its vast chemical and pharmaceutical sectors, which provide easy access to chemicals and equipment and can exert influence on local politics, the large demographic of chemists and other specialized labour forces who often struggle to access licit employment opportunities, and India's advantageous geographic location, which makes it a crucial node in the global trade flows.

TRAFFICKING DYNAMICS

Synthetic drugs are trafficked to, through and from India by land, sea and air. Traffickers often repurpose established smuggling corridors (such as routes historically used for heroin), but they also adapt quickly when conditions change in response to enforcement pressure and external factors, for example, the disruptions to Red Sea shipping following the Houthi attacks. Organized crime groups exploit pre-existing vulnerabilities in the transport and logistics system: the sheer volume

FIGURE 13 Transnational synthetic drug and precursor flows from, to and through India.

of commercial traffic, tolerance for corruption and the limited resources available for inspection and investigation. These dynamics are reinforced by cross-border partnerships, with Indian and foreign criminal actors cooperating across routes and markets: for instance, Indian nationals are frequently among those arrested in connection with intercepted maritime consignments. The sections that follow outline key transnational trafficking dynamics relevant to India across three domains: maritime trafficking, air trafficking and online illicit drug markets.

Maritime trafficking: high-volume shipments

India's vast coastline presents significant risks, facilitating trafficking in container ships and fishing vessels.[261] In 2023, the Indian government estimated that between 60% and 70% of illicit drugs were smuggled into India by sea,[262] traversing the Arabian Sea and the Bay of Bengal.[263] Maritime routes are primarily used to transport heroin, methamphetamine and cannabis dispatched from Pakistan's Makran coast; heroin and methamphetamine from Myanmar; cocaine from Latin America transiting India and Sri Lanka on the way to Western demand markets; and precursors and illicit pharmaceuticals trafficked from India to international demand markets in shipping containers.

The increasing shift of drug trafficking operations into the maritime domain followed enhanced enforcement along the land routes since the early 2010s. After tighter controls at the India–Pakistan border choked the supply of Afghan-origin heroin, the illicit shipments were rerouted, passing through Iran over land or utilizing air and maritime routes, often transiting Yemen and East Africa before arriving in India, with African organized crime groups based in India's urban centres coordinating the trafficking operations.[264] The maritime routes originated from the Iranian and Pakistani coastlines, including the Makran and Sindh Coasts – for instance, from the Iranian ports of Bandar Abbas and Chabahar, or Pakistan's Karachi port.[265] The opening of the Gwadar seaport in 2016 has further facilitated maritime trafficking from the Makran coast.[266] The period between 2019 and 2024 saw a near-fivefold increase in maritime drug seizures in India's waters.[267]

Date	Agency/Location	Drug type	Quantity
31.01.2024	Customs Location not specified	Amphetamine	1 165 kilograms
27.02.2024	Narcotics Control Bureau Delhi (seizure location not specified)	Methamphetamine	3 088 kilograms
12.03.2024	Narcotics Control Bureau/Anti-Terrorism Squad/Indian Navy Location not specified	Methamphetamine	60 849 kilograms
28.04.2024	Narcotics Control Bureau/Anti-Terrorism Squad/Indian Coast Guard Location not specified	Methamphetamine	12 kilograms
28.07.2024	Customs Mundra, Gujarat	Tramadol	6 878 000 units
28.10.2024	Customs Mundra, Gujarat	Tramadol (injections)	1 000 units
15.11.2024	Narcotics Control Bureau/Indian Navy/ Anti-Terrorism Squad Gujarat	Methamphetamine	569 345 kilograms
25.11.2024	Indian Coast Guard/Andaman Police	Methamphetamine	6 016 kilograms

FIGURE 14 Maritime seizures of synthetic drugs by all drug law enforcement agencies in India, 2024.

SOURCE: Indian Narcotics Control Bureau

Since its opening in 2016, the Gwadar seaport in Balochistan has further entrenched the role of the Makran coast as a major maritime drug corridor – an estimated 60–70% of the illicit drugs entering India now arrive by sea. *© Asim Hafeez/Bloomberg via Getty Images*

Originally, the drug shipments were believed to be transiting India on the way to consumer markets in Europe, North America and West Africa. However, India's domestic consumption market has steadily grown.[268] As the global methamphetamine economy expanded, traffickers began using the heroin routes to smuggle synthetic drugs. The primary smuggling method initially involved mid-sea transfers, which saw the illicit shipment transferred from a mothership to small fishing boats in international waters.[269] Once close to the shore, the drugs were sometimes transferred once again into dinghies, which brought the illicit shipment to the shore. In other cases, drug consignments were left at sea, where they could be picked up by small boats using GPS coordinates to locate them.

As traffickers sought to take advantage of less-patrolled areas of the Indian Ocean, new routes emerged off the coasts of Sri Lanka and in the southern Maldives.[270] Smugglers moved drugs in dhows from the Makran coast, arranging mid-sea transfers to vessels from Sri Lanka and the Maldives. In some cases, drugs were transported onwards to South East Asia or India's eastern coast. Dealers based in India and the UAE with close ties to traffickers in Pakistan and Afghanistan have been linked to illicit drug shipments through Sri Lanka.[271] The southern state of Kerala has emerged as an important transit point for onward trafficking to the Maldives and Sri Lanka, partially explained by the strong ties with the diasporic population in the Gulf states.[272] Similarly, Chennai – the capital of the southern Tamil Nadu state, located on the Bay of Bengal – represents another long-standing transit point for Sri Lanka-bound flows, as well as for the trafficking of drugs in containerized cargo destined for Indonesia and Malaysia.[273] While dhows have frequently been used to transport drugs from the Makran coast to India, flagged vessels have also become a common trafficking method. In November 2024, Indian law enforcement intercepted Sri Lanka-flagged fishing boats carrying 500 kilograms of crystal methamphetamine.[274]

In recent years, previously uncommon commingled maritime shipments transporting both heroin and methamphetamine in vessels departing from the Makran coast have become more widespread.[275] While some criminal networks operating in Sri Lanka reportedly specialize in a specific drug type, others are involved in poly-drug (such as cannabis, heroin and methamphetamine) and even poly-criminal trafficking, as they engage in the smuggling of liquor and other illicit consumer goods.[276] In October 2025, an operation by Sri Lanka's navy resulted in a seizure of 670 kilograms of methamphetamine, along with 156 kilograms of heroin and 12 kilograms of hashish, packed in bags and abandoned at sea.[277]

Since around 2020, the use of shipping containers for drug trafficking has become more common.[278] Following large seizures of drugs at India's ports in 2021, the home affairs minister, Amit Shah, urged port authorities to check all cargo containers for contraband, instructing privately owned ports to purchase scanners and other necessary equipment and engage canine units.[279] However, the demand appears unrealistic, given the large volume of trade passing through India's maritime gateways and the constrained capacities of law enforcement agencies. A former law enforcement officer estimated that one out of 10 containers was being checked by the customs authorities at ports.[280]

Flows from Myanmar

The pandemic-induced disruptions to traditional drug trafficking routes by land and air have further contributed to the rise in maritime drug trafficking in the Indian Ocean, with the Bay of Bengal and the Andaman Sea becoming key arteries for illicit drug flows, primarily heroin and methamphetamine destined for demand markets in South East Asia and the Pacific. Their high-travelled waters are sparsely policed, with countries beyond India and Thailand having only limited capacity for maritime surveillance.[281] While Myanmar-origin methamphetamine continues to enter India overland through its north-eastern provinces, India's waters (the inland waterways and the sea routes)[282] are likely to be used for the onward journey of the drugs to the Strait of Malacca and the South China Sea.[283]

In November 2024, in the largest maritime seizure to date, the Indian navy seized 5.5 tonnes of methamphetamine from a Myanmar-origin fishing trawler near India's Andaman and Nicobar Islands,[284] destined for Thailand.[285] The smugglers used a Starlink device (a portable kit used to access high-speed internet through the Starlink satellite internet service provider) for communication and navigation in the international waters.[286] The case revealed the vulnerability of the Indian navy in policing the more remote parts of its waters and led the Indian government to build up its naval presence in the Andaman and Nicobar Islands. As a result, the islands are becoming a base for maritime surveillance of the waterways connecting South Asia and South East Asia.[287]

While maritime seizures off India's eastern coast suggest that the country has become embedded in the Mekong methamphetamine economy, this dynamic is poorly understood due to the focus of international observers on the eastward flows from Myanmar.[288]

Drug trafficking through India's ports

Several major seizures of synthetic drugs in 2024 occurred at the Mundra port, the largest commercial port in India owned by the Adani Group.[289] In 2022, a member of the Indian National Congress (or 'Congress', a party in opposition to the ruling Bharatiya Janata Party) brought attention to Gujarat having become a 'gateway of drugs in India' and questioned the role of the Mundra port authorities in allowing drugs from western Asia to enter India.[290] Congress members condemned Gujarat's role as an entry point and a manufacturing hub for illicit drugs, citing widespread corruption as an enabler of the illicit drug economy.[291] Several sources interviewed by the GI-TOC claimed that newly installed scanners at Mundra's port were not operational for nearly three weeks after deployment. While the GI-TOC could not verify these statements, interviewees in Bhuj and Mundra, Gujarat, alleged that some local hospitality businesses may be involved in regional drug trafficking.[292] Several interviewees implied the involvement of predominantly Muslim communities living in the proximity of Mundra's port, alleging that some actors maintain ties with traffickers operating along the Makran coast; however, these claims could not be verified and should be treated with caution given the potential for bias among respondents.[293]

FIGURE 15 Main seaports in India used in the synthetic drug trade.

In 2021, following a seizure of around 3 tonnes of heroin at the Mundra port, the Adani Group banned exports and imports to and from Afghanistan, Pakistan and Iran through its ports. However, the short-lived ban was lifted after the Indian government challenged the Adani Group's authority in making unilateral decisions about the country's trade partners.[294]

The lack of investigation into the Adani Group's role in the drug trafficking through its port has attracted criticism from Congress members.[295] A spokesperson for the All India Congress Committee (the central decision-making body of India's Congress party) questioned the government's strategy to address the smuggling of drugs, weapons and counterfeit currency from western Asia, asking: 'Are

these revelations [about maritime drug seizures along the Gujarat coast] just the tip of the iceberg? Is this an instance of 10 consignments being let go and one being caught just to show that the agencies are working and to ensure "perception management"?'[296]

Trafficking by air

Globally, most synthetic drugs are believed to be trafficked by air.[297] While air cargo is used for trafficking larger quantities of drugs (for instance, this method is often used to traffic precursors), smaller quantities are typically smuggled by air passengers serving as couriers (often referred to as 'mules') or through international courier and postal services.

Smaller quantities of drugs are often trafficked into India by mules, as indicated by arrests at international airports. Drugs are typically concealed in the passenger's luggage and, in some cases, directly transported by the courier in their clothes or bodies. While Indian nationals were often apprehended in South Asia for acting as drug mules in the early 2010s, by 2020 the share of mules from South American (notably Brazil), European and Gulf states had risen.[298]

Although cases of cocaine and hydroponic cannabis smuggling using drug mules are more commonly reported in the media, cases of synthetic drugs trafficked by air couriers do occur. For instance, in July 2025, law enforcement seized over 1.2 kilograms of MDMA from a passenger arriving from Muscat, Oman, in Kerala's Thiruvananthapuram airport. The individual transporting the drug in his luggage was an Indian immigrant worker in the construction sector in Muscat.[299] African nationals also continue to be arrested for their involvement in transporting drugs as mules. In March 2025, two South African women were apprehended for carrying over 37.8 kilograms of MDMA on a domestic flight from Delhi to Bangalore, Karnataka. In the year leading up to their arrest, the women had taken the same flight 37 times; they had also reportedly trafficked the drug by air to Mumbai, travelling using forged documents.[300] Another recent case saw an Indian national carrying 19 packets collectively containing just under a kilogram of crystal methamphetamine arrested at the Calicut International Airport in Kerala upon arrival from Muscat.[301] What the latter two cases point to is that organized crime groups are increasingly using women – both Indian and foreign nationals – as mules. This targeting of women is due to an intersection of socio-economic factors, such as higher economic vulnerability, structural gender inequality and gendered stereotypes, which criminals seek to exploit.[302]

In addition to air routes using passenger traffic, the smuggling of drugs using courier and postal services has been growing both in India and globally, facilitated by the rise of e-commerce during the COVID-19 pandemic. As traffickers sought to take advantage of the ease of shipping, lower detection rates and lower penalties, postal drug seizures have risen dramatically since 2020 – in the UK, they surged by 245%.[303] The small-volume, high-frequency model allows illicit actors to both lower the risks of detection and cut losses. Postal shipments have become a widespread mode of transportation of illicit drugs in South and South East Asia, as evident from the rising seizures in such transit countries as the Maldives.[304]

In India, the small-parcel method is used for trafficking small quantities of both plant-derived and synthetic drugs as well as illicit pharmaceuticals, often hidden in consumer items such as clothing and cosmetics.[305] Smugglers typically use fictitious information, such as false names and addresses. India's law enforcement has taken steps to increase cooperation with courier companies to improve monitoring and detection.[306] However, despite the widespread recognition of the issue, research into the smuggling methods and concealment techniques used in small-parcel trafficking remains scarce.

Online illicit drug markets

In July 2025, the NCB dismantled a dark web network known as 'Ketamelon' as part of an INTERPOL-led operation code-named 'Lionfish-Mayag III'.[307] The network derived its name from the drug ketamine and is believed to have been primarily involved in the online sale of party drugs. Transactions were carried out using cryptocurrency. According to media sources, small quantities of drugs were shipped in postal parcels to destinations across Indiaand abroad,[308] including to the Netherlands and the UK.[309] At the same time, Ketamelon sourced LSD from abroad, including from a UK-based supplier known as Dr Seuss, allegedly 'the largest LSD source in the world', according to the statement by the NCB.[310]

While the authorities have arrested several individuals linked to the criminal operation, the extent to which the network was organized and the nature of its links to the UK are not immediately clear. However, the case is illustrative of changes in the dynamics of the synthetic drug trade in India, where the market for party drugs has come to rely heavily on digital markets, cryptocurrencies and small-parcel shipments. At the same time, the case has demonstrated the merits of international cooperation through INTERPOL and the collaboration with digital platforms (the largest cryptocurrency exchange, Binance, supported the financial investigation) in countering the illicit trade.[311]

India has seen a rise in technology-enabled illicit drug markets, with some sources suggesting that as much as 65% of all drug transactions take place using online platforms and encrypted messaging applications.[312] While it is likely that this estimate includes face-to-face sales arranged using online channels (for example, through social media or encrypted messaging applications), international synthetic drug sales are increasingly spreading online. Such transactions are enabled by three key pillars: digital platforms (darknet and surface web platforms, social media and messaging apps), cryptocurrencies, and the use of small-parcel services for illicit shipments. Most online drug sales in India involve all three of these elements.

India first recorded a darknet drug transaction in 2015. Law enforcement found that a group of Indian nationals were procuring party drugs such as MDMA and LSD from a supplier in Germany and selling them to college students in Bengaluru.[313] A study of India's darknet drug sales between 2015 and 2021, published in 2023, analyzed 11 cases primarily involving party drugs, as well as smaller quantities of cocaine and cannabis.[314] While the selection is based on cases reported by Indian law enforcement and cannot be considered representative of all online drug transactions, it is worth considering key similarities across the cases under consideration.

Most cases took place in relatively large urban centres and involved individuals aged between 20 and 35. The Indian media refers to this demographic of young, technology-savvy, opportunistic illicit online operatives, who often have a background in software engineering, as 'techies'.[315] Most cases involved illegally procuring drugs from European states such as the UK, the Netherlands and Germany, or from the US, and selling them locally. However, at least one case considered in the study involved the reverse flow of drugs from India to markets in the US, UK, Spain and Romania, among other destinations.[316] The vendor marketed his products on well-known dark web marketplaces such as The Majestic Garden, which used to be the largest LSD dealer on the dark web,[317] and The Empire Market, which engaged in the sales of a range of illicit commodities, including methamphetamine, LSD, heroin and cocaine, until it went offline in 2020.[318] The transactions were made using cryptocurrencies, including Bitcoin, Litecoin and Monero, and shipped to international customers using postal and courier services; the vendor used encrypted messaging platforms such as WhatsApp and Wickr to communicate with buyers.[319] The individual arrested in 2020 in connection with the case was 21 years

old and had reportedly entered the illicit drug market several years prior through an acquaintance operating an online pharmacy. According to law enforcement authorities, he had allegedly started by organizing the deliveries of erectile dysfunction medicines and fitness supplements, before expanding his portfolio to other illicit pharmaceuticals,[320] such as tramadol, alprazolam (sold under the brand name Xanax) and zolpidem (Ambien).[321]

While the Indian media may inflate the significance of such cases, the 'techies' are likely to represent low-level, opportunistic vendors who operate as part of a small group. Such actors take advantage of the inability of the customs authorities to inspect parcels due to the sheer volume of international trade and parcel traffic. While low-level smugglers exploit a regulatory loophole, their impact is limited: they are unlikely to maintain ties to organized criminal networks, enjoy political protection or engage in violence.

The expansion of the drug trade into the digital sphere has lowered the barriers to entry and produced a large number of individual entrepreneurs who are able to sell directly to customers without the involvement of intermediaries. However, while darknet marketplace operators apprehended by law enforcement are often young, opportunistic and inexperienced, the high-level actors are more likely to profit while still remaining anonymous.

Bulk sales of illicit synthetic drugs and precursors

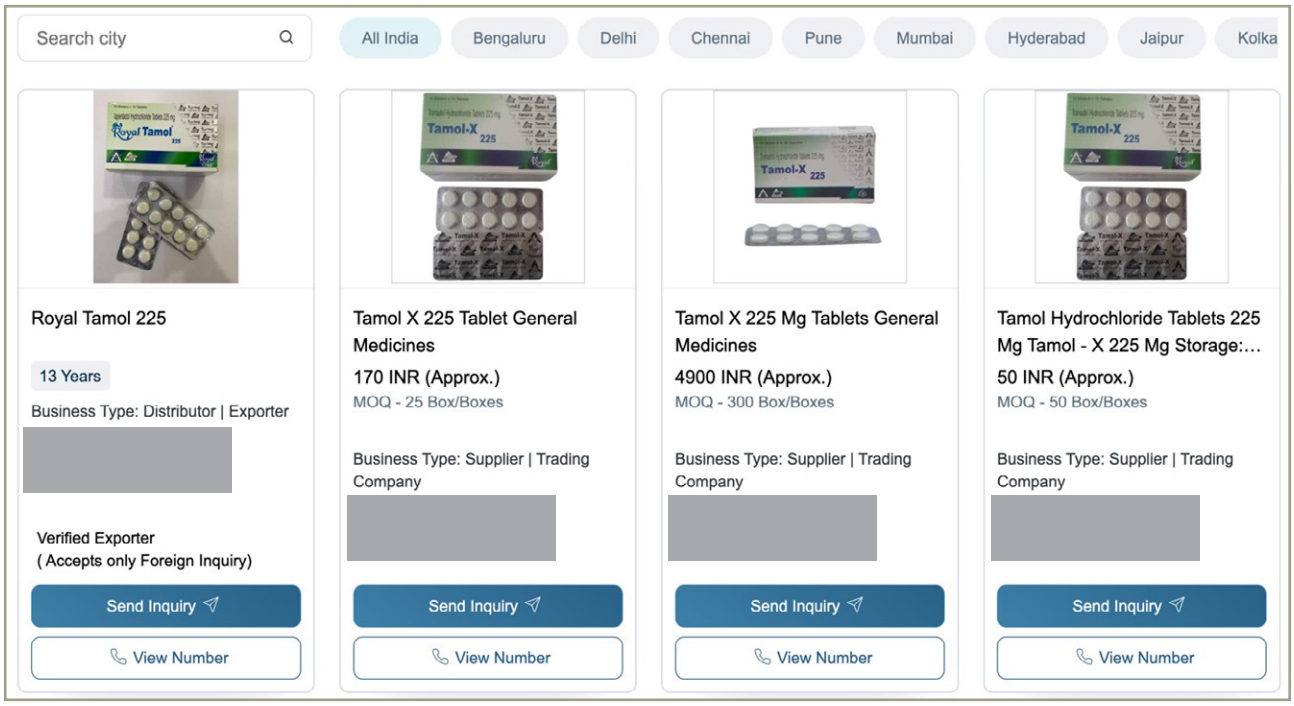
In the global context, online drug markets predominantly cater to retail consumption needs, meaning that those who purchase drugs online are mostly doing so for personal consumption. However, sourcing drugs online with the intention to resell also takes place. For instance, a study in Scotland found that about a third of seized parcels contained larger quantities of drugs (above 500 grams or units) – this is too much for personal use and therefore more likely intended for distribution or social supply.[322] Online markets can also be used to source larger amounts of illicit pharmaceuticals and precursor chemicals. The UNODC found that precursors used in the manufacture of methamphetamine, MDMA and synthetic opioids are often marketed as 'pharmaceutical intermediates' both on darknet and surface web platforms in South East Asia.[323]

The INCB has repeatedly drawn attention to the illicit sales of precursor chemicals and drug manufacturing equipment on the surface web.[324] A wide range of scheduled and unscheduled precursor chemicals are marketed on online e-commerce and social media platforms – including those that have no legitimate uses (sometimes referred to as 'designer precursors').[325] Online marketplaces, which have become commonplace in India, market medical products and precursors, often sold as pharmaceutical raw materials and ingredients or chemical supplies. A search of a small sample of India-based online marketplaces revealed the sale of prescription drugs, including tramadol with a higher amount of active ingredient than the legal threshold of 100 milligrams (see image), ketamine, mephedrone, fentanyl citrate, 4'-hydroxy nitazene, as well as pseudoephedrine, ephedrine powder, methylamine and several other controlled substances.[326]

Following the investigation by Bellingcat, which revealed that nitazenes are advertised online on at least one India-based marketplace, the Indian authorities have examined the role of India's largest B2B marketplace in facilitating the sale of controlled substances,[327] including other illicit pharmaceuticals such as tapentadol and nitrazepam (a benzodiazepine).[328] In India, online marketplaces can leverage their status as intermediaries rather than sellers, arguing that they only provide platforms for vendors rather than selling goods to customers. This means that the 1940 D&C Act, which prohibits the

manufacturing and sale of misbranded, adulterated, or spurious drugs, does not apply. Instead, companies are protected under Section 79 of the 2000 Information Technology Act, which guarantees intermediaries, such as online marketplaces, immunity from liability for content published by a third party using their service.[329]

This legal loophole allows online marketplaces and e-pharmacies to evade accountability for providing a platform for the sale of illicit pharmaceuticals and precursors. Such online retail platforms are difficult to regulate and enforce against, as they market licit and illicit goods alongside one another. Regulations governing controlled substances are often challenging to navigate and the legality of the products on offer may not be immediately clear. For instance, consumers may not be aware that they are purchasing a pharmaceutical product that contains a higher amount of active ingredient than legally permitted. New pharmaceutical formulas emerge when one substance is controlled, as seen in the example of proliferating tramadol analogues. This provides online retailers the plausible deniability needed to continue navigating the grey area between legitimate and illicit products.



Tamol X 225 tablets for sale online. Instead of the listed ingredient of tramadol, Tamol X 225 tablets were found to contain a mixture of tapentadol and carisoprodol (a muscle relaxant). Tapentadol, which is more potent than tramadol, is a controlled drug in India, but the dosage of the active ingredient cannot exceed 100 milligrams for tablets and 200 milligrams for extended-release tablets.[330]

RESPONSES: GAPS AND VULNERABILITIES

In recent years, the Indian government has placed growing emphasis on tackling illicit synthetic drug markets. This elevation of the threat perception is driven by a combination of factors, including the increasing proliferation of NPS and digital markets and the growing number of dismantled clandestine labs manufacturing methamphetamine, mephedrone and other synthetic drugs.[331] International pressure has also contributed to the heightened sense of urgency, including moves to tighten controls on fentanyl precursors following punitive action by the US against suppliers linked to fentanyl precursor trafficking.

The Indian government has taken steps to tackle illicit synthetic drug markets, for instance, by establishing a centralized Narco-Coordination Centre (NCORD) mechanism for enhanced information sharing across central and state drug enforcement agencies and other relevant stakeholders, and setting up a dedicated Anti-Narcotics Taskforce (ANTF) in each state and union territory.[332] At the same time, observers have raised concerns that counternarcotics efforts may become politicized at state level. This lack of central oversight is also clear in the pharmaceutical sector, where licensing is handled by state drug controllers and information is not routinely shared across jurisdictions.[333] Corruption remains an enabler, particularly where regulators and enforcement bodies are vulnerable to influence from private-sector actors in the pharmaceutical industry.[334]

One of the biggest constraints on effective responses to the growing synthetic drug threat in India is the weak evidence base. National drug-use surveys are not conducted regularly and, in the absence of independent drug testing, policy and operational assessments often depend heavily on seizure statistics. Yet seizure data is a poor proxy for market activity, as research has repeatedly shown.[335] In 2024, roughly 40% of all seizures made by Indian law enforcement were of cannabis, and just under 40% were seizures of opiates.[336] Synthetic drugs are likely to be undercounted in official figures even as government concern about their growth is reflected in public statements and counternarcotics policy. Observers also note that for a significant share of seizures – potentially up to a third – no meaningful information is recorded on sources or distribution networks.[337] These information gaps increase the risk of misreading the threat landscape, resulting in responses that risk missing priority harms and misallocating scarce resources.

The NDPS Act – the main legal basis for India's counternarcotics enforcement – sets out a broad framework, but in practice it functions largely as a punitive tool.[338] Although it includes provisions intended to avoid criminalizing drug consumption, people who use drugs are still frequently treated

as offenders.[339] While the NDPS Act has been refined over time – for instance, the 2001 amendment introduced differentiated sentencing for small and commercial quantities of drugs – it requires further updating to reflect the online dimension of today's trade.[340] Illicit actors also exploit gaps and constraints within the wider legal environment for communications and online activity, including the Indian Telegraph Act (1885) and the Information Technology Act (2000), which can limit lawful interception of encrypted communications and leave loopholes that platforms can use to market controlled substances. Reform is needed to align legislation with the current threat landscape and reduce opportunities for criminal misuse, but any changes must be designed with clear safeguards to protect individual privacy rights.

Regulating India's chemical, textile and pharmaceutical sectors remains a major challenge. Although the NDPS Act provides a robust legal framework to prevent diversion of precursors and pharmaceuticals, implementation is uneven and the pace of market adaptation is high. In 2023, India's Central Bureau of Narcotics launched a unified online portal to streamline licensing, export authorisations, and other documentation for suppliers of NDPS-controlled substances and precursors, supporting legitimate trade.[341] These are important steps, but the core difficulties persist: illicit actors rapidly shift to alternative substances, including chemicals not covered by international controls, and increasingly rely on non-scheduled pre-precursors. The use of non-scheduled chemicals as pre-precursors (for example, tartaric acid and propiophenone in the manufacture of ephedrine) underscores the need for sustained cooperation between the government and industries that manufacture and trade non-scheduled chemicals.[342]

Indian Border Security Force officers with heroin confiscated at the Pakistan border. Although heroin remains deeply entrenched in India's drug market, authorities have sounded the alarm on the country's rapidly growing trade in illicit synthetics. *© Narinder Nanu/AFP via Getty Images*

CONCLUSION

India has long played a central role in enabling global synthetic drug production as a main source of precursor chemicals, including to the largest methamphetamine producers in South East Asia, West Asia and, more recently, Latin America. India's pharmaceutical sector has further been instrumental in supplying global demand markets for illicit prescription medicines. While India has primarily been at the supply end of these illicit value chains, their impacts have become increasingly visible in the country.

The availability of precursor chemicals, along with a large pool of skilled chemists and pharmacists lacking employment opportunities, has enabled the industrial-scale domestic production of such synthetic drugs as mephedrone and ketamine. While the methamphetamine originating from Myanmar and Afghanistan used to transit India, with only limited domestic consumption concentrated in the border regions, consumption has been growing. In addition, locally synthesized drugs are believed to cater to both foreign demand and India's growing domestic consumption markets. Indian organized criminal groups, which are believed to be the successors of the Mumbai-based mafia-style groups, oversee the production and trafficking of these drugs. With high-level members of such groups based abroad, from the UAE to the UK, these criminal networks are able to transfer the risk to lower-level operators in India.

Insufficient information is available to determine whether, or to what extent, local criminal groups, which appear to be playing a dominant role in the mephedrone and ketamine markets, are also involved in the trafficking of other types of synthetic drugs. Perhaps unsurprisingly, given India's vast and diverse population, the country's synthetic drug market appears to be divided into many spheres of influence, where various actors co-exist. While many organized crime groups operate in a poly-drug environment, the choice of the illicit drug markets they are involved in is often dictated by the drugs' mode of production, trafficking methods, and even the geographic location where the given criminal network operates. Thus, poly-drug specializations are common, with some networks focusing on the trade in party drugs, others primarily running large-scale mephedrone and ketamine production in central India's industrial regions, and yet others trafficking methamphetamine and heroin into India and running production facilities in India's border regions. While some overlaps exist, the supply chains for different types of synthetic drugs – roughly divided into methamphetamine, party drugs, locally produced NPS, and illicit pharmaceuticals and precursors – remain distinct.

India's illicit drug markets depend on the participation of a wide network of enablers, chief among which are private sector pharmaceutical companies and chemical producers. These actors bridge legal commercial operations and illicit drug markets by facilitating – through wilful participation or by turning a blind eye – the diversion of precursors and prescription medicines and the manufacturing

of counterfeit pharmaceuticals, and by colluding with local and foreign criminal actors. Such actors also enable the outsourcing of illegal drug manufacturing by foreign criminal groups to India, allowing these groups to reduce both the operational risks – as the operators are typically based abroad – and costs, as the production can take place much closer to the source of precursors.

The rogue entrepreneur has become a notable figure in India's illicit synthetic drug economy. Such actors are opportunistic and collaborate with a wide range of criminal actors at home and abroad. Rogue entrepreneurs in the pharmaceutical industry can draw on the financial and human resources amassed through legal business operations to prop up a parallel, illegal business. The exposure of multiple pharmaceutical companies that illegally exported controlled substances or manufactured counterfeit medicines attests to this development. However, beyond these resourceful private sector actors, another type of rogue entrepreneur is represented by a young, tech-savvy and mostly urban darknet trader. These individuals are far more constrained in resources; however, the proliferation and increased availability of online illicit drug markets on the dark and the surface web have lowered the barriers to entry and allowed this new class of low-level drug traders to emerge. Both actors – the private-sector operator and the darknet trader – attest to the new illicit drug trade dynamics, in which mafia-style networks do not solely control the illicit drug trade despite having a stake in it.

While the government has taken steps to regulate precursor chemical exports, the ability of producers to rapidly adjust manufacturing processes, as well as the inability of the government to ban dual-use chemicals due to their legitimate uses, presents considerable challenges. At the same time, the increasing controls of the chemical and pharmaceutical producers can harm India's economy and provoke discontent among businesses in this sector, who will seek to lobby for looser controls. Thus, enforcement action is at times perceived as limited or even symbolic and violations usually result in small fines.[343] Moreover, commercial actors have access to lawyers and the funds required to protect themselves legally, and are therefore more likely to evade responsibility for participating in illicit activities.

Conversely, the darknet market operators are more likely to face consequences for their actions, as they typically lack political protection or sufficient resources to access legal aid. These actors may be rendered as criminal masterminds in the Indian media reports, and their arrests may be celebrated as a victory in the fight against synthetic drugs, but the scope of darknet brokers' operations is typically limited, as many engage in small-scale distribution among their extended social circles. While their actions are undoubtedly illegal and harmful, their impact appears limited compared to both the widespread collusion of the private sector companies and the industrial-scale domestic synthetic drug manufacturing.

India's synthetic drug economy represents a multipronged threat, encompassing several distinct supply chains and a wide range of actors, some of whom operate at the intersection of the licit and the illicit spheres. Successful interventions would require a prioritization, on the one hand, of the most pressing issues causing the greatest degree of harm, and on the other hand, those areas where the most impact can be achieved. However, many gaps remain in the understanding of how these illicit supply chains operate, risking a skewed perception of the scope and impact of different synthetic drug markets. This is evident from the secondary sources, which continue to focus on heroin markets despite the evident re-orientation of the illicit drug markets towards synthetic drugs; media and law enforcement reporting that focuses on the foreign actors and threats; and the lack of comprehensive drug consumption surveys and drug testing facilities that could guide more evidence-based policy. While India's government has pledged to make the country drug-free by 2047,[344] the absence of a clear threat picture risks derailing any progress towards combating illicit drug trafficking.

ANNEX: SUBSTANCES SCHEDULED IN 2025

In January 2025, the Indian government updated the NDPS (Regulation of Controlled Substances) Order by adding 18 additional chemicals to Schedule B and Schedule C, which list precursor chemicals that are subject to strict export and import controls, respectively. The substances are considered 'designer precursors', meaning that they have limited to no legitimate use in industry and research.[345]

Number (Schedule B & C NDPS)	Controlled substance	Illegal use
28	4-piperidone	Fentanyl precursor
29	1-boc-4-piperidone	Fentanyl precursor
30	3-4-MDP-2-P methyl glycidic acid, ethyl ester	ATS precursor (MDMA); precursor to PMK
31	3-4-MDP-2-P methyl glycidic acid, propyl ester	ATS precursor (MDMA); precursor to PMK
32	3-4-MDP-2-P methyl glycidic acid, isopropyl ester	ATS precursor (MDMA); precursor to PMK
33	3-4-MDP-2-P methyl glycidic acid, butyl ester	ATS precursor (MDMA); substitute for PMK
34	3-4-MDP-2-P methyl glycidic acid, isobutyl ester	ATS precursor (MDMA); substitute for PMK
35	3-4-MDP-2-P methyl glycidic acid, sec-butyl ester	ATS precursor (MDMA); precursor to PMK
36	3-4-MDP-2-P methyl glycidic acid, tert-butyl ester	ATS precursor (MDMA); precursor to PMK
37	P-2-P methyl glycidic acid	Precursor to P-2-P/BMK (used in methamphetamine production)
38	P-2-P methyl glycidic acid, methyl ester	Precursor to P-2-P/BMK (used in methamphetamine production)
39	P-2-P methyl glycidic acid, ethyl ester	Precursor to P-2-P and methamphetamine
40	P-2-P methyl glycidic acid, propyl ester	Precursor to P-2-P and methamphetamine

Number (Schedule B & C NDPS)	Controlled substance	Illegal use
41	P-2-P methyl glycidic acid, isopropyl ester	Precursor to P-2-P/BMK (used in methamphetamine production)
42	P-2-P methyl glycidic acid, butyl ester	Precursor to P-2-P and methamphetamine
43	P-2-P methyl glycidic acid, isobutyl ester	Precursor to P-2-P (used in methamphetamine production)
44	P-2-P methyl glycidic acid, sec-butyl ester	Precursor to P-2-P (used in methamphetamine production)
45	P-2-P methyl glycidic acid, tert-butyl ester	Precursor to P-2-P (used in methamphetamine production)

FIGURE 16 Controlled precursors (import/export controls).

In April 2025, India introduced further amendments to the NDPS Act, adding several emerging synthetic drugs to the list of controlled substances. These included the synthetic opioid butonitazene, the synthetic cathinones 3-CMC (3-chloromethcathinone) and dipentylone, the ketamine-type dissociative 2-FDCK (2-fluorodeschloroketamine), and the benzodiazepine analogue bromazolam.[346]

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