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Redefining Targets

Towards a Realistic Afghan Drug Control Strategy

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Afghanistan remains the world's largest producer of opium and has an under-reported but growing heroin-use problem. Current drug control policies in Afghanistan lack focus and are unrealistic, driven by headlines rather than evidence. They reflect a need for immediate signs of hope rather than a serious analysis of the underlying causes and an effort to achieve long-term solutions.

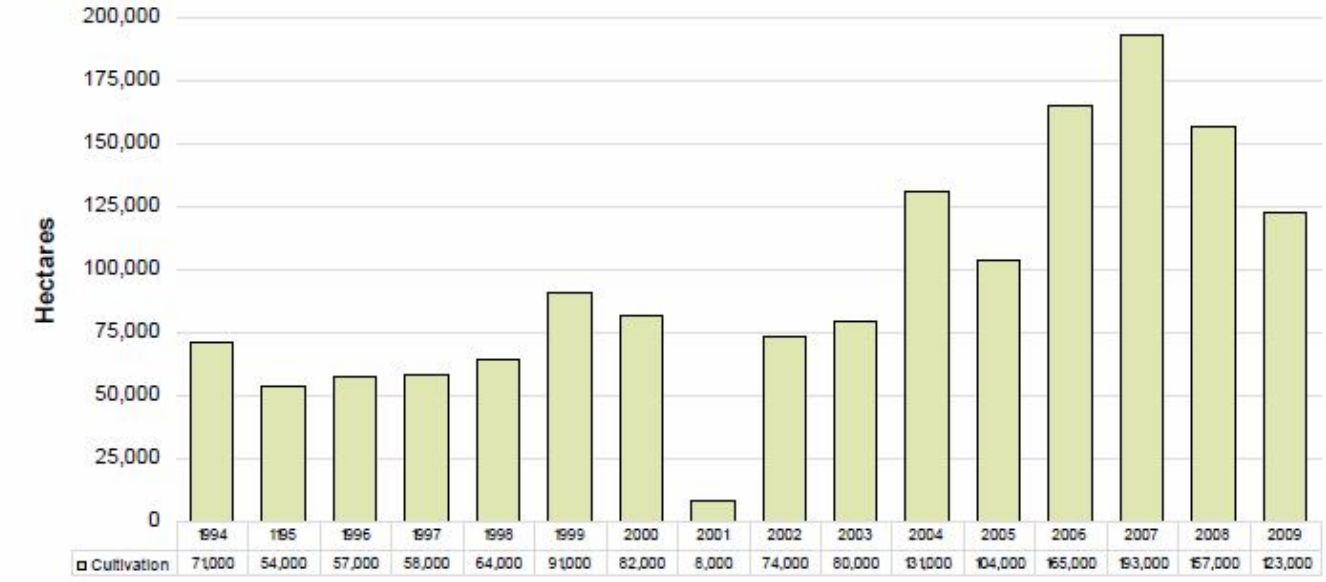
This policy briefing provides an update on drug control efforts in Afghanistan[1] and outlines policy dilemmas on drugs production, trafficking and consumption issues facing Afghan officials and international agencies today. It also reflects concerns and needs of heroin users and –former- opium farmers. Key issues include the chronic absence of coordination of drug control efforts; the foreign-driven and often hypocritical nature of the agenda; and the difficulties in defining realistic drug policy objectives.

Much media attention has focused on the anticipated change in US drug control policy. Eradication efforts have not shown any measurable results. Clearly, more attention needs to be given to the development and viable conflict resolution scenarios. Concretely, however, little has changed. While the end of US support for the controversial central eradication force and pressuring the Afghan government to allow spraying is a most welcome step, there are as of yet no signs of alternative policies. The announced surge in military forces is unlikely to deliver positive effect on drug control as long as the counter-productive effects of their involvement so far are not fully understood and revised.

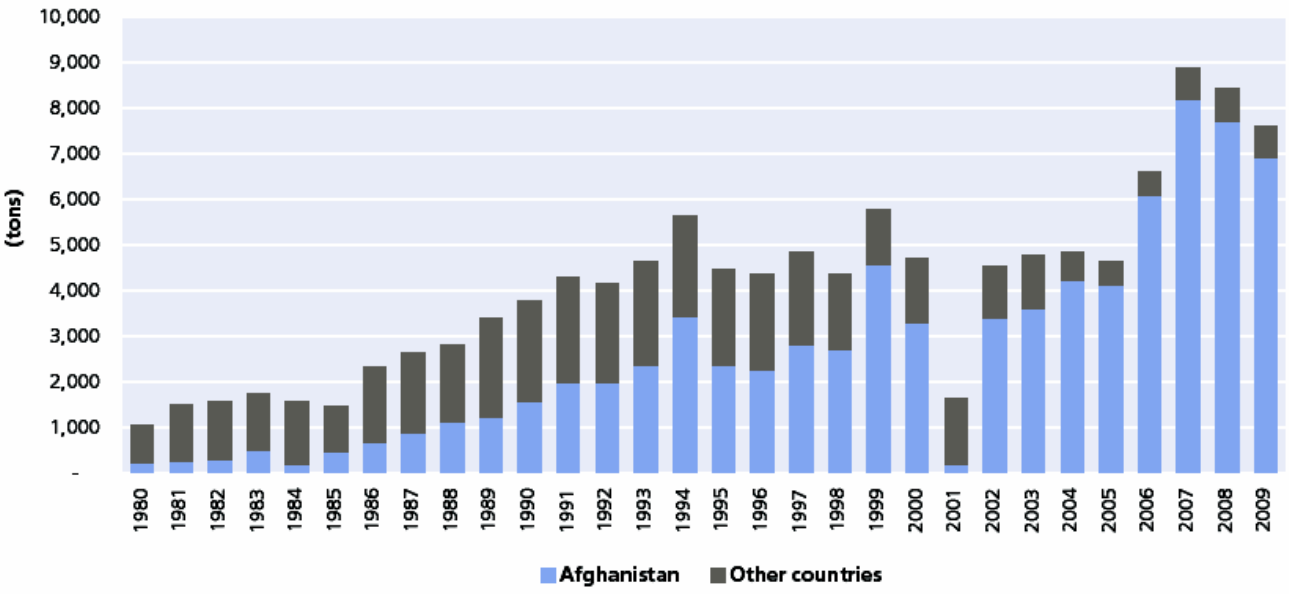
Conclusions & Recommendations

- A more realistic agenda redefining drug control targets is needed. The focus should be on longer-term development and health care, reconstruction and peace-building efforts.
- Annual cultivation levels are not useful indicators for long-term success. Recent reductions are due to market corrections and pressure to comply with opium bans in return for largely unfulfilled promises of assistance, casting doubt about sustainability.
- The use of coercion and force to reduce poppy cultivation will foment more conflict and alienate the population. There should be no eradication and strict implementation of opium bans until small-farmer households have viable and sustainable livelihoods.
- The international community is co-responsible for the culture of corruption and impunity. International practices that have facilitated the growth of that culture should be reviewed.
- Drug policies must be conflict sensitive, recognising the complex links between drugs and conflict, instead of over-emphasising Taliban opium earnings. ISAF forces should not get involved in eradication and interdiction.
- Problematic heroin use in Afghanistan is increasing and more attention is needed to expand quality treatment, rehabilitation and harm-reduction services, including HIV prevention among injecting drug users.
- Better understanding of illicit-drug market dynamics is needed to formulate better policy responses. Supply reduction efforts in Afghanistan will not diminish heroin problems on the global level.

Figure 1: Opium cultivation in Afghanistan (ha), 1994-2009



Global potential opium production, 1980-2009



Source: UNODC *World Drug Report* (figure for 2009 based on 2009 Survey results for Afghanistan and 2008 data for the rest of the world).

THE SECRET OF SUCCESS

"The bottom is falling out of the Afghan opium market", wrote UNODC Executive Director Antonio Maria Costa in the 2009 Afghanistan survey.[2] UNODC estimates annual opium cultivation in 2009 at some 123,000 hectares, representing a 22 percent decrease from last year. Opium production for 2009 was an estimated 6,900 metric tons, representing a 10 percent decrease from 2008.[3] This seemingly optimistic trend needs to be regarded with caution. The recent gains are essentially due to external market factors rather than drug control policies.

Current cultivation levels are still significantly higher than those of ten years ago. A long-term view is needed here. Since 2004, Afghanistan has seen record high opium cultivation levels. During the preceding decade (1994-2003), average opium cultivation was around 70,000 hectares, excluding the Taliban opium ban of 2001. Since 2004

average opium cultivation has more than doubled to around 150,000 hectares. The decline this year is mainly due to decreased cultivation in Helmand province in southern Afghanistan, dropping from 103,000 to 69,000 hectares – still making it the single largest opium-cultivating area in the world.[4]

Another sign of progress, UNODC reports, is the increase to 20 out of 34 provinces that were found to be opium-free, compared to 18 in 2008. "Opium-free" is defined as having cultivation levels below 100 hectares. Achieving opium-free provinces through a mixture of coercion and negotiation with tribal leaders, combined with assistance in development, cash or kind, as practiced in Nangarhar Province, has led to immediate gains but their sustainability is problematic.

The Afghan government's drug control efforts are guided by the Afghan National Drug Control Strategy (NDCS). The NDCS has four priority areas and eight pillars, reflecting many important lessons and practices learned in other parts of the world regarding what works and what does not work.[5] But it suffers from the lack of prioritising and sequencing. It is more a wish list, a model plan applicable in a well-run orderly state. This is not what Afghanistan is. Although the NDCS is officially endorsed by the government and accepted by the international community, there is as yet no integrated and coordinated drug control strategy in Afghanistan. To the contrary, one can argue that there are many different drug control strategies, rising from different opinions regarding goals, strategies and implementation.

These differences exist between ministries in Afghanistan, between the Afghan government and the international community, and between international actors, each favouring their own priorities from the eight pillars. There is also great difference of opinion over how to sequence these pillars. The principal argument has been over the relationship between alternative livelihoods and eradication.

"It goes back to the fundamental problem here", says a Western drug control expert. "There is no cohesive national strategy which everybody signs up to. This is a problem across all sectors. Now each country is doing their own particular brand of development and assistance, in their own areas." A senior Afghan government official confirms that "they all do what they want to do and have their own agenda. No one wants to be controlled by others."

The lack of strategic direction of the NDCS and lack of prioritisation and sequencing of its eight pillars, has seriously handicapped achieving its strategic objectives. Efforts were made to develop strategic and implementation plans for each pillar, but these have not been followed up. Neither is there any geographical prioritisation regarding areas to target first nor a clear sequencing of interventions. For example, should one focus on the largest poppy cultivation areas or those with lower cultivation levels but with greater access to government services?

Given the sheer size of the opium economy, drug-related problems in the country, and the

Measuring Success?

Opium *cultivation* levels, measured in hectares, reflect decisions at the producers' level. Opium cultivation levels depend on decisions of farmers regarding how much of their land and resources they will dedicate to growing opium. Figures on cultivation levels are based on satellite images and ground surveys. They have a significant margin of error, and should be seen as indicators rather than as facts. One expert based in Afghanistan remarked: "Information presented in the UNODC opium surveys is based on anecdotal evidence, but is presented as facts." [6]

Opium *production* levels, measured in metric tons, indicate the output of opium and its derivatives, such as heroin, that will reach the consumer market. Opium production levels also depend on quality of land, availability of irrigation, and weather conditions. Data on opium production levels are even less reliable than cultivation figures as they are extrapolated from the latter, combined with selected field measurements.

limited resources available to address these problems, clear strategic decisions are imperative. Randomly funding the eight different pillars, guided by availability (projects offered) rather then by need (what should be implemented or supported), is more likely to be counter-productive than effective. Without an integrated, coordinated and consolidated approach the impact of the NDCS will be very marginal at best.

Achieving opium-free provinces, as advocated by the Afghan government and the international community, creates its own problems. Provincial governors are encouraged by the government to implement harsh policies. They hope to gain political capital out of it. "The governor of Nangarhar is putting pressure on the tribal elders and he is giving them gifts. These elders have influence over the community," says a senior Afghan government official. "They know how to get mileage from this, it is good for their political ambition."

Being harsh on opium cultivation also brings in money. The Good Performance Initiative (GPI) is a reward – although some call it stimulus – for governors to deliver on drug control. The GPI is aimed at "providing high-impact development assistance to those provinces that have eliminated or significantly reduced poppy cultivation, or demonstrated other effective counter narcotics achievements." [7] The main contributors to the GPI are the US and the UK.

The sustainability of such approaches remains to be proven. Nangarhar province has seen several swings in cultivation. The last mammoth harvest was in 2007. Repressive measures and coercion have not demonstrated much long-term success. Adverse impact of such measures has been felt by poor farmers, sharecroppers and rural wage labourers.[8]

As one report argues: "It would be counter-productive to pursue an increase in the number of 'poppy free' provinces (which may well entail eradication in areas where viable alternatives do not exist) without a clear understanding of the political and economic ramifications of such a move across the different and disparate communities within a province." [9]

DRUG TRAFFICKING AND CORRUPTION

The image of the international community desperately trying to clean up the tarnished reputation of a corrupt Afghan government seems to be the general perception outside the country. Afghans see the international community as equally responsible for, and its reputation equally as tarnished, by the corruption that has flourished in recent years.

Most Afghans, including government officials, consider international concern over corruption to be valid, but hypocritical and unreliable given the history of protection accorded the main culprits by international forces and the high level of corruption associated with foreign aid schemes. A high-ranking ministry official concedes that, "under this government corruption has increased, but some international agencies are just as corrupt." Post-election rhetoric that the international community is no longer willing to give the Afghan government a blank cheque is met with scepticism.

Within Afghanistan, everybody knows the stories about Karzai's brother; allegations against several ministers and governors; and against many former warlords now Western allies, installed as chiefs of border police, able to continue preying on the drugs market without interference. But there are as many stories about Western consultancy companies siphoning off international aid flows with mechanisms similar to those used by Afghan officials. And most see no difference between subcontracting schemes, inflated overheads and consultancy fees and the blunter forms of corruption accessible to Afghan officials.

Restoring the trust requires much more than increased international pressure on Karzai to end corruption in his government. It demands a thorough review of the international practices that facilitated corruptive schemes and that continue to protect criminals who facilitate the political and military agenda of foreign agencies.

Western governments have drawn attention to the Afghan Criminal Justice Task Force's prosecution of major drug traffickers and the expanded NATO mandate to attack the drugs trade, heroin laboratories, opium stocks and major traffickers. But these much-touted interdiction and law enforcement operations to redress drug-related corruption are plagued by political landmines and hypocrisy. There are too many examples of such efforts, the unbiased nature of which has to be questioned, which can serve to caution the international community about its involvement in fighting the higher echelons of the drugs trade in Afghanistan.

President Karzai's April 2009 pardon of five traffickers arrested in a border police truck with more than 120 kilograms of heroin made headlines around the world. The Criminal Justice Task Force had sentenced them to 16 to 18 years but they were released from prison by presidential decree "out of respect" for their families, according to an Afghan official who read the decree to a Boston Globe reporter. One of them was a nephew of Haji Din Mohammad, Karzai's election campaign manager. The five worked as part of a private militia under Haji Zahir, ex-commander of the border police (fired for corruption) in Takhar, a province that borders Tajikistan and a major heroin transit route up north. Zahir's father, former commander Haji Abdul Qader, was Karzai's Minister of Public Welfare during the transitional government until he was assassinated in 2002.[10]

The present vice-president, Marshal Muhammad Qasim Fahim, also has a questionable

reputation. CIA files report he used military cargo planes to transport heroin to Russia when he was minister of defence.[11]

Border police commanders are in an excellent position to traffic drugs or 'tax' transports. Several such lucrative posts have been given to former Northern Alliance warlords, many of them too powerful, too well connected or too useful for counter-insurgency purposes to be removed or arrested. Colonel Abdul Razik, the most powerful Afghan border police officer in the southern part of the country, is a case in point. Razik is a key ISAF ally while controlling the drug trafficking at the crucial Spin Boldak border crossing from Kandahar to Quetta, Pakistan. Referring to both Razik and to Gul Agha Sherzai, governor of Nangarhar and formerly of Kandahar, a recent *Harper's Magazine* article concludes: "A grim irony of the rising pro-Taliban sentiments in the south is that the United States and its allies often returned to power the same forces responsible for the worst period in southerners' memory—the post–Soviet "mujahideen nights." By installing these characters and then protecting them by force of arms, the ISAF has come to be associated, in the minds of many Afghans, with their criminality and abuses." [12]

One can only wonder who is targeted and who is not by the increasingly tough language from NATO about fighting drug trafficking and corruption. The US has even added the names of fifty traffickers with supposed links to the armed insurgency to their military target list, wanted 'dead or alive'. The new policy has angered Afghan officials, including Ali Ahmad Jalali, former interior minister, who said foreign troops must avoid the temptation to independently hunt down and kill traffickers. He said the Afghan government made its own list of suspected drug traffickers. The matter is highly sensitive, he said, because many of the suspects have ties to influential Afghan leaders, while others have served as intelligence assets for the CIA or the Pentagon. "Many of these people were empowered by the international community when they were fighting the Taliban and al-Qaeda after 9/11," according to Jalali.[13] Jean-Luc Lemahieu, Afghanistan country chief for UNODC was succinct in his warning. "Extrajudicial killing is not something you want to see," he said. "Let's be very, very clear. Don't expect the military to do the job of a police officer. It won't work."[14]

In complicated situations in which drugs and conflict are inextricably linked, the temptation is to simplify and blame the enemy for the bulk of the drug trade. This is the tendency in Colombia and Burma, and in Afghanistan often the Taliban are held as primarily responsible. Attacking the illicit trade subsequently becomes linked with the counterinsurgency agenda. But according to the director of an Afghan research institute, "Government officials and police officers are much more involved than the Taliban, after all they hold the positions you need to facilitate the higher-level trade." And many of them are untouchable, not just because of the right family or power connections to the Karzai government, but equally to foreign patronage. The illicit drugs market has long been the only functioning war economy in the country. And as a former CIA officer was quoted: "Virtually every significant Afghan figure has had brushes with the drug trade… If you are looking for Mother Teresa, she doesn't live in Afghanistan." [15]

HEROIN EPIDEMIC AND HIV PREVENTION

While much of the world's attention is focused on the debate about withdrawing or increasing foreign military troops, a largely hidden drama is slowly but inexorably unfolding. The traditional opium-producing and -consuming nation is reorienting toward heroin, as did its neighbours Pakistan and Iran. With that transition comes the looming threat of an HIV/AIDS epidemic triggered by injecting drug use. Several factors are contributing to this shift. Afghanistan is experiencing the return of hundreds of thousands of refugees, many of whom started using heroin in the refugee camps in Pakistan or Iran. And there is the recent influx due to Iran's policy of forced repatriation of drug-dependent refugees and migrant workers. The increase of heroin labs inside the country, which formerly exported almost all

Crystal Heroin

Until some years ago, Afghanistan only produced opium, morphine base and heroin base. The latter is known in Europe as "brown sugar" and is a form of heroin more suitable for smoking and 'chasing the dragon'. To prepare the base for injection, it first needs to be dissolved in an acidic liquid (lime juice for example) and heated in a spoon. In southwest Herat province bordering Iran and Turkmenistan most of the addicts are using 'crystal', a hydrochloride salt form of heroin. It gives a quicker rush and dissolves more easily in water for injection. Crystal is sold on Herat streets for 50 afghanis (one dollar) for a package of roughly 0.5 gram, the same price as heroin base, and most users need two or three per day. The quality is low and it is mixed with pharmaceuticals. Users complain that something used in the processing of crystal causes urinary track infections and hinders the healing of injection wounds.

The exact composition and quality of the various forms of heroin available in the Afghan bazaars is unknown. The Counter Narcotics Police of Afghanistan only recently upgraded its forensic laboratory to enable content analysis. The first tested samples of crystal heroin from Herat proved to be a mixture of heroin hydrochloride with phenolphthalein, formerly used as a laxative until removed from the market due to concerns over carcinogenicity and now only used as an acid or base indicator. Other heroin samples revealed the presence of caffeine, paracetamol and chloroquine (an anti-malarial drug) as cutting agents.[16] Users themselves often combine heroin use with certain antihistamines (allergy suppressing drugs) that have an opiate-potentiating effect such as chlorpheniramine (Avil); opioid painkillers like pentazocine (Sosegon); or benzodiazepines like diazepam (Valium).

Smoking 'crystal' (Photo: Tom Kramer)

There is much confusion among users about crystal, sometimes also referred to as 'crack'. Consumers aren't sure what it is or what it is cut with. Nor do they always experience the same effects. In Iran, it started appearing on the market about five years ago: small off-white rocks of heroin salt mixed with caffeine and probably pharmaceuticals. The rocks can be dissolved in water and injected or vaporised and inhaled. According to some sources, the caffeine lowers the vaporising temperature. Most 'smokers' simply heat a piece of iron wire and hold it against the rock, which immediately starts to vaporise, and inhale the smoke. In Kabul, crystal has also appeared on the market, while in Nangarhar in the east towards the Pakistan border, heroin users have heard of it but say they cannot afford it as it is double or triple the price of heroin base. Crystal use seems to have initiated in Iran, where most heroin users in Herat first started their use while there as war refugees or looking for work. Many of them were caught using heroin by Iranian police and then deported back to Afghanistan.

the raw material for processing to Pakistan and Turkey, has ensured ready availability of various types of heroin on the local market.

Some harm reduction services supported by the World Bank and the Global Fund have recently started to operate in Kabul, Herat, Jalalabad and some other main cities. Herat province, bordering Iran in the southwest is one of the most affected areas. As a frequenter of the daytime drop-in centre explains: "For us this is like home, we can take a shower, wash our clothes and relax". He had fled to Iran with his family after fighting took place in his hometown in Uruzgan. In Iran he started to use drugs, first

opium, then "crystal" heroin (see text box). "This is also a school for us", he adds, "we learn about HIV/AIDS, hepatitis and other blood-borne infections, about safer injection methods and how to decrease the quantity and frequency of our drug use. I only use 30 percent now compared to what I took before". But, he stresses, "we have no place to go at night and there is no male centre for treatment." [17] Outreach workers from the centre, run by the Shahamat Health and Rehabilitation Organisation, also pay daily visits to where heroin users hang out on the streets, to distribute clean needles, advise about HIV prevention and provide basic emergency health care.

Many of the men's stories in Herat are similar. Most started using drugs in Iran, were arrested there for drug use or for illegal residence, and deported back to Afghanistan by Iranian police, often leaving their families behind. They want to go back, but it costs about a thousand dollars to be smuggled across the border. And they want treatment, but earlier this year German and British government funding for demand reduction ceased and the existing small centres were closed down. At the time there was already a waiting list of over two thousand in Herat alone.

Today the only available option for male users is two private clinics, but they charge a 10,000-afghani fee ($200), an impossible sum for those surviving on the streets by begging, garbage collection or petty crime. In Herat since April 2009 only one small 45-client treatment centre exists for women and children, supported by the Colombo Plan and US funding through the Ministry of Counter Narcotics. Most women heroin users followed their husbands into drug use, or started self-medicating with opium for illness or psycho-social traumas related to either the armed conflict or domestic violence, and later moved on to heroin.

Herat's government has requested the central government to start four treatment centres for male drug users, but so far nothing has happened. There is a chance that UNODC will establish a small centre for male users there next year. The heroin epidemic requires urgent attention from international donors.

Quality treatment and rehabilitation facilities are almost non-existent and very basic low-cost services that could save many lives, like night shelters, are at present not considered donor priorities.

While hepatitis infection rates are already high among injecting drug users, HIV prevalence figures remain low compared to other Asian countries. Systematic testing or reliable data do not exist but health workers estimate HIV prevalence figures among injecting drug users around 5 to 10 percent (relatively low compared to some areas in Burma for example where prevalence rates among heroin users have reached 90 percent).

Perhaps, if harm reduction is increased, there may still be enough time to prevent a generalised HIV epidemic among drug users. The basis is in place now, thanks to several local and international NGOs with dedicated and professional health workers, and support from the World Bank, the Global Fund and UNODC. Approval has already been given by the Afghan Ministries of Health and Counter Narcotics to institute a methadone programme in 2010 and to eventually also provide clean needles and methadone in prison. The methadone programme will possibly be accompanied by a pilot project with opium tincture.

DEFINING PROGRESS

The key challenge is how to define progress on drug control in Afghanistan and to create a realistic and achievable agenda that simultaneously accommodates international concerns and reduces domestic drug-related problems. The main focus has been on opium cultivation and production, but there are equally serious issues to be addressed related to drug trafficking and consumption.

UNODC's annual opium surveys have defined the success or failure of drug policies for the international media and international policy makers. There are several problems with this approach. Annual cultivation levels are not necessarily useful indicators for long-

Heroin users in Herat. Photo: Tom Kramer

term sustainable progress and success in drug control policies. They may only reflect temporary shifts and patterns in cultivation, providing no indications regarding long-term trends.

There are serious questions about whether poppy cultivation and opium production levels are the most suitable indicators of a successful drug policy. Instead of addressing the symptoms, high levels of poppy cultivation, what is urgently needed is a coordinated policy response addressing the root causes driving poppy cultivation. These are poverty, war, insecurity, corruption and lack of good governance. Unless they are addressed, significant and sustainable reduction of opium cultivation in Afghanistan is highly unlikely.

Extensive research has shown that the decreases in opium cultivation levels are in many cases not due to policy intervention but to external factors. The decline in 2009 in some areas is mainly due to overall increase in global food prices (especially wheat), decrease in opium prices, weather conditions and Pakistan's decision to ban wheat export. There is little evidence that drugs control policies had a major and lasting effect on opium cultivation. "This year we had good production of wheat and other rain-fed crops thanks to the weather," surmises an Afghan government official. "So we are at the mercy of nature. Poppy cultivation may go up again next year."

More attention must be paid to market dynamics, as they greatly determine policy outcomes. Policies should be informed by analysis of the illicit drug market at the local, national and global level. More research is needed to fully understand the drugs market in order to formulate appropriate and effective policy responses.

The lack of distinction between short-term, medium-term, and long-term goals also make it extremely difficult for the Afghan National Drugs Control Strategy to achieve its strategic objectives. These are mainly defined as reducing poppy cultivation. There is a need to formulate realistic goals regarding what can be accomplished in reducing poppy cultivation. This will require careful management of expectations.

Using coercion and force to bring down poppy cultivation levels will only contribute to conflict, and alienate the population,

Opium field in Nangarhar province (2008).
Photo: Tom Kramer

driving them into the hands of anti-government forces. Various studies have shown that poor farmers, share croppers and rural wage labourers have born the brunt of these repressive policies.

Eradication and strict implementation of opium bans should not begin until small-farmer households have viable and sustainable livelihoods and interventions are properly sequenced. The focus of drug control should be on sustainable development, reconstruction and peace-building efforts. De-prioritising certain drugs control objectives for the short term may be necessary.

Current policies addressing the drugs trade also merit reform. Ostentatious talk about tackling corruption and trafficking is meaningless as long as it only leads to targeting 'bad guys' selectively. Highly profiled showcases of extraditions to the US, compiling military target lists of drug traders or mandating NATO forces to attack drug trafficking only add to the generalized perception of hypocrisy as long as the choice of targets is so politicized. Similarly, a shift is needed to conflict-sensitive drugs policies that recognise the complexity of the links between drugs and conflict, instead of overemphasising the single aspect of Taliban opium earnings. ISAF forces should steer clear of getting involved with interdiction.

The international community is part of the cause of the culture of impunity that has become so much more entrenched since the military intervention. Not only by empowering and protecting controversial warlords, but by allowing corruptive schemes to flourish around the aid flows (such as overpaid sub-contracting and consultancy schemes, and shadowy practices of private security companies).

There has been very little focus on issues related to drug demand in Afghanistan, yet all signs indicate this is a growing problem that must be addressed. This is especially urgent as many consumers are using heroin, with large numbers injecting. Failing to address these problems will not only leave current drugs users in a miserable situation, but may lead to a significant increase of problematic drug users. These problems do not exist in isolation, and ignoring health problems of drugs users will also negatively affect the health status of the general population as a whole. Greater knowledge is required to comprehend the different substances consumed, the health challenges they present, and define appropriate responses.

Finally, when defining the objectives of a drug control strategy for Afghanistan, one should also realise that reducing or eradicating Afghanistan's opium cultivation will not address consumption problems in the West. Similarly, reducing or eradicating Afghanistan's opium cultivation will not make the world's opiates market disappear. Failing to accept these realities will produce unrealistic and ineffective drugs control polices. History has shown that such policies not only fail, but also cause great misery for many people. It is time to get the focus right, and redefine progress.

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