



Comments on SIGAR's October 30, 2014, Observations on the Afghan Opium Economy

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The recent SIGAR report's² section on The Opium Economy decries the \$7.8 billion spent since 2002 in Afghanistan—to no apparent effect—on U.S. Government counter narcotics efforts. SIGAR's concern for the opium economy and its role in Afghanistan is predicated on two assumptions: 1) that reduction in Afghan poppy production is a worthwhile focus of USG policy, and 2) that reduction is realistically achievable if only more effective tactics were employed. Neither assumption survives examination

Is it possible to eliminate Afghan poppy?

To address the practicalities first, consider the incentives at stake. Heroin production is immensely profitable—although relatively little of that profit remains in Afghanistan.³ Afghan poppy production is driven almost entirely by demand in the West, which has continued unabated despite all our efforts to attack the supply in Afghanistan. UNODC (the United Nations Office of Drugs and Crime) has estimated that the ultimate yearly worldwide street value of Afghan opium (2009 figures) is \$68 billion.⁴ Yes, billion. With this much money at stake, trying to reduce Afghan poppy production is a fool's errand.

It isn't just the pointlessness of the drug war that matters. The collateral consequences have been terribly damaging to Afghanistan as well as to the rest of the world. Whenever a substance for which there is demand is declared illegal, crime and corruption necessarily result.⁵ When I was with the Marines in Helmand in 2012, they reported that a District Chief of Police position could be purchased for \$150,000/year. No amount of training assistance to the Ministry of the Interior is going to overcome the incentives of the poppy trade. Remember Prohibition of Alcohol in the U.S. (1920-1933), with the rise of Al Capone and all the governmental corruption and the violence associated with gangs fighting over turf. The day Prohibition was repealed, the violence and corruption associated with the trade in alcohol essentially came to a halt; beer distributors took their disputes to court rather than relying on mafia enforcement services. It is our insistence upon the illegality of poppy that has fostered violence and governmental corruption in Afghanistan.

The history of Afghan poppy production sheds light on the scope of the worldwide drug trade. Prior to 1980, there was very little Afghan poppy production, mostly for local medicinal use. (Louis Dupree's 1973 anthropological study of Afghanistan mentions poppy only in an Appendix.⁶) Around 1980, we succeeded, through a combination of economic development and police action, in pushing poppy production out of the Golden Triangle (Burma and Thailand). Worldwide demand did not cease; production simply moved to more hospitable territory—

Afghanistan, where the disorganization resulting from the 1979 Soviet invasion allowed poppy to be grown without governmental interference. Forced reduction in Afghan production might in the short run drive up the street price, but in the longer term production will simply shift to some more hospitable location (more remote areas of Afghanistan such as the dasht outside the Helmand Food Zone, or in other countries), continuing as before to supply demand. We are only pushing a bubble around a balloon. From the perspective of heroin usage around the world, it matters very little whether Afghanistan is or is not producing poppy. Someone somewhere would pick up any slack. Colombia illustrates a similar lesson. While the Calderon government remains stable, Colombia fluctuates with Burma as the world's second or third largest heroin producer. Despite our assistance, we have only succeeded in pushing production from one location to another.

Our \$7.8 billion expenditure has had no effect on either worldwide demand or the decisions of Afghan farmers. No amount of doubling down on our counter-narcotics efforts or altering our tactics is going to change this picture. As Einstein once defined insanity, it is "doing the same thing over and over and expecting a different result."

Why is eliminating Afghan poppy a priority?

The more fundamental—and unstated—assumption is that eliminating Afghan poppy production is something we should strive to do. But why does it matter whether Afghans are or are not growing poppy?

The first argument is that poppy funds the insurgency. I have discussed this at length in another paper⁷, but in brief, while the Taliban make use of any local resources and do indeed tax farmers (reportedly 10%), the insurgency is a low-budget operation. The highest figure I ever heard from Marine intel was \$350 million/year—a very modest sum in comparison with U.S. military support, and a figure easily replaced by donations from Pakistan or the Gulf countries.⁸ The insurgency is driven far more by the incompetence and corruption (in large part drug-related) of the Karzai government than by the availability of poppy proceeds.⁹ We shall see whether the new Ghani-Abdullah government can change this dynamic. The existence of cross-border sanctuaries in Pakistan (and active support for insurgents) is also driving the conflict, and the war on poppy may be distracting U.S. attention from that issue.

Aside from the minimal support that the Taliban receive from the drug trade, are there other reasons for wanting to disrupt poppy production? Heroin is clearly a problematic substance, without the recreational value of marijuana and with potentially

fatal consequences, but it does not follow that the response to a problem should be making the substance illegal. After all, we do not criminalize the production and use of cigarettes or high fructose corn syrup, both products with well-known and serious effects on mortality and morbidity, and large cost implications for our healthcare system. Regulation, management, and education¹⁰ are tools thus far not utilized in our war on drugs, which has relied almost exclusively on military and police force and the criminal law.

A shift to harm reduction

Worldwide thinking on drugs is now shifting from prohibition and enforcement to harm reduction. The Global Commission on Drug Policy (including such luminaries as Kofi Annan, Paul Volcker, George Shultz, and the former presidents of Poland, Chile, Switzerland, Colombia, Mexico and Portugal) in September 2014 issued “*Taking Control: Pathways to Drug Policies that Work*,”¹¹ arguing that the worldwide war on drugs has been a costly and damaging failure and should be replaced by a system of regulatory management.

As a species, we apparently have a propensity for seeking substances that alter our mood or consciousness. Looking back over the past 2000 years, if there is any substance that can be brewed, distilled, fermented, smoked or ingested to produce an effect, it has been tried.¹² In order to have a Drug Free America (or a drug free world), we would have to eliminate from the planet all plants that could be so processed—not just marijuana, poppy and cocoa, but barley, corn, grain, rice, potatoes, grapes, juniper berries and fruit. Far better to take a realistic view of who we are, and focus our resources on sensible management, regulation and harm reduction. Something that is illegal cannot be managed. Legalization is required not because drugs are harmless or a good thing, but precisely because of the potential for harm. Legalization is a prerequisite for regulation.

Does regulation work to control drug problems?

In 1994, Switzerland decriminalized heroin—by which they meant that any self-described heroin addict could come to a government clinic and inject pharmaceutical grade heroin (not methadone). Treatment was offered, although not required. In the 20 years since, there has not been an overdose death at an injection center¹³, HIV and hepatitis transmission rates have plummeted and crime is down, as addicts no longer steal to support their habit. Treatment rates are up, and of particular interest, young people are less likely to try heroin in the first place; there is nothing glamorous about a substance served up at a government clinic and “shooting galleries” as social sites for introducing new users have largely disappeared.¹⁴

Portugal decriminalized all drugs in 2001. The country (then under prohibitionist policies) was overwhelmed with drug problems and the government convened a committee to study drug usage and recommend ways to get a grip on the problem. The committee concluded that the best solution was to legalize in order to allow regulatory control. This approach has been a resounding success.

Conclusion

Prohibition policies can only make matters worse—cementing in place a regime of crime, corruption and violence in both the producer countries such as Afghanistan and in the rest of the world, and preventing any control of potency and purity. If poppy were no longer illegal, it would simply become another commodity—supported, taxed or regulated as the country saw fit. Afghanistan could fund its own development and military out of legal exports of a product (including medicinal morphine) with worldwide demand. Corrupt Afghan officials would suddenly lose a major source of income, as bribes could no longer be demanded for moving and protecting the product. Police chiefs would have no reason to purchase positions, and their Police units might devote more time to protecting Afghan citizens.

While SIGAR is right to question the expenditure of \$7.8 billion on a losing venture, the relevant question for the U.S. Government to ask is not “how can we better wage the drug war,” but “how can we shift our resources from enforcement to regulation and harm reduction and call a halt to the disastrous collateral consequences of the war on drugs?” It is time for some fundamental rethinking. SIGAR’s mandate focuses on “doing things right.” It is even more important for the U.S. Government to “do the right things.”



Notes:

¹ Ms. Inge Fryklund, JD, PhD, has spent five years in Afghanistan (2004-2014), working at various times for USAID, UNDP, OSCE, contractors, and with the U.S. Army and Marine Corps. In 2006, she served as a development adviser on the Nangarhar PRT, and in 2011-12, was with the Marine HQ in Helmand, source of 90% of the world’s opium poppy. She is a former Chicago prosecutor, and a current member of the Board of Directors for LEAP (Law Enforcement Against Prohibition), 150,000 current and former law enforcement and their supporters who have concluded that the war on drugs is a danger to public health and safety.

² SIGAR Special Inspector General for Afghanistan Reconstruction, *Quarterly Report to the United States Congress*, October 30, 2014. See Section 1, The Opium Economy, pp 1-17.

³ Reliable statistics are, of course, hard to come by. One group of researchers estimated “roughly \$900 million in annual revenues for the farmers, \$1.6 billion for traffickers from operations within Afghanistan, and another \$1.5 billion for those who smuggle heroin out of the country.” Jonathan P. Caulkins, Jonathan D. Kulick, and Mark A.R. Kleiman, *Think again: the Afghan drug trade. Why cracking down on Afghanistan’s opium business won’t help stop the Taliban -- or the United States’ own drug problems*, FP, April 11, 2011, http://www.foreignpolicy.com/articles/2011/04/01/think_again_the_afghan_drug_trade.

⁴ UNODC 2012 World Drug Report at 60.

⁵ See Inge Fryklund, “On Drugs and Democracy” (Washington, DC: Foreign Policy In Focus, August 6, 2012) (http://www.fpif.org/articles/on_drugs_and_democracy).

⁶ Louis Dupree, *Afghanistan*, Princeton University Press, 1973, p. 673.

⁷ Inge Fryklund, *Our Disastrous Afghan Drug War: Whatever Were We Thinking*, PKSOI vol 4, issue 3, May 2014.

⁸ Other sources put the cost of the insurgency even lower. See, e.g., Mike Spangler, PKSOI, *Opium and Peace in Afghanistan: Transforming a Conflict Economy*. http://pksoi.army.mil/PKM/publications/relatedpubs/documents/Opium_Spangler_web.Pdf (\$155 million). Researchers Caulkins, Kulick and Kleiman cited estimates for the Taliban’s take ranging from \$70 million to \$500 million.

⁹ A question deserving of more attention is why the heavily subsidized Afghan National Security Forces are so ineffective against the minimally resourced and equipped Taliban. See Inge Fryklund, *Training the Afghan National Army*, Small Wars Journal Blog, 1 August 2012, <http://smallwarsjournal.com/blog/training-the-afghan-national-army>; Inge Fryklund, *Curbing Corruption in Afghanistan*, Foreign Policy in Focus, September 14, 2012, http://www.fpif.org/articles/curbing_corruption_in_afghanistan; Inge Fryklund, *Accountability and Insurgency in Afghanistan*, Foreign Policy in Focus, September 12, 2012, http://www.fpif.org/articles/accountability_and_insurgency_in_afghanistan.

¹⁰ Witness the precipitous drop in cigarette smoking—from a high of about 4200 cigarettes smoked per capita just before the 1964 Surgeon General’s Report to 1100 by 2012. (CDC data.) Honest and accurate information can go a long way towards altering behavior.

¹¹ Global Commission on Drug Policy, *Taking Control: Pathways to Drug Policies that Work*, September 2014. See <http://www.globalcommissiondrugs.org/new-report-world-leaders-call-for-ending-criminalization-of-drug-use-and-possession-and-responsible-legal-regulation-of-psychoactive-substances-2/> where a download is available.

¹² Recent research indicates that our human ancestors had an enzyme to metabolize alcohol as far back as 10 million years ago. Matthew A. Carrigan et al., *Hominids adapted to metabo-*

lize ethanol long before human-directed fermentation, Proceedings of the National Academy of Sciences (PNAS) December 1, 2014.

¹³ Compare this with the American experience. According to the Drug Enforcement Administration, fatal heroin overdoses nationally increased 45 percent from 2006 to 2010, with 3,038 such deaths reported in 2010. *Heroin overdoses pose ‘urgent public health crisis’*: U.S. attorney general, Reuters, March 10, 2014. <http://www.reuters.com/article/2014/03/10/us-usa-drugs-heroin-idUSBREA290EU20140310>. The CDC analyzed heroin mortality data from 28 states for 2010-2012, and found an increase in deaths from 1779 to 3635. *Centers for Disease Control, Morbidity and Mortality Weekly Report*, October 3, 2014, <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6339a1.htm>

¹⁴ See Nordt C, Stohler R. Incidence of heroin use in Zurich, Switzerland: a treatment case register analysis. *Lancet* 2006; 367: 1830—34; Joanne Csete, *From the Mountaintops: What the World can Learn from Drug Policy Change in Switzerland*, Open Society Foundations, May 2010; Ambrose A. Uchtenhagen, *Heroin maintenance treatment: From idea to research to practice*, *Drug and Alcohol Review* (March 2011), 30, 130–137; *Swiss Heroin-Assisted Treatment 1994- 2014: Summary*, <http://www.citizensopposingprohibition.org/resources/swiss-heroin-assisted-treatment-1994-2009-summary/>.

¹⁵ 25% less drug use, 52% fewer overdoses, 71% fewer HIV infections, and a 300% increase in treatment. Source: Glenn Greenwald, “Drug Decriminalization in Portugal: Lessons for creating fair and successful drug policies,” *Cato Institute*, 2009.



Author Dr. Inge Fryklund shown here on a tank in Bamiyan, see bio note #1.