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Country Office for Afghanistan

THE PARIS PACT INITIATIVE
A partnership to counter traffic in
and consumption of Afghan opiates

Illicit Drug Trends in Afghanistan



June 2008

Acknowledgements

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The Paris Pact is an international partnership to combat traffick in and abuse of Afghan opiates. At the first Ministerial Conference on Drug Routes from Central Asia to Europe, held in Paris in May 2003, more than 50 countries and international organizations agreed to join forces in order to limit the flow of opiates from Afghanistan to and through all countries along the trafficking routes. At the second Ministerial Conference on Drug Trafficking Routes from Afghanistan held in Moscow in June 2006 partners reiterated the need for enhanced and coordinated counter narcotics action to reduce opiates trafficking, consumption and related health problems in the region. UNODC is leading the follow-up to these Ministerial Conferences through the Paris Pact Initiative, a project that facilitates periodical consultations at the expert and policy levels and also aims to strengthen data collection and analytical capacities in and around Afghanistan. This project also provides partners with the use of a secure, automated internet-based tool for the coordination of technical assistance in the field of counter narcotics (ADAM - www.paris-pact.net).

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This report is based on information and statistics collected from UNODC Survey Section, Ministry of Counter Narcotics, Ministry of Interior, Ministry of Public Health, Criminal Justice Task Force (CJTF) and relevant drug control related agencies in Afghanistan, to whom UNODC extend special thanks. Unfortunately two decades of war including frequent attacks on governmental institutions has limited the availability of statistics and data for many of the years covered in this report (1990-2007).

This report is not an official document of the United Nations and it has not been formally edited. The boundaries, names and designations used in this publication do not imply official endorsement or acceptance by the United Nations.

Acronyms

The following abbreviations have been used in this report:

AA	Acetic Anhydride
AEF	Afghan Eradication Force
AGE	Anti Government Elements
ATS	Amphetamine Type Stimulants
COAFG	Country Office Afghanistan
CJTF	Criminal Justice Task Force
CSW	Community Support Worker
GDI	Gender Development Index
GLE	Government Led Eradication
IDPs	Internally Displaced Persons
IDU	Injecting Drug User
IOM	International Organization for Migration
MCN	Ministry of Counter Narcotics
NGOs	Non Governmental Organizations
PEF	Poppy Eradication Force (formerly Afghan Eradication Force)
STI	Sexually transmitted infections
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
VCTC	Voluntary Counseling and Testing Centres
WHO	World Health Organisation

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Summary

Trends in opium poppy cultivation in Afghanistan have been on an upward trajectory since the early 1990s, accelerating quickly after the fall of the Taliban government. In 2007, opium poppy cultivation reached an all-time high of 193,000 ha with the majority of cultivation (69 percent) occurring in the five southern provinces.

Concomitant with the rise in opium poppy cultivation has been the rise in opium production. 2007 witnessed a substantial 34 percent increase in opium production reaching 8,200 metric tons. This increase in production in Afghanistan combined with effective efforts at limiting production in other countries has made Afghanistan virtually the sole supplier of opium, accounting for 93 percent of global production.

Approximately two-thirds of the opium produced in Afghanistan is converted into heroin or morphine before export. Traditionally, the processing of opium into heroin occurred in Afghanistan's neighboring countries, notably Pakistan, Iran and Turkey, with very few heroin production facilities located within Afghanistan. Recent years however have seen an increase in the number of laboratories moving upstream along smuggling routes and Afghanistan itself is now a major centre not just for opium production but also for its conversion.

The conversion of opium into heroin and morphine necessitates large amounts of precursor chemicals particularly acetic anhydride (AA). AA is neither produced in Afghanistan nor has it any licit purpose in the country.

In 2007, total effective eradication, including governor-led and AEF-led efforts, amounted to 19,047 hectares which is equal 10 percent of the total opium poppy cultivation. Corruption and violence continue to hinder the eradication process.

The number of illicit drug users in Afghanistan is estimated at nearly one million, with few areas in the country where drug use does not occur. The 920,000 estimated drug users represent 4 per cent of the total population or 8 per cent of the adult population. Afghanistan's opiate consumption is high at 2 percent of the adult population. There is a significant gender difference among drug users: 87 percent of all opium users are men and 93 percent of all heroin users are men. An estimated 14 percent of heroin users and a small fraction of opium users are believed to be injecting drug users. Sharing needles and other injection paraphernalia is believed to be widespread, creating the potential for the spread of HIV and hepatitis.

Approximately 70,000 ha of cannabis is estimated to have been cultivated in Afghanistan in 2007 compared to 50,000 ha in 2006 and 30,000 ha in 2005. Cultivation has also spread geographically. In 2007, cannabis was cultivated in 18 out of 32 Afghan provinces. Most of the cannabis produced in Afghanistan is transformed into cannabis resin also known as hashish. Afghanistan is a key producer of hashish and the largest producer in South-west Asia. Hashish is the most commonly used drug in Afghanistan with an estimated 520,000 users. As with other drugs, patterns of hashish use vary significantly with gender: the estimated prevalence of hashish use among adult men is

equal to 8 percent while the estimated prevalence of hashish use among adult women is 0.1 percent.

Due to the lack of strong government control and a licit control framework, the potential for abuse of widely-available, dubious quality pharmaceuticals is worrying. While it is difficult to quantify the level of synthetic drug use in Afghanistan, the 2005 UNODC study on drug abuse in Afghanistan estimated that 180,000 people use pharmaceuticals and 200,000 people use “other” drugs. Most commonly reported use of “other” drugs include cough medicines, solvents such as petrol and glues which are inhaled and/or consumed, various preparations derived from the cannabis plant and opium poppy capsules, and a variety of locally sourced drugs, including preparations made from dried scorpions, snakes and wasps. Women and children account for the majority of abusers of these other drugs as well as pharmaceuticals.

From Afghanistan, drug trafficking follow three general routes: the “northern route” through Central Asia; the “western route” through Iran; and the “southern route” through Pakistan. These routes are not mutually exclusive and in recent years there has been evidence of opiates moving between the different routes to avoid detection.

The trafficking of drugs and precursor chemicals is facilitated by the lack of effective government control in some areas particularly the southern region; corruption; lack of training and detection equipment, and the numerous green borders.

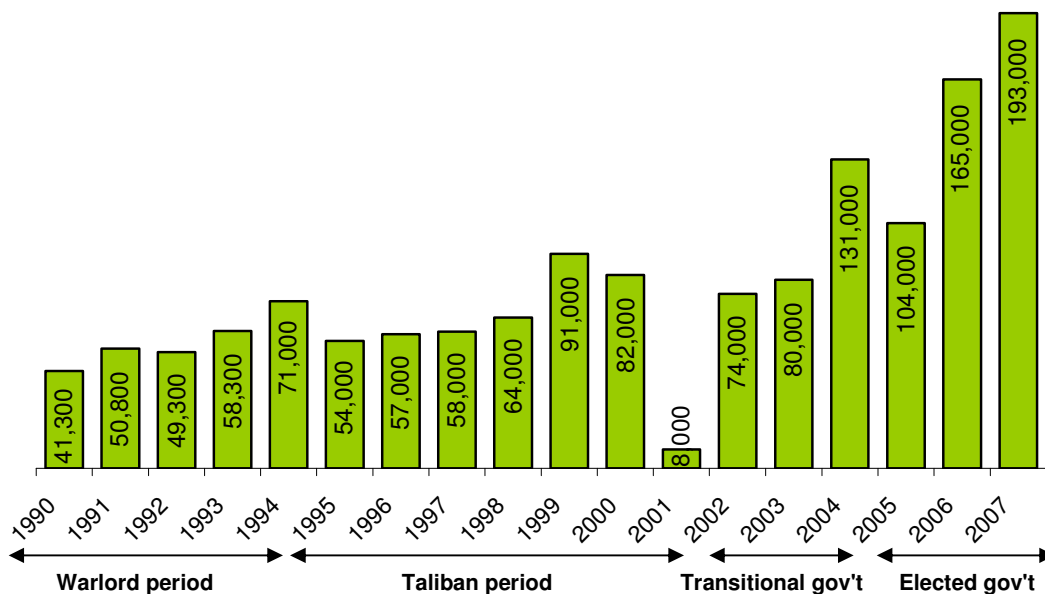
Drug related crime figures rose in 2006 particularly with regard to arrests of mid-level traffickers. 2007 figures again show a slight decrease. While the capacity of the Afghanistan police and the justice system has improved, corruption and the lack of effective government control in some regions continues to hinder interdiction efforts.

Afghanistan has numerous risk factors that make the environment favorable for the spread of HIV. These risk factors include the wide availability of opiates, injecting drug use coupled with unsafe injecting practices, commercial sex work, the legacy of armed conflict including the significant number of refugees and displaced persons, the low socio-political and economic status of women, poor blood safety, weak state capacity which hinders public health service delivery, a large youth population, low HIV/AIDS awareness, and stigma and discrimination associated with HIV/AIDS.

Opium Poppy Cultivation

Trends in opium poppy cultivation in Afghanistan have been on an upward trajectory since the early 1990s, accelerating quickly after the fall of the Taliban government. Opium poppy cultivation has increased on average by 34 percent per annum in the post-Taliban era.

Figure 1: Opium Poppy Cultivation in Afghanistan (ha), 1990-2007.

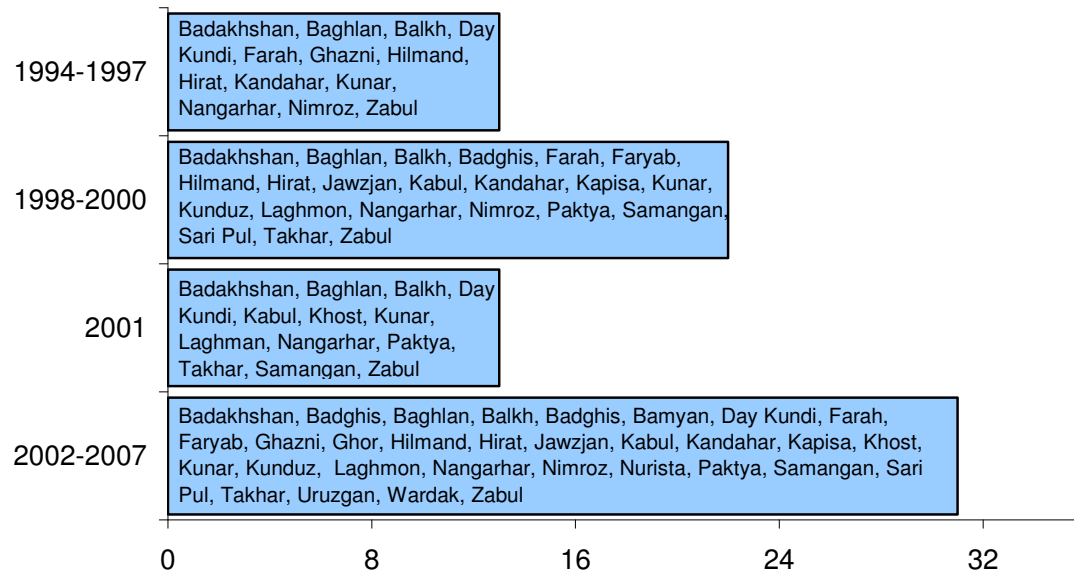


Source: UNODC, *Afghanistan Opium Survey 2007*, October 2007

Opium poppy cultivation levels between 1990 and 1997 were almost stable. The slight variations during this period are most probably attributable to the availability of irrigation systems and the impact of droughts in some provinces. During this period cultivation occurred in 13 provinces: Badakhshan, Baghlan, Balkh, Day Kundi, Farah, Ghazni, Hilmand, Hirat, Kandahar, Kunar, Nangarhar, Nimroz, and Zabul.

From 1998 to 2000 the number of hectares under cultivation increased by 28 percent, particularly in the regions where security was not stable. Cultivation was first reported in 11 provinces between 1998 and 2000: Badghis, Faryab, Jawzjan, Kabul, Kapisa, Kunduz, Langhman, Paktya, Samangan, Sari Pul, and Takhar.

Figure 2: Provinces Cultivating Opium Poppy, 1994-2007



Source: UNODC, *Afghanistan Opium Survey 2007*, October 2007.

In 2001, there was a sharp decrease in poppy cultivation in Afghanistan. Total cultivation fell from 82,000 ha in 2000 to only 8,000 ha in 2001 with cultivation primarily restricted to northern Afghanistan. During this year the Taliban Administration implemented a strict opium ban and, owing to their substantial control and the severity of punishments, farmers did not cultivate opium poppy in areas under Taliban control. Some opium poppy cultivation did continue however, primarily in the northern and eastern provinces.

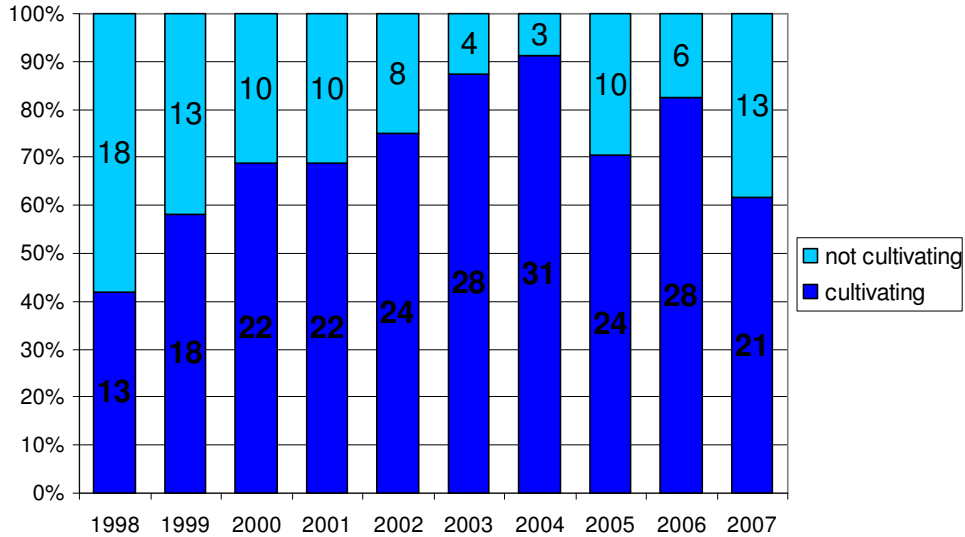
Since 2002, opium poppy cultivation has proliferated in the southern, western and eastern regions of Afghanistan where the poor security situation has enabled farmers to cultivate poppy. In these areas farmers have also been encouraged by Anti Government Elements (AGE) and drug dealers to cultivate opium poppy.

2005 witnessed the first cultivation decrease in the post-Taliban era. Cultivation fell by approximately 21 percent due to the strong law enforcement activities and farmer's own restrictions on opium poppy cultivation. This was particularly the case in eastern Afghanistan.



Since 2006 the security situation has deteriorated especially in south and south-eastern Afghanistan. In these regions, the lack of security has once again encouraged opium poppy cultivation both because of the decline in legitimate business possibilities and NGO support, and because of encouragement by drug traffickers and Anti Government Elements. As a result, cultivation reached a record high in 2006 and 2007.

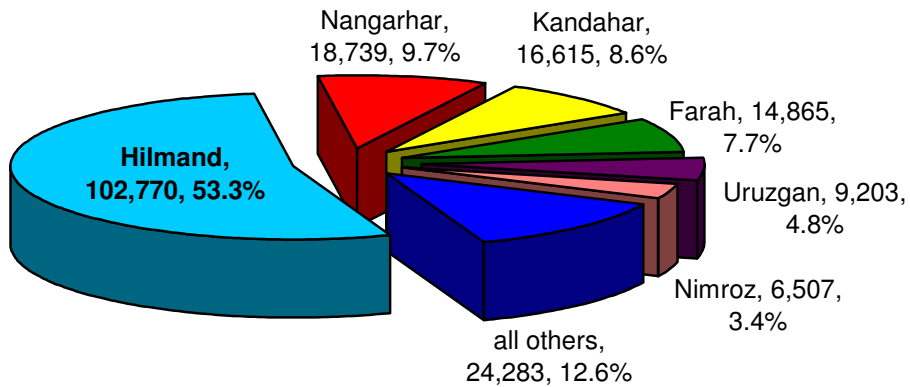
Figure 3: Number of Provinces Cultivating Opium Poppy, 1998-2007



Source: UNODC, *Afghanistan Opium Survey 2007*, October 2007

The majority (70 percent or 133,545 ha) of cultivation in 2007 took place in the five southern provinces of Afghanistan: Hilmand, Kandahar, Uruzgan, Day Kundi, and Zabol. Hilmand, the province where most security incidents occurred, opium poppy cultivation reached 102,770 hectares, a 50 percent increase from 2006. Hilmand province now accounts for 53 percent of all opium poppy cultivation in Afghanistan.

Figure 4: Main Opium Cultivating Provinces (ha and percent of total cultivation), 2007

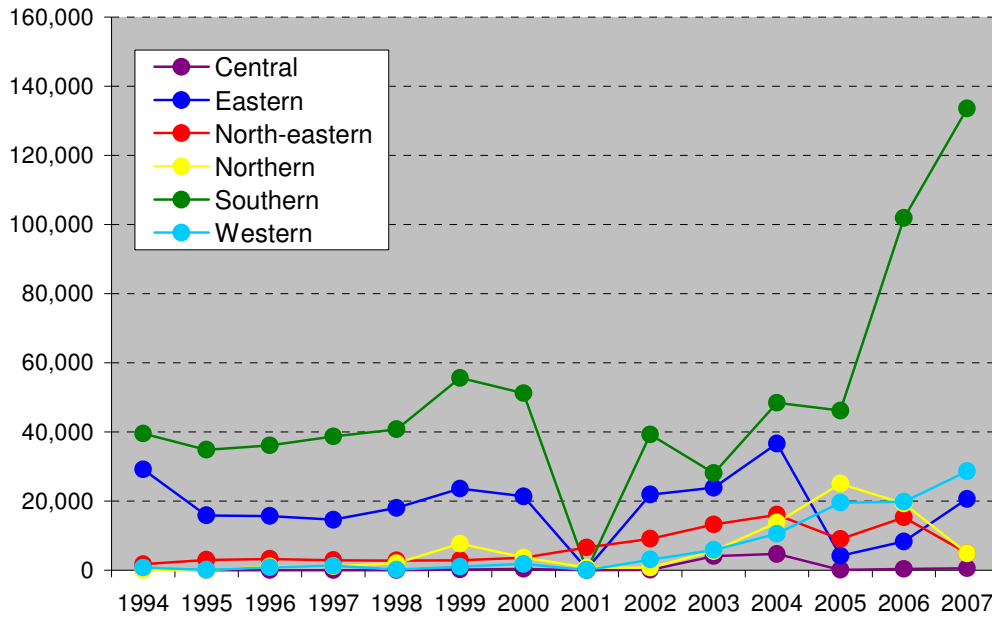


Source: UNODC, *Afghanistan Opium Survey 2007*, October 2007

Thirteen provinces achieved poppy-free status in 2007: Balkh, Kunduz, Samangan, Bamyan, Parwan, Panjshir, Nuristan, Wardak Ghazni, Logar, Paktya, Paktika and Khost. Those farmers who did not cultivate opium poppy cited effective government control (fear of eradication, illegality, fear of imprisonment), religious reasons (Islam), and

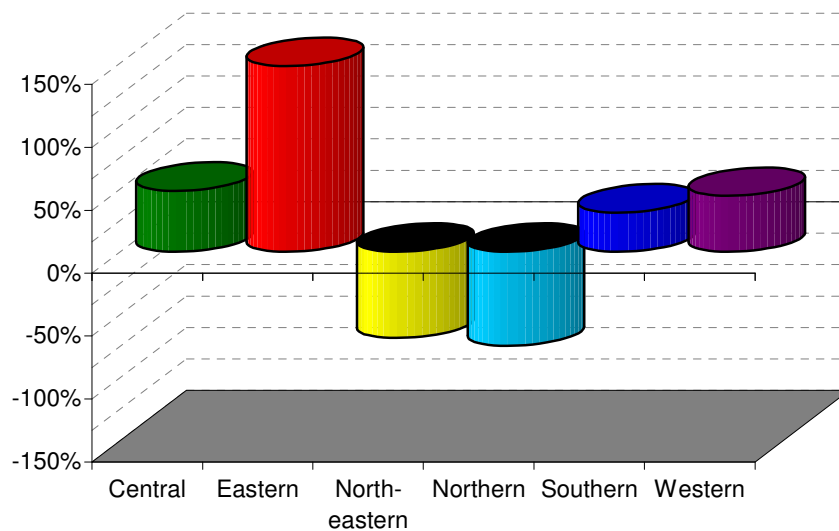
societal reasons (elders and Shura decision) as influencing their decision. In contrast, those farmers who continued to cultivate opium poppy cited poverty alleviation, and other economic factors as the main reasons for continued cultivation.

Figure 5: Opium Poppy Cultivation (ha) by Region, 1994-2007



Source: UNODC, *Afghanistan Opium Survey 2007*, October 2007

Figure 6: Percentage Change in Opium Poppy Cultivation (ha) by Region, 2006-2007



Source: UNODC, *Afghanistan Opium Survey 2007*, October 2007

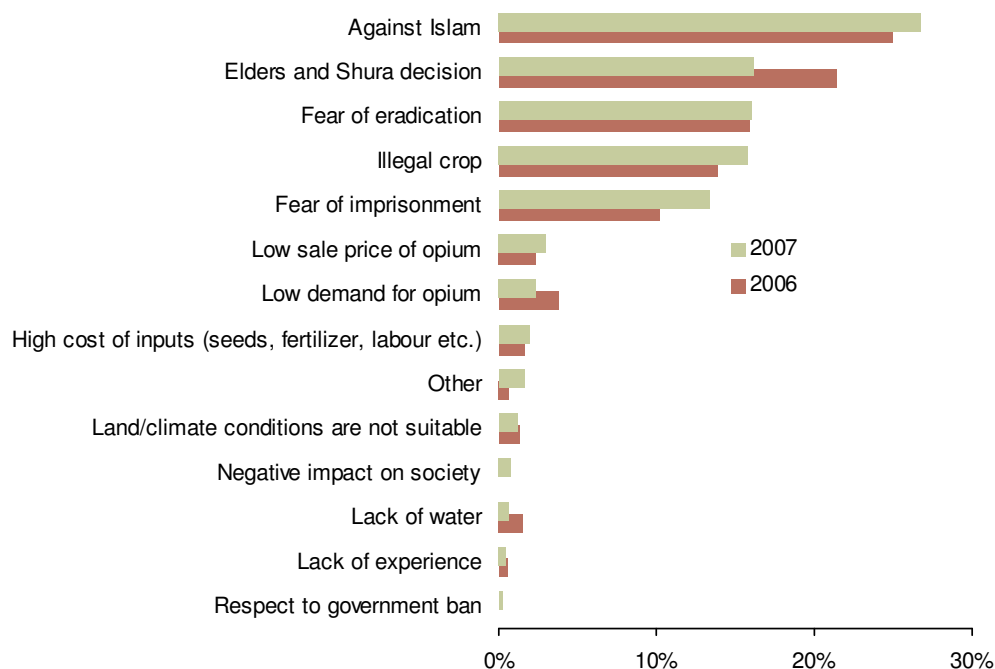
Drivers of Cultivation

Farmers' motivation for growing opium poppy stems from a mix of push and pull factors which compel and hinder opium poppy cultivation. Pull factors drawing farmers into cultivation include the lack of irrigation that would be necessary for the cultivation of alternative crops, high returns of opium, encouragement or threats by Anti Government Elements and the continued lack of security which impede lawful trade and business. The push factors preventing farmers from growing opium include the legal ban on opium poppy cultivation coupled with effective government control, and religious prohibition.

Evaluating the role of poverty in enticing cultivation is problematic. Poverty is the most common reason given by farmers for cultivating poppy (29 percent). Other unmet economic needs including the "possibility of getting a loan" (16 percent) and "high wedding costs" (13 percent) are other frequently cited reasons for cultivating poppy. However, it should be noted that the main opium producing region is the comparatively wealthier south which is endowed with superior soil conditions than the rest of the country and thus allows for a range of other crops to be cultivated in place of opium poppy.

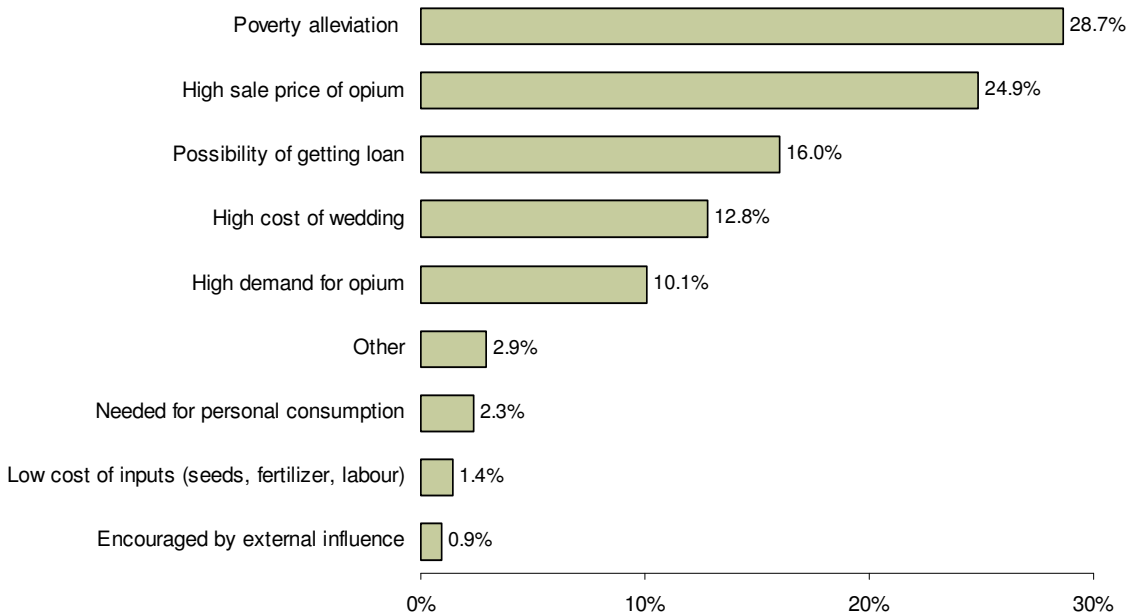
It is also worth noting that opium poppy cultivation contributes relatively little to farmers overall income in some regions (0.7 percent in the central region) and a relatively large portion of total income in other regions (35 percent in the southern region). As security and the availability of development assistance vary widely by province, the drivers of cultivation are also not uniform across the country.

Figure 7: Reasons for not Cultivating Opium Poppy in 2006 and 2007, Farmers' Responses



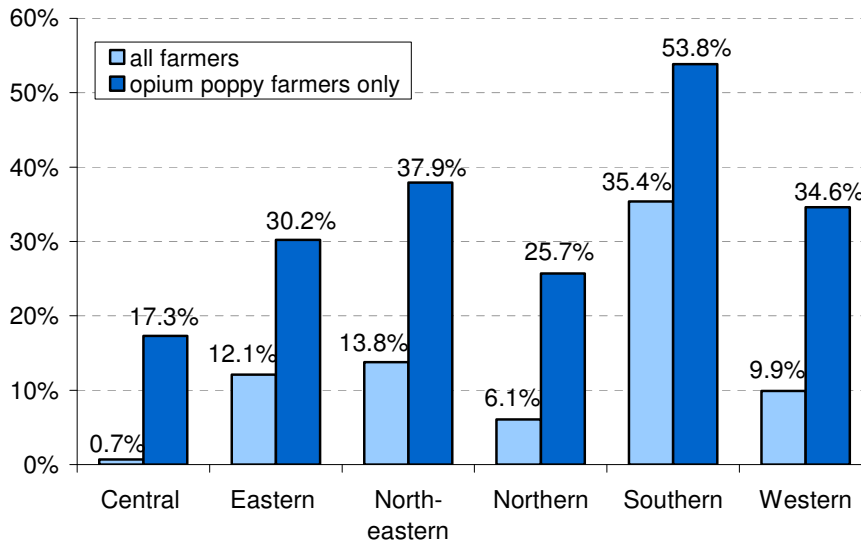
Source: UNODC, *Afghanistan Opium Survey 2007*, October 2007

Figure 8: Reasons for Cultivating Opium Poppy in 2007, Farmers' Responses



Source: UNODC, *Afghanistan Opium Survey 2007*, October 2007.

Figure 9: Opium Cultivation as a Percent of Farmers' Total Income by Region, 2007



Source: UNODC, *Afghanistan Opium Survey 2007*, October 2007

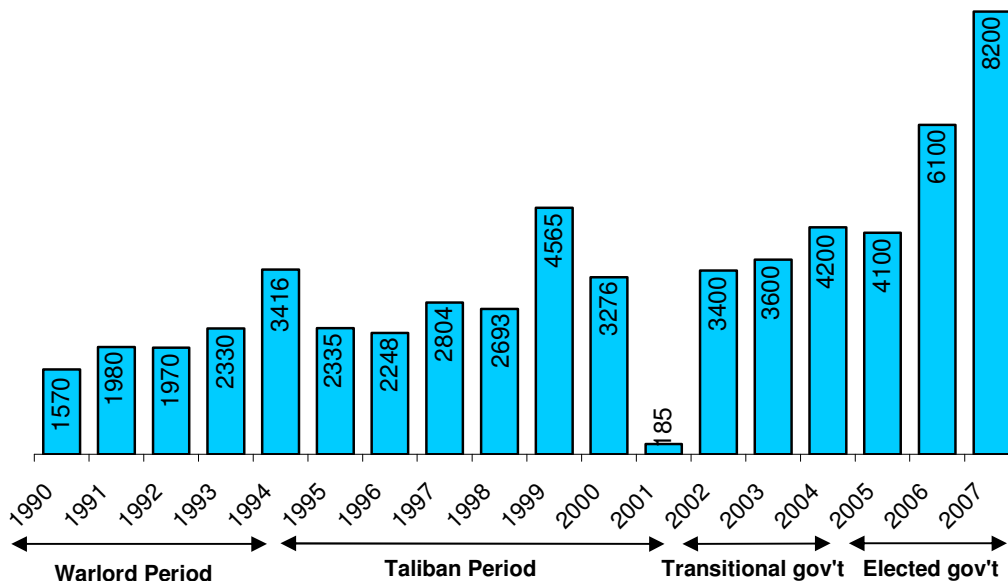
Opium Production

Potential opium production increased dramatically in 2007 due to higher cultivation and improved yields per hectare. The 34 percent increase in 2007 – following a substantial 50 percent increase in 2006 – brings Afghanistan’s total potential opium production to 8,200 mt. This increase has largely accounted for the record levels of potential global opium production in 2006 and 2007 (6,610 mt and 8,800 mt respectively) of which Afghanistan is now virtually the sole supplier at 93 percent of global production.

Global opium production remained fairly constant between 1991 and 2005 with production levels generally between 4000 and 5000 mt. During this period the increasing trend in production in Afghanistan replaced declining production in the rest of the world, particularly Myanmar. Due to the favorable weather conditions, average opium yield per hectare increased in 2007 from 37 kg to 42.5 kg.

As with cultivation, the majority of opium production is concentrated in south and south-west Afghanistan. Hilmand province alone has the potential to produce approximately 4,400 metric tons in 2007, higher than Afghanistan’s total production only two years earlier.

Figure 10: Potential Opium Production (metric tons), 1990-2007.



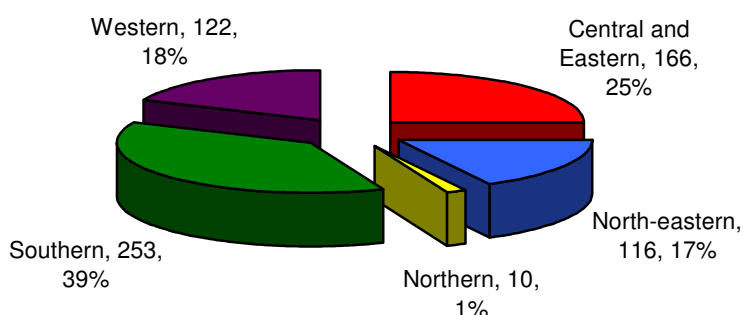
Source: UNODC, *Afghanistan Opium Survey 2007*, October 2007

Heroin Production

Traditionally, the processing of opium into heroin and morphine occurred in Afghanistan's neighbouring countries, notably Pakistan, Iran and Turkey, with very few heroin production facilities located within Afghanistan. In recent years, however, the general trend has been for laboratories to move upstream along smuggling routes and Afghanistan itself is now a major centre not just for opium production but also its conversion. Pakistan's processing capacity is now negligible and the drug trade there revolves around shipping opium and morphine base to Iran. Within Afghanistan, there has been a simultaneous shift, or rather proliferation, of processing facilities. This is particularly relevant for heroin transiting the "northern route". Given the lack of heroin processing facilities in Central Asia, all the heroin trafficked along the northern route is believed to have been processed in northern Afghanistan.

Despite the large volume of heroin processing believed to be occurring in Afghanistan, it has neither a domestic supply of nor any licit use for the necessary precursor chemicals, specifically acetic anhydride. This means that effective control of the acetic anhydride supply could greatly restrict heroin production in Afghanistan.

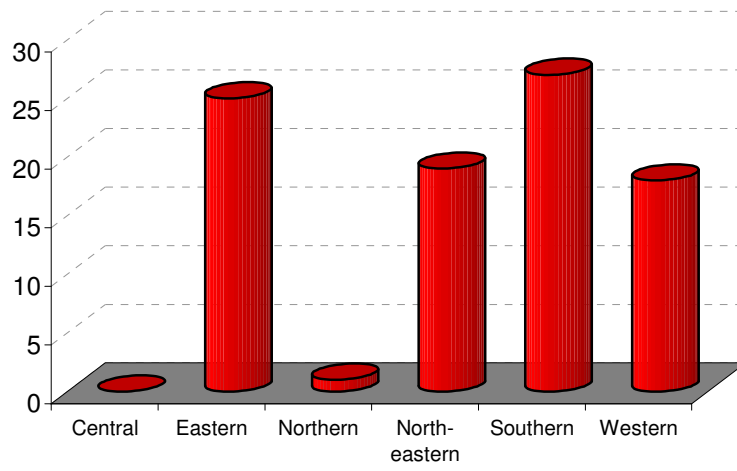
Figure 11: Estimate of Heroin/Morphine Production Based on Opium Production and Identified Heroin/Morphine Processing Labs by Region (mt), 2007



Source: UNODC, *Afghanistan Opium Survey 2007*, October 2007

An estimated 58 percent of opium produced in Afghanistan is converted into heroin or morphine before export. Given the 7 to 1 ratio of dried opium to heroin, this is equivalent to 666 mt in 2007. Identified heroin processing labs exist in every region in the country except central Afghanistan. The majority (70 percent) of processing labs are situated in only three provinces: Nangarhar (25 labs), Hilmand (23 labs), and Badakhshan (14 labs).

Figure 12: Number of Identified Heroin Processing Labs by Region, 2007

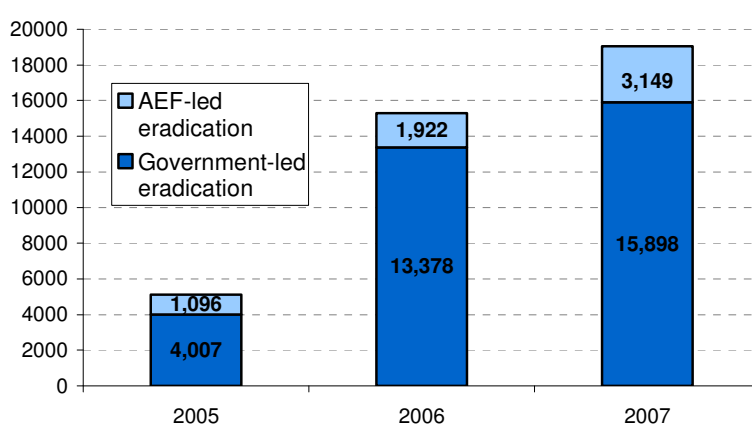


Source: UNODC, *Monitoring of Drug Flows in Afghanistan*, (internal paper) July 2007

Opium Poppy Eradication

In 2007, the total effective eradication including efforts led by Governors and AEF, amounted to 19,047 hectares, an increase of 25 percent from 2006. This figure is equal to 10 percent of total opium poppy cultivation, a slight increase over the 9 percent in 2006 and 5 percent in 2005.

Figure 13: Opium Poppy Eradication (ha), 2007

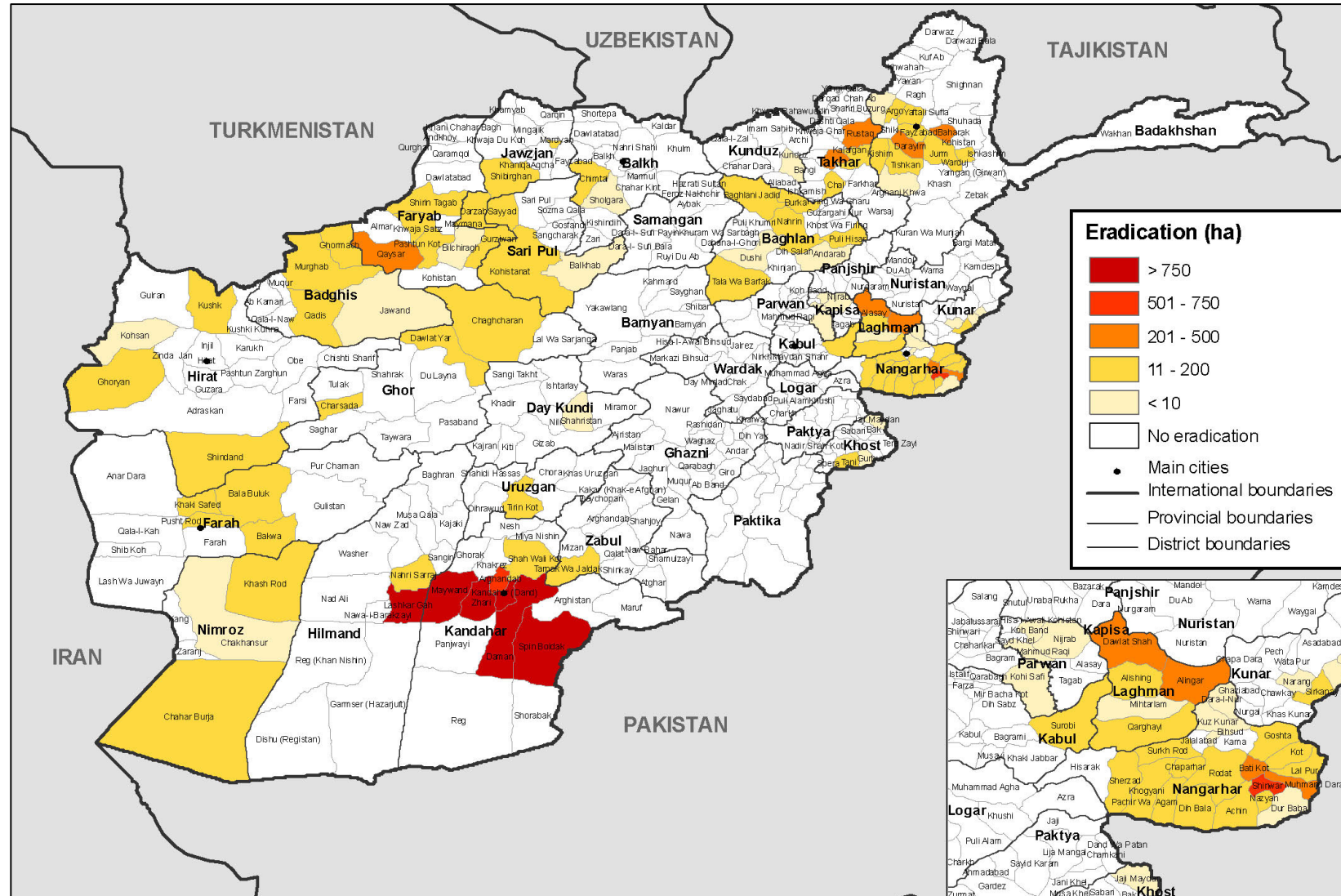


Source: UNODC, *Afghanistan Opium Survey 2007*, October 2007

In 2007, an area of 15,898 ha of opium poppy was effectively eradicated by governor-led eradication teams before first-lancing. Three-quarters of this eradication effort took place in four provinces: Kandahar (7,905 ha or 50 percent) Nangarhar (2,339 ha or 15 percent) Badakhshan (1,311 ha or 8 percent) and Hilmand (1,003 ha or 6 percent). AEF-led eradication took place primarily in Hilmand province (3,000 ha or 95 percent). MCN and UNODC did not verify AEF-led eradication.

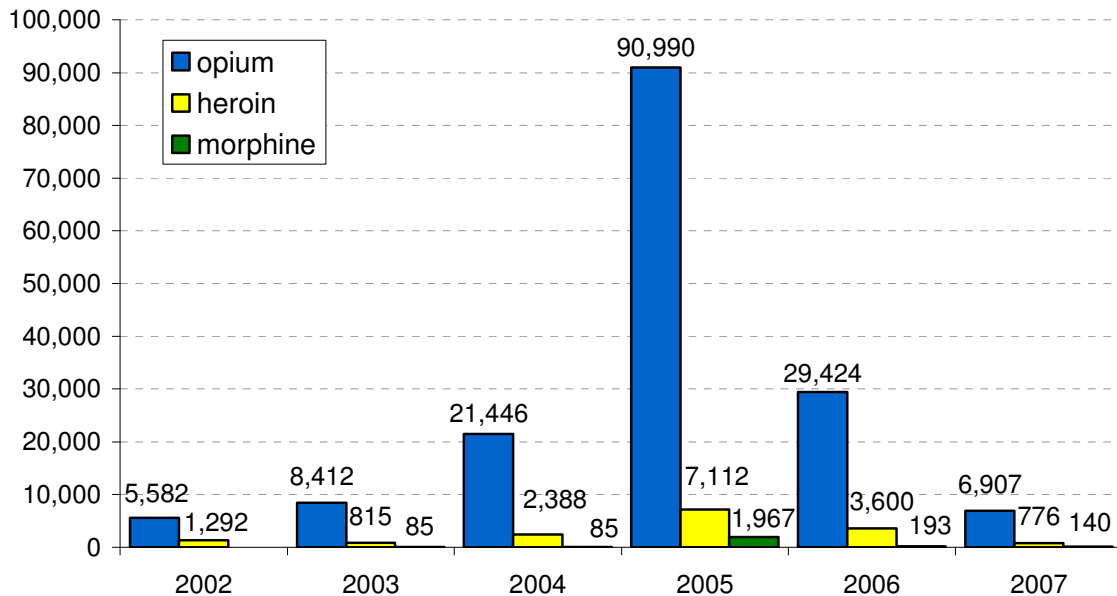
Several factors complicated the eradication process. First, corruption is believed to have hindered the eradication process with some eradication focal points using the opportunity to try to extract money from farmers in exchange for sparing their field. Equally challenging, some eradication focal points experienced violence directed toward themselves. In total, 16 security incidents resulting in 15 police fatalities and 31 injuries and 10 tractor burnings were reported during the 2007 eradication campaign. The security situation was particularly problematic in southern and western provinces.

Figure 14: Map of Opium Poppy Eradication (ha), 2007



Opiate Seizures

Figure 15: Opiate Seizures (kg), 2002-2007



*2007 figures are from January 1- April 19th

Source: UNODC, *2007 World Drug Report*, June 2007 and MCN official correspondences with UNODC

Two decades of war including frequent attacks on relevant governmental institutions has limited the availability of information of opiate seizures.

As the above graph illustrates, the opiate seizure trend since 2002 displays an inverted-U pattern: increase between 2002 and 2005 followed by a decrease in 2006 and 2007. While it is thought that increased government capacity was responsible for the increase in seizures between 2002 and 2005, it is curious that seizures have not continued to increase given the rise in production that took place during 2006 and 2007. It is possible that the high level of insecurity, corruption in the police force, customs, and border services agencies, as well as organized criminal groups have all contributed to the lower seizure levels.

In 2006, 40,980 kg and 16,377 L of precursor chemicals were seized. As of mid-March 2007, 714 kg and 1,917 L of precursors had been seized.

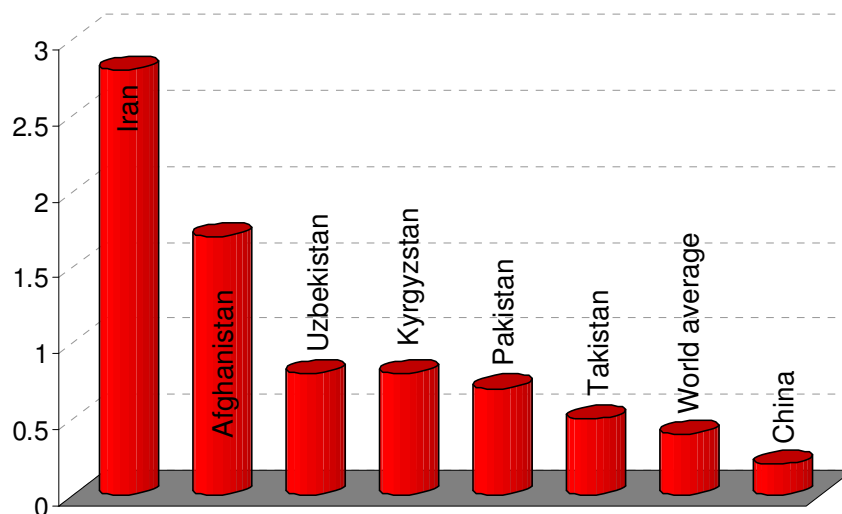
Without detailed and reliable seizure information by province it is difficult to state with any accuracy where the majority of seizures occur. Anecdotal evidence suggests that the majority of opiate seizures take place in Hirat where it is believed that major drug trafficking routes cross into Iran. Anecdotal evidence further suggests that the majority of precursor seizures take place in Afghanistan's eastern and southern provinces, particularly Turkham checkpoint in Nangarhar, Paktya, Khost and Qandahar provinces, at the border of Pakistan.

Opiate Use

According to the Drug Use Survey 2005, conducted jointly by UNODC and the Afghan MCN, the number of drug users in Afghanistan is estimated at nearly one million, with few areas in the country where drug use does not occur. The 920,000 estimated drug users represent 4 percent of the total population or 8 percent of the adult population. However, there are strong indications that the estimated number of drug users are lower than the true figures, particularly the estimated number of users amongst women (120,000) and children (60,000).

Globally, the annual prevalence of opiate consumption amounts to 0.4 percent of the world's population aged 15-64 (15.6 million people). The majority of those people (0.3 percent or 11.1 million) are heroin users. In comparison with neighbouring states and the world average, Afghanistan's opiate consumption is high at 1.7 percent of the adult population. In comparison, estimated opiate use as a percentage of the overall adult population amounts to 2.8 percent in Iran, 0.8 percent in Uzbekistan and 0.5 percent in Tajikistan.

Figure 16: Opiate Use Prevalence among the Adult Population (in percent)



Source: UNODC, 2007 World Drug Report, June 2007

It is estimated that 90 metric tons of opium and 9.6 metric tons of heroin are used for domestic consumption, accounting for 2 percent of total production in Afghanistan. At least 200,000 people are regular users of opiates in the form of either opium or heroin. There is a significant gender difference among drug users: 87 percent of all opium users and 93 percent of all heroin users are men. An estimated 14 percent of heroin users and a small fraction of opium users are believed to be injecting drug users. Sharing needles and other injection paraphernalia is believed to be widespread, creating the potential for the spread of HIV and hepatitis.

There is a higher rate of drug use among returned refugees than among other members of Afghan society. Approximately two percent of the Afghan population has spent time in Iran as refugees, yet returnees account for approximately a quarter of opiate users in Afghanistan. However, the link between refugee status and drug use is unclear. While a significant portion of refugees who lived in Iran began using opiates there, the same level of abuse did not occur among refugees living in other states or among those displaced within Afghanistan.

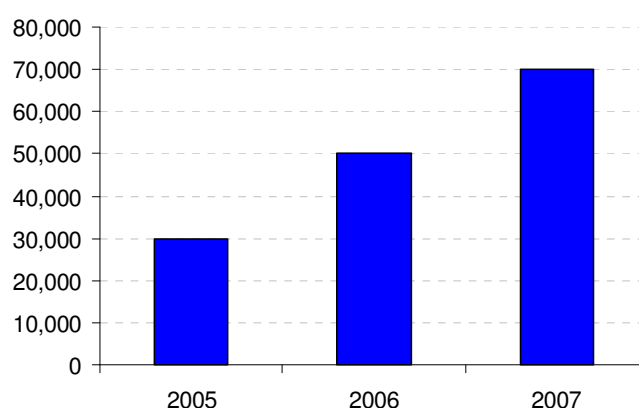
Due to Afghanistan's current level of underdevelopment and lack of healthcare services, drug treatment services and facilities cannot meet demand. In 2005 there were less than 100 places available in residential treatment facilities in the country, and many areas identified as having a large number of drug users had no treatment facilities at all. This has left many families in their attempts to care for and treat addicted family members without assistance.

Cannabis

In 2006 and 2007, the extent of cannabis cultivation was calculated through direct observation and through interviews with district and village elders as part of the Afghanistan Opium Survey. As this survey was not primarily designed to verify the extent of cannabis cultivation, conclusions regarding the volume of cannabis cultivation must be treated as indicative rather than definitive.

Approximately 70,000 ha of cannabis is estimated to have been cultivated in Afghanistan in 2007 compared to 50,000 ha in 2006 and 30,000 ha in 2005. Cultivation has also spread geographically. In 2007, cannabis was cultivated in 18 out of 32 Afghan provinces.

Figure 17: Cannabis Cultivation (ha), 2005-2007

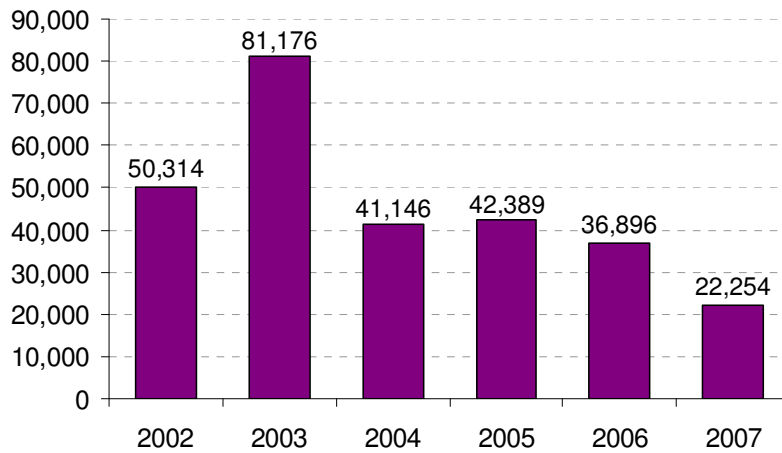


Source: UNODC, *Afghanistan Opium Survey 2007*, October 2007

Most of the cannabis produced in Afghanistan is transformed into cannabis resin which is also known as hashish. Afghanistan is a key producer of hashish and the largest producer in South-west Asia. The increase in hashish production in Afghanistan has been more significant than the global increase in hashish production. Afghanistan is also widely perceived to be a source country of hashish seized in other countries.

Cannabis cultivation is also a source of income for a relatively small portion of farmers. As a percentage of total cash income, cannabis cultivation accounts for an average of 0.7 percent of farmers' income. In southern Afghanistan cannabis cultivation accounts for a slightly more important source of income at 1.6 percent of total cash income. Prices for cannabis have increased consecutively over the past two years. As of June 2007, the price per kilogram of cannabis was 53 USD. Given the higher level of productivity, this brings it on par with the income that can be earned from opium poppy cultivation. In addition, cannabis cultivation does not face the same threat of eradication which makes it an attractive crop for farmers.

Figure 18: Cannabis Resin Seizures (kg), 2002-2007



* 2007 figures are from January 1-April 19th

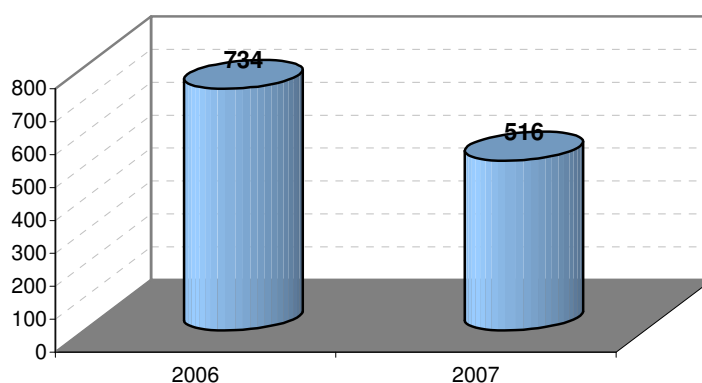
Source: UNODC, *2007 World Drug Report*, June 2007 and MCN official correspondence with UNODC

Hashish is the most commonly used drug in Afghanistan with an estimated 520,000 users. As with other drugs, patterns of hashish use vary significantly with gender: the estimated prevalence of hashish use among adult men is equal to 8 percent, while estimated prevalence of hashish use among adult women is 0.1 percent.

Synthetic Drugs and Inhalants

There are no known production facilities for producing amphetamine type stimulants (ATS) in Afghanistan and limited ATS seizures have been made by government authorities. Nevertheless, ATS markets thrive where precursors are available and unregulated as is known to be the case in Afghanistan. ATS is also a generally low cost drug appealing to young people. It is noteworthy that significant methamphetamine production occurs in nearby China and Myanmar. There is also ample supply of ephedra in Central Asia. The level of ATS precursors in countries neighbouring Afghanistan plus skyrocketing levels of ATS abuse in nearby Iran and to a lesser extent Pakistan, suggest that ATS may be or may become a threat to Afghanistan.

Figure 19: Seizures of Psychotropic Tablets, 2006-2007



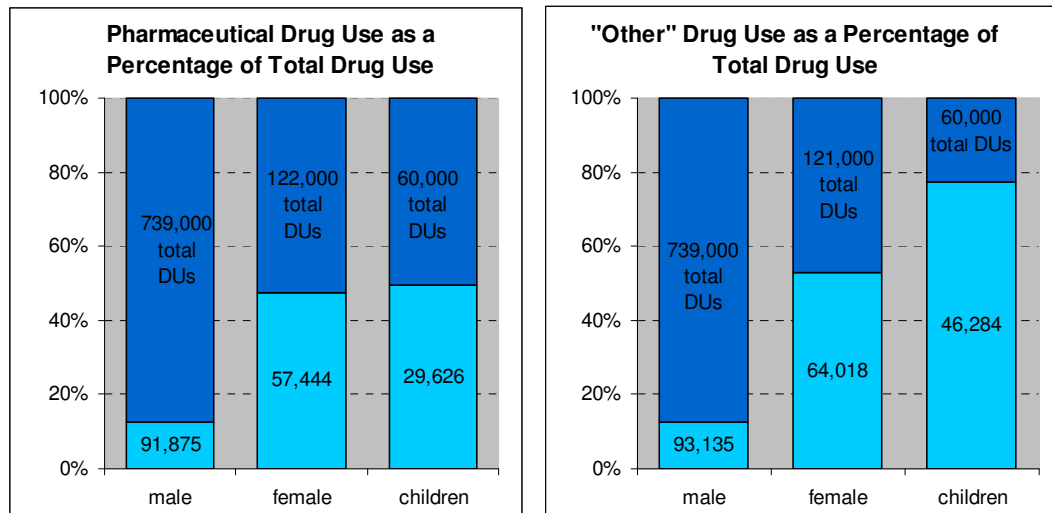
Source: MCN official correspondence with UNODC

Of primary concern with regard to synthetic drugs in Afghanistan is the abuse of widely-available, dubious quality pharmaceuticals. Due to the lack of strong government control and a licit control framework, a wide variety of pharmaceuticals are easily available without a prescription in pharmacies, other retail outlets, and even roadside stalls. Many of these drugs are counterfeit, outdated, and were illicitly manufactured in India or Pakistan.

It is difficult to quantify the level of synthetic drug use in Afghanistan. No direct studies have yet been conducted on the prevalence of ATS or other synthetic drugs. In the 2005 UNODC study of drug abuse in Afghanistan it was estimated that 180,000 people use pharmaceuticals and 200,000 people use "other" drugs. Other drugs most commonly reported were cough medicines, solvents such as petrol and glues which are inhaled and/or consumed, various preparations derived from the cannabis plant and opium poppy capsules, and a variety of locally sourced drugs, including preparations made from dried scorpions, snakes and wasps.

Importantly, synthetic drugs represent the primary category of drugs used by women and children addicts. According to the 2005 UNODC study, “other” drugs accounted for 52.9 percent of all female drug users (64,018 users) and 77 percent of all child drug users (46,284 users).

Figure 20: Pharmaceutical Drug Use and “Other” Drug Use as a Percentage of Total Drug Use, 2005



Source: UNODC, *Afghanistan Drug Use Survey, 2005*

Major Drugs and Precursors Trafficking Routes

Drug trafficking takes place both within and outside of Afghanistan. Within Afghanistan, drugs move primarily to the borders where it is believed that the majority of production facilities are located.

Figure 21: Opium and Heroin/Morphine Movement within and out of Afghanistan

Opium movement within and out of Afghanistan									
Region	Percentage of opium flowing within the country					Percentage of opium flowing outside the country			
	Central and Eastern	North-eastern	Northern	Southern	Western	China	Iran	Pakistan	Central Asia
Central and Eastern		20		40				40	
North-eastern	25		10			10		20	30
Northern	10			60					30
Southern					35		50	15	
Western			5				60	10	25

Heroin/morphine movement within and out of Afghanistan									
Region	Percentage of heroin/morphine flowing within the country					Percentage of heroin/morphine flowing outside the country			
	Central and Eastern	North-eastern	Northern	Southern	Western	China	Iran	Pakistan	Central Asia
Central and Eastern		20		40				40	
North-eastern			10	10	10	10		20	30
Northern				30				40	30
Southern					35		50	15	
Western							60	10	30

*due to rounding, rows do not equal 100 percent

Source: UNODC, *Afghanistan Opium Survey 2007*, October 2007.

Approximately 20 and 40 percent of the opium production of central and eastern region is trafficked internally to the north-eastern and southern regions respectively, while another 40 percent is exported to Pakistan. The North-eastern region is believed to be the primary supplier of opium to China (10 percent) with the remainder of opium flowing to the central and eastern regions (25 percent), the northern region (10 percent) and to

Pakistan and Central Asia (20 percent and 30 percent respectively). From the northern region, the majority of opium produced moves south (60 percent), while 30 percent exits the country through Central Asia. The majority (95 percent) of opium produced in southern and western regions is believed to be trafficked to Iran, Pakistan, and Central Asia (primarily Turkmenistan) while 5 percent moves from the western region to the northern region.

Approximately 20 percent and 40 percent of the total heroin/morphine production in the central and eastern region is trafficked to the north-eastern region and southern zones respectively. The remaining 40 percent is believed to flow to Pakistan. Heroin/morphine produced in the north-eastern region is dispersed to the northern, southern, and western regions (10 percent each), with the largest portion being exported through nearby Central Asia (30 percent). From the northern region, roughly equal proportions of heroin/morphine flow to the southern region (30 percent), Central Asia (30 percent), and Pakistan (40 percent). From the southern and western regions, the majority of heroin/morphine is trafficked to Iran (50 percent and 60 percent respectively). Lesser proportions are exported to Pakistan and Central Asia, and from the southern to the western region.

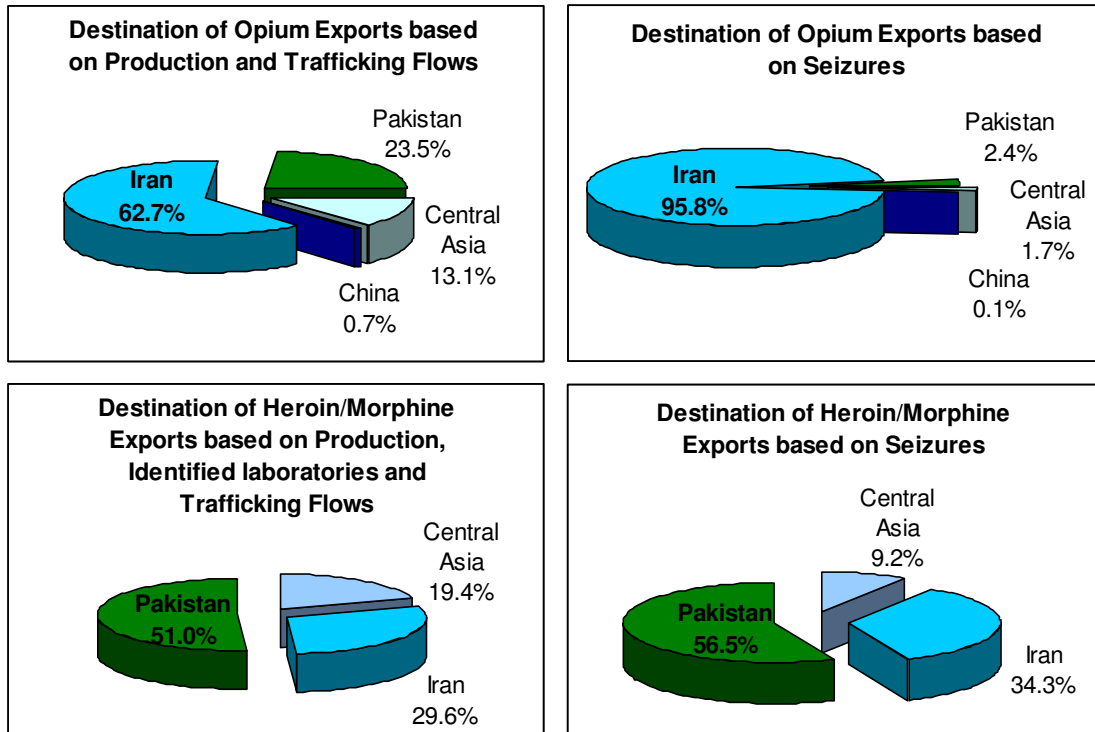
Drugs follow three general trafficking routes out of Afghanistan: the “northern route” through Central Asia; the “western route” through Iran; and the “southern route” through Pakistan. These routes are not mutually exclusive and in recent years there has been evidence of opiates moving between the different routes to avoid detection.

The “northern route” through Central Asia is thought to transport 15 percent of all Afghan opiates (21 percent of all Afghan heroin/morphine). These drugs enter through Turkmenistan, Uzbekistan, Kyrgyzstan, and also Tajikistan which seizes the majority of all opiates in the region (73.2 percent and 48 percent of all heroin and opium respectively between 2002-2006). The primary destination for these opiates has traditionally been the lucrative markets in Europe and Russia although an increasing portion is believed to be trafficked into China. There is also significant off-selling along transshipment routes as indicated by skyrocketing levels of opiate use in the region.

The “western route” through the Islamic Republic of Iran is believed to transport 53 percent of all Afghan opiates (31 of all heroin/morphine). A large portion of these drugs are believed to be consumed within the country which has the fastest growing rate of opiate abuse worldwide. From Iran, drugs are believed to be trafficked north-west into Azerbaijan and Turkey destined for Europe and south exiting Iran’s port cities destined for Iraq and other states of the Arabian Peninsula.

The “southern route” through Pakistan is thought to transport 33 percent of all opiates (48 percent of all heroin/morphine). Drugs are believed to enter through the numerous green borders in Balochistan and the North West Frontier Province. As in other transshipment states, Pakistan is experiencing growing rates of opiate use. Onward transshipment occurs through China, Pakistan’s southern ports, although the majority is believed to be trafficked to India where numerous land and seaports can move it throughout the globe.

Figure 22: Destinations of Opium and Heroin/Morphine Exports



Source: UNODC, *Afghanistan Opium Survey 2007*, October 2007.

Precursors Trafficking Routes

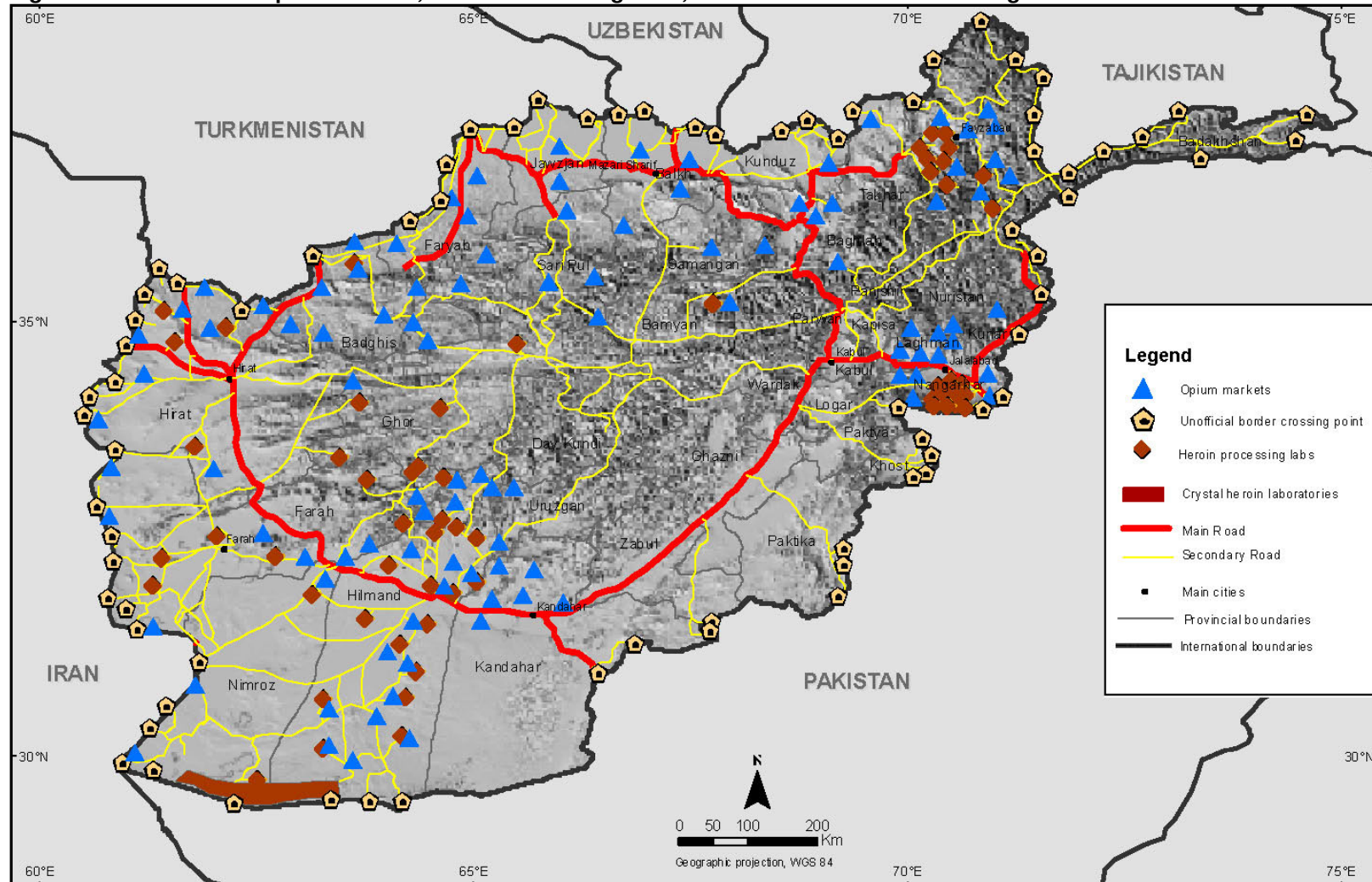
Afghanistan currently has neither the capacity to produce precursor chemicals nor any licit need to use them. Nonetheless, the scope of illicit heroin manufacture believed to be taking place in Afghanistan necessitates the addition of thousands of tons of precursor chemicals, most importantly acetic anhydride (AA).

It is believed that precursors enter Afghanistan from all neighbouring countries. Based on seizure data, considerable amounts of precursors enter through Afghanistan's border with Pakistan. The large licit chemical industry in China may be an important point of origin of these chemicals, possibly transiting Central Asia. A significant portion of precursors are believed to enter the country in barrels labeled machinery oil.

Considering the substantial volume of precursor chemicals entering and drugs exiting Afghanistan, it is important to examine the enabling factors that allow for this high level of illicit movement across the Afghan border. There are four main explanations:

- i. **Border management:** Some parts of the border are not under the control of the government, particularly in areas along the southern border with Pakistan (Hilmand, Nimroz and Kandahar provinces). Traffickers are also believed to move off the main transportation routes to take advantage of the numerous green borders. According to the Afghan government, there are at least 167 unofficial border crossings between Afghanistan and its neighbouring countries. Use of green borders is believed to be less likely in the case of precursor chemicals which are of low value to weight. This means that the value per kilogram of precursors is significantly lower than that of processed drugs such as heroin which means that they are generally shipped in large quantities.
- ii. **Government capacity:** Low government capacity hinders effective interdiction efforts as police, customs officials, and border guards are often unfamiliar with search techniques and unable to identify precursor chemicals.
- iii. **Equipment:** Border guards do not have sufficient and proper equipment for drug and precursor testing. Moreover, the lack of basic equipment such as vehicles and petrol can prevent the effective policing of large sections of the border.
- iv. **Corruption:** Low levels of pay and the lack of an institutionalized system of checks and balances among police, customs officials, and border guards are further believed to facilitate the movement of drugs and precursor chemicals.

Figure 23: Locations of Opium Markets, Heroin Processing Labs, and Unofficial Border Crossings



Drug Related Crime

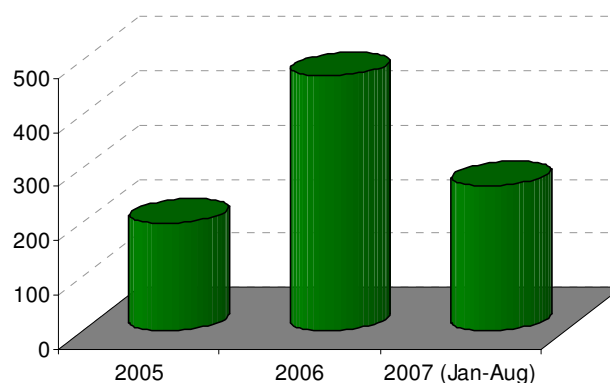
Growing, storing, transporting and selling drugs have been counted as both legal and illegal activities at various points in Afghanistan's history. Throughout the majority of the Taliban era, opium poppy was legally cultivated, transported and sold. However, in 2001 the Taliban imposed a ban on opium poppy cultivation, although not on its sale.

Since the fall of the Taliban government in 2001, the interim government and subsequent elected government of Afghanistan have been working to improve law enforcement capacity in the area of drug related crime. The interim government formally banned opium poppy cultivation and other activities related to the opium trade in January 2002.

In 2005, the Criminal Justice Task Force (CJTF) was created with support from UNODC and donor countries to fast-track major drug cases within Afghanistan. The CJTF has the authority to work on those cases which involve more than 2 kg of heroin, 10 kg of opium, 50 kg of hashish, or 50 L of precursors chemicals. For drug cases involving lesser amounts, regional prosecution authorities and Supreme Court branches have the authority to administer them.

The creation of the CJTF has also provided a mechanism for the collection of drug related crime data for the first time. In 2005, 424 cases were processed. In 2006, the number of cases processed increased to 564, due to improvements in Afghanistan's policing and justice system capacity. During 2007, 342 cases were processed. The decrease in the number of cases by 2007 is thought to be partially due to the inability of the police to effectively interdict drug related crime in the insecure southern and western parts of the country. The pervasiveness of bribery and corruption are also believed to continue to hinder arrests and prosecutions, as well as the decrease in the cooperation between the CJTF and provincial police.

Figure 24: Illicit Drug Cases, 2005 to 2007



Source: Criminal Justice Task Force, official correspondence with UNODC, 2007

Organized Crime

The Government of Afghanistan and the United Nations have both expressed fears that Afghanistan is at risk of becoming a narco-state as organized criminal groups linked to drug trafficking gain power or are able to overwhelm government officials. However, given the lack of in-depth study or statistical evidence on organized crime in Afghanistan coupled with the difficulty associated with trying to study covert activities, one can only speculate over the full scope of organized crime.

There is little data available on the number of organized crime groups operating in Afghanistan and even less data regarding the extent to which these groups are involved in producing, trafficking or selling drugs. Nevertheless, there are several risk factors that magnify the threat of organized crime in Afghanistan including the lure of large profits available from the opium economy, the permissive environment created by a lack of effective government control, and in particular the lack of institutional transparency.

The large profits available from the Afghanistan opium economy provide a significant incentive for any group to organise and attempt to control part of it. It is estimated that the opium economy is worth a staggering \$4 billion USD. Out of this amount, only a quarter is earned by farmers (\$1 billion USD). Indeed, it is believed that a significant portion of the \$3 billion USD that accrues ends up in the hands of warlords, organized criminal groups and insurgents.

The second risk factor is the permissive environment created by the lack of effective government control. The central government, even during the periods that it was in place, has rarely been able to exert effective control over the full scope of its territory and other power brokers have stepped in to fill in the vacuum. These power brokers have an interest in personal enrichment but also in maintaining their power base, which requires easy access to funds by controlling parts of the opium economy.

The final risk factor is Afghanistan's current state of underdevelopment in which institutions lack transparency, accountability, and checks and balances, attributes which make the criminalization of the state difficult for other countries. Perversely, as law enforcement has been successful in interdicting traffickers and eradicating illicit cultivation, this may have helped strengthen the position of organized criminal groups who have been able to buy protection whilst the competition is eliminated. Organized criminal groups then make up an increasing proportion of the illicit market.

Anecdotal evidence suggests that the processes of vertical integration and increasing organization may be occurring in Afghanistan. Vertical integration can be defined as the degree to which a criminal organisation (in this case, a trafficking group) owns its upstream suppliers and its downstream buyers. While the extent to which these processes of organisation and integration is taking place is difficult to measure, the indicators which can be examined include a consolidation in the number of criminal organisations, evidence of close associations between government, business, and criminal enterprise, and the exclusion of new criminal groups. The processes of vertical integration and increasing organization are likely to have a negligible impact on the farmers and lower level traders and traffickers. Farmers, for example, may be required to pay bribes, but are not part of organized criminal groups per se. In contrast, fewer and more powerful actors are believed to be increasingly in control of opium refining and

cross-border trading. Thus the degree of organization becomes greater the further up the chain of production.

Thus the picture that emerges of the opium economy in Afghanistan that emerges is one of an evolution of networks of patronage-based organized crime groups who operate on the basis of protection. However, it is worth noting that these groups do not resemble hierarchical organizations with a clearly defined leadership as seen with FARC, the Revolutionary Armed Forces of Colombia for example. This pattern does not, however, preclude that some group or groups may become dominant and attempt to monopolize the drug trade in the region.

HIV/AIDS in Afghanistan

In Afghanistan, the current prevalence of HIV is low, but the risk of it spreading is high. The first case of HIV was registered in 1998. According to figures from blood banks and Voluntary Confidential Counseling and Testing Centres (VCCT), there were 61 known cases of HIV in 2006. As of August 2007, there were 245 known cases of HIV; however, UNAIDS and WHO estimate the full extent of HIV/AIDS is more accurately in the range of 1,000 to 2,000 infected persons.

Afghanistan has numerous risk factors that make the environment favorable for the spread of HIV. These risk factors include the wide availability of opiates, injecting drug use coupled with unsafe injecting practices, commercial sex work, the legacy of armed conflict including the significant number of refugees and displaced persons, the low socio-political and economic status of women, poor blood safety, weak state capacity which hinders public health service delivery, a large youth population, low HIV/AIDS awareness, and stigma and discrimination associated with HIV/AIDS.

Injecting drug use has been the primary driver of HIV epidemics in neighbouring countries. This is an area of critical concern for Afghanistan as the world's largest producers of opiates. If easy access to these drugs fuels drug use, as is believed to be a common trend with regards to widespread drug availability, it could result in the rapid spread of HIV/AIDS. As previously noted, there are 920,000 drug users in the country of which 19,000 (2 percent) are intravenous drug users. The low level of general awareness of HIV and its means of transmission makes it more probable that widespread sharing of needles and other injection paraphernalia will further fuel the spread of HIV.



Commercial sex work is another risk factor for the spread of HIV/AIDS. While it is difficult to quantify the extent of commercial sex work given its secretive nature, a recent Action Aid/World Bank study of Mazar-i-Sharif, Jalalabad, and Kabul estimated an average prevalence of 2 commercial sex workers per 1,000 adult women in the three cities (1,160 total).

As a result of more than two decades of conflict, Afghanistan is home to a large population of former refugees and current and former internally displaced persons (IDPs). Although little is known about the HIV risk behaviours of Afghan refugees and IDPs, such groups generally have little access to information about HIV/AIDS and are often vulnerable due to isolation from their families and the lack of means to support

themselves. There also appears to be some correlation between refugee status and drug use, particularly amongst returned refugees from Iran.

The low socio-political and economic status of women is of particular concern for the spread of HIV. The gender development index (GDI) ranks Afghanistan second to last in the world and female literacy is only 13 percent. This translates not only into inequality of opportunity but also into lack of access to education and healthcare necessary to prevent the spread of HIV.

- HIV risk factors:**
- Opiate availability
 - Injecting drug use
 - Commercial sex work
 - Refugees and IDPs
 - Low status of women
 - Low blood safety
 - Underdevelopment
 - Youth bulge
 - Low awareness
 - Stigma and discrimination

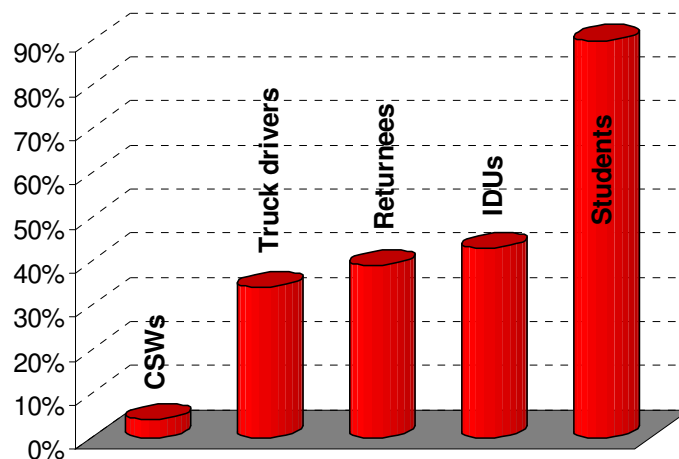
The poor state of blood transfusion facilities throughout the country is another key risk factor. An estimated half of the country's 44 hospitals that perform surgery do not systematically test the blood for HIV before transfusions. There are 19 government-run HIV testing centres but supplies are limited, particularly HIV testing kits. This is coupled with a more general lack of government capacity to provide basic medical services, drug treatment, as well as HIV testing and treatment.

Afghanistan has a large youth population with 53 percent of the population being under 18 years of age.

This substantial youth population combined with low educational levels is an additional risk factor for the spread of HIV/AIDS.

In addition to that, education and awareness of HIV/AIDS is extremely low. In a 2005-2006 Action Aid/World Bank study, only 58 percent of respondents from vulnerable groups had heard of HIV/AIDS. Of these who said they had heard of HIV/AIDS, only 56 percent reported to know what it was.

Figure 25: Percentage of Respondents Who Had Heard of HIV/AIDS



Source: Action Aid/World Bank study, 2005-2006

Finally, the high levels of stigma and discrimination in the use of testing and treatment services, where they are available, contribute to the high risk of HIV spreading in

Afghanistan. Consequently, many people suffering from HIV/AIDS may hide their condition, forgoing treatment and potentially continuing to spread the virus.

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THE PARIS PACT INITIATIVE
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