Why ‘legalising’ Afghan opium for medicine is a non-starter

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The idea of ‘legalising’ Afghanistan’s opium crop for medical use was back in the news this weekend. According to the Independent on Sunday, Tony Blair is now ‘considering’ the plan that has been rejected by the US and also by the Foreign Office. Even though the IOS has hardly covered itself in glory for its recent drugs coverage, this story apparently comes from a prime ministerial spokesperson so there’s no reason think its not true. Another report in Pakistan’s Daily Times say that apparently NATO are also ‘considering’ the plan.

Its not surprising they are at least considering it. Afghanistan is as chaotic and war torn as ever: current efforts to deal with the illegal opium trade are clearly failing in dramatic style. Add to this the fact that everyone knows the eradication plans being floated are hopelessly impractical and have zero chance of success, and there may indeed be potential window for more radical solutions to be reviewed. Unfortunately ‘consider’ is not ‘do’. When they do ‘consider’ it they will find that in its current form the plan is a non-starter. Below is an article which appeared (with a couple of very small edits) in this month’s Druglink magazine in which I explain why.

Fields of Dreams

The Senlis Council proposal to license Afghan opium production for medical use has been garnering much publicity and high level support, most recently from the BMA. Could this plan be a ‘silver bullet’, simultaneously helping to heal Afghanistan and solving the ‘global pain crisis’? Sadly not, argues Steve Rolles from the Transform Drug Policy Foundation.

Superficially at least the idea has great appeal. Currently more than half of global opium production is legal and licensed for the medical market (morphine, diamorphine, codeine). This product is not profiting criminals, fueling conflict, or being sold to addicts on street corners. Could we not help Afghanistan on its road to economic and political stability and fill the apparent shortfall in medical opiates for pain control? Unfortunately no – this apparent ‘silver bullet’ solution faces a raft of practical and political obstacles that render it almost completely unfeasible.

Firstly, the medical opium ‘shortage’ is an illusory one. Licit opium production currently takes place primarily in Tasmania, Turkey, and India, strictly licensed by the UN drug agencies. The problem is evidently not a lack of opium but rather the under use of current production. The INCB estimated annual global demand for licit opiates (in morphine equivalents) was 400 metric tonnes and that over production since 2000 has led to stocks

'that could cover global demand for two years'. Afghanistan's annual production is 610 tonnes of morphine equivalent (and rising). Flooding an already over-saturated market would potentially cause precisely the supply/demand imbalance the UN control system was designed to prevent. Any first steps would, therefore, have to address under-usage of existing production and the related political, bureaucratic, and licensing issues before any realistic role for licit Afghan production could seriously be entertained.

The second problem is a purely practical one with Afgahanistan's status as a failed state and war zone presenting insurmountable obstacles. Although such an illicit-to-licit transition has been achieved in Turkey and India, this required a high level of infrastructural investment, state intervention and security apparatus, something Afghanistan is entirely lacking in its current chaotic and lawless state. Afghan production would also struggle to compete on the international market, with its unit costs estimated by David Mansfield (1) at almost ten times higher than the highly industrialised output from Australia.

Finally there is the fact that demand for non-medical opiates will not disappear, even if Afghan opium production hypothetically could. A lucrative illicit profit opportunity would remain – a vacuum into which other illicit production would inevitably move – whether in Central Asia or elsewhere. More likely, the demand would be met by increased Afghan production under the same farmers, warlords and profiteers, potentially making the situation worse. The plan has no more hope of getting rid of illicit non-medical production than the decades of failed alternative development and eradication have. The brutal realities of supply and demand economics in a completely unregulated and illegal marketplace will see to that.

There may well be a place for smaller scale licensing of Afghan opium at some point in the future, certainly for their domestic medical needs and perhaps as part of an amnesty plan or transition program for farmers moving into alternative crops. But the Senlis plan as currently envisaged is a non-starter – 'silver bullet fantasies' as the TransNational Institute describes it (2). Sanho Tree (Fellow of the Institute for Policy Studies in Washington DC) described the plan as "a mirror image of prohibition – well-intentioned but ill-conceived, just from the opposite end of the policy spectrum". Whilst undoubtedly useful in stimulating debate on licensing opium production, the proposal is now casting a shadow over more thoughtful and cautious policy work being undertaken by other drug policy NGOs. For organisations like Transform there is a danger that an over hyped but ultimately doomed 'legalisation' plan is potentially undermining a reform movement struggling to promote a more nuanced exploration of realistic models for regulated drug production and supply.

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