



Drugs and Development in Asia

A background and discussion paper



Deutsche Gesellschaft für
Technische Zusammenarbeit (GTZ) GmbH

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Preface

Germany has been cooperating with Asian countries in the field of drug control for almost two decades. However, in view of growing drug problems within Asia itself, it has become necessary to reconsider the nature of these problems and to develop a strategic vision for improved development cooperation in this field. The German Federal Ministry for Economic Cooperation and Development (BMZ) and the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH therefore undertook a two-year project to analyse linkages between drugs and development in Asia and to propose objectives, principles and areas for cooperation. The project was implemented by GTZ's Drugs and Development Programme. This paper is one result.

Geographical focus is on the countries of the 'Golden Triangle' (Laos, Myanmar, Thailand and Vietnam) and 'Golden Crescent' (Afghanistan and Pakistan). The rationale for this focus is that these countries are faced with a variety of drug-related problems with an impact on sustainable human development both within these countries and beyond them, both in Asia and globally.

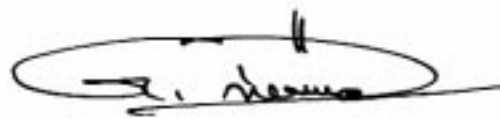
The present paper summarises findings on drugs as development problems - that is, on drugs in relation to basic needs, sustainability, participation and equity, and good governance - and on experience in drug control. These findings constitute an important basis for enhanced cooperation.

In addition, this paper is to stimulate further discussion on the relationship between drug control and sustainable human development. It is hoped that it can contribute in this way to building a broader consensus on drug control policies, strategies, principles and programmes.

The intention of the paper is not to single out particular countries and the problems that face them. The fact that governmental and non-governmental organisations in several Asian countries were ready for frank and constructive discussions on such a sensitive issue indicates clearly a growing partnership and the considerable potential for future cooperation.



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April 1998



Drug control is about cooperation – Discussing linkages between drugs and development in Laos

1. Introduction

Drug problems are problems of sustainable human development. Many developing countries are now probably more affected than are industrialised countries, not only by drug production and trafficking, but also by consumption. Most of the world's heroin is not only produced, but also consumed in Asia. In some Asian countries, drug use is closely related to the spread of HIV/AIDS. In many countries of Asia, drugs are related to poverty, income problems, health and education issues, the marginalisation of social and ethnic groups, violence, crime, corruption and other governance problems.

Awareness of the link between drugs and development is not new. For more than 25 years, for example, rural or 'alternative' development has been used as an instrument of drug supply reduction. Community-based approaches are increasingly used in Asia to prevent or reduce drug consumption. The adverse impact of drug production, trafficking and use on social and economic development is on the agenda of many national and international gatherings.

A recent study sponsored by the United Nations distinguished between 'intended consequences' of drug policies, namely the control of certain substances, and their 'unintended consequences': that is, social, economic and political problems caused by drugs and efforts to control them.¹ The study concluded that only strategies that avoid such 'unacceptable and unintended consequences' should be pursued.

The present paper will take the discussion a step further and propose that drug control not only focus on controlling substances and avoiding 'unintended consequences', but that it make sustainable human development its goal and thus its 'intended consequence'.

The purpose of this paper is therefore twofold:

1. to advance the discussion on linkages between drugs and development problems
2. to further a development approach to drug control

It addresses not only specialists in drug control, but people working both in drug control and in development institutions at the local, national and international levels.

This discussion paper is one of the results of the project 'Preparation of a Strategy on Drugs and Development in Asia'. The project was implemented under the Drugs and Development Programme (ADE) funded by the German Federal Ministry for Economic Cooperation and Development (BMZ) and managed by GTZ.² The intention of this project was to analyse linkages between drugs and development problems in Asia and to make recommendations for improved cooperation between the BMZ and Asian countries regarding them. In this connection, countries in Southeast, Southwest and Central Asia were visited, workshops were carried out and discussions held.

The information presented here is based on data from a limited number of countries in Southwest (Afghanistan and Pakistan) and Southeast Asia (Laos, Myanmar, Thailand and Vietnam). These countries are all faced with problems related to the production, trafficking and use of opium, heroin and other drugs. This paper does not claim to provide a complete picture of the linkages between drugs and development problems and drug control in all of Asia. The examples given in this paper may nevertheless illustrate that drugs and drug control are cross-cutting issues of sustainable human development.

In the chapter following this introduction, a conceptual framework for a 'drugs & development approach' is proposed. The subsequent chapter, Chapter 3, contains an overview of links between drugs and development problems in Southeast and Southwest Asia. Chapter 4 provides a brief assessment of drug control strategies pursued in these sub-regions and their impact on sustainable human development. The paper concludes with a chapter on lessons learned.

1) Tullis, L. 1995: *Unintended Consequences. Illegal Drugs & Drug Policies in Nine Countries*. Boulder/London.

2) *Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH (German Technical Cooperation)*.

2. Drugs & Development: A Conceptual Framework

2.1 Development as sustainable human development

Development and underdevelopment are issues of global importance, but there is little agreement on how to define 'development'. For the purposes of the present report, the understanding of the term 'development' will be based on the concept of 'sustainable human development' promoted by the United Nations Development Programme (UNDP).

Sustainable human development is vaguely defined by UNDP as "... a process of enlarging people's choices".

A number of key principles can be distinguished which include:

- focus on human priority concerns and basic needs such as food, employment, income, basic education and health services, shelter and human security; investment in people;
- ensuring ecological, but also social and economic sustainability;
- participation in and equitable access of people to economic, social, cultural and political processes that affect their lives;
- the need for good governance, that is governance which is participatory, transparent, accountable, effective and equitable, and that promotes the rule of law and human rights.

Such principles are of course not unique to UNDP. In 1991, for example, the German Ministry for Economic Cooperation and Development (BMZ) formulated five criteria for development cooperation, namely:

- observance of human rights;
- participation by the people in political decision-making;
- rule of law and guarantee of legal stability;
- introduction of a social market economy;
- state action geared to development.

In countries where these framework conditions are not satisfactory, they are to be promoted through development cooperation.

In 1994, most countries of Asia and the Pacific expressed their support for the Manila Declaration on the Agenda for Action on Social Development in the ESCAP Region:

"The objective of social development in the ESCAP region can be fully achieved only within a context that ensures international peace and domestic social harmony in accordance with the United Nations Charter, the observance of human rights along with civic responsibility, governance for promoting social development and sustained, equitable development. Such enabling conditions are not present to the same degree throughout the region. Action to ensure the presence of the necessary enabling conditions constitutes a distinct task in itself if the goals and targets of this Agenda are to be attained."

In March 1995, issues related to sustainable human development were discussed at the World Summit for Social Development in Copenhagen.

A global consensus on principles of sustainable human development is thus gradually emerging.



Drug control is about investment in people – health service in Afghanistan

2.2 Drugs and drug control

The international drug control system is based on three United Nations conventions:

- The Single Convention on Narcotic Drugs of 1954 (amended 1972) controls narcotics such as opium, heroin, cannabis and cocaine.
- The Convention on Psychotropic Substances of 1971 regulates production, sale and use of substances such as amphetamines, sedatives, hypnotics and hallucinogens.
- The Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 facilitates the seizure of the assets of drug traffickers, control of money laundering, precursor control and international cooperation against drug trafficking, among other things.

These conventions regulate the control of several hundred substances, ranging from those which are considered dangerous and without any medical purpose to those which are considered somewhat dangerous but of important medical benefit.³ According to the International Narcotics Control Board (INCB) “... *the conventions have only one main goal: to prevent the use of drugs for non-medical purposes.*”

Most countries of the world are parties to these conventions.

The implementation of these conventions is the responsibility of the respective governments. It is supervised, coordinated and supported by a number of institutions at the international level:

- The United Nations Commission on Narcotic Drugs (CND) is a functional commission of the Economic and Social Council (ECOSOC) and the main policy-making body of the United Nations in drug matters. It meets annually in Vienna.
- The International Narcotics Control Board (INCB) is considered the ‘guardian of the conventions’ and meets twice a year in Vienna.
- The United Nations International Drug Control Programme (UNDCP) was established in 1991 and assumed the function of the United Nations Fund for Drug Abuse Control (UNFDAC), the Division of Narcotic Drugs (DND) and the Sec-

retariat of the INCB. Its task - broadly defined - is to assist governments and other institutions in drug control matters. The largest part of UNDCP’s budget is used to fund technical assistance projects aimed at drug control. It is based in Vienna and has a number of field offices, most of them in developing countries.

- The tasks of the World Health Organisation with respect to the above conventions include the review of substances to be put under international control.

Drug control strategies usually fall into three categories:

Supply reduction: that is, the reduction of narcotics cultivation. In the 1970s and 1980s, the drug problem in developing countries was primarily seen as one of the cultivation of plants such as the opium-poppy, coca or cannabis. Strategies included ‘crop substitution’ (in the 1970s) and ‘integrated rural development’ (1980s), sometimes accompanied by enforcement measures. In the 1990s, these approaches were modified to ‘alternative development’.

Demand reduction: that is, the reduction of the consumption of illicit drugs, or, more correctly, of the non-medical use of substances under international control. Measures include preventive education, treatment and rehabilitation of drug addicts and harm reduction activities.

Law enforcement aimed at the control of drug trafficking and the processing of drugs. This includes, for example, police work, but also the improvement of drug control legislation, a strengthening of the judiciary, the control of precursor chemicals and control of money laundering.

In addition to these categories, strategies promoted by the international drug control system are:

- The preparation and adoption of drug control master plans by governments to determine drug control policies, strategies and needs for assistance at national levels.
- Regional or sub-regional cooperation between countries to address the international nature of drug problems.

³ The focus in this paper on substances under international control does not necessarily imply that ‘legal’ drugs (such as tobacco and alcohol) create less damage.

2.3 Development as an instrument of drug control

Recognition of linkages between drugs and development problems is not new. In the early 1970s strategies were introduced to use development as an instrument of drug control. These were in particular to address the issue of narcotics cultivation, which was considered one of the main drug-related problems in developing countries.

2.3.1 Alternative development

Social and economic development activities to reduce opium-poppy cultivation started in Thailand in 1972 with the UN/Thai Crop Replacement and Community Development Project. Similar projects followed in other Asian countries such as Pakistan, Burma and Laos. They were based on the premise that opium-poppy cultivation took place in areas which were economically and politically marginalised. In Southeast Asia in particular, poppies were cultivated by ethnic minorities in remote mountainous areas.

In the beginning, these measures were called 'crop replacement' or 'crop substitution' projects. Although they included a range of activities, their main focus was on legal crops which could replace poppies. In the 1980s, the crop substitution approach was replaced by the strategy of integrated rural development, which meant that the causes for opium-poppy cultivation were to be tackled in a more comprehensive way. The issue was less to find substitute crops than to introduce alternative sources of income and improve living conditions. In Southeast Asia, economic activities and infrastructure development were increasingly complemented by social development activities. In Southwest Asia, this was less the case.

In the beginning of the 1990s, the concept was modified again and is now called 'alternative development'. This term will be used in the remainder of this paper. The main difference to previous concepts is the broader perspective: the overall framework conditions for development in a given country or area need to be taken into account, and alternative development is to be linked to other development issues and activities. More recently, demand reduction components were also included within alternative development projects to address problems of local drug use. Alternative development is thus rural development aimed at reducing or preventing not only drug production but also drug use.

There are a number of open questions related to alternative development:

- Framework conditions for alternative development: In many of the areas where narcotic drugs are produced, governments have little control, or their political will to interfere is limited. Often there are no local counterpart institutions to cooperate with. Sometimes there is conflict and violence. Is alternative development still feasible under such conditions?
- Conditionality: Should development support be directly linked to a reduction in opium-poppy cultivation? If so, how? Related to this is the question of forced eradication. Should alternative development be linked to the eradication of poppy fields by governments or local authorities?
- Limit of support: What constitutes a level of development sufficient to warrant an economy without drug production?
- Cost and effectiveness of alternative development: Does alternative development work? Is it a cost-effective tool for reducing the production of narcotic drugs?

A comprehensive assessment of alternative development in Asia may show that:

- alternative development, where carried out in a meaningful way and supported by governments with the political will to control drugs, has contributed to a reduction in opium-poppy cultivation in the respective countries or areas;
- alternative development, when measured against the quantity of opium reduced, may have been costly and time consuming;
- alternative development, when measured against its contribution to opium-poppy reduction and its contribution to overall rural development, has been rather successful and cost-effective.

2.3.2 Demand reduction

While in the 1970s and 1980s drug control activities and development support in Asia focused on the issue of opium-poppy cultivation, the problem of the increase in local drug use was neglected. In countries such as Thailand and Pakistan, opium production was considerably reduced, while at the same time the use of heroin and other drugs increased dramatically. Pakistan may now have the largest number of heroin users in the world. In Southeast Asia, intravenous drug use is a major cause for the spread of HIV/AIDS.

In the 1980s, activities to reduce the demand for drugs tended to focus on drug use as a medical problem in isolation from other development or community issues. Since the beginning of the 1990s, development activities are increasingly used to reduce the demand for drugs. Such activities may be termed 'community-based drug control' (CBDC) and may include general community development activities, specific activities to prevent drug use and reintegrate drug users, and the prevention of HIV/AIDS. CBDC approaches have been promoted by different organisations, donors and projects, including UNDCP, the Economic and Social Commission for Asia and the Pacific (ESCAP), the Thai-German Highland Development Programme (TG-HDP) and the Thai government under its present 'National Narcotics Control Plan'.

2.3.3 Law enforcement

So far, development has hardly been used as an instrument to control drug trafficking and related problems. Agencies and organisations supporting development activities usually avoid the law enforcement sector altogether. However, drug trafficking is often related to economic crime, money laundering, corruption, a weakening of government institutions and the rule of law, and threats to economic and political reform: in short, to governance issues. As good governance is an important principle of sustainable human development, drug trafficking and related problems can also be considered development issues and can be approached accordingly.

2.3.4 Status of the discussion

From the 1970s to the 1990s, rural development activities were important components of drug control strategies in many drug-producing countries. Such activities received considerable support from international organisations and bilateral donors.

In 1995, the German Ministry for Economic Cooperation and Development (BMZ) adopted its concept paper 'Drug Control within the Scope of Development Cooperation', which among other things emphasises the importance of alternative development.

Internationally, however, the discussion has become somewhat ambiguous. On the one hand, drug control agencies insist on focusing more clearly on drug-specific problems and less on de-

velopment issues, and donors are less inclined to fund alternative development activities; on the other hand, the links between drugs and development are increasingly discussed. Examples include:

- a report on the 'Social and Economic Consequences of Drug Abuse and Trafficking' tabled by the Commission on Narcotic Drugs in March 1995;
- a paper on 'Drugs and Development' presented by UNDCP to the World Summit on Social Development in Copenhagen in 1995;
- a draft of guiding principles for demand reduction, pointing to the need for consistency with principles of sustainable human development including human rights, circulated during the CND session in March 1997.

The social and economic consequences of drug production, trafficking and use are therefore acknowledged. So far, however, strategies and discussions focus only on development as the means of reaching the goal of drug control. The idea of considering drug control as a means or instrument of sustainable human development has been given little attention. On the contrary: drug control organisations tend to make a point of not being considered development agencies.

2.4 Drug control as an instrument of development

The links between drugs, drug control and development can be summarised as follows:

- Drug problems and problems of sustainable human development can reinforce one another.
- Drug control can contribute to sustainable human development.
- Drug control can have unintended negative consequences and can exacerbate both development problems and drug problems.

Therefore, sustainable human development should not be used merely as an instrument for drug control, but should be considered the overall goal of drug control. Drug control is thus an instrument for development. Strategies should be formulated accordingly.

When applied in practice, a specific drugs & development approach emerges:

Drug control activities approach drugs primarily as a development problem affecting specific target groups. The criteria, principles and instruments employed in 'regular' development activities are also applied.

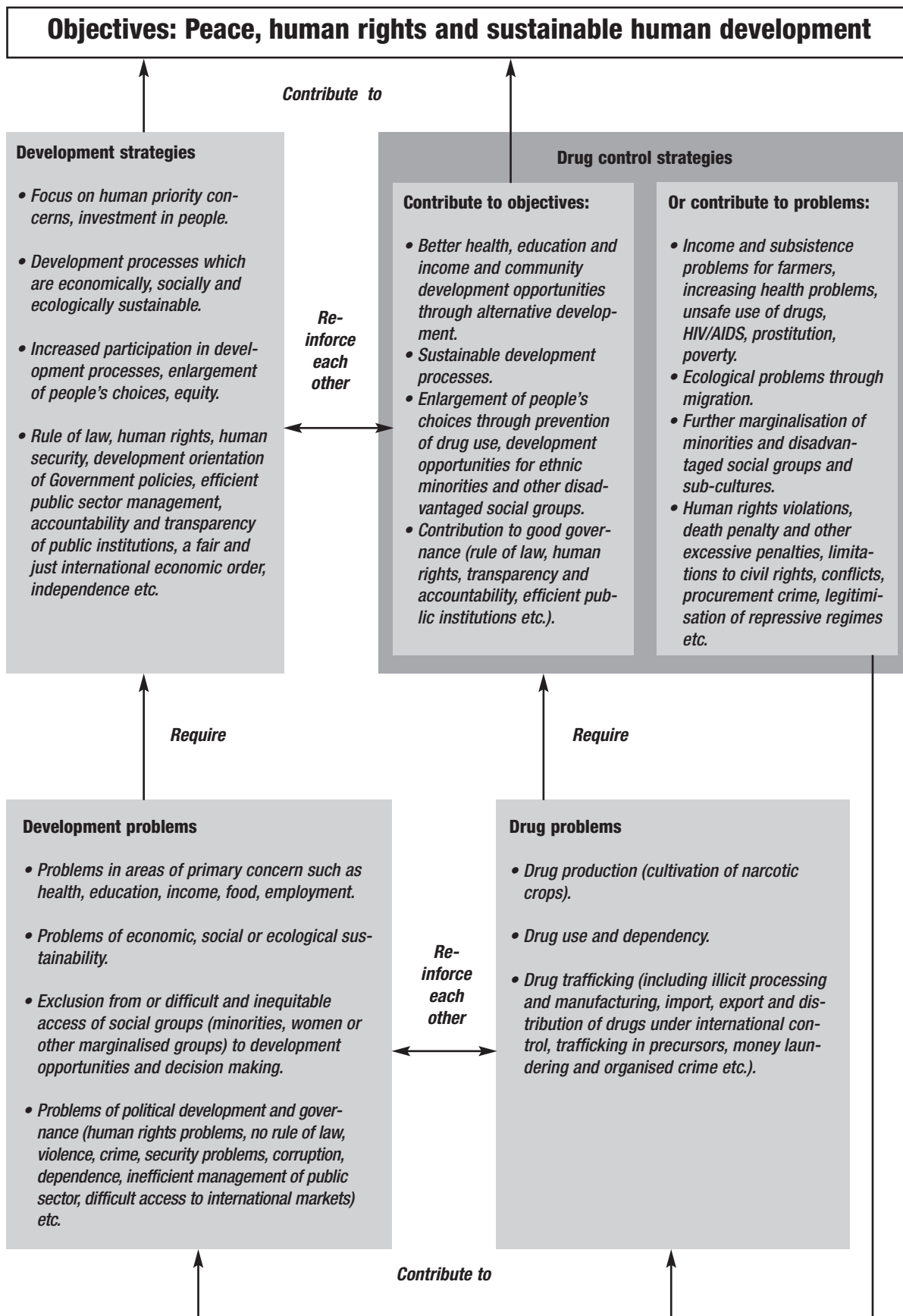
Drug control may contribute to solving drug problems at the national or international levels. However, the main criterion of success is the contribution drug control activities make to solving or reducing drug problems as local development problems. Drug control activities are assessed by their impact on:

- basic needs and other human priority concerns;
- social, economic and ecological sustainability;
- participation and equity;
- good governance.

Viewed in this way, drug control is by no means utopian but is rather as pragmatic and valuable as any other development activity.



Drug control is about equity and human rights – women in Afghanistan



3. Drugs & Development Problems

This chapter provides information on the drug situation - in terms of drug production, trafficking and use - in Southeast and Southwest Asia, and re-

lates this information to issues of sustainable human development, that is, to basic needs and poverty, sustainability, participation and governance.



Drug control is about integration – Yao returnees from Thai refugee camps in Louang Namtha, Laos

3.1 Drugs & development problems in Southeast Asia

3.1.1 Historical background

Problems related to opiates in Asia today can be understood only in a historical perspective. Opium, the coagulated sap of the papaver somniferum, the opium-poppy, may have been used in Asia for medical or ritual purposes and pleasure for thousands of years. However, large-scale production and use with subsequent social, economic and political problems are a direct consequence of the trade patterns between colonial powers and Asian countries from the 18th into the 20th century.

For Great Britain and the British East India Company, the export of opium from India and the Middle East into China was an economic necessity to reverse the negative trade balance between the British and China. As a result of the Opium Wars (1840-42 and 1856-60), China was forced to open its markets to European traders and opium imports.

Some of the consequences were an enormous increase in opium use in China, increasing production of opium in China and neighbouring countries to meet demand, and economic crises and widespread revolt. In the 19th and first half of the 20th century, opium users in China must have consumed several times the amount of opium produced globally today. Through Chinese traders, workers and emigrants, the opium trade and the use of opium spread to other countries of Southeast Asia.

Another development in China influenced the drug situation in Southeast Asia, namely the migration of ethnic minorities from southern China at the end of the 18th and the beginning of the 19th century to what are today Thailand, Laos and Vietnam. With them they brought the knowledge of opium-poppy cultivation.

In Indo-China, opium production, processing and sale were consolidated by the French colonial administration under the *régie d'opium* at the end of the 19th century. Commercial opium production was concentrated in ethnic minority areas of north-eastern Laos, in particular the province of Xieng Khouang. During the Indo-Chinese wars, different factions tolerated drug production and trafficking to ensure the loyalty of ethnic minorities or to cover war-related expenses.

For political reasons, drug production and trafficking - in which the Kuomintang played a prominent role - were tolerated in the Shan State of Burma and northern Thailand following the Communist victory in China.

Serious efforts to control drugs began again in the early 1970s. They were implemented in different countries with varying vigour and continuity.

3.1.2 Opium-poppy cultivation in Southeast Asia

3.1.2.1 Extent

Southeast Asia is one of the two main sources of illicit opiates. Opium-poppies are presently cultivated in Myanmar, Laos, Vietnam and Thailand. Reports also suggest minor cultivation in China.

There is little disagreement on the extent of opium production in Laos, Thailand and Vietnam, while data on the main producer in this sub-region, Myanmar, are less clear. Overall production in Southeast Asia in 1995/96 may have ranged from 1,000 to 2,700 metric tonnes (mt).

In Laos, in 1992 - when 125 to 130 metric tonnes were produced in total - about 85 percent of the poppies were cultivated by the Lao Soung ('Lao of the mountain tops'), that is, Sino-Tibetan groups including Hmong, Yao, Lanten, Akha, Lahu and Haw. Since then, approximately 10,000 families have taken up opium production, many of them also belonging to both lowland and upland groups. Total production in Laos increased to 140 tonnes in 1996. Opium cultivation is found in all provinces of northern Laos, with a large number of households (about 70,000 in 1996) producing relatively small amounts each (about two kilograms per household per year). In Laos, opium production is therefore extremely fragmented.

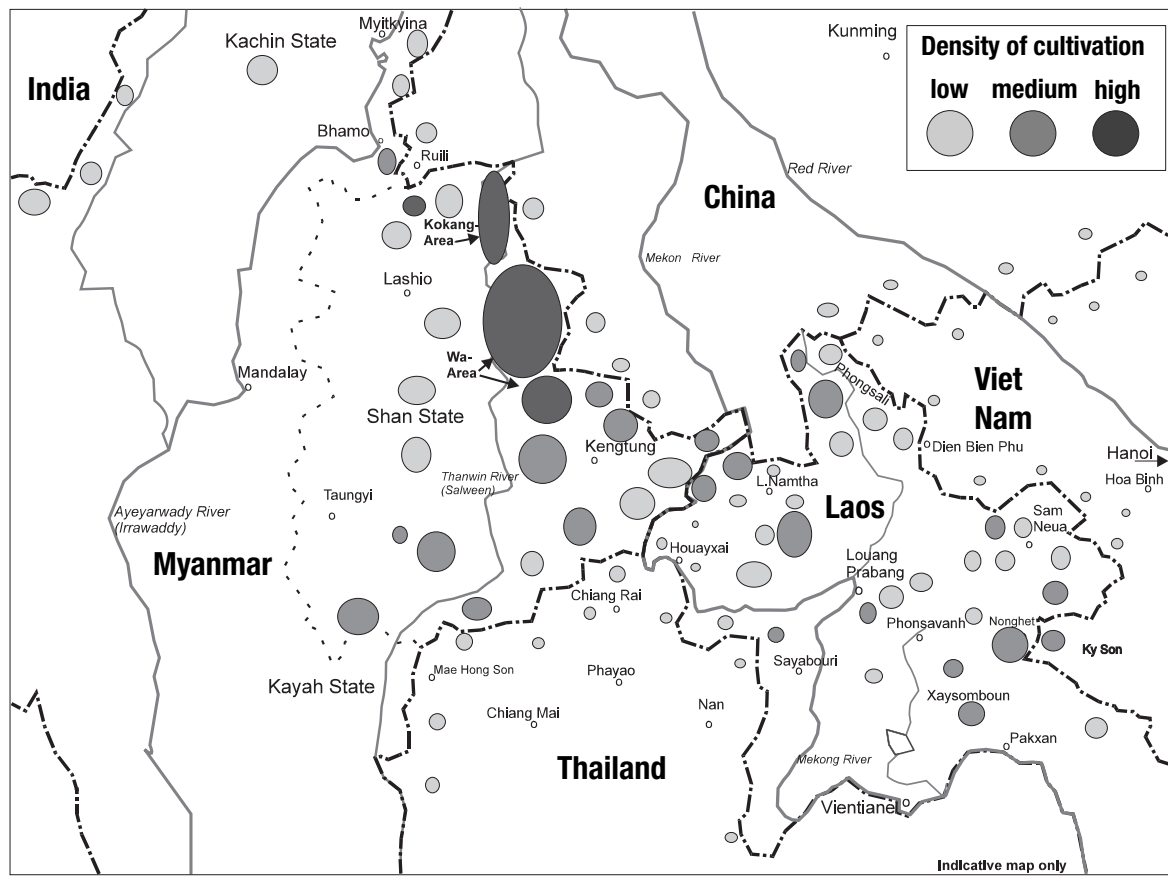
In Thailand, most of the opium-poppies are also grown by Sino-Tibetan groups (Hmong, Yao, Lahu and Akha) in the northern part of the country, close to the border of Myanmar.

In Vietnam it is again mostly Hmong and Dao/Yao minorities who cultivate poppies. Following eradication campaigns in the early 1990s, the remaining poppy fields are now concentrated close to the Lao border.

In Myanmar, in addition to Sino-Tibetan minorities such as Lahu and Akha, other groups including Wa and Shan are heavily involved in poppy cultivation. The largest part of Myanmar's opium is produced in the eastern Shan State, in particular in the Wa and Kokang areas bordering China.

In short, most of the opium in Southeast Asia is grown by ethnic minorities living in remote high-

Opium poppy areas in Southeast Asia



Estimated opium production in Southeast Asia

Country	Area (ha)	Yield (kg/ha)	Production (metric tonnes)
China (1995)	0 - 1,275	14.9	0 - 19
Laos (1996)	21,600	6.5	140
Myanmar (1996)	51,000 - 163,100	15.6	800 - 2,540
Thailand (1996)	386	13.8	5
Vietnam (1995)	2,590	4.0	10
Total	79,215 - 188,951		991-2,714

Sources: Government data for Vietnam, Thailand and Laos. Government information for minimum and US-Government data for maximum production in Myanmar and China.

land areas and practising different forms of upland agriculture. Rice is the staple crop mainly grown on slopes during the rainy summer season. Opium is grown during the winter season and in most areas is harvested between January and March. Opium and livestock are usually the main sources of cash income for these communities.

3.1.2.2 Factors contributing to opium production

Subsistence problems

In many of the upland and highland areas where the opium-poppy is cultivated, people hardly pro-

duce sufficient rice for their own consumption. Laos as a whole, for example, can hardly meet national demands and often has to import rice. Most rural families in mountainous areas of northern Laos are faced with chronic rice shortages. People in these areas also grow other crops, such as sesame, legumes, fruits or sometimes cotton, but road conditions often prevent the marketing of cash crops. In northern Laos, about half of the district capitals have no year-round road access. Livestock is a major source of income for people in such areas. Investment of savings in buffaloes, cattle, pigs or poultry can be risky, as animal diseases are widespread and veterinary services limited. The death of a buffalo can ruin a family.

Under such conditions, opium may have several advantages:

- Opium-poppies can be grown during the winter season between October and March on fields which in summer are used for the cultivation of maize.
- With opium, a relatively high income can be obtained from a small piece of land. In Laos, poppy farmers plant poppies on 0.3 hectare on the average. Sometimes, poppy fields are found within villages as backyard gardens where they can be looked after intensively. In Laos and Vietnam, where farmers use few inputs other than family labour, yields are lower than in other countries of Southeast Asia. In Southeast Asia, on the whole, yields are much lower again than in Pakistan and Afghanistan.

port numerous physical and mental health problems. In northern Laos, child mortality rates sometimes reach 400/1000, while even basic health care facilities are lacking. Hmong communities in Xieng Khouang province of Laos report that they spent a relatively large share of their income for medicine of dubious quality, bought without prescriptions from distant pharmacies or from traders who pass through.

Ethnic minorities in Southeast Asia are educationally disadvantaged. Access to education is restricted by the lack of schools and qualified teachers who speak local languages or are ready to work in such distant locations. Curricula appear to be of little relevance to the life and culture of minority peoples. Even where schools exist, drop-out rates are high.

Potential farm-gate income from opium production in Asia (estimates only)

Country	Production (mt)	Income at farm-gate		Approx. income per capita (US \$)
		Min. US \$	Max. US \$	
<i>Laos (1996)</i>	140	35,000,000	42,000,000	90
<i>Myanmar (1996)</i>	800 - 2,540	200,000,000	750,000,000	180
<i>Thailand (1996)</i>	5	1,250,000	2,000,000	200
<i>Vietnam (1995)</i>	10	2,500,000	3,500,000	65
<i>Afghanistan (1996)</i>	2,248	45,000,000	56,000,000	35
<i>Pakistan (1996)</i>	28	1,000,000	1,400,000	42
Total	3,231 - 4,971	284,750,000	854,900,000	

Remark: Estimate based on data on production and farm-gate prices and the number of poppy farmers and their families possibly involved.

- Opium has the advantage of combining low weight and volume with high value. Opium can be easily taken to traders; most often traders even come to farmers to purchase opium. In addition, opium can be stored for months or years. In contrast, farmers would have to sell several hundred kilograms of fruit shortly after harvest at markets which are difficult to reach in order to obtain the same profit that can be made by selling one kilogram of opium. This means: the worse the road conditions, the greater the comparative advantage of opium.
- The increase in opium prices from about US\$ 100 per kilogram in 1992 to more than US\$ 400 in 1997 made opium production even more lucrative, the more so as prices for other agricultural produce have not risen proportionately.

Marginalisation

The access of communities not only to markets but also to other services and opportunities is limited in remote areas. People living in such areas re-

In short, people in minority areas have few opportunities to participate in social and economic development processes. Poppy cultivation, drug trafficking and drug use are among the consequences.

Cultural aspects

Opium has been used for a long time for social and religious functions in minority communities. However, the amount of opium required for such purposes is limited and has not been a factor in large-scale production.

Governance problems

Most communities faced with economic or social development problems are not engaged in opium-poppy cultivation. Often it is political or governance factors which tip the balance in favour of opium production.

There are historical reasons for this. In Southeast Asia, opium-poppies are grown in ethnic mi-

nority areas. In Laos, the French colonial administration started involving these minorities in commercial opium production at the beginning of the century. Later on, different factions in the Indo-Chinese wars tolerated poppy cultivation among minorities for political reasons and reportedly to fund military operations. In Burma and northern Thailand, drug-related activities of the Kuomintang and local militias were tolerated for similar reasons.

Relations between central governments and poppy-growing ethnic minorities are still sensitive. In Thailand, minorities growing poppies in border areas were for a long time considered a potential threat to national security. The opium question therefore had to be addressed with care.

In Laos, during the Indo-Chinese wars, ethnic minorities had been fighting on both sides. Some resistance, in particular from Hmong minorities, continued after the take-over of the Pathet Lao in 1975. Here again, it was considered politically difficult to take firm action against poppy cultivation.

In Myanmar, poppy fields and heroin laboratories are also found in minority areas, mostly in the eastern Shan State. Minority groups resisting the central government have been using income from drug production to finance their movements and maintain their autonomy for some time. Some of those groups who have agreed to cooperate with the government, as well as some local militias, are reportedly continuing the drug business.

A report from 1987 comparing opium production in different countries concluded that "... *illicit poppy growing is practised exclusively in the politically problematical areas...*"⁴

- Other governance factors which may contribute to opium production include:
- the lack of resources and the inability of government institutions to implement development plans in remote areas;
- ambiguous drug control policies with little transparency and accountability;
- corruption.

4) Meer 1987: 32.

3.1.2.3 Consequences of opium production

Stagnation

Income from opium production can help communities make up for deficits in food, livestock or other cash crop production - at least temporarily. It would be difficult, however, to find communities in Southeast Asia in which opium production has contributed to improved education, health, employment, stronger community organisations and social structures, sustained agricultural productivity or better livelihoods in general. On the contrary, opium production often conceals structural problems and prevents adaptation to a changing environment. In the long run, poppy cultivation appears to be an obstacle to sustainable human development processes.

Economic dependency

Opium production implies economic dependency. Poppy farmers sell opium on an illegal international market which is beyond their control. Prices for opium may have increased in recent years, but farmers still obtain only a very small share of the overseas street value. They are not only exploited by this drug market but also adjust their economic structures to the needs of this market, which increases again their economic dependence on opium production.

Poppy cultivation and ecological sustainability

Most opium-growing communities in Southeast Asia practice various forms of shifting cultivation. Poppy cultivation is therefore assumed to be a major cause of environmental degradation. However, the link between poppy cultivation and ecological problems is somewhat more complex. In some areas, virgin forests are indeed cleared for opium-poppy cultivation but to a much lesser extent than for rice and other legal crops. While rice fields have to shift every two to three years, poppy fields, which are only a fifth to a sixth as large as rice fields, are often used for years without interruption. The areas which need to be cleared for opium production are thus much smaller.

There is, however, an indirect link between opium and ecological problems: income from opium production can help make up for the decreasing productivity of other fields. Poppy cultivation may thus be seen as a response to resource scarcity. The ecological consequence is that it helps maintain farming systems which are ecologically problematical and reduce pressure to make these farming systems more sustainable.

Marginalisation

Opium production may be considered an obstacle to the integration of minorities into national development processes and markets. Poppy farmers produce an illegal crop and thus continue to operate outside the national economy. They run the risk that governments or local administrations may take action against opium production and drug trafficking, marginalising them yet further.

Governance problems

Tolerating opium production may have reduced the risk of open conflict between governments and ethnic minorities in the short run, but it has hardly contributed to improved social, economic or political integration of minorities.

In some areas, income from opium is used to finance resistance movements.

Opium production has been a source of corruption among local officials, armed and security forces in poppy-growing countries of the sub-region. Reports on the involvement of government officials in the drug business have damaged the reputation of several countries.

Drug use and poverty

Local drug use is a significant effect of opium production. In 1992/93, a survey on opium production and use was carried out in northern Laos. A surprising result was that about 50 percent of the opium produced in Laos was actually used by addicts from ethnic minorities within or adjacent to poppy-growing areas. Subsequent studies showed that drug use in turn was a major factor contributing to poverty and other



Drug control is about basic needs – a poppy farmer in Phalavek, Laos

problems in minority communities. Similar effects are reported from poppy-growing areas in Vietnam, Thailand and Myanmar. In this respect, Southeast Asia may be different from other regions of the world where narcotic crops are cultivated. In Pakistan and Afghanistan, for example, there is little opium use within the poppy-growing areas.

3.1.3 Processing of and trafficking in drugs in Southeast Asia

3.1.3.1 Extent

The processing of opium into heroin takes place in several countries of the sub-region. Most of it, however, is at present refined in Myanmar in proximity to poppy-growing areas and shipped from there to other countries. Thailand continues to be a major transit country for heroin, but with the opening of the border between China and Myan-

Seizures of opiates in Southeast Asia (1993/94 in kg)

Country	Opium	Morphine	Heroin
China (1993)	3,354	8	4,459
Laos (1994)	293	0	45
Myanmar (1994)	1,689	0	234
Thailand (1994)	606	0	1,295
Vietnam (1994)	2,019	3	32
Total	7,961	11	6,065

Source: Government data.

mar in 1989, the smuggling of heroin to and through China increased significantly. This is reflected in seizure figures. Other countries, including Cambodia, Laos, Vietnam and India, now also serve as transit routes.

A large part of the opium and heroin produced in Southeast Asia remains in the sub-region and is consumed locally by a growing number of drug users. In Laos, for example, it is estimated that about half of the opium is used by addicts within Laos and a further 15 to 20 percent is used for medical or social purposes in minority areas. Only about one third is thus available for export. Thailand, Vietnam and China are net importers of opiates.

In terms of overseas markets, the United States of America is a major destination for drugs from Southeast Asia. It has been estimated that 60 percent of US heroin originates in Myanmar. The situation is different as far as European countries are concerned. Only about three percent of the heroin seized in Germany, for example, can be traced back to Southeast Asia. For Europe, Afghanistan is the main source of opiates.

Between 1992 and 1996, opium and heroin prices in Southeast Asia increased by about 300 percent, in Laos from less than US\$ 100 per kilo-

gram of opium to more than US\$ 300, in Thailand from about US\$ 150 to more than US\$ 400. The trend in Myanmar was similar.

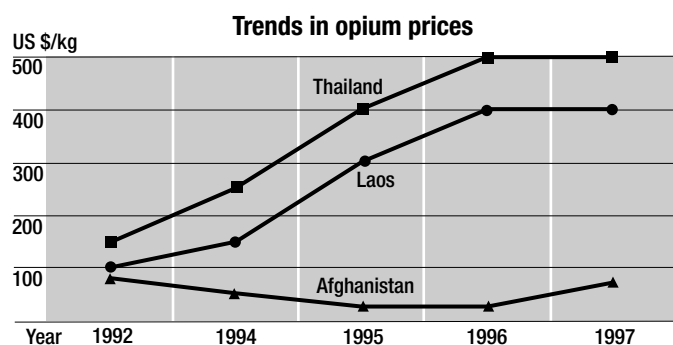
During this period, in Afghanistan and Pakistan prices dropped by half to about US\$ 30 to US\$ 60 per kilogram of opium. In 1996, one kilogram of opium averaged US\$ 25 in Afghanistan, that is, about one tenth to one fifteenth the price in Southeast Asia. There are no convincing explanations for this, but one implication is that opium production has become very lucrative again in Southeast Asia.

In recent years, drug trafficking organisations in Southeast Asia increasingly turned to the manufacturing of metamphetamines. While a large part of the heroin is exported, metamphetamines are mainly produced for markets in Southeast Asia

3.1.3.2 Factors contributing to drug trafficking

Profits

In 1992, opium prices in Southeast Asia were so low that the production and sale of many legal crops might have been more profitable than the smuggling of opium and heroin. People nevertheless grew and sold drugs because it was easier to take them from remote areas to markets. Price increases between 1993 and 1996 made drug production and trafficking highly profitable once again. This constitutes a major incentive for drug



Sources: Government and UNDCP Data

production and trafficking and can undermine the drug control policies of governments.

Corruption

Widespread corruption is another factor facilitating drug trafficking. It may range from petty corruption of local officials to systemic corruption of government institutions. Drug-related corruption may take many forms, from passive condoning of drug trafficking in exchange for favours or a commission, to active participation in the processing, smuggling and distribution of drugs.

Sub-regional cooperation among drug traffickers

In February 1996, Lao law enforcement agencies were able to destroy what would eventually have become a major drug refining and trafficking enterprise in Bokeo province, just north of where the borders of Laos, Myanmar and Thailand meet. Traffickers from these three countries conspired to set up a metamphetamine and heroin processing plant under the cover of a legal Lao/Thai business. Precursor chemicals were imported from China, raw materials probably smuggled in from Myanmar, funds channelled through Thailand and the factory itself was based in Laos. Twenty-three Lao, Thai and Myanmar citizens were arrested, and 20 metric tonnes of equipment, one tonne of precursor chemicals, 7.5 kilograms of heroin and ten kilograms of metamphetamines were seized. Operations apparently had just started.

However, some countries have made an effort to strengthen the criminal justice system. They have improved their legislation and initiated action against money laundering and for the forfeiture of assets from drug trafficking. They have shown the political will to address drug trafficking at the financial - i.e., the most critical - level.

On the other hand, there are also reports from Southeast Asia about the quasi-legalisation of money laundering activities.

Organised crime

While the cultivation of opium-poppies may often be a household decision and while the collection, processing, transportation and distribution of drugs involve local traffickers and trafficking groups, the financing of this operation and finally the laundering of the proceeds in Southeast Asia are said to be primarily in the hands of criminal organisations such as the 'Triads'.

Leadership problems at local levels

Local leaders and local government institutions can play an important role in supporting or opposing drug trafficking. In opium-poppy areas, local officials sometimes themselves have the most fertile poppy fields and therefore a vested interest in drug trafficking. Cases have been reported in northern Thailand where village leaders pushed heroin use in their own village. In highland as well as urban areas of several countries, people sometimes complain about the involvement of local leaders and 'people in uniform' in the drug business.

Limited capacities of government institutions

The capacities of the law enforcement system - ranging from the police and other law enforcement agencies to the criminal justice system and drug control legislation - are often limited. Their ability to take effective measures and to prevent drug trafficking is restricted by a lack of equipment and human and financial resources, by drug control legislation which is inadequate, and sometimes by political interference with investigations.



Drug control is about good governance – the construction and real estate sectors are often used to launder dirty money

3.1.3.3 Consequences of drug trafficking

Corruption

Corruption is not only a factor contributing to drug trafficking but is also one of its consequences. Considering the amount of drugs produced, smuggled and sold in the sub-region and the money involved, the potential for corruption is enormous.

Undermining of public institutions

Criminal organisations and drug traffickers, on the one hand, and government officials and 'people in uniform', on the other, may be linked through clientele networks, but one could hardly claim that drug traffickers are in control of public institutions. However, the population may have a different perception. As drug trafficking spreads and more and more cases of drug-related corruption become known, and as action is taken against petty traffickers while 'important people' go free, people perceive public institutions as being undermined by criminal organisations. This may result in a loss of confidence and thus a weakening of public institutions and political systems.

Crime and violence

Increasing drug trafficking involves an increase in crime and violence at different levels. Drug trafficking is one of the traditional businesses of criminal organisations. With profits made and the networks established through drug trafficking, criminal organisations can easily spread into other business branches, including legal ones, and undermine local or national economies.

Impact on economies

While drug production and trafficking contributes to economic dependencies and distortions at local levels, the impact of drug money on national economies or sectors of national economies is difficult to determine. Studies to this affect are not available. In Laos, for example, given the increase in opium prices, revenues from the illegal export of opium may have equalled 15 percent of commodity exports in 1995. No attempts have been made to determine whether this was a factor contributing to the sudden inflation problems the country was faced with in late 1995. In Myanmar, the 'surrender' of Khun Sa is said to

have created new opportunities to invest drug money in construction and other businesses in Yangon and Mandalay. Drug money may have crowded out legal investments.

Consumption of drugs

Until the 1980s, local heroin use may have just been a spill-over effect of heroin production in Southeast Asia for overseas markets. Now, however, Southeast Asian countries constitute, themselves, major markets targeted by drug trafficking organisations. It is in this context that metamphetamines are produced for local and regional markets.

3.1.4 Drug use

3.1.4.1 Extent

Drug use is reported from all of the countries of Southeast Asia, although the available data are not very reliable. In Laos it is mostly opium which is smoked or eaten in ethnic minority areas. In 1992, the number of opium addicts was estimated at 42,000, of whom 90 percent belonged to ethnic minorities in mountainous areas. In communities with low addiction rates, it is mostly elderly men

Number of drug users (estimates)

Country	Estimated number of people consuming illegal drugs	Main drugs
<i>China</i>	<i>380,000 to ?</i>	<i>Heroin</i>
<i>Laos</i>	<i>45,000</i>	<i>Opium (95%)</i>
<i>Myanmar</i>	<i>300,000 to > 1million</i>	<i>Heroin + Opium</i>
<i>Thailand</i>	<i>At least 1,260,000</i>	<i>1. Inhalants 2. Cannabis, 3. (Met)amphetamines, 4. Heroin</i>
<i>Vietnam</i>	<i>185,000</i>	<i>Opium (smoked and injected)</i>

Source: Government data.

who are addicted. In the north-western part of Laos, in particular among Akha communities, addiction rates are high also among younger men. Five times more men than women are addicted to opium. In recent years, the use of inhalants, in particular glue, was found in some urban areas among school-age children. Intravenous drug use or the use of heroin or metamphetamines are not yet considered problems in Laos.

In Vietnam, opium is usually smoked in rural areas, and mostly injected in urban areas in so-called 'shooting galleries'. The total number of drug users was estimated at 185,000 in 1994. A rapid assessment carried out in Hanoi and Ho Chi Minh City in 1993 showed that users who injected drugs were from all age groups, most of them between

20 and 40 years old. More than 90 percent were male. Half of those in Hanoi and more than 70 percent of those in Ho Chi Minh City were unemployed.

Estimates on the number of drug users in Myanmar range from 300,000 to more than one million. Intravenous use of heroin is increasing. Drug use is a major cause of the spread of HIV/AIDS in Myanmar.

A study carried out in Thailand in 1993 showed a minimum of 1.26 million drug users, of whom most used inhalants (32 percent), followed by cannabis (26 percent), metamphetamines (20 percent) and heroin (17 percent). A variety of social groups is affected. Heroin use is widespread among certain occupational groups, such as fishermen, it is common in urban areas and also found in highland communities. The use of metamphetamines in the transport sector has been known for many years. However, Thai authorities claim that recently, metamphetamines have spread considerably among youth in and out of school. Metamphetamines are now the primary substance of concern in Thailand.

There are considerable discrepancies in the comparison of data on drug use with data on opium production in Southeast Asia. Overseas markets such as the United States absorb only a small part of Southeast Asia's opium and heroin. This means that either estimates on production are overstated, or that consumption of opium and heroin within the sub-region is seriously underestimated.

3.1.4.2 Factors contributing to drug use

There are many factors which can contribute to drug use including the following:

Health problems

Extremely high child mortality rates and low life expectancy characterise the health situation in many upland and highland areas of Southeast Asia. Limited access to health services is often given as a reason for the use of opium as a medicine and all-purpose pain killer, with subsequent addiction. In some cases this may be true, but it would hardly explain why addiction rates are usually much lower among women, who suffer as much pain and have as many health problems as men.

Probably more than physical problems, mental health problems contribute to drug use. In mountainous areas, frequent social disasters such as the death of a child or near relative, or economic dis-

asters, such as a bad harvest or the death of a buffalo, stress caused by migration or conflicts between tradition and change (also involving changes in consumption patterns) may all cause drug use. In urban areas of Southeast Asia, mental problems related to rapid social and economic change, migration, economic pressure and ecological stress are often given as reasons for increasing drug use.

Education problems

Direct linkages between education and drug problems may be difficult to prove. However, as education 'enlarges people's choices', it is an important prerequisite for sustainable human development. Most minorities in the mountainous areas of Southeast Asia are 'educationally disadvantaged' which reduces their development opportunities and makes them more receptive to drug production, trafficking and use. In many urban areas, drug use is spreading among school-age children, in particular among those who have dropped out of school. This is true for children who use metamphetamines in Thailand or for glue-sniffing children in Laos. Often they engage in petty trafficking of drugs themselves to finance their habit.

Community institutions and social structures

Most communities in opium-producing areas have functioning institutions and social control mechanisms which prevent the use of drugs from spreading beyond a small number of elderly opium addicts. However, in some communities, poverty, frequent migration, internal conflicts and other development problems have weakened community institutions. One of the consequences is increasing drug use among different social groups. In Laos, high rates of drug use are found in minority villages which have recently relocated and in which village leaders are weak or are drug addicts themselves. In northern Thailand, cases are known where village leaders are drug users and pushers themselves, and have introduced heroin use into their community.

In many urban areas, community institutions tend to be weaker than in rural areas. Local leaders and government officials may be involved in or benefit from drug pushing in their communities.

Social and economic change

In Thailand, the weakening of social structures in the context of rapid social and economic change and migration to urban areas is considered a major cause of drug use.

Drug production and trafficking

It is important to realise that the production, processing and trafficking of drugs in Asia contributes to drug use in Asia itself. In Laos, for example, the largest share of the opium produced is consumed by ethnic minorities in mountainous areas. A large part of Southeast Asia's heroin is also used in Southeast Asia. Metamphetamines are specifically produced for consumers in Southeast Asia. Highland communities as well as people living in urban slums attribute increasing drug use to aggressive drug pushing by traders, which is facilitated by the ambiguous role of local leaders and law enforcement agencies. Drug production and trafficking are thus causes of drug use, which in turn contributes to other development problems.

3.1.4.3 Consequences of drug use

Poverty

Most communities in poppy growing minority areas probably do not consider opium use a priority health problem. Many of them, however, equate opium use with poverty:

A family in a subsistence economy can hardly manage if an adult family member is unable to contribute his full labour. More of the work force available to a household is wasted when opium addicts or their relatives have to sell their labour to other farmers in exchange for opium.

A family consuming the opium it produces cannot generate income with the work invested in opium production.

Opium use is expensive. A study on drug addicts in Akha communities of north-western Laos showed that addicts spent more money on opium than the average GDP per capita in Laos. Opium thus often leads to absolute poverty of the addict and his or her family.

In urban areas, the cost of heroin or other drugs, or employment problems and reduced productivity as a result of drug use may contribute to poverty.

The increase in opium and heroin prices in Southeast Asia in recent years has also had an impact on drug use. In some minority areas, opium addicts gave up their habit because they couldn't

HIV prevalence among injecting drug users in Myanmar (1992-1994)

Town	Year 1992	1993	1994
<i>Bahmo</i>		94%	98.6%
<i>Lashio</i>		28%	22%
<i>Mandalay</i>	57.5%	85.9%	83%
<i>Myitkyina</i>	79%	95%	84%
<i>Taunggyi</i>	44%	27%	33%
<i>Yangon</i>	66.3%	66%	46%
Total	61.7%	69.4%	67.1%

Source: WHO/GPA mission report (April 1995).

afford it any longer. In urban areas of Myanmar, many of the people who used to smoke heroin turned to injecting heroin because it is more cost-effective.

Health problems

Most communities in rural areas view opium addiction not primarily as a health problem, but

Akha women and opium addiction in Laos

„Looking at drug addiction with ‘gender lenses’ on makes us also ask questions as to the real role of aches and pains and illnesses as a cause for someone to start smoking. When one sees how hard women work, the number of children they bear, and the chronic aches they also have, one must ask the question why it is that men are four to five times more likely to be addicted than women. ... It would seem that social controls among women, their sense of responsibility to the family and their children, exert a great pressure on them to avoid addiction. This seems not be the case for men. In fact, some women we spoke to said they would feel great shame if they had to hire out their own labour for opium, or if their opium addiction would force them to beg for rice from relatives. ...

The project, in particular with the Lao Women's Union, must explore ways to address directly gender inequalities in the villages. Women are the strongest potential force against addiction, but at present they have no voice or influence in the villages.“ (Source: Gebert 1995a in a report prepared for Norwegian Church Aid).

rather as an economic problem or social vice. However, several Southeast Asian countries now report considerable intravenous drug use with all the adverse effects related to it. In Thailand and Myanmar, many heroin addicts inject heroin. In

urban areas of Vietnam, it is opium that is injected. There is thus a growing link between drug use and the transmission of HIV/AIDS in Southeast Asia. In Vietnam, 78 percent of the people who were confirmed to be HIV-positive were found to be injecting drug users. In Thailand about one third of the injecting drug users are believed to be HIV-positive. Surveys in Myanmar showed that more than two thirds of injecting drug users were HIV-positive.

Weakening of community institutions and social structures

Weak community institutions and social structures, in particular in the context of social and economic change, have been mentioned as factors contributing to drug use. A further weakening of such institutions and structures is also a consequence of drug use. Village communities cannot sustain the high drug addiction rates found in some minority areas. Sooner or later, drug use will destroy social relationships or whole village communities. In urban areas, drug use further aggravates the problems of 'children in especially difficult circumstances' such as orphans, street chil-

dren, or children who have migrated to towns and are exploited sexually or as cheap labour.

Gender problems

Most of the drug users in Southeast Asia and in Asia in general are men. The impact their addiction can also have on women in rural minority areas has been reported from several areas in Laos. In Akha communities in north-western Laos, opium addiction rates of 20 percent among male adults are not unusual. Rates of up to 40 percent have been found. There are usually four to five times more male than female addicts.

Women usually contribute more to agricultural production than men. In families with drug addicts, women not only have to compensate for the reduced productivity of male addicts, but may also have to procure the opium they need. There is little women can do in such situations to improve their situation. The result is often that women have to hire out their labour or sell off their belongings to finance their husband's habit, and finally the absolute impoverishment of the whole family.



Drug control is about gender – an Akha woman in Laos

3.2 Drugs & development problems in Southwest Asia

3.2.1 Historical background

Opium-poppies have been grown in South- and Southwest Asia for centuries. The large-scale illegal production of opium in Afghanistan and the tribal areas of Pakistan, however, is a relatively recent phenomenon. During Moghul times (c. 1600 to 1750), opium was a cash crop of modest importance in parts of central and eastern India. The British (1750 to 1947) promoted opium production in India for export to China. Opium exports reached their peak in 1879 when some 5,800 metric tonnes were reportedly exported to China. At present, opium is still legally produced in India for the pharmaceutical industry, namely in the state of Madhya Pradesh, where poppies are cultivated on an area of some 23,000 hectares and where the opium gum, some 1,000 metric tonnes per year, is still harvested by farmers in the traditional way.

When India and Pakistan became independent and separated in 1947, all legal poppy fields were located in India. Only a few illegal fields remained in north-western Pakistan. Until 1953, some 100,000 registered opium addicts in Pakistan were supplied with opium from India through government agencies. Attempts to grow poppies in Pakistan's province of Punjab failed in the early 1950s. From 1953 to 1979 the government of Pakistan therefore organised the legal production of opium in the 'settled areas' of the Northwest Frontier Province, which were fully under government control. Annually about 1,000 hectares of poppies were thus legally cultivated in the NWFP. At the same time, however, illegal production increased

in areas where government control was limited, that is, in the tribal areas bordering Afghanistan. It soon exceeded legal production and ranged from 10,000 to 30,000 hectares in the 1970s. In 1979, illegal production in Pakistan reached its peak with 800 metric tonnes.

In Afghanistan, opium-poppies have been grown for a long time, but haven't been a major cash crop for export. Governments in Afghanistan prohibited opium production, trade and use from 1944 onwards. A study prepared in 1971/72 noted illegal poppy cultivation in the provinces of Nangarhar, Balkh, Badakhshan, Helmand and Kunar, without providing data on overall opium production. Occasionally a figure of some 200 metric tonnes is mentioned for the time before 1979.

Until 1979, opium production, processing and trafficking were widespread in Iran. In addition, Iran was a major consumer country for opium.

For Southwest Asia, 1979 was a decisive year in many respects, including drug problems:

- In Iran, the Islamic Republic was proclaimed and the new regime undertook drastic measures against drug production, trafficking and use, so that many drug traffickers fled to Turkey and Pakistan.
- Afghanistan was invaded by the USSR. The subsequent war and absence of government control in rural areas, the disruption of the economy, and poverty created the basis for increasing drug production and trade.



Drug control is about access to remote areas – a poppy field in Dir District, Pakistan

- In Pakistan, the legal production of opium and the sale of opium and other drugs (including alcohol) were prohibited.

Consequently, the illegal production of opium increased in Afghanistan, while the processing of opium into heroin was taken over by traffickers in the tribal areas of Pakistan. At the same time, the use of heroin began to spread in Pakistan.

3.2.2 Opium-poppy cultivation

3.2.2.1 Extent

In Pakistan, opium production reached its peak in 1979, when 800 metric tonnes of illegal opium were harvested. It has since lost its importance as a major opium producing country and become a net importer of opium from Afghanistan. In the early 1980s, production in Pakistan dropped to less than 100 metric tonnes before it began to mount again steadily until 1992. Thereafter it decreased to 28 metric tonnes in 1996 and 24 metric tonnes in 1997. In 1996, about 45 percent of the poppy fields harvested were located in Dir District, 38 percent in Bajaur Agency and a further 11 percent in Mohmand Agency.

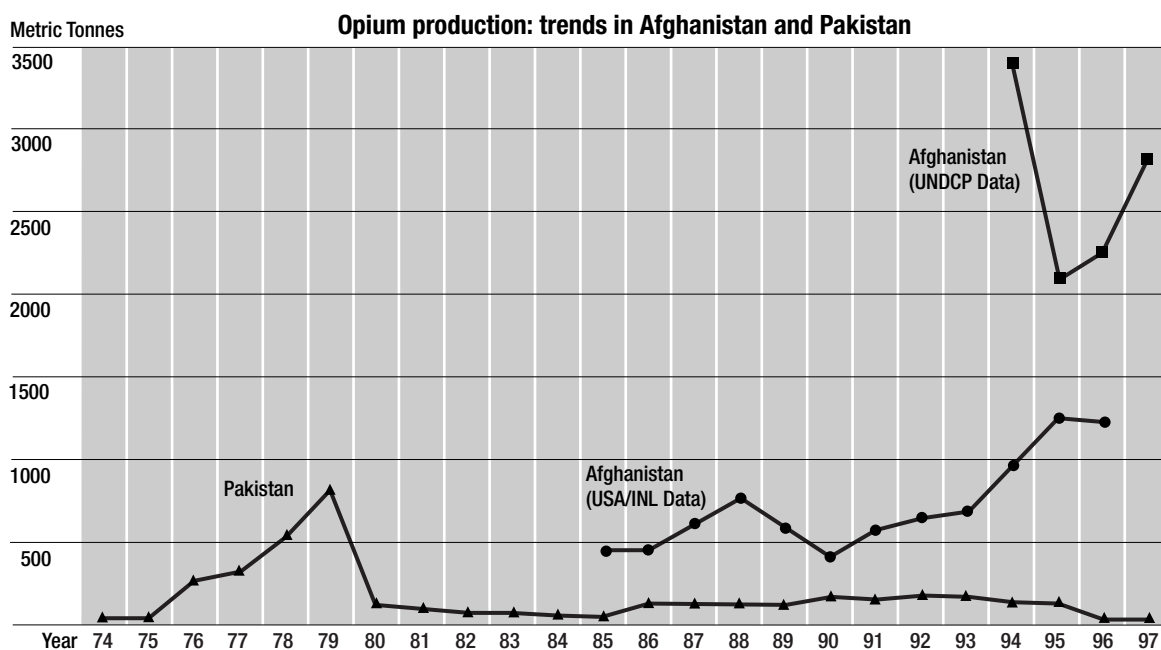
In the 1980s, Afghanistan became the main producer of opium in Southwest Asia and is now the main producer world-wide. There is no overall agreement on data for Afghanistan. The United States began to publish production figures as of

1985, but the UNDCP did not carry out the first comprehensive ground survey until 1994. This survey showed production of more than 3,000 metric tonnes. In 1995, UNDCP reported a considerable reduction, but in 1996, production increased again to more than 2,200 metric tonnes, and in 1997 to more than 2,800.

However, it is important to note that within Afghanistan, opium-poppy cultivation is concentrated in a few areas: the three provinces of Helmand, Nangarhar and Uruzgan accounted for 88 percent of production in 1996. At the same time, 250 out of about 320 districts in Afghanistan were not involved at all and a further 30 to only a minor extent.

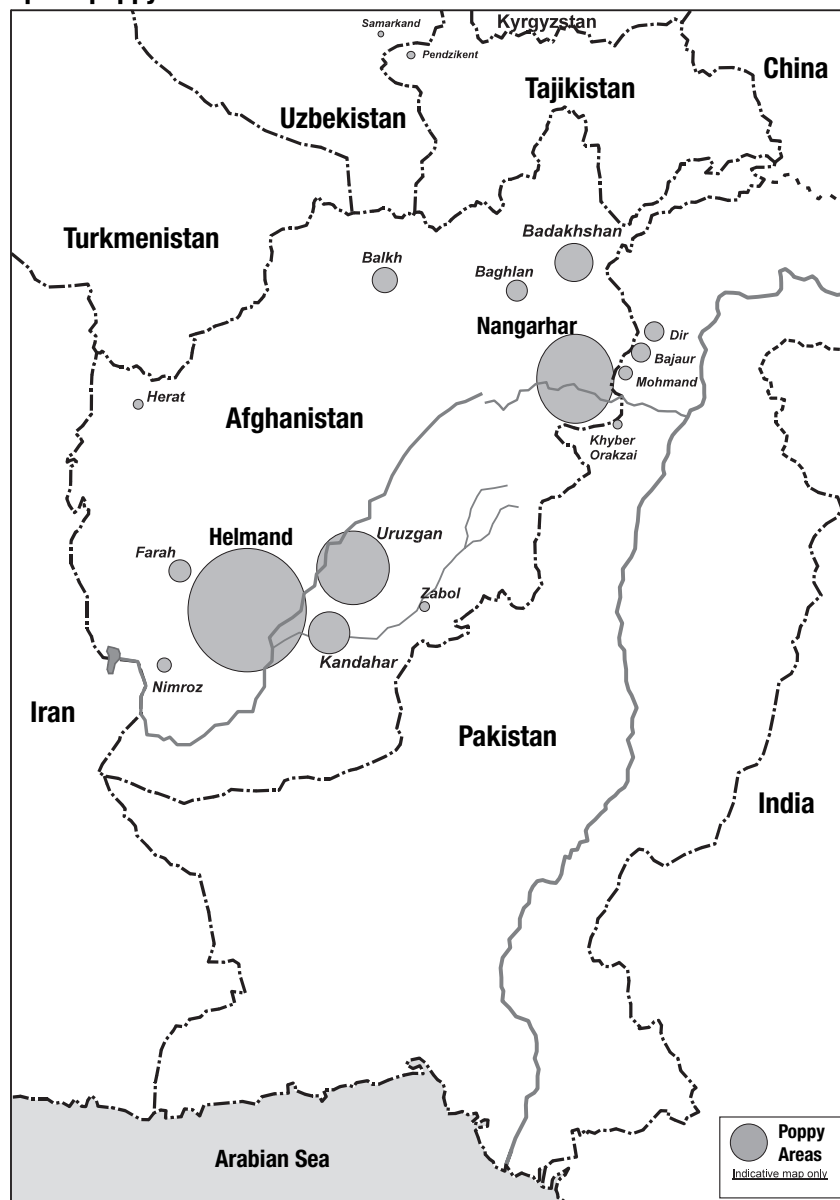
Occasionally, reports on poppy cultivation in Iran appear, but they cannot be confirmed.

North of Afghanistan, in the Central Asian republics, illegal opium-poppy cultivation takes place on a relatively small scale only. The main area there is Penzikent in Tajikistan. Minor poppy cultivation is also reported from Uzbekistan and Kazakhstan. The Central Asian republics - in particular Kyrgyzstan and Kazakhstan - are, however, faced with large-scale cannabis production.



Sources: UNDCP/ROSWA and INL annual reports.

Opium poppy areas in Southwest Asia



Afghanistan: opium production in 1997

Province	Area under poppy cultivation (ha)	Production (mt)	Share of the total production (%)
<i>Badakhshan</i>	<i>2902</i>	<i>66.30</i>	<i>2.36</i>
<i>Baghlan</i>	<i>328</i>	<i>12.80</i>	<i>0.46</i>
<i>Balkh</i>	<i>710</i>	<i>20.95</i>	<i>0.75</i>
<i>Farah</i>	<i>568</i>	<i>23.54</i>	<i>0.84</i>
<i>Helmand</i>	<i>29,400</i>	<i>1,507.49</i>	<i>53.75</i>
<i>Herat</i>	<i>38</i>	<i>1.55</i>	<i>0.06</i>
<i>Kandahar</i>	<i>4521</i>	<i>210.15</i>	<i>7.49</i>
<i>Nangarhar</i>	<i>14,567</i>	<i>634.15</i>	<i>22.61</i>
<i>Nimroz</i>	<i>642</i>	<i>28.30</i>	<i>1.01</i>
<i>Uruzgan</i>	<i>4,587</i>	<i>293.52</i>	<i>10.47</i>
<i>Zabul</i>	<i>154</i>	<i>5.74</i>	<i>0.20</i>
Total	58,416	2,804.49	100.00

Source: UNDCP/ROSWA 1997: Afghanistan Opium Poppy Survey.

3.2.2.2 Factors contributing to poppy cultivation

In **Pakistan** a combination of economic, social and political factors contributes to opium-poppy cultivation. These include:

Fragmentation of landholdings

In some poppy-growing areas, there seems to be a link between the size of landholdings and poppy cultivation. Many families with small landholdings and little other income might have to migrate if they did not produce opium. In the tribal areas, landholdings are smaller on the average than in Pakistan in general. The segmented social structures of the Pathans lead to farm sizes which can hardly ensure the economic survival of rural families. In the tribal areas, an average of eighteen people live from one hectare of agricultural land. In Pakistan as a whole it is only six. More than 40 percent of the farms in Federally Administered Tribal Areas (FATAs), and more than 70 percent of farms in the poppy-growing valleys of Dir District are smaller than one hectare.

Income

In 1991 a number of studies were commissioned by UNDCP to determine the economic importance of poppy cultivation for some 200,000 people in the poppy-growing valleys of Dir District. At that time, 61 percent of the farmers in these valleys cultivated poppies. Poppy farmers generated 67 percent of their income from the sale of opium. Farmers who did not cultivate poppies grew other crops, but their available family income was 20 percent lower than that of poppy farmers. There are crops or combinations of crops which could fetch the same price or more than opium, but practical problems, such as difficult access to markets, reduce their value.

Social development and socio-cultural factors

Social development problems reduce choices and income opportunities and thus contribute to economic dependence on opium. In terms of health and education, the tribal areas are much worse off than is Pakistan on the average, which in any case ranks low compared to most other Asian countries. This circumstance is closely related to the limited opportunity of women to participate in development and public life. In Pathan society, the role of women is extremely restricted. In Dir District, women participate in field work, but not in the marketing of goods. Women can only go to doctors when accompanied by men. Although 25 percent of men can read or write, only 2 percent

of the women can. Although the constitution allows women to vote in Dir, political parties usually agree to exclude women from elections.

Governance problems

The tribal areas of Pakistan may not necessarily have a long tradition of commercial opium production and drug trafficking, but they do have a long tradition of autonomy and resistance. Alexander the Great was wounded in Dir in the battle of Massala in 327 BC, and the Moghul armies of Akbar the Great were defeated here in 1586. The constitution of Pakistan gives the Federally Administered Tribal Areas (FATAs), and to a lesser extent also the Provincially Administered Tribal Areas (PATAs), considerable autonomy.

All poppy fields in Pakistan and most of the heroin refineries are located in FATAs and PATAs. Tradition and constitutional provisions limit the potential for government action against poppy cultivation and drug trafficking or the use of force. In the FATAs, the government interacts with tribal councils (jirgas) through 'political agents'. PATAs are administered like 'normal' districts in Pakistan by a Deputy Commissioner nominated by the provincial government. The primary objective is to ensure stability and order in the tribal areas. Access to poppy-growing areas and action against poppy cultivation must be carefully negotiated.

People in these areas are extremely suspicious of outside interference, including development assistance. In Dir District, for example, it took several years before people began to have any confidence in development projects.

The attitude of local politicians further complicates drug control problems. Dir District has a reputation of being a very politicised area with a considerable potential for conflict. Local politicians often use the threat of increased opium production to force the government to allocate development funds, or the threat of resurgent poppy cultivation if development activities are not continued. It is in this connection that the term 'speculative opium production' was created.

In **Afghanistan** as well, there is no mono-causal explanation for opium production. Poppy cultivation may be attributed to a number of factors:

Subsistence production and agricultural income

Agriculture is the main source of income for some 80 percent of the people in rural areas of Afghanistan. They thus require access to land, irrigation and other inputs. Families with less than

one hectare of arable land could hardly survive from food production alone: they must grow, in addition, a crop which is profitable and can be easily stored and marketed, such as opium. However, a comparison of data on opium and wheat production does not show a clear link between food deficits and opium production. Some provinces with wheat deficits, such as Badakhshan, Nangarhar and Uruzgan, produce opium. Most provinces with food problems, however, do not resort to poppy cultivation. Helmand province, on the other hand, which is renowned for its high wheat output, is the main opium-producing province of Afghanistan.

For some communities, limited access to land may be a genuine explanation for poppy cultivation. In some districts of Nangarhar province, the smaller the farm size, the more land is allocated to poppies. In Helmand province, land holdings are larger than in most other provinces, but people still allocate a large portion of their land to opium production. Again, most areas in Afghanistan with small land holdings are not involved in opium production.

It should be noted that in Afghanistan most poppy fields are irrigated. Fertilisers are used extensively. In some areas, in particular in Helmand, tractors are used. This accounts for the fact that poppy fields in Afghanistan have higher yields than other areas in Asia, where poppies are grown illegally.

Farm-gate prices for opium in Southwest Asia are presently much lower than those in Southeast Asia. Income from opium can nevertheless help farmers to overcome short-term subsistence problems.

In 1996, Afghan farmers may have received up to US\$ 56 million from the sale of opium. Of this, they probably had to pay between 10 and 20 percent as taxes to local authorities. In Pakistan, because of reduced opium production, farmers earned less than US\$ 1.4 million.

The export value of the opium produced in Afghanistan in 1996 may have ranged from US\$ 60 - 90 million. However, these figures need to be put into perspective. Prior to 1979, agricultural exports from Afghanistan were valued at around US\$ 300 million. During the war these dropped by 60 to 70 percent. Prior to 1979, dried grapes accounted for 30 percent of exports. This means that in 1979 Afghanistan obtained a higher income from the export of grapes than in 1996 from the export of opium. The markets supplied with Afghan grapes in the 1970s are now supplied by other sources.

A micro-economic case study

In 1990, a lower middle class family in Shinwar district of Nangarhar province – two adults and five children – owns 0.6 hectare of agricultural land.

Annual expenditures are:

• one set of basic clothing for each family member for Rs. 1,890

• sugar, oil, tea, kerosene for Rs. 6,768

The family consumes 1,022 kg of wheat – almost all it produces..

Thus the family is left with a deficit of Rs. 8,658..

If the family had produced opium, in 1990 it could have achieved an income of Rs. 13,878 (about US\$ 620), enough to purchase sufficient wheat for Rs. 2,555, cover all cash expenses of Rs. 8,658, and even save Rs. 2,665 for emergencies.

If one of the sons of the family had a job with one of the development projects, he would earn about Rs. 10,800 per year. In this case, the family could grow wheat and still have enough cash income.

(Source: Hurd/Masty 1991)

In Helmand, now the main opium-producing province, cotton was the main cash crop in the past. In 1979, 69 percent of farmers cultivated cotton and with an output of 25,000 metric tonnes produced about one third of all cotton in Afghanistan. This was sufficient to maintain a local infrastructure for the processing and marketing of raw cotton, which provided employment and additional income opportunities. Now, most of the land previously used for cotton is covered with poppies.

Off-farm income

Prior to 1979, the majority of families in rural areas of Afghanistan supplemented their income through non-agricultural activities, that is, trade, paid labour, or the occupation of one or more family members in government service. The disruptions of the war reduced opportunities to find work outside agriculture. In the past, and despite many restrictions, women used to work in health and education services. With the arrival of the Taliban, this has become impossible.

The reduction of income opportunities is a major cause of poverty in rural areas and may explain why people engage in the production of opium, drug trafficking and many other smuggling activities.

People need access to credit in order to rebuild their homes or to invest in small-scale businesses and thus create income opportunities. Again, this has become very difficult in Afghanistan. In contrast, drug traffickers and local landlords tend to pay for the opium harvest in advance. They are among the few to give credit.

Returnees

Income and other problems quoted so far were exacerbated in recent years by the necessity of integrating millions of refugees who returned from Pakistan and Iran.

The linkage between returnees and increasing opium production has been used to justify rural rehabilitation activities aimed at supply reduction in the early 1990s.

Available data, however, do not show a clear correlation. The eastern provinces of Nangarhar, Paktia, Khost and Kunar are the provinces with the largest share of returnees among the population, but only Nangarhar produces significant amounts of opium. In Helmand, the districts with the lowest share of returnees produce the most opium.

Access to health and education services

In terms of health and education, Afghanistan is one of the lowest-ranking countries world-wide. A 1993 study on the status of education in Afghanistan showed that 16 percent of school-age children - but only 4 percent of the girls - actually went to school. In Helmand, the province with the highest opium production, there was virtually no formal education system. Only three percent of the children, all boys, attended school. On the other hand, Nangarhar, the province with the second highest opium production, had with 51 percent of school-age children the highest rates of enrolment in Afghanistan. The arrival of the Taliban in Nangarhar in September 1996 reduced educational opportunity in that province as well.

Governance

Social and economic problems certainly are conducive to opium production but cannot conclusively explain why some areas grow poppies and others don't. The attitude of local leaders and

'presumptive authorities' appears to be the single most important factor in this context.

The expansion of poppy cultivation from the northern part of Helmand, where it had been grown to a minor extent for a long time, to the central and most fertile districts of that province can be linked to the take-over of the province by one particular warlord in the early 1990s.

Nangarhar was one of the most stable provinces in Afghanistan between 1992 and the take-over by the Taliban in 1996. It was one of the few areas where different Mujaheddin groups cooperated together in one provincial council ('shura'). The fact that there were sufficient resources to be distributed among all parties as long as the province remained peaceful, was probably one of the main reasons why the political set-up has worked in that province. For geographical reasons, most trade between Afghanistan and Pakistan passed through Nangarhar. Nangarhar received more development assistance than any other province. And Nangarhar produced a large amount of opium. It can be assumed that the 'shura' accepted the involvement of its members and associated parties in the drug business. In late 1994, after several reports on the drug situation in Nangarhar had appeared in international media, the 'shura' was obliged to eradicate several thousand hectares of poppies.

More than 90 percent of the poppy-growing areas in Afghanistan fell under the control of the Taliban between November 1994 and September 1996. The Taliban undertook to eradicate some cannabis fields and to enforce a prohibition against drug use. At the same time, they argued they could not take action against opium-poppy cultivation as this would destroy the livelihoods of the people. In October 1997, they issued statements that they would take action against drug production and trafficking if international assistance was provided. However, reports persist about taxes being levied by the Taliban on poppy cultivation, on the operation of heroin laboratories and on the export of opium and heroin. It can be assumed that the Taliban, like previous leaders and other 'presumptive authorities', draw considerable benefit from opium production.

3.2.2.3 Consequences of poppy cultivation

Perhaps the main economic problem resulting from opium production is that individual provinces or districts become economically dependent on it. This may explain why poppy cultivation is concentrated in a few areas, while others produce little opium and most none at all. In the

Nangarhar and Helmand provinces of Afghanistan, most districts use more than 30 percent and some more than 60 percent of their agricultural land for poppies. Such a concentration may be less the result of specific social, economic or political problems than the result of a problem cycle leading to economic dependency. Important factors in this cycle are:

The search for alternative sources of income is neglected.

Farmers receive credit from drug traffickers in anticipation of their opium harvest.

Marketing and trading structures develop to meet the needs of the drug business but not for legal crops and goods.

Patron-client relationships emerge which are based on drug production and trafficking, and in turn determine local power and economic and social relationships. The position of local leaders or 'presumptive authorities' thus also becomes dependent on the drug business.

In Pakistan it has been observed that while non-poppy farmers engage in non-agricultural activities to diversify their sources of income and are therefore more able to adapt to problems arising from land fragmentation, most poppy farmers rely solely on agriculture and opium production to make a living.

In Pakistan, poppy-growing areas were for a long time considered inaccessible and politically difficult. Provincial and local administrations therefore did not attempt to initiate development activities or to integrate these areas into the national economy. Because of this economic dependency on opium and because of the illicit nature of the

drug business, poppy-growing areas tend to be further marginalised.

Poppy cultivation results in governance problems. As mentioned above, the level of production in certain areas of Afghanistan leads to a situation where local power structures and patron-client relations are based on opium production and drug trafficking. In the late 1980s and the early 1990s this system supported local warlords and the so-called 'commander-culture'. Now, most poppy-growing areas are under the control of the Taliban. As important as the financial benefit they derive is the fact that by accepting poppy cultivation they seek to ensure the political loyalty of the local population.

In Pakistan, poppy cultivation combined with the strategically important position of the tribal areas close to the Afghan border during the war resulted in considerable development assistance from the international community. Since 1980, donors have contributed more than US\$ 180 million for rural development activities aimed at the reduction of opium-poppy cultivation in the tribal areas of Pakistan. The overall reduction in poppy cultivation indicates that the result was achieved as desired. At the same time, opium production increased the bargaining power of people in these areas. This occasionally resulted in what became known as 'speculative opium production': farmers would grow opium in order to obtain development assistance or, sometimes with the assistance of local politicians, threatened to take up opium production again if no assistance was provided. Similar attempts have also been reported from Afghanistan. This means: If farmers see that development assistance benefits solely poppy-growing areas, the prospect of large-scale assistance programmes for Afghanistan may encourage farmers to take up opium production in order to obtain their share.



Drug control is about frame conditions for sustainable human development – children in Kandahar, Afghanistan

3.2.3 Processing and trafficking of drugs

3.2.3.1 Extent

The locations where opium is processed into morphine and heroin and the trafficking routes change frequently. However, three major areas may be distinguished:

1. Northeastern Afghanistan and Northwest Pakistan. Opium which is produced in the Nangarhar and Kunar provinces of Afghanistan and in Dir district and the Bajaur and Mohmand agencies of Pakistan - some 700 tonnes of opium in 1996 - is mostly processed into heroin in the border areas of Afghanistan and Pakistan. It can be assumed that the largest share of the heroin produced here is consumed in Pakistan.

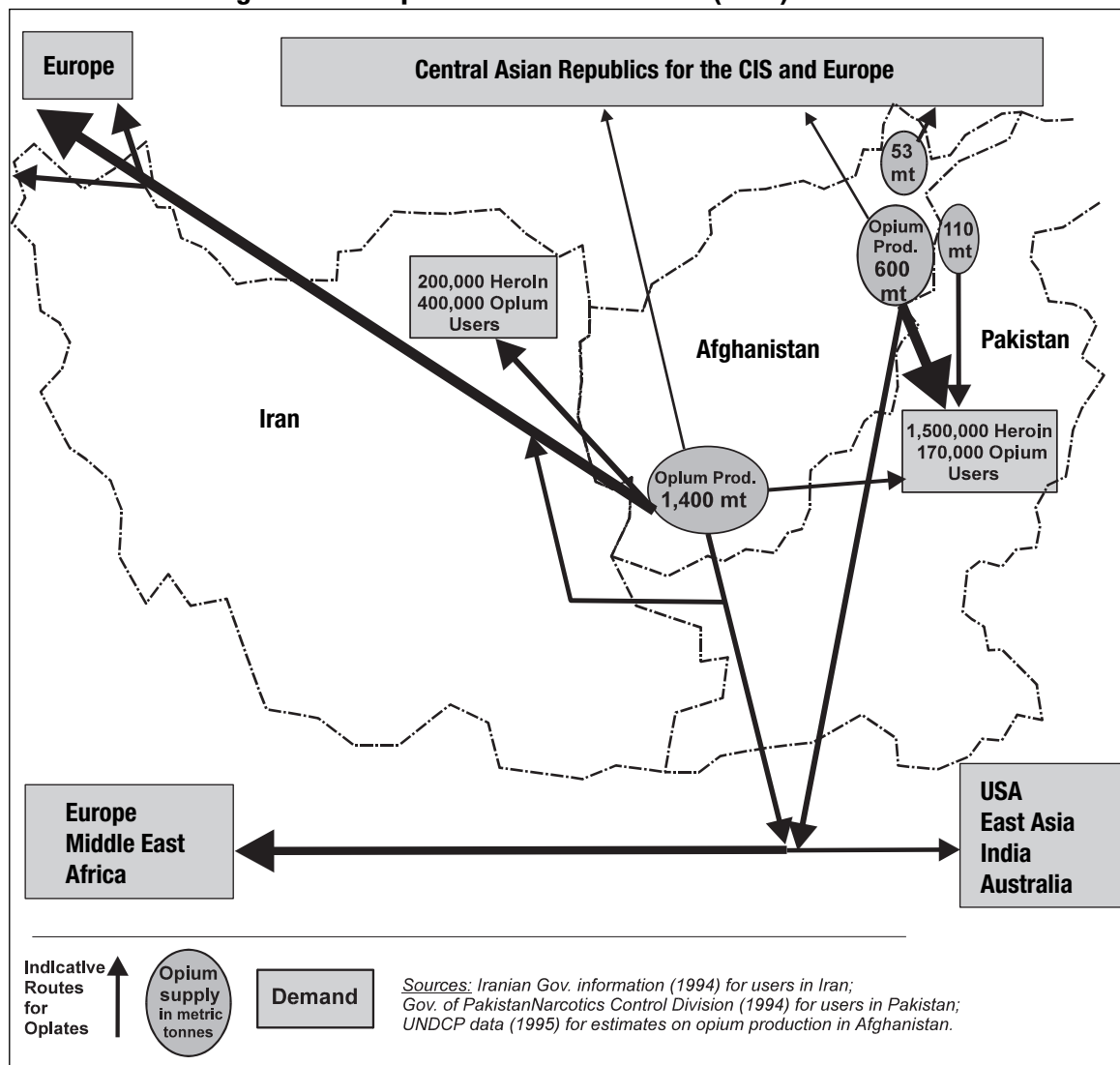
2. Northern Afghanistan. Opium produced in the Badakhshan, Kunduz and Balkh provinces of

Afghanistan - in 1996 this was estimated at about 90 tonnes of opium - is either used by local addicts or exported in the form of raw opium through the Central Asian republics.

3. South and Southwestern Afghanistan. Most of the opium produced in this part of Afghanistan, that is, in the provinces of Helmand, Uruzgan, Kandahar and Nimroz, is either smuggled to Iran to meet local demand or through Iran to Europe. A large part is refined into morphine base in Helmand and Nimroz before being shipped through Iran to Turkey and other countries for further processing into high quality heroin for European markets. Some of the opium is shipped from Helmand and Kandahar to the south of Pakistan, to the Makran Coast, for export to other countries by sea or via Karachi by air.

Seizures of opiates reported by the governments of Iran and Pakistan are among the largest in the world and confirm this overall pattern. Although

Probable trafficking routes for opiates in Southwest Asia (1995)



the Central Asian republics indicate increasing seizures of drugs originating from Afghanistan, that route may complement but has not yet replaced other, more established routes.

For all drug production and trafficking areas in Afghanistan, it may be assumed that opium-poppy cultivation is not only known to local and provincial authorities, but that they also tax it. Often local leaders are also land-owners on whose

- Not more than 25 percent is available for export from the sub-region, but even this is sufficient to meet demands in Europe several times over. Afghanistan is the main source of opiates consumed in Europe

3.2.3.2 Factors contributing to drug trafficking

In Afghanistan, as elsewhere, profit is the major cause of drug trafficking. As mentioned above, the

Seizures of opiates in Pakistan and Iran (in metric tonnes)

Year	Opium		Morphine		Heroin	
	Iran	Pakistan	Iran	Pakistan	Iran	Pakistan
1990	21	8	5	-	2	6
1991	23	6	9	-	2	6
1992	38	3	8	-	4	4
1993	64	5	26	-	2	4
1994	117	15	13	-	1	7
1995	127	109	11	-	2	11
1996	87	5	5	-	1	4

Source: UNDCP/ROSWA 1997: Afghanistan Opium Poppy Survey.

land poppies are cultivated. Reports indicate that the processing, trafficking and export of drugs from Afghanistan is taxed by the 'presumptive authorities'. Morphine and heroin laboratories are hardly ever destroyed in Afghanistan.

In terms of the amount of heroin consumed, Pakistan is probably the largest market for heroin world-wide. Estimates on heroin consumption in Europe range from 15 to 25 tonnes and in the USA between five and ten tonnes. In Pakistan, an estimated 1.5 million heroin users probably consume about 80 tonnes of pure heroin equivalent.

A study commissioned by UNDCP in 1994 concluded that Pakistani drug traffickers can make as much money by selling heroin locally as they can through exports. The total turnover of the 'heroin industry' in 1993 was estimated at US\$ 2.5 billion, of which US\$ 1.2 billion was from local consumption.⁵

When comparing data on opium production, seizures and use within Southwest Asia, one comes to the conclusion that:

- About half of the opium produced in Southwest Asia is consumed in Pakistan and Iran. This does not include drug use in Afghanistan, for which no data are available.

farm-gate value of the opium harvest in 1996 was estimated at about US\$ 56 million. By the time it was exported, it may have amounted to US\$ 90 million. For poppy farmers, drug traffickers and local authorities who may get their share, this represents a considerable revenue. However, much higher profits are made at retail markets in Pakistan and even more so overseas, and not within Afghanistan.

The fragmentation of political structures in Afghanistan and the questionable attitude of local authorities favour not only opium production, but also its processing and trafficking abroad. By tolerating poppy cultivation they benefit politically, and by taxing the processing and export of drugs they draw financial benefits.

The drug situation in Afghanistan is a major cause of drug trafficking and related problems in Pakistan. Poppy fields in north-eastern Afghanistan feed the heroin laboratories in border areas. These are often located in Pakistan's tribal areas, to which access by government agencies is difficult.

In Pakistan, the drug business is part of a large shadow economy. A report prepared in 1989 estimated the volume of this shadow economy at Rs. 356 billion - at that time about US\$ 17 billion or

5) UNDCP/Regional Office for Southwest Asia 1994: *The Illicit Opiate Industry in Pakistan - Summary*. Islamabad.

6) Khan Mushtaq, A. 1989: *Potential Use of the Black Economy: A case study of bearer schemes in Pakistan* (NDFC Research Report Series No. 38). Karachi.

the equivalent of 48 percent of the GNP.⁶ The share of the drug business was assumed to account for US\$ 2.7 billion or 16 percent of the shadow economy. The above-mentioned 1994 UNDCP study confirms this order of magnitude:

“The absolute size of the Pakistani heroin industry in terms of turnover is estimated at approximately Rs 74 billion (US\$ 2.5 billion) at current prices. This works out to about 5% of the 1992-93 gross domestic product (GDP), and 20-25% of the total estimated ‘shadow’ or ‘parallel’ economy. The domestic heroin market represents Rs 35 billion (US\$ 1.2 billion), accounting for about half of the total revenue generated by the heroin industry”.

This figure is much lower and more realistic than those given by other sources, which claim a volume of US\$ 100 billion or more. Profits to be made by selling drugs locally to addicts or by exporting them are nevertheless a major incentive for drug trafficking.

Power structures based on patron-client relations facilitate drug trafficking in Pakistan. Drug traffickers seek proximity to political power in order to reduce their business risks. They can either become politicians themselves or enter into patron-client networks of politicians with ‘clout’ through business deals, contributions to election campaigns, bribes or other ‘favours’.

Widespread corruption, in particular within the police and other security agencies, is another major factor. Police officers and units have repeatedly been accused of protecting drug traffickers or being themselves involved in the drug business.

3.2.3.3 Consequences of drug trafficking

As in the case of poppy cultivation, drug trafficking leads to economic dependency. In Afghanistan, local authorities may depend economically on the benefits of drug trafficking, but their power may also depend on the extent to which they tolerate or support the drug business. Drug production and trafficking thus contributes to political fragmentation and to the fragility of political structures, at least at local levels. At the national level in Afghanistan, other factors are certainly more important.

With regard to Pakistan, it has often been claimed that the political system of the country was being undermined by drug traffickers. Numerous cases have been reported where drug traffickers from tribal areas had themselves voted into the provincial assembly, where members of the national assembly were directly involved in drug

trafficking, where smaller political parties threatened to vote for the opposition if the ruling party did not release drug traffickers, where close relatives of drug traffickers married into the families of important politicians to gain influence, and so on. It would appear, however, that drug traffickers and criminal organisations have not so far sought to infiltrate the political system to gain power for themselves, but only to gain sufficient influence to protect their business interests.

In any case, drug trafficking contributes to political corruption, a loss of accountability and transparency and a weakening of public institutions. This is most obvious with regard to the police and criminal justice system, which has been undermined by widespread corruption with a subsequent loss of legitimacy and diminishing public confidence. Drug trafficking and organised crime may thus contribute to the destabilisation of the political system.

Drug production and trafficking is related to security problems in the sub-region. Among the consequences of the war and increasing drug production in Afghanistan is the so-called ‘heroin-and-kalashnikov-culture’ in Pakistan. Conflicts since 1979 brought not only millions of refugees to Pakistan but also large amounts of heroin and weapons. Some of the violence in Pakistan is directly related to this. Drug trafficking in the Afghan-Iranian-Pakistan border triangle causes considerable security problems. The dimensions of drug trafficking operations and the brutality involved in this particular area are probably unique in Asia.

The amounts of drugs shipped from Afghanistan through the Central Asian republics may not yet be very large, but for these republics the increasing flow of drugs from the south is considered an indication of the possible spreading of the problems of Afghanistan to their countries. Afghanistan, including its drug business, is thus considered a major security concern.

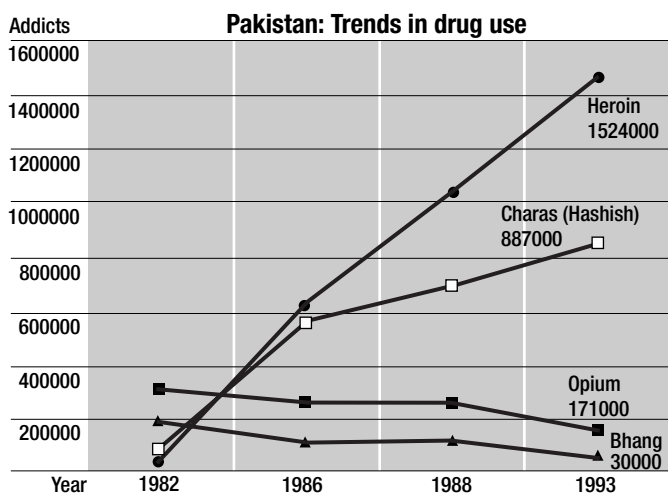
One of the most direct consequences of drug production and trafficking is increasing drug use within Southwest Asia itself.

3.2.4 Drug use

3.2.4.1 Extent

In recent years, surveys and studies carried out in **Afghanistan** have provided valuable information on the extent and nature of opium production. However, little is known about local drug use. Reports from Badakhshan province suggest widespread use of opium with high addiction rates among Ismaili communities. Several thousand heroin users were said to be among the many Afghan refugees living in camps in Pakistan. Several of the so-called 'commanders' in Afghanistan reportedly paid their militias in hashish. The Taliban subsequently undertook drastic measures against the use of drugs, including cannabis and alcohol.

Iran has a history of opium use. The Islamic government may have enforced stringent mea-



Sources: Gov. of Pakistan/NCD 1994; National Survey on Drug Abuse 1993.

sures against drug use since 1979, but it admits that there may be as many as 400,000 opium users and at least 200,000 heroin users in Iran. Detailed information is not available.

The **Central Asian republics** are not major markets for drugs produced in Afghanistan. The majority of users registered there consume cannabis cultivated locally. Authorities in these countries are more concerned about substances based on the ephedra plant than about the use of opium and heroin.

In **Pakistan**, four surveys carried out between 1992 and 1993 show that heroin has been the drug of choice since 1986. While in 1982 about 30,000 people used heroin, the number of heroin users had increased to 1.52 million by 1993.

The 1993 survey⁷ provides the following details:

- There have been 3.01 million people using drugs, including alcohol, regularly and over a longer period of time. Excluding alcohol, the figure is 2.87 million.
- About two million users were found in rural and one million in urban areas. Given an urbanisation rate of about 35 percent, they were thus evenly distributed between urban and rural areas.
- More than half of them used heroin (1.52 million or 51 percent), followed by cannabis (30.8 percent including 'charas' [hashish] and 'bhang' [a drink based on cannabis leaves]), alcohol (4.5 percent) and others, including psychotropic substances.
- Heroin was mostly smoked or inhaled. Only a few injected it.
- Most drug users were male, and more than 50 percent were under the age of 30. (The extent of drug use among women was probably understated for methodological reasons).
- Of all drug users, 54 percent were married and 45 percent were heads of households. More than half of the latter used heroin.
- About 60 percent of drug users could read and write. Among the heroin users, 27 percent had been to school for more than nine years.
- About 62 percent worked full-time, mostly as either skilled or unskilled labourers.
- Monthly expenditure on drugs averaged Rs. 1,259 and absorbed 63 percent of personal or 35 percent of family income. In 1993, about US\$ 1.5 billion was thus spent on drugs, of which US\$ 1.2 billion was spent on heroin.
- According to NGOs in Pakistan, there have been a few new trends since 1993:
 - The number of heroin users may have reached a point of saturation.
 - The way heroin is used has become more problematical: in Karachi and Lahore, more and more people inject heroin.
 - Drug users are increasingly pushed out of their social environment. A street scene has emerged in several cities.

7) Gov. of Pakistan/Narcotics Control Division 1994: National Survey on Drug Abuse in Pakistan 1993. Islamabad. (Results of this and previous surveys are sometimes contested).

3.2.4.2 Factors contributing to drug use

Even though the extent of drug use in **Afghanistan** is not clear, the conditions do exist for an increase in the near future:

- Opium, cannabis and heroin are easily available.
- Many returnees from refugee camps in Pakistan have experience with drug use.
- Many young men who grew up as soldiers or militia fighters will find it hard to lead a normal life.
- Young people (both men and women) have few prospects. They have hardly any education or income. Social relations and leisure activities are

rather than heroin. Thus 'mismatched-employment' - that young people with a certain amount of education are frustrated by not getting adequate employment - may be one explanation for drug use.

The fact that young people are constrained by authoritarian and patronising social structures is often quoted as a major reason for drug use and escapism. Closely related to this are gender problems and sexual frustrations. Women may not often use drugs themselves, but implicitly or explicitly they are made responsible for drug use among male family members.

The violence, injustice and humiliation that confront many people almost daily are certainly conducive to drug use.



Drug control is about investing in people – heroin users in Peshawar, Pakistan

restricted, even more so under Taliban rule. Drug use may be one way to escape reality.

In **Pakistan**, the ready availability of cannabis and heroin is certainly a major cause for increasing drug use since the early 1980s. Compared to other substances, heroin is cheap. In 1993, a daily dose for a heroin addict cost about half as much as a can of beer on the black market.

A surprising result of the 1993 survey was that, on the average, drug users had a better education than other adult Pakistanis. More than half of them worked nonetheless as skilled or unskilled labourers. Very few worked in office or management positions, and those that did used alcohol

Drug use is related to poverty. About 48 percent of drug users belonged to the poorest 20 percent of the population.

3.2.4.3 Consequences of drug use

Poverty and a redistribution of income are among the consequences of widespread drug use. Drug users spend two-thirds of their personal or one-third of the family income on drugs. These resources are therefore not available for food, health, education or housing, that is, to meet basic needs. More than two million drug users belong to the poorest 40 percent of society. Drug use appears to be a poverty issue for drug users and their families, that is, for 10 to 15 million people

or 10 percent of the population. A UNDCP study concluded that drug use contributes to a redistribution of national income. Drug use reduces the share of the poorest 20 percent of the population from 7.8 percent to 4.8 percent of national income, while the share of the wealthiest 20 percent increases from 45 percent to 50.6 percent.

Family and gender problems are other consequences of drug use. More than half of drug users are married and almost half of them are heads of households. This results in a number of problems:

- Violence of male against female members of the family increases considerably. As male addicts become less and less able to earn enough money to procure drugs, they ask their women to do so. However, women seldom have the necessary education and skills, and jobs for women are very rare anyway. Torture, mutilation and killing are frequent, but are rarely prosecuted by the criminal justice system.

- In Pakistan, as in many countries, a feminisation of poverty can be observed. This trend is reinforced by drug use.

- Drug use among males increases the pressure on women. They are given responsibility for the functioning of the family. If male family members use drugs, the women are often charged with failure. Anxiety and depression are among the consequences.

In Pakistan - at least to date - drugs are mostly smoked or inhaled. So far, there is no obvious linkage between drug use and HIV/AIDS. This may change in the near future, as heroin is increasingly injected.

Drug use contributes to marginalisation. As a result of poverty and social relationship problems, there is less tolerance of drug use. In 1993, 82 percent of drug users were still living with their family. More recent data is not available, but NGOs suggest that drug users are increasingly expelled by their families and live on the streets.

4. Drug Control & Development

This chapter summarizes drug control efforts undertaken in Southeast and Southwest Asia. These can be divided in strategies to reduce opium-poppy cultivation (supply reduction), to reduce or prevent drug use (demand reduction) and to control drug trafficking and related problems.

They also include the formulation of comprehensive drug control policies at the national level (such as master plans), the strengthening of drug control institutions and the improvement of co-operation at the sub-regional level.



Drug control is about the participation of people – highlanders in Southeast Asia

4.1 Drug control and development in Southeast Asia

4.1.1 Supply reduction

4.1.1.1 Strategies

For the last twenty-five years, rural development - that is, 'crop substitution', 'integrated rural development' and 'alternative development' - has been the main strategy for reducing opium-poppy cultivation in Southeast Asia. This approach was pursued in different ways and not in all countries at the same time. The role of 'enforcement', meaning the eradication of poppy fields or other legal measures against poppy farmers, also varied from country to country.

The idea of reducing opium-poppy cultivation in Southeast Asia through the introduction of alternative crops is not new. Early in this century attempts were apparently made in Burma to replace income from opium through the production of silk.

More systematic measures, however, did not begin until the early 1970s through crop substitution, integrated rural development, and alternative development activities. In Southeast Asia, the country with the most comprehensive programme to reduce opium-poppy cultivation through economic and social development was **Thailand**. In the beginning, such activities were primarily funded by the United Nations Fund for Drug Abuse Control (UNFDAC, i.e. the predecessor of UNDCP). The first of these projects was the Thai/UN Crop Replacement and Community Development Project from 1972 to 1979, which was followed by the Thai/UN Highland Agricultural Marketing and Production Project (HAMP) from 1979 to 1984. Five more UN-supported highland development projects aimed at reducing opium-poppy cultivation followed between 1985 and 1994. From the early 1980s, other donors funded similar activities, including the Thai-Australia Highland Agricultural and Social Development Project, the USAID-supported Mae Chaem Integrated Watershed Development Project and, since 1981, the Thai-German Highland Development Programme (TG-HDP). Over the years, the Royal Thai government increasingly assumed responsibility for the financing of these projects. Most of the externally-funded activities ended in the mid-1990s. German funding for the TG-HDP will end in 1998.

Even in the beginning, when these projects were still called 'crop-substitution' measures, they did not simply attempt to replace poppies with another crop. They usually included a range of agricul-

tural and - in a second stage - marketing activities. The aim was to increase subsistence production (rice, maize) through improved seed, fertilisers, irrigation or erosion control, and to diversify income sources by introducing new cash crops such as tomatoes, cabbage, or strawberries, or by improving livestock production. Road construction and other infrastructure activities were to open up remote areas and improve access to markets. Social and community development as well institution-building activities were added to improve access to health and education services and to strengthen community organisations and self-help capacities and counterpart support capacities.

Although opium production was prohibited as of 1959, up to 1985 the Royal Thai government pursued a 'soft' approach where priority was given to development measures. The above projects in Thailand did not include law enforcement components to eradicate poppy fields. However, from 1985 onwards - complementary to development projects - government agencies began to destroy poppy fields. Eradication campaigns were carried out annually by the border patrol police and the army and had an impact on the overall decline of opium production. In 1997, from 1,405 hectares of poppies cultivated, 1,052 were destroyed.

Despite the reduction in opium-poppy cultivation and the carrying out of alternative development projects, many development tasks in the highlands of Thailand still remain. In terms of drug control - and this is not only true for the highlands - the main challenge will be the control of drug use and trafficking.

When alternative development projects in Thailand started to wind down in the early 1990s, such activities were just getting started in the **Lao PDR**. The first of these was what became known as the Phalavek Project, funded by UNDCP. The project commenced in 1989 and is to end in 1998. In late 1989, a second project began in the north-eastern province of Houaphan with funds provided by the USA. With the assistance of UNDCP, the International Fund for Agricultural Development (IFAD) and Norwegian Church Aid (NCA), other alternative development programmes and projects followed in the province of Xieng Khouang as well as in the north-western part of Laos, that is, in the provinces of Bokeo and Louang Namtha. UNDCP activities in Xieng Khouang were mainly funded by Germany.

As in Thailand, projects in Laos contain components such as improvement of subsistence (mainly

rice) production, introduction of cash crops, improved access to health services, water supply, sanitation facilities and education, as well as support for a range of community development measures including the strengthening of village organisations and gender-related activities. The construction of rural and feeder roads plays an important role in all of these projects.

It should also be noted that most of these projects now contain components for reducing drug use within the project areas. In Laos, alternative development is therefore not only aimed at supply but also at demand reduction.

In Laos, as in Thailand in the early stages, poppy fields are not eradicated. Once development activities have taken off, local leaders and communities often agree to a voluntary reduction in opium-poppy cultivation.

In spite of similarities, there is no uniform approach to alternative development in Laos so far. The Phalavek Project concentrated its resources on a relatively small number of people to demonstrate the feasibility of the alternative development approach in Laos. The Xieng Khouang Programme attempted to work in several districts of the province at once. The LAO/US-Project in Houaphan focused primarily on infrastructure development, that is, on the construction of roads and irrigation dams.

In **Vietnam**, the government started eradicating poppy fields in 1992 in areas where people were not considered to be entirely dependent on opium income. Most of the remaining poppy fields are now located in the province of Nghe An close to the Lao border, in particular in the district of Ky Son. In 1996, a pilot alternative development

project began in Ky Son with the assistance of UNDCP and a special-purpose contribution from Germany.

In **Myanmar**, rural development has also been considered the main instrument for reducing opium production since the 1970s. However, approaches applied over the years were different from those used in Thailand and Laos. From 1976 to 1989, activities funded by the United Nations consisted mainly of the distribution of seeds, fertilisers and livestock, the establishment of demonstration plots and infrastructure activities implemented by government agencies. The role of technical assistance and monitoring by the United Nations was limited, and there was little room for the participation of communities. These activities had little in common with integrated rural or alternative development measures. From the mid-1980s, the government, with assistance from the USA, started programmes to eradicate poppy fields. In 1988 alone, 12,000 hectares of poppies were destroyed. In 1994, the government reportedly eradicated 3,345 hectares.

International assistance for supply reduction in Myanmar was suspended in 1989 but was taken up again in 1993 under the umbrella of the UNDCP-sponsored sub-regional cooperation strategy. Two alternative development projects were implemented under this strategy in the eastern Shan State between 1993 and 1997. Preparatory activities for a third project in the southern part of the Wa area started in 1994. This latter project pays much more attention to the need for community participation and the strengthening of community institutions than did earlier programmes in Myanmar. Like projects in Laos, it foresees a component aimed at the reduction of drug use within the project area.



Drug control is about access to markets and alternative income opportunities – market in northern Laos

Alternative development in Laos: the Phalavek Project

Background

The Phalavek Project was carried out from 1989 to 1996 with UNDCP assistance. Some activities are continuing until 1998 with support from Australia. Prior to 1989, the Phalavek area was very isolated, and its people, almost exclusively Hmong, were extremely poor. The villages around Phalavek grew some poppies. Access to the main opium areas in the district of Xaysomboun further north was difficult for security and other reasons. The Phalavek Project was to prove the feasibility of the alternative development approach in Laos, build up confidence among Hmong minorities in such projects and thus create the conditions for an expansion of project activities into Xaysomboun district in a second stage.

Objectives

The drug control objective was the reduction and eventual elimination of opium-poppy cultivation through the initiation of sustainable social and economic development processes in the project area.

Immediate objectives were:

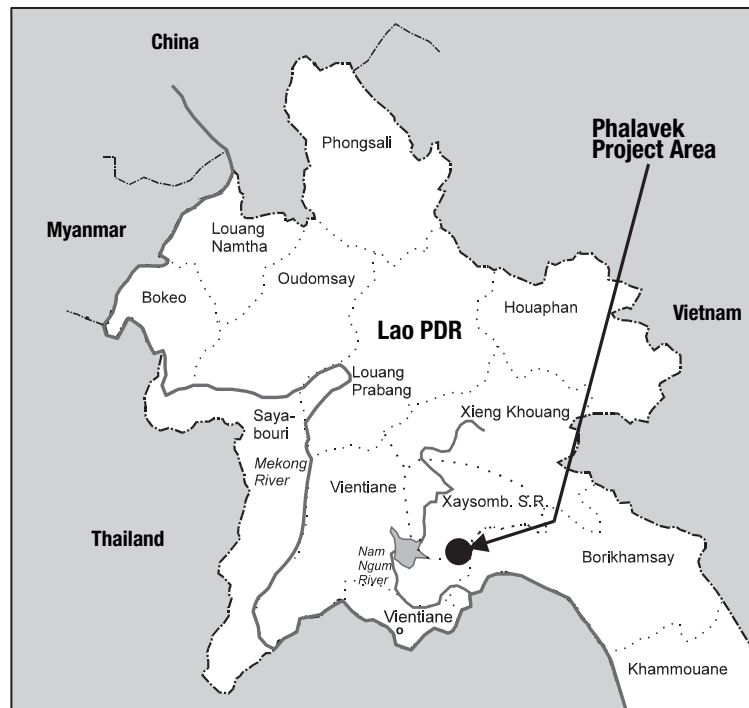
- To open up the project area through road construction and support to marketing, communication and transportation structures
- To create the economic conditions for reducing poppy cultivation in the project area by initiating sustainable economic development processes
- To improve living conditions in the project area through the development of a community health care system and a range of community development activities

Achievements and impact

In Hom district, of which the Phalavek area was one part, annual opium production probably ranged from four to six tonnes in the mid-1980s. By 1996, opium-poppy cultivation had virtually disappeared in that area. The drug control objective of the project has thus been achieved. An important factor leading to this voluntary reduction was that the opium issue was openly discussed with project beneficiaries and district officials from the beginning. The only remaining poppy-growing areas in the Xaysomboun Special Region are located in Xaysomboun district, that is, outside the project's target area.

The project also achieved its immediate objectives:

- About 180 km of rural roads were constructed, connecting not only the 14 project villages but the two districts of Hom and Longxan to the Lao road network. Marketing activities increased considerably.
- In 1990, the Phalavek region was a food-deficient area like most mountainous areas in Laos. By 1996, as a result of improved irrigation systems, seeds and farming practices, the project area was self-sufficient in rice and was even able to export surplus rice to other districts. In addition, cash crops and livestock were increasingly sold at markets. Nutrition among the local population was improved.



- Better access to clean water and sanitation and the establishment of a primary health care system together with better nutrition improved the health situation and reduced mortality rates. The number of children going to primary school more than doubled. In 1995, about 45 percent of the students were girls. More than 220 Hmong women participated in the skills training activities offered by the project. In most project communities village development committees and women's committees were established to interact with the project.

Moreover, the project demonstrated to ethnic minorities, the Lao government and the international community the feasibility of alternative development in Laos.

Project data

Title:	Highland Integrated Rural Development Pilot Project ('Phalavek Project')
Location and beneficiaries:	Laos. Phalavek area in the southern part of the Xaysomboun Special Region. Primary beneficiaries: c. 5,000 beneficiaries in 14 villages of which 95% Hmong. Secondary beneficiaries: people in the districts of Hom and Longxan (25,000 people) in general.
Duration:	1989 - 1998
Funding:	UNDCP from 1989 to 1996, Government of Australia since 1996
Donor contribution:	Approximately US\$ 7 million
Implementation:	United Nations Department for Development Support and Management Services (UNDDSMS)

Alternative development in Thailand: the Thai-German Highland Development Programme (TG-HDP)

Background

The TG-HDP commenced in 1981 and initially focused on Tambon Wawi in Chiang Rai province. In 1984, a second project area, Nam Lang in Mae Hong Son province, and in 1991 a third one, Huai Poo Ling also in Mae Hong Son province, were included. The people in all three areas were ethnic minorities faced with the poverty, security and environmental problems typical of people in the highlands of northern Thailand. These problems also included opium-poppy cultivation and drug use. The TG-HDP is to end in September 1998.

Objectives

The project's goal was formulated as follows:

"The quality of life of the highland population is improved, drug abuse problems are reduced, and the ecological balance is better maintained".

Components include:

1. strengthening of village organisations and their participation in sustainable rural development measures
2. improvement of agriculture and income opportunities to reduce economic dependence on poppy cultivation
3. conservation, development and efficient utilisation of natural resources in the highlands
4. support to community development and social infrastructure to improve health and education and to reduce drug addiction and related problems
5. strengthening of district, provincial and higher level government and non-governmental institutions in rural and alternative development
6. assistance to national policy planning and decision-making for highland development
7. enhancing cooperation with neighbouring countries in Southeast Asia.

The TG-HDP is an alternative development project which is part of an overall rural development effort in the highland areas of Thailand.

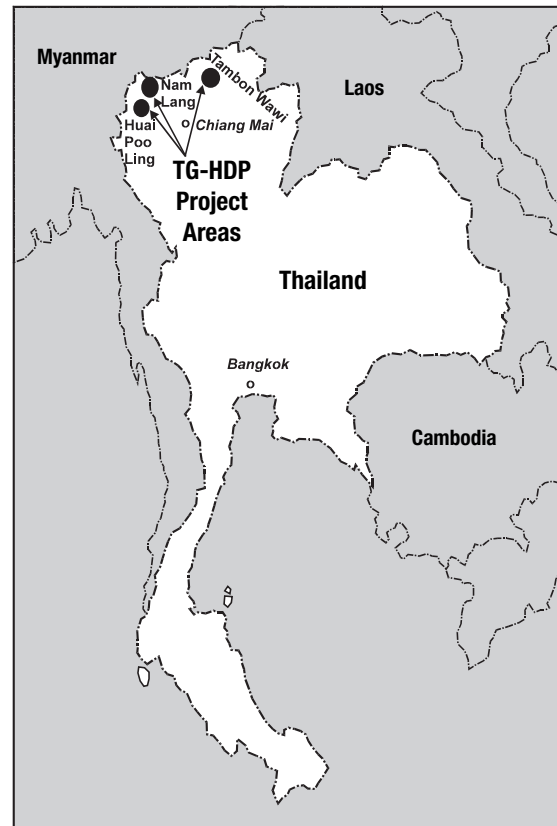
Achievements and impact

The TG-HDP cooperated with some twenty government departments from six ministries in a range of development activities related to the immediate objectives listed above.

These contributed to social and economic development, environmental sustainability, the strengthening of counterpart and community organisations – including Tambon (sub-district) Administrative Organisations and village committees – and gender equity.

Starting in 1992, the project also began activities in support of 'community-based drug abuse control' to reduce drug use within the project area.

The TG-HDP helped create social, ecological and economic conditions conducive to the reduction of opium-poppy cultivation. Within the project regions, the area under poppy cultivation dropped from more than 700 to less than 30 hectares with a corresponding reduction in annual opium production from as much as nine metric tonnes prior to the project to less than 400 kilograms by 1996. By strengthening the capaci-



ties of ONCB's Northern Narcotics Control Centre in Chiang Mai, the TG-HDP had an impact on drug control beyond the boundaries of the project.

The main achievement of the TG-HDP is that it developed and demonstrated the feasibility of viable concepts and approaches for ecologically sustainable highland development as well as for the reduction of opium-poppy cultivation and drug use in the highlands.

Project data

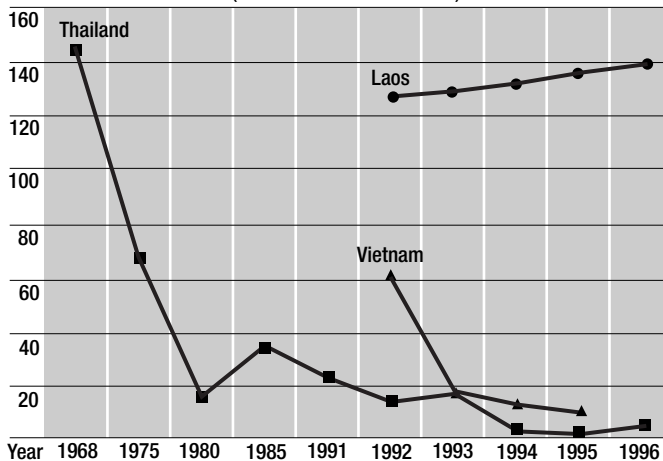
Title:	Thai-German Highland Development Programme (TG-HDP)
Location and beneficiaries:	Thailand. Tambon Wawi (Chiang Rai Province), Nam Lang and Huai Poo Ling (Mae Hong Son Province). About 30,000 people: Akha, Hmong, Karen, Lahu, Lisu, Shan, Yao.
Duration:	1981 - 1998
Funding:	German Federal Ministry for Economic Cooperation and Development (BMZ).
Donor contribution:	Approx. DM 40 million
Implementation:	Office of the Narcotics Control Board (ONCB) and Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), GmbH.

4.1.1.2 Impact on poppy cultivation

Rural development takes time, even more so as it is usually implemented in remote ethnic minority areas. The only country in Southeast Asia with alternative development experience over a longer period of time is Thailand, where favourable framework conditions facilitated such programmes.

In **Thailand**, alternative development activities had a measurable impact on the reduction of opium-poppy cultivation. In the areas of the five projects funded by the United Nations between 1985 and 1994, opium production dropped from about 19 to 8 metric tonnes. In the areas covered by the Thai-German Highland Development Programme, poppy cultivation was reduced from as

Trends in opium production in Laos, Thailand and Vietnam
(estimates in metric tonnes)



Sources: Gov. of Pakistan/NCD 1994; National Survey on Drug Abuse 1993.

much as nine metric tonnes in the beginning of the project to probably less than 200 kilograms by 1996. In Thailand on the whole, less than five tonnes were harvested in 1997.

When measured against the quantity of opium reduced in a given project area only, with more than US\$ 800,000 of project funds per tonne of opium reduced, the investment appears to be extremely high.⁸

However, the following needs to be taken into account:

- Alternative development projects were implemented in specific areas but had an impact beyond project boundaries. In Thailand, overall opium production dropped from 146 metric tonnes

⁸ It is important to bear in mind that, apart from project funds, heavy public investments went into infrastructure development. In addition, the emerging agro-industry was conducive to alternative development efforts. Overall investments in highland development have not been estimated.

in 1968, that is, before the start of such programmes, to five metric tonnes in 1996, that is, when most of these programmes were completed.

- Alternative development projects created the social, economic and political conditions for a reduction in opium-poppy cultivation and the implementation of law enforcement measures. Any other approach would not have been feasible in the 1970s and 1980s. In the final analysis, social and economic development activities combined with the political will of the Royal Thai government ensured the success of this strategy.
- The impact of alternative development activities should not only be determined in terms of opium reduced but also in terms of their contribution to sustainable human development. This aspect will be discussed below. Alternative development projects carried out in Thailand and other countries of Asia were probably as cost-effective as those of other rural development projects.

In **Vietnam**, the Ky Son alternative development project only started in 1996, and it is still too early to determine its impact.

In **Laos**, the first of such projects commenced in 1989 and others in the early 1990s. In most project areas, opium production dropped considerably. However, it may still be too soon to expect a tangible and lasting impact on opium production beyond project areas. Some of the most important poppy-growing areas have not yet been the focus of alternative development activities. In these, poppy cultivation increased between 1992 and 1996.

The impact of rural development activities on opium production in **Myanmar** cannot be determined. Reliable data is not available, and project activities were not reliably monitored in the past.

4.1.1.3 Impact on development

The results of rural development for drug control in Thailand and other Asian countries were reviewed and documented on several occasions:

- In December 1987, a 'Regional Seminar on Replacement of Opium-poppy Cultivation' was held by the United Nations Development Programme (UNDP) and the United Nations Fund for Drug Abuse Control (UNFDAC) in Chiang Mai, Thailand.
- In November 1989, UNDP and UNFDAC organised the 'Second Regional Seminar on Replacement of Opium Poppy Cultivation' in Swat, Pakistan.

- In June 1994, UNDCP in cooperation with the Thai Office of the Narcotics Control Board (ONCB) arranged a review of Two Decades of Thai-UN Cooperation in Highland Development and Drug Control in Chiang Mai.

The title of this latter seminar is indicative of the approach to alternative development pursued in **Thailand**. Alternative development was to contribute to drug control **and** to development. It was not just seen as an instrument for drug control.

Reports presented during this seminar suggest the following:

- Between 1971 and 1992, foreign donors contributed more than US\$ 75 million for highland development programmes aimed at reducing opium-poppy cultivation. More than 150,000 people, about 28 percent of the minority population, benefited from them.
- The overall assessment is that through these projects, highland minorities moved closer to Thai society, with all of the advantages and disadvantages accompanying such a move. The contribution to social and economic development in these areas is considered positive.
- Alternative development contributed to food security and increased rice production among highland minorities. Soil and water conservation measures were introduced to improve ecological sustainability in the highlands. In the process, many communities changed from swidden to permanent agriculture.
- Cash crops were introduced with mixed success. Coffee, which was promoted and adopted by many farmers but subsequently suffered from a decline in prices, serves as an example of the futility of a strategy focusing on a single crop to replace opium. Strategies based on a range of different crops appeared to be ecologically and economically more viable.
- Improvement of the road network increased income and marketing opportunities but also precipitated social change with adverse effects on highland communities.
- Alternative development contributed to an expansion of the government's health and education services to highland minorities. This increased their chance of participating in new development opportunities and Thai society. At the same time this often happened at the cost of giving up their own traditions, values, knowledge and sometimes even language.

Opium eradication and poverty

In the 1980s, large numbers of poppy fields were eradicated in Burma (now called Myanmar) with assistance from the United States. In 1988 alone, 12,000 hectares of poppies were eliminated. In 1991, a United Nations agency undertook a mission to some of these areas in the eastern Shan state in order to carry out a socio-economic study:

"In the visited villages under the poppy eradication programme the mission got the impression that most households were facing extreme poverty and starvation. In the first year of the programme, they were able to survive with the relief grain distribution and by selling their livestock. In this second year they do not know how they will survive. This situation affects all households but especially the lower stratum families. One of the consequences of lack of income is that it makes more difficult the purchase of fertiliser for the rainy season's food crops, accelerating the downward spiral of impoverishment."

- Most projects worked with communities through village committees and other village institutions. The quality of these institutions and committees and their cooperation with alternative development projects depended heavily on the abilities and cooperativeness of the village headmen. In communities with functioning village institutions, it was possible to build up social mechanisms for drug demand reduction at the village level. In communities with weak institutions and leaders, village leaders sometimes introduced and spread the use of heroin.
- Institution-building at all levels, from village communities, to sub-district, district and provincial administrations to the national level, is an important feature of alternative development, not only to support the implementation of government policies and project activities but also to ensure the participation of beneficiaries and to institutionalise experience gained in such programmes.
- One of the areas ignored for some time by alternative development programmes in Thailand was the question of rising drug use in project areas, in which heroin use spread markedly from the mid-1980s onwards. The Thai-German Highland Development Programme is one of the few projects which in 1991 also initiated activities to reduce or prevent drug use.

In Laos, only a few alternative development activities have been completed, and the overall impact on development so far is thus limited. In areas where project activities were actually carried out, they contributed to meeting basic needs. This included in particular increased rice production through improved irrigation systems, seeds and farming practices in general. Most farmers in poppy-growing areas considered rice the most basic need. Additional cash crops were introduced to diversify income sources. Livestock programmes, including veterinary services, were supported to reduce the economic risk of people who tend to invest their savings in livestock and depend on it as a major source of income.

Given the poor state of the road network in Laos, the construction of rural roads was a major component in all of these projects to open up isolated areas and provide access to markets. An interesting approach was pursued within the framework of the Xieng Khouang Programme, where roads were constructed in Nonghet district by the people living in these areas themselves, using a labour-based approach. Rather than investing in expensive machinery, people were provided with tools and a small incentive payment to work on roads during the dry season. This increased the sense of ownership and thus the chances of continued road maintenance. Moreover, as the roads were constructed during the dry season, people worked on the roads rather than growing poppies. Opium production in Nonghet dropped considerably between 1992 and 1995 when these roads were being built. However, for various reasons, the agricultural components of the programme were not implemented simultaneously, to prevent people from switching back to poppy cultivation upon completion of the road programme.

Alternative development projects not only addressed economic but also social development needs. The establishment of primary health care and basic education services were key components. Drinking water supply and sanitation activities were usually implemented early in the projects' life to reduce child mortality rates and build up beneficiary confidence in such projects.

Alternative development in Laos was and still is intended to increase social, economic and ecologi-

Drug control projects funded by BMZ in Asia

Bilateral projects:

- *Thai-German Highland Development Programme, TG-HDP (from 1981 to 1998 with GTZ assistance).*
- *Thai-German Narcotics Control Programme, TG-NCP (Phase 1 from 1994 to 1997 with GTZ assistance. Phase two from 1998 to 2000).*
- *Lao-German Programme for Drug Control (to start in 1998 with GTZ assistance).*
- *Construction of Road No. 6 in Xieng Khouang and Houaphan provinces of Laos (since 1994 with KfW assistance).*
- *Preparation of a strategy on drugs and development in Asia. From 1996-1997. (Implemented by the Drugs and Development Programme, ADE).*
- *Support to NGOs in Pakistan (In preparation. To be supported by ADE.)*

Multilateral (Funds-in-trust through UNDCP):

- *Adviser for Alternative Development in the UNDCP Regional Centre Bangkok (BMZ support since 1996).*
- *Adviser for Alternative Development in the UNDCP Regional Office for Southwest Asia in Islamabad (since 1996).*
- *Ky Son Alternative Development Project in Vietnam (since 1996).*
- *Xieng Khouang Highland Development Programme in Laos (1992 to 1995).*
- *Dir District Development Project (DDDP) in Pakistan (since 1993).*
- *Integrated Drug Demand Reduction Project (IDDRP) in Pakistan (1991 to 1995).*
- *Afghanistan Drug Control and Rural Rehabilitation Project (1995).*
- *Afghanistan Poppy Crop Reduction Project (funding to commence in 1998).*
- *Nepal Master Plan/Demand Reduction Sector (1993 to 1996).*
- *Thailand Integrated Pocket Area Development, IPAD (1990 to 1994).*
- *Community-based drug prevention in northern Thailand (1994 to 1996)*
- *Contributions to other UNDCP projects already completed.*

cal sustainability. Projects helped exploit opportunities for the development of paddy land where possible, but also tried to find ways to make upland agriculture more sustainable and to reduce the need for migration. Community development activities and the strengthening of community organisations - including women's groups - helped enhance social sustainability. This is also true for demand reduction activities in communities with high addiction rates. All of the projects supported by UNDCP include activities to reduce drug use

within project areas. Pilot activities carried out so far show that drug demand reduction is possible even in remote areas, but that more time and experience is required to develop efficient, cost-effective and replicable models.

The most important achievements of alternative development projects in Laos to date are that they:

- helped pave the way for improved cooperation of the international community in drug control in Laos
- created the conditions for the elaboration of a more comprehensive drug control policy in Laos
- increased opportunities for the participation of ethnic minorities in social and economic development. In fact, alternative development projects were among the first development activities implemented in highland minority areas in Laos.

In this sense, in Laos, alternative development also made a contribution to good governance.

4.1.2 Demand reduction

Responses to increasing drug use vary considerably from country to country.

In Vietnam, demand reduction focuses on the treatment of drug addicts either in government treatment centres or on a voluntary basis in the family. In the Hanoi treatment centre, about 2,000 drug users were treated between 1992, when the

centre was established, and 1995. About 95 percent relapsed after the first treatment and will return sooner or later. After two to three rounds of treatment, about 25 percent of the drug users remain clean. The contribution of such programmes to drug control and development is rather limited.

In Laos, very few government-supported primary prevention activities were carried out in recent years. In the context of alternative development projects some 'community-based drug control' activities were implemented on a pilot basis, without conclusive results or replicable and cost-effective models. Most opium addicts in rural areas rely on traditional healers or continue smoking opium or stop by themselves if they cannot afford it any longer.

In Thailand, on the other hand, a vast range of demand reduction activities has been carried out by different government agencies, NGOs and people's organisations - some on their own, some with government support, some with support of the private sector and some with international assistance. Included are primary prevention programmes, treatment centres, workplace programmes, formal and non-formal education programmes, harm reduction programmes to minimise the risk of HIV/AIDS transmission, and 'community-based drug control'. An overview of these activities and their impact is difficult to obtain. Experience with CBDC, however, has been documented, for example, by the Thai-German Highland Development Programme and UN/ESCAP.



Drug control is about strengthening community institutions – community-based drug control in Thailand supported by the Thai-German Highland Development Programme

'Community-based drug control' refers to approaches in which communities themselves take responsibility for the prevention and solution of drug-related problems. CBDC mostly focuses on the issue of drug use, but it may also apply to community reduction of opium-poppy cultivation or to prevention of drug trafficking. Direct involvement of communities in law enforcement, however, is accompanied by considerable risk.

Between 1991 and 1995, the Economic and Social Commission for Asia and the Pacific (ESCAP) supported demonstration projects in five Asian countries, including China and Thailand. These projects were not just aimed at drug demand reduction but also at the prevention of HIV/AIDS. Results suggest that such activities may lead to a reduction in drug use and the spread of HIV/AIDS as well as to an integration of drug users and people infected with the HIV virus into their communities.⁹

CBDC-activities are presently supported by the Thai government and ONCB through several programmes. Under the present National Narcotics Control Plan these will be expanded.

The Thai-German Highland Development Programme began to approach drug use problems within its project areas through CBDC in 1992. A review of these activities concludes that drug problems cannot be tackled in isolation from other development problems. If communities and their institutions are too weak, they have to be strengthened first through a range of other community development activities. The implementation of CBDC-activities has in turn a positive impact not only on drug problems but on other social and economic issues as well.¹⁰

4.1.3 Law enforcement

Drug law enforcement to control drug trafficking and related issues - from the procurement of precursor chemicals and the processing and refining of substances to the laundering of proceeds from trafficking operations - is perhaps the field most favoured by drug control institutions. The borderline between the legal and the criminal appears to be more clear cut than in the case of drug users and poppy farmers. Unlike time-consuming and complex developmental interventions to reduce demand or the cultivation of narcotic plants, drug-law enforcement can result in tangible seizures and arrests. Governments are more likely to respond to increasing drug problems by allocating more resources to law enforcement than to demand reduction and alternative development.

⁹) UN/ESCAP 1995.

¹⁰) CB-DAC Core Team 1997.

Unintended consequences...

When formulating drug control policies and strategies, policy-makers should be aware that drug control may have unintended negative consequences:

- *It may force drug users into more risky behaviour, such as drug use by injection, needle-sharing or procurement crime.*
- *It can create curiosity and induce young people to use drugs.*
- *It can further marginalise drug users and social groups.*
- *Policies overstating the 'horrors' of illegal drugs while sanctioning legal ones undermine the credibility of drug control altogether.*
- *The necessity to fight drugs and related crime can be used as a pretext to limit civil rights, move against political opponents or delay political reforms.*
- *The ends of drug control are sometimes used to justify means with consequences worse than the initial drug problem (such as torture, excessive penalties, extra-judicial killings, capital punishment, or other human rights violations).*

Drug-law enforcement strategies in Asia are usually aimed at training and equipping police, customs, para-military or other forces to take on the control of drug trafficking as an additional task. In some countries, new agencies have been created to coordinate drug-related operations of the different law enforcement agencies involved and to pursue specific cases themselves. In Thailand, for example, ONCB - primarily a coordinating agency - has a large law enforcement division which itself is operational. In Laos, the Counter Narcotics Unit is much smaller, but has basically similar tasks.

The emphasis of drug-law enforcement is gradually shifting from the 'first dimension' (substances to be seized) and the 'second dimension' (persons to be arrested) to the 'third dimension' (the proceeds of crime to be seized). This has important implications in that drug-law enforcement becomes more complex. It involves lengthy and complicated investigations and linkages to other issues such as financial and economic crime and corruption. The focus is more on criminal organisations and less on petty traffickers.

Drug-law enforcement, however, carries the risk of a negative impact on drug control and human development.

For example, repressive legislation and actions can further marginalise and criminalise drug users and make demand-reduction activities more difficult and harm-reduction activities impossible, thus contributing to other human development problems including the spread of HIV/AIDS. The legislation of most countries in Southeast Asia provides for capital punishment of drug traffickers, and many countries do implement the death penalty. Some governments tend to accept extra-judicial killings in connection with operations against drug traffickers.

The BMZ, in its 'Concept Drug Control within the Scope of Development Cooperation', points out the risk of human rights violations in connection with drug-law enforcement. Many donors and development agencies are therefore reluctant to cooperate in the field of drug-law enforcement.

On the other hand, drug-law enforcement may involve a strengthening of the judiciary, the adoption of sensible and well-balanced legislation, improved transparency and accountability of police and other forces, or a strengthening of the rule of law and a more constructive interaction between civil society and government agencies. Development cooperation in this field could support good governance.

4.1.4 Master plans

For more than ten years, the principle of national master plans has been promoted by the United Nations. Such master plans are to provide an overview of drug problems and determine drug control objectives, strategies to achieve these objectives, inputs required and needs for assistance in a given country. The German Ministry for Economic Cooperation and Development (BMZ) also considers the preparation of such plans an important tool.

The first master plan for drug control in Asia was adopted by the **Thai** government in 1985 in the form of the 'Master Plan for the Development of the Opium Poppy Cultivating Regions of Thailand'. This was followed by the 'Second Master Plan for Highland Development and Drug Abuse Control'. Both plans were exclusively targeted at poppy-growing areas of northern Thailand and were mainly financed by donors.

The Thai government has since begun to prepare more comprehensive drug control plans address-

ing all aspects, from poppy cultivation to drug use, trafficking and related problems. These plans are integrated into national development plans and primarily financed by the Thai government itself. The present 'National Narcotics Control Plan 1997 - 2001' is a sectoral plan of the 'Eighth National Social and Economic Development Plan 1997 - 2001'. In both plans, decentralisation, participation and strengthening of community self-help capacities, social development and good governance are important principles.

In 1994, the government of the **Lao PDR** adopted a 'Proposal for a Comprehensive Drug Control Programme', that is, a master plan for the years 1994 to 2000. Objectives were:

- Strengthening of drug control institutions.
- Reduction of opium-poppy cultivation, primarily through alternative development.
- Strengthening of capacities for the prevention of drug use and the treatment and rehabilitation of addicts.
- Strengthening of law enforcement agencies and drug control legislation.

Sixteen technical assistance projects were proposed to translate the plan into action. Through one of these projects, drug control components aimed at supply and demand reduction were to be integrated into the ongoing activities of 'regular' development projects.

The plan was designed to contribute not only to drug control but also to rural development and the participation of ethnic minorities in development processes, to improved rule of law and to a strengthening of public institutions: in short, to sustainable human development.

Progress in the implementation of this plan is currently under review.

In November 1995, the government of **Vietnam** adopted a drug control master plan for the years 1996 to 2000. The plan is aimed at the elimination of poppy cultivation, the strengthening of drug control institutions and legislation, and the control of drug trafficking. The reduction of drug use is considered a priority. Strategies include the minimisation of drug-related risks ('harm reduction') and the prevention of HIV/AIDS. Seven projects to be supported by UNDCP were proposed to facilitate the implementation of the plan. One of these projects is the Ky Son Alternative Development Pilot Project, which is funded by Germany through UNDCP.

Drug control master plans can help ensure the consistency of drug control with development planning and make valuable contributions to sustainable human development, that is, to meeting basic needs, to enhancing the participation of disadvantaged groups and individuals, to strengthening social, economic and ecological sustainability and to good governance. Their implementation, however, depends on the efficiency and strength of drug control institutions.

4.1.5 Drug control institutions

Drug control is the task of numerous government and non-governmental organisations. Most countries have established an office, committee, commission or board in charge of planning, coordination, monitoring and evaluation of drug control activities. Various models are to be found.

In **Myanmar**, the Central Committee for Drug Abuse Control (CCDAC) was established in 1975 and is chaired by the minister of the interior.

The **Vietnam** National Drug Control Programme (VNDCP) was created in 1993. Its permanent secretariat is based within the Committee for Ethnic Minorities and Mountainous Areas, which indicates that, at least in the beginning, drug problems were primarily seen as an issue of poppy cultivation in minority areas. The master plan calls for a strengthening of drug control institutions.

The **Lao** National Commission for Drug Control and Supervision (LCDC) was established in 1990 and is chaired by the vice-minister for foreign affairs. The ministries of interior, health, education, agriculture, finance (customs) and justice are also represented. A small permanent secretariat is located in the ministry of foreign affairs. The master plan foresees a strengthening of the LCDC and its secretariat so that it can monitor the drug situation, plan, coordinate and evaluate drug control activities, and support other cooperating ministries, institutions and projects as well as provincial and local administrations in drug control matters. So far, there has been little progress in this respect.

The **Thai** Narcotics Control Board - chaired by the prime minister - and with it the Office of the Narcotics Control Board (ONCB) were created in 1976. The ONCB plays a major role in the planning and implementation of national drug control plans. Its main function is to coordinate the drug-related activities of more than 45 government agencies, of NGOs and people's organisations, donors and media. In addition, ONCB itself implements activities in the fields of prevention and

law enforcement. Its tasks were broadened in 1992 when assets seizure legislation was adopted and ONCB charged with its implementation in cooperation with the Property Examination Committee. ONCB has more than seven hundred staff in Bangkok and three regional centres. Under the present National Narcotics Control Plan 1997 - 2001, functions and responsibilities are to be decentralised.

Germany has been supporting the ONCB through the Thai-German Narcotics Control Programme (TG-NCP) since 1994. This project is aimed at strengthening the cooperation between ONCB and other organisations. Components include human resources development, prevention and law enforcement. In addition, ONCB's Northern Narcotics Control Centre in Chiang Mai has benefited from the Thai-German Highland Development Programme (TG-HDP) in terms of staff training, equipment and other support.

The ONCB is one of the largest drug control organisations in Asia and is considered to function fairly well. ONCB and the Thai authorities nevertheless have difficulties coping with increasing drug use and in particular the question of metamphetamines.

A common question that confronts all of these institutions in Thailand and other countries is how to ensure the cooperation of other government agencies in drug control activities. It appears that such cooperation is more likely to materialise in the field of law enforcement because the related tasks are more clear cut and anyway part of the functions of law enforcement agencies. Most of these agencies nevertheless report a lack of cooperation and unclear definition of responsibility. The task of ensuring coordination and cooperation is even more difficult when it comes to development-related activities aimed at drug control. Generally, development institutions are reluctant to get involved. Development takes time and requires a long-term commitment, and results are not always tangible.

Ensuring cooperation can therefore be a frustrating task. The result may be that:

- the coordinating agencies start implementing activities themselves;
- the implementation of development-related activities is left to externally funded technical assistance projects rather than to other government agencies;

- drug problems are addressed by specialised drug control agencies in isolation, for example, as a law enforcement issue or as a purely medical problem;
- there is little emphasis on integrated development approaches to drug problems.

In order to overcome such problems and to integrate activities at sub-district and community levels, ONCB is presently trying different approaches which can be summarised as community-based approaches or community-based drug control (CBDC). A second phase of the TG-NCP is in planning to support ONCB in this task.

In Laos, the LCDC and GTZ are planning to cooperate through the Lao-German Drug Control Programme. Under this programme, drug control institutions at national and provincial levels should be strengthened to enable them to support CBDC-activities at district and community levels. In addition, ongoing rural development projects should be given the resources and know-how to integrate CBDC-components into their activities. This programme is to start in 1998.

4.1.6 Sub-regional cooperation

The strategy of regional or sub-regional cooperation has been promoted by UNDCP in Asia from the early 1990s. In Southeast Asia, the first result of this strategy was the agreement on two alternative development projects in eastern Shan State. One was supported by Myanmar and Thailand

and the second one by Myanmar and China. Other countries have since joined this initiative. In 1995, Cambodia, China, Laos, Myanmar, Thailand, Vietnam and UNDCP signed a sub-regional Memorandum of Understanding and adopted an action plan which contains eleven project proposals. While the first projects under this initiative were to support alternative development, most of these new MOU projects are aimed at capacity-building, strengthening of drug control institutions and law enforcement.

This cooperation strategy implies mutual monitoring of the drug control activities of MOU members. It can thus contribute to enhancing the political commitment of governments to drug control.

Other opportunities to enhance sub-regional cooperation in Southeast Asia include:

- cooperation for drug control within the framework of ASEAN;
- bilateral cooperation among Laos, Myanmar and Thailand;
- exchange of experience in alternative development and demand reduction. This involves networking of institutions and projects, and in particular the transfer to other countries of knowledge gained in more than twenty years in Thailand. Organisations like GTZ see considerable value in such cooperation at the technical and operational level.



Drug control is about sub-regional cooperation – Mekong at the 'Golden Triangle'

4.2 Drug control and development in Southwest Asia

4.2.1 Supply reduction

4.2.1.1 Strategies

In **Pakistan**, systematic efforts to reduce poppy cultivation began in the mid-70s with the UNF-DAC-funded Buner Agricultural Development Project in Swat District of the Northwest Frontier Province. This project lasted from 1976 to 1987 and has often been mentioned as one of the most successful of its kind because opium production - which amounted to more than 50 tonnes prior to the project - was more or less eliminated by the end of the project, while food production and rural infrastructure were improved considerably.

Based on the Buner experience, in 1983 the government of Pakistan adopted the 'Special Development and Enforcement Plan for the Opium-producing Areas of Pakistan' (SDEP). Under this plan, a series of rural development projects were subsequently implemented. Three of these - the projects supported by the United States in the tribal areas of Bajaur and Mohmand, and the Dir District Development Project (DDDP) assisted by UNDCP - are still operative. International assistance to such projects amounted to more than US\$ 150 million between 1983 and 1997.

As the title of the SDEP implies, development **and** enforcement were chosen as the strategy from the start:

- Rural development projects were to „... *develop alternative income opportunities and to ensure that enforcement of the opium ban can be carried out at reduced hardship and at reasonable cost.*“
- *“Enforcement will begin in each area when development activity is apparent and will aim at complete elimination of poppy cultivation prior to the planned termination of the development project.”*

This approach was different from the one pursued in Thailand. In Thailand, the opium ban was not enforced until after the successful implementation of development activities or late in the life of projects, and not from the start and parallel to development activities as proposed in the SDEP.

There are other differences: In Pakistan emphasis was put on physical outputs such as roads, buildings, electric power and irrigation systems. Visible and tangible achievements were to make enforcement acceptable to local leaders and the population. The SDEP specifically mentions that

these did not need to be carried out in an integrated manner. Development schemes were to be implemented by government line agencies. There was hardly any provision for social development activities and participation of the population.

The Special Development Unit (SDU) was established in 1984 to coordinate the SDEP projects within the Planning and Development Department of the Northwest Frontier Province.

The SDEP and most of its projects were in fact implemented. However, the strategy had to be adjusted. Projects achieved many of the planned physical outputs but often lacked acceptance by the population. A mission evaluating USAID-supported projects in 1990 recommended a change to more participatory approaches in order to ensure sustainability. When the second phase of the Dir District Development Project was formulated in 1992/93, provisions for enhanced participation of beneficiaries were included.

While development activities were implemented, enforcement lagged. Generally, government agencies were reluctant to enforce the ban on poppy cultivation. In 1987, in Gadoon Amazai where USAID funded a project, poppy fields were destroyed, but in the resulting conflict several people were reportedly killed. It was only in 1993 that government agencies felt comfortable putting pressure on poppy cultivation. 'Enforcement' usually meant that farmers were warned or encouraged during the time of sowing not to grow poppies but to plant wheat or other crops. During the harvest, only a few poppy fields were destroyed. Often this seemed sufficient to deter farmers.

One example of this combination of development and enforcement as pursued in Pakistan is the Dir District Development Project.

In **Afghanistan**, the war and the lack of government authority in poppy-growing areas have prevented implementation of a comprehensive drug control policy since the late 1970s. For the same reason, bilateral donors were reluctant to provide support other than humanitarian and emergency assistance. As a result, drug control in Afghanistan in recent years was more or less limited to the UNDCP-funded project Drug Control and Rural Rehabilitation, which commenced in 1989 and ended in early 1996. With inputs of some US\$ 8 million over eight years, the project was to contribute to the elimination of opium-poppy cultivation in five provinces of Afghanistan as well as

Alternative development in Pakistan: the Dir District Development Project

Background

Dir District is a Provincially Administered Tribal Area in Pakistan's Northwest Frontier Province. Most of the 1.5 million inhabitants are Yusufzai Pathans. In recent years, about half of Pakistan's opium was produced in Dir: in 1993, this amounted to 60 to 90 metric tonnes. Poppies are cultivated in a few side valleys off the main Panjkora valley. About 200,000 people live in these poppy-growing valleys, which until recently were considered very difficult of access even for the local administration. The first phase of the Dir District Development Project (DDDP) was signed in 1985 by the government of Pakistan and the United Nations. However, implementation of most activities did not commence until 1989. The second phase began in 1994 and is to last until 1999.

Phase 1

The objective of DDDP Phase 1 was to establish an economic environment which will provide people with opportunities for an acceptable income and standard of living without recourse to opium production.

The government in turn was to enforce a total ban on poppy cultivation in Dir District.

When the project actually took off in 1989/90, opium production had increased considerably.

Most of the physical development targets were achieved during the first phase. However, as there were very few provisions for community participation, acceptance of the project was limited and the link between development activities and the need for opium reduction was not obvious to the target population.

In addition, the local administration undertook only a few eradication activities, not feeling in a position to extend these to all of the poppy-growing valleys.

Phase 2

The design and start of DDDP Phase 2 coincided with greater determination on the part of the government to reduce opium production in Pakistan. An enforcement plan was agreed upon by the local administration as well as by provincial and federal governments. This plan detailed the years in which enforcement of the ban on poppy cultivation would be extended to which valley. At the same time, a comprehensive package of assistance was to provide further support to these valleys. Phase 2 again contains components such as the construction of roads, bridges, electric power and irrigation systems, that is, physical outputs which the local administration considers a precondition for enforcement. However, greater emphasis is being put on beneficiary participation, community development and gender equity than was the case in Phase 1.

In 1992, more than 3,000 ha of poppies were grown in Dir. By 1996, only 474 hectares of poppies were left. The actual destruction of poppy fields played a minor role in this. In 1996, for example, less than 40 hectares were eradicated.

11) Gov. of NWFP/SDU 1996.



The reduction in opium production in Dir can be attributed to a combination of alternative development and the risk of enforcement:

“Many farmers reported that they changed their cultivation practices after realising that alternative crops and cropping systems could match or even increase their profits and enable them to avoid problems with the local administration.”¹¹

Project Data

Title:	Dir District Development Project
Location and beneficiaries:	Dir District (Northwest Frontier Province, Pakistan). Primary beneficiaries: 200,000 people in the poppy-growing areas. Secondary beneficiaries: an additional 200,000 people living in areas adjoining the poppy valleys.
Duration:	1989 - 1998
Funding:	UNDCP
Donor contribution:	Phase 1: US\$ 24 million. Phase 2: US\$ 14.5 million.
Implementation:	Government in cooperation with the United Nations Office for Project Services (UNOPS)

to the prevention or reduction of drug use in Afghanistan and in refugee camps in Pakistan. Target provinces included the main poppy-growing areas of Helmand and Nangarhar but also extremely remote and poor areas such as Badakhshan. The project was based in Peshawar (Pakistan). It was designed in part as a fund under which NGOs carried out sub-projects in Afghanistan and in the refugee camps. In total more than 250 of such sub-projects were implemented. They focused on agriculture, the rehabilitation of irrigation systems, improvement of roads, school construction, the training of district administrators, awareness creation campaigns and prevention activities, teacher training, health education, etc. They were implemented in cooperation with community and provincial leaders and in coordination with the respective provincial authorities. The central government in Kabul was aware of this project but was not involved in its implementation, as the project areas were under the control of different factions.



Drug control is about human security – young men in Kandahar, Afghanistan

Other UN agencies working in Afghanistan were to contribute to drug control by incorporating a so-called 'poppy clause' into their project agreements with implementing NGOs. These in turn were to obtain a commitment of target communities to reduce drug production and use. The 'poppy clause' was to ensure at least that the assistance provided did not contribute to opium production.

In 1994, UNDCP carried out a comprehensive survey on opium production in Afghanistan for the first time. Other surveys followed in subsequent years. These surveys indicated that the extent of opium production in Afghanistan was considerably higher than estimated previously.

The 1994 survey, among other things, initiated a discussion about strategies to be pursued in Afghanistan. This resulted in the 'UNDCP Afghanistan Programme 1997 - 2000'. The programme consists of four projects or modules, one of which is aimed at reducing opium-poppy cultivation. Prior to the initiation of project activities, provincial and district leaders have to declare their opposition to opium production. The provision of assistance is to be accompanied by agreements with community leaders on the pace of reduction and the elimination of poppy cultiva-

tion within an agreed period of time. Provincial, district and community leaders are to commit themselves to enforcing the ban on poppy cultivation, in case some farmers or communities continue to produce opium despite the proven success of viable alternatives.

Germany has agreed to contribute to this programme through a special-purpose contribution on the condition that the programme is develop-

The UNDCP Afghanistan Programme 1997-2000

Title	Project Area	Approxim. Inputs (US\$)
Capacity Building for Drug Control	Kabul, Kandahar, Balkh, Herat, Nangarhar	2.7 million
Drug Control Monitoring System	All provinces	1.8 million
Poppy Crop Reduction	Kandahar and Nangarhar (initially)	10.5 million
Drug Demand Reduction Support	Kabul, Herat, Balkh, Badakhshan and refugee camps	1.3 million
4 Modules		16,3 million

mentally sound and consistent with human rights principles.

In November 1997, a joint donor mission to Afghanistan made a number of recommendations to improve the programme.

4.2.1.2 Impact on poppy cultivation

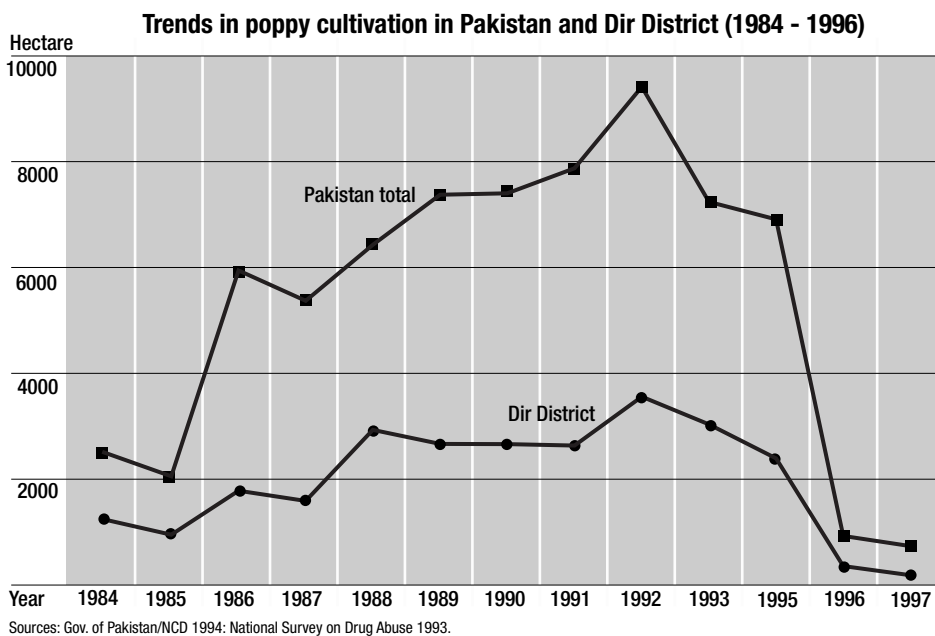
In **Pakistan**, annual surveys carried out by the government indicate that between 1985 and 1992 - that is, when most of the rural development projects aimed at the reduction of poppy cultivation were implemented - opium production actually increased. Reasons include:

- the time gap between the formal start of rural development projects and their results, which did not become obvious until a few years after they began;
- the lack of clarity, for farmers, of the link between such schemes and the need to reduce poppy cultivation. Development schemes were usually implemented by government line agencies with little participation of farmers;
- Government policies with regard to poppy cultivation were not always clearly formulated and implemented. The designation of the areas where the ban on opium-poppies was to be enforced was sometimes not known to the people. Until 1993, it was not even clear whether the laws prohibiting poppy cultivation were applicable in the Federally Administered Tribal Areas .

In 1993, opium production began to decrease. This may be partly related to the increase in production in Afghanistan, but it is certainly also attributable to the effects of rural development activities as well as to the government's determination to take firm action against opium production. The mix of development and enforcement varied from area to area. In Dir, for example, more comprehensive development assistance meant that a considerable reduction was possible in 1996, although only about 40 hectares were eradicated. In Bajaur, on the other hand, more than 500 hectares were eradicated in 1996, that is, more

than half of the cultivated area. It can be assumed that a reduction based on development rather than enforcement is more sustainable.

In **Afghanistan**, activities carried out under the Afghanistan Drug Control and Rural Rehabilitation project could not prevent the increase in production in that country. This is not surprising considering the level of destruction in Afghanistan, the political situation, the development needs and the amount of opium produced, on the one hand, and the few resources put at the disposal of that project, on the other. In Thailand and Laos, between US\$ 500 and US\$ 1,500 worth of development assistance were invested per beneficiary. In the Dir District of Pakistan, development assistance still amounted to about US\$ 200



per capita. In Afghanistan, however, only US\$ 4 - US\$ 6 were available per capita in target areas. In Southeast Asia, alternative development projects aimed at reducing between five and ten metric tonnes each. The Dir District Development Project in Pakistan was to eliminate a production of 90 metric tonnes with an investment of some US\$ 40 million. In Afghanistan a production of more than 2,200 tonnes of opium was to be reduced with an investment of US\$ eight million. As activities consisted of single, short-term interventions spread over many districts in several provinces, it was very difficult to achieve an impact even at local levels. In Badakhshan, for example, one commander complained in 1994 that the project had built a school some years ago, upon which he had forbidden opium production in that valley. But as no other assistance followed, in 1994 he permitted the people to take up poppy cultivation once again with the expectation that only then would his people receive more help.

This suggests that a strategy providing assistance to poppy farmers only could lead to speculative opium production. Investments in areas adjacent to poppy-growing areas are equally important to create an incentive to farmers to give up or stay away from opium production.

4.2.1.3 Impact on development

The tangible physical outputs produced by these rural development projects in Pakistan are impressive. In Buner, for example, as a result of improved irrigation, seed and agricultural practices, food production increased by a factor of nine between 1976 and 1981. During the first phase of the Dir District Development Project (DDDP) from 1985 to 1993, three times more irrigation systems were built or improved than planned; roads and bridges were constructed providing access to and from the poppy-growing valleys to markets and main roads; valleys obtained access to electricity; trial and demonstration plots for various crops and tree nurseries were established; some 50,000 women and children were vaccinated, etc. A considerable share of project funds was allocated to non-poppy growing communities in order to avoid speculative opium production. The implementation of these activities required the participation of provincial line departments which had previously carried out few activities in these remote and difficult areas. With external funding available, up to 18 different line departments implemented schemes in cooperation with DDDP.

Despite the physical achievements of these projects, the benefits may not always have reached those who needed them most. Given the lack of participation, many of these activities remained one-off schemes. This, and the fact that investments in health and education remained the exception, suggest that these projects may have met some important economic development and infrastructure needs but have not necessarily strengthened the communities' ability to deal with drug and development problems or to initiate sustainable human development processes.

However, lessons have been learned from past experience. Many of the shortcomings of previous years were taken into account with the design of the second phase of the DDDP. This includes a more participatory approach to development.

The impact of the Afghanistan Drug Control and Rural Rehabilitation project on development is difficult to determine. As mentioned before, most sub-projects consisted of short-term interventions by NGOs, which constructed a school, helped repair irrigation systems, etc. They therefore functioned in the same manner as other rehabilitation activities supported by aid agencies in Afghanistan. This UNDCP project certainly helped communities and returnees meet some immediate rehabilitation needs. However, it was not an alternative development project providing assistance to clearly defined communities and target areas in a comprehensive manner in order to make an impact.



Drug control is about access to goods and services – a market in Pakistan's Northwest Frontier Province

The planned supply reduction module of the UNDCP Afghanistan programme may work in a different way. It is designed to focus on a limited number of districts in two provinces, where development needs could be addressed in a more integrated manner. This programme may therefore have a greater impact on development than the previous project.

On the other hand, the programme relies on the eradication of poppy fields should agreements with beneficiaries not be met. Given the political circumstances, this may entail unintended consequences that are counterproductive to sustainable human development. The UNDCP programme therefore contains a provision that in the case of human rights violations project activities may be suspended.

4.2.2 Demand reduction

In Afghanistan, as mentioned previously, drug control activities in recent years were more or less limited to the UNDCP-supported project Afghanistan Drug Control and Rural Rehabilitation. Under that project a range of demand reduction activities were carried out in the form of awareness-creation campaigns. As baseline information about drug use in Afghanistan was not available, the impact of this project on drug use and related development problems cannot be determined. In Badakhshan province, two NGOs, namely Orphans, Refugees and Aid (ORA) and AfghanAid carried out some demand reduction activities with funding from the European Commission.

The Taliban may not have taken firm action against opium production and trafficking, but they do appear to be determined to eliminate drug use in Afghanistan. As hashish is the substance most commonly used in Afghanistan, the Taliban have eradicated some cannabis fields. According to the State High Commission for Drug Control in Kabul, people caught using drugs are flogged in public with 70 lashes. It is obvious that this is incompatible with international demand reduction principles.

With respect to Pakistan, several surveys carried out during the last 15 years have both revealed trends and made the extent of drug use known. Nevertheless, of the three main fields of drug control - supply reduction, demand reduction, law enforcement - the least resources were invested in the reduction of demand for drugs. Treatment and rehabilitation activities which started in the mid-70s, and the few prevention measures which commenced in the mid-80s, could not prevent the dramatic increase in heroin use shown by the surveys.

In 1988, the Drug Abuse Prevention Resource Centre (DAPRC) was established to coordinate demand reduction activities, to support NGOs and community-based organisations, to undertake research, to disseminate information and to design prevention strategies. However, the DAPRC relies on external funding. From 1988 to 1993 it was supported by USAID. Since 1995, the European Commission has been providing assistance. Government inputs remained limited, and this reduced the credibility as well as the impact of the DAPRC.

From 1991 to 1996, UNDCP provided assistance through the Integrated Drug Demand Reduction Project (IDDRP). This project conducted activities ranging from teacher training programmes, prevention activities and workplace programmes to policy advice to the government. The introduction of community intervention teams (CITs) and community action projects (CAPs) to support activities at the grass-roots level was most popular. However, as in the case of the DAPRC, government involvement in this project remained limited.

NGOs started to play a role in drug demand reduction in the early 1980s. Initially they focused on the treatment of drug addicts, but later on they also participated in prevention measures. At present, a number of NGOs are engaged in the difficult area of rehabilitation and social and vocational reintegration of former drug users. Unlike the many commercial clinics which simply treat addicts, NGOs can work with drug users and their social environment over a longer period of time. NGOs may be able to relate drug problems to other development problems, as they often work in a number of fields at the same time. Examples are NGOs working in prisons or NGOs supporting gender programmes.

NGOs in Pakistan - including those involved in demand reduction - are often subject to criticism. They have nevertheless shown that they are ready to work in fields where government agencies and commercial clinics so far have shown little involvement, and that they are able to introduce innovative approaches suited to the various circumstances of drug users in Pakistan. For government agencies and externally funded projects, NGOs are important partners. Donors increasingly tend to support NGOs directly. However, the effectiveness, impact and sustainability of NGO activities have not been assessed so far. It is therefore difficult to determine which of the NGOs and which approach to drug demand reduction should be supported.

4.2.3 Law enforcement

While in Afghanistan drug-law enforcement hardly exists, its neighbouring countries Iran and Pakistan report large seizures of opium, morphine and heroin smuggled from Afghanistan to or through these countries.

In Pakistan, in spite of some impressive seizures, the efficiency of drug-law enforcement has been hampered by:

- unclear legislation;
- the status of tribal areas, which for legal and political reasons limited action against heroin refineries;
- the fragmentation of responsibility among a variety of different agencies;
- the state of the police forces, which are faced with considerable internal problems.

In 1995, the Control of Narcotics Substances Ordinance - now a bill approved by the National Assembly - consolidated drug control legislation. It also contains provisions for capital punishment for drug trafficking.

The establishment of the Anti-Narcotics Force in 1995 may help overcome some of the problems related to the involvement of a large number of agencies in the control of drug trafficking.

In 1995, the government of Pakistan invited the United Nations Crime Prevention and Criminal Justice Division to find ways and means to prevent and combat organised crime and to strengthen relevant institutions. The mission that followed came to the conclusion that the prevention and control of organised crime, including drug trafficking, required comprehensive reform of the police and the criminal justice system. An important, if not the most important, part of such a reform would be to initiate a process to re-establish popular confidence and trust in the police and criminal justice system.

Drug law enforcement problems are thus related to the larger issue of governance.

4.2.4 Drug control institutions

In Pakistan, a number of institutions are or were involved in different aspects of drug control. In 1973, the Pakistan Narcotics Control Board (PNCB) was established to plan, coordinate and monitor drug control activities. Initially it was

Community action projects (CAPs)

CAPs were part of the prevention strategy of the ID-DRP. In cooperation with community leaders and community groups, they were intended to help young people promote healthy life-styles. The IDDRP would contribute some Rs. 5,000 as seed money, while the largest share was contributed by the young people and communities themselves. In total, more than 360 activities were funded, half of them in rural and half in urban areas.

CAPs included sports events, theatre, mobile libraries, etc. During the first phase of the programme, only 5 percent of the activities focused on women and girls, but in the second, 18 percent did. Some of the CAPs offered women and girls an opportunity to express themselves in public in a creative way. Through these CAPs young people were encouraged to review drug issues within their communities. In all, about 34,000 young people were reached.

based within the Planning Division, which seemed appropriate considering the multi-disciplinary nature of the Board and the problem it had to deal with. Soon afterwards, however, it was moved to the Ministry of the Interior. Over the years, the PNCB gradually turned into an operational law enforcement agency without necessarily having the mandate and the resources for such a task. The PNCB was dissolved in 1995, and its functions were taken over by other institutions.

In 1989, the Narcotics Control Division was created, to be headed by a Minister for Narcotics Control. Its functions are similar to those the PNCB assumed in the beginning, namely to plan, coordinate and monitor drug control strategies and activities. Once a year, the Minister for Narcotics Control convenes a Policy Review Board which brings together federal and provincial ministries and departments involved in drug control.

In order to improve the control of drug trafficking, in 1992 an Anti-Narcotics Task Force was established. In 1995, this ANTF and the remnants of the PNCB were merged into the Anti-Narcotics Force.

The only government institution dealing with drug demand reduction is the Drug Abuse Prevention Resource Centre (DAPRC), created in 1988.

All opium is produced in the Northwest Frontier Province and the tribal areas. In 1984, the Special Development Unit (SDU) was instituted within the Planning and Development Department of the NWFP to coordinate all development activities aimed at the reduction of opium-poppy cultivation.

In Afghanistan, a State High Commission for Drug Control was established in 1991. At the same time, drug control legislation was passed. It is important to note that this legislation provided neither for capital punishment for drug trafficking nor for physical punishment for drug use.

The effectiveness of both the State High Commission and the legislation remained limited, as the central government had little control over the main drug-producing areas. The Commission continued to exist after the take-over of Kabul by the Taliban in 1996.

In 1995, following negotiations between the then Nangarhar Shura and UNDCP, the Nangarhar Drug Control and Development Unit (NDCDU) was established. This unit was linked to the provincial authorities but funded by UNDCP. Its task was to coordinate drug control and related development activities in Nangarhar. It was to interact between the provincial authorities, the communities and UNDCP and other donors. As in the case of the State High Commission for Drug Control in Kabul, the Taliban permitted the continuation of this unit in Nangarhar province.

4.2.5 Master plans

The idea of a comprehensive master plan for drug control for Pakistan has been discussed for more than 20 years. The Special Development and Enforcement Plan of 1983, mentioned above, could be considered a master plan for one specific field, namely opium-poppy cultivation. In 1989, a draft master plan was prepared with United Nations assistance. Although it was not accepted by the government as a whole, many of its recommendations found their way into the Eighth Five-Year Plan 1993-98. In 1994, the government asked UNDCP again to assist in the preparation of a master plan. In late 1996, the Narcotics Control Division submitted its draft Master Plan 1997 - 2002 to the cabinet for approval.¹²

This draft addresses all fields of drug control, but gives higher priority to demand reduction than previous policies did. Its six objectives are:

- To reduce the level of drug use through preventive education.
- To expand harm-reduction, treatment and rehabilitation programmes.
- To control the production and supply of illegal drugs.
- To limit drug trafficking.
- To increase efforts to ensure forfeiture of assets and halt money-laundering.
- To enhance international cooperation.

Important principles are:

- To concentrate on the most dangerous drugs and to reduce the harm they do.
- To distinguish between traffickers and consumers.
- To strengthen in particular the role of provincial governments in prevention measures.
- To strengthen the role of communities and NGOs.
- To mobilise government resources, in particular for demand reduction.

Total costs for the implementation of the plan were estimated at Rs. 3.3 billion (between US\$ 80 and US\$ 90 million in late 1996). This amount was the same as that specified but not released for drug control in the Eighth Five-Year Plan.

Approval and implementation of this plan would help address drug problems - in particular those related to drug use - in a meaningful way. It would also contribute to sustainable human development by means of:

- Increased social and economic development and sustainability through demand reduction.
- Opportunities for stronger participation of NGOs and communities.
- Social and economic development in poppy-growing areas through alternative development.
- Good governance through the control of drug trafficking and money laundering, through a strengthening of the police and criminal justice system, and through decentralisation.

¹² By February 1998, the plan was still awaiting cabinet approval.

4.2.6 Sub-regional cooperation

In Southwest Asia, practical cooperation at the sub-regional level so far focuses on the control of drug trafficking.

In May 1994, Iran, Pakistan and the UNDCP signed a Memorandum of Understanding as well as a project agreement to reduce drug trafficking across the borders of Pakistan and Iran. The provision of telecommunication equipment and training for law enforcement officers from Iran and Pakistan were the main components.

In the second half of 1994, India and Pakistan started discussions about drug-law enforcement cooperation to prevent the trafficking of drugs and precursor chemicals across common borders.

In March 1995, the Economic Cooperation Organisation (ECO)¹³ signed an agreement with UNDCP on enhanced cooperation for drug control.

Such cooperation agreements can help ensure the political commitment of governments to drug control, but their actual impact depends on the extent to which they are followed up with practical measures.

The strategy of sub-regional cooperation could be an opportunity to come to an agreement on principles and common standards of drug control, such as making drug control consistent with human rights.

13) Members are: Afghanistan, Azerbaijan, Iran, Kazakhstan, Kyrgyzstan, Pakistan, Tajikistan, Turkey, Turkmenistan and Uzbekistan.



Drug control is about sub-regional cooperation – the Pakistan/Iran border area

5. Lessons Learned

5.1 Drugs and development problems in Asia

Almost all of the world's illicit opium is produced in Asia. Estimates for 1996 range from 3,200 to 4,900 metric tonnes. More than 95 per cent of Asia's opium is produced in two countries - Afghanistan and Myanmar. Laos is a distant third. Thailand, Vietnam, Pakistan and possibly China produce only minor amounts.

A large portion of the raw opium is processed into morphine and heroin in Asia. Major overseas destinations for Southeast Asian heroin are the United States and other American countries. For Europe, Afghanistan is the main source of opiates. These are mainly refined into heroin in Turkey and other countries. However, most of the opium and heroin produced in Asia is also consumed within Asia.

Considerable heroin use is reported in Pakistan, but also in Thailand and Iran. Heroin use in many countries, including China and Myanmar, may be underreported. In Southeast Asia, the use of needles for heroin - and in Vietnam also for opium - appears to be widespread.

Opiates are not the only illicit drugs used in Asia. In Southeast Asia, for example, metamphetamines are increasingly produced for local markets. The case of Thailand shows that a shift to new drugs is possible at any time. Instead of focusing only on the control of a particular substance, drug control should address development problems which are factors contributing to drug problems.

Linkages between drug problems and problems of sustainable human development include:

Poverty and basic needs

- Subsistence problems and poverty contribute to drug production and trafficking. Drug production may help farmers meet immediate cash needs, but it often leads to economic dependency on drug production, to stagnation, and in particular to local drug use, which in turn is a major cause of poverty. Income from opium does not lead to sustainable human development processes.
- Physical and mental health problems, often related to social disaster, migration, stress, social constraints, and economic and social change, are factors leading to drug use. In its turn, drug use

contributes to problems with income, employment, education and health: that is, to poverty. In several Southeast Asian countries, intravenous drug use is considered a major cause of the spread of HIV/AIDS.

Sustainability

- Opium production is partially a response to resource scarcity. In Southeast Asia, it helps maintain agricultural practices that are problematical from an ecological point of view.
- Drug use, in turn, is a threat to the sustainability of social structures, from families to whole communities.
- Weak social structures favour drug production, trafficking and use.
- And drug production leads to economic dependency and is an obstacle to sustainable economic development processes.

Participation

- In Southeast Asia, opium is mostly produced by ethnic minorities with little access to social and economic development opportunities and decision-making. Drug use is also widespread among them. Drug production and use further marginalise minority groups.
- Most drug users in Asia are male. However, drug use has a major impact on women in the form of poverty, violence and marginalisation within their communities.
- 'Children in especially difficult circumstances', who are increasing in number in urban areas of Asia, are susceptible to drug use and petty trafficking.

Governance

Many people and communities in Asia are faced with problems of sustainable human development in one way or another. Most of them, however, are not engaged in drug production, trafficking or use. Governance issues are often the single most decisive factors for drug production and trafficking. These may include:



Drug control is about development perspectives – minority children in Southeast Asia

- Ambiguous drug control policies
- Limited resources allocated to drug control.
- The often precarious relationship between governments and ethnic minorities.
- Limited public investment in health, education and social development.
- The inability to provide health care, education or agricultural support services in remote areas.
- Limited opportunity for the civil society to participate in social, economic and political processes.
- The state of law enforcement agencies and the criminal justice system.
- Weak drug control legislation.
- The sometimes uncertain rule of law.
- War, conflict or security problems.
- Corruption.
- The influence of drug money on political parties and public institutions.
- The growth of organised crime.
- The attitude of local leaders.

Such governance problems¹⁴ are conducive to drug problems and are aggravated by drug production, trafficking and use.

The scope of drug-related problems in Asia and the linkages between drugs and development problems show that not only ethnic minorities and rural communities growing poppies are affected, but a wide range of people, social groups and public and civil institutions. Drug control therefore requires the cooperation of a variety of institutions, groups and individuals involved in different aspects of development and governance.

14) This listing of potential governance problems does not imply that they are an issue in each of the countries analysed.

5.2 Drug control and development

Drug control policies in Asia are a mixture of supply reduction, demand reduction and law enforcement, national drug control or master plans, drug control institutions, and sub-regional and international cooperation. In some fields and countries, governments have shown great commitment to drug control and have allocated considerable resources. In others, drug control appears to be donor driven and externally funded.

Supply reduction and alternative development

In most opium-producing countries, rural or 'alternative' development is used to reduce supply. Different models are applied, ranging from comprehensive and participatory 'alternative development' in specific target areas to limited short-term interventions or top-down infrastructure development. The role of enforcement activities also differs from country to country.

Alternative development strategies (previously, crop substitution and integrated rural development) have been implemented in only two countries over a longer period of time, that is, in Thailand from the early 70s and in Pakistan from the mid-70s. In Laos, similar activities only started in 1989 and in Vietnam in 1995. In Afghanistan, only short-term rural rehabilitation interventions but no alternative development programmes were implemented in recent years. The UNDCP Afghanistan Programme, which started in mid-1997, is an opportunity to experiment with alternative development approaches in this war-torn country. In Myanmar, attempts to implement alternative development projects under the umbrella of the sub-regional cooperation strategy did not begin until the early 1990s.

In those countries of Asia where alternative development strategies were pursued over a longer period of time, such programmes have contributed to:

- a reduction of opium-poppy cultivation. In Thailand, opium production decreased from a high of 148 metric tonnes in 1968 (that is, before the programmes started) to less than five metric tonnes in 1997. In Pakistan, production was reduced from 800 metric tonnes in 1979 to 24 metric tonnes in 1997. In Laos, poppy cultivation decreased in the north-eastern part of the country, where alternative development has been implemented since 1989/90
- a greater commitment of governments to drug control;

- improved drug control policies. Alternative development sometimes served as a precursor to the formulation of comprehensive drug control policies. Alternative development helped promote developmentally sound approaches to drug control;
- sustainable human development in specific project areas and beyond them;
- peace, stability and security. As opium is produced in politically difficult areas with considerable development problems, alternative development usually is the only feasible approach to drug control and development and helps stabilise such areas;
- constructive minority policies;
- allocation of resources to disadvantaged and marginalised groups.

The impact of alternative development projects therefore went far beyond drug control in limited project areas. This is particularly true for Thailand, where alternative development was part of an overall highland development effort.

In Thailand, alternative development programmes also helped strengthen local institutions and thus support government decentralisation policies.

Other lessons learned from alternative development:

- There is no uniform approach to alternative development, but a need to adapt strategies to local circumstances.
- The same is true for the role of enforcement. In general, however, the impact of alternative development on the reduction of poppy cultivation is more sustainable than enforcement, which may cause poverty and conflict.
- It is not the quantity of drugs produced in a given area that should determine the level of alternative development assistance but the extent to which drugs are a development problem in this area.
- Alternative development is a process which takes time. Projects may need ten years or more to have any sustainable impact. This process may start in one area and subsequently expand into others. Short-cuts are unlikely to work given the

limited absorptive capacity of counterpart institutions and beneficiaries and the difficult framework conditions usually found in poppy-growing areas.

- Alternative development cannot function in isolation. The lack of coordination and cooperation between public and private institutions involved in rural development and drug control has often been a major obstacle. Ideally, alternative development should be part of an overall rural development effort.
- The so-called 'balloon effect' - that a reduction in poppy cultivation in one area leads to an increase in others - is not responsible for the overall increase in opium production in Asia. This increase is due to political conditions in Afghanistan and Myanmar and not to the success of alternative development in neighbouring countries. At local levels, poppy cultivation is more likely to shift to other areas when eradication strategies are applied. In contrast, alternative development activities in one micro-area usually create favourable conditions for a decrease in opium production in neighbouring areas, even if those areas are not covered by projects.

Demand reduction and prevention

Although most drugs produced in Asia are also consumed in Asia, only a minimum of attention and resources have been devoted to demand reduction. Demand reduction institutions tend to be weak and not equipped to deal with increasing and changing drug use problems. Strategies often focus on medical aspects of drug addiction rather than on rehabilitation, social reintegration or the promotion of life skills. Primary prevention messages which attempt to deter and shock potential drug users tend to be counterproductive.

Alternative development projects increasingly include demand reduction activities in order to address the problem not only of opium production but also of drug use among beneficiaries. Community-based drug control (CBDC) approaches developed in recent years are suitable tools for addressing drug use problems, strengthening disadvantaged communities and their institutions, enhancing their participation, and contributing to community development. CBDC may be a useful approach for involving communities, a variety of government and non-governmental organisations as well as technical assistance projects at local levels. So far however, the potential of CBDC as an instrument for development has not been fully exploited. The necessary tools, instruments and know-how are not readily available to those who could and should apply it.

Law enforcement and good governance

In Asia - as in most other regions of the world - drug control is often seen as a law enforcement issue (a 'fight' or 'war' against drugs). While alternative development is mostly funded by foreign aid, national resources for drug control are primarily allocated to law enforcement. Seizures and arrests reported are considerable indeed. They represent immediate and tangible results. In contrast, development approaches to drug control require a long-term commitment, and results are not always clear-cut and predictable.

Law enforcement can contribute to the rule of law, to a strengthening of public institutions with improved transparency and accountability, to the control of money laundering and organised crime: in short, to good governance and thus to sustainable human development. However, this potential has not been exploited and has hardly been the subject of technical assistance projects.

On the contrary, law enforcement is often associated with repressive measures (seizures and arrests) and negative impacts (such as human rights violations, the marginalisation and criminalisation of drug users or excessive penalties and capital punishment). For this reason, development institutions and development assistance shy away from any cooperation with drug-law enforcement agencies or from any involvement in drug control. This problem could perhaps be overcome if drug-law enforcement were more clearly targeted at improving governance.

Master plans

Strategies in the form of national or master plans which could make a positive contribution to sustainable human development are in place in several countries, including Laos, Thailand and Vietnam. In Pakistan, a master plan has been drafted and is awaiting approval.

The adoption of master plans or other national drug control plans is an indication of the political commitment of governments to drug control. However, the resources and capacities are often lacking to translate such plans into action. Their implementation therefore frequently depends on donors and aid agencies.

Institution-building

Drug control and in particular development-oriented strategies require efficient cooperation and coordination among a large number of private and public institutions. In most countries, a com-

mittee, commission, board or office has been set up to ensure this cooperation and coordination. The performance of such organisations is of crucial importance. However, in many countries such organisations are not given the resources necessary for this task.

Frustrated by lack of cooperation on the part of other agencies, they tend to carve out their own area of work and sometimes become operational themselves - often in the field of law enforcement.

Areas such as alternative development and demand reduction, which require cooperation with a large number of government and non-government institutions - a cooperation which is difficult to obtain - are thus often neglected in favour of law enforcement. Financial and human resources allocated to alternative development and demand reduction are limited. Institutional capacities for supporting development-oriented activities are usually weak.

5.3 Recommendation: drug control for sustainable human development

The overall recommendation emerging from the analysis presented in this paper is:

Governments in Asia should formulate and donors should support drug control policies and strategies which contribute to sustainable human development.

These include:

1. Support for alternative development aimed at reducing opium-poppy cultivation, drug use and poverty:

- The capacities of governments to coordinate, monitor and evaluate activities that support alternative development need to be strengthened.
- Development institutions (government agencies, NGOs, bi- and multilateral projects, etc.) need to become more involved in alternative development. For example, alternative development components could be added to their development programmes.
- Concrete alternative development projects need to be implemented or continued.
- The networking of institutions and resources at national and regional level needs to be supported.

2. Support for community-based drug control in order to strengthen community self-help capacities to control drug-related and other development problems including the spread of HIV/AIDS:

Capacities of government and non-government institutions to support CBDC need to be strengthened.

- Institutions and mechanisms at local levels to support CBDC-activities need to be created or strengthened.

- Development institutions (government agencies, NGOs, bi- and multilateral projects, etc.) need to become involved in CBDC. They could integrate CBDC-components into their activities.

- As in the case of alternative development, the networking of institutions and resources at national and regional level needs to be supported.

3. Strengthening of demand reduction capacities:

- Government institutions in charge of demand reduction at national and local levels need to be strengthened and given the necessary resources.
- Cooperation between these institutions and other organisations and agencies needs to be supported.
- Development institutions need to become more involved in drug demand reduction.

4. Improvement of governance for drug control and sustainable human development:

- Drug control institutions and their cooperation with other development institutions and NGOs should be strengthened.
- Governments should allocate more resources for development-oriented drug control activities.
- The preparation of national drug control plans or master plans needs to be supported. These should be consistent with the principles of development and human rights.
- Drug control should more clearly target good governance: improving the rule of law, human rights, transparency and accountability, economic and political reform and the control of organised crime and money laundering.



Drug control is about hope – checkpoint at Jalalabad Airport, Afghanistan

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Abbreviations

ADE	Aktionsprogramm Drogen und Entwicklung (Drugs and Development Programme). Funded by BMZ and implemented by GTZ.
ANF	Anti-Narcotics Force (Pakistan)
ANTF	Anti-Narcotics Task Force (Pakistan)
BMZ	Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung (German Federal Ministry for Economic Cooperation and Development)
CAP	Community Action Project
CB-DAC	Community-Based Drug Abuse Control
CBDC	Community-Based Drug Control
CBO	Community-Based Organisation
CCDAC	Central Committee for Drug Abuse Control (Myanmar)
CEMMA	Committee for Ethnic Minorities and Mountainous Areas (Vietnam)
CIA	Central Intelligence Agency (USA)
CIT	Community Intervention Team
CND	United Nations Commission on Narcotic Drugs
CPCJD	United Nations Crime Prevention and Criminal Justice Division
CTIT	Community Treatment and Intervention Team
DAPRC	Drug Abuse Prevention Resource Centre (Pakistan)
DDDP	Dir District Development Project
DEA	Drug Enforcement Administration (US/Ministry of Justice)
ECO	Economic Cooperation Organisation
ESCAP	Economic and Social Commission for Asia and the Pacific
FATA	Federally Administered Tribal Area (Pakistan)
FIT	Funds-in-Trust
GDP	Gross Domestic Product
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH (German Technical Cooperation)
ha	Hectare (100 x 100 meters)
HDI	Human Development Index (UNDP)
IDDRP	Integrated Drug Demand Reduction Project (UNDCP, Pakistan)
IFAD	International Fund for Agricultural Development
INCB	International Narcotics Control Board
INCSR	International Narcotics Control Strategy Report (US-INL)
INL	Bureau for International Narcotics and Law Enforcement Affairs (US State Department), previously Bureau for International Narcotics Matters, INM
KMT	Kuomintang
KPL	Khao San Pathet Lao
Lao PDR	Lao People's Democratic Republic
mt	Metric tonne (1000 kg)
NCA	Norwegian Church Aid
NCD	Narcotics Control Division (Pakistan)
NGO	Non-governmental organisation
NWFP	Northwest Frontier Province (Pakistan)
ONCB	Office of the Narcotics Control Board (Thailand)
ORA	Orphans, Refugees and Aid
PATA	Provincially Administered Tribal Area (Pakistan)
PNCB	Pakistan Narcotics Control Board
PPP	Purchasing Power Parity
Rs.	Rupee (Pakistan)
RTG	Royal Thai Government
SCA	Swedish Committee for Afghanistan
SDEP	Special Development and Enforcement Plan (Pakistan)
SDU	Special Development Unit (Pakistan/Northwest Frontier Province)
SES	Skills for Employment and Self-Employment
SLORC	State Law and Order Restoration Council (Myanmar)
TG-HDP	Thai-German Highland Development Programme
TG-NCP	Thai-German Narcotics Control Programme
UN	United Nations
UNDCP	United Nations International Drug Control Programme
UNDCP/ROSWA	UNDCP/Regional Office for Southwest Asia
UNDP	United Nations Development Programme
UNFDAC	United Nations Fund for Drug Abuse Control
UNHCR	United Nations High Commissioner for Refugees
UNO/ESSP	University of Nebraska at Omaha/Education Sector Support Project
UNOCHA	United Nations Office for Coordination of Humanitarian Assistance to Afghanistan
UNOPS	United Nations Office for Project Services
UNRISD	United Nations Research Institute for Social Development
USAID	United States Agency for International Development
US-INL	Bureau for International Narcotics and Law Enforcement Affairs (US State Department), previously Bureau for International Narcotics Matters, INM
VNDPCP	Vietnam National Drug Control Programme
WHO	World Health Organisation



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