

TALIBAN OPIUM BAN: THE NEED FOR CONTINGENCY PLANNING

New analysis from David Mansfield, the leading expert in his field, has found the ban on opium imposed by the Taliban has led to an estimated 80%+ reduction in Afghan opium production, which supplies around 95% of the European heroin market.¹ The implications of this opium ban could be potentially disastrous for Afghanistan, and if it causes a sudden collapse in heroin supply, for the UK as well.

We outline three possible scenarios that could follow the recent developments and **put forward proposals for urgently needed preparedness and risk mitigation.**

SCENARIO 1: OPIUM BAN IS NOT SUSTAINED

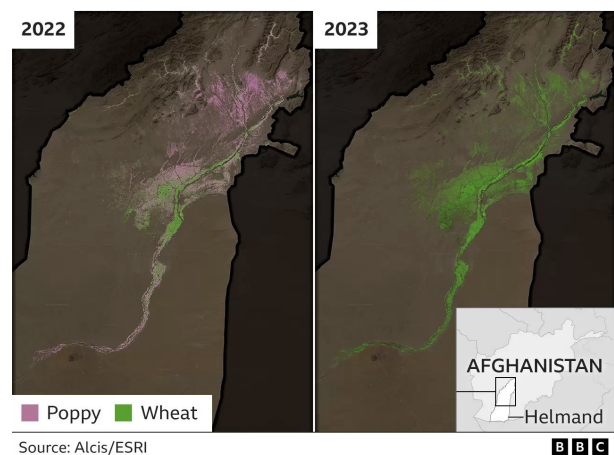
A previous Taliban opium ban in 2000-1, which reduced opium production to significantly lower levels, was not sustained after Taliban control ended. During the ban, stockpiles from previous harvests allowed net flow of heroin into European markets to be largely uninterrupted, while raising opium prices dramatically in Afghanistan. By boosting the price of opium stocks sold in lieu of new production, the ban may have ultimately profited the Taliban, who derive a substantial income from informal taxes on the opium trade. The 2000-1 ban was seen by many as an attempt to strengthen relationships with Western aid donors. Like the 2000-1 ban, current opium stockpiles will prevent any substantial impact on net heroin production and supply in major Western markets in the short term.

It is possible the ban will not be sustained for multiple growing seasons, as the Taliban ultimately may opt to not risk one of its diminishing sources of income, and potential hostility from significant swathes of the population who will be further driven into poverty by the ban. This may particularly be the case in the event of international aid not being forthcoming.

SCENARIO 2: OPIUM BAN IS SUSTAINED, PRODUCTION IS DISPLACED TO OTHER REGIONS

The second possibility is that the ban *is* effectively maintained at its current level, reducing opium production in Afghanistan by 80-90% in the medium to long term. The planting season in November 2023 will be a crucial indication of whether this will occur - the current suggestions are that the ban will be imposed again this year.

The contraction of supply would likely increase opium prices further, especially as stockpiles are exhausted, incentivising new actors to enter the market. This could mean: expanded production in traditional opium producing regions such as the golden triangle; increased diversion of licit opium production in major producer states such as India and Turkey; or displacement of production into new regions. However, the sheer scale of new or diverted production needed to: replace Afghan opium, set up processing laboratories, and increase capacity in trafficking routes from other areas would not happen overnight.



SCENARIO 3: OPIUM BAN IS SUSTAINED, DISPLACED PRODUCTION DOES NOT MEET DEMAND, AND SYNTHETIC OPIOIDS (AND OTHER DRUGS) FILL THE MARKET VOID

If the ban is sustained and opium production from elsewhere does not rise enough to counterbalance the impact of the ban, heroin supply will be substantially reduced. According to Mansfield, following the 2000-1 opium ban, it took 18 months before there was a significant drop in the quality of heroin in UK markets, and two years for average purity to fall from 55%-34%.² Given the current ban appears to be more comprehensive, even a two-year ban would likely have a significant effect on the heroin market.

In 2001, Australia's "heroin drought" saw reduction in heroin use and related harms as well as more people seeking treatment.³ However, it also saw a substantial increase in the use of cocaine, amphetamines and, to some extent, benzodiazepines. The illegal drugs market has changed since then so it is plausible that ongoing demand for opioids in European (and other) markets could instead be increasingly met by production of illicit synthetic opioids (e.g. nitazenes or fentanyl) and a greater influx of benzodiazepines (already associated with a large proportion of drug deaths in Scotland).⁴ The potential for such a phenomenon has already been demonstrated in North America - where illicit heroin markets have been largely displaced by illicit fentanyl.

HOW THE UK MUST PREPARE TO MITIGATE RISK

There is a huge risk of increased drug overdose deaths involved if the heroin supply does dry up, and a switch to other drugs occurs. The UK and other countries who are in a similar position must urgently begin contingency planning and delivery of interventions.

Led by all the Governments in the UK (Westminster, Holyrood, Senedd and Stormont),⁵ this should be happening at the national, regional and local level, pulling together local authorities, public health, treatment groups, police and the NHS among others. Decades of failure demonstrate there is no supply-side enforcement solution - it would only make things worse. Instead we need to learn from the successes and failings in Europe and North America to deliver a public health and harm reduction-led approach.

To be effective, planning must include:

- An emergency public health response, deploying both established and innovative enhanced harm reduction interventions evidenced to engage key target groups. These reduce the risk of, and treat, synthetic opioid overdose, including: Overdose Prevention Centres, low threshold naloxone and fentanyl testing strip provision, accessible city centre drug checking services, heroin assisted treatment, and other innovative prescribing models including of hydromorphone.
- Increasing surveillance, including expanding Drug Alert Early Warning Systems, combining information from a range of sources including city centre drug checking services, drugs obtained for alert systems, border force, police and services.
- Expansion of Police Drug Offence Diversion Schemes, so that those caught with drugs for their own use are given drug harm reduction education, treatment and access to support services, rather than arrest or prosecution. The threat of criminalisation has been shown to drive people away from seeking help.

If you have any questions, please contact Ester Kincová, Public Affairs and Policy Manager: ester@transformdrugs.org

¹ Foreign Affairs Committee (2023), Oral evidence: Narcro-diplomacy, HC 1422Scenario 1: <https://committees.parliament.uk/oralevidence/13245/pdf/>

² United Nations Office on Drugs and Crime (2003), Global Illicit Drug Trends, https://www.unodc.org/documents/scientific/report_2003-06-26_1.pdf

³ Weatherburn, D., et. al. (2001), Australian Heroin Drought and its Implications for Drug Policy, U.S. Department of Justice <https://www.ojp.gov/ncjrs/virtual-library/abstracts/australian-heroin-drought-and-its-implications-drug-policy>

⁴ National Records of Scotland (2021), Drug-related deaths in Scotland in 2021 <https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/21/drug-related-deaths-21-report.pdf> p.4.

⁵ When it is sitting again

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