

Poppy for Medicine Projects: Frequently Asked Questions

Q. In a nutshell, what is a *Poppy for Medicine* project?

A. The *Poppy for Medicine* Project (or *P4M* project) is an integrated counter-narcotics and counter-insurgency initiative that seeks to introduce village-based development projects in rural Afghan communities to boost employment and rural development, stimulate rural diversification and connect Afghan poppy cultivation with those in need of essential painkilling medicines. *P4M* projects link Afghanistan's two most valuable resources – poppy cultivation and strong local governance and control systems – through the controlled cultivation of poppy for the local production of pharmaceutical-grade morphine.

Making morphine medicines in Afghanistan

Q. Will the medicine production be done entirely in Afghanistan?

A. Yes. The key feature of this model is that village-cultivated poppy harvests will be transformed into morphine tablets in the *Poppy for Medicine* project communities. The entire production process, from seed to medicine tablet will be controlled by local project participants, in collaboration with government and international players.

Q. How complicated is the actual medicine production process from raw poppy materials to the finished product?

A. As a nineteenth century medicine, the extraction of morphine from raw poppy materials is relatively simple, requiring inexpensive chemicals and simple chemical processes. Ten kilograms of raw poppy materials yields approximately one kilogram of morphine medicines. In carefully controlled local medicine factories, *Poppy for Medicine* project participants will produce pharmaceutical-grade morphine medicines from locally-cultivated poppy harvests, with the support of international experts.

Q. What price would the Afghan morphine have in the domestic and international market?

A. The Afghan Government will purchase all the locally-produced morphine medicines from the *Poppy for Medicine* project participants for USD 3,000 per kilo. After packaging and labelling the medicines, the Afghan Government would be able to sell Afghan-made morphine to foreign governments. These foreign governments would be able to provide Afghan-made medicines for as little as 9 US cents per 10 milligram dose.

Q. Why don't you involve a pharmaceutical company?

A. Pharmaceutical companies could be approached during the scientific Pilot Project phase to benefit from technical assistance and to check quality standards of medicines. Similarly, organisations such as The World Health Organisation and the Red Cross will need to be approached to benefit from their knowledge and advice, and to examine the ways in which *Poppy for Medicine* projects could fit into programmes that these organisations are managing.

The economics of village-based *Poppy for Medicine* projects**Q. Will farmers earn more than they are currently earning from the illegal opium trade?**

A. Farmers and other project participants will earn legal incomes equal to, or even higher than, the ones they are currently earning. The extensive mark-up between the value of morphine medicines and raw opium means that significant economic value can be redirected back to the farmers and other project workers to increase their income.

Q. What happens if drug traders start offering a higher price to licensed farmers for their poppy harvests?

A. In a *Poppy for Medicine* project, licensed farmers will receive USD 130 per kilo of raw poppy material: in 2007 drug traders offered farmers just USD 86 per kilo. As well as this extremely competitive price, village-based *Poppy for Medicine* projects will provide farmers and other project participants with stable employment and greater long-term security within Afghanistan's growing legal economy. Field research shows that the majority of farmers would prefer to earn a stable income within the legal economy rather running the significant risks associated with the illegal opium market. These risks include the threat of poppy crop eradication, pressure from drug traffickers, and paying bribes and protection money.

Q. What will stop the village elders in charge of controlling a *Poppy for Medicine* project from selling licensed poppy harvests to drug traders?

A. In *Poppy for Medicine* projects, the local transformation of raw poppy materials into medicines will bring the significant economic value of poppy to the village, providing extremely strong incentives for rural communities to permanently terminate their links with drug traffickers. Granted access to a stable livelihood, rural communities will be provided with a real choice between the legal and illegal economy. *Poppy for Medicine* projects will provide local communities with a vested interest in protecting the projects, and any diversion will result in the project village losing its license.

Q. Won't these projects increase illegal cultivation and production?

A. In Afghanistan, illegal poppy cultivation and opium production have reached an all-time high, employing more than 3.3 million people and indirectly providing benefits to many more. Village-based *Poppy for Medicine* projects will not increase illegal cultivation and production. Instead, the illegal opium economy will shrink as *Poppy for Medicine* projects trigger development allowing rural communities to diversify their economic activities. *Poppy for Medicine* projects will allow increasing numbers of people to find work that provides a more secure and stable income, within the legal economy.

Q. How will *Poppy for Medicine* projects prevent licensed poppy harvests from being diverted to illicit channels?

A. The most important issue in implementing *Poppy for Medicine* projects is attaining and maintaining high levels of control. To meet the international and domestic legal requirements regarding the production of poppy-based medicines, and in response to the

current security situation and the growing pervasiveness of drug trafficking in Afghanistan, The Senlis Council has developed an *Integrated Control System* for the *Poppy for Medicine* projects. The participants in this *Integrated Control System* are the village-level governance institutions known as *shuras*; the Afghan government's relevant Ministries and the state-controlled Afghan National Police; and the international community's development agencies currently operating in Afghanistan. The integration of Afghan villages' existing informal local level social control structures with formal government administrative and security oversight, and international development and security institutions will maximise the capacities and aptitude of each for the efficient and extensive policing, monitoring and sanctioning of the projects, thereby complementing ongoing efforts to defeat the insurgency.

Q. Won't this scheme hamper the diversification of crops and make Afghans more dependent on poppy crops?

A. The cornerstone of the *Poppy for Medicine* initiative is ensuring that economic diversification takes place in the project communities. *P4M* projects will help to end Afghan farming communities' reliance on illegal poppy cultivation by providing them with access to the strategic assets necessary to sustainably diversify their economic activities. These strategic assets include: competitive legal incomes, expert development advice from representatives of the international development agencies, and access to a special village-wide fund for economic diversification. This fund would offer farmers two complementary routes to phasing out their reliance on poppy: direct investment in community-level development projects; and indirect investment in individual community members' economic diversification activities through microfinance loans.

Q. When will *Poppy for Medicine* projects be phased out?

A. In most rural areas, *Poppy for Medicine* production can be phased out as soon as economic diversification reaches a sustainable level, alternative crops become readily available and profitable; and general rural development has put in place the necessary basic agricultural infrastructure. However, in other areas where alternative crops are not readily available and poppy crops represent the sole livelihood available to farmers, medicine production could continue to provide both the domestic and international market with affordable painkilling medicines.

The global market for Afghan-made morphine medicines**Q. Is there a global shortage of poppy-based medicines such as morphine?**

A. Yes. The actual global need for painkilling medicines is not reflected in official measurements of market demand. In particular, because most of the world's population still has little access to painkilling medicines, the actual need for morphine remains largely unmet. Official figures from the International Narcotics Control Board show that just a handful of wealthy countries consume the great majority of the global supply of poppy-based medicines.

Q. Which countries don't have access to morphine?

A. Just six wealthy countries (the United States, France, Canada, Germany, the United Kingdom, and Australia) use more than 80% of the world's supplies of morphine medicines; the developing countries that account for more than 80% of the world's population use just 5%. One of the main reasons for this discrepancy is affordability. For example, in Latin America, although different poppy-based medicines are available, their extremely high prices compared to average monthly incomes, severely limits their actual accessibility and subsequent use.

Q. If the United States supported a similar scheme in Turkey, why are they not doing the same in Afghanistan?

A. At the end of the 1960s, the United States and Turkey worked together to generate a pragmatic and effective means of bringing illegal Turkish opium cultivation under control. They did this by licensing poppy farmers to cultivate poppy for the production of medicines, and supported the international sales of Turkish poppy materials by establishing a preferential trade agreement for the US market. While the situation in Afghanistan has some differences, The Senlis Council urges the United States and the wider international community to implement a similar programme, tailored to the specific needs and realities of Afghanistan. While Turkish poppy materials are used in the United States to produce poppy-based medicines, Afghan morphine could be used to provide other markets with large unmet needs such as Latin America or Asia.

Scientific Pilot Projects

Q. What is the purpose of releasing the *Poppy for Medicine* Technical Dossier on 25 June 2007?

A. The Senlis Council offers the *P4M* Technical Dossier to the Afghan government and the international community for its urgent attention. The initial research findings it contains should be followed up by implementing scientific Pilot Projects in Afghanistan to further test the parameters and specifications of the village-based *Poppy for Medicine* model, starting in the next planting season (autumn 2007).

Q. Who can give the green light to start a scientific Pilot Project?

A. The Afghan government will need to agree with, and take full ownership of, the implementation of scientific *Pilot Project*, which would be funded and supported by the international community. As the Afghan Government's main advisor on counter-narcotics issues, the United Kingdom's Government assist the Afghan government in the planning phase of a Pilot Project, by selecting the best locations to implement the projects, and by nominating potential project participants.

Q. How long would the scientific Pilot Project phase take?

A. The total running time of Pilot Projects will be between eight and nine months – one growing season. In Afghanistan, this period runs from October/November to April/May. The exact running time depends on the planting and harvest seasons in different provinces. Planning should start in September 2007, while the evaluation of the scientific Pilot Projects will take place in May and June 2008.

Q. Once the Pilot Project is completed, how long will it take to put the scheme in place?

A. Following the evaluation period in May and June 2008, *Poppy for Medicine* projects could be implemented on a wider scale for the following planting season at the end of that year. This timescale will provide for three to four months to fine-tune the project model, and adapting it to the Pilot Project findings.