COUNTER NARCOTICS POLICE OF AFGHANISTAN
FORENSIC LABORATORY

UNODC
United Nations Office on Drugs and Crime

Laboratory Information Bulletin

Dear Reader,

Welcome to the second edition of the CNPA's Laboratory Kabul Information Bulletin (LIB) which continues a series that was started in late 2008 and which we hope will be both long-lasting and valuable. The LIB is designed in cooperation with UNODC country office for Afghanistan to become a platform of information and communication, not only for the key stakeholders, but also for the law enforcement and scientific community. It will inform its readers of the activities and improvements in working procedures and capacity of the Lab to generate critical basic forensic information on seizures of drugs and precursor chemicals in Afghanistan.

BACKGROUND

UNODC has taken the lead in supporting and strengthening the operational capacities of the Counter Narcotics Police of Afghanistan (CNPA), in cooperation with the Government of Afghanistan (GoA) and the international law enforcement community and set up a basic drug analysis laboratory inside the headquarters of the CNPA compound in Kabul in 2004/05 under Project AFG/G38.

The laboratory is currently equipped with basic instrumentation for TLC (Thin layer chromatography), UV/VIS-spectroscopy, microscopy and colour testing. Longer-term mentoring of CNPA Laboratory staff is provided for under Project AFG/J43, as is further upgrading of the lab, namely with IR (infrared) technology as part of the next phase in July 2009.

View of the Evidence Vault for Chemicals

The main purpose of the CNPA laboratory is to undertake the analysis of a variety of seized narcotic drugs including opium, morphine, heroin, cannabis products, and precursor materials, adulterants and cutting agents pursuant to Afghan law.

Since November 2006, when the lab became operational, up to now, more than 2,500 cases including around 4,500 single samples have been analysed. The majority (65%) consisted of heroin and opium samples, followed by 30% cannabis and 5% precursor chemicals and other materials. As reported previously (LIB IV/2008), a significant share (more than 1.3 tons) of samples analyzed concerns cutting agents.

In this Bulletin, we provide an overview of the most interesting forensic findings on exceptional drug seizures in Afghanistan between January and April 2009.

Metamphetamine

For the first time, UNODC and the Counter Narcotics Police of Afghanistan have confirmed a seizure of methamphetamine in Afghanistan.

The seizure of four 1 g bags of high-purity methamphetamine took place on 31 January 2009 in Hilmand province. In the past, reports of methamphetamine seizures in the field and in the border areas of neighbouring countries have proven to be false, either inaccurately reported in press articles or inaccurately labelled at the time of seizure. In this case, officers initially believed the drugs to be heroin. Following examination at the CNPA laboratory supported by UNODC, however, CNPA scientists produced a clear confirmation of methamphetamine.

Four grams is a small amount of methamphetamine, yielding around 150 - 200 doses if smoked or injected. Nevertheless, with this first seizure Afghanistan has crossed a worrying threshold. The manifold challenges of the opium economy have placed a heavy burden on Afghanistan and the rise of methamphetamine consumption/production would be an unwelcome addition.

The history of the Golden Triangle demonstrates that methamphetamine production can have significant impacts on an opium economy, rapidly transforming a plant-based narcotics challenge into a challenge of tracking large synthetic laboratories. Many countries around the world have reacted too late to the development of methamphetamine markets and now face the increased costs of curing rather than preventing the negative health and social consequences.

"Crystal Heroin" or "Afghan Rocks"

In the early 1990s in East Asia, a popular form of Burmese opiates was 'heroin rocks'. These are manufactured through the addition of caffeine powder at the liquid (wet) heroin hydrochloride stage, yielding a very hard substance in thumbnail-sized chunks most suitable for smoking.

Heroin rocks have now appeared in Afghanistan. In January/February, first two seizures occurred in western provinces, one a sample size and the other of 52 kg. In the second case, the rocks were apparently manufactured in a nearby laboratory and were destined for Iran.

Seizure of 52 kg "Crystal" at Kabul

Samples of a 50 kg "Crystal" -seizure

Caffeine powder is a common cutting agent at the post-manufacture stage, for bulking up heroin powder and to facilitate vaporization of heroin at a lower temperature when smoked.

In addition to the cases mentioned above, there have been more than ten confirmed seizures of caffeine in Afghanistan in the last two years. Some had no accompanying opiate traces and seem to have been seized on the assumption that they were in fact heroin. In other cases, caffeine was accompanied by opiates at various stages of processing, including the familiar mixture of heroin and caffeine powders. The Government of Afghanistan lists caffeine as an authorized psychostimulant for importation. However, there is very limited pharmaceutical production in Afghanistan. UNODC is working with Afghan border authorities to sensitize officers to imports of caffeine powder and encourages governments in neighbouring countries to do the same for exports of caffeine powder to Afghanistan. Given that trading caffeine powder is not illegal in Afghanistan, the primary purpose of these activities is not interdiction but rather the development of intelligence. Forensic laboratories in transit and destination countries are also encouraged to share information on seizures of heroin rocks to confirm or reject their appearance as a sustained trend.

Chloroquine

Since November 2008, UNODC's work with the forensic laboratory of the Counter Narcotics Police of Afghanistan (CNPA) has identified chloroquine in more than 10 different seizures. Most of them occurred in Kunduz and Kabul, with one small seizure in Badakhshan. Some cases have involved chloroquine samples and heroin or morphine samples in the same seizure. Most, however, have involved chloroquine mixed with sugar. Both types appear to be attempts to deceive would-be buyers.

Seizure of 17kg Chloroquine at Kabul

Chloroquine is an oral anti-malarial of which Afghanistan received many tons during the 1990s as humanitarian aid. Chloroquine is similar to heroin in appearance and texture, but confusing the two is very likely to kill an injecting drug user. As early as 2001, fatalities emerged in Russia following the distribution of chloroquine smuggled from Afghanistan, apparently mistaken for heroin.

UNODC advises partners to alert drug treatment centres to the ongoing risk of chloroquine injection. Forensic laboratories are encouraged to consider chloroquine when testing suspected Afghan heroin samples and during analysis of cutting agents. Given the location of chloroquine seizures to date, the highest risk would seem to be for countries along northern trafficking routes out of Afghanistan.

Further Information

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