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COMPLICATIONS, DANGERS, AND RESPONSES**

Paul Rexton Kan

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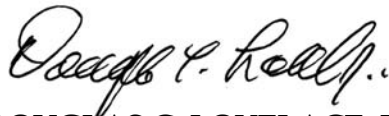
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FOREWORD

The presence of drugged fighters is not unknown in the history of warfare. Yet widespread drug use on the battlefield is now part of protracted conflicts largely fought by nonprofessional combatants that take place in an international system characterized by the process of globalization. From marijuana, khat, hallucinogenic mushrooms, cocaine, heroin, and methamphetamine to looted pharmaceuticals, irregular fighters have found a ready supply of narcotics to consume for a variety of combat purposes. Such consumption has led to unpredictable fighting, the commission of atrocities, and to the prolongation of internal violence. The presence of intoxicated combatants will continue to be a feature of armed conflict and requires a fuller accounting to adequately prepare policymakers and military planners for future conflicts.



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BIOGRAPHICAL SKETCH OF THE AUTHOR

PAUL REXTON KAN is currently an Associate Professor of National Security Studies at the U.S. Army War College at Carlisle Barracks, Pennsylvania. While finishing his Ph.D., he was the Deputy Director of the Center for China-United States Cooperation where he coordinated professional exchanges with Chinese officials from the policy institutions linked to the Ministry of Foreign Affairs, the Ministry of State Security, and the People's Liberation Army. Dr. Kan has published articles on the links between irregular warfare and criminality in *Small Wars and Insurgencies*, *International Journal of Intelligence and Counterintelligence*, *Air and Space Power Review*, and *Defense Intelligence Journal*. He was recently awarded the U.S. Army War College's General George C. Marshall Faculty Research Grant to complete a book on the influence of the drug trade on contemporary warfare. Dr. Kan earned his B.A. in Political Science from Loyola Marymount University, his M.A. in Political Science from University of California at Santa Barbara, and his Ph.D. in International Studies from the Graduate School of International Studies at the University of Denver.

SUMMARY

The complexity of many ongoing and persistent conflicts in the post-Cold War is partially attributed to the widespread presence of drug intoxicated irregular fighters. Drug consumption in contemporary wars has coincided with the use of child soldiers, has led to increased unpredictability among irregular fighters, provided the conditions for the breakdown of social controls and commission of atrocities, and caused the lessening of command and control among the ranks. Although the nonmedical use of drugs by combatants has a long history, recent encounters of professional armed forces have demonstrated the need to reinvestigate the reasons irregular combatants consume drugs, the type of drugs they consume, how they acquire drugs, and the consequences for professional militaries.

Intoxication among combatants continues to be a part of today's conflicts and occurs in minimal, acute, and unrestrained degrees. The perceived benefits felt by combatants consuming illegal narcotics on the battlefield have few pressures to constrain them. Pressures like social norms, legal controls, expense, and availability, along with individual fears of addiction, toxicity, and concerns about the lack of knowledge about a drug and supervision of its use are often mitigated by the nature of contemporary wars which tear down each of these by focusing attacks on the institutions and people who comprise them. However, drug use and abuse in wartime still depend on the law of supply and demand which is distorted due to the type of consumer (a person engaged in armed violence) and the areas (zones of conflict) where a drug is available.

“Combatant demand” is comprised of four main reasons that drugs are sought by those engaged in armed conflict: stimulation, reward, recruitment, and relaxation. The supply side for drugs in today’s wars falls into at least one of four categories: traditional, transshipped, looted, and manufactured. The result is the use of marijuana, khat, hallucinogenic mushrooms, cocaine, heroin, methamphetamine, and looted pharmaceuticals to stoke a variety of conflicts. Drugged fighters are a significant feature of protracted conflicts, presenting challenges for Western militaries to overcome since such protraction creates conditions for drug use among their forces as well. Lengthier times spent in the field can generate personal hardships among troops that can be soothed by drug use. A type of drug quagmire can develop where protraction creates an atmosphere for the greater demand for drugs among irregular and professional forces.

Although militaries from developed countries are beginning to acknowledge the strategic and tactical effects of drugged combatants, little has changed in the way military and political leaders have conceptualized the role of illegal narcotics in warfare. What is needed is greater cooperation among agencies of the Department of Defense, Department of Justice, Department of Treasury, and Department of Homeland Security to monitor and assess the ways drugs are being used by irregular forces so that new strategies can be added to the plans of conventional forces who may intervene in such operational environments. More techniques from law enforcement to track and trace combatant supply and demand will prepare militaries for encounters with drug intoxicated combatants by developing early warning signals in order to adjust their tactics in particular conflicts.

Additional institutional measures should be put in place before the next intervention in environments that include drug intoxicated irregular fighters. Such measures could include nesting operations targeted at reducing drug use in campaign plans from the beginning, while including new training to consider new military objectives like patrols along smuggling routes and securing hospitals, clinics, and pharmacies during an intervention. In situations where nation-building and stability operations are mandated, the main goal of governments in responding to these conflict environments should be to reduce the level of violence through a reduction of the use of drugs. By lowering the demand for drug use, command and control can be strengthened among irregular forces, thus increasing the likelihood of adherence to the parameters of any potential peace accord. To reduce the potential for a drug quagmire, greater institutional support is needed for the professional military to monitor, treat, and provide long-term care for active duty troops and veterans who may develop substance abuse disorders.

DRUG INTOXICATED IRREGULAR FIGHTERS: COMPLICATIONS, DANGERS AND RESPONSES

Much has been written about armed irregular groups funding their operations by turning to the drug trade.¹ However, participation in drug trafficking is not the only way that drugs complicate contemporary armed conflicts. Widespread drug use by these types of combatants also contributes to conflict environments that challenge policymakers and military leaders. As one psychopharmacologist has argued, the desire to seek intoxication may be a “fourth drive” in human beings after hunger, thirst, and sex.² Such a drive appears to have an abiding link to warfare.

The nonmedical use of drugs by combatants has a long history. In 1781, a South American Indian militia refused to fight against the Spanish unless they were resupplied with coca leaves.³ Peyote was routinely used by various Native American warriors before armed clashes with British, French, and American colonial armies. The Zulu warriors of Isandlwana cooked a cannabis broth, emboldening them and making them unpredictable to British troops in 1879. Commanders of European forces, however, were reluctant to permit their own troops to partake in the local drug of choice.⁴ While in Egypt, Napoleon noticed the smoking of hashish among the lower classes and forbade it by his troops.⁵

However, paralleling the trade of opium to fund European imperial expansion, opium use flourished particularly among the British and French officer corps. Many American Civil War soldiers became addicted to opium as a result of being given morphine to treat their injuries.⁶ In fact, opium and morphine became so closely associated with the military profession

that those who became addicted were said to have contracted the “soldier’s disease.” Western forces were not the only forces who succumbed to the intoxicating benefits of the poppy; opium took its toll on the forces of the Chinese emperor during the time of the Opium Wars. Many of the Chinese soldiers fighting to defend the empire against opium were addicted themselves. More than 10 years after the First Opium War, the successes of the Taiping Rebellion (whose members touted their sobriety as a virtue) may be explained in part by the nearly 90 percent addiction rate among the Chinese emperor’s army.⁷

Drug use among conventional forces also has roots in major 20th century conflicts. Cocaine use has links to World War I. The fear of cocaine abuse among British Imperial Forces was spread by the media of the time by portraying it as part of a German plan to demoralize their adversary.⁸ During World War II, amphetamines were widely used among all sides to keep the fighting men alert and were provided in ration kits of American troops.⁹ Methamphetamine was widely used by Imperial Japanese forces in World War II.¹⁰ During the Korean War, American servicemen stationed in Korea and Japan invented the “speedball,” an injectable mixture of amphetamine and heroin.¹¹ U.S. troops in Vietnam preferred marijuana, but when subject to a sudden marijuana ban, they turned to heroin. Discipline problems quickly rose; as one commanding officer lamented 2 years after the marijuana crackdown, “If it would get them to give up the hard stuff, I would buy all the marijuana and hashish in the Delta as a present.”¹²

While conventional forces struggled (and continue to struggle) with drug use among the ranks, warfare today occurs in a different context, meaning that drug

consumption by combatants has differing effects that military leaders and policymakers must take into account. Contemporary wars feature new actors employing differing tactics than conventional militaries and doing so for a variety of different goals.

Martin Van Creveld argues that war has become “transformed” as we enter a “new era, not of peaceful competition between trading blocks, but of warfare between ethnic and religious groups” waged “not by armies but by groups whom we today call terrorists, guerrillas, bandits, and robbers.” Barbara Ehrenreich, too, points to a “new kind of war,” one “less disciplined and more spontaneous than the old,” and “one often fought by ill-clad bands more resembling gangs than armies.” In a similar vein, Mary Kaldor writes about “new wars,” ones centrally about “identity politics,” fought in a context of globalization by “a disparate range of different types of groups such as paramilitary units, local warlords, criminal gangs, police forces, mercenary groups, and also regular armies including breakaway units of regular armies.”¹³

These are rich environments for the presence of widespread drug use. This monograph examines the reasons irregular fighters consume drugs, the types of drugs they consume, how they acquire drugs, and the effects on conflict.

DEGREES OF DRUG USE IN CONTEMPORARY CONFLICTS

Intoxication among combatants continues to be a part of today’s conflicts and occurs in minimal, acute, and unrestrained degrees (see Table 1). Regardless of the degrees, however, the perceived benefits of combatants consuming illegal narcotics on the battlefield, much like the drug financing of violent conflicts, has few pressures

to constrain it. Taking mind altering substances may seem like a risk for an individual fighter who must be aware of danger and competent enough to defend himself, his comrades, and equipment. Maintaining a clear mind would seem to be more advantageous than being strung out. However, much like drug use by ordinary citizens in peace time, “gains generally loom larger than risks [because] gains tend to be immediate” while jeopardy, danger, and consequence are more remote.¹⁴ Individual fears and concerns are often mitigated by the atmosphere of organized violence—the gain of cheating death outweighs the possibility of impairment, illness, or injury in the minds of many combatants who consume drugs.

Minimal: Haiti, Iraq (Sunni insurgents, al-Qaeda in Iraq).

- Leadership of irregular group ignores drug use by individual fighters.
- Alternatively, leadership of irregular group recruits fighters via intoxication or addiction.

Acute: Bosnia, Colombia, Congo, Peru, Philippines, Russia (Chechen rebels), Rwanda.

- Leadership of irregular group uses the promise of drugs to their fighters as a reward.
- Leadership of irregular group encourages drug use as a motivation for atrocities against civilians.
- Command and control problems begin to occur among the ranks.

Unrestrained: Liberia, Sierra Leone, Somalia, Uganda.

- Increasing intoxication or addiction among irregular troops who may conduct violent operations to support their habits.
- Command and control of irregular troops are nearly nonexistent due to widespread drug use among fighters.

Table 1. Degrees of Drug Use by Combatants.

Additionally, while there are numerous external pressures that constrain an individual's desire to use drugs in peacetime, such constraints are not always present during war. These constraints include social norms, legal controls, expense, and availability, along with individual fears of addiction, toxicity, and concerns about the lack of knowledge about a drug and supervision of its use. Social norms, legal controls, expense, and availability are often mitigated by the nature of contemporary wars which tears down each of these by focusing attacks on the institutions and people who comprise them.

In fact, some appeals that lead an individual to abuse drugs during peacetime are heightened during war. Peer pressure and "turning on" a friend to a drug are more acutely felt in wartime when an individual fighter must demonstrate his bravery and honor. Small group cohesion occurs when individuals experience and survive danger with their fellow comrades. Drug use allows an individual to "prove himself" to his comrades and eases his transition into a battlefield context.

Although key restraints are removed and appeals increased, drug use and abuse in wartime still depend on the law of supply and demand. However, supply and demand are distorted due to the type of consumer (a person engaged in armed violence) and the areas (zones of conflict) a drug is available. Much as there are distinctions in the trafficking of drugs that allow warring groups to participate in certain key nodes, there are distinctions in supply and demand at the level of the individual fighter that are significant to the ways contemporary wars are now being waged.

DRUG DEMAND AMONG COMBATANTS

Drugs are used by individual fighters for four main reasons—stimulation, reward, recruitment, and relaxation—and comprise a type of “combatant demand.”¹⁵ Drugs can stimulate a person’s will to fight and to ignore the possibilities of injury and death. The notion of “liquid courage” is not just applicable to the use of liquor, but to the use of other drugs in situations of organized violence. Afghan soldiers who worked with Soviet forces against the mujahedin were provided hashish in their rations; “When you get high on hashish, you become completely revolutionary and attack the enemy—fear simply disappears.”¹⁶ Drugs are often used to fend off the boredom that accompanies being a part of a group that, when not fighting, is waiting to fight, hiding, or carrying on the mundane duties required to keep a combatant group effective. Drugs have been offered as rewards for conducting hazardous or unpalatable operations against civilians. John Mueller describes the phenomenon as “carnival,” whereby warring groups take a territory and celebrate by looting medical buildings for drugs and then following up with orgies of rape, torture, and murder of local residents.¹⁷ Recruitment is also aided by the use of drugs and the type of devastation that occurs in internal conflicts. As drug profits alleviate key problems of recruiting, training, and retaining fighters for a combatant leader, the provision of drugs can sway an individual’s decision to join the ranks of a warring group. The stress of combat can also increase the desire to seek mental escape in a fighter. Depressant drugs can alleviate the stress felt by a combatant and help him to avoid reflecting on his circumstances. At times, a rise in the level of violence has altered the drug habits among

irregular fighters. The young Hmong fighters of the Pathet Lao were forbidden by social custom to smoke opium, but after the American bombing campaign against their strongholds, many took up the habit to calm their nerves.¹⁸

Since the overwhelming number of today's wars are civil wars, they are largely fought by nonprofessional armed groups like insurgent organizations, militias, and paramilitaries. Unlike members of professional militaries, these groups are not prescribed and administered drugs by a centralized government bureaucracy or monitored by medical professionals. This has become problematic since these groups are mainly comprised of civilians who are not trained to handle combat stress nor equipped with sophisticated weapons like their professional military counterparts. Without sophisticated weaponry, individual fighters engage in close combat encounters and often the extreme tension of hand-to-hand combat. Drugs provide a means to cope with the physical stress and mental anxiety that are a part of such violent encounters. In essence, drugs can compensate for the lack of training and mental discipline that are part of the composition of professional military forces and are a resource that can increase the probability of winning for militarily weaker groups.

The widespread presence of civilians on the battlefield is also made worse by the reliance on the drug trade by warring groups in some conflicts. With the growing significance of drug crops and smuggling routes to the financing of warring groups, civilians who cultivate drug crops, inhabit valuable agricultural space, or live near transportation routes come to be seen as legitimate targets by opposing groups. Acting against these civilians by nonprofessional and poorly

equipped troops also causes the same type of combat stress that individual fighters seek to lessen by using narcotics.

Second, the types of equipment used by irregular forces do not require a great degree of skill. The lack of sophisticated weaponry facilitates the ease of its use; shooting a gun, planting a mine, or aiming a mortar does not require a combatant to be clean and sober. In contrast to the high tech weapons of professional Western militaries and the integrated way they fight, easy-to-use weapons provide very little restraint on drug use and intoxication by irregular or untrained forces.

In addition, the emergence of wartime drug markets is assisted by the presence of criminals and addicts in the ranks of irregular forces. Besieged governments have not been averse to letting criminals “earn their freedom” by fighting for their people. Both Slobodan Milosevic and Saddam Hussein emptied their jails of drug criminals and other inmates to fight in paramilitary groups against their adversaries. Moreover, many insurgents and terrorists, who are considered by definition to be lawbreakers by established authorities, have spent time in prison among drug dealers and abusers. For the former leader of al-Qaeda in Iraq, Abu Musab al Zarqawi, participation in the drug trade was nothing new. Zarqawi even recruited drug addicts and dealers to his cause during his time in a Jordanian prison.¹⁹

DRUG SUPPLY IN CONTEMPORARY CONFLICTS

The demand for drugs by combatants must be juxtaposed with the availability of drugs to combatants.

Typically, the supply for drugs in today's wars falls into at least one of four categories: traditional, transshipped, looted, and manufactured. These categories are not mutually exclusive to a single conflict since combatants often find access to drugs from a number of differing sources. Traditional drugs are those that are part of the long-standing cultural practices of the societies of which a warring group is a part and are naturally produced in the territories where conflicts are taking place. For example, the drug khat is part of the social landscape of east African societies, and its use is incorporated by combatants in Somalia and Sudan. Traditional drugs can also be ceremonial by linking the fighter to the traditions of the past and connecting fighters to the mystical. Such connections are seen as ways to fight honorably or to become impervious to injury and death in combat. This has been commonplace in Liberia's civil wars when fighters fortified by marijuana and palm wine donned dresses and wigs, believing that bullets would be confused and misidentify their true targets.

Other drugs which are consumed are those that are available due to the presence of a transit route through the territory where a conflict is occurring. Once again, globalization has been a significant factor since it has made a variety of drugs available to new markets where there are both conflicts and valuable transshipment points. Coca, for example, is not grown in Africa, yet cocaine is routinely used by combatants who are "paid" with it by traffickers. Such bartering for securing routes is not uncommon; Revolutionary United Front (RUF) fighters in Sierra Leone regularly consumed crack cocaine and "brown-brown" (heroin) that were transshipped through their territories.²⁰

Drugs can also be attained by looting them from pharmacies, clinics, and hospitals. These are prescription drugs manufactured by pharmaceutical companies

for ailments unrelated to combat. Nonetheless, they can alter the consciousness of a fighter for combat (and carnival) related purposes. Drugs looted from pharmacies were used as rewards and motivators for those Hutus who committed atrocities against Tutsis during the Rwanda genocide in 1994.²¹ In Iraq, numerous pharmaceutical drugs like Captagon (stimulant), Benzhexol (relaxant), Benzodizeapines (a stimulant when abused), and Valium looted from clinics, pharmacies, and hospitals in the immediate aftermath of the fall of Baghdad have been abused.²²

Manufactured drugs refers to pharmaceuticals prescribed by physicians to treat legitimate disorders and “home manufactured” drugs like amphetamine-type stimulants (ATS), methamphetamine in particular. In Iraq, evidence of methamphetamine production and use has been found in insurgent hideouts. Numerous returning military field commanders have substantiated claims of drugged insurgent fighters from Zarqawi’s group; hideouts used by Zarqawi’s fighters were frequently found littered with drug paraphernalia like pipes and needles.²³ A Marine in Ramadi reported that random autopsies of insurgents discovered high levels of narcotics use.²⁴

TYPES OF DRUGS USED IN CONTEMPORARY CONFLICTS

When the ways supplies of drugs are made available are placed together with the reasons they are in demand, the specific drugs that are consumed by combatants can be identified (see Table 2).²⁵ The drugs that are used by members of a single combatant group can fall in a number of these categories since fighters will often combine various drugs. For example, in

Colombia, many combatants smoke basuco which is cocaine paste combined with marijuana and tobacco.²⁶ In some instances, transshipped drugs are also adopted into the ceremonial practices of a warring group to increase the “high” that is experienced by individual fighters. Cocaine, transshipped via Liberia, became regularly ingested by participants in its civil war.²⁷ Several drugs like heroin, marijuana, and ATS are used for a number of purposes and are available in a number of different contexts. Hallucinogens like mushrooms, while a part of traditional uses, are also used by certain troops who do not participate in local practices but merely take advantage of their nearby availability for mental escape. Table 3 lists the conflicts where combatants have been known to consume drugs, the supply and demand for the drugs, and the specific drugs known to be consumed by belligerents.

	Traditional	Transshipped	Looted	Manufactured
Stimulant	Marijuana, Hashish, Khat, Mushrooms, Coca	Cocaine, ATS	Pharmaceuticals	ATS, “basuco”
Reward	Khat	Heroin, Cocaine	Pharmaceuticals	ATS
Recruitment	Marijuana, Khat	Heroin, Cocaine	Pharmaceuticals	Unknown
Relaxant	Marijuana, Hashish	Heroin, Opium, Marijuana	Pharmaceuticals	Prescribed Medications for Professional Militaries

Table 2. Drugs Present in Conflicts.

Conflict	Supply/Demand	Type(s) of Drugs
Bosnia	Transshipped-Reward Looted-Stimulant	Heroin Pharmaceuticals
Colombia	Manufactured-Stimulant Traditional-Relaxant	Basuco Basuco
Haiti	Transshipped-Stimulant	Cocaine
Iraq	Manufactured-Stimulant (AQI) Looted-Recruitment (Sunni insurgents)	Methamphetamine Pharmaceuticals
Liberia	Transshipped-Stimulant Transshipped-Recruitment Traditional-Relaxant	Cocaine Cocaine Marijuana
Peru	Traditional-Stimulant	Coca, base cocaine
Philippines	Traditional-Stimulant	Heroin
Russia	Transshipped-Reward	Heroin
Rwanda	Looted-Stimulant, Looted Reward	Pharmaceuticals
Sierra Leone	Transshipped-Stimulant, Transshipped-Recruitment	Cocaine, Heroin
Somalia	Traditional-Stimulant, Traditional-Reward, Traditional-Recruitment	Khat
Uganda	Traditional-Stimulant, Traditional-Reward, Traditional-Recruitment	Khat

Table 3. Known Drug Use by Combatants in Contemporary Conflicts.

EFFECTS OF DRUG USE ON THE BATTLEFIELD

The law of supply and demand for narcotics in wartime also affects the way contemporary wars are being fought. For irregular fighters who consume drugs, the degree of effects on the battlefield has been varied. The acute and unrestrained degrees of drug used by irregulars on the battlefield are associated

most significantly with transshipped and looted drugs used for recruitment and rewards. Each degree, however, is associated with the use of child soldiers, increased unpredictability among irregular fighters, the breakdown of social controls, and the commission of atrocities, as well as decreased command and control.

The Use of Child Soldiers.

Roughly 300,000 children are believed to be involved in hostile conflicts, many of whom are drugged by warring groups as a form of recruitment and retention.²⁸ While the specific number of children pressed into combat via drug addiction is not known, there are regular reports that child soldiers are drugged in order to impair their judgment and lower their inhibitions. The experience of one former child soldier from Sierra Leone is representative: "Before battles, I was given white powder which was mixed with rice. It made me brave; it made me think I could do anything."²⁹ Many girls who were press-ganged into becoming members of rebel groups in Uganda and Sierra Leone participated in drug use, terrorist mutilations, and ritualistic murder.³⁰ In another example, in Iraq a girl was abducted, taken to Baghdad, drugged with pills against her will, dressed in a suicide belt, and sent to bomb a cleric's office.³¹ In Uganda, some 10,000 children have been pressed into service of the Lord's Resistance Army, drugged, and forced to kill their relatives so they cannot run away and return home.³²

Increased Unpredictability among Irregular Fighters.

Regardless of the type of drugs and reasons for use, widespread drug intoxication among forces has meant

that many fighters do not act in a rational or predictable manner. Combatant behavior is often influenced by an individual's state of intoxication. For example, U.S. Marines reportedly had to change their tactics when notified that the insurgents in Fallouja were probably high and thus less likely to be stopped by standard shots to the torso.³³ One Marine stated that "on the second day of the fight, word came down to focus on head shots, that body shots were not good enough," while another compared it to "'Night of the Living Dead', people who should have been dead were still alive."³⁴

Battlefield courage is not the only effect of drug use; depending on the type and regularity of the drug ingested, drug abuse can lead to long-term behavioral changes that complicate warfare. Several effects of repeated hard drug use include increased confusion, agitation, paranoia, and hallucinations. Continued high-level use of hard narcotics like cocaine, heroin, and ATS can alter the brain chemistry of an individual and actually increase the sense of fear felt by a combatant. With fear a natural state of fighting a war, increased fear only leads to less control and episodes of greater violence. When ex-prisoners, former drug dealers, and junkies fill the ranks of irregular forces and populate the battlefield, standard military operations against strategic installations have been superseded by criminal activities that support individual interests and motivations.

Widespread drug abuse by irregular troops creates a genuine dilemma for their leadership. Much as routine drug use by an individual creates tolerance, requiring ever greater doses to achieve intoxication or to avoid withdrawal symptoms, leaders cannot necessarily reduce command and control problems by restricting

drug use. To do so would invite more unpredictability and continued coordination problems. As one Afghan soldier, while working with the Soviets, stated: "If the commanders refused to come up with hashish, they would face the wrath of armed soldiers."³⁵

Breakdown of Social Controls and Commission of Atrocities.

With the lack of government authority extended over all sections of a country in a civil war, no legal constraints on drug use by rebel forces exist. In the absence of formal legal controls, informal social controls typically play a major role in regulating psychoactive drug use.³⁶ However, in many of today's wars, those who exercise social control on drug use are often victims themselves. For example,

Since ancient times, drugs have probably been part of the "conditioning" of African warriors in very strict ritual settings. Even today, although the social control exercised through the activity by the shamans, witches, and other initiates over the use of psychoactive substances has, in many instances, disappeared, these substances are still in widespread use, as was observed, for example, during the conflicts in Liberia and Sierra Leone. Like the *grigri*, the power to make warriors invisible, leave them unaffected by bullets, and so on, is attributed to certain substances.³⁷

Social control can also be exercised by families and traditional leaders, but they too are often targeted by adversarial groups. Without these people, fighters are freer to abuse drugs and act in unrestrained ways. Ironically, drugs are frequently used to break these social controls. Warring groups will generate addiction among the vulnerable to fill their ranks and tear them away from familiar social patterns.

Giving drugs to individuals coincides with the tactics employed by irregular forces. A common approach is to “tease out someone else’s latent prejudices and inflame it [sic] with scapegoating rhetoric, mobilize gangs of thugs and criminals and the unemployed, arm them, stoke them with drugs and drink, and loose them upon defenseless civilians.”³⁸ Carnival also has a strategic purpose for combatant leaders because it can induce such terror among the local population that they will flee or submit more easily to the new authority. In fact, the promises of carnivals are frequently used as recruitment tools for combatant leaders; rebel leaders linked to Charles Taylor rallied fighters for his final offensive against supporters and troops of Liberian President Samuel Doe by naming it “Operation Pay Yourself.”³⁹ As a result, campaigns often involve “immiseration and violent population displacement as an essential precondition for asset realization” that is key to maintaining a warring group’s cohesion and viability.⁴⁰

Decreased Command and Control among the Ranks.

Commanding and controlling intoxicated forces is extremely difficult when warring groups degenerate into criminal gangs whose members fight among themselves over petty drug stakes. Factions of Sendero Luminoso in Peru routinely deserted when drug supplies were low and would “re-enlist” when cocaine was made available.⁴¹ Some groups within violent organizations will go on the prowl for not only drugs, but booty to trade for drugs. Over time, drug use among irregular forces generally degrades combat effectiveness and leads to internal division and fragmentation. Many Chechen rebels are believed to be

regular heroin users who are provided with doses in exchange for protecting routes through their territory. In fact, their leader, who was killed by Russian special forces, was betrayed by an informer in exchange for a dose of heroin.⁴²

When drug supplies run low, regular drug users among fighting forces can suffer withdrawal symptoms which can still lead to the outbreak of violence. For example, forensic evidence shows that some of the militants who seized over 1,000 hostages in a southern Russian school in 2004 were long-time heroin addicts who were in a state of withdrawal shortly before the violent outcome which claimed more than 300 lives.⁴³ Withdrawal can last from a few days in the cases of cocaine and heroin, to a few months in the case of methamphetamine, thus varying the length and severity of unpredictable behavior. A common withdrawal effect experienced by long-time drug users is anhedonia, or the inability to feel pleasure.⁴⁴ This lack of pleasure sensation causes a disagreeable feeling that can last for weeks, leading many to take up the drug habit again. The anhedonia symptoms of methamphetamine abuse are particularly acute. Many methamphetamine users in society try to alleviate the effect of the methamphetamine “crash” by buffering the effects with other drugs such as cocaine or heroin.⁴⁵

CHALLENGES FOR CONVENTIONAL MILITARIES

The increasing number of civilians comprising belligerent groups, when combined with the types and availability of drugs, means that the presence of intoxicated combatants is likely to be an abiding feature of war in the near term. While drug use by individuals

in war occurs for a variety of reasons and complicates conditions on the battlefield, the effects are more far reaching in an era of globalization. Combatants under the influence of drugs have been known to commit massive human rights abuses against rival groups, creating immense human suffering that affects regional stability. For example, carnival activities in Yugoslavia sent waves of refugees throughout Europe and eventually led to a Western military response to the immense humanitarian catastrophe unfolding in the heart of Europe.⁴⁶

More significantly, as globalization draws more actors together for purposes that range from development projects to security and stabilization operations, from peacekeeping to humanitarian missions, they are more likely to come into contact with intoxicated combatants. While some individuals are seduced by the availability of drugs to join a warring group, those who are coerced to join through drugging further denigrate human rights standards and serve to undermine the establishment of civil society.

It is likely that Western militaries will continue to deal with the effects of the presence of drugs on the battlefield. Over time, this will likely pressure defense establishments to reconsider their current approaches. One way such reconsideration may occur is under the new imperatives to come to grips with the dynamics of asymmetric warfare and the nuances of conducting counterinsurgency operations. The use of drugged combatants by nonstate groups lends itself to asymmetric approaches to counter the superior technical firepower and skills of Western militaries. With patterns of contemporary war composed of mostly civil wars fought by nonprofessional armed groups with less sophisticated weaponry, few potential

adversaries of the West will wage a conventional high tech war because doing so presents enormous training and logistical and resource requirements that few groups can produce.⁴⁷ Drug use, with its effects on combatant behavior, can narrow the gap by exploiting the Western legal and ethical regimes under which troops must operate. Enemies may consider the West's humanitarian sensitivity to enemy casualties as an advantage: they "may purposely put their own people in jeopardy, if doing so complicates or adversely affects the West's use of its military power."⁴⁸ Increasingly, opponents of Western military forces have sought to present them with moral and ethical quandaries.

Drugged fighters may operate in unfamiliar and seemingly irrational ways to members of professional conventional forces, yet the standard response to engaging any fighter whether he is sober or intoxicated is the same—a threat on the battlefield in combat is dealt with by lethal force. This tactic is problematic since the battlefield and combat are no longer the only contexts where professional militaries are deployed and operate. In the years since the end of the Cold War, Western militaries have engaged in peacekeeping, stability and security missions, and nation-building activities that were all characterized in the United States as "military operations other than war" (MOOTW). Such operations have lower thresholds of violence and more restrictive rules of engagement. In the face of more constrained uses of force by intervening forces, militaries engaging drugged forces at different points along the spectrum of war are still a missing piece of any professional military's doctrine.

The need for doctrine is especially acute when wars include children who are recruited through addiction; professional military leaders with forces involved

in the conflict will have to prepare their troops well in advance for a possible confrontation. Military operations will require more briefings to troops on the possibility of facing not only drugged adversaries, but drugged child soldiers. With the potential of using lethal force against drugged children, Western militaries are just beginning to recognize the effects on an individual service member in the aftermath of such a confrontation. However, formal doctrine to guide the practices and conduct of professional soldiers who encounter such situations is lacking. For example, there is a lack of specialized training to teach frontline conventional soldiers how to deal with drugged child soldiers. This was the conclusion reached by the Center for Emerging Threats and Opportunities, which held a seminar for the U.S. Marine Corps and recommended the development of tactics, techniques, and procedures for these situations.⁴⁹ Although the problems of combatant unpredictability and unconventional fighting are being recognized by professional militaries, the contribution of drugged combatants to the complexity of many conflicts has not strongly registered with the defense establishments of Western governments.

However, other pressing challenges are presented by the presence of intoxicated combatants for professional militaries that are being overlooked. Table 4 reflects the status of those conflicts that have been influenced by drug use among combatants. Ongoing conflicts are those where no settlement among the warring parties has been reached, and violence continues in various scopes and degrees. Abeyant conflicts are those where ceasefires exist between the belligerents or an intervening force to maintain peace is present. These conflicts, however, may also feature breakdowns of ceasefires that are then reestablished, or

the high likelihood of violence returning if third party interveners depart. Settled conflicts are based upon agreements among the belligerents to end hostilities or exist in situations where one belligerent has defeated an opponent on the battlefield.

	Minimal Drug Use	Acute Drug Use	Unrestrained Drug Use
Ongoing	Iraq	Colombia, Peru, Philippines	Uganda
Abeyant	Haiti	Bosnia, Congo, Russia, Rwanda	Liberia, Sierra Leone, Somalia
Settled	-----	-----	-----

Table 4. Status of Conflicts Influenced by Drug Use among Combatants.

As Table 4 demonstrates, there are no settled conflicts where there has been widespread use of drugs by warring groups. This is not to suggest a direct causal link – that drug use causes conflicts to endure. It does suggest that it is an influential factor on a range of issues that complicate efforts to reach ceasefires and political settlements.

Nonetheless, if drugged combatants do not directly contribute to the prolonging of conflict, Table 4 does reveal that drugged fighters are a prominent feature of protracted conflicts. This presents a significant challenge for Western militaries to overcome since such protraction creates conditions for drug use among their forces as well. The longer duration of armed conflicts contributes to drug use among members of professional militaries when deployed far from home. Lengthier times spent in the field can generate personal hardships among troops that can be soothed by drug

use. A type of drug quagmire can develop where protraction creates an atmosphere for the greater demand for drugs among irregular and professional forces.

Professional militaries of developed states generally possess better resources to diagnose and address the type of stress that individual fighters undergo and have access to prescription medication administered by experts.⁵⁰ However, such access to professionals and tightly controlled prescription drugs along with monitoring possible drug abuse do not make professional forces immune from drug abuse. With conflicts growing more protracted, the temptation to turn to illegal drugs also grows among troops of Western militaries. The rate of illicit drug use increased among U.S. military members in 2005, to an estimated 5 percent, nearly double the rate measured in 1998.⁵¹ Dr. Thomas R. Kosten, a psychiatrist at the Veterans Affairs Medical Center in Houston, traces drinking and drug use to the stress of working in a war zone. "The treatment that they take for it is the same treatment that they took after Vietnam," Dr. Kosten said. "They turn to alcohol and drugs."⁵²

Protraction of a conflict can also have repercussions in recruitment that present opportunities for drug use to become problematic. As two simultaneous protracted conflicts with irregulars continue for the U.S. military and with more service members opting out of continued service, recruitment becomes a higher priority but is also exceptionally difficult in the face of an ongoing unpopular war in Iraq. The reduction of recruitment standards during protracted wars risks bringing the drug habits of society into the ranks of the professional military.

As the recruiting climate has grown more difficult, the Army also has increased the number of recruits who require moral waivers because of misdemeanor offenses. Through April, about 15.5 percent of recruits required some kind of waiver for a misdemeanor offense, *drug, alcohol incident*, or medical problem, compared with 12 percent for 2004 and 15 percent for 2005 when the Army missed its recruiting goal. (emphasis added)⁵³

As the wars in Afghanistan and Iraq continue, the use of moral waivers has increased and has led to accepting many more recruits who have had contact with law enforcement and the courts due to drug offenses.

When peacekeeping forces have been sent to conflicts where drugs are available, they have not proven immune from succumbing to drug use themselves. Much like combatants, peacekeepers are frequently exposed to dangerous, provoking, or humiliating situations and have limited possibilities to express the resulting anger and frustration due to restrictive rules of engagement that encourage neutrality. Self-medication with alcohol and drugs to calm down or to “take the edge off” have not been uncommon.⁵⁴ In Cambodia, the favorite drink among the United Nations (UN) personnel at parties was the “Space Shuttle,” made “by distilling a pound of marijuana over a 6-week period with increasingly good quality spirits. It is a work of love, and the final product is an amber-colored liquid that tastes like cognac. We drink it with rounds of Coke.”⁵⁵

Command and control problems due to drug use can also affect professional militaries. For example, the British Army has confirmed one instance of a major compromise in command and control due to drug use among its ranks in the war in Iraq. One former soldier claimed that 75 men from his company, 60 percent of its strength, regularly took cocaine, ecstasy, or marijuana.

“There’s guys who have to have two or three lines of coke before they can operate,” he said.⁵⁶ British officials arrested several soldiers for exchanging their weapons in Germany for \$4,700 worth of cocaine which was then later sold to their comrades in Iraq.⁵⁷

Conscript armies are exceptionally vulnerable to drug use for many of the same reasons that irregular forces are – their members are not full-time, regularly trained military professionals. As a result, draftees and conscripts have sought drugs as a way to cope with an unfamiliar atmosphere and can behave similarly to irregular troops. Drugged conscripts have been a danger to their own forces; a soldier stationed near the Russian border with Georgia shot and killed eight of his colleagues (and wounded five others) during a hallucinogenic fit brought on by eating magic mushrooms.⁵⁸ Widespread drug problems among conscripts in the Red Army during the Afghanistan campaign resulted in serious discipline problems like desertion and the stealing of weapons, ammunition, and gas to trade for hashish and heroin. Afghan forces captured many Russian soldiers while they were drugged or seeking to trade their weapons and equipment for heroin or hashish.⁵⁹

The breakdown of command and control in professional militaries due to drug use can lead to committing atrocities as well. For example, U.S. troops accused of rape and murder in Mahmoudiya, Iraq, were reportedly abusing alcohol, cough syrup, and painkillers as a way to cope with their dangerous duties.⁶⁰

The addiction rate of returning troops has been of constant concern to average citizens as well as elites. In November 1971, New York reported nearly 10,000 heroin-addicted Vietnam veterans which, as discussed

in this monograph, was the result of the U.S. military's clamp down on widespread marijuana use by troops.⁶¹ Drug use was so severe among American troops in the later stages of the Vietnam War that more soldiers were evacuated for drug problems than for battlefield wounds.⁶² Heroin use among Vietnam veterans created societal fears of rising crime and disorder. *Time* magazine reflected the public mood by reporting that "the specter of weapons-trained, addicted combat veterans joining the deadly struggle for drugs [in the streets of America] is ominous. . . . [T]he Capone era of the '20s may look like a Sunday school picnic by comparison."⁶³ The Nixon administration began to fear that the result could precipitate a stronger call for an American pullout from Southeast Asia.⁶⁴ The Soviet Union also faced similar fears when draftees returned from Afghanistan with heroin habits.⁶⁵

RESPONSES TO DRUG USE BY COMBATANTS

The far reaching effects of drug use by combatants on human rights, governance, and regional security have stimulated the desire by many actors in the international arena to intervene in these conflicts to ameliorate these effects or bring the fighting to a close. Yet, policymakers and military officials from developed countries have been left unprepared to face drugged combatants due to a lack of doctrine or policy.

Leaders of professional militaries are beginning to recognize the characteristics and effects of drugged combatants to explain their battlefield behavior. For example, the U.S. Pacific Command describes the Abu Sayyaf Group in the Philippines as one that employs "ad hoc strategies and activities that are determined by the mood swings of individual leaders, many

with eccentric nicknames reflecting bizarre bandit camaraderie. Discipline is haphazard, and some are addicted to drugs. Still, about 140 hostages have been taken during their last 2 years of violent kidnapping sprees.”⁶⁶ While recognizing the challenges of drug intoxicated combatants is a healthy first step, what is needed is broader and deeper recognition of the dimensions of combat supply and demand of drugs in numerous conflicts.

Although militaries from developed countries are beginning to acknowledge the strategic and tactical effects of drugged combatants, little has changed in the way military and political leaders have conceptualized the role of illegal narcotics in warfare. Field Manual (FM) 3-24, the new U.S. Army field manual for counterinsurgency operations, does not include the topic of drug intoxicated combatants, even though U.S. forces continue to face them in ongoing operations. Drug use, along with drug financed warfare, is still considered to be more criminal than military in its implications and effects. However, as Martin Van Creveld described in *The Transformation of War*, “Often crime will be disguised as war whereas in other cases, war itself will be treated as if waging it were a crime.”⁶⁷ In other words, not only will the actions of combatants resemble criminal acts, but the combatants themselves will share more in common with criminals than with professional armies. This is clearly the case in acts like carnival and the inclusion of former convicts in the ranks of some military forces.

Such an environment speaks to the need for greater interagency cooperation among agencies of the Department of Defense (DoD), Department of Justice, Department of Treasury, and the Department of Homeland Security to monitor and assess the ways

drugs are being used by irregular forces so that new strategies can be added to the plans of conventional forces who may intervene in such operational environments. Joint coordination among military and civilian agencies like the Federal Bureau of Investigation, the Drug Enforcement Administration, and Customs is not unusual. Military and civilian cooperation routinely happens with counternarcotics operations; an example is the Joint Interagency Task Force-East, headquartered in Key West, Florida. More techniques from law enforcement to track and trace combatant supply and demand will be needed. This will prepare militaries for encounters with drug intoxicated combatants by developing early warning signals in order to adjust their tactics in particular conflicts. Empowering intelligence agencies is pivotal to supporting long-term strategies to bring drug trafficking under control and to build a foundation for a sustainable peace in particular conflicts. Knowing who among the population is involved in the drug trade and the methods used to transport the product can contribute to tactics designed to sap the economic and social base of an insurgency. Practices like community mapping, used by big city police forces like Boston to chart who is dealing and consuming drugs, should be integrated into military operations that occur in environments where drugged combatants are known to be active. Interagency cooperation among intelligence agencies, as well as routine contact with police forces and other agencies on the ground like the UN and nongovernment organizations (NGOs), can further both counternarcotics and counterinsurgency operations.

A networked series of institutions would be needed to fully tackle monitoring efforts. The UN has an Office on Drugs Crime, and there are several regional

law enforcement institutions like Europol. However, “fusion centers” are needed in each institution that allow for the exchange of information and ideas among different international, regional, and local institutions and across different agencies. Such fusion centers would focus on how drug patterns are not just affecting law enforcement, but patterns of organized political violence as well.

Although militaries have resisted participating in counternarcotics operations, dealing with drugged combatants is separate from interdiction and eradication programs. Nesting operations targeted at reducing drug use in campaign plans from the beginning, while including new training to reconsider the military objectives in these types of conflicts, will lessen institutional apprehension of the military over time. Smuggling routes through transshipment countries need to be thought of by military planners as crucial lines of support for the enemy. Such routes are not just for weapons, but are critical to the warmaking effort of many combatants. Hospitals, clinics, and pharmacies should be added to campaign lists as objectives that need to be secured in an intervention. These facilities are also now a warmaking resource for combatant groups and their looting has contributed to human rights abuses and combatant unpredictability. Attaching as much importance to these facilities as to weapons depots, ammunition dumps, and campaign headquarters will lead to a decrease in the overall violence in the conflict. Additional institutional measures should be put in place before the next intervention in environments that include drug intoxicated irregular fighters. When militaries are likely to encounter drugged child soldiers, programs for counseling individual members should be prepositioned in medical corps so that troops

can receive immediate counseling. Once again, with accurate intelligence and monitoring undertaken with interagency cooperation, troops may be briefed well in advance for such encounters.

Institutions of professional military education, like war colleges, traditionally have been places where the free exchange of ideas and wide ranging adaptations have been examined and discussed before conflicts erupt. By including people from a variety of backgrounds outside the military, today's professional military education can generate greater synergy for the development of strategies and tactics to combat drugged adversaries of the 21st century. Establishing regular conferences and sponsoring research projects on drugged irregulars would also add to the body of knowledge that may be used to develop new doctrine. Following up on the conclusions reached by the Marine Corps' Center for Emerging Threats and Opportunities (CETO) to develop tactics, techniques, and procedures for confronting child soldiers should at least be addressed since, as argued, much of the recruitment of child soldiers is linked to providing them with drugs. Capturing the knowledge of those fielded forces who have encountered drug intoxicated combatants would also be useful; more focused after-action reviews and lessons learned activities on the actions of drugged adversaries would be useful in building an increasing knowledge base on the issue.

In situations where nation-building and stability operations are mandated, the main goal of governments in responding to conflicts where there is widespread drug use by combatants should be to reduce the level of violence through a reduction of the use of drugs. By lowering the demand for drug use, command and control can be strengthened among irregular forces, thus increasing the likelihood of adherence to the

parameters of any possible peace accord. Reducing drug use also limits the potential for further atrocities. By focusing on reduced drug use, peace initiatives have a greater chance to flourish and thereby lessen the conditions of intense violence that led many fighters to take up the drug habit. Therefore, detoxification programs should be integrated into demobilization efforts, no matter the degree or types of drugs used by combatants. While militaries may have their medical corps undertake such detoxification programs, merely providing security for NGOs who do so may be enough. These programs should not be thought of as separate from demobilization to be run in its aftermath; they should happen concomitantly and include members of society who form the basis of informal social controls on drug use. Village elders, mayors and the displaced must be empowered again—detoxification programs under traditional social norms offer that chance. Outside agencies, NGOs and the UN Office of the High Commissioner for Refugees (UNHCR) should begin to put such considerations within their existing activities in war torn countries. In many cases, this is not possible, given the duration and magnitude of the conflicts. In such instances, members of diaspora communities may be able to assist in reconstructing the rough outlines of these informal social controls. Once again, these programs need to become part of existing military doctrine on counterinsurgency, peacekeeping, and stability operations.

The tracking of the growing use of methamphetamine among irregular forces must be made a top priority. Since methamphetamine is so easy to manufacture and does not require a warring group to be near a traditional drug crop or close to a transshipment point or smuggling route, meth is likely to be a feature in more conflicts. In fact, many conflicts are occurring

in countries with high levels of meth production or those that lie along trafficking routes.⁶⁸ This forms the potential for greater supply and, as seen, war can generate the demand. Additionally, the withdrawal symptoms of methamphetamine are particularly acute and prolonged, resulting in unpredictable and potentially higher levels of violence. Regular meth users in peacetime environments often seek out other drugs—like cocaine—to mitigate withdrawal symptoms. Combatant demand for other drugs may also rise if the methamphetamine supply is interrupted in a particular conflict where meth use was widespread, leading to an outbreak in violence such as looting pharmaceutical drugs.

However, other lurking challenges are presented by drugs for professional militaries that are being overlooked. As previously mentioned, protracted conflicts fought by conventional forces can create the conditions that give rise to the temptation of troops to abuse drugs. More than directly diminishing the combat effectiveness of troops and undermining the overall health of an individual service member, the result can be the erosion of domestic support for a war. Unlike professional members of the military, draftees, and even reservists, are drawn directly from society and do not reside in guarded bases and insulated barracks when they are not deployed. As previously mentioned, citizens become especially concerned by the drug habits of returning veterans. One reason for this concern is that a greater proportion of the average citizenry have direct contact with conscripts and reservists than with full-time members of the armed forces. When drafted veterans and reservists return from their tours, the effects of the war on them and on society at large are more noticeable to the average citizen.

Unlike the Vietnam era, the U.S. military currently has an all-volunteer force which is in large measure designed to compartmentalize protracted conflicts with irregular forces and isolate their effects on society by not relying on draftees.⁶⁹ Also unlike Vietnam, DoD has ongoing programs that address combat stress, mental trauma, drug use, and addiction. Yet, due to continuing U.S. military operations in Afghanistan and Iraq and the increased tempo of deployments, especially among National Guard and Reserve troops, the atmosphere exists for the creation of personal stress that can lead many to abuse drugs.⁷⁰ Mental health trauma is on the rise among U.S. ground forces. U.S. Army studies show that more than a third of combat-deployed troops seek mental health care when they return home.⁷¹ Another study showed that 31 percent of all veterans returning from Afghanistan and Iraq were diagnosed with mental health and/or psychosocial problems, while 20 percent had “substance abuse disorders.”⁷² The trend is not encouraging. According to figures from the Veterans Health Administration, 3,057 veterans of the Afghanistan and Iraq wars were diagnosed with drug dependency from 2005-07, while only a total of 277 veterans were diagnosed from 2002-04.⁷³

While the effects of these numbers on the wider society have yet to be felt, of most concern is that the support structure to handle such numbers is weak; training for mental health professionals is inadequate. A survey of 133 military mental health providers conducted from 2003-05 shows that 90 percent of the psychiatrists, psychologists, and social workers reported no formal training or supervision in four post-traumatic stress disorder therapies recommended by the Pentagon and Department of Veterans Affairs.⁷⁴ Additionally, not all military installations offer in-

patient treatment for drug abuse, forcing many veterans to go untreated. Depending on how the wars in Iraq and Afghanistan conclude, the numbers of returning service members will place additional stress on this system, and without adequate institutional capacity, illegal narcotics abuse may rise sharply among this group and stoke concerns among the public.⁷⁵ In order to reduce this potential, greater institutional support is needed for the military to monitor, treat, and provide long-term care for active duty troops and veterans.

RECOMMENDATIONS

For confronting drugged irregular fighters:

- Increase interagency contacts among federal law enforcement, national intelligence, and defense agencies to monitor the use of drugs by irregular fighters.
- Promote “fusion centers” at multiple levels of government to share information on drug use in zones of conflict.
- Extend the use of fusion centers to international agencies that currently monitor worldwide and regional drug trafficking and drug use patterns.
- Encourage community mapping practices among military forces to chart drug dealing and consumption patterns in countries of conflict and include them in campaign planning.
- Expand military campaign planning lists to include pharmacies, clinics, and hospitals to protect their supply of drugs from potential looting.
- Increase participation of individuals in other agencies of the federal government in institu-

tions of professional military education to raise the awareness of the effects of drugged combatants in ongoing conflicts.

- Develop focused research on the growing use of methamphetamines by combatants.
- Engage NGOs that focus on the issue of child soldiering to gauge the level of drug use in particular conflicts.
- Include detoxification and rehabilitation programs as part of demobilization efforts in particular conflicts.
- Develop ways to contact diaspora communities which may possess expertise in reestablishing informal social controls on drug use in a given conflict.

For coping with potential increases in substance abuse in the armed services:

- Increase funding for mental health training, expertise, and institutions to cope with potential increases in substance abuse disorders by veterans involved in protracted conflicts.
- Ensure that all military installations offer in-patient care services for the treatment of drug abuse by veterans returning from Afghanistan and Iraq or ensure that care can be given at nearby medical facilities in the community.
- Decrease the number of moral waivers for drug and alcohol abuse given to new recruits.

The presence of drugged fighters is not unknown in the history of warfare. Yet widespread drug use on the battlefield coincides with a perceptible change in the nature and type of wars that are occurring—protracted conflicts largely fought by nonprofessional

combatants are taking place in an international system that facilitates bringing people and goods into closer and quicker contact. The presence of intoxicated combatants will continue to be a feature of armed conflict. Coming to grips with the effects of such an intersection will be an enduring requirement for many conventional militaries. Preparing now for this requirement can help give the strategies of the future the best chance of success.

ENDNOTES

1. See, for example, Svante Cornell, "Narcotics, Radicalism and Armed Conflict in Central Asia: The Islamic Movement of Uzbekistan," *Terrorism and Political Violence*, Winter 2005; Indra de Soysa, "The Resource Curse: Are Civil Wars Driven by Rapacity or Paucity," in Mats Berdal and David Malone, eds., *Greed and Grievance: Economic Agendas in Civil Wars*, Boulder, CO: Lynne Rienner Publishers, 2000; David Keen, "The Economic Function of Violence in Civil Wars," *Adelphi Paper 320*, Oxford, MA: Oxford University Press, 1998.

2. Ronald K. Siegel, *Intoxication: The Universal Drive for Mind Altering Substances*, Rochester, VT: Park Street Press, 2005. See also Mary Midgley, *Beast and Man: The Roots of Human Nature*, Ithaca, NY: Cornell University Press, 1978; Thomas Stephen Szasz, *Ceremonial Chemistry*, New York: Anchor Press, 1974.

3. Parliament of Canada, "Conflict, Drugs, and Mafia Activities," *Contribution to the Preparatory Work for the Hague Peace Conference, May 11-16, 1999, March 1999*, available at www.parl.gc.ca/37/1/parlbus/commbus/senate/com-e/ille-e/presentation-e/labrousse2-e.htm.

4. Alcohol was the preferred drug of choice among European troops during the colonial era. As American and British forces faced each other over the independence of the colonies in 1776, both militaries included in their respective doctrines that men could not be expected to fight without their regular rations of rum. Presaging contemporary episodes in today's conflicts, the

British routinely sought to destroy General Washington's stores of rum as a way to affect American morale. See Ian Williams, *Rum: A Social and Sociable History*, New York: Nation Books, 2005.

5. The word "hashish" is apocryphally associated with the corruption of the Arabic word for "assassin." The assassins of the 11th century were said to have been recruited after long smoking sessions of hashish. See Michael Pollan, *Botany of Desire*, New York: Random House, 2001, pp. 172-173.

6. Matters were made worse by the fact that morphine and opium were cheaper than alcohol and widely available in the United States at that time. See Paul Gahlinger, *Illegal Drugs: A Complete Guide to Their History, Chemistry, Use, and Abuse*, New York: Plume, 2001, p. 26.

7. W. Travis Hanes III and Frank Sanello, *The Opium Wars*, Naperville, IL: Source Books, 2002, p. 171.

8. Dominic Streatfeild, *Cocaine: An Unauthorized Biography*, New York: Picador, 2001, p. 155. Reflecting the change in societal attitudes toward narcotics more generally at the beginning of the 20th century, drug use by soldiers was viewed as harming the war effort and disruptive of good order among the troops. These attitudes were strengthened when some returning veterans in Europe and America sought out cocaine as a way to "cure" their addiction to morphine and heroin acquired after treatment of their war wounds. In fact, drug addicted veterans in the United States often scrounged for junk metal to pay for drugs, earning them the nickname "junk men" and then simply "junkies." See Gahlinger, p. 60.

9. Bruce Eisner, *Ecstasy: The MDMA Story*, Berkeley, CA: Ronin, 1994, p. 127.

10. This liquid form allowed the body to more quickly absorb the drug than amphetamine pills, but was more highly addictive. The addictive quality of the drug was felt particularly acutely in Japan when returning soldiers arrived home, and methamphetamine supplies stored for military use became available to the public at the conclusion of the war.

11. L. A. Young, L. G. Young, M. M. Klein, and D. Beyer, *Recreational Drugs*, New York: Berkeley Books, 1977.

12. Edward Brecher, *Licit and Illicit Drugs*, New York: Little, Brown & Co., 1972, p. 189. In addition, with the current “zero tolerance” of drug use and possession by the U.S. military combined with more frequent deployment rotations, some troops have resorted to unorthodox ways to achieve intoxication. There have been episodes of troops using over-the-counter cough and cold medications like Nyquil to get intoxicated.

13. John Mueller, *Remnants of War*, New York: Cornell University Press, 2004, p. 86.

14. Robert MacCoun and Peter Reuter, *Drug War Heresies*, New York: Cambridge University Press, 2001, p. 85.

15. These descriptions do not match the clinical and pharmacological descriptions of the physiological and psychological effects of these drugs. For example, although marijuana is clinically classified as a “depressant” and is used by combatants to relax, it is also used as a stimulant in terms of motivating an individual to engage in combat. The term “relaxant” also refers to a combatant’s desire to find an escape rather than to the strict physiological effects.

16. “Afghan Soldiers Report Getting Hashish Rations,” *St. Louis Dispatch*, May 25, 1989, p. 18A.

17. Mueller, pp. 92-93.

18. Martin Booth, *Opium: A History*, New York: St. Martin’s Griffin, 1996, p. 269.

19. Jean-Charles Brissard, *Zarqawi: The New Face of al-Qaeda*, New York: Other Press, 2005, p. 49.

20. Martin Boas and Anne Hatloy, “Alcohol and Drug Consumption in Post War Sierra Leone – An Exploration,” Oslo, Norway: Institute for Applied International Studies, pp. 43-44.

21. Mueller, pp. 89-92.

22. *Addressing Organized Crime and Drug Trafficking in Iraq: Report of the UNODC Fact Finding Mission*, New York: United Nations Office on Drugs and Crime, 2005, p. 13.

23. Interviews conducted with the author at the U.S. Army War College on January 6, 2006. Interviewees wish to remain anonymous.

24. Anonymous Marine, "A Marine Reports from Iraq," *Washington Times*, November 22, 2005, p. 21. The production of methamphetamine does require certain chemicals with an essential ingredient, pseudophedrine, which is found in commercial decongestants like Sudafed. Obtaining the needed amounts of pseudophedrine to create methamphetamine requires access to pharmacies or other places where the drug is available which, in turn, often necessitates burglary, robbery, or looting. See also Robert Looney, "The Business of Insurgency: The Expansion of Iraq's Shadow Economy," *The National Interest*, Fall 2005.

25. Liquor, not included in this table, is almost always added to the mix of narcotics to intensify the desired effects.

26. Most telling about the use of *basuco* by Colombian guerrillas is that no one smokes paste except those involved in cocaine production. Coca paste is a precursor to the production of cocaine.

27. *Jane's Sentinel Security Assessment-West Africa*, December 2005.

28. Amnesty International, *Child Soldiers: A Global Issue*, July 19, 2006, available at web.amnesty.org/pages/childsoldiers-background-eng.

29. Amnesty International, "War Children Tell Their Story," *Amnesty Magazine*, November/December 2000, p. 3.

30. Susan McKay, "Girls as 'Weapons of Terror' in Northern Uganda and Sierra Leonean Rebel Fighting Forces," *Studies in Conflict and Terrorism*, April 2005, p. 386.

31. Brian Bennett, "Stolen Away," *Time*, May 1, 2006, p. 38.
32. Kasaija Phillip Apuuli, "The ICC Arrest Warrants for Lord's Resistance Army and the Prospects for Peace in Northern Uganda," *Journal of International Criminal Justice*, 2006, p. 180.
33. Tony Perry, "Fallouja Insurgents Fought Under Influence of Drugs, Marines Say," *Los Angeles Times*, January 13, 2005, p. 1.
34. *Ibid.*
35. *St. Louis Dispatch*, 1989.
36. MacCoun and Reuter, p. 99.
37. Parliament of Canada, "Sub-Saharan Africa Facing the Problems of Drugs," April 2001, available at www.parl.gc.ca/37/1/parlbus/commbus/senate/com-e/ille-e/presentation-e/labrousse1-e.htm.
38. Bill Berkeley, *The Graves Are Not Yet Full: Race, Tribe, and Power in the Heart of Africa*, New York: Basic Books, 2001, p. 140.
39. Stephen Ellis, *The Mask of Anarchy: The Destruction of Liberia and the Religious Dimension of an African Civil War*, New York: New York University Press, p. 108.
40. Mark Duffield, "Globalization, Transborder Trade, and War Economies" in Mats Berdal and David Malone, eds., *Greed and Grievance: Economic Agendas in Civil Wars*, Boulder, CO: Lynne Rienner Publishers, 2000, p. 81.
41. Jeremy Weinstein, *Inside Rebellion*, New York: Cambridge University Press, 2007, pp. 155-159.
42. Stephen Lee Meyers, "Top Chechen Rebel Dies in Russian Raid," *International Herald Tribune*, June 18, 2006, available at www.ihf.com/articles/2006/06/18/news/chechnya.php.
43. Healthcare Customwire, "Beslan School Attackers Were Drug Addicts," October 17, 2004. In addition, one of the effects of heroin withdrawal is insomnia which may have contributed to stress and unpredictability of the Beslan hostage takers.

44. Little study has been done on the presence of anhedonia among combatant forces, but it may explain why individual fighters continue to wage war since it allows continued access to the desired drug (or to other drugs that may offer relief), and violence may be associated with the positive feelings that the drug itself provides.

45. Narconon, "Methamphetamine History," www.stopaddiction.com/meth_history.html#.

46. Berdal and Malone.

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57. Mary Jordan, "British Soldiers Allegedly Traded Guns for Cocaine," *Washington Post*, September 25, 2005, p. 18.

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59. Arthur Bonner, "Afghanistan's Other Front: The World of Drugs," *New York Times*, November 2, 1985, p. 1.

60. "Stress Sent Soldiers to Drink and Drugs, Colleague Testifies," *CNN.com*, available at www.cnn.com/2006/world/meast/08/08/iraq.mahmoudiya/index.html.

61. Booth, p. 272.

62. Gahlinger, p. 207.

63. "The New Public Enemy No 1," *Time*, June 28, 1971, p. 20.

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65. Stephen Handleman, *Comrade Criminal*, New Haven, CT: Yale University Press, 1995, p. 190.

66. U.S. Pacific Command, "Combating Terrorism in the Phillipines," available at www.pacom.mil/piupdates/abusayyafhist.shtml.

67. Martin Van Creveld, *The Transformation of War*, New York: Free Press, 1991, p. 204.

68. See, for example, Richard Rawson and Beth Rutkowski, "A Matter of Life and Meth," *Foreign Policy*, November/December 2007, pp. 32-33. In addition to the potential to manufacture methamphetamine for consumption by combatants, any excess can be sold as a way to raise money for the group or for personal enrichment. This may lead to further command and control problems as individual fighters become more opportunistic rather than dedicated to any distant political goal. See, for example, the decline of the Hell's Angels in America in Frank Owen, *No Speed Limit*, New York: St. Martin's Press, 2007, p. 19.

69. For a more thorough discussion of the differences between volunteer forces and conscripts and their effects on society at large, see Gil Merom, *How Democracies Lose Small Wars*, New York: Cambridge University Press, 2003, p. 74.

70. Scott Shane, "A Flood of Troubled Soldiers in the Offing, Experts Predict," *New York Times*, December 16, 2004, p. 1.

71. Gregg Zoroya, "Psychologist: Navy Faces Crisis," *USA Today*, January 17, 2007, p. 10.

72. Karen Seal, Daniel Berenthal, Christian Miner, Saunak Sen, and Charles Marmar, "Bringing the War Back Home," *Archives of Internal Medicine*, Vol. 167, p. 479.

73. Robert Lewis and Kate McCarthy, "War Vets Fighting Addiction," *Military.com*, November 26, 2007, available at www.military.com/features/0,15240,156956,00.html?ESRC+dod-b.nl.

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75. Yet fears about the potential abuse of drugs among Canadian forces serving in Afghanistan have not materialized. A 2003 Canadian Military Police report stated that the presence of cheap and available narcotics in Afghanistan may risk higher incidence of drug abuse. See Stephanie Rubec, "Drug Use Nightmare for Cdn Forces," *Toronto Sun*, November 14, 2004. While Canadian participation has gradually intensified over the years, a rise in drug abuse has not occurred. This could be due to the fact that Canadian participation has not been the same as American and British contributions in Iraq and Afghanistan.

Canadians are not using as many reservists, while tours of duty for their professional full-time troops have not been as long. These two elements may mitigate much of the atmosphere that stimulates a widespread desire to turn to drugs. On the other hand, the intensity of fighting has recently increased for Canadian forces in southern Afghanistan and, if recent history proves instructive, the effects of this may yet to be felt by the Canadian military establishment when veterans return and seek treatment for any mental health issues.