



Should CBRN soldiers have a role in counter narcotics? ©DoD

The drugs don't work

For many nations, counter narcotics within a military CBRN framework are a shibboleth – an idea that people can't think about without strong preconceptions. It tends to be seen nationally as either expedient – we have to occupy CBRN troops with something as a “day” job, otherwise the bean counters will get rid of them – or the thin end of the wedge – CBRN soldiers are specialists, if we give them non-specialist jobs the next thing we know they will be guarding convoys. There is a lot to be said for both of these views.

CBRN soldiers are very highly trained individuals, akin to engineers

and EOD specialists. Their lack of utility on the conventional battlefield is part of their success – CBRN defence works best as a deterrent. If you have a slick capability then the enemy is less likely to use CBRN against you. While a great deal of the technology needed for detection of narcotics is already in the inventory – many precursors of TICs can be found in bomb or drug labs – the additional training needed to allow their proper usage and the understanding of the results is missing. If you have managed to fight off the predations of the CBRN-hostile bean counters, then the last thing you want to do is suggest

that Round Two might be appropriate by offering yourself for non-CBRN operations. Equally isn't this someone else's job? There are gendarmerie and military police in any coalition force. When they are combined with environmental health specialists shouldn't this provide all the counter narcotics capability that is needed?

Would nations under the financial cosh choose to do counter narcotics operations if they didn't have to? This is surely about making the best of a bad situation. Have those nations undertaking counter-narcotics operations gained a deeper understanding of their

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core role – CBRN defence – from doing it? The answer to both of those questions is probably not, but I think that there are solid reasons for starting the counter narcotics (CN) debate. CN operations, for the purpose of this article, refers only to that part that falls under the skill set of CBRN troops: the detection, categorisation and removal to a third party of an agent/precursor. It should not be confused with either anti-narcotics ops (burning poppy fields etc) or intelligence- or police-led counter narcotics operations (the analysis of evidence and information that leads to the arrest and trial of individuals).

There is a world of difference between civilian and military operations against clandestine labs. The latter are painstakingly planned and executed. It will have involved many hours of surveillance, potentially clandestine operations within the building before the main operations is launched. There is nothing to say that this is not the case in military operations, but often field

expediency rules. Taking down a clandestine lab in Europe or the US involves a certain amount of base level security. While you might want to ensure that the undercover operatives fit in, once they are inserted they have a comparative degree of security and as much time as the operation allows. Experience of operations in Iraq and Afghanistan doesn't allow this for the military. Here security on the scene is measured in minutes (it has been suggested that in some areas any time on site over three minutes could endanger the team!): secure the site, get in, do the job and get out alive are the imperatives – as opposed to secure the evidence and start forensic highways.

In civilian operations the intelligence on the facility should be good, operatives will all be experts in their field and trained and aware of what might happen. For military operations in Iraq the likelihood is that they are not going to know what they'll find when they go in through the door/window/roof; experts

are, therefore, not likely to be there – if there are any in country – and the Iraqi or Afghan legal system is not quite as robust as European or North American justice, so forensic highways and careful martialling of DNA and other evidence are far less important.

Civilian “drugs” bust are a *raison d'être* for civilian forces. There is prestige and coverage to be gained from it. For the military, however, the focus is on the main operation, defeating the terrorists and making sure that the force is as well protected as it operationally can be. These two are necessarily divergent. The former insists on the best people, good intelligence and smooth operations. The same exists in the military, but the tempo is wildly different and the focus of these assets is elsewhere. This focus on military operations, rather than peace support, also has a tendency to draw down in the “wrong” place. This sees emphasis on the teeth rather than the tail, which is the opposite of what counter-terrorist/



Smells like victory! Detection and disposal are two key roles for CBRN soldiers in CN ©DoD

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peace-support operations should be. It also means that those specialists who could have a major part to play, environmental health, scientific assessment teams, are drawn down first and sent home early.

This will have to change, however, as the insurgency and terrorist groups evolve they will find a need for funds. International organisations are making it far harder to allow terrorist organisations any attempt at "legal" funding, and this will force them underground – and there is no better way of raising funds than through the production of narcotics. Afghanistan might be an exception to the rule, since it has such a long history of opium cultivation, but for most gangs (either criminal or terrorist) one of the best and easiest drugs to produce is methamphetamine, or meth. This requires a basic scientific knowledge, basic scientific equipment and a list of ingredients that can be bought over a range of high-street counters. For counter-narcotics operations there is little nastier than meth labs. The range of gases that it gives off makes it highly carcinogenic, it produces a 7-1 ratio of toxic by product to drug and one of the common gases present is phosphine – highly toxic, lethal in small doses, likely to overwhelm a standard filter, extremely flammable and will not be detected by IMS. The high value of drugs to gangs tends to make them extremely interesting to rival gangs, often resulting in well-hidden facilities (one US meth lab was hidden in a bus that was buried underground) and in booby traps designed to kill or wound the unaware. There will inevitably be an increase in drug manufacture and soldiers coming into contact with clandestine labs, either by accident or design. Clandestine labs pose one challenge to trained individuals, but they need not be the only one. Afghanistan has provided a range of CN issues. One of these involved the storage of drugs precursors. Here various chemical precursors, for drugs and also other random finds (that might be involved in suspicious activity) were made into stockpiles. Largely because these people were involved in criminal

activity – and the fact that the military doesn't "do drugs" – these were handed over to the local police, who often resold it back to the individuals from whom it had been confiscated from in the first place – "a victimless crime!" Once the military cottoned onto this fact, it started stockpiling the chemicals in a more significant way, but still lacked a plan to deal with it. Part of the problem with this stockpiling was that the individuals involved had not followed proper lab procedure and had no clear labels explaining what the chemical was and its potential for damage to human health. This led infantry soldiers, since they lacked the ability to run diagnostics on the chemicals and categorise it, to see everything as potentially dangerous and treat it the same. This led in turn to a serious piece of real estate in the military zone of Kabul being given over to an unknown cocktail of chemicals. One well-placed mortar round could have provided a serious respiratory challenge to military operations in Afghanistan (as well as a large amount of innocent Kabul citizens).

This gets to the heart of the problem. Because the military doesn't "do" drugs it tends to fall between different stools. And, while it was recognised as a method of fuelling the insurgency, it was not an expensive enough problem for international prestige. So while engineers and environmental health get involved, as well as CBRN, the lack of definition, coupled with the lack of desire, leads to a problem that sits there. Nato eventually decided that these chemicals were toxic (even though many of them were not – but the ability to sample and detect was missing) and as such they counted as a TIC (Toxic Industrial Chemical) and fell under the aegis of CBRN. Nato eventually got some civilian reachback through their CEP (Civil Emergency Planning); and, thanks to their help, money and disposal were eventually found. This example brings to light some of the key issues of counter narcotics and CBRN: lack of desire, lack of planning and lack of SOPs, but a high threat and need.

So what can CBRN troops do to help? If you look at who is there at "first knock", what happens when the CN

operation starts, then there are likely to be individuals from the military police and some form of Special Investigation Branch (SIB in the UK, but any element of the police force that is involved in forensic investigation of the site), EOD (especially "Search" assets) as well as some intelligence and legal operatives. All bright and well-trained people, but none of them have either the experience of dealing with clandestine laboratories or organic chemistry and who can do a quick scene assessment. There needs to be a similar understanding of chemically securing the scene as there is of booby traps or other red-force operations. Can soldiers fire their personal weapons? Can they switch lights on? Can they enter the scene in negative pressure respirators? What is the immediate threat to health? Can they use flash photography? All of these questions can be answered either by an experienced police officer (from London, New York, Paris etc) or scientific reach-back – none of which are going to be immediately available in Kabul, Baghdad etc. Not all of this information is immediately apparent to a CBRN soldier (unless he has the organic chemistry background of Czech or German officers), but it is in the right direction for him, with some experience, to make use of the skills that he has and the technology that (in many cases) he already possesses.

The threat is going to drive operations towards this need. Drugs are too valuable and terrorism that occurs in Washington or Berlin is likely to have its roots in Iraq or Afghanistan and the intelligence that CBRN soldiers can provide to CN ops may lead to successful legal action or even contribute to disrupting the attack in the first place. CBRN soldiers are not super-human. They would need to be included in a team including police/gendarmerie, EOD/Search and air force fire fighters (many of which have the ability to drain/remove toxic/hazardous substances). This article does not have the necessary space to go into the full potential of CBRN officers in CN operations, but I hope it can start a useful debate – and that debate needs to happen now. Any comments or letters to gwyn.winfield@cbrneworld.com

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