



AN OPIUM MARKET MYSTERY



Antonio Maria Costa,
Executive Director UNODC

Something strange is going on in the global opium market, and it could spell trouble. Opium is a commodity -- an illegal commodity, but it should still be subject to the normal rules of supply and demand.

Annual demand for opium is approximately 4,500 tons. Last year a record 6,100 tons were produced in Afghanistan alone. That country's production is 30 percent more than total world demand. Heroin prices

should, in theory, be plummeting. But they are not. So what is going on?

Does opium defy the laws of economics? Historically, no. In 2001, prices surged tenfold from 2000, to a record high, after the Taliban all but eliminated opium poppy cultivation across the Afghan territory under its control. So why, with last year's bumper crop, is the opposite not occurring? Early estimates suggest that opium cultivation is likely to increase again this year. That should be an added incentive to sell.

Yet prices seem to be resilient. The (unweighted) national average

price of dry opium at the farm gate in Afghanistan is dropping, but not significantly -- it was \$125 per kilo in December 2006 compared with \$150 per kilo a year earlier. Prices differ across the country, not surprisingly, since Afghanistan is not a unified territory or market, even for opium. But overall, the drop in prices is modest when compared with the massive increase in opium production, 50 percent, in 2006.

Heroin prices on the streets of Western Europe are also relatively steady, although the drug's purity is going up -- a telltale sign of greater availability.

Are farmers stockpiling the drug? Unlikely. Opium, unlike cocaine, has a long shelf life and can be stored as a form of saving, a source of liquidity and as collateral for credit.

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wonders Antonio Maria Costa, UNODC Executive Director

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Using amphetamines, cocaine increases risk for stroke

Increasing rates of amphetamine and cocaine use by young adults significantly boost their risk of stroke, with amphetamine abuse associated with the greatest risk, researchers at UT Southwestern Medical Center report.

In the study, available online in the *Archives of General Psychiatry*, UT Southwestern physicians examined more than 8,300 stroke patients ranging in age from 18 to 44 at over 400 Texas hospitals in the years 2000 through 2003.

An analysis of risk factors and trends among stroke victims in this age group pointed to an increase in substance abuse as a major danger, particularly in the abuse of

methamphetamines, which are produced in illegal drug labs or illegally imported into the country.

Amphetamines are stimulants, often prescribed for various medical uses as well as used illegally as drugs of choice or as performance enhancers.

Methamphetamines (*meth*) produce more potent, longer lasting and more harmful effects to the central nervous system than other members of the amphetamine drug class at comparable doses, according to the National Institute of Drug Abuse.

"Using amphetamines or cocaine significantly increases an individual's risk for a stroke," said Dr. Arthur Westover, an instructor of psychi-

atry at UT Southwestern and the study's lead author.

"If we decrease the number of people who are using these substances, then we likely can decrease the number of strokes in this younger population. The implication is that it's preventable."

The study focused on two kinds of strokes: *hemorrhagic* and *ischemic*. Most strokes which involve a sudden interruption in the blood supply of the brain are ischemic, caused by an abrupt blockage of arteries leading to the brain.

Hemorrhagic strokes, on the other hand, result from bleeding into brain tissue when a blood vessel bursts.

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Swedish Fair on Drug Policies



One of the most active ECAD cities in Sweden, Örebro hosted the 8th Swedish congress for drug policies this year.

More than 1300 registered delegates assembled on 28-29 March, representing Swedish government (including Swedish minister of Justice, minister of Elderly Care and Public Health, Prosecutor General, National Police Commissioner, General Director of Customs and many others), NGOs, social workers, students

and simply interested.

This is a unique opportunity for representatives of governmental bodies, social workers, NGOs and business enterprises to meet together to discuss the drug problems.



Also representatives of politically opposed parties joined their forces during the conference to add to the gravity of the issue and demonstrate their political consensus in support for the restrictive drug policies.

Sweden has recently been praised for its successful drug control policies by the UN drugs chief Antonio Maria Costa.

New report: drug problems in the UK – worst in Europe

UK has launched a new organisation - independent **Drug policy Commission** (UKDPC); at the same time a report commissioned from US and UK drug policy analysts to mark the launch of this new organisation has been published. However, results of the report are not benign at all.

The Independent remarks, that "despite successive governments' attempts to control the demand for and supply of illegal drugs, drug policy appears to have had "minimal" impact on the overall level of use in the UK, according to report authors".

Key findings of the report by Professor Peter Reuter and Dr Alex Stevens include:

- **the UK has the highest level of dependent drug use in and the second highest level of drug-related deaths in Europe.**
- **prevalence rates of dependent of problematic drug use in the UK are virtually double those found across Europe.**
- **the UK has the second highest rate of drug-related death in Europe, at about 34 per million population aged 16 or over.**
- **the annual socio-economic cost of drug-related crime in England and Wales alone has been estimated at over £13 billion.**

The report's conclusions are those of the authors and do not necessarily reflect those of the UKDPC. Chair of the UKDPC, Dame Ruth Runciman, said at the end of April:

"The UK Drug Policy Commission is an independent organisation that will provide objective analysis of issues of drug policy in the United Kingdom. The Commission does not start from the position that all UK drug policy has failed, but rather that we do not know enough about which elements of policy work, why they work and where they work well.

"The debate on drugs is often sensationalised and polarised. Our mission is to improve political, media and public understanding of the strengths and weaknesses of this country's policies for tackling drug misuse."

Source: www.drugscope.org.uk/ http://news.independent.co.uk/uk/health_medical

Amphetamine, Cocaine use increases risk for stroke...

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An evaluation of patient study data from 2003, the first year that US hospitals were required to make a distinction between the two types of strokes in their diagnoses of stroke victims, showed that young people who abuse amphetamines are five times more likely to have a hemorrhagic stroke than non-abusers.

If cocaine is abused, the person's likelihood of having either a hemorrhagic or an ischemic stroke more than doubles.

In addition, the 2003 data showed that more than 14 percent of hemorrhagic strokes and 14 percent of ischemic strokes were caused by abuse of drugs, including amphetamines, cocaine, cannabis (marijuana) and tobacco.

"Basically, speed kills," said Dr. Robert Haley, the study's senior author and chief of epidemiology at UT Southwestern.

"And *meth* seems to be increasing as the preferred drug of abuse among the youngest population people who don't always know its dangers, often thinking it's fairly safe.

"This is the first study large enough to confirm the link that *meth* kills by causing strokes. We hope that our findings will lead to getting the word out to young people who are tempted to use *meth*, explaining that the drug is extremely dangerous and can kill them."

Also involved in the study was Dr. Susan McBride from the Dallas-Fort Worth Hospital Council in Irving. The study was supported in part by a grant from the National Institute of Mental Health.

About UT Southwestern Medical Center

UT Southwestern Medical Center, one of the premier medical centers in the USA, integrates pioneering biomedical research with clinical care and education.

Its nearly 1,500 full-time faculty members include four active Nobel Prize winners and are committed to translating science-driven research quickly to new clinical treatments.

Source: www.medicalnewstoday.com

Marijuana: legalisation lobby

The proposition that smoked marijuana is "medicine" is, in sum, false - trickery used by those promoting wholesale legalization. When a statute dramatically reducing penalties for "medical" marijuana took effect in Maryland in October 2003, a defense attorney noted that "here are a whole bunch of people who like marijuana who can now try to use this defense."

The attorney observed that lawyers would be "neglecting their clients if they did not try to find out what 'physical, emotional or psychological'" condition could be enlisted to develop a defense to justify a defendant's using the drug. "Sometimes people are self-medicating without even realizing it," he said.

Ed Rosenthal, senior editor of *High Times*, a pro-drug magazine, once revealed the legalizer strategy behind the "medical" marijuana movement.

While addressing an effort to seek public sympathy for glaucoma patients, he said, "*I have to tell you that I also use marijuana medically. I have a latent glaucoma which has never been diagnosed. The reason why it's never been diagnosed is because I've been treating it.*"

He continued, "*I have to be honest, there is another reason why I do use marijuana. . . and that is because I like to get high. Marijuana is fun.*"

A few billionaires—not broad grassroots support—started and sustain the "medical" marijuana and drug legalization movements in the United States. Without their money and influence, the drug legalization movement would shrivel. According to National Families in Action, four individuals - **George Soros, Peter Lewis, George Zimmer and John Sperling** - contributed \$1,510,000 to the effort to pass a "medical" marijuana law in California in 1996, a sum representing nearly 60 per cent of the total contributions.

In 2000, *The New York Times* interviewed Ethan Nadelmann, Director of the Lindesmith Center. Responding to criticism that the medical marijuana issue is a stalking horse for drug legalization, Mr.

Nadelmann stated: "Will it help lead toward marijuana legalization? . . . I hope so."

In 2004, Alaska voters faced a ballot initiative that would have made it legal for adults age 21 and older to possess, grow, buy, or give away marijuana. The measure also called for state regulation and taxation of the drug. The campaign was funded almost entirely by the Washington, D.C.-based Marijuana Policy Project, which provided "almost all" the \$857,000 taken in by the pro-marijuana campaign. Fortunately, Alaskan voters rejected the initiative.

★ Did you know that marijuana users are 4 times more likely to commit violent acts and 5 times more likely to steal as non-marijuana users?

Drug Free America Foundation

In October 2005, Denver voters passed Initiative 100 decriminalizing marijuana based on incomplete and misleading campaign advertisements put forth by the Safer Alternative For Enjoyable Recreation (SAFER). A Denver City Councilman complained that the group used the slogan "Make Denver SAFER" on billboards and campaign signs to mislead the voters into thinking that the initiative supported increased police staffing. Indeed, the Denver voters were never informed of the initiative's true intent to decriminalize marijuana.

The legalization movement is not simply a harmless academic exercise. The mortal danger of thinking that marijuana is "medicine" was graphically illustrated by a story from California.

In the spring of 2004, Irma Perez was "in the throes of her first experience with the drug ecstasy" when, after taking one ecstasy tablet, she became ill and told friends that she felt like she was "going to die." Two teenage acquaintances did not seek medical care and instead tried to get Perez to smoke marijuana. When that failed due to her seizures, the friends tried to force-feed marijuana leaves to her, "apparently because [they] knew that drug is sometimes used to treat cancer patients." Irma Perez lost consciousness and died a few days later when she was taken off life support. She was 14 years old.

/Source: reageramera.blogg.se, www.dea.gov/marijuana_position.html

A new European information service on alcohol, drugs and addictions has been launched recently.



GOOD NEWS

The ELISAD Gateway, supported by the European Commission, provides users with a searchable catalogue of web-based information resources on these subjects.

The ELISAD Gateway can be found at www.addictionsinfo.eu.

The portal offers users free access to approximately 1000 high-quality internet sources on alcohol, drugs and addictions from 35 European countries and is searchable in 17 European languages (2). Visitors to the site can search for information on education and prevention, treatment, policy and research, find resources in their own countries or abroad and identify other European organisations of interest.

The Gateway project, operating since 2002, has been developed with 24 specialist documentation centres and partner organisations within the ELISAD network (3) and all catalogued resources have been selected and evaluated by subject specialists. The result of a highly successful cross-Europe collaborative project, it is hoped that the ELISAD online platform will facilitate contact between European professionals working in the field of drugs and addictions. The project has been managed by Toxibase, France, and coordinated by Archido, a drug information service located at the University of Bremen.

/Source: Drugscope.co.uk

An opium market mystery

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...But why would poor farmers sit on more than \$1 billion worth of stock when they are struggling to make ends meet and common sense suggests that prices could easily fall?

An alternative hypothesis is that new heroin markets may be emerging somewhere we do not yet know about, perhaps in Asia. But if new markets were absorbing a 1,500-ton surplus, we would expect an increase in seizures of the drug and overdoses in these countries. That hasn't been happening.

So where is it? I fear there may be a more sinister explanation for why the bottom has not fallen out of the opium market:

Major traffickers are withholding significant amounts.

“Most important, the consuming countries need to get serious about curbing drug addiction.

If there was less demand for heroin, the bottom really would fall out of the opium market,”-

writes Antonia Maria Costa
in Washington Post

Afghanistan's neighbours are either accomplices or victims in the opium trade, so they **need to be part of the solution**. They could, for example, **improve intelligence-sharing and border security to ensure that more opium is seized**. At the moment, less than a quarter of the world's opium is intercepted, compared with around half of global cocaine output.

But even if the surplus is tracked down and destroyed, and even if law enforcement efforts improve, interdiction alone will not solve Afghanistan's opium problem. More needs to be done **to wean farmers off illicit crops, especially by giving them sustainable alternative sources of income**.

Most important, the consuming countries need to get serious about curbing drug addiction. If there was less demand for heroin, the bottom really would fall out of the opium market.

The author is Executive Director of the United Nations Office on Drugs and Crime



Drug traffickers have a symbiotic relationship with insurgents and terrorist groups such as the Taliban and al-Qaeda. Instability makes opium cultivation

possible; opium buys protection and pays for weapons and foot soldiers, and these in turn create an environment in which drug lords, insurgents and terrorists can operate with impunity.

Opium is the glue that holds this murky relationship together. If profits fall, these sinister forces have the most to lose. I suspect that the **big traffickers are hoarding surplus opium as a hedge against future price shocks and as a source of funding for future terrorist attacks**, in Afghanistan or elsewhere.

What can be done? Since NATO forces are wary of making enemies out of opium farmers by being associated with eradication, and since the Afghan government is opposed to spraying poppy fields, **rounding up the major traffickers may be the best available option for disrupting Afghanistan's lucrative opium market.**

Another step in the right direction would be **to draw up a list of most-wanted traffickers involved in the Afghan drug trade. These criminals would be subject to international arrest warrants, asset freezes, travel bans and, where appropriate, extradition to face justice.**

More could also be done **to find and destroy opium storage facilities and heroin labs**. This is by no means easy, but **interdiction at the source is always more effective than trying to catch drug shipments** dispersed into smaller units and smuggled across mountain passes and deserts.



ECAD is Europe's leading organization promoting a drug free Europe and representing millions of European citizens. Drug dealing and drug abuse cause enormous problems in Europe. Nations and their citizens are affected by the consequences of drug abuse. ECAD member cities work to develop initiatives and efforts against drug abuse supporting the United Nations Conventions which oppose legalization and promote policies to eradicate drug abuse worldwide. Has your city joined ECAD?

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