

Learning Lessons from the Taliban opium ban

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A response to: *"Where Have All The Flowers Gone?: Evaluation Of The Taliban Crackdown Against Opium Poppy Cultivation In Afghanistan"*, by Graham Farrell and John Thorne.

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The Taliban opium ban in 2000/2001 had, there is no doubt, the most profound impact on opium/heroin supply in modern history, as the authors argue. Exogenous global causes can indeed be eliminated as explanations. It was a rare historical moment that allowed almost absolute compliance in the south of the country, with hardly any direct enforcement or punishment required. From the eastern regions, where Taliban control was far from absolute, several cases of disobedience were reported, largely resolved by means of negotiations and pay-offs to local war lords. By harvest time in spring 2001, the effectiveness of the ban was already confirmed beyond any doubt, and astonished the international community at the time. (Major Donors mission, 2001). Bernard Frahi, then head of the office in Pakistan of the United Nations Office on Drugs and Crime (UNODC, at the time operating under another name but for the purpose of consistency and ease of reading UNODC is used throughout this text), applauded the success of the opium ban: *"This is the first time that a country has decided to eliminate in one go - not gradually - these crops on its territory,"* and called it *"one of the most remarkable successes ever"* in the UN drug fight. Sandeep Chawla, head of UNODC research cautioned later, however, that *"in drug control terms it was an unprecedented success, but in humanitarian terms a major disaster"* (Transnational Institute, 2001).

The consequences of the virtual disappearance of the opium economy for one year in Afghanistan - except in the Northern Alliance controlled areas - is one of the issues the authors leave largely untouched. One of the most dramatic consequences of the ban was the breakdown of the informal credit system based on opium. During the second half of 2000 and the first half of 2001, additional hundreds of thousands Afghan refugees were displaced internally or moved towards Pakistan and Iran, amongst them many indebted

former poppy farmers unable to live through the winter and defaulting on their seasonal loans. Farmers were forced to reschedule their payments - one of the direct causes behind the full rebound of poppy cultivation the following year - and sell land, livestock, and even their young daughters (Bearak, 2001, IRIN, 2001).

The Taliban ban as well as forced eradication efforts in the years thereafter are the major causes of accumulated debt, which is the main driving force behind the rapid expansion of poppy cultivation. A recent report analysing the determining factors behind farmers' decisions to grow opium poppy illustrates this perverse dynamic with dramatic examples. A barber/farmer in Khogiani, for example, took an advance payment of US\$ 400 on 4 kilogrammes of opium from an opium trader in 2000 so that he could pay for treatment for his sick father. Due to the Taliban ban the barber did not have the opium to repay his debt. Interviewed early 2004, he said that the trader now wanted the equivalent of twenty kilogrammes of opium, or the equivalent of US\$ 7,200 as payment for the original loan and the interest accrued. After mediation it was decided that the barber would give the trader his daughter against US\$3,200 of the loan and mortgage two jeribs (0.4 hectare) of his land against the remaining US\$4,000 he owed. The barber hoped that he would be able to repay the rest of his loan and regain his land. The only way to do so was to cultivate more opium this season (Mansfield, 2004). Countless stories like this about shattered family lives can be collected from across the country (Nawa, 2004, Rubin, 2004).

The short-lived drug control 'success story' can also enter history therefore as one of the most blatant examples of a humanitarian crisis being consciously aggravated under the guidance of a UN agency. Before the 2000 ban, UNODC had been running small-scale Alternative

Development projects in Afghanistan for several years, which included a "poppy clause". In Drug Control Action Plans local authorities in the area had to commit to full elimination of illicit crops in the project period. Under UNODC's conditionality policy, development assistance would be provided *"only if a ban on opium poppy cultivation has been declared at district level and that the concerned authorities at provincial, district and village levels have committed themselves to enforce such ban"* (Transnational Institute, 2001).

That basic logic prompted UNODC to open negotiations with the Taliban once they had gained control over much of Afghan territory, using Executive Director Pino Arlacchi's hollow offer of USD 250 million as bait and raising unrealistic expectations about international recognition. In September 2000, two months after Mullah Omar's decree, Arlacchi announced that, instead of compensation, UNODC would close down all operational activities in Afghanistan. The decision took even UNODC staff in the country by surprise. They learned about it from a BBC broadcast. The Taliban were understandably angry: *"We have fulfilled our obligations. We demand that the agreement we made should be fulfilled up to the end,"* said Abdel Hamid Akhundzada, director of the Taliban's High Commission for Drug Control. *"We have done what needed to be done, putting our people and our farmers through immense difficulties. We expected to be rewarded for our actions, but instead were punished with additional sanctions"* (Transnational Institute, 2001).

Many things happened thereafter: the 11 September terrorist attacks later that year, the military intervention, the downfall of the totalitarian Taliban regime and full resumption of poppy cultivation. There are two pertinent reasons why drawing lessons from the Taliban opium ban experiences are of the utmost importance today.

Firstly, opium production in Afghanistan is reaching record new levels, triggering heated debates among the reconstruction donor community and within drug control agencies around the world. The voices arguing for a strong enforcement of the new ban, issued by President Hamid Karzai in January 2002 but lacking the effectiveness of the Taliban effort, are gaining strength. Some would even be prepared to engage in forced eradication operations with military, chemical or biological means. This is a highly

worrying development after several years in which longer term and broader reconstruction objectives were prioritised over short-term drug elimination goals for the devastated country, largely thanks to UK leadership in international drug control cooperation for Afghanistan.

Secondly, we are about to witness a Taliban-type ban on the other side of the Asian continent. The Wa authorities in Northern Shan State in Burma/Myanmar have announced an opium ban will be enforced from July 2005 for the whole region under their control, where the vast majority of Burmese opium production is concentrated. There are many similarities, including the anticipation of dramatic humanitarian consequences for hundreds of thousands of people and unrealistic expectations on the Wa side about large-scale donor assistance and international recognition (Transnational Institute, 2003). Fortunately, the local Myanmar UNODC office is taking a much more considered approach to the issue in comparison to the downright irresponsible attitude of several UN drug control officials in Afghanistan at that time.

Market Impacts and Unintended Consequences

Even though the Taliban opium ban experience was short-lived, several lessons about market responses may be drawn from it. Existing stocks – most likely not so much inside Afghanistan, but along the trafficking routes- delayed the impact of the ban on the international opium/heroin market. In the United Kingdom, the Forensic Science Service, monitoring heroin-purity trends in the country registered the impact one year down the line. Average purity figures showed a remarkable decline, from 55% in the first quarter of 2001, down to 34% in the second quarter of 2002 (UNODC, 2003). *"In the short term especially, the drug markets often react to changes in supply by adjusting the purity rather than the price"* (UNDCP, 2001). Sudden changes in availability, price and purity can have dramatic consequences for certain consumer groups. An assessment of the impacts of the Taliban ban made in November 2001 by the UNODC Research Section, pointed out that

"the indirect effects of a sudden supply shortage on the health of opiate addicts can be negative if treatment capacities cannot cope with the situation. The series of death now recorded among heroin addicts in Iran,

possibly because of the increasing impurity of heroin (the exact causes are still unknown), could be a warning sign of such a risk” (UNDCP, 2001).

The overall number of people dying from heroin use in Iran rose to 384 cases between 21 March and 21 July 2001, a 60% increase on the same period a year earlier. The use of poisonous substances in the adulteration process could have played a role, as well as increased heroin abuse as a substitute for the even less easily available and more expensive opium. In Iran by October 2001, at \$1,575 per kg, opium prices were almost six-times higher than in December 2000, with a speculative peak of \$2,750 per kg in March. Another example was mentioned from Estonia, where *“a deteriorating quality of heroin prompted a number of heroin users to revert to injecting a brew of local poppy straw, known in the region as ‘kompot’” (UNDCP, 2001).* Reports from Pakistan mentioned people reverting to pharmaceutical preparations as a substitute for heroin. Declining heroin purity also generally leads to increased use of injection, with all the added risks of spreading HIV/AIDS and other blood-borne diseases. Heroin can be smoked, snorted or dissolved in water and injected, the latter giving the most direct effect. The lower the purity, the more addicts are tempted to choose the needle, simply to get ‘more bang for their buck’.

A dramatic example of changed consumer behaviour in response to reduced heroin availability can be found in North-East India, especially in the states of Mizoram and Manipur, bordering Burma/Myanmar. Large numbers of users there have switched to injecting Spasmo Proxyvon (“SP”), a synthetic preparation based on dextropropoxyphene, a non-soluble opioid that tends to stick to the walls of the veins causing abscesses, gangrene, sometimes resulting in the need to amputate limbs. *“Many are of the view that the injection of non-injectable SP is a new trend brought on by drives against drug use in neighbouring Myanmar that led to the scarcity and increase in the price of heroin” (Kishalaya Dodo, 2004).* A recent national survey on drug abuse in India confirmed the trend:

“In Imphal and Dimapur abuse of propoxyphene via injections was reported as significant. The abuse of pharmaceutical products as a recent development was reported from many sites like Amritsar, Ahmedabad, Imphal, Dimapur, Mumbai and Kolkata. The

reasons for switching to injecting of pharmaceutical substances were reported to be due to non-availability and increasing street price of heroin” (Government of India, 2004).

At least 130 drug users died in Mizoram during 2003 as a direct consequence of SP injection (Talukdar, 2004). The North East India Harm Reduction Network estimates the number of SP injectors in Manipur alone to be about 5000 already, and says there are many undocumented cases of deaths and amputations in that state. This is an alarming example of how, in absence of existing infrastructure of health care and treatment options, simply reducing supply may actually have a deleterious impact on the demand side. Such implications are rarely taken into account by drug law enforcers working on the basis of the erroneous assumption that reducing supply automatically reduces problems related to drug consumption.

Licit and Illicit Opiates Markets

The Indian case has also drawn the attention of the International Narcotics Control Board (INCB), which wrote in its annual report for 2000 that *“a synthetic opioid used as an analgesic, continues to be used in India as a substitute for heroin (due to its lower price) and has led to a number of deaths in the state of Mizoram” (INCB, 2001).* The INCB was established after the 1961 UN Single Convention on Narcotic Drugs entered into force, including a number of articles outlining a specific international control system for opium production. The INCB’s mandate is primarily to ensure that adequate supplies of drugs are available for medical and scientific uses, and that leakages from licit sources to illicit traffic do not occur. The very delicate balance between the licit and illicit markets offers a range of additional options for market adaptations and consumer choices in response to a decline in illicit production.

One has to bear in mind that the licit opiates market is comparable in size or even bigger than the illicit one. The opium poppy contains a variety of natural alkaloids, especially morphine, codeine and thebaine. These alkaloids are used widely by the pharmaceutical industry for the production of medicines, and all belong to the family of ‘opiates’, including the semi-synthetic substances produced from them, such as heroin, oxycodone, hydrocodone, oxymorphone, nalbuphine, naloxone, naltrexone, and buprenorphine - the

latter used in heroin treatment programmes similar to the use of methadone. The more inclusive term of ‘opioids’ is used to also include morphine-like but purely synthetic preparations such as methadone and dextropropoxyphene.

In order to put the size of the licit versus illicit market in perspective, for the year 2002 a total of 583 tons in morphine and thebaine equivalent was produced legally (on 115,500 hectares), while illicit production was estimated at 449 tons of heroin equivalent (on 180,000 hectares). The licit market sector has become highly sophisticated and most of the production now skips the labour-intensive process of opium tapping. Instead, the whole poppy plant is harvested, pulverized and a poppy straw extract with a high alkaloid content is used as the raw material for the isolation of morphine and thebaine. Yields per hectare are thus much higher compared with the illicit cultivation. Australia is by far the largest licit producer, followed by India, France, Spain, Turkey and Hungary (INCB, 2003).

A fundamental contradiction arises when looking at recent developments in the licit versus illicit market. Licit production is expanding rapidly. Australia more than doubled its production in the past four years and Spanish production tripled. At the same time, the international community is desperately trying to find alternative income opportunities for illicit farmers in countries like Afghanistan, Burma and Colombia. Unable to find developmental solutions, illicit poppy fields are eradicated by force causing humanitarian dramas, while licit production expands in countries like Australia, France and Spain.

India and ‘traditional’ production

India has taken an approach worth considering in some more detail. In 2002, India produced legally, under state monopoly, almost exactly the same amount of opium as Burma did illegally: in India 821 tons of opium (or 90 tons of morphine equivalent), and Burma 828 tons (or 83 tons of heroin equivalent). According to the INCB,

“The extent of opium production in India has been dependent not only on considerations of an economic nature, such as the demand for opium, but also on considerations of a social nature, since the production of opium provides subsistence for a significant number of families of farmers. The quantities of opium produced

that were not used in India or exported have been added to stocks” (INCB, 2003).

So, even if production exceeds the estimated requirements, the state buys the opium from the farmers and adds it to the stock awaiting export opportunities. This stood at 1,700 tons of opium in 2002. In India, poppy cultivation and opium production also have not become highly industrialized processes. In 2002, a total of 115,000 farmers, using hand labour to harvest the opium, were licensed. India is the only country that exports most of its opiate production (70%) in the form of raw opium (Indian Central Bureau of Narcotics, n. d.).

India protects its particular position on the world opiates market on the basis of the ‘80:20 Rule’. Its Department of Revenues explains: *“According to the UN convention of 1961, traditional opium cultivating countries, namely, India and Turkey, should be permitted to licitly cultivate opium, and, member countries importing opium, should import 80% of their opium requirements from these two countries.”* The US, the largest importer of licit opium, did indeed commit to this rule in article II of the Mutual Co-operation Agreement between Government of India and Government of USA of 1990: *“The Government of USA shall continue to support the concept of traditional suppliers and make maximum efforts to ensure imports of at least 80% of their opiate raw material requirements from the traditional supplier countries like India.”* The Revenue Department expresses concern over pressure to change the rule from 80:20 to 60:40 and particularly about *“rumours in the USA that some individuals have been pursuing with the authorities that 80:20 rules may be relaxed to accommodate Afghanistan to reconstruct and help the war torn economy”* (Indian Department of Revenues, n. d.).

In 2001, the Taliban apparently had already proposed that western countries buy remaining stocks of opium for processing in the pharmaceutical industry for medicinal purposes. The Taliban's High Commissioner for Drug Control met in Pakistan with western ambassadors there to discuss the offer (Shreter, 2001). More recently, at the March 2004 session of the UN Commission on Narcotic Drugs (CND) in Vienna, Afghanistan raised questions about the possibility of obtaining permission to regulate part of its opium production, placing it under state control supervised by the INCB. The proposal was, for

obvious reasons, strongly opposed by India and Australia (Jelsma, 2004).

India's protectionist attitude is, of course, understandable, though the reasoning becomes less 'WTO-compatible' by the day. The definition of 'traditional opium cultivating countries' with special privileges in the licit market as being limited only to India and Turkey is a dubious interpretation, however. Even as far back as the time of the negotiations of the 1961 Convention, there was controversy about whether the right to continue to export opium—for medicinal purposes—should apply only to India and Turkey or whether a broader group of countries could apply for that status. According to the *Commentary* to the treaty, "*the second of these two interpretations was the view held by the authors of the Single Convention*", mentioning Afghanistan and Burma by name (United Nations 1973, p. 294).

The INCB tends to prefer to keep new countries out of the regulatory system, especially countries like Afghanistan or Burma, where implementing control systems under current circumstances is viewed as a nightmare mission for UN administrators. The system is difficult enough to administer and there is much concern about the risks of leakage to the illicit market, particularly in light of a licit over-production rate for 2003 of 40%. Worldwide licit production of morphine equivalent exceeded estimated licit demand for such raw materials by 156 tons (INCB, 2003).

Painkiller Diversions

There is yet another trend of shadowy diversion from licit to illicit opiates markets approaching crisis proportions, which might, at some point, challenge the very reasoning behind the urge to eliminate illicit opium crops in Afghanistan, Burma or Colombia. More and more powerful morphine-like pharmaceutical substances are appearing on the prescription market. A clear example is OxyContin, introduced as a painkiller by the Purdue Pharma company in 1995 and containing a high amount of the active ingredient oxycodone. Being a thebaine-derived preparation, produced on the basis of thebaine-rich poppy straw concentrate originating from the poppy fields in Australia or France, the connection to the illicit heroin market is rarely made. On the streets, however, the distinction between the two apparently distinct markets fades easily. OxyContin has already been dubbed the 'poor

man's heroin' or 'hillbilly heroin' on the streets of the US.

According to the US Drug Enforcement Administration (DEA) from the first full year of sales in 1996, the number of OxyContin prescriptions has risen 18 fold, to approximately 5.8 million prescriptions in 2000. "*Simply crushing the tablet can negate the controlled release effect of the drug, enabling abusers to swallow or snort the drug for a powerful morphine-like high. The tablet can also be crushed, mixed with water and injected*" (DEA, 2001a)

The DEA Action Plan to deal with OxyContin characterises the problem as '*a national epidemic in the making*', pointing to significant increases in property theft and other crimes attributable to the abuse of OxyContin and sales burgeoning to one billion dollars in a little over four years (DEA, 2001b). The number of emergency episodes reporting use of oxycodone rose 560% from 1995 to 2002, amounting to 22,400 cases in 2002. In 2002 the number of 119,000 emergency episodes related to all pharmaceutical opioid pain medications together in the US that year exceeded the number of 93,500 cases for heroin (DAWN, 2003). In 2003, in about 48,000 admissions to treatment, pharmaceutical opiates represented the primary substance of abuse, compared to 243,000 for heroin (TEDS, 2003).

In 2002, almost 2 million people in the US were estimated to have used OxyContin at least once in their lifetime for non-medical purposes, while hydrocodone (a thebaine-derived semi-synthetic opiate similar to oxycodone, sold under brandname Vicodin and others) still headed the list with an estimated 13 million lifetime non-medical users (NSDUH, 2004). Though such numbers are difficult to compare with regard to their relevance for heroin prevalence patterns, it is obvious that the dynamics of the licit and illicit markets are connected to some extent. The examples of Proxyvon in India and OxyContin in the US demonstrate that unless those inter-relationships are well understood and addressed, any gains on the demand side, potentially obtained by reducing illicit opium production in Afghanistan, Burma or Colombia might be nullified by a diversion to the illicit market of licit opioids production by the pharmaceutical industry.

Conclusions

A series of concluding comments can be made with regards to the desirability, sustainability, likely impacts and possible side-effects of current attempts to reproduce the 'success' of the Taliban opium ban.

Humanitarian Consequences and Sustainability

An FAO/WFP assessment made shortly after the impact of the Taliban ban already warned that unless immediate and commensurate international support would be provided people would be forced to revert to poppy cultivation.

“Clearly, as these various groups have suffered serious economic consequences as a result of the abandonment of poppy cultivation, the country's already tenuous economy has experienced a significant setback. The pertinent question is whether and for how long this ban can be sustained” (FAO/WFP, 2001).

It lasted one year. Opium cultivation in Afghanistan by 2004 reached an unprecedented 131,000 hectares – due to low opium yield per hectare resulting in an output of 4,200 tons (UNODC, 2004). Still today, many families are entrapped in the vicious cycle of debt accumulation caused by the ban and reinforced by eradication operations more recently. A major offensive to destroy poppy fields now, as is under consideration, would trigger a humanitarian drama of even bigger proportions. This would also –once again- put into jeopardy the sustainability of any short-term opium reduction.

Unintended Consequences

In the case of a sudden supply interruption, the burden of finding short-term solutions to their craving will fall upon opium and heroin user groups, first in the region and later on further down the supply chain. Given the current state of health support systems and treatment programmes across the region, those users unable to simply quit their habit or addiction will be forced to use strongly adulterated heroin or opt for 'licit' pharmaceutical replacements. In health terms, this is not likely to result in an improvement. The potential consequences of such shifts (increased injection and related HIV/AIDS risks, Proxyvon and OxyContin-type epidemics, etc.) should be analysed carefully in order to prepare adequate health assistance programmes. The prevailing

assumption that reducing supply automatically reduces problems related to drug consumption is false and will have to be challenged.

Dynamics between the licit-illicit opiate markets

The Proxyvon and OxyContin examples should be looked at carefully, not just in order to design pragmatic strategies to deal with such new epidemics, but also to re-think the merits of simplistic supply-side interventions and deadline thinking around the 'elimination' of the traditional opium/heroin market. At the same time, the discussion about the well-intended arguments of the 1960s lying behind the '80:20 rule' and the privileged position of a limited number of 'traditional' opium cultivating countries in the licit opiates market should be re-opened in view of subsequent developments. Possibilities for countries like Afghanistan and Burma to acquire a place in the expanding market of licit opiates should be discussed openly in the context of considered attempts to reduce their role in the illicit market.

A considered policy approach

“Attacking Afghanistan's opium poppy growers and crop tenders at this time may be politically unwise and substantially counterproductive” was the advice given to the US Agency for International Development (USAID) by two consultants currently employed in Afghanistan by Chemonics International (Kenefick & Morgan, 2004). The World Bank, in its recent Country Economic Report on Afghanistan, refers back to the Taliban ban saying it pauperised many farmers, requiring them to incur debts which they are still repaying today. The World Bank is calling for 'innovative approaches' rather than 'hard-and-fast solutions'.

“Overall, an eradication-led strategy could face severe problems with implementation, poverty impacts, and political damage. Implementation is very difficult where the authority of the central government is fragile, and experience indicates that it will lead only to changes in the location of opium production. Poverty impacts will be negative, given the dependence of large numbers of poor people on opium for their livelihood [...]. Political risk is daunting [...]. The Government wants to win over the rural poor through inclusive development processes, not aggressive destruction of their livelihoods. [...] Finally,

there is a moral, political and economic case for having alternative livelihoods programs in place before commencing eradication" (World Bank, 2004).

Military-supported forced eradication operations have already started in some provinces in 2004 and international pressure on the newly elected Karzai government is mounting by the day to enforce its opium ban for the 2005 harvest season by repressive means. This includes pressure from the side of the Bush administration to start aerial spraying operations in the country, in an attempt to reproduce in Afghanistan the equally dubious and unsustainable pyrrhic victories in Colombia. We can only hope the Karzai government, donor countries and UN agencies involved in reconstruction efforts will really try to learn from the lessons of the Taliban opium ban and will try to understand the true dynamics of the global opiates market. Mistakes made in the past can be useful to learn from, not to repeat. Otherwise we will soon see another example of a humanitarian crisis being aggravated under the guidance of erroneous international drug control concepts, undermining the precarious reconstruction of this devastated country.

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