

## IDPC Briefing Paper

# The Heroin Shortage in the UK and Europe

Christopher Hallam<sup>1</sup>

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**The International Drug Policy Consortium (IDPC) is a global network of NGOs and professional networks that specialise in issues related to illicit drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces occasional briefing papers, disseminates the reports of its member organisations about particular drug-related matters, and offers expert consultancy services to policy makers and officials around the world.**

### Introduction

Increasingly through 2010, observers of the UK heroin scene noticed signs of disruption in the normally well-supplied and efficiently administered UK market. From around September, it became clear that something unusual was taking place, and the following months confirmed the impression. By November, illicit heroin had become practically impossible to access, even in major distribution centres such as London and Liverpool. On the street, supplies sold as heroin were largely made up of inert bulking agents combined with substances such as paracetamol and benzodiazepines, the latter including extremely powerful sedatives such as alprazolam. John Ramsey, toxicologist at St George's Hospital in South London, reported exceptional levels of demand for the testing of street heroin samples,<sup>1</sup> while seasoned heroin users reported seeing nothing like it in drug-using careers spanning 30 years. IDPC has been monitoring the situation closely, and began liaising across its global network of

NGOs in order to ascertain to what extent the situation was local to the UK, or whether similar developments were taking place in continental Europe. This briefing paper provides an overview of the European situation, describes the responses of authorities and users, and analyses its possible causes and future development.

### Methodological note

This mapping of the European heroin market should be regarded as a preliminary exercise; it relies upon a variety of sources, including police, drug treatment and harm reduction services, NGOs, drug user organisations and online forums, and so on. It does not derive from a scientifically rigorous data-set. Additionally, there were some States about which we were unable to obtain information within the

<sup>1</sup> Christopher Hallam is an IDPC researcher

timeframe for publication, including Spain and Portugal; so the picture is incomplete. The most detailed account of the shortage and its consequences comes from the UK, where the author is based. Notwithstanding these reservations, we believe that the briefing paper will provide a useful and up-to-date sketch of market conditions, and is accurate in general terms—certainly sufficiently so to enable us to provide an overview of the most important developments in this major illicit drug market.

## Mapping the European heroin shortage

A series of exchanges amongst the European membership of the IDPC network has resulted in a sketch of heroin availability across much of the continent. The data were assembled between November 2010 and the beginning of March 2011, and are presented in table form below; the picture is then explored in more depth in subsequent pages.

**Table 1. Summary of heroin market conditions**

Country	Situation report	Data Source
Albania	Shortages, at time severe. Prices more or less stable, but quality very low.	Aksion Plus (NGO)
Denmark	Mixed reports, but no severe shortage. Shortage of Afghan (brown) and total lack of South East Asian (white) heroin in June/July 2010, but supplies have since resumed. Decreased purity in street heroin over past year or more.	Danish Street Lawyers & Danish Drug Users' Union
Eire	Severe shortages, price increases and decreases in purity.	Online drug users' forums, News media.
France	No firm reports of shortages, but some suggestions of disruption at street level markets. Mixed indications.	Online drug users' forums and Swiss Federal Office of Police FEDPOL.
Germany	Mixed reports. No shortage reported in Berlin. North-Rhine-Westphalia region reported increased prices and poor quality 6 months ago, but heroin flow has since resumed.	AZKEPT (NGO)
Italy	Shortages, at time severe, particularly in Northern Italy but affecting much of the country, with the exception of Naples. Purity greatly reduced.	Drug treatment services
Netherlands	Mixed reports, but shortages and price increases reported in Amsterdam over last 6 months.	Drug consumption room, Amsterdam
Russian Federation	Shortages, at times severe, across much of the country and worsening through 2010. Reduction in purity, increases in prices. Major transitions to use of alternative drugs by users.	Andrey Rylkov Foundation for Health and Social Justice, Moscow (NGO)
Serbia	Shortages, at times severe, since March 2010. Reduced quality, (from an already low base of >5%).	VEZA (NGO)
Slovenia	Shortages, at times severe. Reduced quality, increased prices (doubled).	STIGMA (NGO)
Sweden	No shortage reported, both Afghan (brown) and South East Asian (white) "very easy" to obtain.	Swedish Drug Users' Union
Switzerland	Shortages, at times severe, in Northern, Western & Eastern cantons. Increased prices, decreased purity.	Federal Office of Police (FEDPOL)
United Kingdom	Shortages, sometimes severe, reported since September 2010. Steep decline in purity followed by increases in price. The shortage has affected the whole of the UK.	Drug testing services, Metropolitan Police, drug user groups & online forums, treatment services.

## Distribution of shortages

It is clear from an examination of the table that the conditions prevailing in the UK are by no means just a local affair, but appear to be part of a much more general phenomenon affecting most European countries. The major exceptions to this trend—according to NGOs and user groups working there, as well as remarks made by the Swiss Office of Federal Police—are Germany, France and Sweden. Even amongst these countries, there are indications of some effects, with intermittent price increases in Northern Germany believed to reflect problems with high- and middle-market supplies from the nearby Netherlands, and some reports on user forums of difficulties accessing street level supplies in France. Only in Sweden, despite its strict approach to drug law enforcement, does the market appear to be functioning at optimal levels, with both smokeable brown heroin from Afghanistan and white No. 4 heroin from Myanmar readily available to consumers at customary prices. It is noteworthy that those countries severely affected include the Russian Federation, which is widely represented as a huge and growing market for heroin. Another apparent trend is that shortages are marked in countries on or close to the Balkan route, which represents the major transit pathway for heroin entering the markets of Western Europe from opium crops grown in Afghanistan.

In summary, the mapping suggests a very significant disruption in the heroin market across much of Europe. In what follows, we will explore the responses of the market and of the authorities to this changing scenario, and consider various explanations that have been put forward to account for it.

## Market responses to the heroin shortage

### Suppliers

On the retail market, suppliers have responded to the shortage by raising their prices and reducing (often drastically) the purity of their product. Some street dealers have also made purchase of heroin conditional on the simultaneous purchase of crack cocaine. As the absence of heroin began to really take hold, numerous reports appeared of alternative active ingredients being used in supplies of so-called heroin. These have included buprenorphine, codeine, paracetamol and, especially, benzodiazepines. In the UK, drug treatment professionals noted that many heroin users were testing negative for the presence of opiates despite recent consumption,<sup>2</sup> while testing positive for benzodiazepines, which they had *not* knowingly consumed. Adulteration with benzodiazepines, and an absence of heroin in street supplies, was becoming widespread. At the same time, News reports emerged of users overdosing on (alleged) heroin and attending Accident and Emergency units, where naloxone was given but failed to revive them as the overdose was in fact due to benzodiazepines. There have, in addition, been cases of blackouts and memory loss, symptoms associated with high doses of benzos.<sup>3</sup> These patterns of adulteration seem to have been replicated in several other European countries, though adulterants have varied. In Turin, in Northern Italy, street heroin is reported to have been cut with amphetamines.

In Russia, some street dealers have begun to offer desomorphine instead of heroin. Desomorphine is a powerful synthetic opiate, which can be prepared from codeine, a legal medication which is widely available from pharmacies. In some cases, desomorphine is supplied in pre-loaded syringes, representing an obvious potential for blood-borne virus transmission.<sup>4</sup> The drug has also resulted in serious vein damage and in extreme harms such as loss of limbs. Users' responses to these trends are discussed below.

## Consumers

Supply problems on the heroin market in Russia appear to have been ongoing for much of 2010, with many users turning instead to substances obtained from pharmacies, which have proven more reliable and of higher quality than street heroin. Desomorphine and certain other synthetic opioids are much cheaper than heroin, but also considerably more dangerous, as noted above.

In the UK, consumers have adopted varying tactics in the face of the severe shortage. Some have decided to undergo withdrawals after weeks of spending money on drugs which failed to work. However, it is difficult to judge how widespread such a response is; many other users have remarked that the drought has simply made them all the more determined to enjoy their heroin when it becomes available. Some have entered treatment with the intention of attaining eventual abstinence, others to tide them over until normal street supplies are resumed. Reports have appeared on forums of people who found that they had withdrawn almost 'by accident', since the products they had been consuming contained no opiates.

One noticeable feature of the shortage is increased communication among heroin users, sharing their predicament and their feelings about it on online forums. These largely informal networks have shared harm reduction information, practical advice, knowledge, and broad-ranging consideration of the joys and horrors of the heroin lifestyle. Contributors from across Europe have also featured in these discussions, and there has been an impressive degree of mutual support on certain sites. Some users have turned their energies to researching the presence of heroin supplies across Britain, with one enterprising individual producing a detailed online map identifying areas of extreme shortage, as well as locations where the drug has been found, along with data regarding its quality and price.

Consumer behaviours have sometimes changed with regard to means of administration of the drug. In Albania, many injectors have resorted to insufflating (snorting) heroin rather than injecting, as quality is often so poor. By contrast, we have heard reports in the UK of those who usually smoke resorting to injection in an attempt to obtain the tiny quantities of heroin contained in very low quality batches. In terms of conduct, the situation remains fluid; in general, it seems that consumers are not buying unless the quality of the product has been confirmed by trusted contacts, having spent large sums previously on ineffective or harmful products.

## Public health interventions

In January 2011, the drug-testing company Concateno issued a warning about the potential dangers of this scenario. It sought to confirm the existence of the shortage by reference to its own drug-testing operations, stating that: "During a 22-month period from January 2009, the positivity rate was an average of 45 percent. Between November and December 2010, this rate was 26 percent on average, with a positivity rate in December of 22 percent and in January (first three weeks) of 21 percent". Taken from users in law enforcement and treatment settings, the findings demonstrated the rapid decline in heroin consumption due to short supplies. The company's spokesperson warned of a possible spike in overdoses and fatalities when heroin of the usual strength and purity returned, which, he advised, it surely would.

Police and health services in the London Borough of Camden also issued warnings about the problems associated with the shortage, focusing on the presence of adulterants such as benzodiazepines (and allegedly barbiturates) in supplies, and noting that these had already resulted in hospital

admissions in the borough. The announcement saw the shortage as providing an opportunity: “People who have not accessed services for many years are looking to reach out, and it looks like an opportunity to engage a new group of users”.

Apart from this, police responses have largely concentrated on identifying the presumed causes of the heroin shortage. These interventions will be discussed in the next section.

### What caused the shortages?

Several accounts have been put forward to explain the severity and duration of the recent drought.

#### Disease affecting poppy crops in Afghanistan

A number of sources have cited a naturally-occurring disease affecting last year’s poppy crop in Afghanistan as the cause of recent heroin shortages in Europe. While law enforcement sources have tended to dismiss this account, one Italian officer calling it an ‘urban myth’,<sup>5</sup> the disease is in fact well-documented. In its *Afghanistan Opium Survey* for 2010, the United Nations Office on Drugs and Crime (UNODC) found that, while opium poppy cultivation remained at the same levels as in 2009, the production of opium fell by 48%, plunging from 6,900 metric tons (MT) in 2009 to 3,600 MT in 2010. An unnamed fungal infestation was held to be largely responsible for the drop in production, in addition to adverse weather conditions. The damage to crops from disease was especially acute in the South and West of the country, impacting upon such poppy growing provinces as Helmand and Kandahar. Potential heroin exports from Afghanistan fell, according to the UNODC’s estimates, from 548 MT in 2009 to 239 MT in 2010; meanwhile, the country’s opiate production was worth some \$2.8 billion in 2009, and was

halved the next year.<sup>6</sup> In Afghanistan, opium is harvested between March and May, as the season varies across the country; farm gate prices climbed steeply as it became apparent that the harvest was much smaller than the previous year. It seems entirely feasible for markets in Europe to feel the consequences of this decline in production some 6 to 8 months later. The hypothesis may also receive some support from heroin users who have been informed by individuals higher in the supply chain that normal service will not be resumed until at least April 2011 (such accounts are, for obvious reasons, difficult to verify). However, such an explanation is disputed by a number of law enforcement agencies.

#### Law enforcement action disrupting trafficking flows

In its bulletin of 28<sup>th</sup> January 2011, the Swiss Federal Office of Police took issue with the ‘disease’ narrative, stating that: “The decline in opium production in Afghanistan cannot be the reason (for the shortage), as this shortage has occurred very rapidly in Europe. Transporting heroin from Afghanistan to Europe normally takes 18 months, while the poor harvest...occurred only in the second half of 2010”.<sup>7</sup> Once again, it is difficult to validate claims about trafficking timelines, even those emanating from the police.

The Swiss FEDPOL also refer to previous UNODC statements to the effect that huge stockpiles of opiates have been laid up in Afghanistan and surrounding states, the implication being that these would be released if production were halted, and would cover any shortfall in supply. The former Executive Director of UNDOC, Mr Antonio Maria Costa, has argued repeatedly<sup>8</sup> that global demand for illicit opiates was over-supplied for several years running by Afghan production, and that the Afghan Taliban hold massive stockpiles with which they can both manipulate the market and finance future terrorist projects. The fact that very large scale shortages have

existed for many months (offering a market in which prices have risen drastically), and yet no supplies have come forward to meet it, tends to bring into question existence, or at least the scale, of this alleged 'heroin mountain'.

The UK's Serious Organised Crime Agency (SOCA) has also expressed scepticism regarding the crop-disease explanation. In its public statement of 31<sup>st</sup> January 2011, it referred to "exaggerated perceptions of a 'poppy blight' in Afghanistan", while acknowledging that, in combination with the floods in Pakistan during 2010, it had "some effect".<sup>9</sup> SOCA argued instead that it was the work of law enforcement agencies that had played the central role in disrupting international trafficking flows. Of particular importance in these actions, the spokesperson said, had been the cooperation between UK police and their Turkish colleagues, resulting in the imprisonment of key trafficking figures in Turkey.<sup>10</sup> "The drugs therefore haven't reached our streets", he claimed, adding that intelligence from recent seizures and arrests would help to prevent further consignments from entering the UK.

Interestingly, the Swiss Police publication also mentions "unconfirmed communications" that the Turkish police had been engaged in major operations against their nation's traffickers.<sup>11</sup> However, while acknowledging that Turkey is a major hub for the global heroin trade, FEDPOL conclude that disruption to the traffic in Turkey cannot account for the wider European shortage, since certain countries known to be supplied via Turkish groups—such as Germany—have not seen major disturbance to the function of their heroin markets.

On the other hand, it is likely that the operations described by SOCA do play some role. In the UK, the upper echelons of the heroin trade have been controlled by Turkish organised crime groups for several decades. Since the arrest and imprisonment of members of the Baybasin clan in North London, which

had controlled the vast majority of the UK's heroin trade, the distribution of heroin, while continuous, has lacked the smooth running efficiency that characterised it previously. Other players are believed to have entered the market at a high level, including Pakistani and British criminal groups; while in North London, fighting between younger Turkish elements attempting to gain control of the business has resulted in fatal shootings, and briefly the stationing of armed police on routine street patrol.

It is relatively unusual for police forces to receive an opportunity to claim success in their largely fruitless efforts against the supply of illicit drugs, which is increasingly coming to be seen by the public as a futile struggle. As a consequence, police spokespeople are perhaps tending to exaggerate the impact of their work. Detective Chief Inspector Andrew Gunn of Strathclyde Police claimed: "There has been a shortage of heroin recently and there is no doubt that our crackdown on drugs, from street dealing through to serious and organised crime, is having the desired effect in diminishing the supplies hitting our streets".<sup>12</sup> While it is likely that these efforts have played some role in the trends being observed around the region, there is no evidence of causality between specific interdiction operations, and sustained interruptions to supply.

### **Conditions of the ground in Afghanistan**

A third set of factors has been suggested with regard to the conditions prevailing on the ground in Afghanistan, where the great majority of the opium poppy crops from which heroin is made are cultivated. This includes law enforcement efforts of European police forces against Afghan traffickers, as well as the counter-narcotics actions of the international forces in Afghanistan, which have involved the destruction of heroin labs, opium and heroin stockpiles, and so on. In addition, there was heavy fighting in the southern provinces during much of 2010, which is liable to have made the

transportation of opium, heroin and essential precursor chemicals such as acetic anhydride problematic. Heavy rainfall during the opium harvest and severe flooding in Pakistan are also probable factors in building up an environment in which the general logistics of supply are rendered unusually difficult.

### **Strategic and tactical decisions of traffickers**

Others have proposed that the shortage is due neither to adverse natural conditions such as plant disease or floods, nor to interdiction by police or military agents. Instead, they see the situation as linked to the demands of the global market. These hypotheses take two major forms: firstly, the suggestion that stocks have been withheld by traffickers and/or insurgent groups in order to engineer a rise in prices. This has been previously proposed by Antonio Costa, as mentioned above. However, prices in Europe have risen—sometimes drastically—yet this has not led to a resumption of supplies. In its bulletin referred to above, SOCA noted that UK wholesale heroin prices in 2009/10 were around £17,000 per kilogram, while they have, in some cases, reached £40,000 in the past few months. Such an extraordinarily high market would surely have prompted those holding stocks to release supplies.

A second market-based proposal is that South Asian suppliers have made a strategic decision to re-direct their product toward the closer and arguably more porous borders of Russia and China, rather than continuing to move supplies toward Western Europe, which involves a long and potentially hazardous journey upon which their goods are vulnerable to interception. This may be plausible at first sight, but is not supported by the preliminary empirical evidence generated by the Andrey Rylkov Foundation in Moscow. On the contrary, Russia, it seems, is experiencing similar shortages to those in the UK and Eire, in Switzerland and Slovenia.

### **Concluding remarks**

The heroin shortage is a complex phenomenon, and is unlikely to result from any single factor. Instead, it is multi-causal, and all of the circumstances discussed here may well play a role, alongside others of which we may as yet be unaware. There may, in fact, be a series of shortages, linked to different but inter-related circumstances and events. We can, however, make some tentative hypotheses based on the information available.

At this point, it does seem probable that the diseases (there are more than one) affecting last year's poppy crop in Afghanistan make up a powerful component of the European heroin drought. If output in the world's leading centre of production is cut by almost half, which is what the UNODC have claimed based on the research carried out for their 2010 *Afghanistan Opium Survey*, it is difficult to imagine this *not* having a considerable impact further down the supply chain. If problems in production are the main cause behind the shortage, we might expect to see the situation changing after the next Afghan opium harvest, which will take place between March and May 2011.

Law enforcement scepticism on this point may be connected to the perception that their own interdiction work has been singularly productive in the last year, against a background of many years in which the global drug trade has always seemed to be (and often was) two steps ahead. At the same time, it is entirely possible that operations against major Turkish organised crime groups have disrupted trafficking flows in some places, but not in others. Organised crime networks are complex: there is no single Mr Big at the top whose "taking out" stops the heroin trade in its entirety. So, the UK could be affected by interdiction efforts, while Germany is not. It appears that the UK wholesale trade has in fact been in a state of flux for some time following actions taken against well-organised and established criminal groups operating between Turkey and the UK.

In relation to adverse conditions on the ground in production and trafficking zones, as observed above, it seems highly probable that military conflicts and climatic factors such as flooding in Pakistan have played their part in making the logistics of the Afghan heroin business (for example the movement of drugs and precursor chemicals) more difficult, causing additional delays and disruptions to the flow of heroin into Europe.

As regards the strategic decision-making of traffickers, it now appears unlikely that the bulk of South Asian heroin is being directed to Russia rather than Western Europe, since empirical data from Russia indicate often severe shortages there.

No definitive answer to the reasons for the shortage can be given at present. This is primarily because we are dealing with a phenomenon that is both complex and cloaked in secrecy; for obvious reasons, neither law enforcement authorities nor organised trafficking groups allow access to detailed information. In the UK, there are some indications that the shortage, while far from over, has in recent weeks become somewhat less ubiquitous and intense; heroin users report that high quality products are intermittently available, but that they are considerably more expensive than was previously the case, and cannot be bought in bulk. As feared by NGOs and public health authorities, the return of high quality heroin has been accompanied by overdoses due to lowered tolerance acquired during the period of shortage.<sup>13</sup> IDPC will continue to monitor the changing situation closely.

## Acknowledgements

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## Endnotes

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International Drug Policy Consortium  
c/o Release, 124–128 City Road, London  
EC1V 2NJ, United Kingdom

telephone: +44 (0)20 7324 2975  
email: [contact@idpc.net](mailto:contact@idpc.net)  
website: [www.idpc.net](http://www.idpc.net)

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