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ABOLITION OF OPIUM SMOKING IN THE FAR EAST

Note by the Secretary-General

At the request of the Representative of the Netherlands the Secretary-General has the honour to submit to the Members of the Commission on Narcotic Drugs the chapter from the Annual Report from Indonesia for 1948 dealing with Prepared Opium.

XII. Prepared opium.

1. Introduction. The following preliminary remarks may be useful as an introduction permitting a proper appreciation of the position of the prepared opium problem in Indonesia in 1948. Before the war, the use of prepared opium (opium smoking) was already to a great extent prohibited. A substantial part of the Netherlands Indies belonged to the so-called "closed zone" where no one was allowed to smoke opium or to the region where, under the licence system, the Chinese but not the Indonesians were permitted to smoke opium. The aim of the opium monopoly's activities was the maximum possible limitation, and the substantial reduction of the sale of monopoly opium from approximately 100,000 kg. in 1920 to approximately 22,000 kg. in 1940 provides an indication of the decline in the habit of opium smoking.

This satisfactory result is to be attributed firstly to direct limitation by the application of the monopoly system and to the campaign against the illicit traffic (by special narcotic agents, the Customs and the ordinary police). Apart from this, a series of factors has been responsible for the decline in the demand for opium. We may mention education, which has raised the level of social and intellectual development, and sports and other forms of healthy recreation. There is also better care for the public health. Indifferent health, neglected ailments and the like were always great inducements to the use of opium; opium was and is regarded by many people as a cure for all ills because its use produces relief. A further factor is the improvement of means of transport, whereby remote districts have become less isolated. The pressure of public opinion has perhaps been of particular importance; coupled, in the case of the Chinese, with the influence of contemporary trends of thought in the Chinese motherland, it has had the effect of lowering the incidence of new cases of addiction. In this connexion, we should also mention the propaganda of the Anti-Opium Association. In addition, several hundreds of opium addicts in Java volunteered for medical disintoxication cures every year.

The opium monopoly was maintained during the Japanese occupation.

After the Japanese surrender, Indonesia was divided and in the part which reverted to the jurisdiction of the Netherlands Indies Government the Order promulgated in October 1943 by the Netherlands Government (then in London) providing for the abolition of the legal use of prepared opium and the opium monopoly after the war, was applied, whereas by contrast the Republic of Indonesia did not regard itself as

bound by the decision and the opium monopoly in Java and Madura was allowed to continue.

In the middle of 1947 the Monopoly came to an end in the regions which then came under the jurisdiction of the Netherlands Indies Government. The Republican Opium Monopoly was not maintained although in a few centres, prepared opium was supplied in progressively decreasing quantities by way of a transitional measure. Such opium was supplied on a non-profit-making basis and under the supervision of the Public Health Service.

This measure was intended to reduce as far as possible the danger of sudden withdrawal which can be particularly serious in the case of persons who have been accustomed to the intensive use of opium for many years and who in addition frequently suffer from chronic ailments the symptoms of which remain more or less latent so long as they use opium. To avoid a repetition, we would refer to the previous report for further details; suffice it to state that at the end of December 1947 prepared opium was still being supplied to approximately 2,900 persons and that the quantity supplied had by then dropped to an average of approximately 280 milligrammes a person a day.

2. Situation in 1948. The subsequent development of the situation as regards the prepared opium problem in the year under review is as follows.

No prepared opium and no raw opium for the manufacture of prepared opium was imported in 1948. No raw opium was imported at all; in Indonesia narcotic medicaments are not manufactured. Export licences are granted exclusively for use for scientific or medical purposes. This in itself somewhat superfluous information is included in compliance with the resolution on prepared opium adopted by the Economic and Social Council of the United Nations on 3 August 1948 (paragraphs 3, 4 and 5).

No prepared opium was manufactured on behalf of the Netherlands Indies Government (which in the course of the year reported on became the Provisional Federal Government of Indonesia). The available surplus stocks are ample to cover the prepared opium issue during the transition period.

A beginning was made in April 1948 with the gradual replacement of prepared opium by medicinal opium (which is not suitable for smoking but must be taken internally by opium addicts).

The following table shows the decline up to the end of the year under review.

Table of the issue of prepared and medicinal opium during the transition period in the Federal area of Java from August 1947, when the issue began. [illegible] the decimal).

	Number of persons			Quantities supplied in kilogrammes	
	Indonesians	Chinese	Total	Prepared Opium (Chandu)	Medicinal Opium
August 1947	?	?	3,235	98.0104	-
January 1948	540	2,453	2,993	21,848	-
February "	527	2,427	2,954	18.8464	-
March "	410	2,197	2,607	15.1176	-
April "	314	2,096	2,410	11.4592	0.1058
May "	276	1,985	2,261	8.6032	0.3699
June ""	272	1,941	2,213	7.4272	0.9985
July "	203	1,683	1,886	5.8232	0.7071
August "	107	1,363	1,470	3.4664	0.9693
September "	80	1,038	1,118	1.8512	1.3876
October "	52	854	906	1.0464	1.5644
November "	50	797	847	0.7272	1.8705
December "	41	690	731	0.484	1.8234

Issuing centres

Beginning of 1948	End of 1948
1. Batavia	1. Batavia
2. Buitenzorg	2. Buitenzorg
3. Soekaboemi	3. Soekaboemi
4. Cheribon	4. Cheribon
5. Indramajoe	5. Indramajoe
6. Tjikarang	6. Tjikarang
7. Tjikampek	7. Tjikampek
8. Krawang	8. Krawang
9. Tjilamaja	9. -----
10. Rengasdengklok	10. Rengasdengklok
11. Tandjoeng	11. -----
12. Kendal	12. -----
13. Maos	13. Tjilatjap
14. Brebes	14. -----
15. Pasoeroean	15. Pasoeroean
16. Probolinggo	16. Probolinggo
17. Besoeki	17. -----
18. Klakah	18. -----
19. Bangkalan	19. -----
20. Loemadjang	20. -----

At the end of December 1948 the issue of prepared opium was discontinued; as from the beginning of January 1949 only medicinal opium was supplied. It is the intention to limit, i.e. to discontinue even this issue, although the medical authorities are of the opinion that this must be proceeded with very cautiously, partly because, in view of the shortage of qualified medical personnel and hospital accommodations, medical anti-opium treatment cannot be given on anything approaching a large scale. Still, a small number of beds were made available for this purpose in the Juliana hospital in Bandoeng while a few opium patients were also admitted for treatment in the Princess Margaret Hospital in Batavia.

The campaign against the Republic begun in December 1948 offered an opportunity for the further application of the Order providing for the abolition of the legal use of prepared opium. The operation of the Republican Opium Monopoly in the newly-occupied portion of Java was not continued although, as a transitional measure, former Republican licence holders were supplied with prepared opium in gradually decreasing quantities.

In the newly-occupied area of Sumatra there was no reason for issuing chandu as a transitional measure, since chandu had not been issued officially under the Opium Monopoly there for many years.

The transitional issue (referred to just now) of prepared opium, initiated in Java at the beginning of 1949, is made on the lines of the transitional issue which began in the middle of 1947 and which so far as prepared opium is concerned, ended at the end of 1948: viz.:

1. opium is issued to former Republican licence holders on a non-profit-making basis and under the supervision of the Department of Health;

2. from the beginning, the quantity of prepared opium supplied is progressively reduced;

3. there is administrative control to ensure that the opium issue serves for personal use only;

4. the prepared opium is being gradually replaced by medicinal opium;

5. the issue is discontinued in all cases where this is regarded as advisable on medical grounds;

6. small quantities of medicinal opium continue to be supplied in the remaining severe cases of addiction.

/3. Experience in Batavia.

3. Experience in Batavia. As in the previous report, some particulars relating to the situation in the City of Batavia, where the Republican Opium Monopoly operated until mid-1945 and where the transitional measures were applied on a relatively large scale, are provided. Moreover, as the Department of Health and the headquarters of the Salt Monopoly (the former Opium and Salt Monopoly), some of the present staff of which had pre-war experience with the Opium Monopoly, were in Batavia, there was an excellent opportunity for supervision. Regular contact with ex-opium smokers is maintained by visits to homes and in other ways. The experience acquired in Batavia served as a guide in the application of the measures put into effect elsewhere.

(a) Rate of reduction. This was established monthly by the local medical service and, as the final authority, by the Department of Health. It was based on all the available information regarding the state of addicts and their reaction to earlier reductions of supplies.

Addicts were for this purpose divided into groups according to age (estimated) and degree of addiction. In order to give an indication of the reduction made, we reproduce below comparative tables of issues covering the first half of January 1948 (when only prepared opium and no medicinal opium was issued) and the first half of January 1949 (when the issue of prepared opium had just been discontinued and only medicinal opium was supplied).

Original maximum purchasable under the Republic per 10-day periods (July 1947)

in tubes of 800 mg. prepared opium

	1-3	4-6	7-9	10-12	13-15	16-18	19-21	22-24	25-27	28-30	31-50
	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg	mg
Issued in first half of January 1948 (prepared opium only)											
Regardless of age	800	800	1600	2400	3200	4000	4800	4800	5600	6400	7200
Issued in first half of January 1949 (medicinal opium only)											
Age 30 and under	-	-	-	-	-	-	-	-	-	-	-
Age 31-40	-	-	-	-	-	-	1500	1500	1500	1500	1500
Age 41-50	-	-	-	-	-	-	1500	1500	1500	1500	1500
Age 51-60	-	-	-	-	-	-	1500	1500	1500	1500	1500
Age 61 and over	-	-	-	2000	2000	2000	2000	2000	2000	2000	2000

During the year under review, not only was the official issue regularly reduced but, as the above table shows, wholly discontinued in the case of certain groups. Thus in July 1948, the issue to all persons not over 60 years of age, who under the Republican Opium Monopoly had been entitled to use 10 to 18 800 mg. tubes of chandu per ten days, was discontinued. Their licences were withdrawn simultaneously, and they received a non-recurring issue of 700 mg. of medicinal opium.

The effect of this measure, which affected approximately 300 persons including persons who had been accustomed to the use of opium for more than 30 years, may be considered in somewhat greater detail because it was used as the basis for further action.

Although most people apparently accepted the withdrawal of their licences, there could be no doubt that this was a major event.

A Chinese licence holder was so upset at the withdrawal of his licence that he refused to take the medicinal opium to which he was still entitled and left saying "Mati" (it will be the death of me).

The psychological shock caused by the change is shown by the fact that some people left the distribution centre weeping.

A number of people even felt that the withdrawal of licences was an injustice because, they said, it hit the poorer people hardest. The larger licences were still maintained and included many which were increased under the Republican Opium Monopoly, that is shortly before the police action of July 1947.

This fact was common knowledge among the licence holders and it was officially established as a result of an extensive police enquiry at the time, in which a large number of Chinese witnesses were heard, that bribes had been accepted on a large scale by the Republican officials who were authorized to issue licences and increase maximum rations.

The argument of such witnesses was that the better-off people who had secured higher maximum rations by bribery were now also in a better position and moreover financially better able to buy illicit opium. Their conclusion was therefore that the less wealthy (whose addiction was not necessarily less) were the hardest hit, because: (a) they could buy less opium and had no access to the official low-cost issue; (b) they were unable or less able to buy the much more expensive "black" opium.

It cannot be denied that this reasoning is to some extent justified. Here, as so often before, it was evident that opium addicts can endure their trials more easily if they see that everyone is equally affected. The grumblers stopped grumbling and went away resigned when the officials opened a drawer and showed the pile of revoked licences belonging to other addicts.

The injustice described was so obvious that the group which had obtained a privileged position by bribery was brought into line with the others. In this connexion, an investigation was made into the administrative records of the Republican Opium Monopoly (which came to hand in July 1947) regarding the increases granted under the Republican Administration.

The result was a list, relating to 199 Chinese and 4 Indonesians, from which it was apparent that very substantial increases had been allowed which were inconceivable under the pre-war opium monopoly. For example, in many cases rations had been increased from 25 tubes per ten days to 40 and sometimes even to 50 tubes per ten days.

Beginning on 1 August 1948, the issue for such licence holders was based on the original lower purchasable maximum.

As a result of this adjustment, some people found their issue reduced to a lower level while others were placed in the group which was already debarred from receiving an issue. In these cases, simultaneously with the withdrawal of the licence, the persons concerned received one more (non-recurring) issue consisting of one tube of opium and 35 opium tablets (700 mg. of medicinal opium).

(b) Replacement of chandu by medicinal opium. The issue of medicinal opium was begun in April 1948. Tablets were manufactured for this purpose in the Military Chemical Laboratory at Bandoeng. They weigh 100 mg. and contain 20 mg. of medicinal opium. It was intended that they should be denatured so as to prevent their use for smoking. Owing to a misunderstanding this was omitted. Although there is therefore possibility of their being used for smoking, no report of such use has been received. When the stock of tablets had to be replenished, a new batch was made and effectively denatured (with camphor and sodium thiosulphate). The new tablets weigh 500 mg. and contain 100 mg. of medicinal opium. Larger size tablets were adopted to simplify administration and also because, from a medical point of view, there was no risk of overdosing since the tablets were intended for former opium smokers. In addition the quantity of 100 mg. of medicinal opium was regarded as a provisional daily minimum. Opium patients were given ample warning that tablets were intended exclusively for their own personal use and hence not to be used by others, particularly by children.

It was stated in the conclusion of the preceding report that it was intended to replace the prepared opium (chandu) by medicinal opium on the basis that only 100 mg. of medicinal opium would be issued for each

800 mg. tube of chandu. This proportion was arrived at because opium taken orally has a much greater narcotic effect as compared with the same quantity smoked. In the first month during which medicinal opium was issued, this proportion was retained and then the Department of Health speedily revised the ratio in favour of the person concerned; for it was felt that the issue had meanwhile dropped to a low level and that part of the chandu issued was no longer being smoked but quite spontaneously being taken orally. It also appeared in the meantime that the change to medicinal opium had caused great difficulties for many addicts.

The addicts all said that chandu was much more desirable even for oral use. It is significant that pills made from medicinal opium tablets and djitjingko (from djitjing = ash from smoked opium reconstituted as chandu) were found on some persons who claimed that the effect of the tablets alone was completely unsatisfying.

One addict stated that even after taking 30 tablets, each containing 20 mg. of medicinal opium, he had received no satisfaction. If (he said) he had the choice between 200 tablets, the equivalent of 4000 mg. of medicinal opium, and one tube, the equivalent of 800 mg. of chandu, he would prefer the chandu.

Even after allowing for the higher morphine content of chandu (approximately 14 per cent) as compared to medicinal opium (standardized at 10 per cent) the phenomenon noted here is quite remarkable. This may be connected with the fact that medicinal opium contains all the components of raw opium while in the manufacture of prepared opium a number of ingredients, such as fat, rubberlike substances, albumen and resin, are removed from the raw opium and, in addition, the prepared product receives a certain aroma.

Later in the year the tablets of medicinal opium met with less disfavour; many people stated that they had indeed received some benefit from their use. The quantity supplied was however generally regarded as inadequate

(c) Administrative control. During the period under review, all registered persons were required to appear in person once every quarter at a time appointed, for inspection of their identity documents (with photograph). The only exception to this rule is permitted in cases where there are valid reasons for their inability to appear. In such cases the persons concerned were visited at home as soon as possible.

The purpose of this check was to prevent the purchasing of opium by third parties on certificates which no longer had any raison d'être, for

instance because the person named in the certificate had removed elsewhere, had died or had ceased to use opium.

The check showed that a relatively large number of people, failed to present themselves. The names of these persons were struck off the register and the staff were instructed not to sell opium to anybody producing certificates made out in the name of these persons. A great number of the addresses of the persons who failed to appear were visited. In some cases the person concerned appeared not to be known at the address stated. Others had removed elsewhere. A few stated that they had been unable to appear on the appointed date because of pressure of business. Since the issue was intended to prevent grave consequences and since it was legitimate to conclude that such consequences had not occurred to the persons in question, as otherwise they would have taken the trouble to appear, they were debarred from receiving further issues of prepared and medicinal opium.

Only in a few cases did it emerge that persons who failed to appear had died in the meantime. In some cases the persons concerned stated that they had ceased to take opium. Later in the year, when the issue of medicinal opium was increased, some people who were no longer eligible for the chandu issue stated that they had been unable to go to the distribution centre to receive the medicinal opium.

The numbers of persons who failed to appear at the check are:

1st quarter	120
2nd "	117
3rd "	184
4th "	138

The persons who at the end of December 1948 still appeared on the register for issues, may be divided by nationality and estimated age as follows:

	Indonesians	Chinese	Total
under 31 years of age	-	-	-
31 to 40 years of age	3	50	53
41 to 50 years of age	6	170	176
51 to 60 years of age	11	190	201
61 years and over	12	202	214
TOTAL	32	612	644

(d) Influence of the illicit traffic. Up to the beginning of 1948, it may be accepted that the reduction applied amounted, to a great extent, to a progressive and involuntary weaning from the habit. Admittedly, chandu was obtainable in the black market, but the prices were so high (up to more than twenty times the official controlled issue price of 0.50 florins per tube of 800 mg.) that only a small group of wealthier addicts could be regarded as being in a position to provide themselves regularly and in adequate amounts.

During the course of the year under review, the situation changed inasmuch as illicit opium became more readily available as a result of supplies coming in from the Republican territory. The price of a tube of prepared opium containing 800 mg. dropped from 10 to 12 florins to 3 to 8 florins. Illicit opium came within the reach of a much larger group of persons. The presence of dozens of people whose official issue of opium had already been discontinued was noted in opium dens. It must be assumed that various people who had lost or were well on the way to losing the opium habit, resumed its use or continued it.

(e) Method of using drugs. In the previous report mention was made of the fact that many opium smokers were beginning to take part of their ration of chandu internally (oral use). In so doing they take advantage of the fact that the narcotic effect of opium reaching the organism by way of the stomach is much greater than that of the same quantity of opium when smoked. The statements of all opium patients interrogated on this point agree on the following:

(a) The internal use of prepared opium is devoid of the characteristic pleasure derived from opium smoking and they resort to it only because:

(b) the withdrawal symptoms caused by the use of a reduced quantity are staved off for a longer period, or else are mitigated, if opium is taken orally.

During the year under review smoking remained the most popular form of consumption. Thus it was learned that oral use provides only slight relief in the case of excessive fatigue; in such cases smoking is preferred. Many addicts stated that during the day they generally took opium internally but that evening was the time for smoking so as to ensure a night's rest. Some addicts ascribe disturbances of their memory to the replacement of smoking by the internal consumption of opium.

/More than

More than previously addicts have to resort to opium smoking in opium dens. After the reduction of the sale of prepared opium in mid-1947 many good broken-in pipes were smashed so that the djitjing inside them could be extracted. The remaining pipes are in the possession of the keepers of opium dens and of only a small number of individual smokers.

During the year under review a new development in the method of using prepared opium was noted. A liquid was prepared from it which was injected subcutaneously. The procedure was as follows:

Out of a tube containing 800 mg. of chandu, about six small pellets were made in the usual manner (by roasting on the point of a needle over an opium lamp). The pellet was then dissolved as well as possible in a small quantity of water and the resulting solution or suspension was poured into a shell through an improvised cotton-wool filter. A minute quantity of cocaine was added to the liquid in order to make the injection less painful. The liquid prepared from one pellet is sufficient for approximately ten hypodermic injections of one-half cubic centimetre.

An injection takes approximately two minutes to administer. Rapid injection is too painful and also users are keen to prevent the loss of any of the precious fluid.

In view of the paraphernalia required (which are, of course, very primitive being made from such things as the valves of bicycle tires) the only places where opium addicts can take opium by this method are illicit injection centres.

For one injection of one-half cubic centimetre a charge of 0.15 to 0.20 florins is made. A tube of chandu of 800 mg , the official controller issue price of which is 0.50 florins, can in this way bring in 60 x 0.15 to 0.20 florins or between 9 and 12 florins, a certain portion of which must be deducted for the cocaine which is used. Depending on quality, this would cost between 2 and 5 florins a gramme in the illicit market, but the supply is not reliable, as is apparent from the fact that later in the year cocaine was replaced by sugar. Approximately 13 mg. of chandu only is used for each injection, which therefore contains only 2 mg. of morphine. Generally, addicts take two or three injections daily.

After the medicinal opium issue had begun it appeared that it, too, is used to prepare a liquid for injection. A few tablets, each weighing 100 miligrammes and containing 20 miligrammes of medicinal opium, were powdered and dissolved in a small quantity of cold

/water whereupon

water whereupon the binding agent quickly separated. The fluid containing the opium was then filtered and, after the addition of a minute quantity of cocaine, used for injection. The medicinal opium extracted from one tablet is sufficient for one injection of one-third cubic centimetre. The price of an injection is 20 cents (official controlled issue price of one tablet 2 cents). The separated binding agent was consumed and not thrown away. It possibly contains traces of opium.

The use of prepared opium orally is an extension of the habit of opium smoking. When it appeared that prepared opium was also used for injection purposes, it was first thought to be a further extension of the replacement of smoking by oral consumption. This opinion had later to be revised.

The people taking fluid injections prepared from chandu or medicinal opium proved on enquiry to be morphine addicts. It is for this reason that they are dependent on the illicit injection centres. Prepared and medicinal opium seem therefore to be used as a substitute for morphine.

The gradual replacement of the smoking of prepared opium by its oral use took place without difficulty. Smokers were familiar with its oral use; previously, under the Opium Monopoly, it was a well-known practice to drink djitjing (ash of smoked opium) in coffee or tea.

Many opium smokers or opium eaters state that they shrink from the practice of subcutaneous injections, the fatal consequences of which can be seen all around them.

It must not be concluded from the foregoing that there has been no shift from the use of opium to morphine addiction or that there is a dividing line between, on the one hand, smokers and eaters of opium and, on the other, morphine addicts, by which must be understood persons addicted to subcutaneous injections of morphine or of fluids containing morphine, prepared from chandu or medicinal opium.

It is gathered that an injection with a fluid prepared from chandu or from medicinal opium tablets has more prolonged after-effects than a morphine injection. Nevertheless, preference is given to the latter.

f. Contact with addicts. Regular contact with opium patients was maintained by an official with pre-war experience under the Opium Monopoly. He has no police powers and acts exclusively as an observer and enjoys the confidence of the addicts.

One of the most important facts which came to light as a result is that no reports have been received of the occurrence of new cases of addiction.

/This may not be

This may not be surprising since there is - even if the opium available on the black market is also taken into account - not enough opium available for the existing addicts, and the resulting desperate state of many of them is certainly not likely to make opium smoking attractive to others.

There are indications of the change-over from the use of opium to morphine addiction. The following complaint was heard in an illegal morphine den:

"For years the authorities took advantage of the fact that I chose to use Monopoly Opium to keep down the symptoms of my illness instead of going to a doctor. Now that I am old and my complaint has slowly got worse and I have to take to opium again, they prevent me from having it so that I have taken to morphine".

Fortunately morphine addiction is not the only alternative. A licence holder whose licence was no longer used and who was therefore visited at home said that he was receiving treatment from a doctor and was practically free from opium addiction. To confirm this statement, he handed in his licence. It was learned that two Chinese licence holders living in Batavia had taken a disintoxication course in the Juliana Hospital in Bandoeng. On interrogation, one of them stated that he had spent a month in that hospital. When he was discharged, he was free from opium but a few weeks after his return home because of an attack of a stomach complaint, he again took to using opium. The second, who suffers from a stomach complaint, stated that after ten days of hospital treatment he was cured of his opium addiction. He hoped that in the future he would be able to go without opium and as an indication of his good-will he handed in his licence.

In the course of a conversation, some old addicts said that they did not want to undergo a disintoxication cure. They considered themselves too old and thought they had not enough stamina to free themselves of their craving for opium.

Curiously enough, some addicts said that they preferred sudden stoppage of the allowance to gradual diminution. Immediate discontinuance would presumably mean a speedy end and would release them from their sufferings. On the other hand other addicts stated emphatically that they value any ration of opium, however small.

g. **Morphine** addiction. While it is true that this is not strictly a part of the prepared opium problem, in this country at any rate it is closely connected with it. Many morphine addicts started out as opium smokers and at some time have changed the pipe

/for the needle.

for the needle. It is difficult to assess the extent of morphine addiction and the degree to which former opium smokers fall into this vice. The following remarks may, however, be made. Morphine addicts can generally be recognized by their external appearance. Morphine addiction quickly places its stamp on the physical appearance, the more so because injections are frequently made in a very unhygenic manner and infection, leaving scars, occurs on a large scale. Morphine addicts are - or very soon become - "down-at-heel" types belonging to the lowest strata of society. Morphine addiction occurs infrequently among registered ex-opium smokers who now receive medicinal opium. The disastrous results which they observe round them encourage them to withstand as long as possible the temptation to escape temporarily from their troubles by the practice of injections.

The supply of morphine in the illicit trade is not regular and apparently not sufficient. The use of prepared and medicinal opium for injection purposes is an indication of this. When the police made a large seizure of morphine in the first quarter of 1949, there was a considerable rise in the price of morphine.
