Global developments in illicit drug consumption, production and trafficking

Consumption

Globally, UNODC estimates that, in 2009, between 149 and 272 million people, or 3.3% to 6.1% of the population aged 15-64, used illicit substances at least once in the previous year. About half that number are estimated to have been current drug users, that is, having used illicit drugs at least once during the past month prior to the date of assessment. While the total number of illicit drug users has increased since the late 1990s, the prevalence rates have remained largely stable, as has the number of problem drug users, which is estimated at between 15 and 39 million.

Cannabis is by far the most widely used illicit drug type, consumed by between 125 and 203 million people worldwide in 2009. This corresponds to an annual prevalence rate of 2.8%-4.5%. In terms of annual prevalence, cannabis is followed by ATS (amphetamine-type stimulants; mainly methamphetamine, amphetamine and ecstasy), opioids (including opium, heroin and prescription opioids) and cocaine. Lack of information regarding use of illicit drugs – particularly ATS - in populous countries such as China and India, as well as in emerging regions of consumption such as Africa, generate uncertainty when estimating the global number of users. This is reflected in the wide ranges of the estimates.

While there are stable or downward trends for heroin and cocaine use in major regions of consumption, this is being offset by increases in the use of synthetic and prescription drugs. Non-medical use of prescription drugs is reportedly a growing health problem in a number of developed and developing countries.

Moreover, in recent years, several new synthetic compounds have emerged in established illicit drug markets. Many of these substances are marketed as ‘legal highs’ and substitutes for illicit stimulant drugs such as cocaine or ‘ecstasy.’ Two examples are piperazines and mephedrone, which are not under international control. A similar development has been observed with regard to cannabis, where demand for synthetic cannabinoids...
('spice') has increased in some countries. Sold on the internet and in specialized shops, synthetic cannabinoids have been referred to as 'legal alternatives' to cannabis, as they are not under international control. The control status of these compounds differs significantly from country to country.

In terms of treatment demand, the picture varies between regions. Cannabis contributes significantly to treatment demand in most regions, but it is particularly prominent in Africa and Oceania. Opiates dominate treatment demand in Europe and Asia, whereas cocaine is the main problem drug in South America. In North America, cannabis, opioids and cocaine make up similar shares of total treatment demand. ATS does not dominate any one region but makes a sizable contribution to treatment demand particularly in Asia and Oceania, but also in Europe and North America.

In terms of the health consequences of drug use, the global average prevalence of HIV among injecting drug users is estimated at 17.9%, or equivalently, 2.8 million people who inject drugs are HIV positive. This means that nearly one in five injecting drug users is living with HIV. The prevalence of Hepatitis C among injecting drug users at the global level is estimated at 50% (range: 45.2%-55.3%), suggesting that there are 8.0 million (range: 7.2 – 8.8 million) injecting drug users worldwide who are also infected with HCV. Deaths related to or associated with the use of illicit drugs are estimated between 104,000 and 263,000 deaths each year, equivalent to a range of 23.1 to 58.7 deaths per one million inhabitants aged 15-64. Over half of the deaths are estimated to be fatal overdose cases.

Production
Global opium poppy cultivation amounted to some 195,700 ha in 2010, a small increase from 2009. The vast bulk - some 123,000 ha - were cultivated in Afghanistan, where the cultivation trend remained stable. The global trend was mainly driven by increases in Myanmar, where cultivation rose by some 20% from 2009. There was a significant reduction in global opium pro-
duction in 2010, however, as a result of disease in opium poppy plants in Afghanistan.

The global area under coca cultivation continued to shrink to 149,100\(^2\) ha in 2010, falling by 18\% from 2007 to 2010. There was also a significant decline in potential cocaine manufacture, reflecting falling cocaine production in Colombia which offset increases identified in both Peru and the Plurinational State of Bolivia.

While it is difficult to estimate total global amphetamine-type stimulants manufacture, it has spread, and more than 60 Member States from all regions of the world have reported such activity to date. The manufacture of amphetamines-group substances is larger than that of ecstasy. Methamphetamine - which belongs to the amphetamines-group - is the most widely manufactured ATS, with the United States of America reporting a large number of detected illicit laboratories.

Cannabis herb cultivation occurs in most countries worldwide. Although there was insufficient data available to update the global cultivation estimate, the relatively stable seizure trend suggests a stable level of production. Indoor cultivation of cannabis herb is still largely limited to the developed countries of North America, Europe and Oceania. Cannabis resin production estimates were not updated this year, but based on ARQ replies to UNODC, Afghanistan and Morocco were major producers.

**Trafficking**

Trafficking flows vary according to the drug type involved. The most commonly seized drug type, cannabis herb, is often locally produced and thus, international trafficking is limited. Cocaine and heroin are trafficked both intra- and inter-regionally, though considerable amounts are consumed quite far from the countries of cultivation and production. Most ATS manufacture occurs in the region of consumption, whereas their precursor chemicals are trafficked inter-regionally.

The long-term trends show increased seizures for all the major drug types. Between 1998 and 2009, seizures of cocaine, heroin and morphine, and cannabis almost doubled. ATS seizures more than tripled over the same period.

Though it is still the most commonly seized drug, by far, the relative importance of cannabis in total illicit drug seizures has declined, rendering the other drug types – particularly ATS - increasingly prominent.

Looking at recent trends, global seizures of ATS rose to a record high in 2009, driven by increases in methamphetamine seizures. Ecstasy seizures, on the other hand, decreased. The predominant type of ATS seized varies according to region, with methamphetamine dominating in Oceania, Africa, North America and much of Asia.

Seizures of opiates remained stable in 2009, with the Islamic Republic of Iran and Turkey continuing to account for the largest national seizure totals. Cocaine seizures also remained largely stable, at a high level. For cannabis, seizures of cannabis herb – the most widely consumed variety – increased, whereas resin seizures decreased.

For cocaine and cannabis resin, seizures are shifting away from the main consumer markets to source regions. Both North America and West and Central Europe account for declining shares of global cocaine seizures, while South America is seizing more. Similarly, cannabis resin seizures decreased significantly in Europe but increased in North Africa from 2008 to 2009.

**The major drug markets**

**Opiates**

Global use of opiates remained largely stable in 2009. UNODC estimates that some 12 to 21 million people used opiates worldwide; some three quarters of them used heroin. In 2009, an estimated 12-14 million global heroin users consumed some 375 mt of heroin. Europe and Asia remain the key global consumption markets, and they are largely supplied by Afghan opium.

In recent years, the non-medical use of various prescription opioids has become increasingly problematic in some areas of the world, particularly in North America. In the United States, many emergency room visits are now related to prescription opioid use, and this drug class is also responsible for an increasing share of treatment admissions in that country.
Afghanistan accounts for 63% of the total global area under opium poppy cultivation. Cultivation there remained stable in 2010. Increases were registered in Myanmar in 2010, however, which resulted in an increasing global trend (5%). The opium yield is also increasing in Myanmar, causing the country’s potential opium production to increase by some 75%.

Nonetheless, global opium production dropped to 4,860 mt in 2010, from to 7,853 mt the year before. This was largely due to a drastic reduction in Afghanistan’s opium production as a result of disease in opium poppy plants. UNODC forecasts for Afghan production in 2011 predict a further small decline or at least a stabilization of overall opium poppy cultivation at the lower levels. If opium yield returns to the average level, opium production is likely to increase in Afghanistan in 2011.

Seizures of opium and heroin appeared to stabilize in 2009, amounting to 653 mt and 76 mt, respectively. An estimated 460-480 mt of heroin were trafficked (including seizures) worldwide in 2009, of which 375 mt reached the consumers. Traffickers’ use of maritime transportation and seaports has been identified as a key emerging threat.

The global opiate market was valued at US$68 billion in 2009, with heroin consumers contributing US$61 billion of this. Heroin prices vary greatly. Although prices in Afghanistan increased in 2010, one gram costs less than US$4. In West and Central Europe, users pay some US$40-100 per gram, in the United States and northern Europe, US$170-200, and in Australia, the price is as high as US$230–370. While Afghan farmers only earned some US$440 million in 2010, organized crime groups in the main countries of consumption reap the largest profits.

**Cocaine**

In 2009, the annual prevalence of cocaine use was estimated between 0.3% and 0.5% of the world population aged 15-64, or some 14.2 to 20.5 million people in that age range. Though the lower and upper bounds of cocaine users in 2009 have widened somewhat, consumption remains essentially stable. Taking qualitative information into account, the actual number of cocaine users is probably closer to the lower end of the range.

Despite significant declines in recent years, the largest cocaine market continues to be that of the United States, with an estimated consumption of 157 mt of cocaine, equivalent to 36% of global consumption. The second-largest cocaine market is that of Europe, notably West and Central Europe, where consumption is estimated at 123 mt. Over the last decade, the volume of cocaine consumed in Europe has doubled. In recent years, there are some signs of stabilization, though at the higher levels. Cocaine use in East Europe is limited.

The area under coca cultivation declined by 18% from 2007 to 2010. Considering the past decade (2000-2010), the decrease is even larger, 33%. Global seizures of cocaine have been generally stable over the period 2006-2009, amounting to some 732 mt in 2009. Since 2006 seizures have shifted towards the source areas in South America and away from the consumer markets in...
North America and West and Central Europe. The role of West Africa in cocaine trafficking from South America to Europe might have decreased if judged from seizures only, but there are other indications that traffickers may have changed their tactics, and the area remains vulnerable to a resurgence in trafficking of cocaine. Some countries in the Asia-Pacific, with potentially large consumer markets, registered increasing cocaine seizures in 2008 and 2009.

The value of the global cocaine market is lower than it was in the mid-1990s, when prices were much higher and the market in the United States was strong. In 1995, the global market was worth some US$165 billion, while in 2009, this had been reduced to just over half of that, some US$85 billion (range: US$75-US$100 bn). As with heroin, almost all the profits are reaped by traffickers.

Amphetamine-type stimulants (ATS)

Global ATS use levels remained essentially stable in 2009. ATS can be divided into two main categories: Amphetamines-group (mainly amphetamine and methamphetamine) and ecstasy-group (MDMA and its analogues). UNODC estimates that the annual prevalence for amphetamines-group substances ranged between 0.3% and 1.3% in 2009, or some 14 to 57 million people aged 15-64 who had used such substances at least once in the past year. For the ecstasy-group, global annual prevalence was estimated at between 0.2% and 0.6% of the population aged 15-64, or some 11 to 28 million past-year users.

The predominant substance used varies between and within regions. Amphetamines-group substances dominate in Africa, the Americas and Asia, whereas for Europe and Oceania, ecstasy-group prevalence rates are higher. In North America, the two groups are nearly on par. On aggregate, experts who reported their assessment of ATS use in their respective countries perceive that the use of amphetamines-group substances is stable or increasing, whereas for ecstasy, the trend was most often reported as stable (decreasing in Asia).

The manufacture of ATS is not geographically bound, and ATS laboratories tend to be located close to the illicit markets for these drugs. Precursors and other chemicals used in the illicit manufacture of ATS are frequently trafficked across regions.

Some 10,600 ATS-related laboratories were reported seized in 2009. The vast bulk of the seized laboratories were manufacturing methamphetamine, most of them located in the United States. Methamphetamine is the most widely manufactured ATS worldwide. Amphetamine and ecstasy manufacture operations tend to be fewer in number but have more sophisticated operations as they require more specialized equipment, precursor chemicals and greater skill levels.

In 2009, global seizures of ATS rose significantly, slightly exceeding the high level of 2007. The increase was mainly driven by methamphetamine seizures, which rose by more than 40% to reach 31 mt. Amphetamine seizures rose by some 10% to 33 mt. Ecstasy seizures decreased somewhat from the already low 2008 level, and amounted to 5.4 mt.

In East and South-East Asia, ATS markets have expanded over the past year. Expert perceptions indicate that increases in ATS use – notably use of methamphetamine - are significant. Government experts have reported that methamphetamine ranks among the top three illicit drugs consumed in several countries in this region, including China, Japan and Indonesia.

Africa is a region of concern with regard to the trafficking of ATS. Trafficking of methamphetamine from Africa was reported first at the end of 2008 and reports have continued since. West Africa, in particular, is emerging as a new source of methamphetamine for illicit markets in East Asia, with couriers transiting Europe, West Asia or East Africa. Precursor chemicals are also frequently trans-shipped through the region.

In India, the first clandestine ATS manufacture operation was detected in May 2003. Since then, several additional facilities have been uncovered. Attempts at illicit ATS manufacture have also been reported from Bangladesh and Sri Lanka. South Asia has become one of the main regions used to obtain ephedrine and
pseudoephedrine for the illicit manufacture of methamphetamine. India is one of the world’s largest manufacturers of precursor chemicals and Bangladesh also has a growing chemical industry. Amphetamine, methamphetamine and ecstasy have been regularly seized in South Asia over the past five years.

**Cannabis**

Cannabis remains by far the most widely produced and consumed illicit substance globally. In 2009, between 2.8% and 4.5% of the world population aged 15-64 - between 125 and 203 million people - had used cannabis at least once in the past year. This is similar to last year’s estimates. Cannabis herb is the most common type used, produced and seized.

Some increases in cannabis use were reported from the Americas, Africa and Asia in 2009, whereas consumption in western Europe and Oceania remained stable or declined. Over the past 10 years, experts from an increasing number of countries have been reporting stable cannabis use trends. Despite this, cannabis use accounts for the bulk of treatment demand in Africa and Oceania.

Recent studies have shown that intensive (long-term regular use, high doses) exposure to cannabis products with high potency levels may increase the risk of psychotic disorders. The average concentration of the major psychoactive substance in cannabis products (THC) seems to be higher than it was 10-15 years ago, though data for the past five years show a stable trend in some countries. The pattern, however, is not consistent for all products and all countries.

Cannabis herb cultivation is widely dispersed as it is mostly produced for domestic or regional markets. Therefore, an estimation of total global production is fraught with difficulty. Cannabis resin production is more localized and the drug is trafficked over larger distances. The countries most often identified as sources by the cannabis resin consumer markets are Morocco, Afghanistan, Lebanon and Nepal/India.

In Afghanistan, the first UNODC/Government cannabis survey in 2009 indicated that Afghanistan is indeed among the significant cannabis resin-producing countries. Moreover, cannabis has become a competitor to opium poppy as a lucrative crop for farmers in the country. The preliminary second survey in 2010 gave no indications of major changes in the levels of cultivation and production compared to 2009.

Cannabis herb seizures increased somewhat – returning to the levels of 2006-2007 following a drop in 2008 - and amounted to some 6,000 mt. North America accounts for the bulk of herb seizures, and seizures in the United States and Mexico increased in 2009. Cannabis resin seizures, on the other hand, decreased from their peak level in 2008. Resin seizures continued their shift away from West and Central Europe – where seizures are at their lowest level for the last 10 years - to the prominent source region of North Africa, where seizures have increased.

---

**Africa: Distribution* of primary drug of abuse of people entering treatment, 2009**

*Total is greater than 100% due to polydrug use.
Source: UNODC ARQ.