

1.2 Opium / Heroin market

1.2.1 Summary Trend Overview

The opium/heroin market continues to expand on the production side. Demand is stable overall but increases have occurred in important areas. Overall, global cultivation remains just below 1998 levels.

The total area under illicit opium poppy cultivation increased by 17% in 2007 fuelled by increases in both Afghanistan and Myanmar. The cultivation increase in Afghanistan continued a six year trend and that of Myanmar reversed a six year trend. Both are cause for concern.

The opium/heroin market continues to be dominated by the large levels of cultivation and production in Afghanistan. While the very positive contraction in the number of opium producing provinces continued in 2007, market trends are not yielding much good news. In fact, the trends appear to indicate two negative developments including, first, some adaptation in trafficking routes to the concentration of cultivation in the South of Afghanistan and second, an increase in opiate consumption in and around Afghanistan.

The expansion of opium poppy cultivation brought the total area under cultivation in Afghanistan to a new high of 193,000 ha. At 17%, the year-on-year increase was less pronounced than in 2006. The number of households involved in opium cultivation is estimated to have increased 14% to 509,000. Between 2006 and 2007 the number of provinces affected by poppy cultivation fell from 28 to 21. In 2007, over two thirds of the opium poppy cultivation was located in the southern region of the country and 53% of it occurred in the southern province of Hilmand alone. The six provinces which were free of poppy in 2006 remained so through 2007, during which an additional seven were identified, bringing the number of poppy-free provinces to 13.

With Afghanistan accounting for 82% of the global area under opium poppy cultivation, the contribution of the increase of cultivation in Myanmar to global levels was relatively small. However, it is the reversal of a declining trend which is important and which will have to be carefully monitored, on both the supply and demand side. Opium poppy cultivation in Myanmar increased by 29% in 2007. The estimated number of households involved in opium poppy cultivation in the Shan State in Myanmar increased 24%.

Global opium production also reached record levels in 2007. Led by production in Afghanistan, it increased to the highest annual level of production recorded in the last two decades. The contribution of Myanmar to overall production continued to be small due to a much lower yielding opium poppy. The total farmgate value of opium production in Afghanistan rose 32% to US\$1 billion in 2007. The total export value of opiates to neighbouring countries is estimated to be around US\$ 4 billion. The total potential production value of opium production in Myanmar increased 67% to US\$120 million in 2007.

As opium production shifts towards the southern provinces of Afghanistan, it has become less convenient for traffickers to move opiates via the Silk route and trafficking along this route is declining while trafficking along the Balkan route has increased. Within the European part of the Balkan route close to 60% of all heroin and morphine seizures in 2006 were made in countries located along the West Balkan route, up from 8% in 1996.

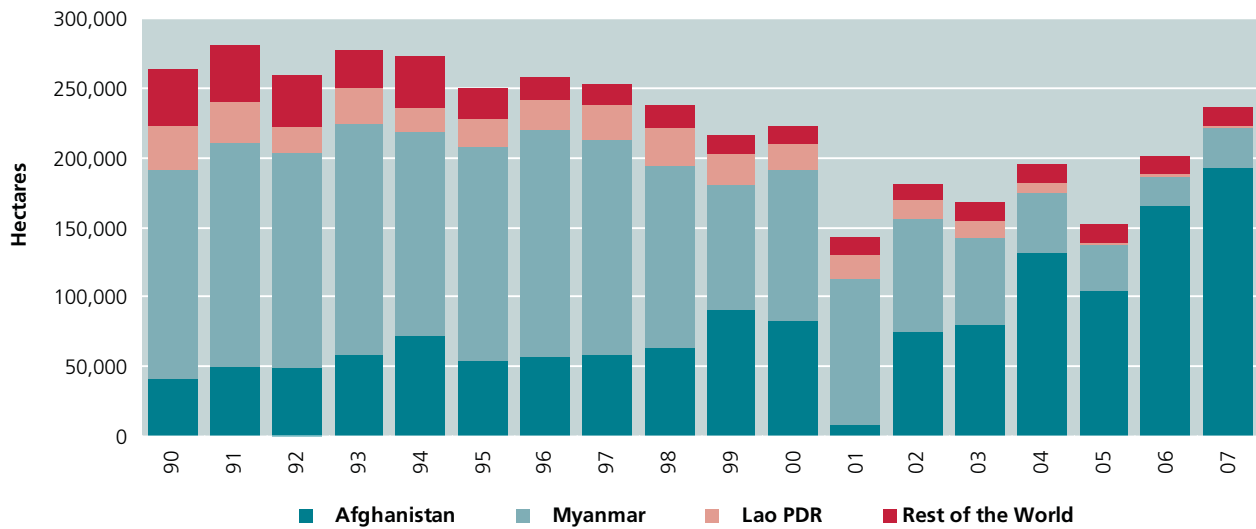
Although there has been significant growth in the production of opiates in recent years, global consumption remains relatively stable, with only a marginal increase in annual prevalence: from 0.37 % of the population age 15-65 in 2005 to 0.39% in 2006. Use continues to be fairly stable in Europe and continues to decline in North America. Expansion has, however, been seen very clearly in the consumer markets in and bordering Afghanistan, and, to a certain extent along trafficking routes. In some of these markets injecting drug use is very prevalent and could pose a future challenge to resource strapped public services.

1.2.2 Production

Table 2: Global illicit cultivation of opium poppy and production of opium, 1990-2007

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
CULTIVATION^(a) IN HECTARES																		
SOUTH-WEST ASIA																		
Afghanistan	41,300	50,800	49,300	58,300	71,470	53,759	56,824	58,416	63,674	90,583	82,171	7,606	74,100	80,000	131,000	104,000	165,000	193,000
Pakistan	7,488	7,962	9,493	7,329	5,759	5,091	873	874	950	284	260	213	622	2,500	1,500	2,438	1,545	1,701
Subtotal	48,788	58,762	58,793	65,629	77,229	58,850	57,697	59,290	64,624	90,867	82,431	7,819	74,722	82,500	132,500	106,438	166,545	194,701
SOUTH-EAST ASIA																		
Lao PDR	30,580	29,625	19,190	26,040	18,520	19,650	21,601	24,082	26,837	22,543	19,052	17,255	14,000	12,000	6,600	1,800	2,500	1,500
Myanmar	150,100	160,000	153,700	165,800	146,600	154,070	163,000	155,150	130,300	89,500	108,700	105,000	81,400	62,200	44,200	32,800	21,500	27,700
Thailand ^(b)	1,782	3,727	3,016	998	478	168	368	352	716	702	890	820	750					
Viet Nam ^(b)	18,000	17,000	12,199	4,268	3,066	1,880	1,743	340	442	442								
Subtotal	200,462	210,352	188,105	197,106	168,664	175,768	186,712	179,924	158,295	113,187	128,642	123,075	96,150	74,200	50,800	34,600	24,000	29,200
LATIN AMERICA																		
Colombia		1,160	6,578	5,008	15,091	5,226	4,916	6,584	7,350	6,500	6,500	4,300	4,153	4,026	3,950	1,950	1,023	714
Mexico ^(c)	5,450	3,765	3,310	3,960	5,795	5,050	5,100	4,000	5,500	3,600	1,900	4,400	2,700	4,800	3,500	3,300	5,000	
Subtotal	5,450	4,925	9,888	8,968	20,886	10,276	10,016	10,584	12,850	10,100	8,400	8,700	6,853	8,826	7,450	5,250	6,023	6,023
OTHER																		
Combined ^(d)	8,054	7,521	2,900	5,704	5,700	5,025	3,190	2,050	2,050	2,050	2,479	2,500	2,500	3,074	5,190	5,212	4,432	5,776
GRAND TOTAL	262,754	281,560	259,686	277,407	272,479	249,919	257,615	251,848	237,819	216,204	221,952	142,094	180,225	168,600	195,940	151,500	201,000	235,700
POTENTIAL PRODUCTION IN METRIC TONS OPIUM (e)																		
SOUTH-WEST ASIA																		
Afghanistan	1,570	1,980	1,970	2,330	3,416	2,335	2,248	2,804	2,693	4,565	3,276	185	3,400	3,600	4,200	4,100	6,100	8,200
Pakistan	150	160	181	161	128	112	24	24	26	9	8	5	5	52	40	36	39	43
Subtotal	1,720	2,140	2,151	2,491	3,544	2,447	2,272	2,828	2,719	4,574	3,284	190	3,405	3,652	4,240	4,136	6,139	8,243
SOUTH-EAST ASIA																		
Lao PDR	202	196	127	169	120	128	140	147	124	124	167	134	112	120	43	14	20	9
Myanmar	1,621	1,728	1,660	1,791	1,583	1,664	1,760	1,676	1,303	895	1,087	1,097	828	810	370	312	315	460
Thailand ^(b)	20	23	14	17	3	2	5	4	8	8	6	6	9					
Viet Nam ^(b)	90	85	61	21	15	9	9	2	2	2								
Subtotal	1,933	2,032	1,862	1,998	1,721	1,803	1,914	1,829	1,437	1,029	1,260	1,237	949	930	413	326	335	469
LATIN AMERICA																		
Colombia		16	90	68	205	71	67	90	100	88	88	80	52	50	49	24	13	14
Mexico ^(c)	62	41	40	49	60	53	54	46	60	43	21	91	58	101	73	71	108	
Subtotal	62	57	130	117	265	124	121	136	160	131	109	171	110	151	122	95	121	121
OTHER																		
Combined ^(d)	45	45	-	4	90	78	48	30	30	30	38	32	56	50	75	63	16	38
GRAND TOTAL	3,760	4,274	4,143	4,610	5,620	4,452	4,355	4,823	4,346	5,764	4,691	1,630	4,520	4,783	4,850	4,620	6,610	8,870
HEROIN																		
Potential HEROIN ^(f)	376	427	414	461	562	445	436	482	435	576	469	163	452	478	495	472	606	733

- (a) Opium poppy harvestable after eradication.
- (b) Due to small production, cultivation and production were included in the category "Other", for Viet Nam as of 2000 and for Thailand as of 2003.
- (c) Figures derived from US Government surveys. In 2006, the Government of Mexico reported a gross opium poppy cultivation of 19,147 hectares and estimated potential gross opium production at 211 mt. These gross figures are not directly comparable to the net figures presented in this table.
- (d) Includes countries such as Russian Federation, Ukraine, Central Asia, Caucasus region, other C.I.S. countries, Balkan countries, Baltic countries, Guatemala, Peru, Viet Nam (as of 2000), Thailand (as of 2003), India, Egypt, Lebanon and Iraq.
- (e) All figures refer to dry opium.
- (f) Heroin estimates for Afghanistan are based on the Afghanistan Opium Surveys (since 2004). For other countries, a 10:1 ratio is used for conversion from opium to heroin.

Fig. 15: Global opium poppy cultivation (hectares), 1990-2007

Global area under poppy cultivation increases in 2007

The total area under illicit opium poppy cultivation increased by 17% in 2007. Although the increase was led by an expansion of cultivation in Afghanistan, opium poppy cultivation also increased in Myanmar after six consecutive years of decline. Global cultivation remains lower than annual levels for 1990 through 1998 at just below its 1998 level.

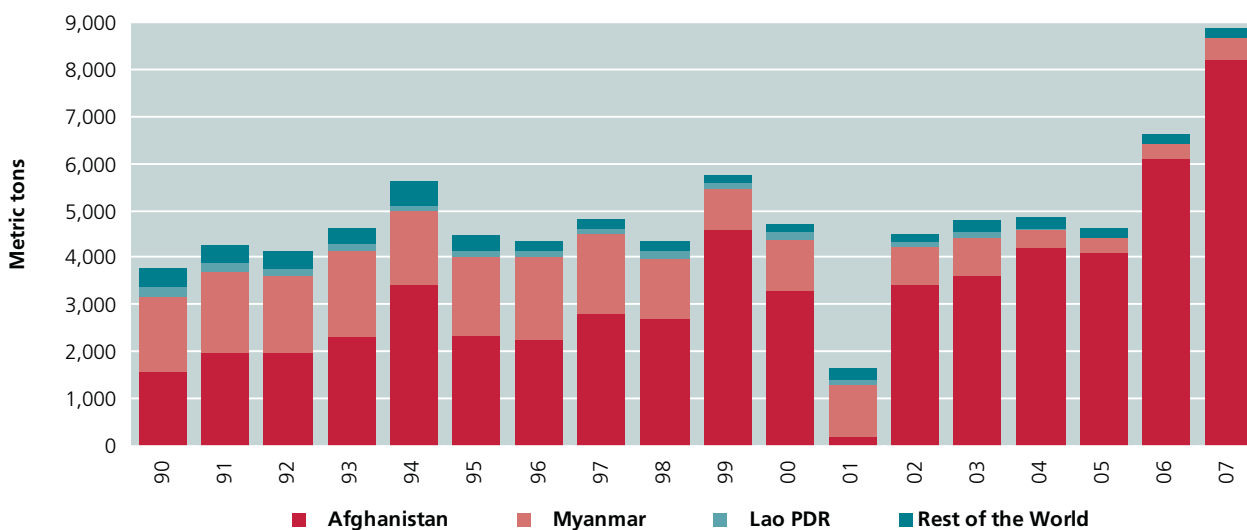
In 2007, opium poppy cultivation in Afghanistan expanded to the largest area ever recorded, surpassing the 2006 record cultivation figure by 28,000 ha. At 17%, the year-on-year increase was less pronounced than in 2006. The total area under cultivation in the country was 193,000 ha in 2007. The number of households involved in opium cultivation is estimated to have increased 14% to 509,000. Similar to the year before, Afghanistan accounted for 82% of the global area under cultivation. Sharp increases in cultivation occurred in the South, West and East, and significant decreases took place in the North and North-East of the country. Cultivation is increasingly concentrated in certain regions of the country, a trend which began over the last few years. Between 2006 and 2007 the number of provinces affected by poppy cultivation fell from 28 to 21. In 2007, over two thirds of the opium poppy cultivation was located in the southern region of the country and 53% of it occurs in the southern province of Hilmand alone. Provinces which were found to be free of poppy in 2006 remained so through 2007, when an additional 7 were identified, bringing the number of poppy-free provinces to 13.

In Pakistan, where opium poppy is grown in the Afghan-Pakistan border region, a cultivation increase of 10% to around 1,700 ha was reported.

After six years of decline, overall opium poppy cultivation in South-East Asia increased by 22% on the strength of a 29% increase in Myanmar to 27,700 ha. Despite this recent increase, opium poppy cultivation in South-East Asia decreased by 82% since 1998. While some areas in Myanmar such as the Wa region remained opium poppy free, cultivation in the East and South of the Shan State, where the majority of opium poppy cultivation takes place, increased significantly. The estimated number of households involved in opium poppy cultivation in the Shan State increased 24%. In the Lao PDR, opium poppy cultivation is spread over the northern provinces but remained at a low level, falling to 1,500 ha in 2007. Bangladesh, India, Thailand and Viet Nam all continue to report eradication of small amounts of illicit opium poppy cultivation.

In the Western Hemisphere, the illicit opium markets are primarily supplied from North and South America. The Government of Colombia estimates the area under opium poppy cultivation fell to about 714 ha in 2007. Opium poppy cultivation in Peru is difficult to quantify as the UNODC supported national illicit crop monitoring system has not yet established a reliable methodology for the detection of the crop. The Government of Mexico reported gross cultivation of opium poppy to have reached 19,147 ha in 2007. Due to the country's eradication efforts, however, net cultivation is thought to have been successfully reduced to several thousand hectares. Eradication reports indicate that opium poppy is also cultivated in Guatemala.

Very low levels of cultivation continue to take place in many other regions and countries such as the Russian Federation, Ukraine, Central Asia, the Caucasus region, other C.I.S. countries, Balkan countries, Baltic countries, Egypt, Lebanon and Iraq.

Fig. 16: Global opium production (metric tons), 1990-2007

Opium production reaches a new record high

Global opium production reached record levels in 2007: led by production in Afghanistan, it increased for a second year in a row to 8,870 mt. This is by far the highest annual level of production recorded in the last two decades and roughly double the annual average for that period. This is related to the shift in cultivation from Myanmar to Afghanistan which has taken place over the same period. In the latter country, opium farmers achieve more than two and a half times the per hectare yield. In 2007, Afghanistan alone accounted for 92% of global production, producing 8,200 mt of opium at an average yield of 42.5 kg/ha. In Myanmar, opium production increased by 46% from 315 mt to 460 mt due to the combined effects of cultivation increases and higher yields. However, opium production in Myanmar represented only 5% of global production in 2007.

The total farmgate value of opium production in Afghanistan rose 32% to US\$1 billion dollars in 2007 on the strength of the enormous increase in production. Total export value of opiates to neighbouring countries is thought to be around US\$4 billion. The total production value of opium production in Myanmar increased 67% to US\$120 million in 2007.

Price responsiveness increases in Afghanistan

Prices in Afghanistan may finally be responding to the enormous increases in supply witnessed over the last years. Farmgate prices for dry opium reached their lowest annual average since the opium ban in 2001, declining by 21% from US\$ 140/kg in 2006 to US\$ 111/kg in 2007. Regional price differences continued to exist in the country but were less pronounced than in 2006. Regional prices seem to be corroborating the observation that there is greater price responsiveness in

the country. Trader prices in the northern and western regions remained relatively stable and did not fall as much as in the South. The eastern region recorded a significant post-harvest price decrease and prices began to converge at Southern price levels. This is the opposite of what was observed in 2006 when monthly price differences of US\$ 100/kg between the South and the East were reported.

Opium prices in Myanmar continued to increase. Prices rose 11% from US\$ 230/kg in 2006 to US\$ 256/kg in 2007. This increase was lower than in 2006, when farm-gate prices increased by 23%. Prices for Lao PDR and Thailand indicated that recent production increases in Myanmar were not offsetting the scarcity of opium on local illicit markets. Prices increased 77% to US\$ 974/kg in the Lao PDR. In Thailand prices reached US\$ 1,071/kg in 2007.

Afghanistan, the Russian Federation and the Republic of Moldova continue to destroy the most opiates laboratories

In 2006, 619 opiates producing laboratories¹ were destroyed. Afghanistan (269), the Russian Federation (225) and the Republic of Moldova (112) reported seizing and dismantling the majority of these labs. Laboratories in the Russian Federation and the Republic of Moldova tend to produce acetylated opium from locally cultivated opium poppy straw, whereas laboratories in Afghanistan produced morphine and heroin. The destruction of opium/heroin laboratories was also reported by Myanmar (10), which has domestic opium production, SAR Hong Kong (2), and India (1), where

¹ Unfortunately, while UNODC has information on the number of laboratories, information on the importance or size of the installation destroyed is often unavailable.

eradication reports confirm the existence of opium poppy cultivation. For the year 2006 the authorities of Pakistan reported the dismantling of 8 clandestine laboratories close to the Afghan border in Baluchistan.

Illicit morphine and heroin producers in Afghanistan need large quantities of the chemical precursor acetic anhydride to refine their drugs. Given the high number of laboratories dismantled in Afghanistan and the virtual disappearance of heroin laboratories from the statistics of countries along the main trafficking routes, the

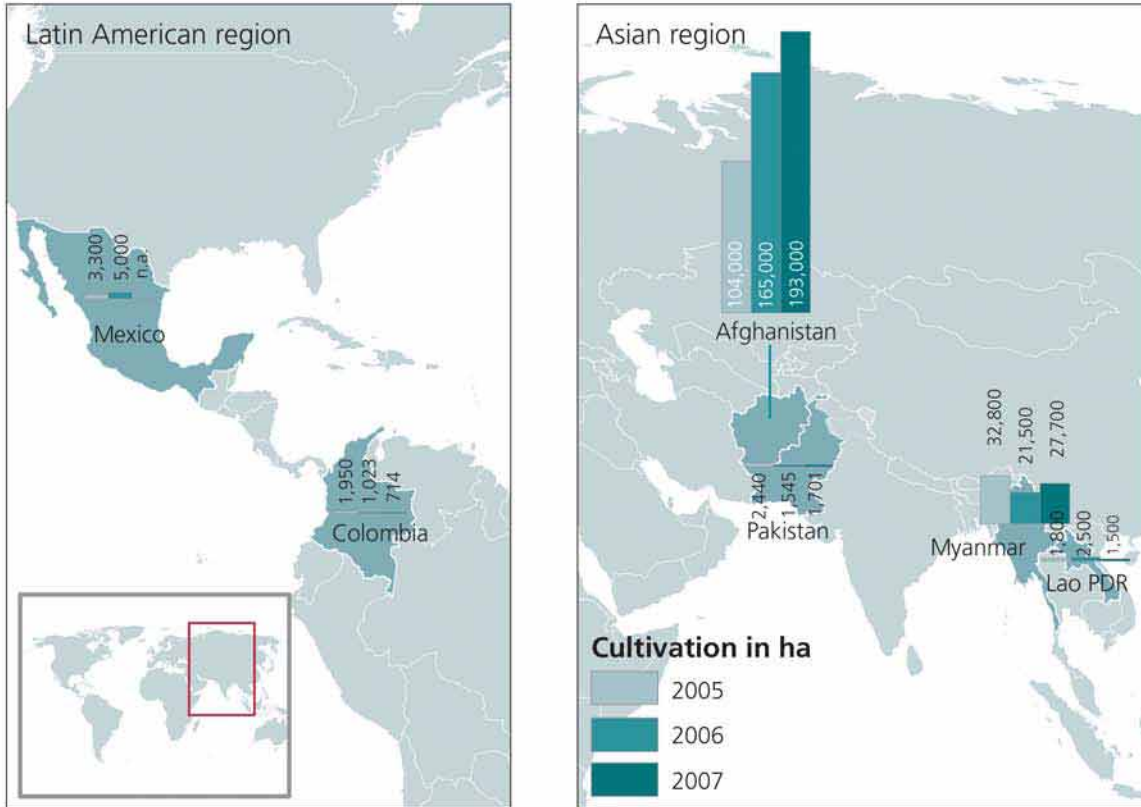
demand for this chemical must be high. As it is not produced locally and as the country has no legitimate requirement of it, it is regularly smuggled into the country. Seizures of acetic anhydride in the countries neighbouring Afghanistan are rare, although the demand for the substance is thought to have increased proportionally to the increase in opium production. The exception to this is China which has reported seizures of the chemical since 2005. In 2007, for example, the country again stopped an order for a shipment of 80 mt of acetic anhydride.

Table 3: Significant opium poppy eradication reported (hectares), 1995-2007

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Afghanistan	–	–	–	–	400	121	–	–	21,430	*	5,103	15,300	19,047
Colombia	3,466	6,885	6,988	2,901	8,249	9,254	2,385	3,577	3,266	3,866	2,121	1,929	–
Egypt	–	–	–	–	–	–	–	15	34	65	45	50	–
Guatemala	–	–	–	–	–	–	–	–	–	–	489	720	449
India	–	–	29	96	248	153	18	219	494	167	12	247	7,753
Lao PDR	–	–	–	–	–	–	–	–	4,134	3,556	2,575	518	779
Lebanon	–	–	–	–	–	–	–	–	4	67	27	–	–
Mexico	15,389	14,671	17,732	17,449	15,461	15,717	15,350	19,157	20,034	15,926	21,609	16,890	11,046
Myanmar	3,310	1,938	3,093	3,172	9,824	1,643	9,317	7,469	638	2,820	3,907	3,970	3,598
Pakistan	–	867	654	2,194	1,197	1,704	1,484	–	4,185	5,200	391	354	614
Peru	–	–	–	4	18	26	155	14	57	98	92	88	88
Thailand	580	886	1,053	716	808	757	832	507	767	122	110	153	220
Venezuela	1,480	51	266	148	137	215	39	0	0	87	154	0	–
Vietnam	477	1,142	340	439	–	426	–	125	100	32	–	–	38

* Although eradication took place in 2004, it was not officially reported to UNODC.

Map 2: Opium poppy cultivation, 2005-2007



Map 3: Opium poppy production, 2005-2007

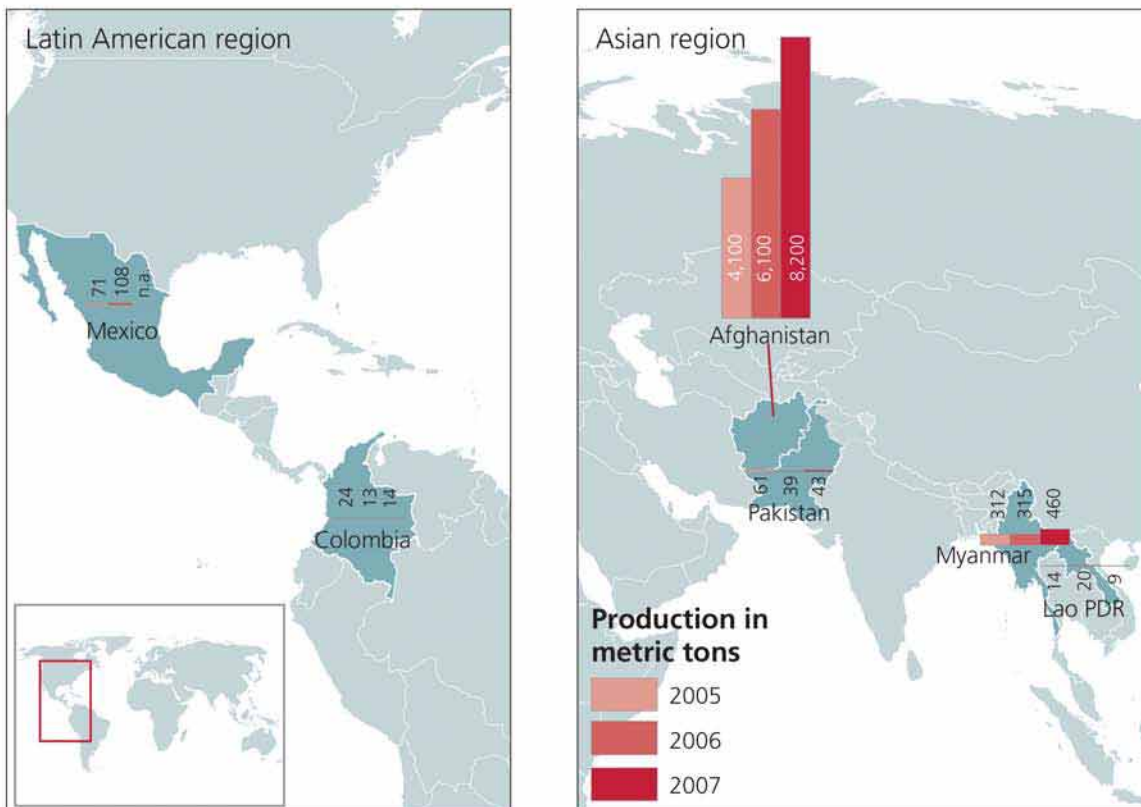
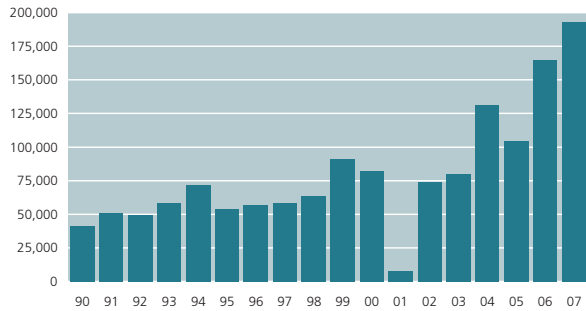
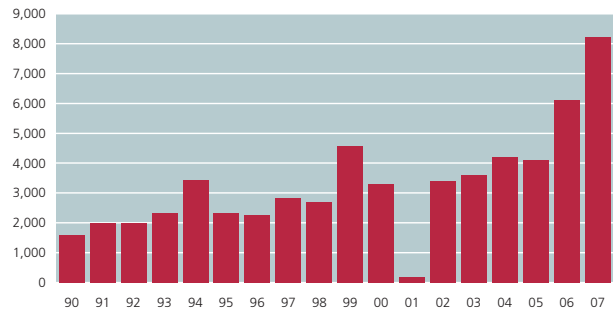


Fig. 17: Annual opium poppy cultivation and opium production in main producing countries, 1990-2007

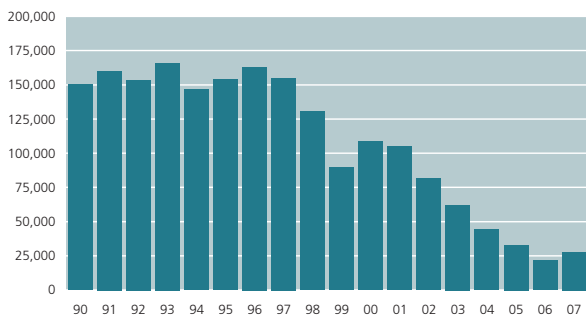
AFGHANISTAN - OPIUM POPPY CULTIVATION (hectares), 1990-2007



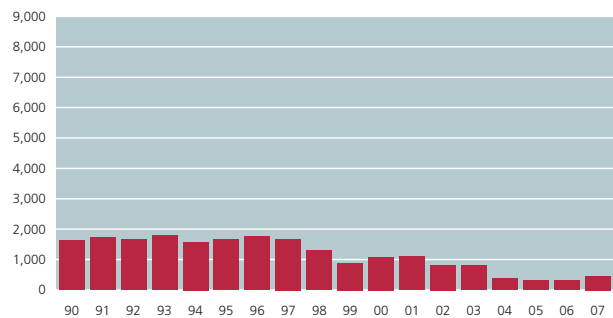
AFGHANISTAN - OPIUM PRODUCTION (metric tons), 1990-2007



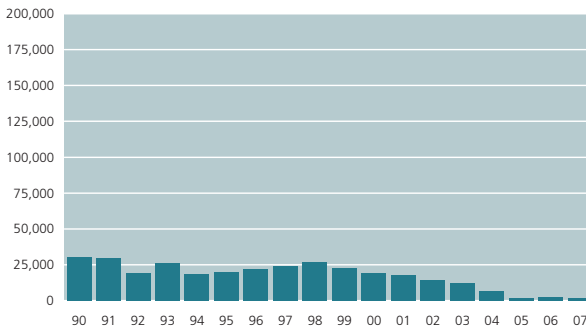
MYANMAR - OPIUM POPPY CULTIVATION (hectares), 1990-2007



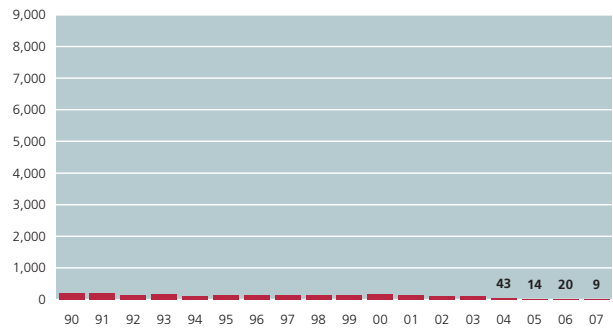
MYANMAR - OPIUM PRODUCTION (metric tons), 1990-2007



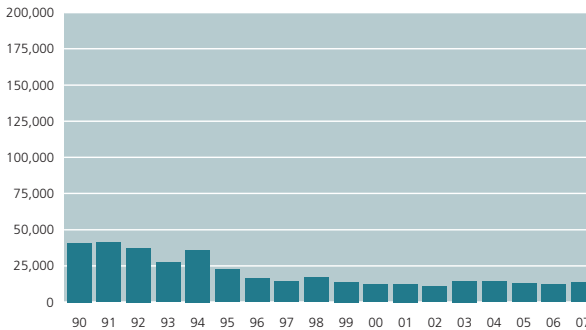
LAO PDR - OPIUM POPPY CULTIVATION (hectares), 1990-2007



LAO PDR - OPIUM PRODUCTION (metric tons), 1990-2007



REST OF THE WORLD - OPIUM POPPY CULTIVATION (hectares), 1990-2007



REST OF THE WORLD - OPIUM PRODUCTION (metric tons), 1990-2007

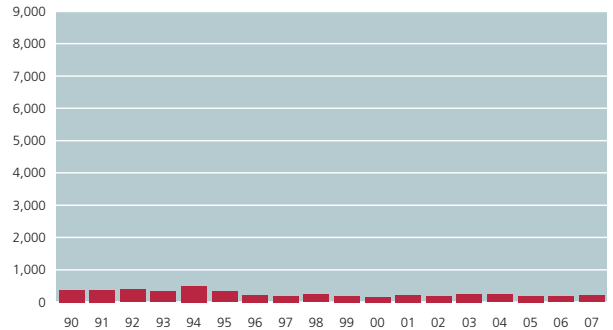


Fig. 18: Opium poppy cultivation

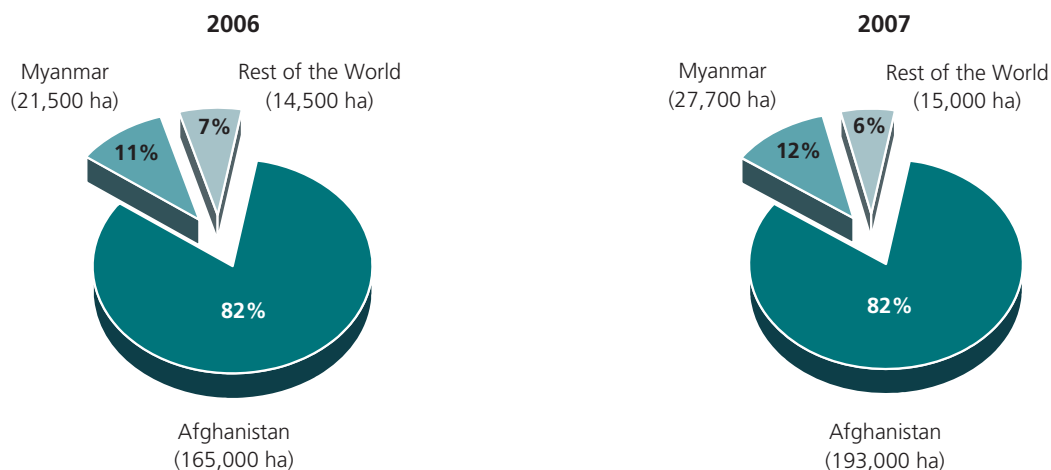
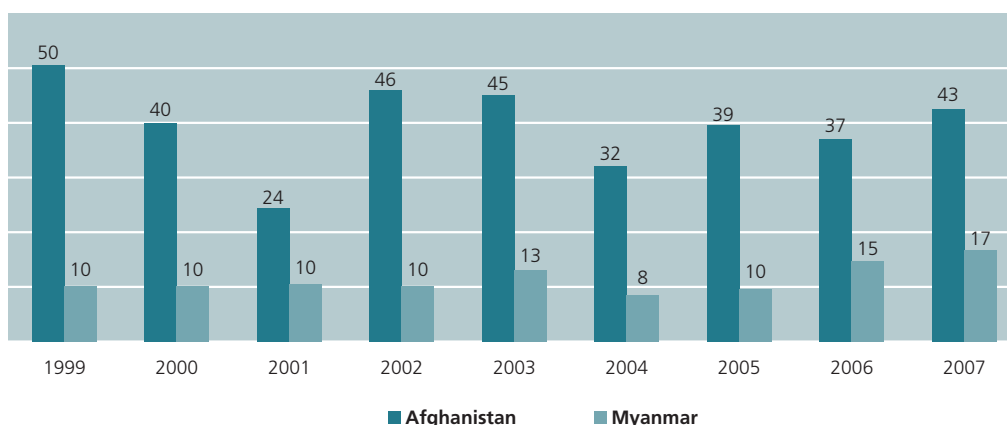
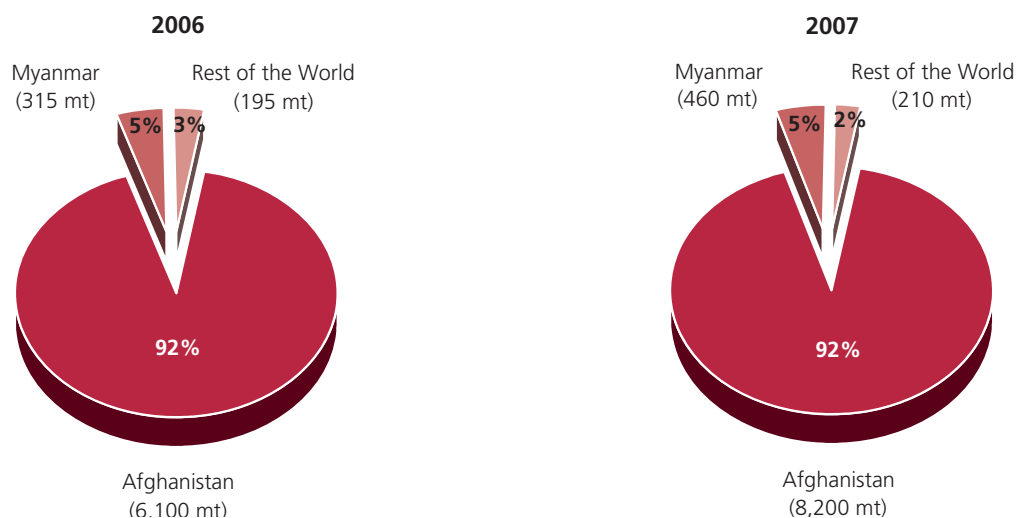


Fig. 19: Opium yields in Afghanistan and Myanmar (kg/ha), 1999-2007



Differences in opium yield between Afghanistan and Myanmar are due to differences in opium poppy varieties and growing conditions. Variations of yields from year to year in the same country are mostly caused by changes in weather conditions and/or, as in the case of Afghanistan in 2001, by a shift in the relative distribution of cultivation from irrigated to rain-fed land.

Fig. 20: Opium production



1.2.3 Trafficking

Opiate seizures increased and heroin seizures remained stable in 2006

Out of 152 countries providing seizure statistics to UNODC for the year 2006, 126 countries (83%) reported seizures of opiates. Opium seizures were reported by 57 countries (38% of all reporting countries), morphine by 36 countries (24%) and heroin by 122 countries (80%). Thus more countries reported opiates seizures than seizures for cocaine (78%), the amphetamine-type stimulants (65%; amphetamines: 55%; ecstasy: 51%) or depressants, mainly benzodiazepines and barbiturates (33%).

Global opiate seizures, expressed in heroin equivalents,¹ increased 14% to 142 mt in 2006. Opiates seizures have grown an average of 9% per year over the last decade, exceeding growth in global opium production. The global interception rate for opiates rose from 13% in 1996 to 23% in 2006.

Global opium seizures amounted to 384 mt in 2006, up 12% on a year earlier. Opium seizures were concentrated in Iran (81% of the total), Afghanistan (11%), Pakistan (2%) and Myanmar (2%).

Global morphine seizures amounted to 46 mt, up 45% on a year earlier. Most morphine seizures took place in Pakistan (70%) and Iran (23%). This suggests that important amounts of heroin are produced outside Afghanistan, as morphine does not have a large user base. The Pakistan authorities reported the dismantling of 8 heroin laboratories in 2006, the first identified laboratories since 1997.

Global heroin seizures amounted to 58 mt, about the same as a year earlier (-1%). The world's largest heroin seizures in 2006 were reported by Iran (10.7 mt or 19% of global heroin seizures), followed by Turkey (10.3 mt or 18%), China (5.8 mt or 10%), Afghanistan (4 mt or 7%), Pakistan (2.8 mt or 5%), the Russian Federation (2.5 mt or 4%) and Tajikistan (2.1 mt or 4%). The countries of West and Central Europe seized 8.4 mt or 14% of the total; the countries of North America seized 2.2 mt or 4% of the total.

¹ For the purposes of this calculation it is assumed that 10 kilograms of opium are equivalent to 1 kilogram morphine or 1 kilogram of heroin.

While the increases in opium and morphine seizures are linked to growing opium production in Afghanistan, the stabilization in global heroin seizures over the 2004-2006 period (-5%) is thought to be linked to a combination of supply side factors. Amongst these could be: the impact of opium stock-piling (possible as price leverage) some successes in dismantling clandestine heroin laboratories (mostly in Afghanistan); and, improvements in precursor control.

The international rescheduling of acetic anhydride, the key precursor for heroin manufacture, from a Table II to a Table I substance a few years ago tightened international control. States Members are now obliged to supply export notifications from the competent authorities of the exporting country when the chemical is traded. Also, various international co-operations efforts (such as Project Cohesion or Operation Trans-shipment in 2006) may have raised awareness in the commercial sector, reducing the readiness of companies to provide huge quantities of acetic anhydride to unknown and suspicious customers. Indications that this has been successful can be found on the supply side of the opiates market itself. While acetic anhydride is still available in Afghanistan, its price has increased markedly over the last two years. Although actual seizures of this precursor remained negligible in the countries bordering Afghanistan,² the increasing price signals that laboratory operators are experiencing shortages of the chemical.

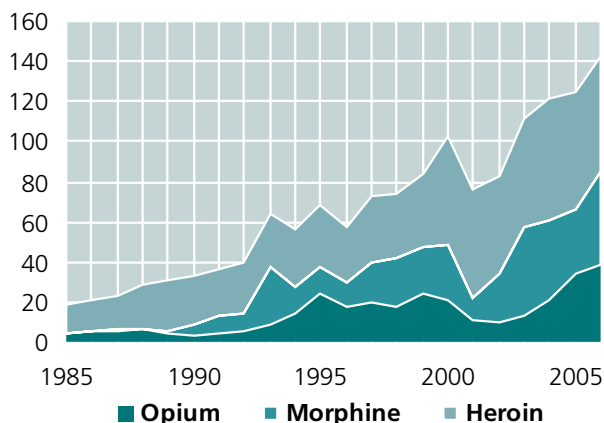
Concentration of seizures close to production centers

About 80% of global opiate seizures were made in Asia in 2006, 17% in Europe and 3% in the Americas. The most important sub-region for opiate seizures was South-West Asia, which accounted for 69% of global opiate seizures.

The bulk of global opiate seizures takes place in the countries surrounding Afghanistan: South-West Asia, South- and Central Asia together accounted for 73% of global opiate seizures in 2006. When Europe is included, these regions made 90% of the global total in 2006. This figure has risen steadily in line with Afghanistan's share in global opium production, from 77% in 2002 and 86% in 2005. Most of the remaining opiate seizures

² INCB, *2007 Precursors and Chemicals frequently used in the Illicit Manufacture of Narcotic Drugs and Psychotropic Substances*, New York 2008.

Fig. 21: Global opiate seizures, expressed in heroin equivalents*, by substance, 1985-2006



* based on a conversion rate of 10 kilograms of opium for 1 kg of morphine or 1 kg of heroin.
Source: UNODC, Annual reports Questionnaire Data / DELTA.

(7%) are made in the East & South-East Asia / Oceania sub-regions. The Americas accounted for 3% of the global total and Africa for 0.3%.

Seizures rise with the expansion of markets and the development of trafficking routes in South-West Asia, South Asia and South-East Europe

In 2006, opiate seizures continued to increase in South-West Asia (+25%) and South Asia (+23%), as well as in South-East Europe (+26%). They also grew in Africa (+8%) and in West and Central Europe (+6%).

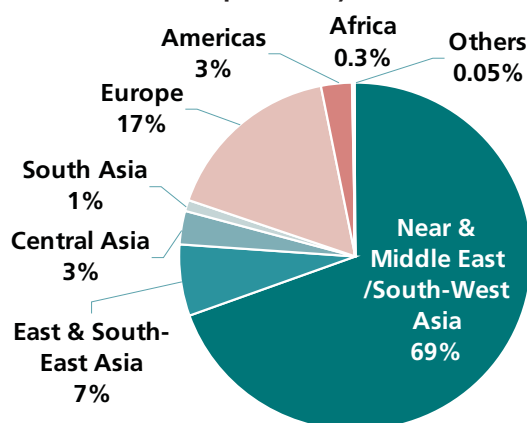
Opiate seizures increased only slightly in Central Asia (3%). In 2006, seizures in this region were 40% lower than at their peak in 2003. This is likely the result of the shift in opium production towards the southern provinces of Afghanistan making it less convenient to traffic opiates via the Silk route. Opiate seizures reported by countries of East Europe (which obtained most of their opiates via the Silk Route) fell by 48% in 2006. In parallel, the Russian authorities reported a marked decline of heroin availability on the Russian market.

Seizures fall in East and South-East Asia, the Oceania region and the Americas

Opiates seizures also continued to fall in East and South-East Asia (-22% in 2006 after -14% in 2005). This mirrored the decline in opium production in Myanmar and Laos in 2006 and previous years. Opiate seizures also declined markedly in the Oceania region (-57% in 2006).

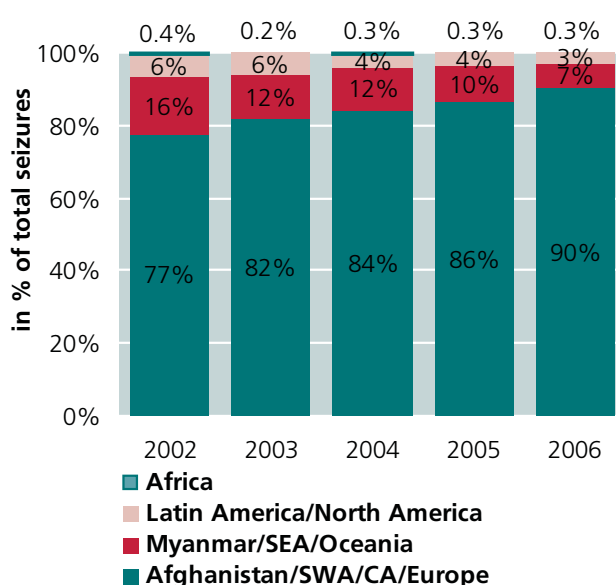
In 2006, opiates seizures in the Americas fell by 11% and were 39% lower than at their peak in 2003. This correlates with the declining opium production in the countries of South America. More than half of all Amer-

Fig. 22: Regional breakdown of global opiate seizures in 2006; (N = 142 mt expressed in heroin equivalents)



* For the purposes of this calculation it is assumed that 10 kilograms of opium are equivalent to 1 kilogram of morphine and 1 kilogram of heroin.
Source: UNODC, Annual Reports Questionnaire Data / DELTA

Fig. 23: Distribution of opiate seizures (expressed in heroin equivalents*), 2002-2006



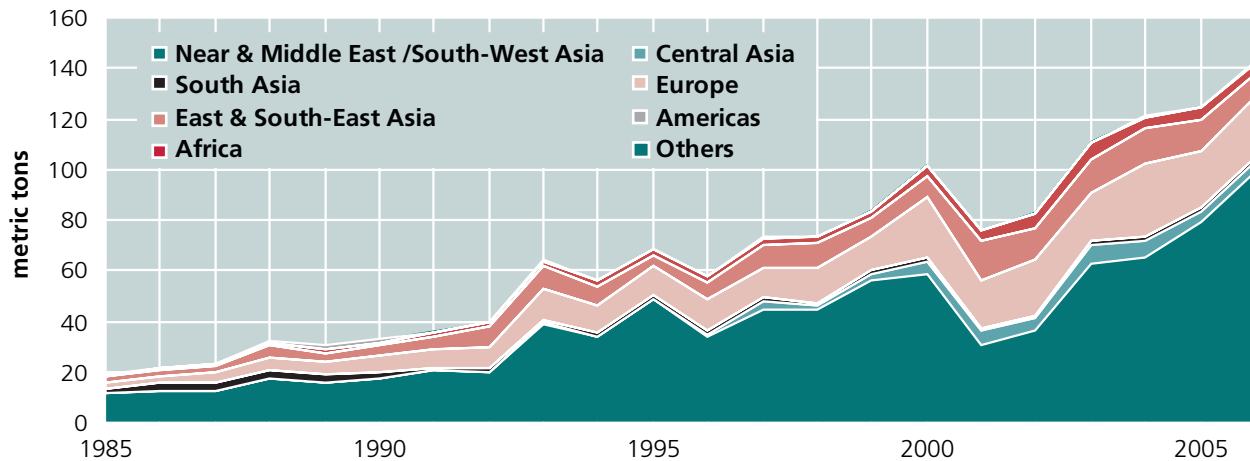
* applying a conversion ratio of 10 kg of opium equivalent to 1 kg of morphine and 1 kg of heroin.
Source: UNODC, Annual reports Questionnaire Data / DELTA.

ican opiate seizures were made by countries in North America. Seizures in North America declined by 3% in 2006 and were 46% lower than at their peak in 2003.

Trafficking in opiates continues along three major routes

There are three production centres for opiates which supply three distinct markets. The main trafficking flows are as follows:

- from Afghanistan, the world's largest opium producer, to neighbouring countries of South, South West

Fig. 24: Global opiate seizures, expressed in heroin equivalents*, regional breakdown, 1985-2006

* For the purposes of this calculation it is assumed that 10 kilograms of opium are equivalent to 1 kilogram of morphine and 1 kilogram of heroin.

Source: UNODC, Annual Reports Questionnaire Data / DELTA

- and Central Asia, the Middle East, Africa and, in particular, to Europe;
- from Myanmar/Laos to neighbouring countries of South-East Asia, (notably China) and to the Oceania region (mainly Australia);
- from Latin America (Mexico, Colombia, Guatemala and Peru) to North America (notably USA)

Recently, new distribution patterns are developing which blur some of these transit corridors, i.e. shipments of heroin from Afghanistan via Pakistan to China and shipments of heroin from Afghanistan via Central Asia to China. This has partly offset the decline in heroin from Myanmar into China. In 2006 the Pakistan authorities reported 137 seizures of heroin (transported mainly by air), destined for China – this is a large increase on 20 such seizures in 2005 and two in 2004.

Similarly, the Chinese authorities reported 18 seizures involving heroin trafficked into China via Pakistan, up from eight in 2005 and none in 2004. A rather high proportion of third country foreigners (mostly from West Africa) were involved (9% of the persons arrested in Pakistan and 33% of the persons arrested in China). The total volume of these seizures was still small (132 kg in 2006 out of 2.8 mt of heroin seized in Pakistan and 62 kg out of 5.8 mt seized in China) but the shipments indicate the development of emerging routes and changes in market supply chains.³

Although the availability of heroin from Afghanistan remains very low in North America, there are some indications that opiates from Afghanistan are beginning to make their way to the USA and Canada, both directly from Afghanistan and via Pakistan and India. Canada

³ Pakistan, Anti Narcotics Force, presentation to Heads of National Law Enforcement Agencies, Sept. 2007.

reports 83% of the heroin seized on its market in 2006 originated in South-West Asia.

The majority of opiates continue to be transported along the Balkan route to Western Europe

The bulk of all opiates continue to leave Afghanistan via Iran and Pakistan. UNODC estimates suggest that in 2006, 53% of all opiates left Afghanistan via Iran, 33% via Pakistan and 15% via Central Asia (mainly via Tajikistan). Most of the opium exports were destined for Iran.⁴ In 2007 the importance of Pakistan as destination or transit country for opiates produced in Afghanistan appears to have increased. According to UNODC estimates, the overall proportion of opiates from Afghanistan exiting the country via Iran fell to 50%, while the proportion exiting via Pakistan increased slightly to 35% in 2007. The proportion exiting Afghanistan via Central Asia declined marginally to 14.5% of the total. The rest (about 0.2% of the total) went to China. In 2007, if only heroin & morphine are considered, UNODC estimates that 51% exited Afghanistan via Pakistan (up from 48% in 2006), followed by Iran (29.5%, down from 31%) and Central Asia (19.5%⁵ down from 21% in 2006⁶ and 25% in 2005).⁷

Seizures made by countries along the Silk Route (countries of Central Asia and European C.I.S. countries) declined in 2006. When seizures made by countries along the Silk Route and along the extended Balkan route (Pakistan, Iran, Turkey, Balkan countries) are taken

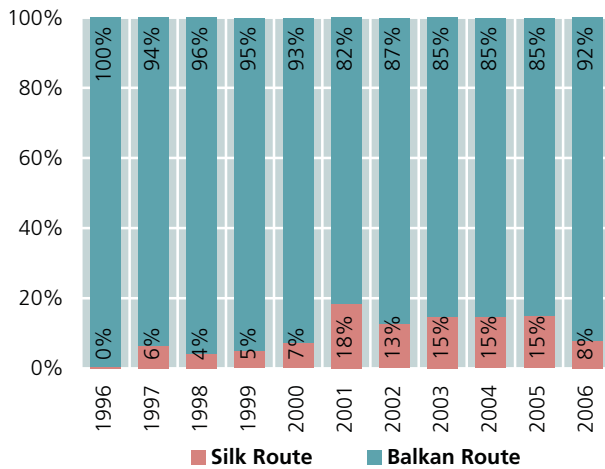
⁴ UNODC, *Afghanistan Opium Survey 2006*, October 2006.

⁵ The methodology used to arrive at these estimates is provided in UNODC, *Afghanistan Opium Survey 2007*, October 2007, pp. 139-152.

⁶ UNODC, *Afghanistan Opium Survey 2006*, October 2006.

⁷ UNODC, *Afghanistan Opium Survey 2005*, October 2005.

Fig. 25: Proportion of seizures of heroin & morphine made along the Balkan Route and along the Silk Route, 1996-2006



Source: UNODC, Annual Reports Questionnaire Data / DELTA.

as a whole, about 8% of seizures were made along the silk route less than in 2006, less than in recent years when 15% of seizures were made along the Silk Route (or ‘Northern Route’). This is consistent with the expansion of opium production in the southern provinces of Afghanistan, and falling levels in northern Afghanistan. The route via Central Asia mainly serves the Russian and C.I.S. countries markets and, to a lesser extent, China. Some of the heroin destined for the Baltic countries and the Nordic countries is also shipped along this route.

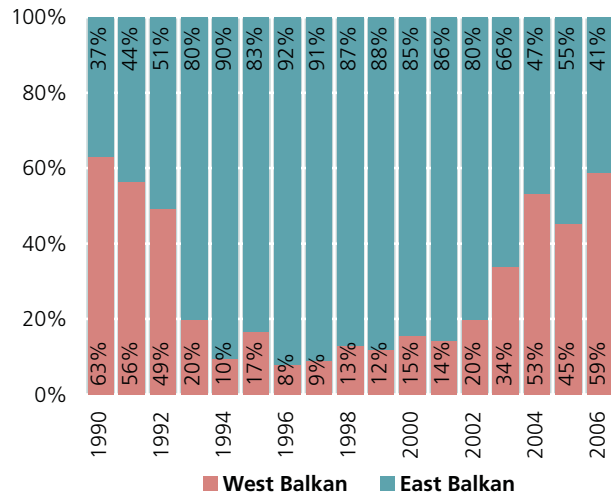
Most of the opiates from Afghanistan destined for Western Europe continue to be trafficked via Pakistan, Iran, Turkey and the Balkan countries. In addition, a number of direct routes also exist - by air, via Pakistan to Europe (notably the UK), and via the Middle East, East Africa and then West Africa to Europe. There are also suspicions of increasing trafficking via the port of Karachi.

The Northern Black Sea route, which begins in Iran and transits the Caspian sea, Azerbaijan, Georgia and the Ukraine to Romania, is being used with increased frequency. It is thought that improvements in border control between Turkey and Bulgaria have triggered this shift. Based on Turkish intelligence, a number of significant heroin seizures were made in Azerbaijan, Ukraine and Romania in 2007.⁸

The world’s largest opiate seizures are made along the extended Balkan route. If all opiates (heroin, morphine and opium expressed in opium equivalents) are considered, Iran seized 37% of the world total in 2006, followed by Pakistan (26%), Turkey (8%) and West & Central Europe (6%). Six per cent of the total was in

⁸ Ministry of Interior, Turkish National Police, *Turkish Report on Drugs and Organized Crime 2007*, February 2008.

Fig. 26: Trafficking of heroin and morphine along the European Balkan route*, 1990-2006



For the purposes of this analysis only seizures of the following countries were combined to reflect trafficking along the European Balkan route. West-Balkan route: Albania as well as former Yugoslavia and its successor states, i.e. Bosnia Herzegovina, Croatia, Former Yugoslav Republic of Macedonia, Montenegro, Serbia and Slovenia. East Balkan route: Bulgaria, Romania and Hungary.

Source: UNODC, Annual Reports Questionnaire / DELTA.

Afghanistan itself. In terms of heroin and morphine seizures, the world’s largest seizures were reported by Pakistan (35 mt or 34% of total), followed by Iran (21 mt or 20% of total) and Turkey (11 mt or 10% of total).

Some trafficking shifts to the Western Balkan route

Overall opiate seizures increased by 46% in Pakistan, 47% in Iran, 24% in Turkey and by 18% along the European Balkan route (excluding Turkey) in 2006.

In the early 1990s, prior to the disintegration of the former Yugoslavia, the West Balkan route accounted for 60% of all opiate seizures made along the European Balkan route. This route is thought to have regained some importance in recent years. Close to 60% of all heroin and morphine seizures in 2006 were made in countries located along the West Balkan route, up from 8% in 1996.

Fig. 27: USA: Heroin retail and whole sale prices,1990-2007 (US\$/gram)

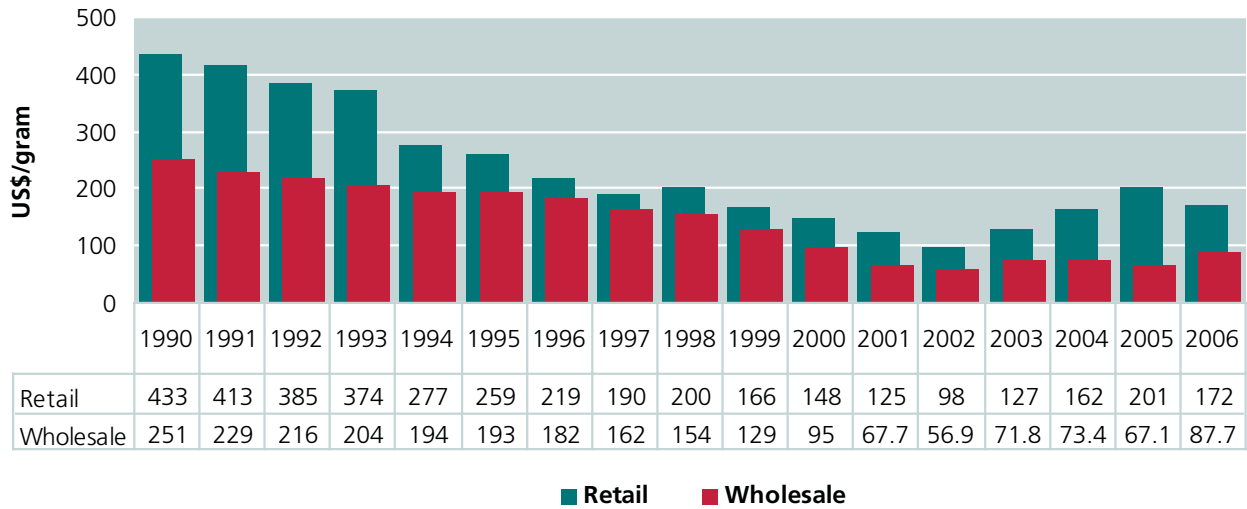


Fig. 28: EUROPE: Heroin retail and whole sale prices, 1990-2007 (US\$/gram)

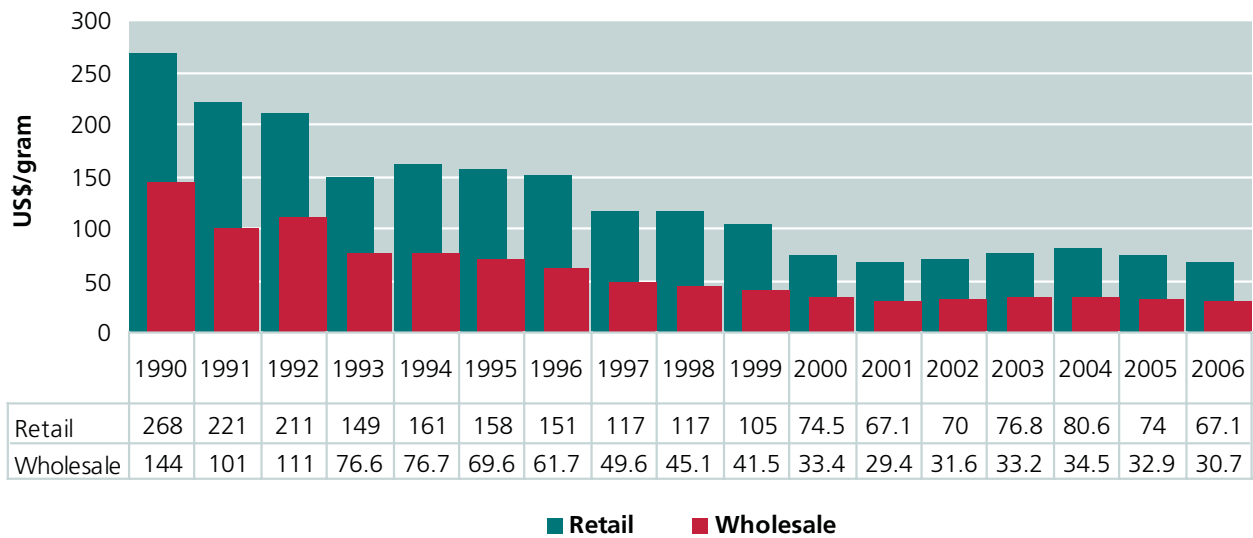
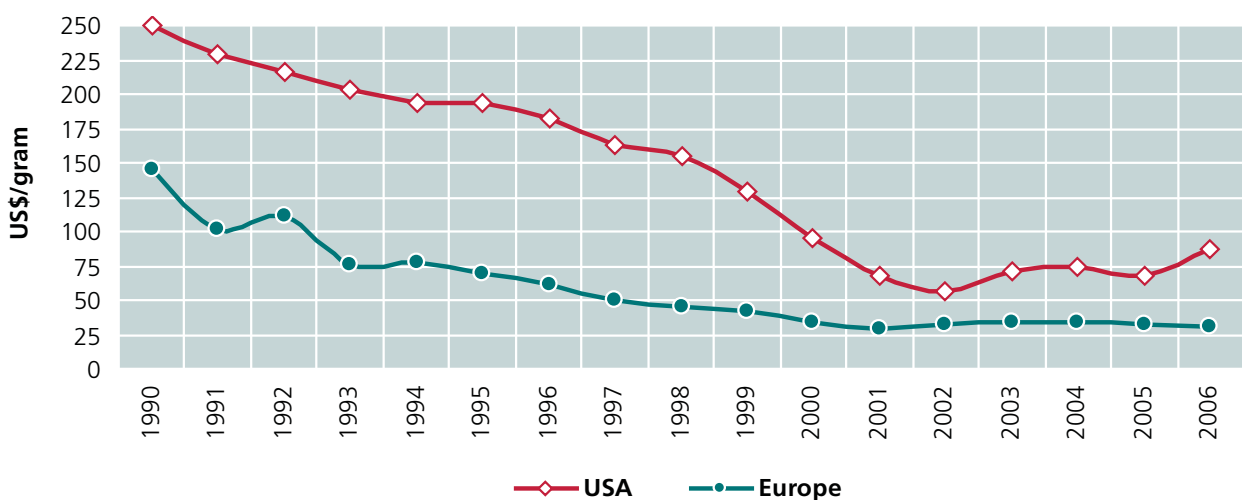
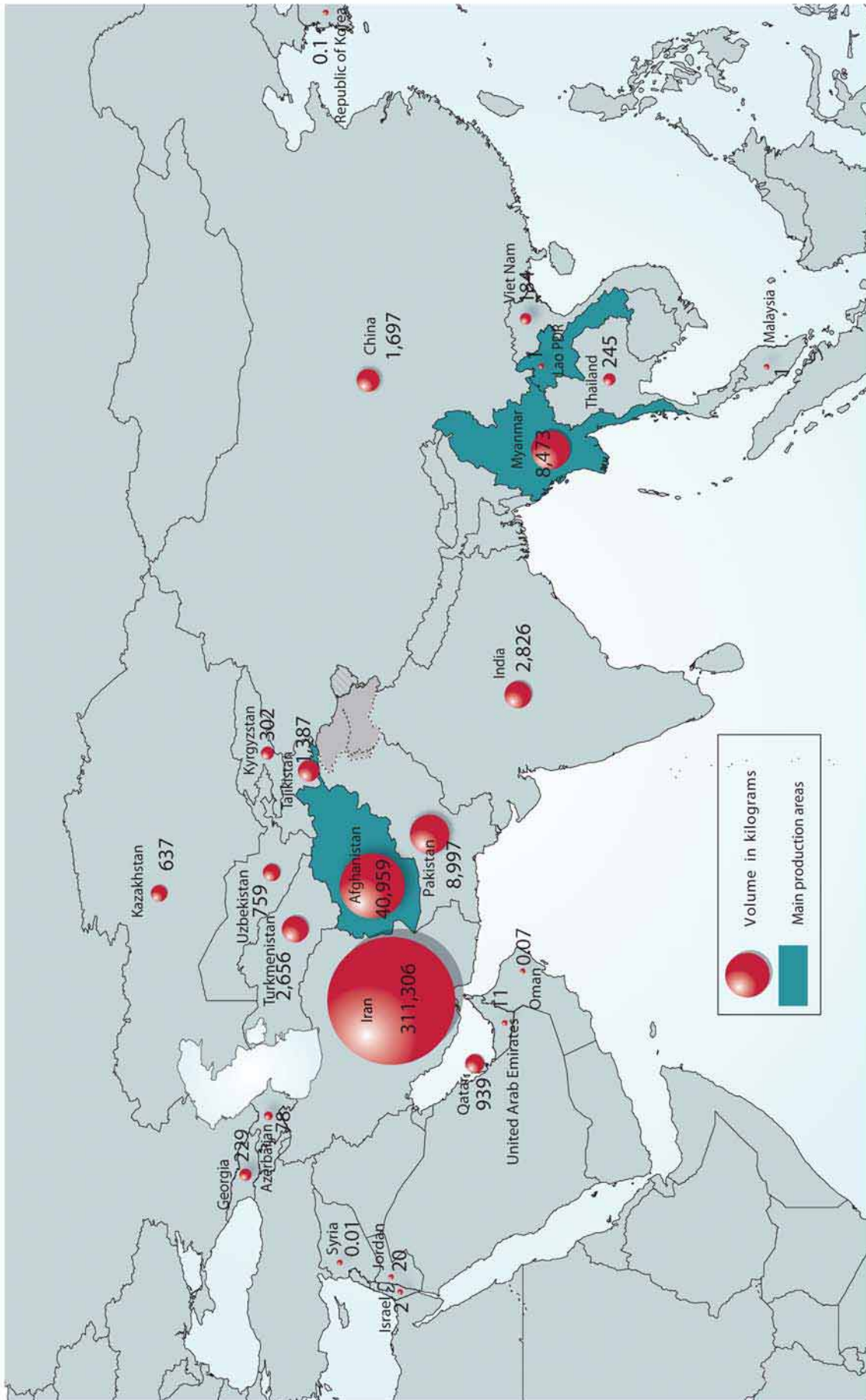


Fig. 29: Wholesale heroin prices in Europe and the USA, 1990-2007 (US\$/gram)



Map 4: Opium seizures in Asia, 2006



Source: UNODC Annual Reports Questionnaires data/DELTA.
Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Map 5: Trafficking in heroin and morphine, 2006 (countries reporting seizures* of more than 10 kg)

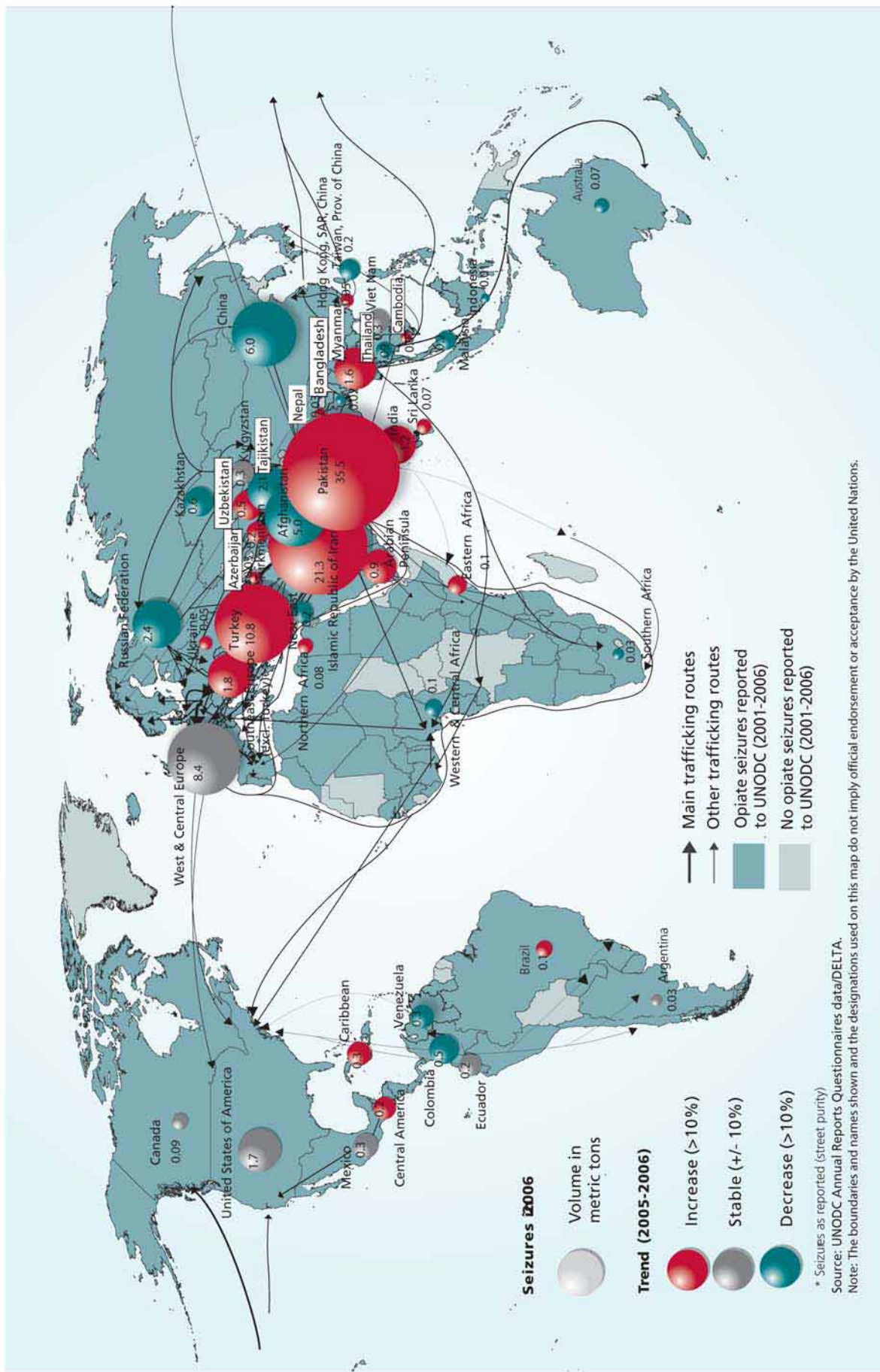
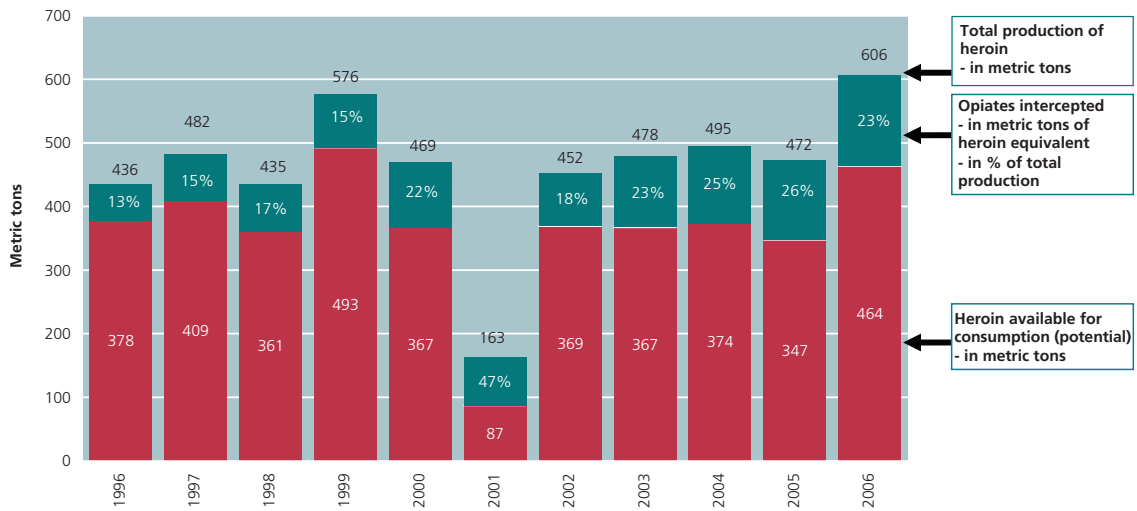


Fig. 30: Global illicit supply of opiates, 1994-2006



*Opiates are defined as heroin, morphine and opium expressed in heroin equivalents.

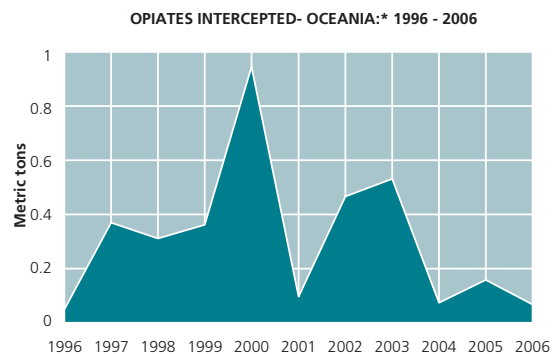
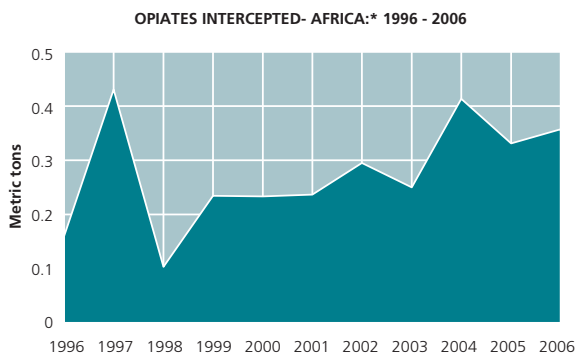
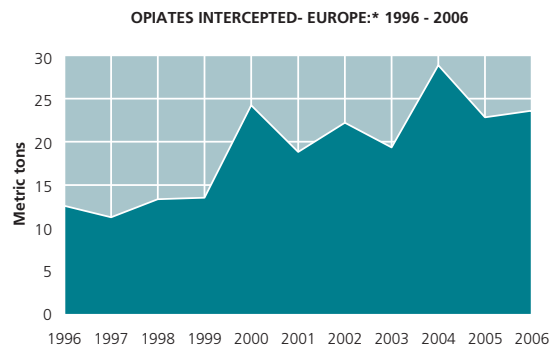
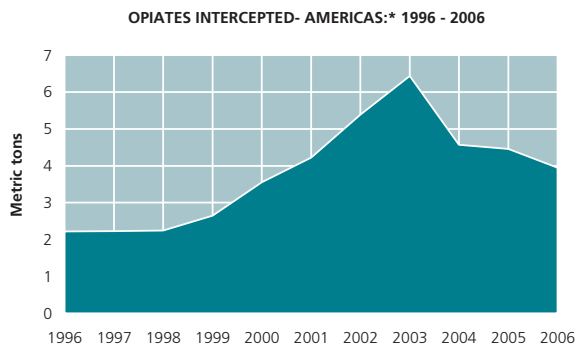
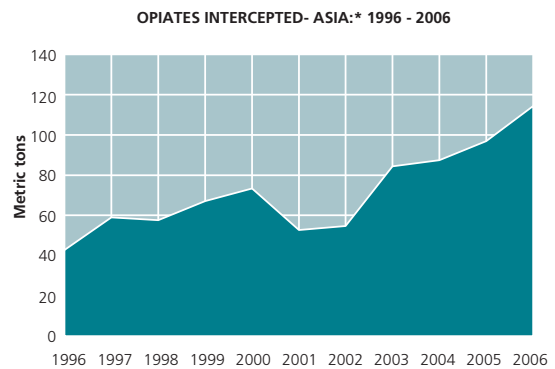
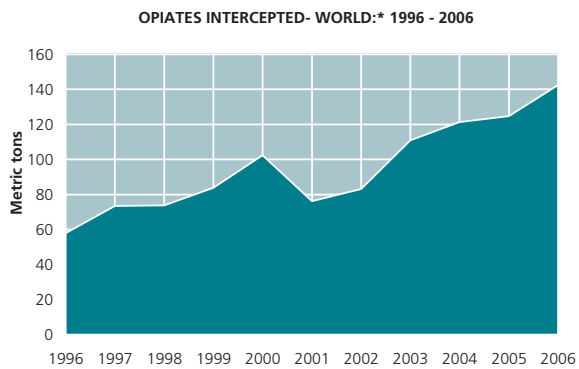
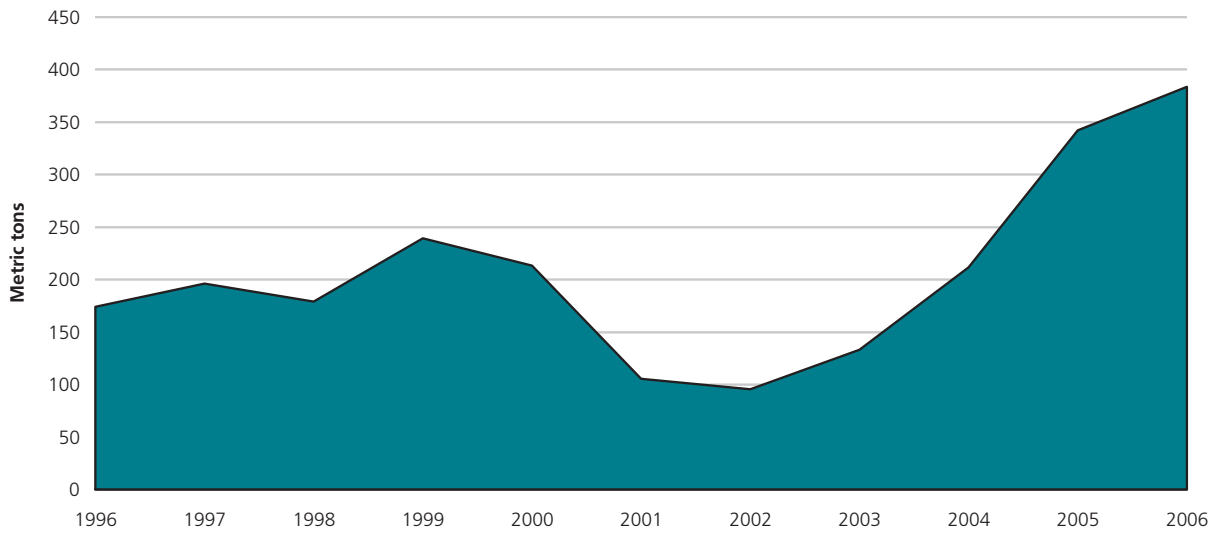


Fig. 31: Global seizures of opium, 1990-2006



Year	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Metric Tons	174	196	179	239	213	106	96	133	212	342	384

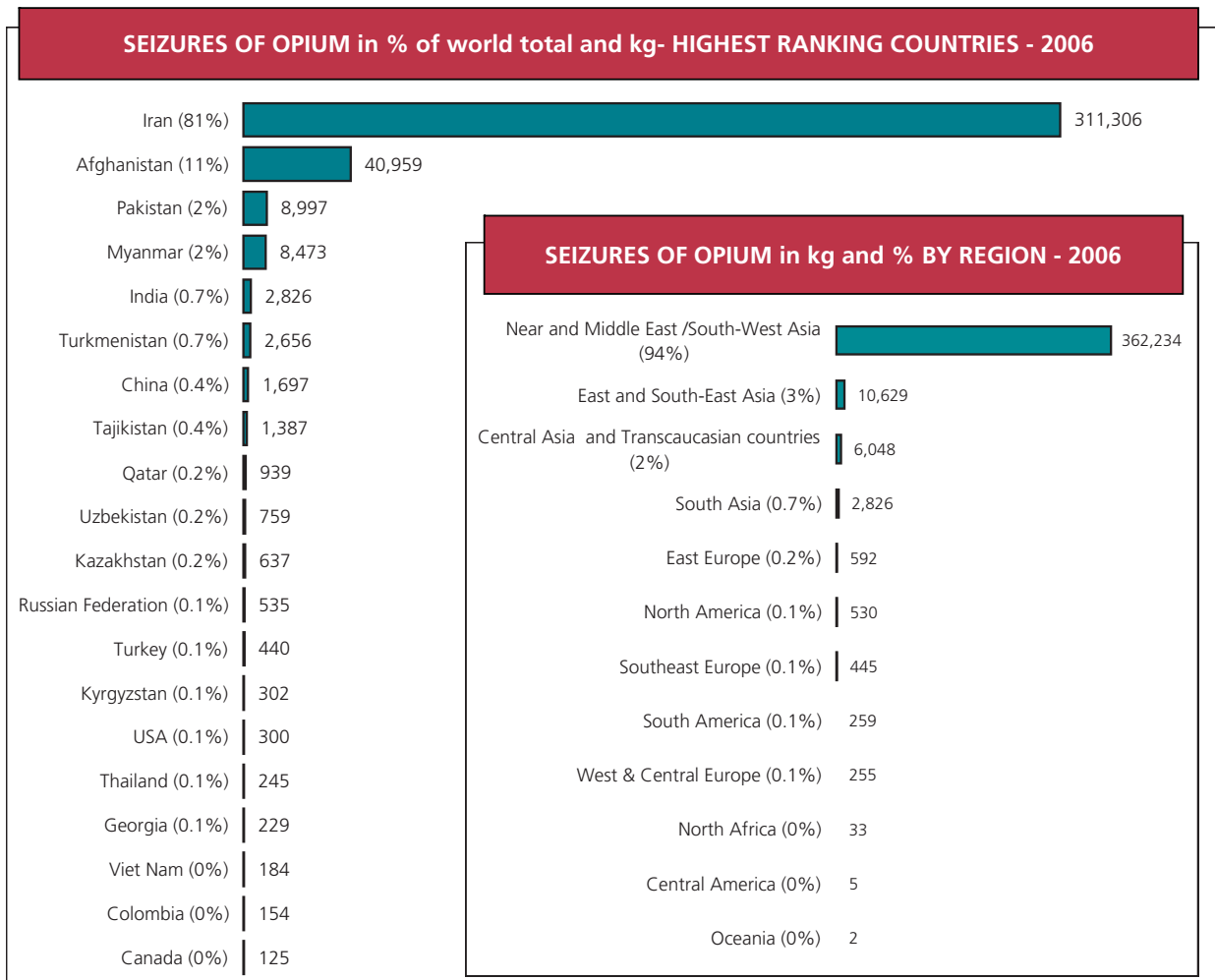
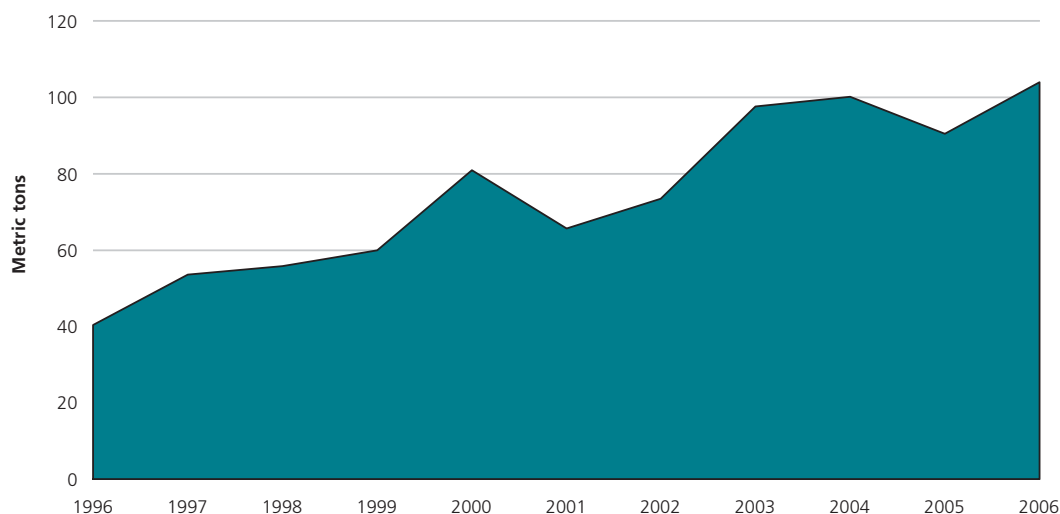


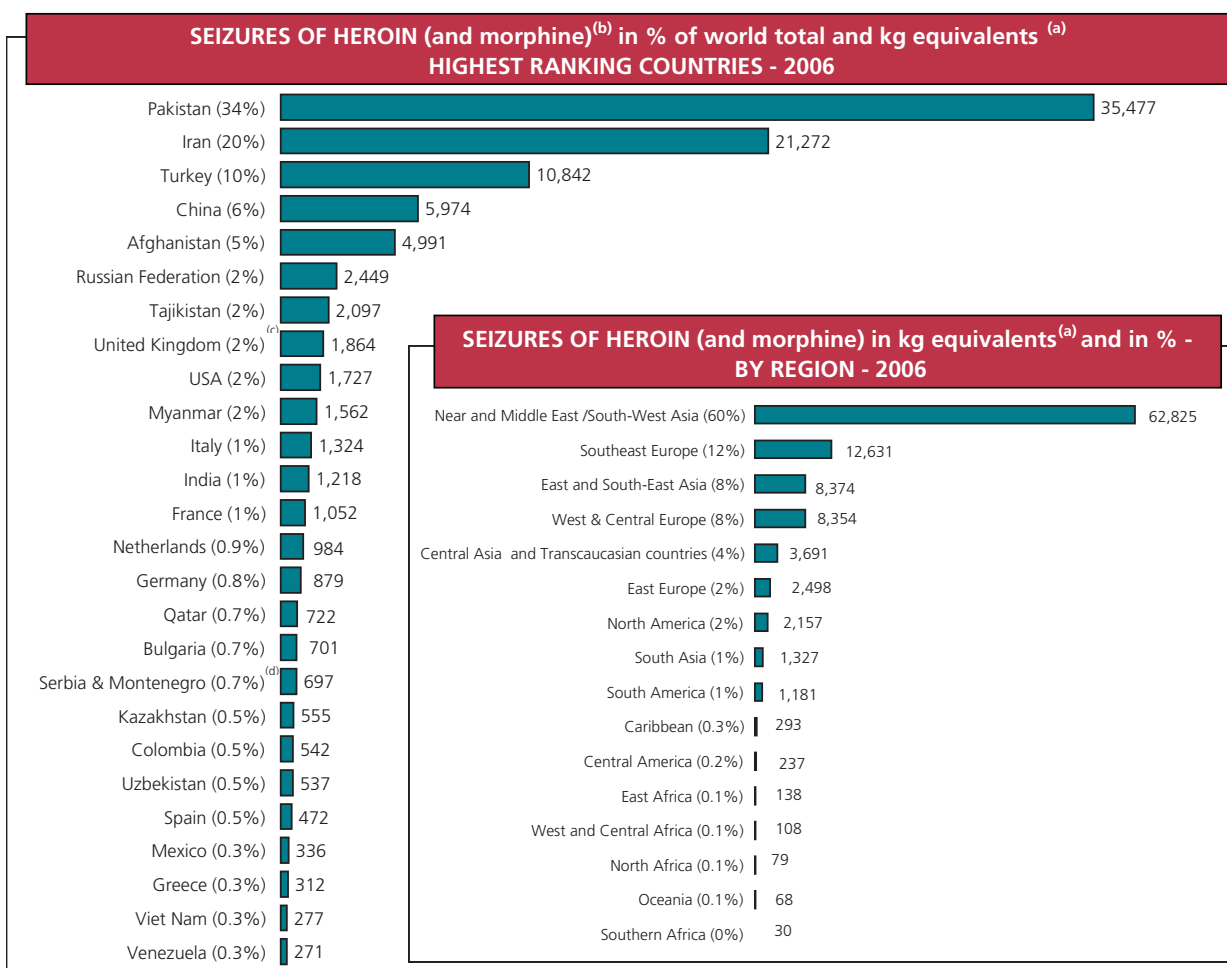
Fig. 32: Global seizures of heroin^(a) and morphine^(b), 1995-2006



^(a) Seizures as reported (street purity).

^(b) 1 kg of morphine is assumed to be equivalent to 1 kg of heroin.

Year	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Metric Tons	40	54	56	60	81	66	73	98	100	90	104



^(a) Seizures as reported (street purity).

^(b) 1 kg of morphine is assumed to be equivalent to 1 kg of heroin.

^(c) Data refer to 2005 England and Wales only.

^(d) Montenegro established independence as of June 2006.

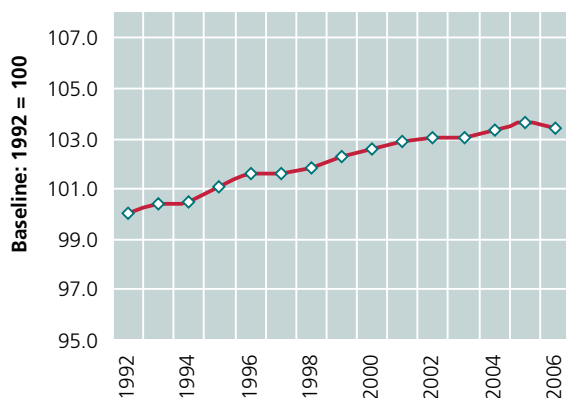
1.2.4 Consumption

Global consumption of opiates remain essentially stable

Although there has been significant growth in the production of opiates in recent years, global consumption remains relatively stable, with only a marginal increase in annual prevalence: from 0.37 % of the population age 15-65 in 2005 to 0.39% in 2006. Opiate consumption trends (expert perceptions reported by States Members), weighted by the opiate using population in each country, suggest that opiate consumption could have declined marginally in 2006.

The total number of opiate users at the global level is now estimated at around 16.5 million people. Though the number of opiate users has increased in absolute terms, the annual prevalence rate of 0.4% of the population age 15-64 has remained stable since the late 1990s.

Fig. 33: Opiate use trends as perceived by experts, 1992-2006



Sources: UNODC, Annual Reports Questionnaire Data, UNODC Field Offices, UNODC's Drug Use Information Network for Asia and the Pacific (DAINAP), UNODC, Global Assessment Programme on Drug Use (GAP), Govt. reports, EMCDDA, CICAD, HONLEA reports and local studies.

The largest number of opiate users are in Asia

More than half of the world's opiate using population live in Asia (9.3 million). The highest levels of use are found along the main drug trafficking routes out of Afghanistan. About 2.3 million opiate users are estimated to live in the Near & Middle East / South-West

Asia sub-region which has highest prevalence rate of all sub-regions in Asia (1% of the population age 15-64).

Above average rates are reported by Afghanistan (1.4%) and Iran (2.8% of the population age 15-64). A Rapid Assessment Study (RAS) conducted by Iran and UNODC in 1999 reported that there were 1.2 million regular opiate users. This figure was confirmed, when the Iranian authorities conducted a RAS among arrested addicts in 2007. The range of the latter study was: 0.8-1.7 million people.¹ The 2006 National Assessment Report on Problem Drug Use in Pakistan reported that there were approximately 630,000 opiate users in Pakistan, equivalent to 0.7% of the population age 15-64. Of these, around 480,000 (77%) were heroin users.² Thus, while Pakistan's rate of opiate use (0.7%) is below the sub-regional average, it is almost twice the global average. The prevalence rate in the Pakistan province of Baluchistan, located along the main trafficking route from southern Afghanistan via Pakistan to Iran, amounts to 1.1% and is above the sub-regional average.

In the Central Asia and the Caucasus sub-region the average annual prevalence rate was 0.7% in 2006. Above average prevalence rates were reported from Kazakhstan (1%), Kyrgyzstan (0.8%) and Uzbekistan (0.8%). Estimates for Tajikistan are slightly lower (0.5%). There are an estimated 300,000 opiate use in Central Asia as a whole. The number of registered drug users in Central Asia was 90,082 in 2006, of these 70% were opiate users. Seventy-six percent of Central Asia's 63,296 registered opiate users consume heroin and 24% consume opium. Ninety-one percent of all registered opiate users inject their drugs.

The average annual prevalence of opiate consumption South Asia was 0.4% in 2006. India was the largest opiate market in the sub-region with an estimated opiate using population of around 3 million persons.

¹ The 2007 RSA found that among arrested drug addicts in Iran, 32.8% used opium, 25.7% 'Asian Crack' (which does not seem to be linked to cocaine), 18.8% used heroin, 5.8% an opium residue and 3.7% 'Crystal' (a heroin variety in Iran) and 1.1% used other opiate. Use of drugs other than opiate was limited: hashish: 1.9%, ecstasy: 0.4%, Bupronorphine, 0.3%, cocaine: 0.1%, LSD: 0.1% (See Drug Control Headquarters of the Islamic Republic of Iran, *Policies, Achievements, Ongoing Programs and Future Plans*, Tehran 2007.)

² UNODC and the Paris Pact Initiative, *Illicit Drug Trends in Pakistan*, April 2008.

In East and South-East Asia the average annual prevalence rate for the sub-region remains below average (0.2%). New estimates put the annual prevalence rate for opium use in China at around 0.25%³ (2.3 million persons). Rates above the East & South-East Asian average are reported from the Lao PDR (0.5%) and from Myanmar (0.4%). UNODC surveys identified declines in opiate use in recent years which have paralleled declines in domestic opium production. In both countries, opium producing villages have significantly higher opium consumption rates than non-opium producing villages.

Despite declines in opiate use in China, Indonesia, Malaysia, Myanmar, Lao PDR, and the Philippines, Asia's overall share in global opiate use rose from 54% in 2005 to 57% in 2006. Asia's share in global heroin use is smaller: 6.1 million persons or 51% of the world total, reflecting the fact that, in contrast to other regions, opium consumption is still widespread.

Europe remains the second largest consumer market for opiates

Europe has some 3.6 million opiate users, equivalent to an annual prevalence rate of 0.7% of the population age 15-64. This region is the world's second largest opiate market in terms of quantities consumed (22% of the total in 2006, down from 25% in 2005), and the largest in economic terms.

There were an estimated 1.5 million opiate consumers in West and Central Europe in 2006. Overall annual prevalence for the sub region, 0.5% of the population age 15-64, is stable to declining. The major opiate markets in Western Europe are the United Kingdom (340,000 persons), Italy (300,000), France (170,000), Germany (140,000) and Spain (70,000).⁴ Opiate consumption stabilized over 2006 in most West and Central European countries. Italy, Germany, Norway, Portugal, and Spain reported falling levels of opiate use in 2006.

The number of opiate users in East Europe is estimated at around 2 million persons or 1.4% of the population age 15-64. The Russian Federation is the largest opiate market in the region; estimates on the number of con-

sumers in this market vary substantially.⁵ Prior to this year, UNODC used the estimates provided by the Russian authorities for the year 2000/01 which suggested that there were roughly two million opiate users,⁶ or 2% of the population age 15-64. New data and research made available by the Russian Federation in 2007 has enabled UNODC to revise the estimate for 2006 to 1.65 million opiate consumers in the Russian Federation or 1.6% of the population age 15-64.⁷ The second largest opiate market in East Europe is the Ukraine, which has approximately 300,000 opiate users or 0.9% of the population age 15-64.

Overall use thought to be stable in North America

When taken together, opiate use in North, Central and South America and the Caribbean, is estimated to affect 2.2 million persons or 0.4% of the population age 15-64. This is equivalent to 13% of all opiate users in 2006.

The largest opiate market in this region is the USA with approximately 1.2 million heroin users or 0.6% of the population age 15-64. This estimate is based on estimates of chronic and casual heroin users for the year 2000. Available trend data suggest that heroin use has remained relatively stable in the USA since 2000. Household survey data indicate a stable rate of 0.2%, of the population age 12 and above, over the 2001-2006 period.

According to national household survey results (2005), the largest opiate market in South America is Brazil which has some 600,000 opiate users or 0.5% of the general population age 12-65. Most of these individuals use synthetic opiates. The annual prevalence for heroin rate is less than 0.05%.

³ Estimate derived from Lu F, Wang N, Wu Z, Sun X, Rehnstrom J, Poundstone K, et al. "Estimating the number of people at risk for and living with HIV in China in 2005: methods and results; Sex Transmitted Infections, June 2006, Vol. 82 Suppl 3, pp. iii 87-91, reported in Bradley Mathers, Louisa Degenhardt, Benjamin Phillips, Lucas Wiessing, Matthew Hickman, Alex Wodak, Steffanie Strathdee, Mark Tyndall, Abdalla Toufik, Richard P. Mattick, and the Reference Group to the United Nations on HIV and injecting drug use, "The global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review", April 2008.

⁴ All of these estimates have been derived from estimates of the number of problem drug users because household survey are not considered to provide good estimates on the number of heroin and other opiate users.

⁵ This also reflects major differences on the estimates of total drug use in the Russian Federation. A review of estimates of the total number of drug users in the Russian Federation showed a range from 1.5 million to 6 million people (UNODC, *Illicit Drug Trends in the Russian Federation*, 2005). According to experts of the Ministry of Internal Affairs there are some 4 million people using illicit drugs; the experts are of the opinion that most of these drug users are using opiate. (UNODC and the Paris Pact Initiative, *Illicit Drug Trends in the Russian Federation*, April 2008.)

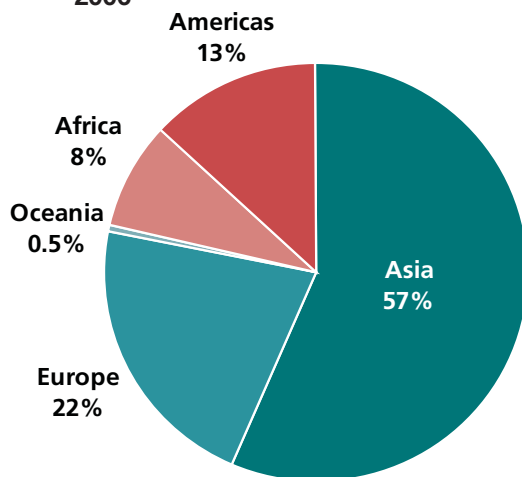
⁶ This estimate was derived from an estimate of the total number of drug users in the Russian Federation in 2000/01 (UNODCCP, *Country Profile on Drugs and Crime in the Russian Federation*, 2002) and estimates of the proportion of opiate users among all registered drug users.

⁷ The new estimate is based on registered drug users and a new treatment multiplier. 350,267 drug dependent patients were registered in 2006. Of these 89% were reported to have been registered for opiate use. (see UNODC and the Paris Pact Initiative, *Illicit Drug Trends in the Russian Federation*, April 2008). The new national-level treatment multiplier of 5.3 (range: 4.4 in Siberia to 7.9 in the Volga Federal District), was reported by United Nations Office on Drugs and Crime, National Addiction Centre of the Russian Federation, *Dynamics of Drug-Related Disorders in the Russian Federation* (2007) and quoted in United Nations Economic and Social Council, World Situation with regard to drug use, Report by the Secretariat, January 2008, E/CN.7/2008/4.

UNODC estimates for Africa suggest that, continent-wide, there are around 1.4 million people (0.3% of the population age 15-64) using opiates. Most of them use heroin. The prevalence rate of opiate use is highest in Mauritius (2%), followed – according to a recent study – by Egypt (0.7%).⁸ Egypt is the largest opiate market (some 330,000 people) in Africa.

Approximately 70% of opiate users consume heroin

Fig. 34: Regional breakdown of opiate users in 2006



Sources: UNODC, Annual Reports Questionnaire Data, Govt. reports, reports of regional bodies, UNODC estimates.

Globally, an estimated 72% of the world's 16.5 million opiate users use heroin (some 12 million people).

UNODC estimates for Europe suggest that close to 90% of opiate users use heroin. In Western Europe, heroin is often consumed with other opioids⁹ including substitution drugs such as methadone, buprenorphine or slow releasing morphines. In Central and East European countries such as Poland, Lithuania, the Ukraine or Russia heroin can be used in addition to liquid poppy straw extracts (also known as 'kompot').

In Asia about two thirds of all opiate users consume

⁸ Out of 40,083 persons interviewed (age 15 and above) in 2005/06, 275 persons admitted to be using opiate (0.7%). This was less than the number of people using cannabis (3,591 or 9%) or 'pharmaceutical drugs' (449 or 1.1%), and more than the 202 persons (0.5%) admitting to be using stimulants (amphetamines, 'Maxiton Forte' and cocaine). (See Imad Hamdi Ghaz, *National Study of Addiction, Prevalence of the Use of Drugs and Alcohol in Egypt* (2005 – 2006), Cairo 2007).

⁹ 'Opioid' is a generic term applied to opiate and their synthetic analogues, with actions similar to those of morphine, in particular the capacity to relieve pain. (UNODC, *Terminology and Information on Drugs*, Second Edition, New York 2003: available at www.unodc.org) While 'opiate' refer to opium and drugs derived from opium (such as morphine, heroin), plant based and synthetically manufactured opiate together are referred to as 'opioids'.

heroin with opium more common in rural areas and heroin more common in urban areas. Opium use is particularly widespread in Iran, Afghanistan, Myanmar and Laos. In Africa almost all opiate consumption is in the form of heroin. The exception to this is Egypt where significant consumption of (locally harvested) opium takes place in addition to heroin.

In South America most reported opiate consumption is linked to the use of synthetic opioids diverted from licit sources. Less than 30% is heroin. Similarly in the Oceania region, only a third of opioids users consume heroin. This reflects the availability of various synthetic opioids and some lingering heroin supply constraints related to the heroin shortage of 2001. The non-medical use of these synthetic opioids is increasing in the USA. Non-medical use of "pain relieving" synthetic opioids (such as codeine, OxyContin, Propoxyphene etc.) increased from 4.7% of the population age 12 and above in 2002, to 5.1% in 2006. In fact, if the non-medical use of synthetic opioids is counted alongside the use of heroin and morphine, the overall annual prevalence rate for the use of non-medical opioids would exceed 5% of the adult population. The total opioids prevalence rate would be around 5.5%, i.e. almost ten times the level of heroin use in the USA. Excluding synthetic opioids, heroin accounts for about 95% of opiate use in North America.

Opiate consumption continues rising among countries near Afghanistan but falls in East and South-East Asia

Most countries of East and South-East Asia reported declines in opiate use in 2006, reflecting the strong declines of opium production in Myanmar and the Lao PDR in recent years. Countries reporting declines included China, Indonesia, the Philippines, Malaysia and Myanmar. Overall, use trends as perceived by experts showed a small decline for the year 2006. Over the 1996-2006 period the same indicator highlights Asia as the driving force behind the increase in the total number of opiate users at the global level. If experts did not perceive increases in the opiate markets in South West Asia and Central Asia over that period, the trend would have remained stable, not only in relative terms (prevalence rates) but also in absolute numbers.

Stable to declining consumption levels in West and Central Europe

Use of opiates remained stable or declined in the countries of West and Central Europe in 2006: 20 West and Central European countries reported a stabilization of opiate use; 8 reported a decline and only 4 reported an increase. Europe's overall drug use perception indicator thus exhibited a downward slope in 2006. A number of indirect indicators (treatment demand, arrest figures, etc.), and household survey data, seem to confirm this

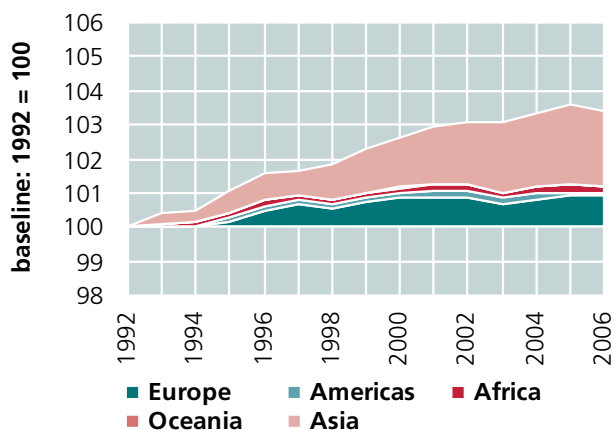
Table 4: Annual prevalence of opiate use, 2006

	use of opiate		of which use of heroin	
	population in million	in % of population 15-64 years	population in million	in % of population 15-64 years
EUROPE	3,590,000	0.7	3,130,000	0.6
West & Central Europe	1,450,000	0.5	1,370,000	0.4
South-East Europe	140,000	0.2	130,000	0.2
Eastern Europe	2,000,000	1.4	1,630,000	1.1
AMERICAS	2,180,000	0.4	1,520,000	0.3
North America	1,330,000	0.5	1,270,000	0.4
South America	850,000	0.3	250,000	0.1
ASIA	9,330,000	0.4	6,080,000	0.2
OCEANIA	80,000	0.4	30,000	0.1
AFRICA	1,360,000	0.3	1,210,000	0.2
GLOBAL	16,540,000	0.4	11,970,000	0.3

Above global average ■ Around global average ■ Below global average ■

Sources: UNODC, Annual Reports Questionnaire Data, Govt. reports, reports of regional bodies, UNODC estimates.

Fig. 35: Opiate use trends as perceived by experts: regional contribution to global change: 1992-2006

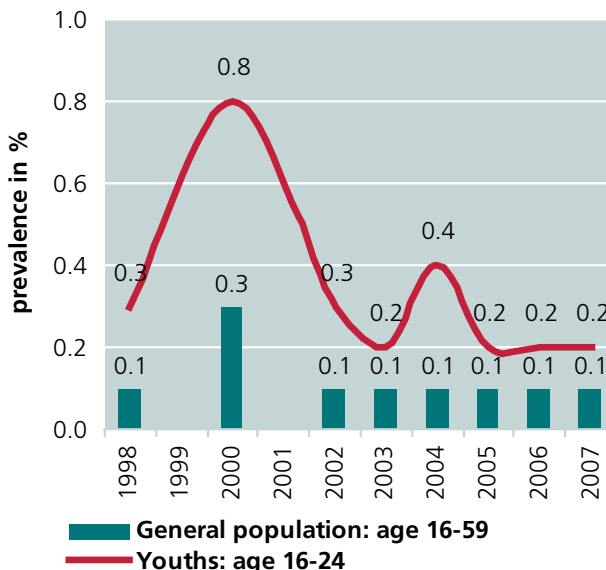


Sources: UNODC, Annual Reports Questionnaire Data, Government reports, UNODC Field Offices, UNODC's Drug Use Information Network for Asia and the Pacific (DAINAP), UNODC, Global Assessment Programme on Drug Use (GAP), EMCDDA, CICAD, HONLEA reports and local studies.

assessment.

British Crime survey data for England and Wales indicate an increase in heroin use in the late 1990s, followed by a decline in the new millennium and a stabilization of heroin use in recent years. A number of other indicators (arrests, treatment, heroin purity, drug related death etc.) confirm these trends. The UK, in absolute numbers, is still considered the largest heroin market of West

Fig. 36: England and Wales: heroin use according to British Crime Survey, 1998-2007



Source: UK Home Office, British Crime Survey, 2006/07.

and Central Europe with a prevalence rate of total opiate use – derived from problem drug use estimates - of around 0.9% of the population age 15-64 (2005).

Similarly, household survey data for Germany show a basically stable or declining trend for heroin/opiate consumption in recent years. Between 2003 and 2006 household survey data show a decline in heroin use. The number of newly registered heroin users declined by

Fig. 37: Germany: heroin use according to national household surveys, 1990-2006

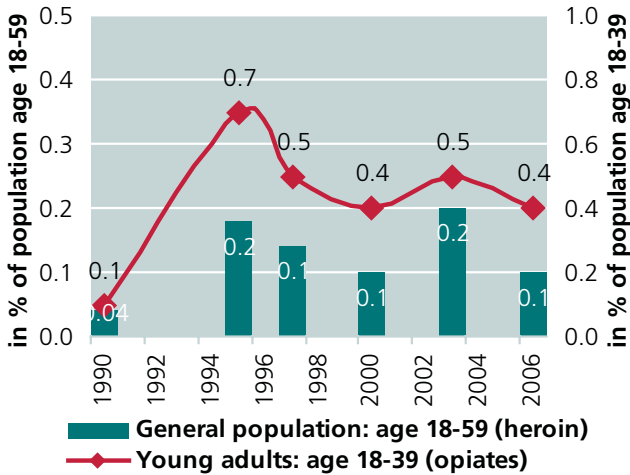
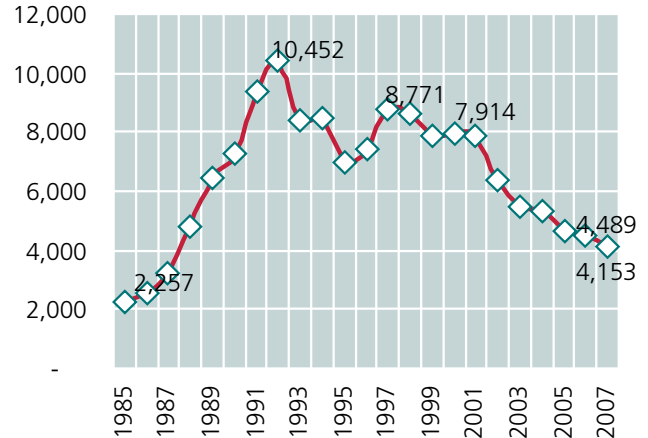


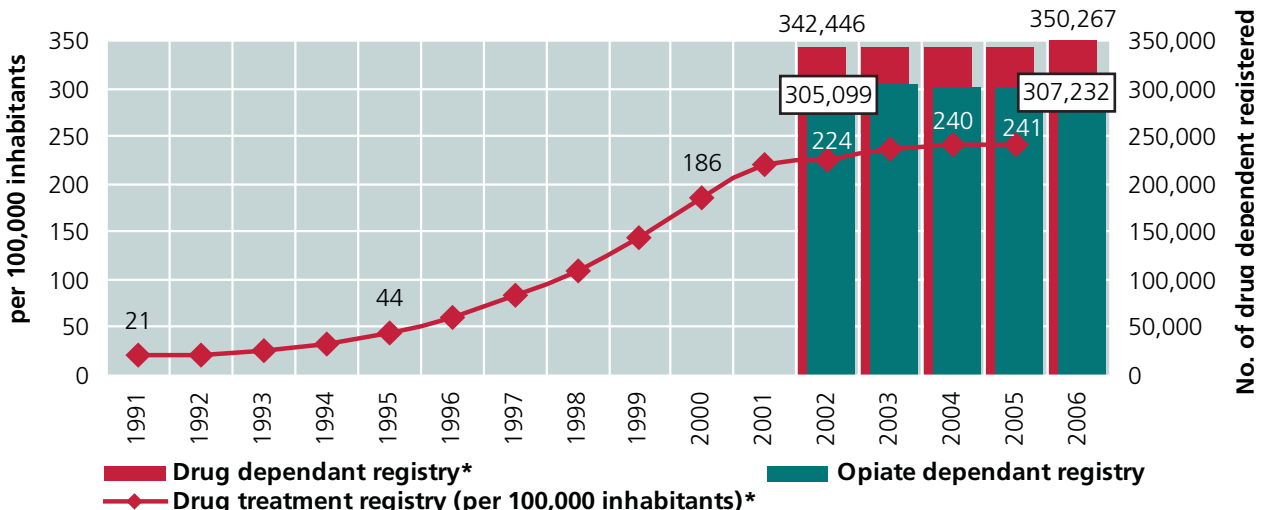
Fig. 38: Germany: number of newly registered heroin users*



Sources: German Ministry of Health, EMCDDA, Institute for Therapy Research (IFT) and UNODC, Annual Reports Questionnaire Data.

* Number of heroin users who have come to the notice of the police for the first time
Source: Bundeskriminalamt, *Rauschgift, Jahreskurzlage 2007* (and previous years).

Fig. 39: Russian Federation: registered drug users, 1991-2006



* Drug dependent registry: number of users registered with medical establishments as drug dependant.
* Drug treatment registry: number of patients with drug addiction registered at drug dependence treatment facilities
Sources: UNODC, Annual Reports Questionnaire Data, Russian Federal Ministry of Health and Social Development, quoted in UNODC and The Paris Pact Initiative, *Illicit Drug Trends in the Russian Federation*, April 2008, UNODC, 2004 World Drug Report and UNODC, Russian Federation, Country Profile.

18% over the 2003-2006 period and by a further 7% in 2007. The decline since 2000 amounted to 48% and the number of newly registered users is now at the lowest level since 1987.

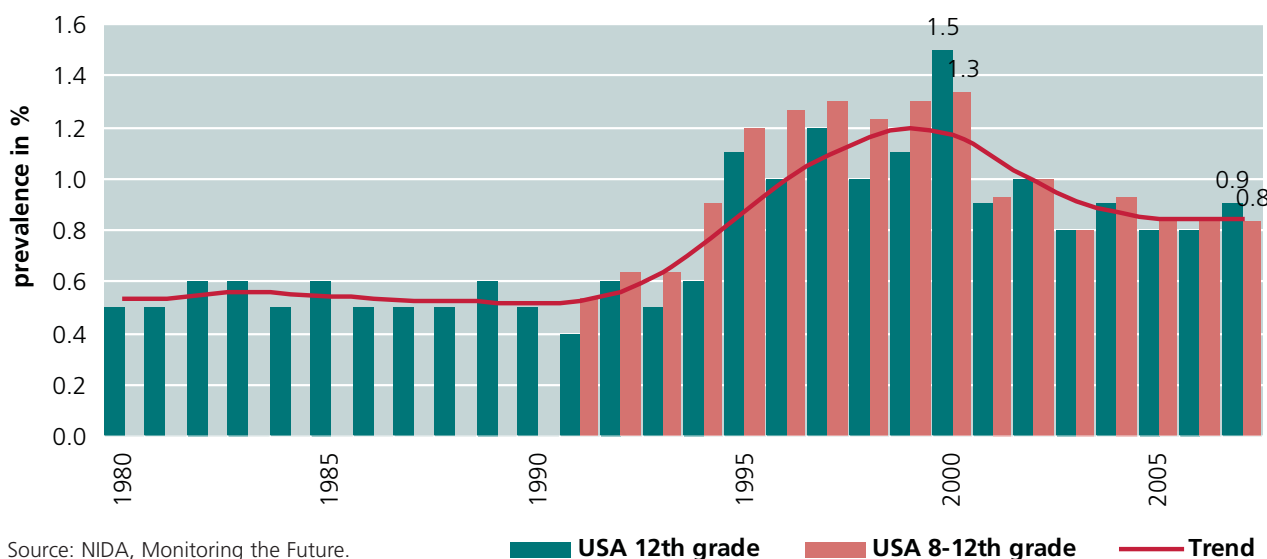
A stabilisation/decline also occurred in the Russian Federation, following many years of dramatic increases. The number of registered drug dependent persons (350,267 in 2006), including the number of registered opiate users (307,232 in 2006), has remained largely unchanged over the 2002-2006 period. Russian authorities reported a shortage of heroin on the Russian market in 2007 – despite the strong increase of Afghan opium production.

In some of the other East European markets (Ukraine and Belarus) opiate consumption continues to increase.

Opiate consumption in the Americas fairly stable

UNODC’s drug use perception indicator showed a stable trend of opiate use in the Americas for the year 2006. This trend is reflected in school survey results from the United States and Canada which showed that after increases in the 1990s, heroin use fell and is currently basically stable. The annual prevalence of heroin consumption among 8th-12th grade students in the USA fell from 1.3% in 2000 to 0.8% in 2005 and

Fig. 40: USA: annual prevalence of heroin use among high-school students, 1980-2007



Source: NIDA, Monitoring the Future.

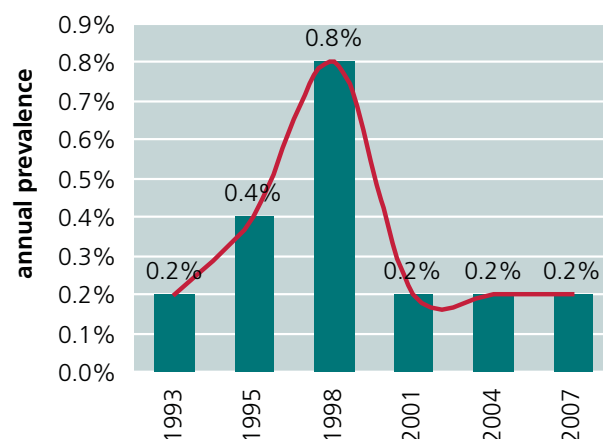
remained at that level in both 2006 and 2007. In the province of Ontario, Canada, which accounts for more than a third of Canada's total population, the decline among high-school students was even more pronounced. Annual prevalence of heroin use among 7th to 12th grade students fell from a peak of 1.9% in 1999 to 0.9% in 2005 and remained at that level in 2007. Falling opium production over the first few years of the new millennium in South America and South-East Asia, the two main sources of opiates for the North American market, seem to have contributed to this. Stable opiate use was reported from a number of other countries in the Americas for the year 2006. In contrast, rising levels of opiate use were found in Mexico, Venezuela and Argentina in 2006.

Opiate use in the Oceania region stable

The Oceania region, notably Australia, used to have one of the highest heroin prevalence rates among the industrialized countries (0.8% of the population age 14 and above in 1998). This changed in the early years of the new millennium. Following a major heroin shortage in 2001, engineered by the authorities through the dismantling of some major trafficking networks, purity levels fell while heroin prices rose strongly, squeezing large sections of heroin users out of the market. The number of drug related deaths declined substantially during this period. Fears that higher heroin prices would result in more crime, did not materialize. The 2007 National Drug Strategy Household Survey showed that the annual prevalence of heroin use – after having fallen drastically in 2001 - remained at 0.2% of the population age 14 and above.

The ongoing Drug Use Monitoring in Australia project (DUMA), where people arrested at selected police stations across the country are tested for drug use, also

Fig. 41: Heroin use among the general population (age 14 and above), 1993-2007



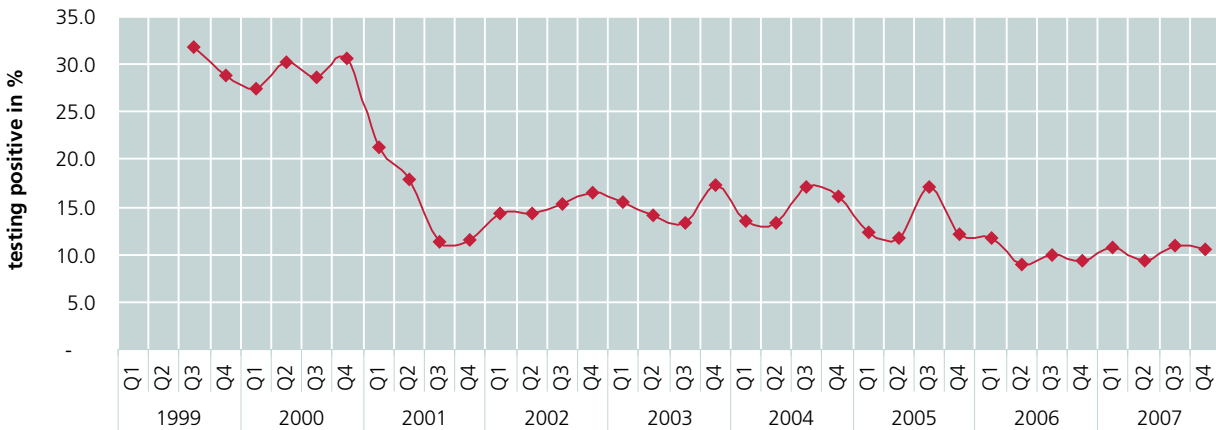
Source: AIHW, 2007 National Drug Strategy – Household Survey.

suggest that heroin use levels continued to remain at the lower levels in 2007. While in 1999 and 2000 around 30% of people arrested by the police had used heroin, this proportion declined to 15% over the 2001-2004 period, and to 10% in 2006 and 2007. The DUMA data also show that the regional differences are now far less than they used to be when the heroin market was mainly concentrated in New South Wales.

Heroin use continues rising in Africa

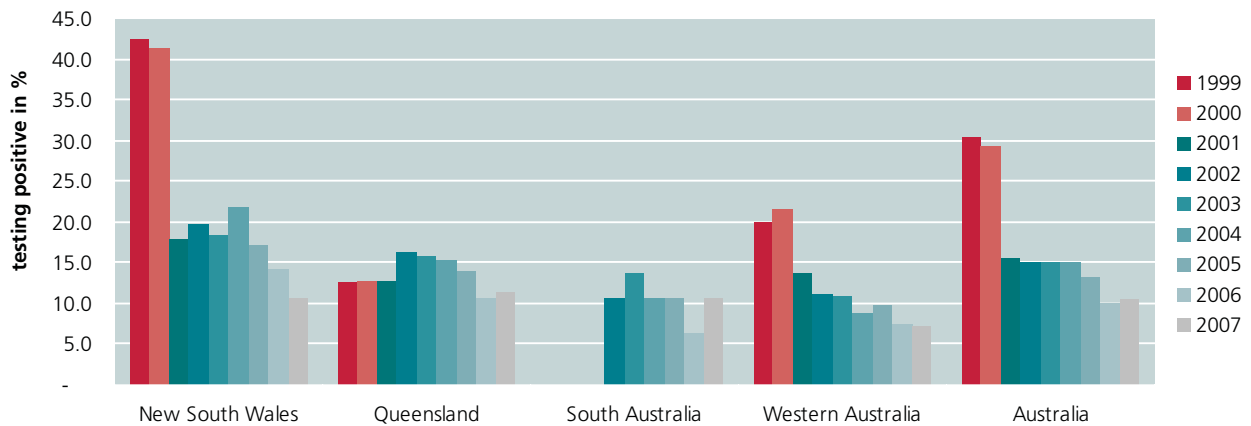
Heroin use trends received from African countries suggest that heroin consumption continued rising, in countries of eastern and southern Africa and some countries of western Africa. While expert perceptions in only three African countries indicated declines in use, in eight countries expert perceptions pointed to increasing use; in seven use was perceived as stable in 2006.

Fig. 42: Testing of arrestees for heroin use in Australia*, 1999-2007



* unweighted average of results from East Perth (Western Australia), Adelaide and Elisabeth (South Australia), Parramatta and Bankstown (Sydney, New South Wales), Brisbane and Southport (Queensland).
Source: Australia Institute of Criminology, *Drug Use Monitoring in Australia (DUMA)*.

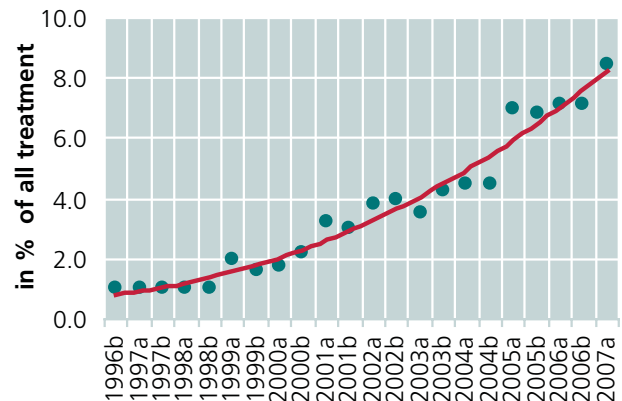
Fig. 43: Testing of arrestees for heroin use in Australia*, breakdown by regions, 1999-2007



* results from East Perth (Western Australia), Adelaide and Elisabeth (South Australia), Parramatta and Bankstown (Sydney, New South Wales), Brisbane and Southport (Queensland).
Source: Australia Institute of Criminology, *Drug Use Monitoring in Australia (DUMA)*.

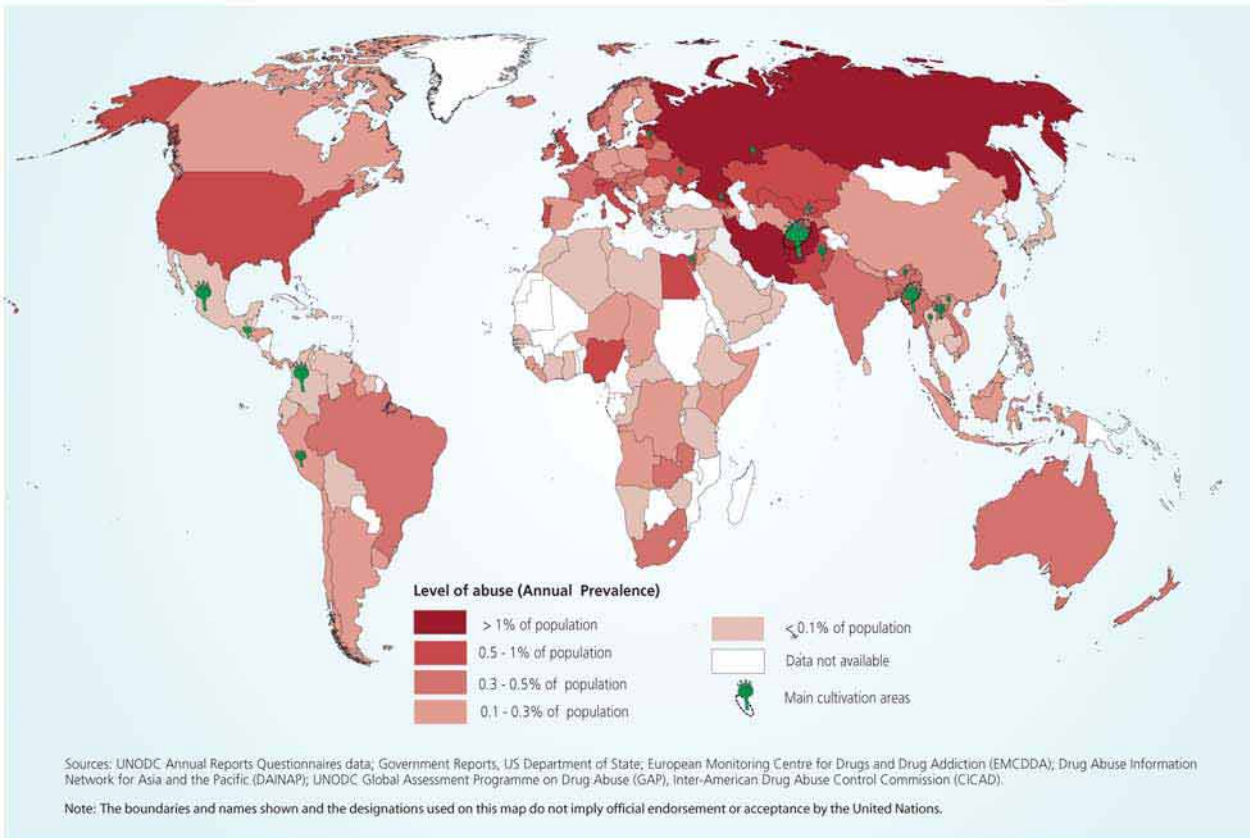
Increases in use over the last decade is best documented by the South African Community Epidemiology Network on Drug Use (SACENDU). Heroin accounted for less than 1% of treatment demand (including alcohol) in South Africa in 1996. By 2006 this proportion increased to 7%, and by the first two quarters of 2007 to 8.5%. Over the last few years, there have been strong increases in treatment admissions for heroin in the Western Cape region (Cape Town), in Gauteng (Pretoria and Johannesburg), in KwaZulu-Natal (Durban, Pietermaritzburg), the most northern province along the Indian Ocean, and, in the land-locked northern province of Mpulanga, bordering Mozambique. Data for the first and second quarter of 2007 show increases in areas to the North of the country close to the Indian Ocean and Mozambique.

Fig. 44: South Africa – heroin as primary drug in treatment demand*, 1996-2007

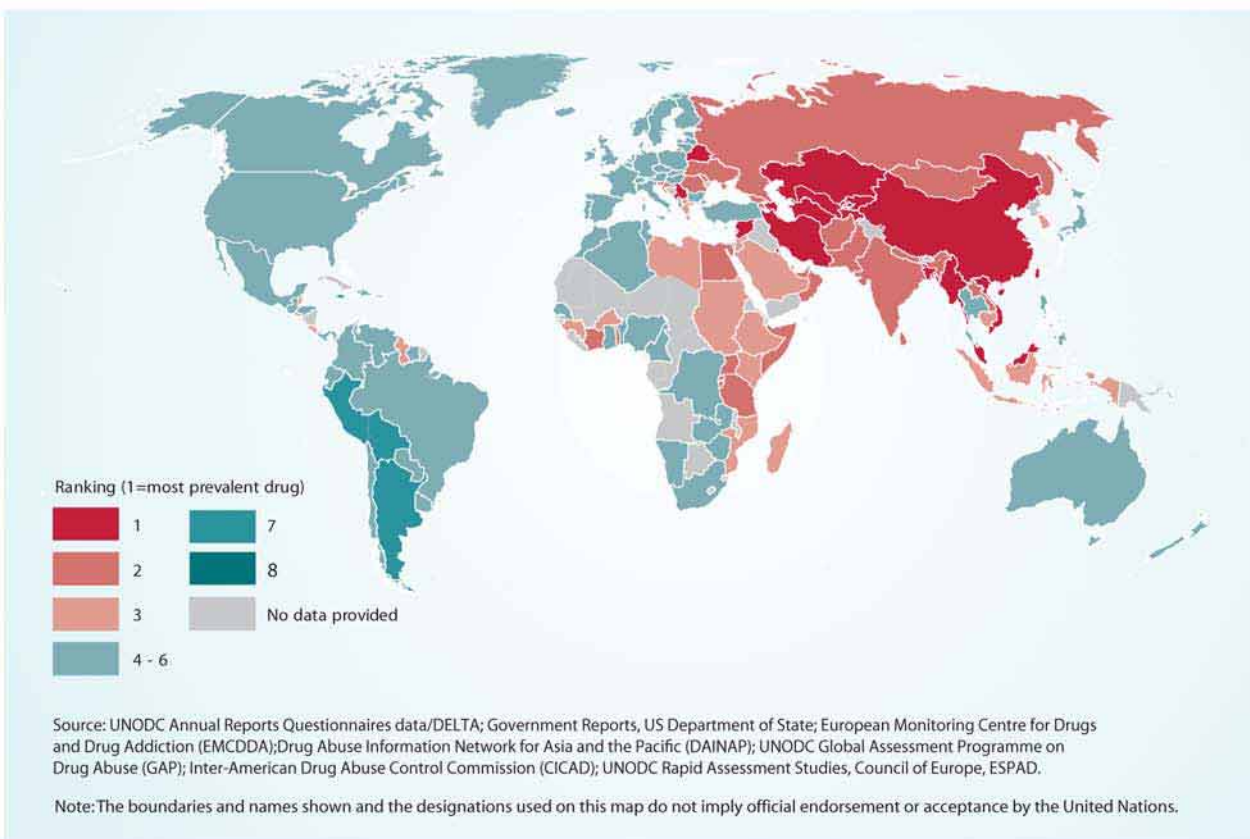


* unweighted average of treatment (incl. alcohol) in 6 provinces.
Source: SACENDU, "Monitoring Alcohol & Drug Use Trends in South Africa, July 1996 – June 2007", *Research Brief*, Vol. 10 (2), 2007. Note: a: January to June; b: July to December.

Map 6: Abuse of opiates (including heroin), 2006-2007 (or latest year available)



Map 7: Ranking of opiates in order of prevalence in 2006 (or latest year available)



Map 8: Changes in the use of heroin and other opiates, 2006 (or latest year available)

