

## 2.4. Amphetamine-type stimulants

### 2.4.1. Production

*ATS production: larger than heroin but lower than cocaine in terms of weight*

Assessing the extent of the manufacture of synthetic drugs such as amphetamine-type stimulants, is less straightforward than estimating the production of plant based drugs. For the plant based drugs, cultivation area can be estimated through ground surveys and/or the analysis of satellite photos. For production figures, the

results of the areas under cultivation are then multiplied with typical yields per hectare (established through interviews with farmers and/or by measuring the yields on test fields). In the case of synthetic drugs indirect methods must be used.

**Table 12: Production estimates of amphetamine-type stimulants**

Based on:	Estimated annual production (metric tons)		
	Amphetamine and methamphetamine	Ecstasy	Total
Consumption*	516	100 - 125	616 - 641
Drug seizures**	340 - 490	50 - 75	390 - 565
Precursor seizures***	290 - 410	130 - 200	420 - 610
<b>Mean and range</b>	<b>410</b> (290 - 516)	<b>113</b> (50 - 200) [1.4 billion tablets]	<b>523</b> (390 - 641)

\* Number of users and quantities consumed

Amphetamine and methamphetamine: In general, consumption volumes are not easy to estimate. Doses vary widely, and the frequency of dosing is not clear. Based on an average dose of 30mg every day (the content of an average methamphetamine tablet; and twice the defined daily dose of amphetamines), and an estimated number of 34 million users worldwide (UNODC, *Global Illicit Drug Trends 2003*), there would be an annual requirement for about 375 tons of drug. The estimate is somewhat higher if the wrap size for amphetamine is used as a measure of dose. A "wrap" in this context is understood to be a quantity of drug packaged for distribution at street level: from data available from the UK, the majority of wraps (80%) contain not more than 1g of powder with an average purity of about 13% (i.e. a wrap contains about 130 mg pure amphetamine). Other estimated average doses are similar (INCB). Again based on one dose per day, the annual requirement is about 1600 tons of drug. Weighted for the estimated number of users of amphetamine and the number of methamphetamine users worldwide, the requirement for amphetamines is estimated at some 516 tons (184 tons of amphetamine, and 332 tons of methamphetamine) [users in Europe (3.3 million) vs. users in North America and Asia (2.9 million + 22.5 million)]. Breakdown of overall mean (amphetamine and methamphetamine) of 410 tons used on a pro rata basis.

Ecstasy: Taking into account occasional, moderate and heavy use, studies show that, on average, the eight million ecstasy users consume about three tablets per week. This amounts to an annual requirement for up to 1250 million tablets, or 100 tons to 125 tons of drug (each tablet contains 80mg to 100mg).

\*\* Drug seizures

Amphetamine and methamphetamine: Law enforcement officials estimate that seizures generally account for some 10% of the drugs available. Based on that estimate, and average global seizures over the last three years, where data are available, about 34 tons, the clandestine market would amount to 340 tons. Other more specific estimates have been made of interdiction successes, suggesting that only about 7% of the drug is actually seized. Using that information, estimated production amounts to about 490 tons.

Ecstasy: Similarly, based on average global seizures over the last three years of about 5 tons, the total production of ecstasy would amount to 50 tons, rising to about 75 tons using the lower estimate for the interdiction rate.

\*\*\* Precursor seizures

Using a similar approach to that for drug seizures, estimates of the market for amphetamine and methamphetamine based on precursor seizures range from 290 tons to 410 tons; and for ecstasy from 130 tons to 200 tons.

Estimates produced by UNODC for its Ecstasy and Amphetamines Global Survey 2003 were based on seizures of the drugs, the precursors required for their manufacture and estimates of consumer demand. These estimates put annual production of ATS at around 520 tons (range: 390-641 tons) which is larger, in terms of weight, than the global manufacture of heroin but smaller than the global manufacture of cocaine.

*Production is dominated by methamphetamine, followed by ecstasy and amphetamine*

Acknowledging for the complexity inherent in the precise breakdown of ATS production by substance, all available indicators suggest that methamphetamine accounts for the bulk of global ATS production, followed by ecstasy and amphetamine. 'Amphetamines' - i.e. methamphetamine and amphetamine together - account for some 80%, and ecstasy for some 20% of global ATS production. At least two thirds of the 'amphetamines' manufacture is accounted for by methamphetamine. (This ratio could go as high as 80% based on a breakdown of amphetamines seizures over the 2001-2002 period).

*Global ATS production increased over the last decade*

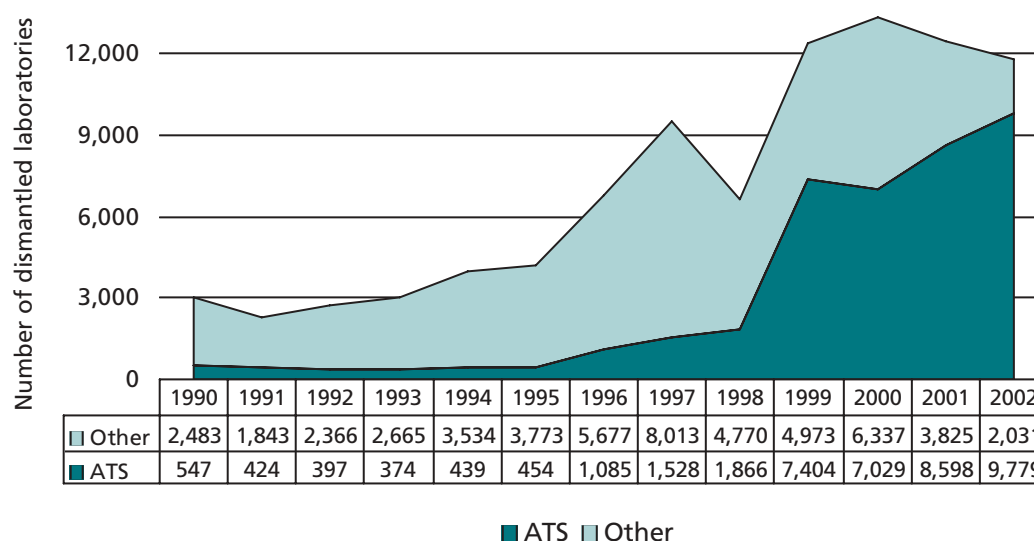
The overwhelming portion of reported seizures of ATS concerns substances produced in clandestine laboratories. One indicator for the trends of illicit manufacture is the number of clandestine laboratories detected and seized. Based on ARQ data, about 11,900 clandestine laboratories of all drug types were dismantled in 2002, of these more than 80% (some 9,800) produced ATS.

This proportion was less than 20% in the early 1990s. Although the size of clandestine laboratories can vary significantly, the increasing number of dismantled ATS laboratories over the last decade reflected a rise in global ATS production. However, there are also indications that the growth of seizures of clandestine laboratories may have prompted global ATS production to stabilize in 2002. Seizure and consumption data for some countries where such laboratories were closed down, point in this direction.

*Most clandestine laboratories detected produce methamphetamine*

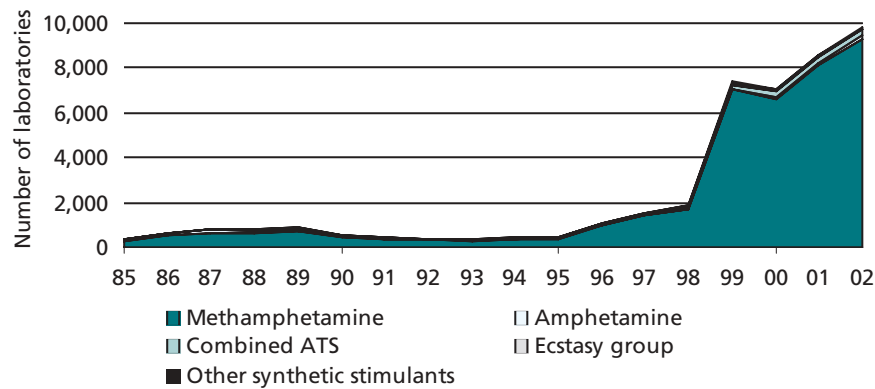
Most dismantled ATS laboratories produced methamphetamine (about 95% in 2001 and 2002). Laboratories producing a combination of ATS (mostly methamphetamine, methcathinone, amphetamine and ecstasy) came next (3%), followed by those producing only amphetamine (1% in 2001) and only 'ecstasy' (close to 1% in 2002). Only 0.2% of the dismantled laboratories produced other synthetic stimulants. Detections of ATS laboratories indicated a shift from amphetamine to methamphetamine production over the last two decades. In 1985, 26% of seized ATS laboratories produced amphetamine, in 1990 17% and in 2002 only 1%. Meanwhile the proportion of methamphetamine laboratories increased from 69% in 1985, to 88% in 1990 and 95% in 2002. (It should be noted, however, that these trends are heavily weighted toward the reported data provided by the USA, because the large majority of all detections of ATS laboratories are in the USA.)

**Fig. 136: Detections of clandestine laboratories at the global level, 1990-2002**



Source: UNODC, Annual Reports Questionnaire Data.

Fig. 137: Detected ATS laboratories, 1985-2002



Source: UNODC, Annual Reports Questionnaire Data.

#### 2.4.1.1. Methamphetamine

##### *A record number of methamphetamine laboratories and methamphetamine precursor chemicals were seized in 2002*

More than 9,300 clandestine laboratories producing methamphetamine were dismantled in 2002 (up 14% from a year earlier). In addition, 160 tons of pseudoephedrine and ephedrine, the 'raw materials' for the manufacture of methamphetamine, were seized at the global level in 2002 (up from 31 tons in 2001). This was potentially enough to produce some 110 tons of methamphetamine in 2002. Even discounting the possibility of multiple orders in anticipation of some shipments being intercepted, seizures in 2002 of methamphetamine precursors were much more important in reducing global supply than seizures of methamphetamine as such (15 tons). Most ephedrine and pseudo-ephedrine continues to originate in the East & South-East Asia region and in South Asia.

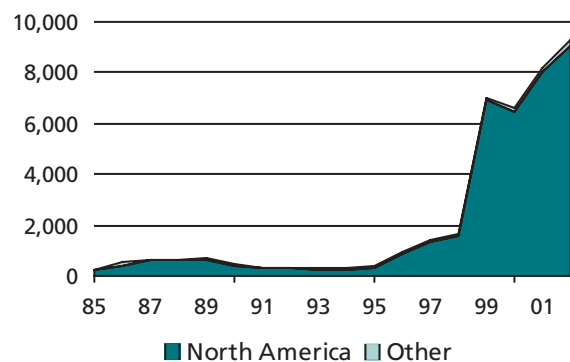
##### *Most methamphetamine laboratories are dismantled in North America*

The largest number of clandestine methamphetamine laboratories were dismantled in North America over the last two decades. The USA undertook 97% of all reported methamphetamine laboratories detections in 2002. North America also accounted for 95% of all methamphetamine precursor seizures in 2002 (up from 72% in 2001). These seizures increasingly involved pseudo-ephedrine (96% of all methamphetamine precursor seizures made in North America in 2002), which was often smuggled into the USA via Canada. (Improved legislation introduced in Canada in 2003 should make such diversion of precursor chemicals more difficult in the future). The US authorities reported the detection of 9,024 methamphetamine laboratories

in 2002 (up from 7,990 in 2001). Fourteen clandestine methamphetamine laboratories were dismantled in Canada in 2002 (13 in 2001) and 10 in Mexico (19 in 2001). The efforts to dismantle methamphetamine laboratories in North America in recent years seem to have had a positive impact despite the fact that most of them are small-scale production units. The decline in availability is reflected in the estimated 30% decline in the annual prevalence of methamphetamine use among 12th graders between 1999 and 2003, a welcome sign after having increased throughout the 1990s.

The largest number of ATS laboratories dismantled in East and South-East Asia was reported from China (13), Myanmar (4) and the Philippines (4) in 2002. The number of dismantled laboratories in East and South-East Asia fell in 2002 as compared to a year earlier (44 in China, 10 in Thailand, 5 in Myanmar, 3 in the Philippines and 1 in the Republic of Korea in 2001). Though the dismantled laboratories in this region tend to be significantly larger than those (usually) seized in the USA, detections are not that numerous. This leaves large portions of methamphetamine available for traf-

Fig. 138: Dismantling of methamphetamine laboratories, 1985-2002

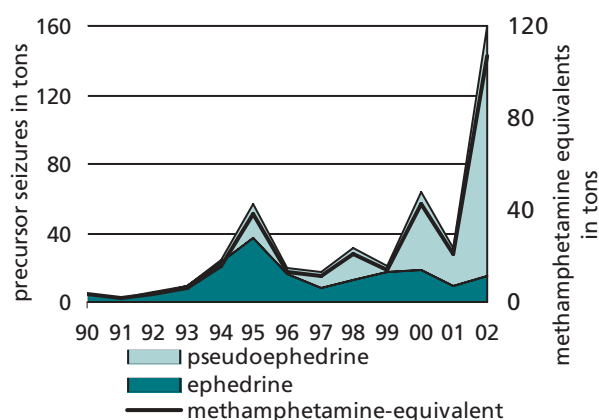


Source: UNODC, Annual Reports Questionnaire Data / DELTA.

ficking across the region. Thus, over the 2001-2002 period, 87% of global methamphetamine seizures took place in this region. Moreover, China, Myanmar and the Philippines repeatedly reported seizures of ephedrine through 2002. India also reported some seizures of ephedrine.

The largest number of clandestine methamphetamine laboratories dismantled in Europe was in the Czech Republic (104 in 2002, up from 28 in 2001). Germany dismantled two clandestine methamphetamine laboratories. The only detection of a clandestine methamphetamine laboratory operating in Africa took place the same year in South Africa.

Fig. 139: Seizures of methamphetamine-precursors



Source: INCB, 2003 Precursors, New York 2004.

### 2.4.1.2. Amphetamine

#### Ongoing rise of detection of clandestine laboratories in 2002

The number of detected amphetamine laboratories has increased again in recent years after falling in the 1990s. A number of countries do not report the specific kind of ATS produced by detected laboratories ('combined ATS'). It can be assumed that a number of these laboratories produce amphetamine. The number of detections of amphetamine and 'combined ATS' laboratories rose by 5% in 2002. This was more than 6 times higher than a decade earlier.

#### Concentration of amphetamine production in Europe

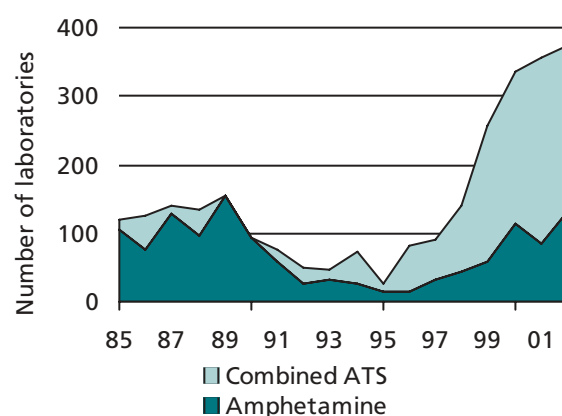
The Russian Federation and other European countries (the Netherlands and Poland, followed by Germany,

Belgium, Bulgaria, the Baltic countries, the UK and France) reported the dismantling of amphetamine laboratories in 2002. More than 80% of all P2P seizures (1-phenyl-2-propanone, also known as BMK), the main precursor for the production of amphetamine, were made in Europe in 2002.

#### With a shift of production towards Eastern Europe

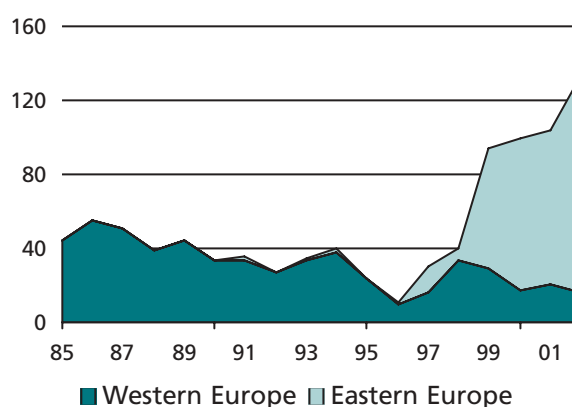
A shift of production from Western Europe towards Eastern Europe has been noticed since the mid 1990s. The number of dismantled amphetamine laboratories continued to rise in Eastern Europe in 2002, while falling in Western Europe. Nonetheless, the Netherlands remained the most frequently mentioned source country for amphetamine in 2002 (cited by other countries), followed by Poland and Belgium.

Fig. 140: Detected amphetamine laboratories, 1985-2002



Source: INCB, 2003 Precursors, New York 2004.

Fig. 141: Detection of amphetamine\* laboratories in Europe



\* including 'combined ATS'

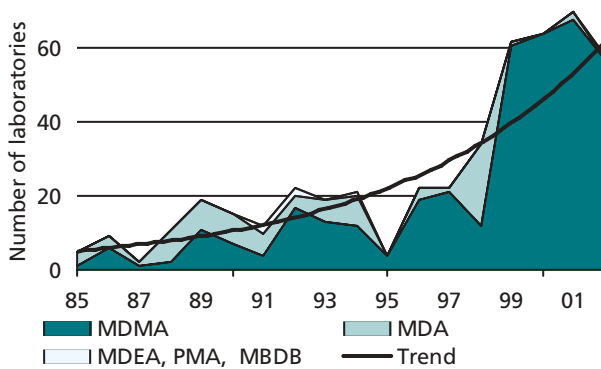
Source: INCB, 2003 Precursors, New York 2004.

### 2.4.1.3. Ecstasy

#### *Number of dismantled clandestine ecstasy laboratories rises almost 3-fold over 1992-2002 period*

The number of dismantled ecstasy laboratories declined slightly in 2002 but was still almost 3 times higher than a decade earlier. While in the late 1980s and early 1990s laboratories producing MDA, and to a lesser extent MDEA and other ecstasy-type substances, still played a role, almost all laboratories seized in 2000 and subsequent years produced MDMA (ecstasy).

**Fig. 142: Detection of laboratories producing substances of the ecstasy group, 1985-2002**



Source: UNODC, Annual Reports Questionnaire Data.

#### *Most ecstasy laboratories are still dismantled in Europe, but production is rising in Asia*

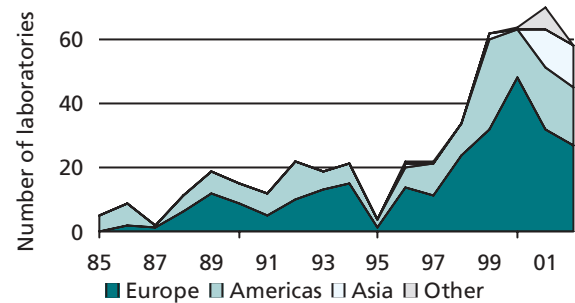
Over the 2000-2002 period 56% of all ecstasy laboratories were dismantled in Europe (of which 98% in Western Europe), 27% in North America, 13% in Asia (mainly East and South-East Asia) and 4% in other parts of the world (notably in the Oceania region and in southern Africa). In 2002 most ecstasy laboratories were dismantled in the Netherlands (18), followed by China (11), the USA (9), Canada (8), Belgium (4), the UK (3), and Indonesia (2). The Netherlands also continues to be the country most frequently identified by other countries as the main source country for the ecstasy found on their markets.

The most striking trend in recent years has been the increase of ecstasy production in East and South-East Asia. While the number of dismantled ecstasy laboratories declined in Europe, and remained more or less stable in North America, it increased strongly in Asia.

#### *Ecstasy precursor seizures rose in 2002*

Global ecstasy precursor seizures (expressed in MDMA equivalents) increased by 17% in 2002 and were 76

**Fig. 143: Detection of laboratories producing substances of the ecstasy group, regional breakdown, 1985-2002**

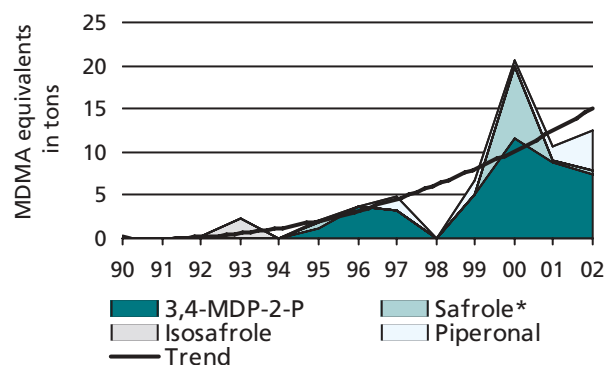


Source: UNODC, Annual Reports Questionnaire Data.

times higher than a decade earlier, another indicator that global production of ecstasy increased over the last decade. Seizures of ecstasy precursor chemicals (which reduced potential MDMA production by some 12 tons in 2002) were higher than seizures of ecstasy as such (5 tons in 2002).

The main ecstasy precursor is still 3,4-MDP-2-P (also known as PMK). It accounts for 60% of all ecstasy precursor seizures. Eighty seven percent of all PMK was seized in Europe in 2002. In 2001 and 2002 Dutch authorities reported the largest seizures of PMK, while in 2000 Belgium reported the largest seizures. A strong increase in 2002 was reported for seizures of piperonal, a 'pre-precursor' for the manufacture of ecstasy (mainly due to large seizures reported by Mexico). Seizures of safrole, another pre-precursor for ecstasy production also rose in 2002, though levels remained under those of 2000 (when record seizures were reported by the Netherlands). Ninety nine percent of all safrole seizures in 2002 were made in Europe. Countries in South-East Asia seem to be the main source for PMK and safrole.

**Fig. 144: Seizures of 'ecstasy' precursors in MDMA-equivalents**



\* including safrole in the form of sassafras oil

Source: INCB, 2003 Precursors, New York 2004.

## 2.4.2. Trafficking

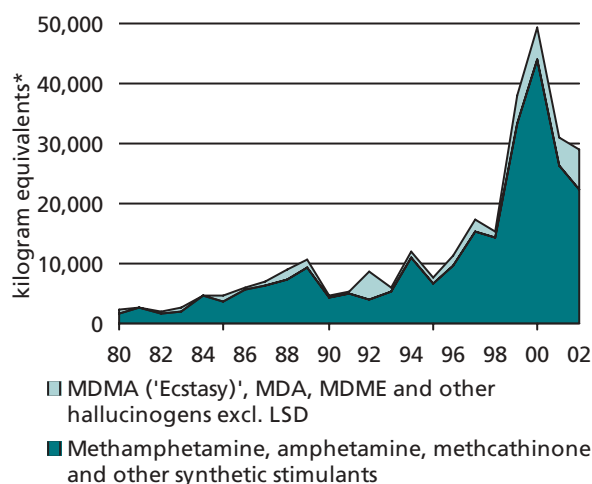
### 2.4.2.1. Overview

*Following massive increases in the 1990s, ATS seizures declined in 2002...*

Amphetamine-type stimulants (ATS) seizures showed a marked upward trend in the 1990s, particularly in the second half of the decade, and peaked in the year 2000. This was consistent with a general trend of increasing ATS production, trafficking and consumption. From 2001 to 2002, however, ATS seizures declined by 7%, mainly due to a fall of methamphetamine seizures in China.

Over the 1992-2002 period, China reported the highest ATS seizures, followed by Thailand, the USA, the UK and the Netherlands. In 2001 and 2002, the highest ATS seizures worldwide were reported from Thailand, followed by China.

**Fig. 145: Seizures of amphetamine-type stimulants 1980-2002**



\* Seizures reported in kilograms and in units; a unit ('pill') of ecstasy was assumed to contain on average 100 mg of MDMA; a 'unit' of amphetamine / methamphetamine was assumed to contain 30 mg of mphetamine / methamphetamine.

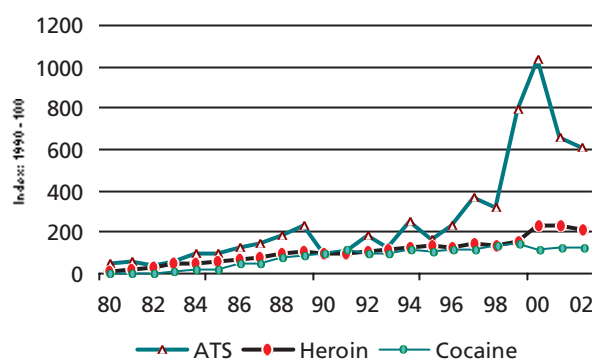
Source: UNODC, Annual Reports Questionnaire Data.

Over the last decade, ATS seizures increased much more rapidly than those of heroin or cocaine, despite the fall in 2001 and 2002 described above. Using 1990 as a base line, ATS seizures rose more than ten-fold till the

year 2000. Though they declined in 2001 and 2002, they were still higher than in 1998 and some six times larger than in 1990.

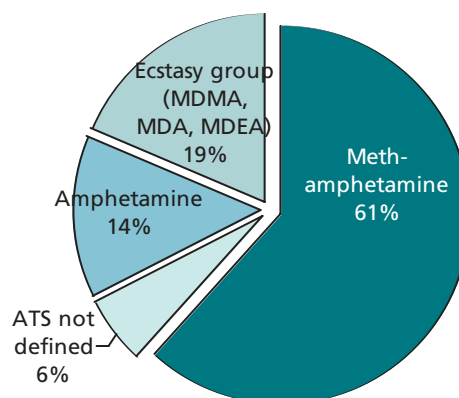
In 2001/2002, more than 60% of global ATS seizures were of methamphetamine and close to 20% were of ecstasy. The majority of the remainder was amphetamine seizures (14%). For 6% of all ATS seizures no precise identification, beyond the general category of ATS, was possible.

**Fig. 146: Changes in ATS, heroin and cocaine seizures (Index: 1990 = 100)**



Source: UNODC, Annual Reports Questionnaire Data.

**Fig. 147: Breakdown of ATS seizures in 2001 and 2002 (N = 30 tons p.a.)**



Source: UNODC, Annual Reports Questionnaire Data.

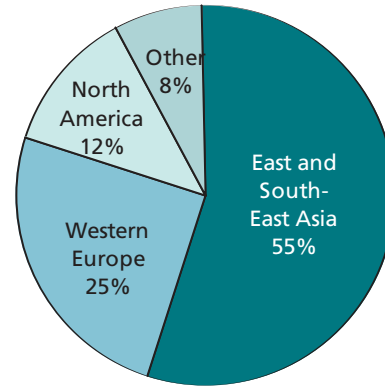
... with concentrations in East/South-East Asia, followed by Western Europe and North America

In recent years, ATS seizures have been concentrated in East and South-East Asia, followed, at some distance, by Western Europe and North America. East and South-East Asia accounted for 55% of all ATS seizures in 2001/2002, up from 39% in 1991/1992. Most of this increase took place in the late 1990s. Europe accounted for 25% and North America for 12% of total ATS seizures in 2001/2002. A mere 8% of global ATS seizures were recorded outside these three areas.

In 2002 ATS seizures continued to decline in East and South-East Asia. They also declined strongly in North America, probably a consequence of the large-scale dismantling of ATS laboratories in the USA that reduced domestic supply and thus trafficking within North

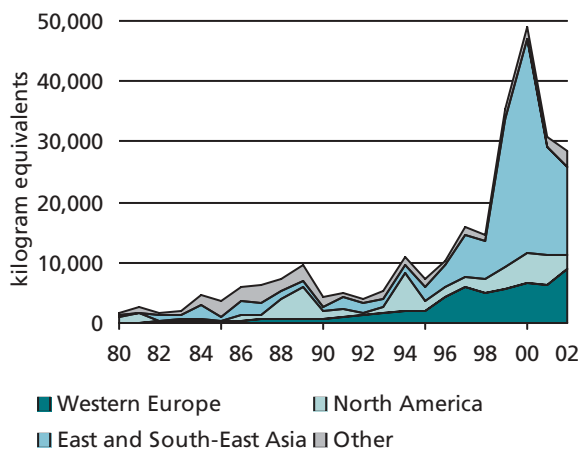
America. Significant increases, however, were reported from Western Europe.

Fig. 150: ATS seizures in 2001/02 (N = 30 tons)



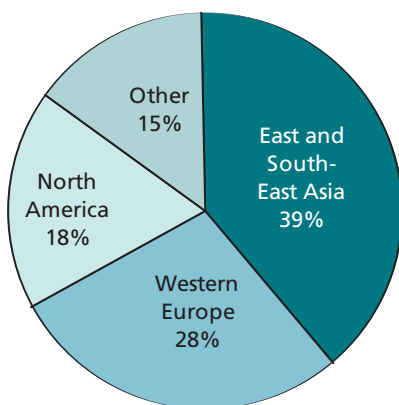
Source: UNDODC, Annual Reports Questionnaire Data.

Fig. 148: Geographical distribution of ATS seizures 1980-2002



Source: UNDODC, Annual Reports Questionnaire Data.

Fig. 149: ATS seizures in 1991/92 (N = 4 tons)



Source: UNDODC, Annual Reports Questionnaire Data.

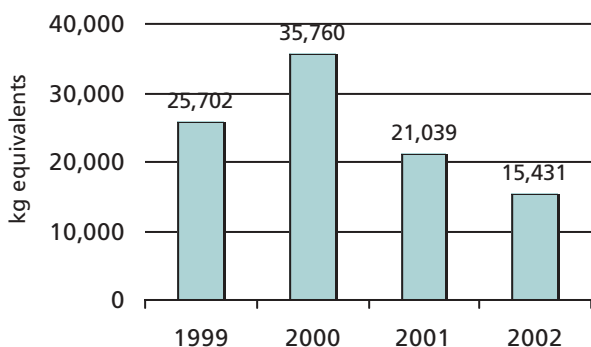
#### 2.4.2.2. Methamphetamine

Methamphetamine seizures peaked in 2000 following strong increases in the 1990s. Since 2000 they have followed a downward trend, falling by 27% in 2002. The trafficking of methamphetamine continues to be concentrated in two sub-regions: East & South-East Asia (87% of all seizures in 2001/2002) and North America (13%). In both sub-regions, however, seizures declined in 2002. The North American decline is likely to have been a result of an intensified dismantling of laboratories in the USA. National student surveys confirm a reduction of methamphetamine availability in 2002. The decline in East and South-East Asia was mainly a consequence of ongoing declines of methamphetamine seizures in China following record ones in 1999 and 2000. Methamphetamine seizures also declined in the Philippines and Myanmar in 2002. Forty countries reported seizures of methamphetamine in 2002. The world's largest ones were reported from Thailand (56% of global seizures), China (21%), the USA (7%), Myanmar (6%), Japan (3%) and Mexico (3%). Thailand reported a small increase in seizures in 2002. This seems to have been due to intensified enforcement efforts rather than an increase in trafficking activities. In 2003 Thailand stepped up its anti-trafficking efforts leading to forceful crackdown on the methamphetamine market.

Eighteen countries were identified as sources of methamphetamine in 2002. The main source countries

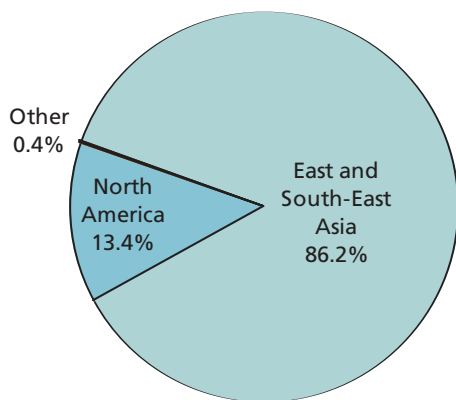
were Myanmar (for Thailand), China and the Philippines. Some of the methamphetamine exported from the Philippines originated, however, in China. Chinese authorities reported that 18% of the methamphetamine on their market actually originated in Myanmar. The Democratic People's Republic of Korea (North Korea) has been repeatedly identified as a source country (or at least as a major transit country) by the Japanese authorities. The main source countries for North America are the USA and Mexico and, to a lesser extent, the Philippines. The main sources for methamphetamine found in Australia were identified as China and, to a lesser extent, Thailand and the Philippines.

**Fig. 151: Global methamphetamine seizures**



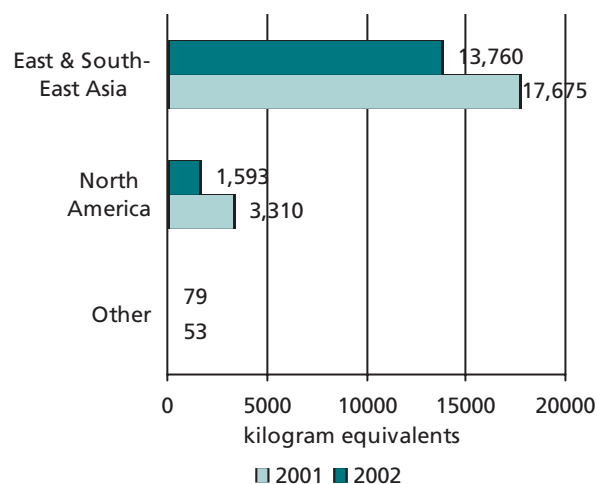
Source: UNDODC, Annual Reports Questionnaire Data/DELTA.

**Fig. 152: Distribution of methamphetamine seizures, 2001-2002 (N = 18.2 tons p.a)**



Source: UNDODC, Annual Reports Questionnaire Data/DELTA.

**Fig. 153: Methamphetamine seizures in 2001 and 2002**



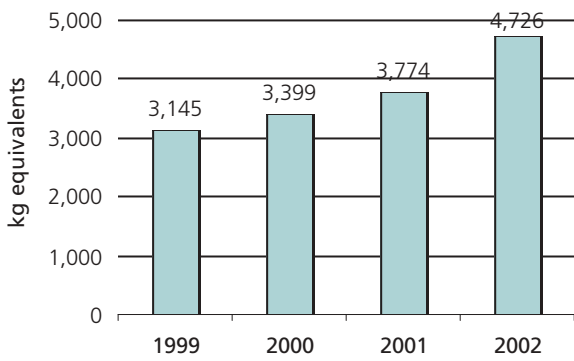
Source: UNDODC, Annual Reports Questionnaire Data/DELTA.

#### 2.4.2.2. Amphetamine

Fifty-eight countries reported seizures of amphetamine in 2002. Though significantly smaller than those of methamphetamine, seizures of amphetamine showed an ongoing increase in 2002 (+25%). In 2001/2002 almost 90% of global amphetamine seizures took place in Europe and, within Europe, more than 90% in Western Europe. Amphetamine seizures outside Europe were mainly reported from the Near and Middle East, North Africa and North America. Over the last few years, the world's largest amphetamine seizures have been made in the UK (accounting for more than a third of global seizures <sup>a)</sup>), reflecting the country's position as the world's largest amphetamine market. The next largest seizures in 2002 were reported from Belgium (11%) the Netherlands (10%), Germany (8%) and Sweden (7%). Amphetamine seizures increased in Western Europe and, to an even greater extent, in Eastern Europe, but declined in the rest of the world in 2002.

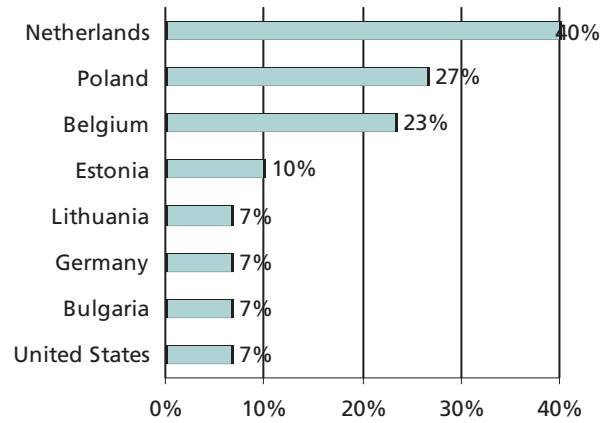
a) At the time of writing, since the UK has not yet reported seizure data for 2002, it is assumed, for the purposes of this analysis, that seizure levels in 2002 were similar to those reported in 2001.

**Fig. 154: Global amphetamine seizures**



Source: UNODC, Annual Reports Questionnaire Data/DELTA.

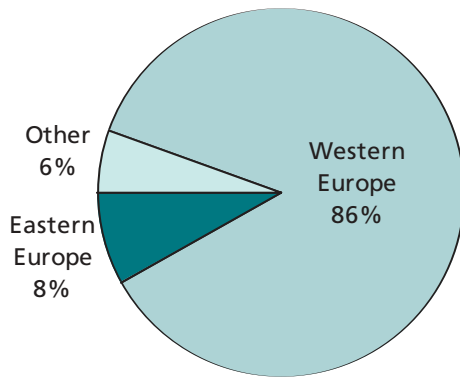
**Fig. 156: Origin of amphetamine in 2002\***



\* Number of times a country was identified by other countries as a source country, expressed as a percentage of all countries reporting this question (N = 30).

Source: UNODC, Annual Reports Questionnaire Data/DELTA.

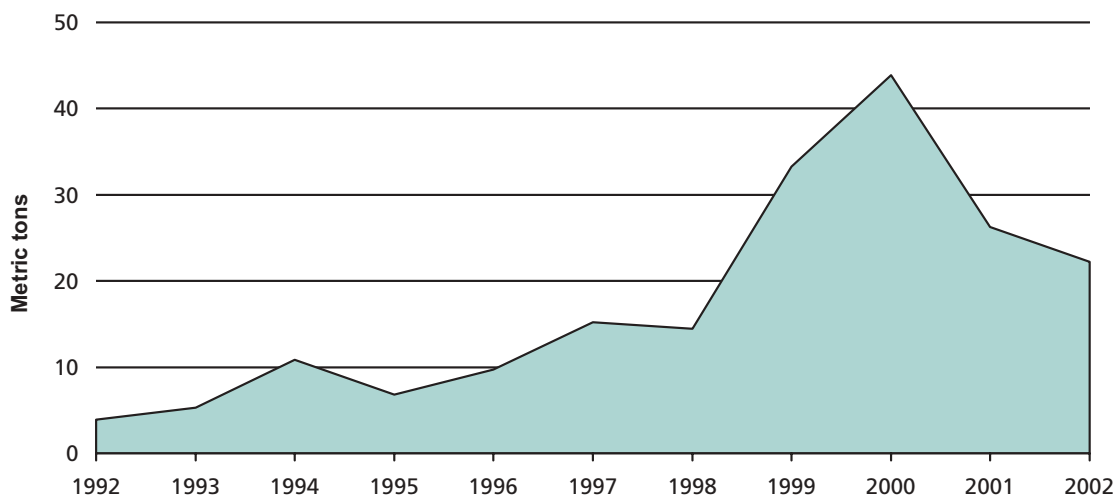
**Fig. 155: Seizures of amphetamine in 2001-2002 (N = 4.3 tons p.a.)**



Source: UNODC, Annual Reports Questionnaire Data/DELTA.

Twenty-one countries were identified as sources of amphetamine in 2002. The main source country continues to be the Netherlands: 40% of all countries reporting a source of the amphetamine they seized identified the Netherlands as the main source country. Authorities in the UK estimate that 90% of their imported amphetamine originates in the Netherlands. Authorities in Sweden estimate that 65% of their amphetamine comes from the Netherlands. The French authorities identified 46% of the amphetamine on their market as having originated in the Netherlands and 33% in Belgium. The next most frequently identified source countries for amphetamine exports were Poland and Belgium, followed by the Baltic countries (Estonia and Lithuania).

Fig. 157: Global seizures of Amphetamines\*, 1992 - 2002

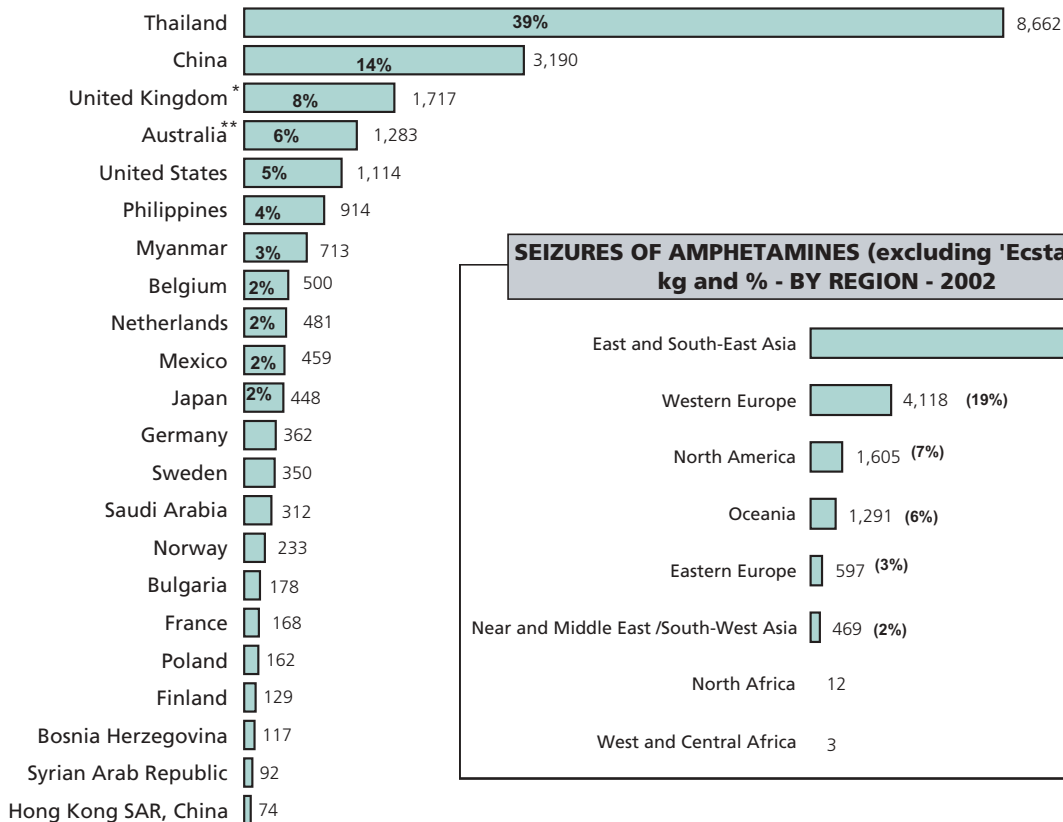


\* Excluding 'Ecstasy'

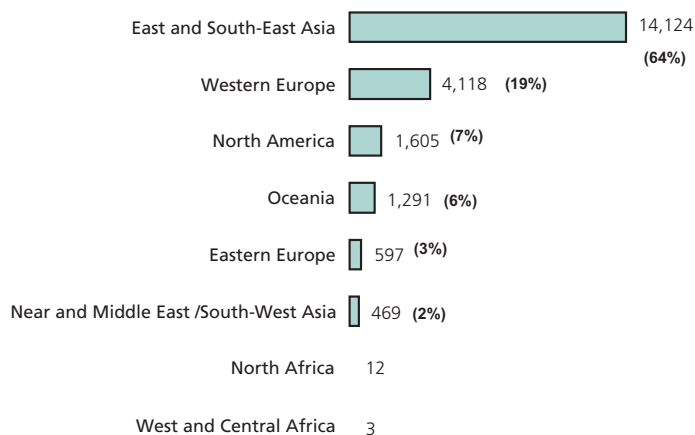
Year	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Metric tons	4	5	11	7	10	15	14	33	44	26

\* metric ton equivalents. 1 unit assumed to be equivalent to 30mg.

**SEIZURES OF AMPHETAMINES (excluding 'Ecstasy') in % of world total and kg- HIGHEST RANKING COUNTRIES - 2002**



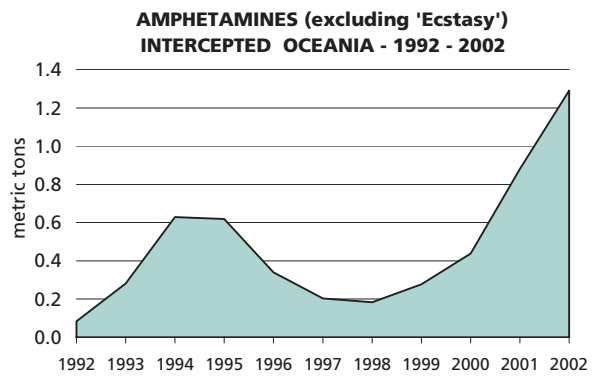
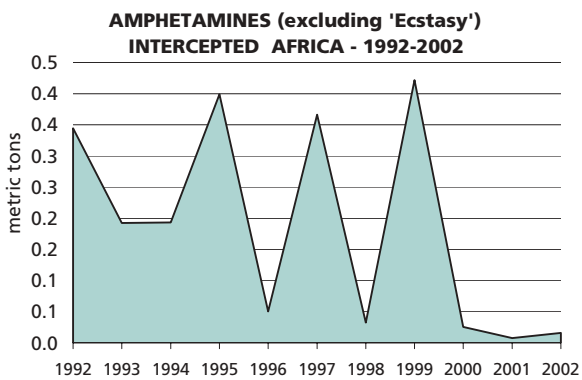
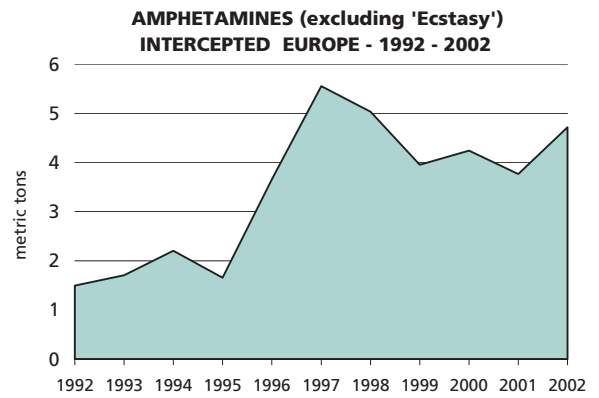
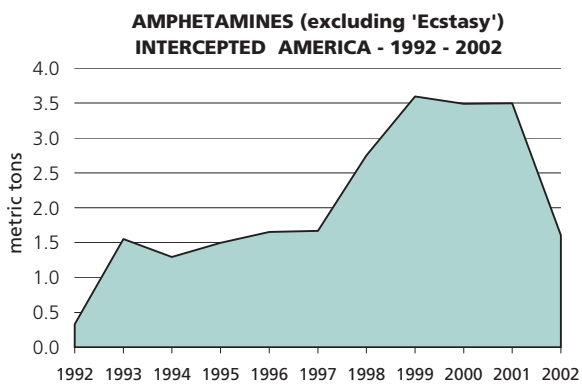
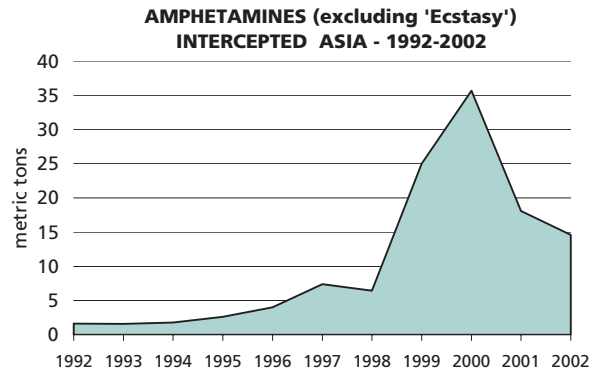
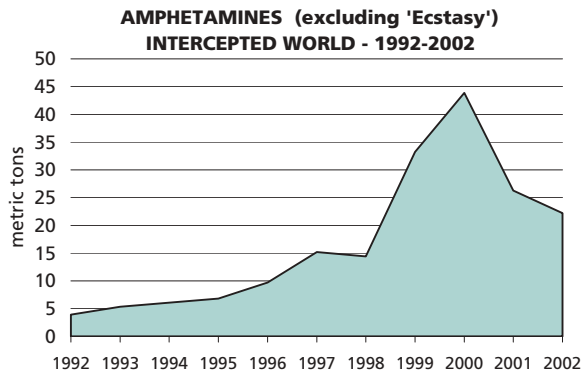
**SEIZURES OF AMPHETAMINES (excluding 'Ecstasy') in kg and % - BY REGION - 2002**



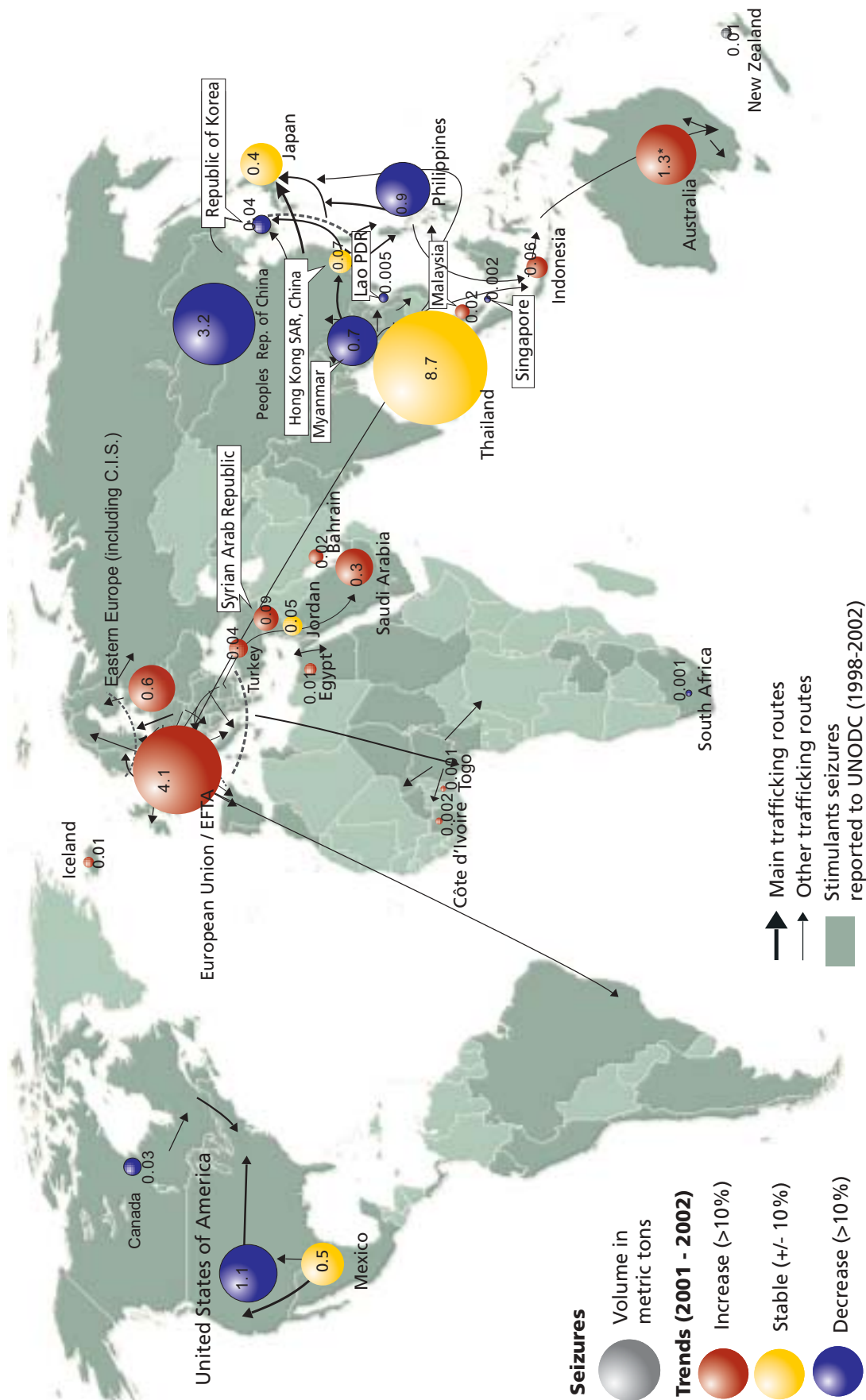
\* data refer to 2001.

\*\* data for Australia include seizures of ecstasy.

Fig. 158: Interception of Amphetamines



Map 20: Seizures of amphetamine-type stimulants (excluding ecstasy) 2001 - 2002: extent and trends (countries reporting seizures of more than 10 kg.)



\* Includes seizures of ecstasy

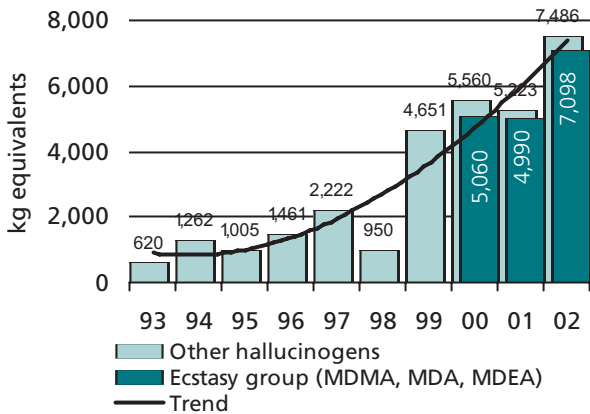
Note: Routes shown are not necessarily documented actual routes, but are rather general indications of the directions of illicit drug flows.

2.4.2.3. Ecstasy

*Strong increase in seizures in 2002*

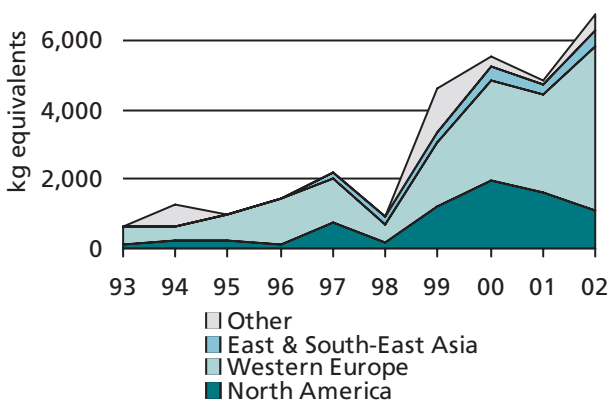
Seizures of ecstasy showed a clear upward trend in the 1990s, followed by a temporary stabilization between 1999 and 2001, and a renewed upward trend in 2002, when they were 42% higher than the previous year. It should be noted that a separate reporting category for the 'ecstasy' group of substances (MDMA, MDA, MDEA) was only introduced in 2000, when the Annual Reports Questionnaire, the main source of data from Governments, was revised. Prior to that, ecstasy seizures were reported under the category of 'other hallucinogens'. Analysis of seizure data shows that the bulk of the substances reported under the category of 'other hallucinogens' is accounted for by ecstasy (95% in 2001/2002). This category therefore seems to be a reasonably good proxy for tracing the trend of ecstasy seizures over the last decade.

**Fig. 159: Ecstasy seizures, 1993-2002**



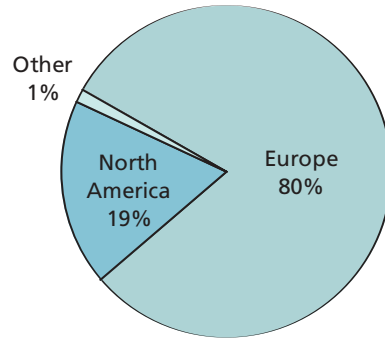
Source: UNODC, Annual Reports Questionnaire Data / DELTA.

**Fig. 160: Ecstasy seizures, 1993-2002**



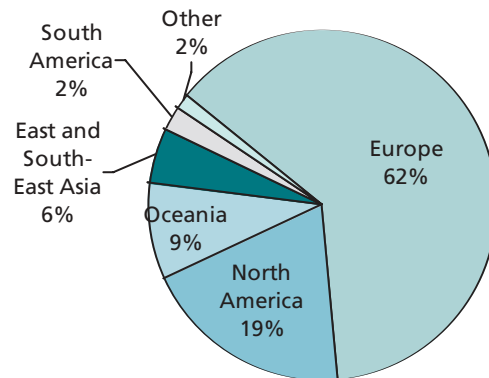
Source: UNODC, Annual Reports Questionnaire Data / DELTA.

**Fig. 161: Distribution of ecstasy seizures, 1993-94 (N = 0.9 tons p.a.)**



Source: UNODC, Annual Reports Questionnaire Data / DELTA.

**Fig. 162: Distribution of ecstasy seizures, 2001-2002 (N = 6 tons p.a.)**



Source: UNODC, Annual Reports Questionnaire Data / DELTA.

*Concentration in Europe, but increases in other regions*

In the early 1990s ecstasy trafficking was almost exclusively concentrated in Europe. In recent years, however, it has spread throughout the world. The European proportion of ecstasy seizures thus fell from 80% of world seizures in 1993/1994 to 62% in 2001/2002. More than 95% of these were made in Western Europe. The regional distribution of ecstasy seizures in the rest of the world, in 2001/2002, were 19% in North America, 9% in Oceania region, 6% in East and South-East Asia, 2% in South America (including the Caribbean) and 1% in the Near and Middle East. In 2002, ecstasy seizures increased strongly in Oceania, South America, the Caribbean, the Near and Middle East and Europe, but declined - for the second year in a row - in North America.

Seizures of ecstasy were reported by 79 countries in

2002, up from 67 in 2001, 37 in 1995 and 20 in 1992. The largest seizures worldwide were reported from Belgium and the Netherlands with 25% and 24% of global seizures, respectively. Significant ecstasy seizures also took place in the UK, the USA, Germany, China, France, Spain, Israel, Canada and South Africa.

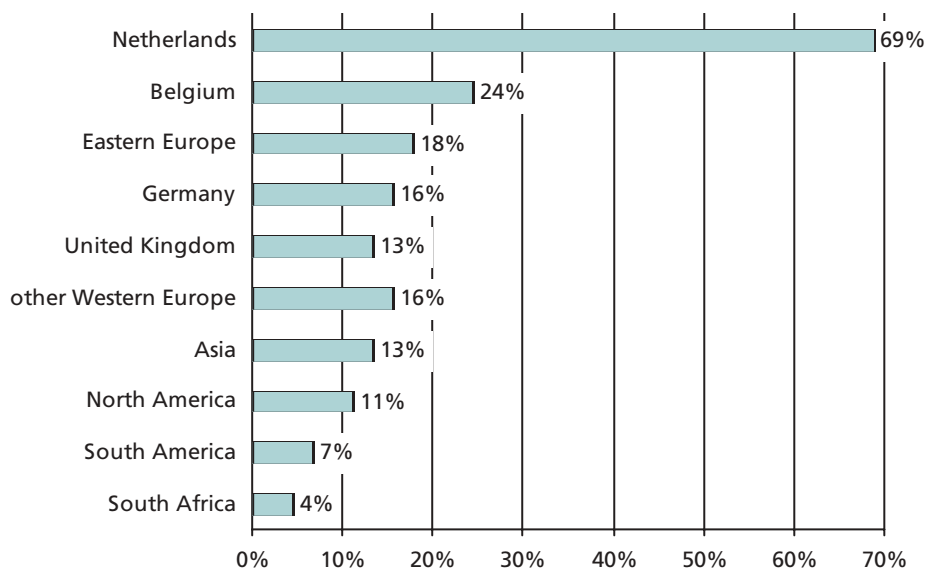
*'Internationalization' of trafficking despite concentration of production*

Slightly less than 70% of countries reported that the ecstasy found on their markets in 2002 originated in the Netherlands, down from 75% in 2001. Although Dutch criminal groups manufacture ecstasy, they do not appear to be significantly involved in its international traffic. In recent years Israeli and Dominican criminal groups were found to have been behind many transatlantic shipments of ecstasy from the Netherlands and other European countries to the USA, and several Chinese criminal groups became involved in smuggling ecstasy from the Netherlands to South-East Asia. The second most frequently mentioned source of ecstasy was Belgium, reflecting a shift of some criminal groups as controls were tightened in the Netherlands. The UK reported that 80% of ecstasy imports originated in the

Netherlands and 20% in Belgium. France reported that 65% of seized ecstasy originated in the Netherlands and 9% in Belgium. Authorities in Italy identified almost all of the ecstasy on their market as coming from either the Netherlands or Belgium. Croatia reported that 60% of its ecstasy seizures originated in the Netherlands and 10% in Belgium.

Other frequently mentioned European sources of ecstasy were Germany, the UK and a number of East European countries, including Estonia, Poland, Bulgaria, the Czech Republic and Hungary. In Asia, Thailand, China and Indonesia were the most frequently reported sources. The USA and Canada were the most frequently identified sources in North America; and Colombia, Suriname and Mexico in Latin America. In Africa, the Republic of South Africa was the most frequently reported source of ecstasy. Though a country identified/reported as a source need not necessarily be the actual source of the drugs, it should be noted that most of the countries cited here as sources have, in fact, dismantled ecstasy laboratories in their territories over the last few years. In practice, however, it may not always be easy to differentiate between ecstasy produced in the Netherlands and Belgium.

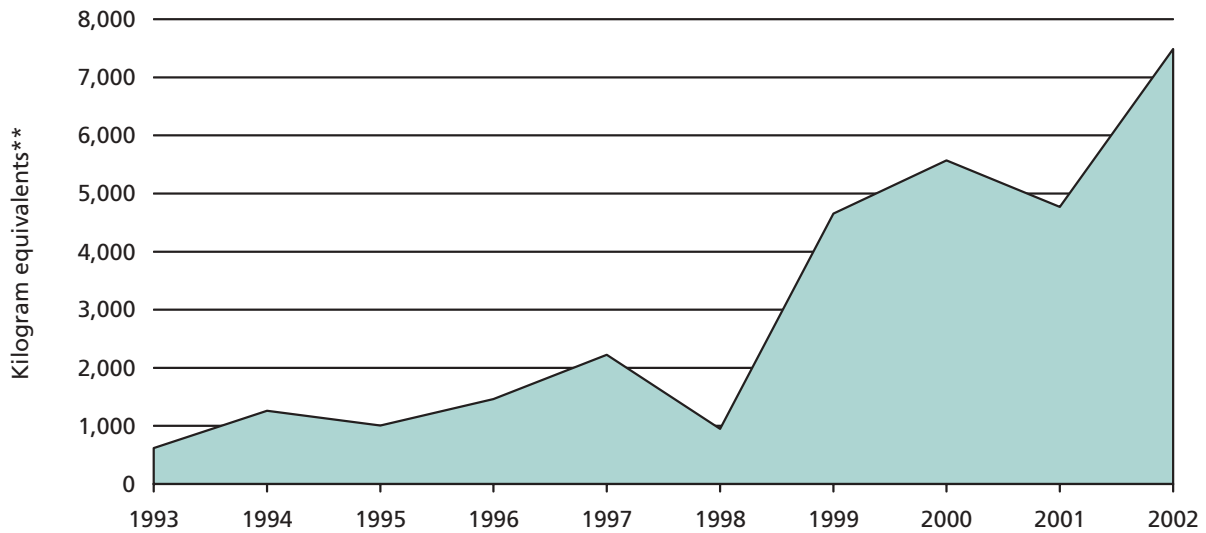
Fig.163: Origin of ecstasy\*



\* Number of times a country/region was identified by other countries as a source country for ecstasy, expressed as a proportion of countries providing such information in 2002 (N = 45).

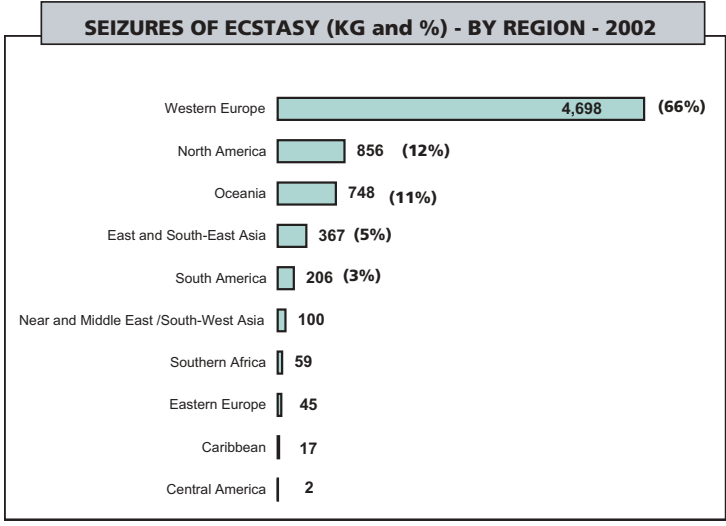
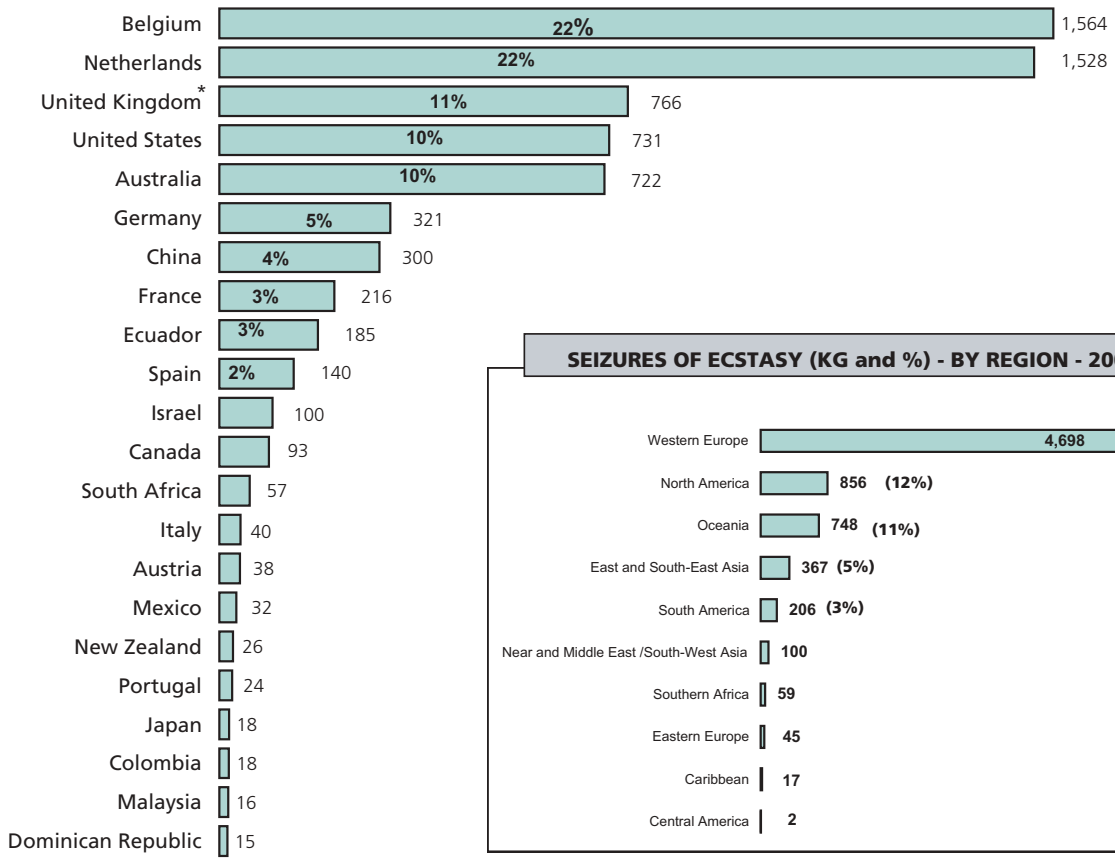
Sources: UNODC, Annual Reports Questionnaire Data, C/INTERPOL/WCO, Individual Seizures Database.

Fig. 164: Global seizures of Ecstasy\*, 1993 - 2002



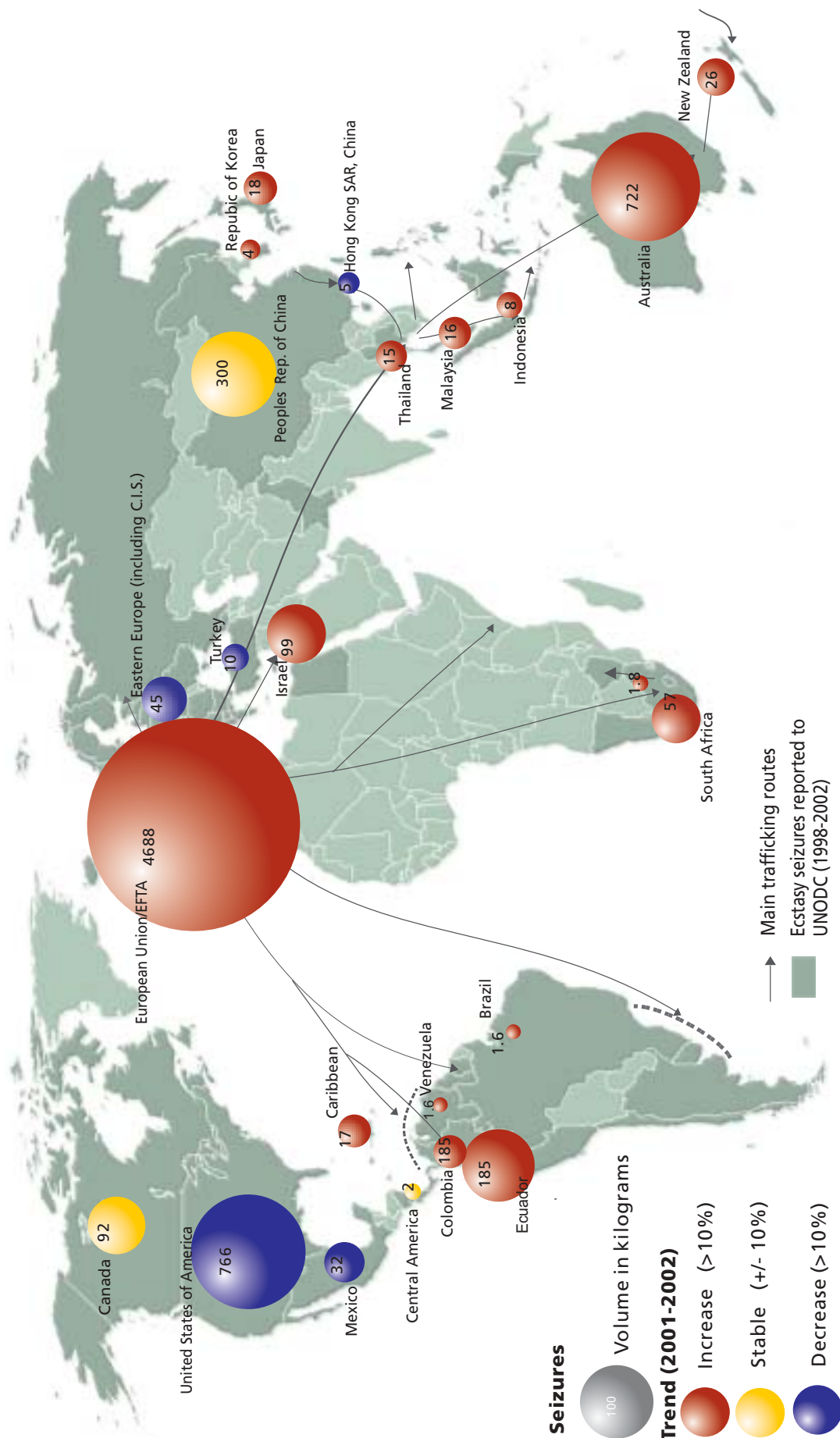
\* Reporting on 'Ecstasy' seizures only started with the new ARQ in 2001; before, Ecstasy seizures were included under the category of 'hallucinogens other than LSD'. Trend data shown above refer to this broader category. In 2002, Ecstasy accounted for 95% of the seizures in this group.  
 \*\* 1 unit is assumed to be equivalent to 100mg of MDMA.

**SEIZURES OF ECSTASY in % of world total and kg- HIGHEST RANKING COUNTRIES - 2002**



\* data refer to 2001.

Map 21: Seizures of Ecstasy (MDA, MDEA, MDMA) 2001 - 2002: extent and trends (countries reporting seizures of more than 10 kg.)



Note: Routes shown are not necessarily documented actual routes, but are rather general indications of the directions of illicit drug flows.

### 2.4.3. Abuse

#### 2.4.3.1. Extent

##### Use of Amphetamine-type stimulants

Amphetamine-type stimulants (ATS), as defined by UNODC, consist of (i) 'amphetamines' (amphetamine, methamphetamine), (ii) a number of other synthetic stimulants such as methcathinone, phentermine, fenetylline, etc. and (iii) 'Ecstasy' (MDMA; related products such as MDA and MDME, grouped together with MDMA under the heading of 'ecstasy-group substances'). These substances are chemically or pharmacologically related, and consumed by similar user populations in several countries<sup>ak</sup>. While consumption of 'amphetamines' and of 'ecstasy' can be regarded as increasingly global in nature, most of the other synthetic stimulants only play a role at the regional level (e.g. methcathinone in the countries of the former Soviet Union and in the USA or fenetylline in countries of the Arabian peninsula).

The typical user 'profiles' of the various ATS are different. In most countries, ecstasy is consumed by youth and young adults in a recreational setting, often linked to dance events. In developing countries its consumption is mainly associated with youth of the upper class while in developed countries consumption is spread across all social classes. Other ATS are consumed by both youth and adults. Consumption by adults tends to be more prevalent amongst those of the lower income levels ('poor man's cocaine'). A number of countries suffer from serious methamphetamine problems and related issues of violence, serious health degradation and treatment demand. Methamphetamine is in general more potent than amphetamine and thus causes more serious health problems (including paranoia and strokes) and problems of drug related violence.

##### 2.5.3.1.1. Amphetamines

Amphetamines account, on average, for some 10% of treatment demand at the global level. The highest pro-

portion of treatment demand for ATS abuse is found in Asia (17%), ahead of Australia (14%), Europe (10%), Africa (7%) and the Americas (5%), including 11.5% in the USA. In a number of countries in East and South East Asia, particularly Thailand, the Philippines, Japan, the Republic of Korea and, to a lesser extent, in Taiwan Province of China, methamphetamine is the main problem drug and plays a role similar to opiates in Europe or cocaine in the Americas. In parallel, a strong spread of recreational use of amphetamines took place in a large number of countries in the 1990s.

Amphetamines are used by an estimated 30 million people or 0.7% of the global population age 15-64. In addition, some 8 million people are estimated to take ecstasy. Use of amphetamine-type stimulants at the global level is thus more widespread than use of opiates (15 million people, or 0.4%) or cocaine (more than 13 million people, or 0.3%).

More than 60% of the users of amphetamines (mostly methamphetamine) are found in Asia, with East and South East Asia accounting for the bulk of ATS use (more than 95% of all users in Asia). The prevalence rate of ATS use (excluding ecstasy) in East-and South-East Asia is 1.3% of the population age 15-64, almost twice the global average. The world's highest levels of methamphetamine consumption, prior to the crack-down on its methamphetamine market in 2003, were reported from Thailand: annual prevalence of 2.4% of the population age 12-65 according to household survey results in 2001. According to other official estimates which derived the total number of methamphetamine users through indirect methods, 5.6% of the Thai population age 15-64 used methamphetamine (or 'ya-ba' as it is locally known) at the beginning of the millennium.

The next largest proportions of ATS use among the general population are found in Oceania (2.8%), notably in Australia (4% of the population age 15-64 in 2001) and New Zealand (3.4% in 2001). Over the last decade a

ak) UNDCP, *Amphetamine-type Stimulants: A Global Review*, Vienna 1996.

**Table 13: Annual prevalence estimates of consumption of amphetamines: 2001-2003**

	Number of people (in million)	in % of population age 15 - 64
OCEANIA	1.94	2.78
EUROPE	2.37	0.44
- West Europe	1.79	0.58
- East Europe	0.59	0.25
AMERICAS	4.96	0.89
- North America	3.46	1.25
- South America	1.50	0.54
AFRICA	2.13	0.44
ASIA	18.16	0.76
<b>GLOBAL</b>	<b>29.56</b>	<b>0.73</b>

Abuse above global average  
 Abuse close to global average  
 Abuse below global average

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

shift from amphetamine to the more potent methamphetamine has taken place in this region.

The Americas and Europe together account for a quarter of global use of amphetamines. Use of amphetamines in North America affects 1.3% of the population age 15-64 and is thus clearly above average in the Americas (0.9%). Annual prevalence of stimulants use in the USA affected 1.4% of the population age 12 and above in 2002, equivalent to 1.65% of the population age 15-64. About half of all ATS use is linked to methamphetamine.

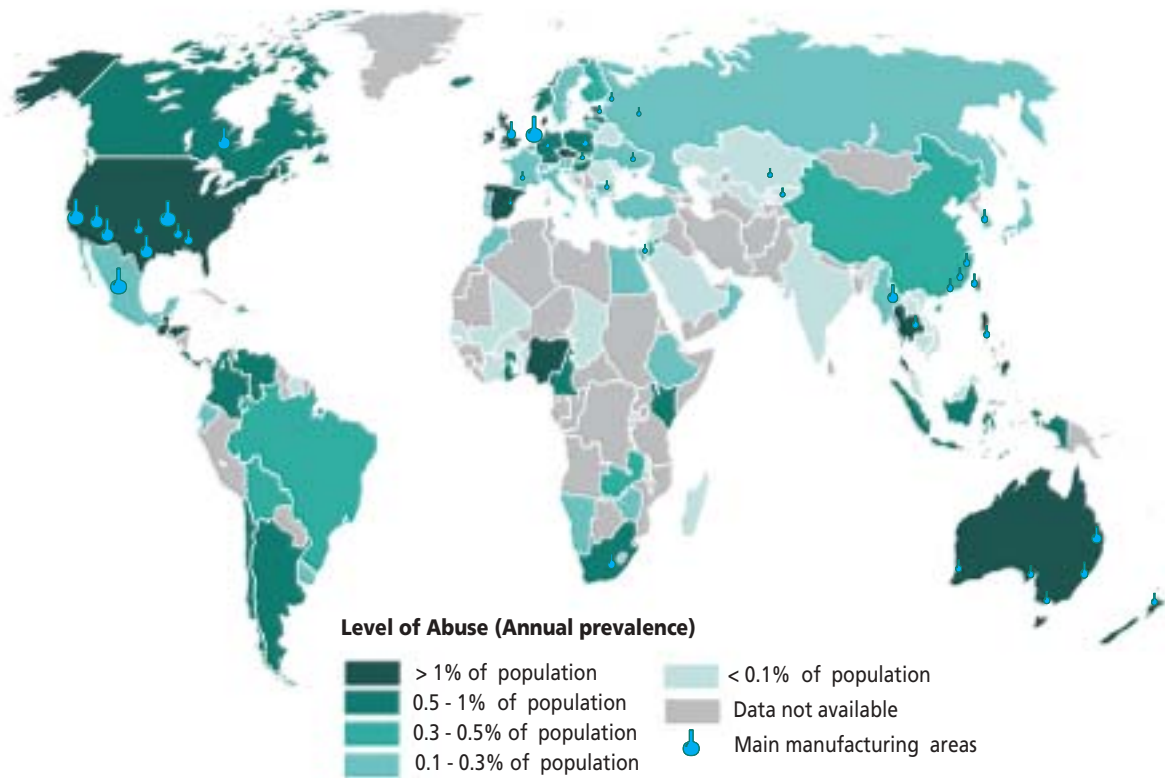
The highest levels of amphetamines use in Europe have been reported from the countries of Western Europe (0.6% of the population age 15-64), notably from the UK (1.6% in 2003), Ireland (1.6% in 2002), Denmark (1.3% in 2000) and Spain (1.2% in 2001). The highest levels among the new EU member countries are found in the Czech Republic (1.1% in 2002), Estonia (1%) and Poland (0.7%), i.e. countries which also happen to be among the largest ATS producers in Central and Eastern Europe. Most of the ATS use in Europe concerns amphetamine. The only exception is the Czech Republic where the main ATS of abuse is methamphetamine.

While supply of amphetamines in North America, Europe and Asia is largely from clandestine sources, supply in South America and Africa is still mainly diver-

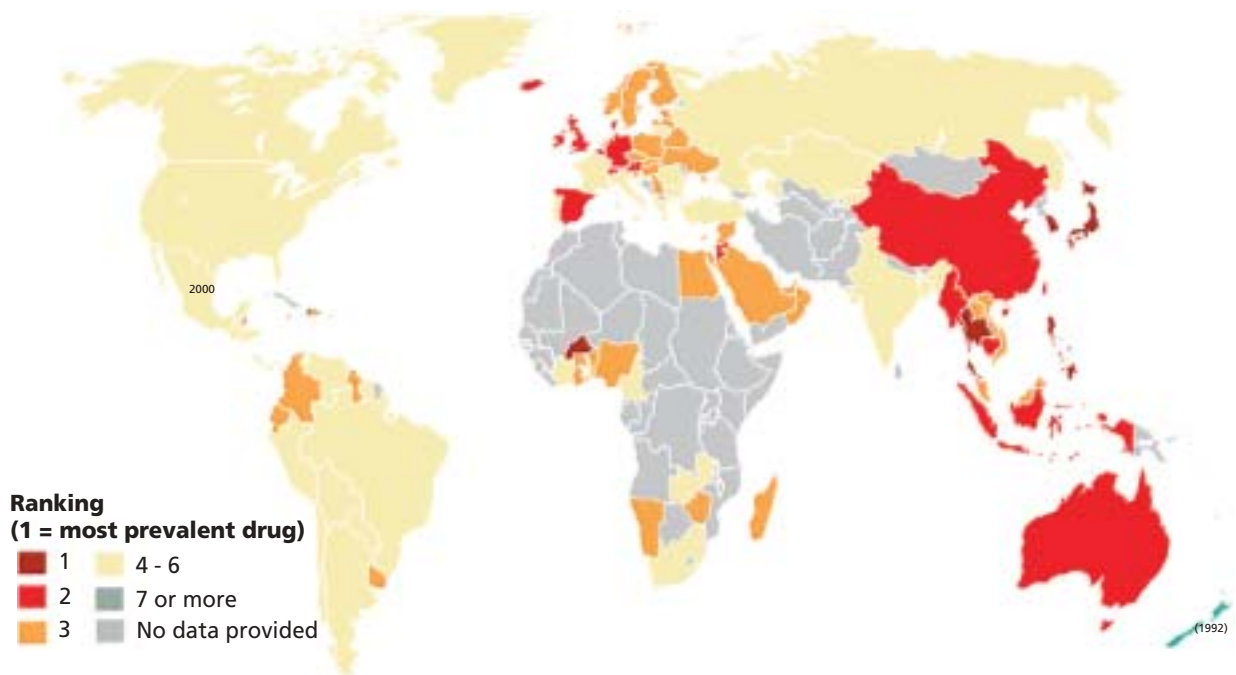
sion from licit channels. There are, however, indications that in a number of countries in South America use of licit ATS has been curtailed over the last decade.

The highest levels of ATS use in Africa have been reported from Western Africa, followed by countries in Southern Africa. Various parallel markets, at the local level, supply the demand for ATS in Africa. In South Africa, in addition, some clandestine production of ATS has emerged to supply the local markets.

Map 22: Use of amphetamine-type stimulants 2001 - 2003 (or latest year available)



Map 23: Ranking of amphetamine-type stimulants in order of prevalence in 2002 (or latest year available)



Sources: UNODC Annual Reports Questionnaires data, National Household Surveys on Drug Abuse, UNODC Rapid Assessment Studies, Council of Europe, ESPAD.

### 2.4.3.1.2. Ecstasy

More than 8 million people or about 0.2% of the global population age 15-64 consume ecstasy. Rates significantly above the global average have been reported from countries in Oceania, Western Europe and North America. More than a third of global consumption is concentrated in Europe and more than 40% in North America, a result of strong growth rates in the late 1990s. North America, Western Europe and Oceania together account for some 80% of global ecstasy use.

The highest levels of ecstasy use were reported from Australia (3.4% of the population age 15-64 in 2001), followed by Ireland (3.1% of the population age 18 and above in 2002), the Czech Republic (2.5% of the population age 15-64 in 2002), New Zealand (2.2% of the population age 15-64 in 2001), the UK (2% of the population age 16-59 in 2003), Spain (1.8% of the population age 15-64 in 2001), the province of Ontario in Canada (1.8% of the population age 18 and above in 2000), the USA (1.3% of the population age 12 and above, equivalent to 1.6% of the population age 15-64) and the Netherlands (1.5% of the population age 15-64 in 2001).

Ecstasy use is spreading to Eastern Europe as well as to developing countries, notably in the Americas, Southern Africa, the Near and Middle East and South-East Asia.

A number of school surveys in countries outside Western Europe, North America and Oceania confirm the increasing importance of ecstasy as the drug of choice among youth.

#### *Importance of ATS use compared to other drugs*

The relative importance of ATS use (including ecstasy) is strongest in the East and South-East Asia and Oceania, where it is ranked as either the 1st or 2nd drug of choice. Methamphetamine is the main ATS of abuse in most of East & South-East Asia and in the Oceania region. ATS were reported as the main substances of abuse by the authorities of Thailand, Japan, the Republic of Korea and the Philippines and as the 2nd most widespread substance of abuse by China, Myanmar, Indonesia and Australia.

Amphetamine and ecstasy are ranked as the 2nd most widespread drug in several countries of western Europe, including the UK, Ireland, Spain, Germany, Switzerland, Austria, Belgium and Iceland and 3rd in the Netherlands after cannabis and cocaine. In the Nordic countries and in several Central and East European countries ATS are ranked 3rd after cannabis and sedatives (mainly benzodiazepines).

**Table 14: Annual prevalence estimates of consumption of ecstasy: 2001-2003**

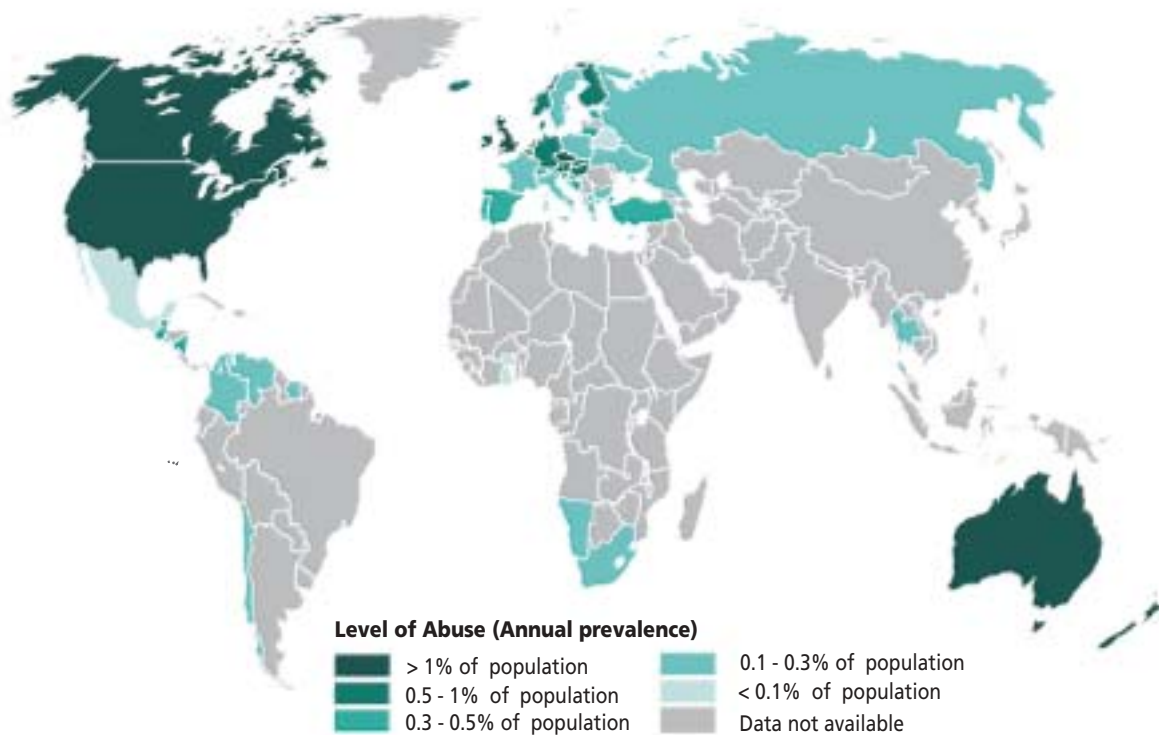
	Number of people (in million)	in % of population age 15 - 64
OCEANIA	0.54	2.23
EUROPE	3.02	0.56
- West Europe	2.45	0.80
- East Europe	0.57	0.24
AMERICAS	4.00	0.75
- North America	3.56	1.28
- South America	0.45	0.17
AFRICA	0.11	0.02
ASIA	0.59	0.02
<b>GLOBAL</b>	<b>8.26</b>	<b>0.21</b>
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: #f4a460; border: 1px solid black; margin-right: 5px;"></div> <span>Abuse above global average</span> </div> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: #a4d4d4; border: 1px solid black; margin-right: 5px;"></div> <span>Abuse below global average</span> </div> </div>		

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

In most countries of the Near East, ATS (mostly fenetylline, locally known as captagon) are ranked 3rd after cannabis and sedatives or cannabis and opiates. In Israel and in Jordan ATS rank 2nd. In contrast to other countries in the region, the main ATS encountered in Israel is ecstasy.

In Africa and in the Americas ATS are ranked either 3rd or 4th. While in North America methamphetamine is the main ATS of abuse, most countries of South America and Africa reported amphetamine (or related stimulants contained in medicaments) as the main ATS.

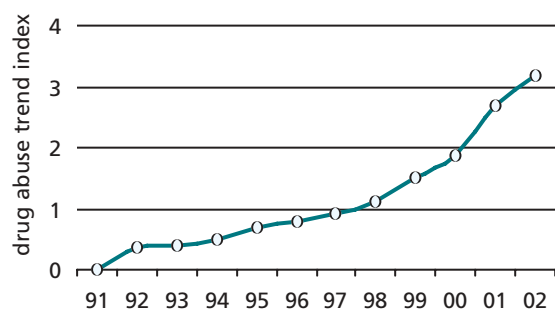
**Map 24: Use of ecstasy 2001 - 2003 (or latest year available)**



### 2.4.3.2. Trends

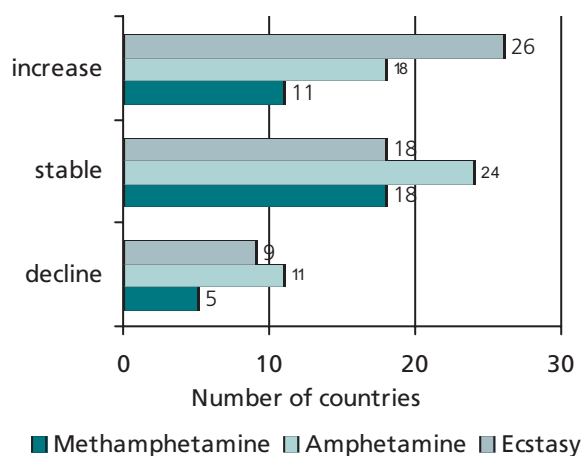
The number of countries reporting trends in ATS consumption almost tripled between 1992 and 2002, reflecting the rising importance of ATS use across continents. A majority of the countries reporting on ATS trends saw an increase in consumption levels over the 1992-2002 period. Thus UNODC's Drug Abuse Trend Index reveals a clear increasing trend, notably in the late 1990s and in the first two years of the new millennium. Most of the increase in 2002 was related to the use of ecstasy. In contrast, more than half of all countries reporting on methamphetamine saw a stabilization in the use of that drug.

**Fig. 165: Global ATS consumption trend based on national experts' perceptions**



Source: UNODC, Annual Reports Questionnaire Data.

**Fig. 166: Trends in ATS consumption in 2002**

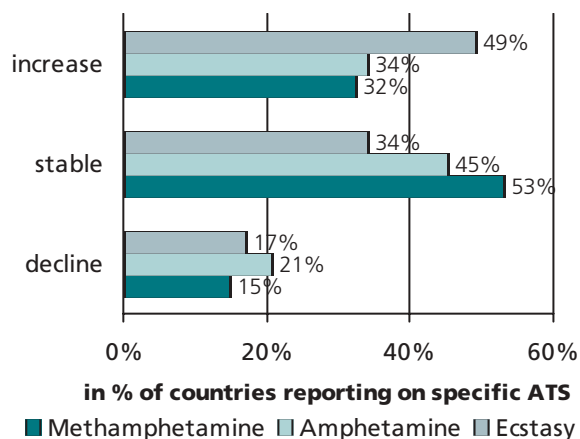


Source: UNODC, Annual Reports Questionnaire Data.

The overall increase of ATS use in 2002 was, however, less significant than a year earlier. The number of countries reporting increases in ecstasy, amphetamine and

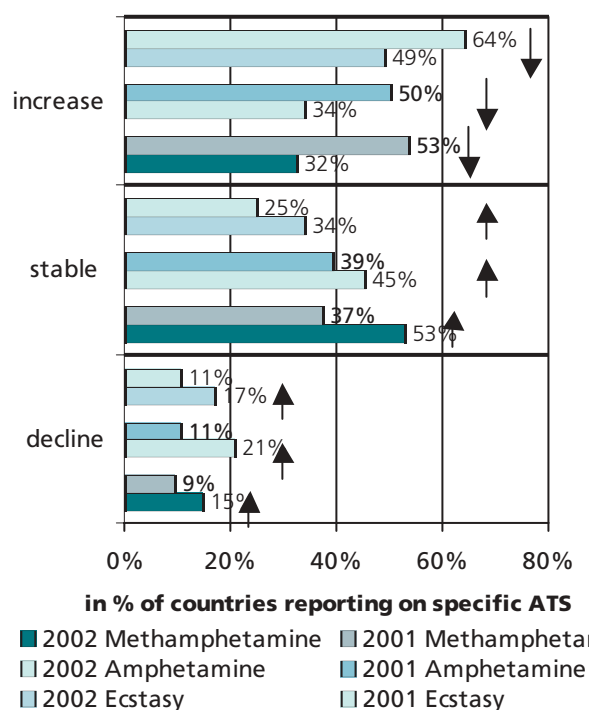
methamphetamine use declined in 2002 (from two thirds of all countries reporting on ecstasy in 2001 to about half of the countries in 2002; and from about half of the countries reporting on amphetamine and methamphetamine in 2001 to about a third in 2002). In parallel, the number of countries reporting declines of ecstasy, amphetamine and methamphetamine consumption increased in 2002.

**Fig. 167: Trends in ATS consumption in 2002**



Source: UNODC, Annual Reports Questionnaire Data.

**Fig. 168: ATS consumption trends in 2001 and 2002**



Source: UNODC, Annual Reports Questionnaire Data.

### 2.4.3.1. 'Amphetamines' consumption trends

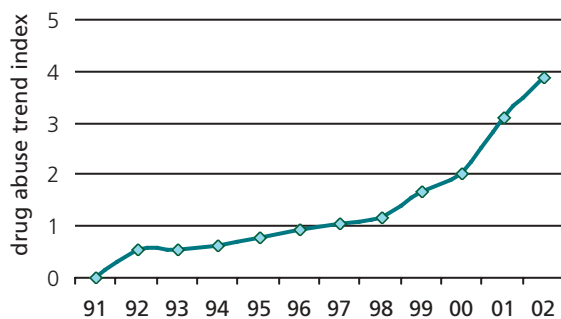
For the purposes of this section, amphetamine and methamphetamine have been combined and are dealt with under the heading of 'amphetamines' (ATS excluding ecstasy). A subsequent section will then cover ecstasy use.

#### ASIA

*Though overall use continued rising in 2002, a number of countries in East and South-East Asia are reporting some stabilization/decline in consumption levels*

Over the last decade, on average, increases in the use of amphetamines (methamphetamine and amphetamine) were more pronounced in Asia than increases at the global level. Two thirds of all countries in Asia reporting trends on amphetamines in 2002 were located in East- and South-East Asia -- the sub-region known to have the highest levels of methamphetamine use in the world.

**Fig. 169: Amphetamines consumption trend in Asia based on national experts' perceptions**



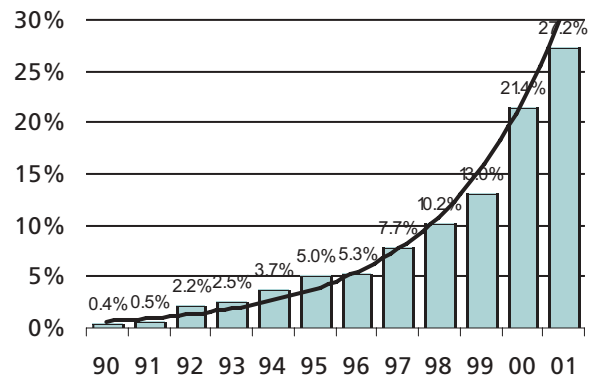
Source: UNODC, Annual Reports Questionnaire Data.

Large increases in the use of methamphetamine were reported from China and Singapore in 2002; some increases were reported from Myanmar and the Republic of Korea. Japan reported that consumption levels had remained stable and the Philippines, Hong Kong SAR of China and Indonesia reported falling levels of methamphetamine use.

One national study among ATS (methamphetamine, ecstasy and ephedrine) users across the People's Repub-

lic of China (conducted by the National Institute on Drug Dependence and the School of Public Health over the February 2001 - January 2002 period) confirmed that ATS use was a rather recent phenomenon in China. Eighty percent of those currently consuming ATS only started to do so in 1997 or later; more than a quarter of the ATS users only started in 2001. Concentrations of ATS use are still in the southeast coastal areas of China, though ATS use is spreading to inland regions. ATS use was found to be fairly common in public areas of entertainment (such as dance halls) in large and middle-sized cities. The study also suggested MDMA, growing faster than methamphetamine use, emerged as the main ATS in China, which is a rather startling result as ecstasy was not encountered in China until 1997. Methamphetamine is mostly in the form of 'ice' (domestically produced, notably in Guangdong and Fujian provinces), though significant imports of methamphetamine pills from neighbouring Myanmar, destined for markets in north-eastern China, were also reported in 2003. Against the background of a rapidly expanding ATS market, Chinese authorities launched major operations over the August 2003-January 2004 period to dismantle trafficking rings (focussing on the Fujian and Guangdong provinces) and to prevent ATS use in dance halls and other entertainment locations<sup>al</sup>.

**Fig. 170: China: Year in which ATS were used for the first time (n = 1345 ATS users)\***



Source: National Institute on Drug Dependence (Peking University) and School of Public Health (Peking University, "Characteristics and Consequences of Amphetamine-type Stimulants Abuse in China", in Centre for Drug Research, Universiti Sains Malaysia, Report of the *Asian Multicity Epidemiology Workgroup 2002*).

Some of the strongest increases in recent years were reported from Thailand where the proportion of people admitted to treatment for abusing methamphetamine

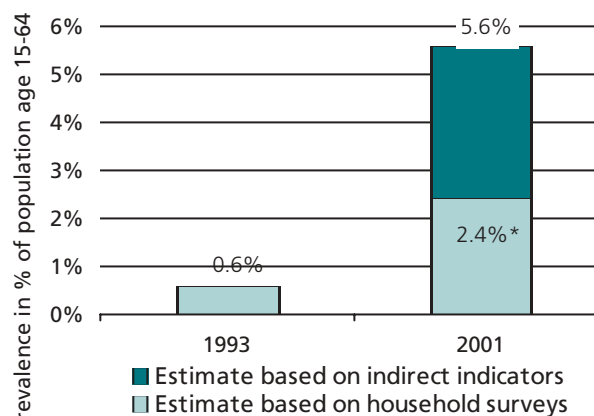
al) China National Narcotics Control Commission, 2003 Annual Report on Drug Control in China.

rose from 2.1% in 1995 to 50.5% in 2001. (Out of 39,931 admissions for treatment of substance abuse, 20,157 patients consumed methamphetamine in 2001.) In recent years, close to 80% of all reported violations against the drug laws were related to methamphetamine. Estimates provided by the authorities suggest that the total number of methamphetamine users rose 6-10 fold between 1993 and 2001, giving Thailand one of the highest methamphetamine prevalence rates in the world: affecting between 1 and 2½ million people<sup>ai</sup> in 2001 (2.4%<sup>aj</sup>) to 5.6% of the general population age 15-64) depending on estimates. Against the background of a major methamphetamine epidemic, the Thai authorities launched large operations (February 1 to April 30, 2003) to crack down on the local ATS market. The operations were successful insofar as 43,000 drug dealers and 285,000 methamphetamine consumers reported themselves to the authorities. Of these 175,000 were sent to treatment. Overall more than 90,000 drug traffickers were arrested. Methamphetamine prices rose 3-4 fold over the first two months following the market crack-down<sup>ak</sup>. Though prices fell again to some extent in subsequent months, local supply did not fully recover. It can be assumed therefore that overall methamphetamine use declined in 2003. Few new users are thought to have started to experiment with methamphetamine and the number of various drug related crimes such as burglaries and robberies has declined. Some 2,600 homicides were reported during the time of the operations (roughly double the 'normal level'). About half of these deaths were considered by the police to have been 'drug-related'. There were also reports that drug traffickers in neighbouring Myanmar, facing difficulties selling their product in Thailand, targeted the Indian market instead, which resulted in rising levels of methamphetamine use in the eastern states of India.

Another important market for methamphetamine in South-East Asia is the Philippines. Since 1992, methamphetamine (locally known as shabu) has been the prime drug of abuse for those seeking treatment. Close to 90% of all violations against the drug laws are related to methamphetamine. Youth surveys, conducted

in the mid 1990s and in 1997/98, found a clear increase in life-time prevalence rates from 7% (1.4 million) to 10% (2.1 million) of those aged 15-30. A Rapid Assessment Study, conducted in 3 locations (Antipolo, Cainta and Tanay) in Rizal province, located to the East of the

**Fig. 171: Methamphetamine use in Thailand, 1993-2001**

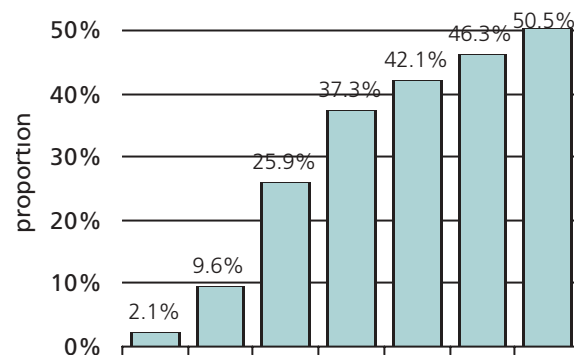


\* prevalence among population age 12-65

Sources: Thailand Development Research Institute, 1995 and ONCB, *Thailand Narcotics Annual Report 2002*, ONCB, *Thailand Narcotics Annual Report 2003*.

**Fig. 172: Methamphetamine abuse in Thailand:**

Proportion of drug addicts using methamphetamine over the last 30 days prior to entering treatment (Number of patients in 2001: 39,931)



Source: ONCB, *Thailand Narcotics Annual Report 2002* and previous years

ai) The number of all drug users was estimated at 2.65 million people by the authorities, 90% among them were methamphetamine users (derived from the number of drug addicts who applied for treatment in 2001). (Office of the Narcotics Control Board, *Thailand Narcotics Annual Report 2002*, p. 9.)

aj) Thailand also published results of a household survey, conducted in 2001. According to this survey, 1,092,500 people used Ya-ba (methamphetamine tablets) within the last year, equivalent to 2.4% of the population age 12-65. Annual prevalence of all illicit drug use concerned 1.9 million people. Life-time prevalence of Ya-ba concerned 3.5 million people, equivalent to 7.8% of the population age 12-65. Past month prevalence of Ya-ba concerned about half a million persons, or 1.1% of the population age 12-65. (ONCB in collaboration of Assumption University, Chiang Mai University, Chulalongkorn University, Khon Kaen University, Rajapat Institute Pibulsongkram, Rajapat Institute Uttaradit and Songkhla University, "Preliminary Report of Estimation of Population Related with Substance Abuse", quoted in ONCB, *Thailand Country Report*, February 2003.)

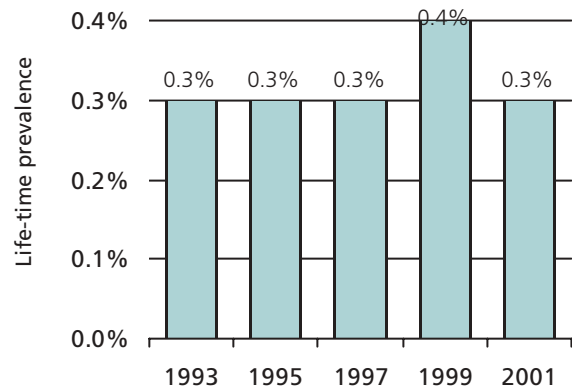
ak) ONCB, "War on Drugs" *Concept and Strategy*, Bangkok, Dec. 2003.

capital Manila in June 2003, found a life-time prevalence rate of shabu of 5.7% among youth (age 16-25 year olds), less than for the use of marijuana (8.6%), but more than for the use of any other drug<sup>am</sup>. Estimates of the overall number of regular methamphetamine users in the Philippines range from 500,000 people (1.1% of the population age 15-64), according to the National Drug Law Enforcement and Prevention Center for the late 1990s, to close to 1.8 million people according to the Dangerous Drugs Board. The latter figure refers to overall regular drug use. Based on the number of people in treatment and other indicators (seizures, arrests), it can be estimated that 70 to 90 per cent of drug abuse is methamphetamine related. Based on this, UNODC estimates that about 1.3 million people, or 2.8% of the population age 15-64, may be using methamphetamine. For 2002 and 2003, however, the authorities reported a significant decline in methamphetamine use as a consequence of successful supply reduction measures. Indeed, the above mentioned Rapid Assessment Study among youth revealed that for 14% of the youth shabu was perceived to be difficult or impossible to get, while only 9% considered shabu to be easy to procure.

Japan is another important methamphetamine market in East Asia. Close to 90% of all reported violations

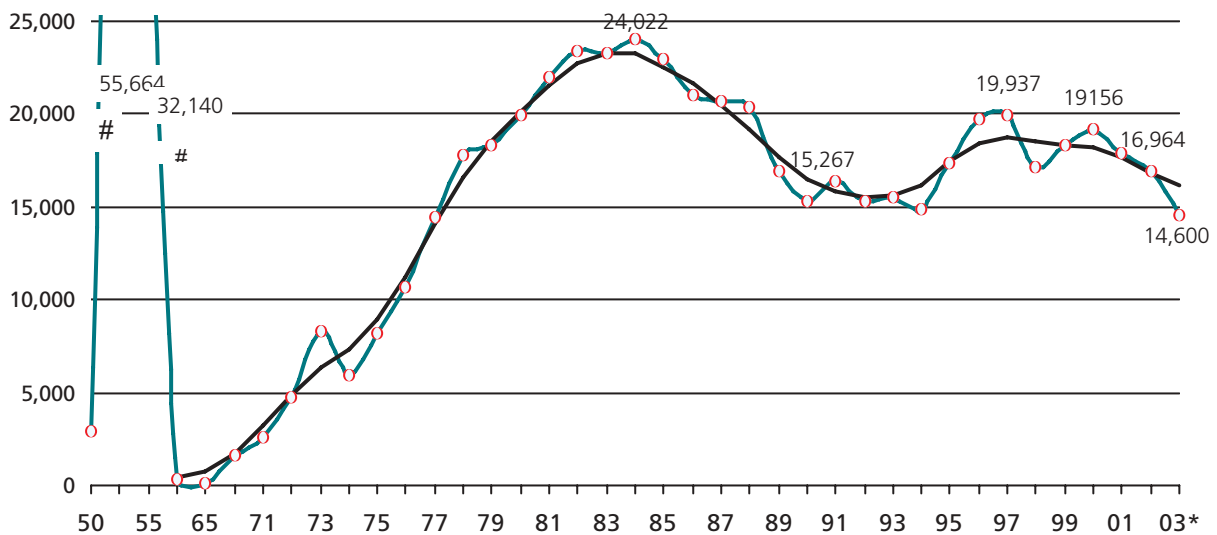
against the drug laws are related to methamphetamine. Japan was the first country affected by methamphetamine abuse epidemics. These occurred in the early 1950s, in the 1970s, in the early 1980s, and again in the second half of the 1990s. Over the last few years, methamphetamine use appears to have stabilized according to prevalence surveys undertaken by the Ministry of Health. Arrest and seizure statistics even point to some decline in 2003.

**Fig. 174: Japan, Methamphetamine use among the general population (age 15 and above)**



Source: Ministry of Health, Labour and Welfare, *National Resident Survey on Drug Use, 2001*.

**Fig. 173: Reported violations against the stimulants law in Japan, 1950-2003**

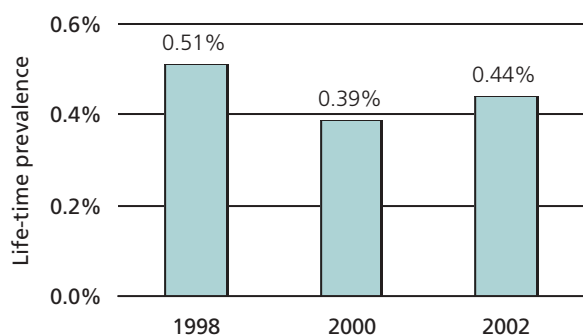


\* data for 2003 are still preliminary.

Sources: Ministry of Health and Social Welfare; National Policy Agency of Japan; UNODC, ARQ data; Headquarters for the Promotion of Measures to Prevent Drug Abuse, New Five-Year Drug Abuse Prevention Strategy, July 2003. Statement by the Director for the Drug Control Division of the National Police Agency of Japan at the 47th session of the CND, March 2004.

am) UNODC, *Primary Prevention of ATS Abuse among Youth in the Philippines*, October 2003.

**Fig. 175: Japan, Methamphetamine abuse among lower secondary school students (age 13-15)**



Source: Ministry of Health, Labour and Welfare, *National Survey on the Awareness and Actual Conditions of Drug Abuse among Junior High School students*, 2002.

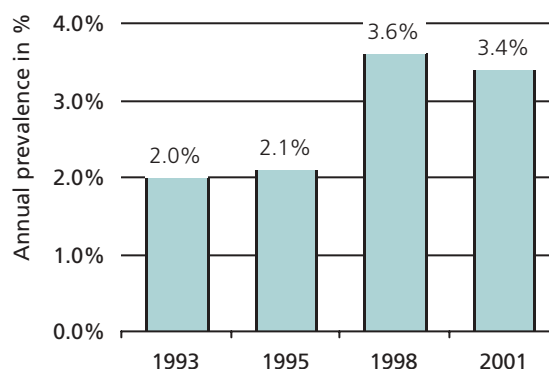
A combination of a broad range of preventive and supply control measures appears to have been responsible for this success. These measures may also have prevented Japan from suffering the same increases in methamphetamine use experienced by several other East and South-East Asian countries in recent years. While the trend in Japan towards stabilization/moderate decline in use is generally accepted, prevalence estimates continue to differ significantly depending on the methods used to establish them. Prevalence estimates range from 300,000 persons (0.3% of the population age 15 and above or 0.4% of the population age 15-64) based on household surveys conducted by the Japanese Ministry of Health<sup>an</sup> and reported to UNODC, to 2.8 million (3.2% of the population age 15-64) derived from indirect methods, based on other Japanese sources, regularly cited in the US International Narcotics Control Strategy Reports. According to the latter estimates, the number of methamphetamine addicts is around 600,000; the number of casual users is about 2.18 million. Based on the latter estimates, the Japanese authorities estimated the methamphetamine market to be between 10 and 20 metric tons per year (INCSR 2004). This would be equivalent to a wholesale value between \$300 and \$600 million and a retail value between \$4 and \$8 billion, making Japan, in financial terms, the most lucrative methamphetamine market in East and South-East Asia.

**OCEANIA**

*Stabilization of amphetamines use in the Oceania region*

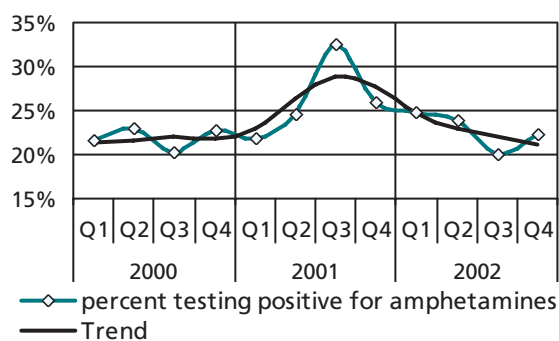
Australia and New Zealand are the main markets for amphetamines (notably methamphetamine) in Oceania. According to national household survey data from Australia, 3.4% of the population age 14 and above (or 4% of the population age 15-64) used amphetamines (methamphetamine and/or amphetamine) in 2001, the

**Fig. 176: Australia, Annual prevalence of amphetamines use (population age 14 and above)**



Australian Institute for Health and Welfare, *1998 National Drug Strategy Household Survey*, August 1999 and previous years.

**Fig. 177: Australia: Percent testing positive for amphetamines among male police detainees\*, 2000-2002**



\* unweighted average of results from Bankstown, Parramatta, South Port and East Perth.

Source: Australian Institute of Criminology, " *Drug Use Monitoring in Australia (Duma) Collection 1999-2002* " .

an) The lower numbers seen in household surveys may, however, also reflect the stigma associated with methamphetamine use and the fear that the personal acknowledgement of methamphetamine use could entail negative personal consequences.

second highest rate worldwide after Thailand (or the largest rate if only estimates from household surveys are compared; cross-country comparisons, however, may be partly misleading because the tendency to under-report drug use in Australia is less than in other parts of the world). The strong upward trend, reported over the 1995-1998 period, did not continue in subsequent years, and gave way to a period of stabilization.

The DUMA surveys ('Drug Use Monitoring in Australia' testing police detainees for drug consumption based on urine analysis) showed that, in the course of 2001, amphetamines use increased for a short period of time - reflecting substitution effects resulting from the heroin shortage in 2001 - before declining again in 2002. Similarly, data collected among injecting drug users (IDUs) showed a temporary increase in abuse in 2001 followed by a decline in 2002. The use of methamphetamine seems to be highest in South Australia and in Queensland.

AMERICAS

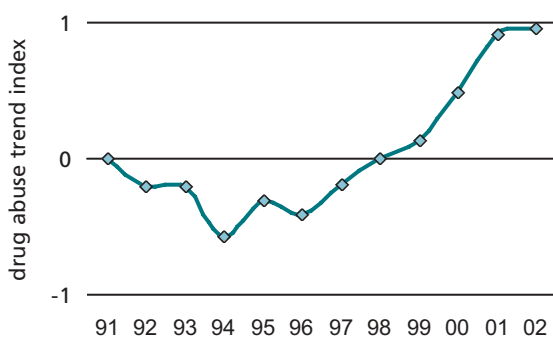
Some increase in the Americas ...

UNODC's Drug Abuse Trend Index showed some increase in the use of amphetamines in the Americas as of the mid 1990s. The increase was, however, significantly less than in Asia.

... with mixed results reported from North America ...

Results of surveys in North America over the last few years have been mixed. Use of amphetamines among the general population remained relatively stable over the last decade, though fluctuations were observed in individual years. Overall use of stimulants affected 1% of the general population age 12 and above in 1991 and

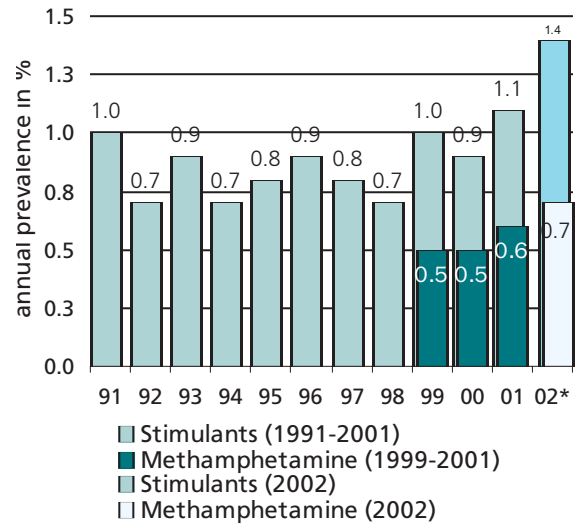
Fig. 178: Amphetamines consumption trends in the Americas, based on national experts' perceptions



Source: UNODC, Annual Reports Questionnaire Data.

1.1% in 2001. Results for 2002 - which are not directly comparable with those of previous years - showed a prevalence rate of 1.4%. Half of the stimulant use was related to use of methamphetamine (0.7%).

Fig. 179: Stimulants abuse in the USA among the general population (age 12 and above)



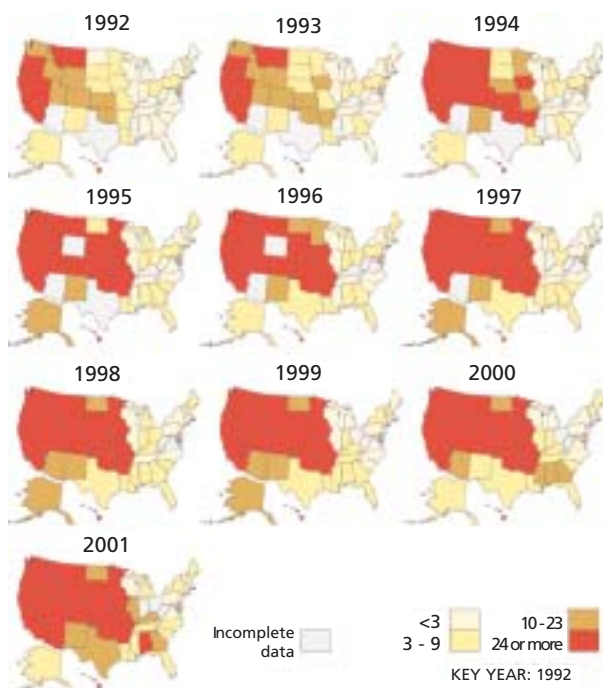
\* due to changes in methodology, 2002 results are not directly comparable with results from previous years.

Sources: SAMHSA, Results from the 2002 National Survey on Drug Use and Health, and SAMHSA, US Household Survey on Drug Abuse, 2001 and previous years.

The number of people treated for amphetamines abuse, however, more than quadrupled over the 1992-2001 period, mainly due to methamphetamine abuse. More than 80% of all stimulant related treatment demand in 2001 was caused by methamphetamine, up from 66% in 1992. Data also show that over the last decade methamphetamine abuse gradually spread from the western states towards the rest of the country. Nonetheless, abuse is still highest in the western and south-western parts of the country and rather low in the eastern states of the USA.

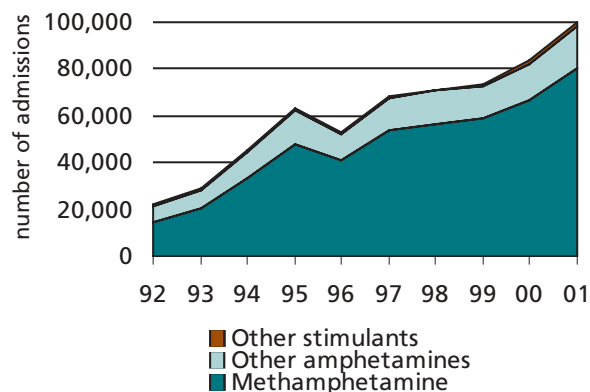
There were also positive trends to report. In both the USA and in Canada (Ontario) use of amphetamines among high-school students peaked at high levels around 1996/97 and has been showing a downward trend since, including in 2003. In the USA, use of amphetamines in 2003 was some 20% lower among high school students than in 1996. In Ontario it was some 25% less than in 1997. For 2003, a decline in the use of amphetamines (in general, as well as for methamphetamine) in the USA was reported among 8th, 10th and 12th graders. Methamphetamine use among high-school students declined for the fourth year in a row.

**Fig. 180: Primary methamphetamine/amphetamine admission rates in the USA by State per 100,000 population aged 12 and above**



Source: SAMHSA, *Treatment Episode Data Set (TEDS), 1992-2001*, December 2003.

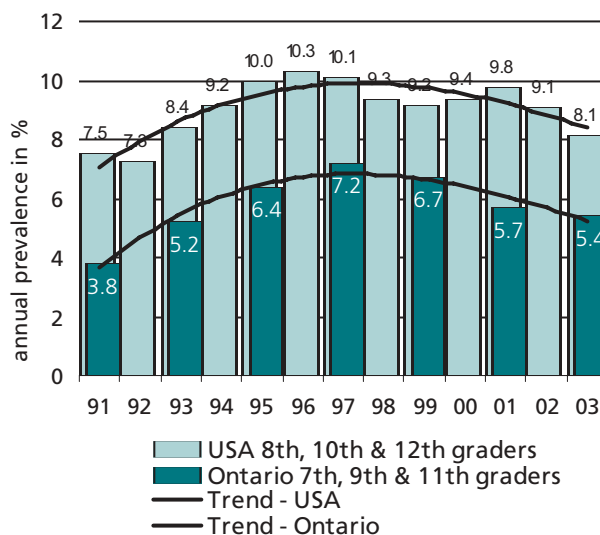
**Fig. 181: Amphetamines abuse related treatment admissions in the USA**



Source: Substance Abuse and Mental Health Services Administration, *Treatment Episode Data Set (TEDS) 1992-2002*, December 2003.

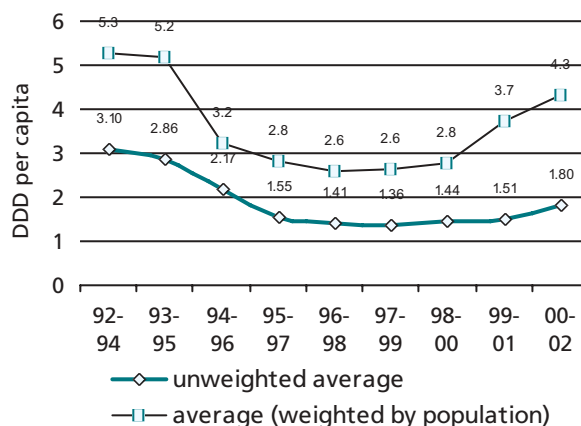
A basically stable level of amphetamines use was reported from Mexico. In both 1998 and 2002, 0.1% of the population used amphetamines. In Mexico, slightly more than 90% of all amphetamines use takes place in urban areas and - in contrast to other drugs - most amphetamines are used by women (close to 60%).

**Fig. 182: Annual prevalence of amphetamines use in the USA and Ontario (Canada) among high-school students**



Sources: Centre for Addiction and Mental Health, *Drug Use Among Ontario Students, 2003* and NIDA, *Monitoring the Future 2003*.

**Fig. 183: Average per capita consumption of licit stimulants in Latin America\* in defined daily doses (DDD) per capita**



\* average is based on information from 14 countries

Source: INCB, *2003 Psychotropic Substances*, New York 2004.

*and some increase reported from South America ...*

In contrast to overall stable trends in North America, some increases in amphetamine use were reported in 2002 from countries in the southern cone of South America: Argentina, Chile and Paraguay. In Brazil, the largest South American country, the annual prevalence of the use of amphetamines amounted to 0.3% of the general population (age 12 and above) in 2001. This was slightly lower than in Chile (0.4% in 2000) and lower than in Argentina (0.7% in 1999).

Clandestine manufacture of amphetamines - so far - has only played a minor role in this region. Only small amounts of amphetamines have been seized, with no reports of ephedrine, pseudo-ephedrine or P-2-P seized, and few reports of detected laboratories (the first officially reported dismantling of an amphetamine producing laboratory to UNODC concerned Chile in 2002). It can be assumed, therefore, that most of the synthetic stimulants used in the countries of South America remain pharmaceutical preparations diverted from licit channels (often marketed as anorectics or as medication to treat Attention Deficit Disorder (ADD)). The calculated per capita consumption of licit stimulants, after having declined strongly in the early 1990s, stabilized in the mid 1990s and has shown an upward trend over the last few years.

**EUROPE**

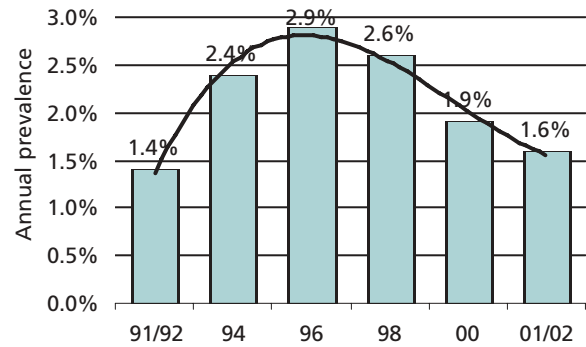
*Stabilization of amphetamine consumption in Western Europe*

Following massive increases in the consumption of amphetamines (mainly amphetamine) in the 1990s, the overall trend for Western Europe as a whole was basically stable over the 2000-2002 period. In 2002 this was the net result of declines reported from the UK and Ireland, stable trends reported from Sweden, France, Netherlands, Italy, Spain and Portugal and increases reported from Germany (though no further increases were observed in 2003), Austria and Denmark.

The most impressive decline in the use of amphetamine over the last few years was reported from the UK, Europe's largest amphetamine market. Annual prevalence of amphetamine use - after having increased

strongly in the early 1990s - fell from 2.9% in 1996 to 1.6% in 2002, according to the British Crime Survey data. Similarly, the National Health & Lifestyle Surveys, conducted in the Ireland showed a strong decline in annual prevalence rates of amphetamine use from 2.6% in 1998 to 1.6% in 2002.

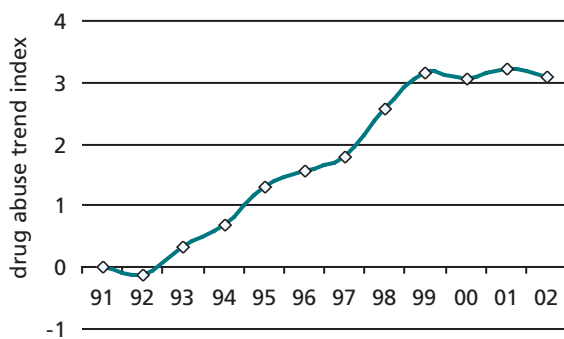
**Fig. 185: United Kingdom, Amphetamine abuse among the population age 16-59**



Source: Home Office, *British Crime Surveys 2001/02* and previous years.

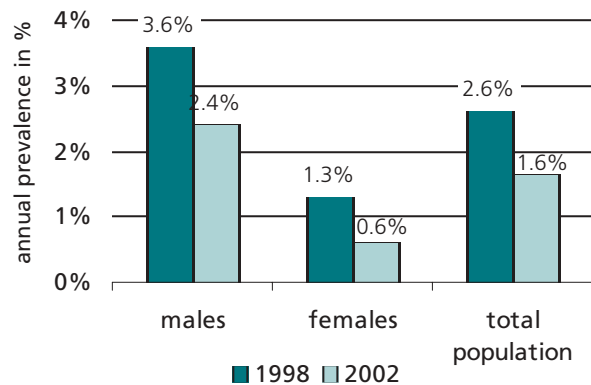
In Sweden, one of the first countries in Europe affected by a serious amphetamine epidemic, surveys undertaken among military recruits found declining levels of amphetamine use in the 1970s and in the 1980s. This was followed by strong increases in the early 1990s, which reached a peak in 1998. Since then the trend has been towards stabilization and - over the last few years - decline. Preliminary data for 2003 suggest that the lowest level since 1996 was reached. A general population survey (age 15-75) conducted in 2000 showed an annual prevalence of amphetamine use of less than 0.5%.

**Fig. 184: Amphetamines consumption trend in Western Europe: based on national experts' perceptions**



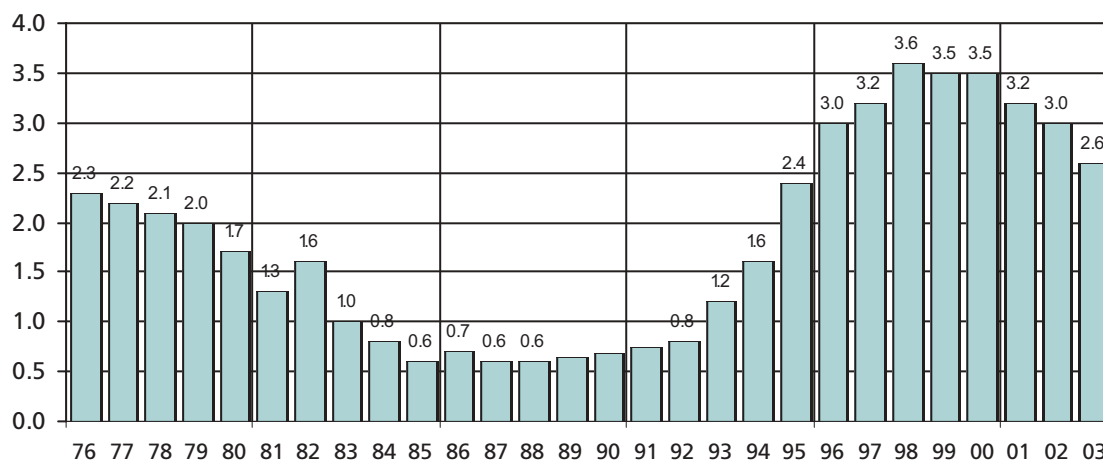
Source: UNODC, Annual Reports Questionnaire Data.

**Fig. 186: Ireland: Amphetamine abuse among the general population age 18 and above**



Source: Centre for Health Promotion Studies, *The National Health & Lifestyle Surveys*, April 2003 (see also note in Vol. II Statistics, Chapter 6, Section 6.1.)

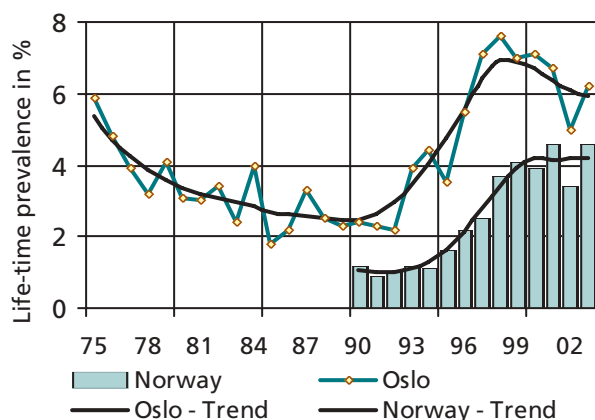
**Fig. 187: Life-time prevalence of amphetamine use among military recruits in Sweden (1976-2003)**



Source: Centralförbundet för alkohol och narkotikaupplysning, *Drogutvecklingen i Sverige - Rapport 2003, Trends in Alcohol and other Drugs in Sweden, Report 2003*.

Trends in amphetamine use in Norway, as reflected in annual youth surveys conducted since the late 1960s, have been similar to those observed in Sweden. Following declines in the second half of the 1970s and the 1980s, amphetamine use increased again in the 1990s. Since the late 1990s prevalence rates have been falling in Oslo and since 2001 they have basically stabilized in Norway (though in 2003 they were higher than in the previous year). The overall levels of amphetamine use are, however, higher in Norway (1.2% in 1999 among the general population, age 15-64) than in Sweden.

**Fig. 188: Norway, Amphetamine use among youth (age 15-20)**

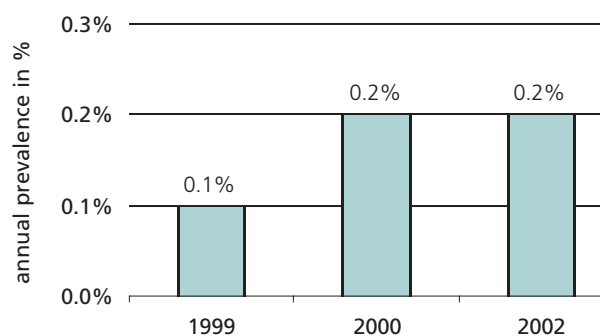


Source: Statens institutt for rusmiddelforskning, *Alcohol and Drugs in Norway 2003*.

In France, general population survey data showed an increase in the 1990s, but a stabilization in recent years. Annual prevalence of amphetamine use among the general population (age 15-64) was - as reported to UNODC - 0.2% of the population age 15-64 in 2002, the same level as in 2000. The number of 'interpella-

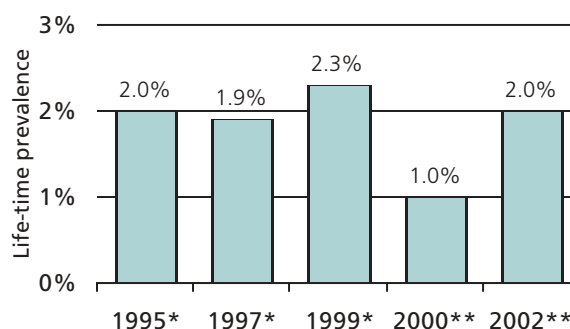
tions' (reports/arrests by the police) for amphetamine use declined between 1998 and 2002. Following increases in the early 1990s, investigations among youth showed a relatively stable level of amphetamine use over the 1995-2002 period (except for low levels reported in one study in 2000).

**Fig. 189: France, annual prevalence of amphetamine abuse among the general population**



Sources: EMDDA, Data Library and UNODC, Annual Reports Questionnaire Data.

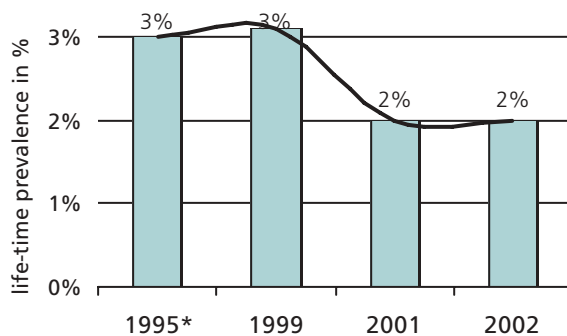
**Fig. 190: France, Life-time prevalence of amphetamine use among youth**



\* age 15/16 based on ESPAD; \*\* age 17 based on ESCAPAD  
Sources: ESPAD 1995 and 1999; EMCDDA Data Library and OFDT, *Drogues et Adolescence - ESCAPAD 2002, Sept. 2003*.

In Italy, life-time prevalence of amphetamine use among those aged 15-19 showed increases in the early 1990s. It declined over the 1999-2001 period. Between 2001 and 2002 the reported levels remained unchanged. Similarly, data on drug use amongst those in military service, showed an increase in amphetamine use until 1998 and a decline/stabilization thereafter. With regard to people in treatment for amphetamine abuse, increases (from very low levels) were noticed until 1996. Between 1992 and 2002, the number of people undergoing treatment for amphetamine abuse declined. Practically no change was observed between 2001 and 2002. Overall, 0.1% of the population age 15-44 was found to use amphetamine in Italy in 2002.

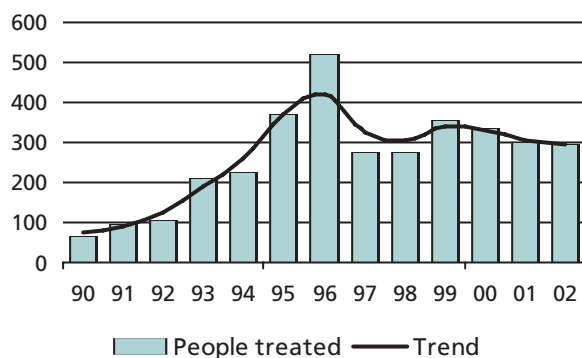
**Fig. 191: Italy: Life-time prevalence of amphetamine abuse among youth, (age 15-19)**



\* 1995 data refer to those age 15-16, rounded to a

Sources: Council of Europe, 1999 and 1995 ESPAD reports and Ministero del Lavoro e della Politiche Sociali, *Relazione Annuale al Parlamento Sullo Stato Delle Tossicodipendenze in Italia 2002* and previous years.

**Fig. 192: Italy: Number of people treated for amphetamine abuse**

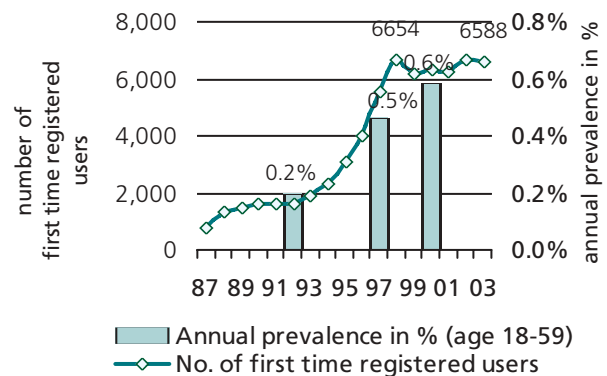


Source: Ministero del Lavoro e della Politiche Sociali, *Relazione Annuale al Parlamento Sullo Stato Delle Tossicodipendenze in Italia 2002* and previous years.

In Germany, the annual prevalence of amphetamine use increased strongly in the 1990s. The number of first

time registered amphetamine users peaked in 1998, and remained largely stable over the 1998-2003 period. Hardly any change was observed between 2002 and 2003. The highest per capita arrests for the possession/consumption of amphetamines have been reported from some of the states close to the Benelux countries (Rheinland-Pfalz and Saarland) and towards the east, by Bavaria, Thüringen and Sachsen, i.e. states close to the Czech Republic. The main synthetic stimulant found in Germany continues to be amphetamine (95%); close to 5% of all stimulants related violations against the German narcotics law concerned methamphetamine in 2003. Methamphetamine use is concentrated (80%) in the two states which border the Czech Republic, Bavaria and Sachsen.

**Fig. 193: Germany: Amphetamine use (1987-2003)**



Sources: UNODC, Annual Reports Questionnaire Data, Bundesministerium für Gesundheit, *Repräsentativerhebung 1997*, L. Kraus and R. Augustin, *Repräsentativerhebung zum Gebrauch psychoaktiver Substanzen bei Erwachsenen in Deutschland 2000*, Sucht, Sonderheft 1, Sept. 2001, and Bundeskriminalamt, *Rauschgiftjahresbericht 2002* and BKA, *Jahreskurzlage Rauschgift 2003*.

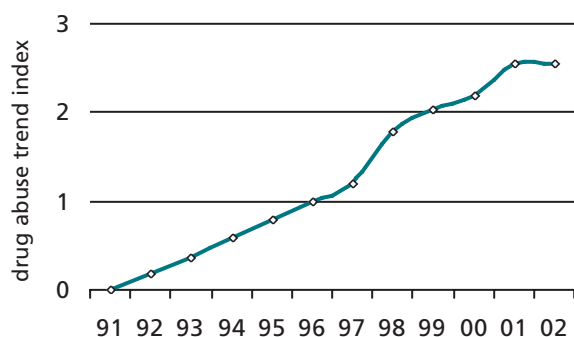
### *Amphetamines consumption in Eastern Europe stabilized in 2002*

Following years of reported increases, countries of Eastern Europe reported - for the first time - largely stable levels of amphetamine consumption in 2002. Out of 13 East European countries, 8 countries reported a stable level of amphetamine use in 2002 (up from 5 countries in 2001 and 2 in 2000). No Eastern European country reported a strong increase in 2002. Most of the increase in amphetamine use in 2002 was concentrated in the Balkan region. Trends among the new EU countries were mostly stable.

Poland, the main illicit amphetamine producing country of Eastern Europe and the largest market overall in

the region, reported some decline of local amphetamine consumption in 2002. Annual prevalence of amphetamine use among the general population (age 16 and above) amounted to 0.6% in Poland in 2002, equivalent to 0.7% among the general population age 15-64. The prevalence rate was thus less than methamphetamine use in the neighbouring Czech Republic (1.1% among the general population in 2002) or use of amphetamine in Estonia (1% in 1998). It was, however, higher than in neighbouring Slovakia (0.2% in 2002), and higher than amphetamine use in Hungary or Slovenia (life-time prevalence of 1.7% or 2% among 15-64 year olds in Poland, versus 1.6% in Hungary and 0.4% among 15-64 year olds in Slovenia). As compared to countries in Western Europe annual prevalence of amphetamine use in Poland (0.7%) was less than in the UK (1.6% in 2002), Ireland (1.6% in 2002), Denmark (1.3% in 2000), Spain (1.2% in 2001) or Norway (1.2% in 1999). It was similar to the levels reported from Germany (0.6% in 2000) and the Netherlands (0.6% in 2001) and higher than amphetamine use in Finland (0.5%), Sweden (<0.5% in 2000), France (0.2% in 2002), Italy (0.1% in 2001), Greece (0.1% in 1998) or Portugal (0.1% in 2001).

**Fig. 194: Amphetamines consumption trend in Eastern Europe: based on national experts' perceptions**



Source: UNODC, Annual Reports Questionnaire Data.

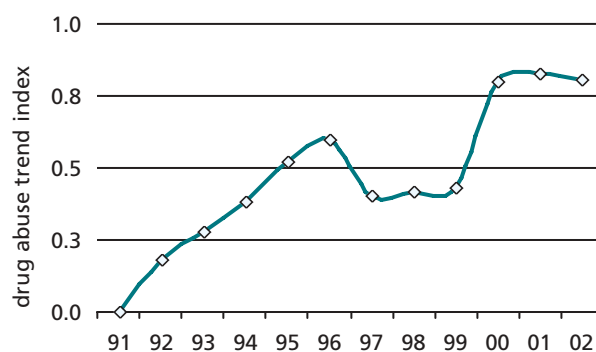
## AFRICA

### *Stabilization of amphetamines use in Africa in 2002 ...*

In Africa there appears to have been a stabilization in the use of amphetamines in 2002 with five African countries reporting an increase, six a stabilization and four a decline. Though consumption of various amphetamine-type stimulants is widespread in Africa, relatively few

countries reported consumption trends regarding amphetamines in 2002. This could be because the use of these substances is a matter of only secondary importance, for the authorities in several African countries, and/or that the control mechanisms introduced at the international level over the last few years to reduce diversion from licit channels to illegal markets are showing positive effects. The main source of the various amphetamine-type stimulants in Africa are parallel markets, where legal medicines are diverted and sold without prescription. The only country where clandestine manufacture of amphetamine-type stimulants has repeatedly been reported in recent years, is the Republic of South Africa.

**Fig. 195: Amphetamines consumption trend in Africa: based on national experts' perceptions**



Source: UNODC, Annual Reports Questionnaire Data.

### *... despite increases in Southern Africa*

Amphetamine use in Southern Africa appears to have increased in 2002. Though use of amphetamines is hardly noticeable among the general population and treatment demand for the use of amphetamines is still very low, use among youth was found to be already rather high. (The life-time prevalence of 5% among youth (mean age 17 years) in Thukela district of Kwa Zulu-Natal Province, South Africa in 2002 is higher than the corresponding rates for cocaine (3.7%) or heroin (2.7%)). There have been also reports regarding the emergence of crystal methamphetamine ("ice") in Cape Town and of an increasing availability of methcathinone (locally known as "CAT") in Cape Town and Gauteng (Johannesburg, Pretoria) in 2002.

In contrast, most of the countries in Eastern Africa and Northern Africa saw amphetamine use stabilize or decline. In Western Africa the situation was mixed.



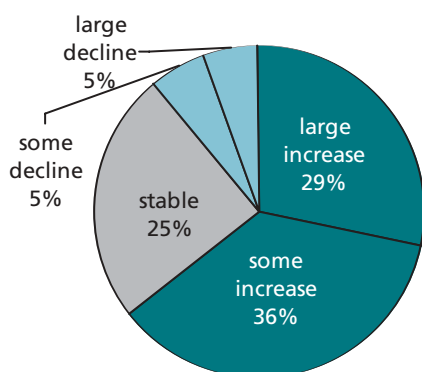
### 2.4.3.2.2. Ecstasy

#### *Ecstasy use continues rising, but at a much lower pace than in previous years*

Global ecstasy consumption has increased consistently over the last decade. Ecstasy has been treated separate from amphetamines only since the revised Annual Reports Questionnaire was introduced in 2001. Any trend data analysis prior to this year is thus potentially misleading.

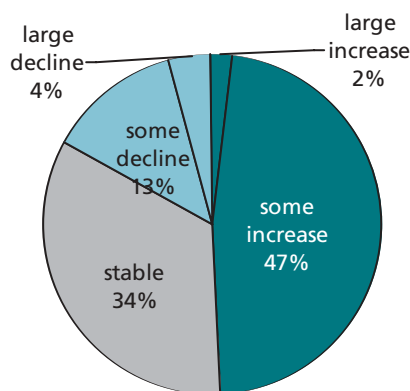
The following review will concentrate on trend data received for the years 2001 and 2002. In 2001, two-thirds of the countries reporting ecstasy trends (n = 56) reported an increase in ecstasy use. In 2002 half of the countries reporting ecstasy trends (n = 53) perceived increases in consumption. In parallel, the countries reporting declines rose from 10% in 2001 to 17% in 2002.

**Fig. 196: Global ecstasy consumption trends, 2001 (n = 56)**



Source: UNODC, Annual Reports Questionnaire Data.

**Fig. 197: Global ecstasy consumption trends, 2002 (n = 53)**



Source: UNODC, Annual Reports Questionnaire Data.

Global ecstasy consumption thus appears to have continued rising in 2002, though at a significantly slower pace than in 2001. The ongoing popularity and consequent spread of ecstasy use in many developing countries continued. In several of the largest ecstasy markets of Europe and North America, where massive increases were experienced in the 1990s, ecstasy consumption stabilized or showed signs decline.

### EUROPE

#### *Following years of massive increases, several countries saw signs of stabilization in 2002/2003*

In contrast to previous years when practically all countries reported strong increases, 10 out of 15 West European countries reported a stabilization of ecstasy consumption trends in 2002, suggesting that demand and supply reduction interventions, undertaken over the last few years, are starting to show positive results. Only 4 countries (UK, Ireland, Spain and Denmark) continued to report an increase. In Eastern Europe 5 out of 11 countries reported that ecstasy use remained stable or declined, while 6 countries reported ongoing increases (most of them in south-eastern Europe).

Within Europe, Western Europe was the first to be affected by rapidly rising levels of ecstasy consumption. Beginning in Spain and the UK (late 1980s) consumption then spread to the rest of the continent. In the second half of the 1990s, overall ecstasy use continued to increase. This was reflected in the ESPAD (European School Survey Project on Alcohol and Other Drugs) studies, which were conducted among 15 to 16 year olds in some 30 countries on behalf of the Council of Europe. The overall increase in the second half of the 1990s was, however, mainly due to rapidly growing levels in the East European countries, notably Latvia, Lithuania, the Czech Republic, Slovenia, Estonia and Hungary. In contrast, a number of West European countries, including the UK, Ireland, the Netherlands, Italy, Iceland and Cyprus reported falling levels of ecstasy use over the 1995-1999 period.

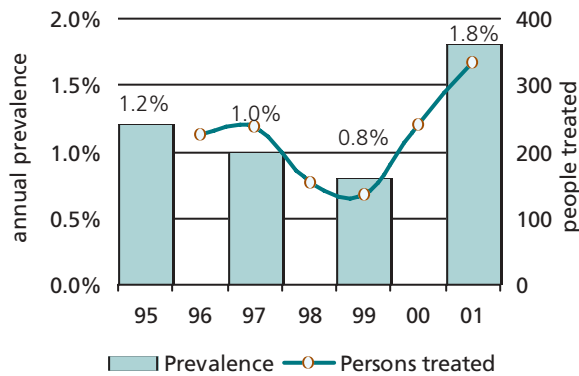
In Spain, annual prevalence of ecstasy use increased until the mid 1990s, declined between 1995 and 1999 but rose again between 1999 and 2001 from 0.8% to 1.8% of the population age 15-64, one of the highest levels in Europe. The number of people in treatment for ecstasy abuse exhibited a similar pattern. The proportion of emergency room visits due to ecstasy abuse rose from 2.4% of all drug related emergency room visits in 1999 to 4.4% in 2001.

National surveys on illicit drug use conducted in the Netherlands revealed a significant increase in the annual prevalence of ecstasy use between 1997 and 2001. During this period ecstasy use almost doubled, from 0.8% to 1.5% of the general population (age 15-64). In Amsterdam, prevalence of ecstasy use rose 5-fold over the 1990-2001 period. The Dutch authorities, however, did not observe any further rise in 2002.

General population surveys in the UK revealed an upward trend over the 1992-2002 period, including over the 1998-2002 period. Annual prevalence of

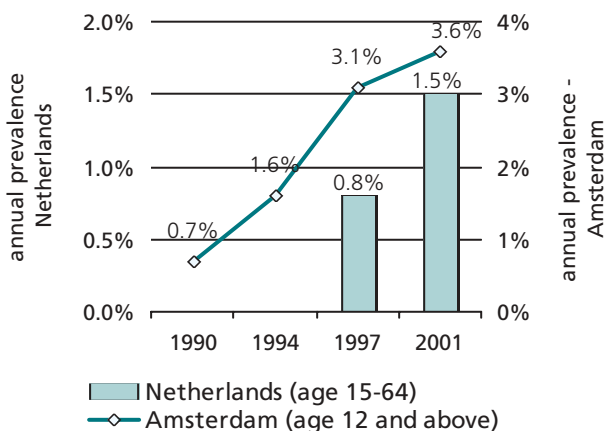
ecstasy use of the population age 16-59 was found to be 2.2% in England and Wales in 2002, up from 1.6% in 1998. In 2003, however, the ecstasy prevalence rate declined slightly to 2%. Similar kind of stabilizations/declines also appear to have taken place in some other European countries.

**Fig. 198: Spain: annual prevalence and persons treated for ecstasy abuse**



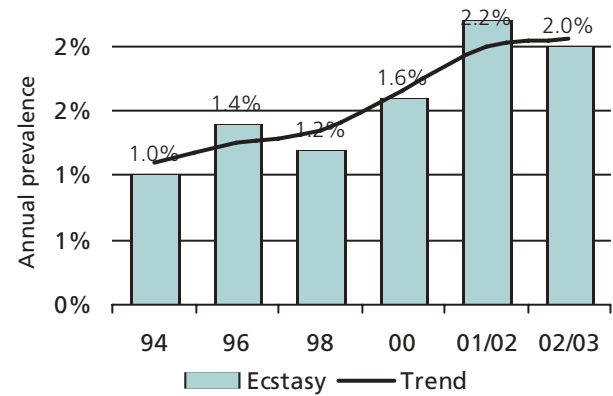
Source: Ministerio del Interior, *Informe No 6, Observatorio Español sobre Drogas*, Noviembre 2003.

**Fig. 199: Netherlands: annual prevalence of ecstasy use among the general population**



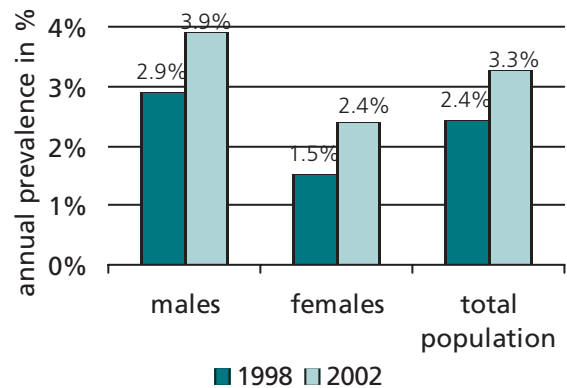
Sources: CEDRO, *Licit and illicit drugabuse in the Netherlands 2001*, Amsterdam 2002 and CEDRO, *Licit and illicit drugabuse in Amsterdam III. Developments in drugabuse 1987 - 1997*, Amsterdam 1998; EMCDDA Data Library.

**Fig. 200: England & Wales: Ecstasy use among the general population age 16-59, 1994-2003**



Source: Home Office, *British Crime Surveys 2002/03* and previous years.

**Fig. 201: Ireland: ecstasy use among the general population age 18 and above**



Sources: Centre for Health Promotion Studies, *The National Health & Lifestyle Surveys*, April 2003.

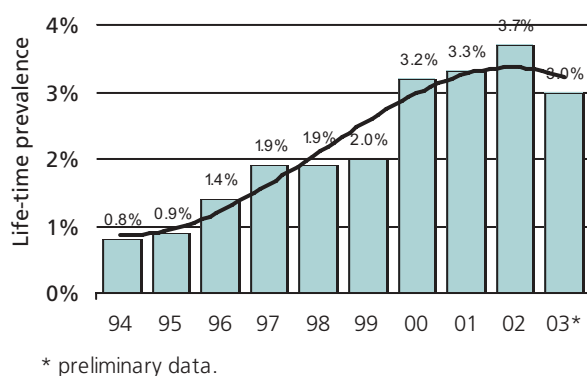
The National Health & Lifestyle Surveys conducted in Ireland (based on a mail survey) showed a clear increase in the annual prevalence of ecstasy use from 2.4% in 1998 to 3.3% in 2002. A peak in ecstasy use, however, may have been reached. A household survey<sup>40</sup>, conducted in Ireland and in Northern Ireland (through face-to-face interviews) towards the end of 2002 and

40) National Advisory Committee on Drugs (NACD) and the Drug and Alcohol Information and Research Unit (DAIRU), *Bulletin 1 - Drug Use in Ireland & Northern Ireland, first Results from the 2002/2003 Drug Prevalence Survey*, October 2003.

early 2003, revealed a significantly lower annual prevalence rate of 1.1% among the general population (age 15-64) in the Republic of Ireland (about half the level reported from the UK). Ecstasy use in Northern Ireland affected 1.7% of the population age 15-64. The manner in which methodological differences (face-face-to-face interview versus mail questionnaire) and actual changes in prevalence may respectively have influenced the results needs to be further examined.

Data for Sweden showed an upward trend in ecstasy use until 2002. In 2003, however, ecstasy use (based on life-time prevalence of ATS use among military recruits) fell to its lowest level since 1999. Annual prevalence among the general population was less than 0.5% in 2000.

**Fig. 202: Life-time prevalence of ecstasy among military recruits in Sweden (1994-2003)**

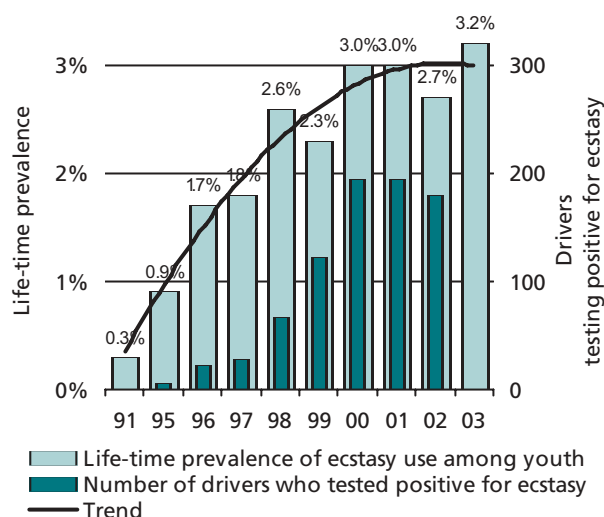


Source: Centralförbundet för alkohol och narkotikaupplysning, Drogutvecklingen i Sverige - Rapport 2003, *Trends in Alcohol and other Drugs in Sweden*, Report 2003.

In Norway the annual youth surveys revealed massive increases of ecstasy use in the 1990s, consistent with trends in the rest of Europe. In 1999 annual prevalence of ecstasy use was found to affect 0.7% of the population (age 15-64). As in Sweden, increases in the 1990s were followed by a stabilization in the first years of the 21st century. Youth surveys as well as test results from people driving under the influence of drugs revealed such a pattern. In 2003, however, the prevalence rates for ecstasy use increased again and were slightly higher than in 2000 or 2001.

After having increased strongly in the first half of the 1990s, general population and youth surveys in Germany revealed a small decline in ecstasy use between 1997 and 2000/2001. Annual prevalence of ecstasy use in the general population (age 18-59) fell from 0.8% in 1997 to 0.6% in 2000. This was the result of two

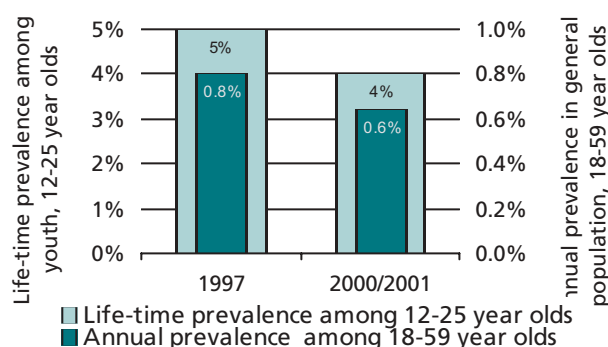
**Fig. 203: Norway: Life-time prevalence of ecstasy use among youth (age 15-20), 1994-2003**



Source: Statens institutt for rusmiddelforskning, *Alcohol and Drugs in Norway 2003*.

opposing trends: ecstasy use declined in the 'old provinces' (former West-Germany), but increased in the 'new provinces' (former East Germany). It is the only drug which is already more widespread in the new provinces than in the old. The number of persons registered for ecstasy use rose in the 1990s, but fell by 22% in 2002 and by 29% in 2003, reaching the lowest levels since 1999.

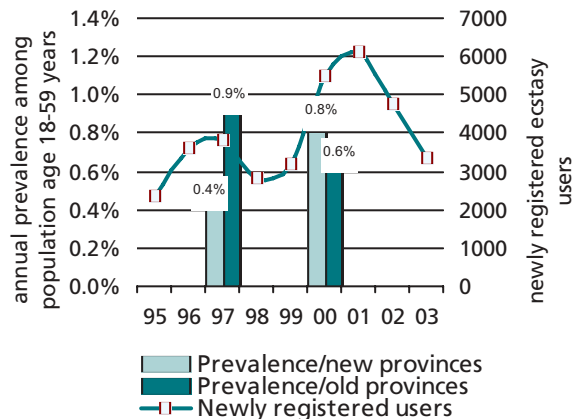
**Fig. 204: Germany: Ecstasy use among youth and in the general population, 1997 and 2000/2001\***



\* the latest general population survey was conducted May-October 2000; the latest youth survey was conducted in January 2001.

Sources: Bundesministerium für Gesundheit, Repräsentativerhebung 1995, 1997 und 2000; Bundeszentrale für gesundheitliche Aufklärung, *Die Drogenaffinität Jugendlicher in der Bundesrepublik Deutschland 2001*.

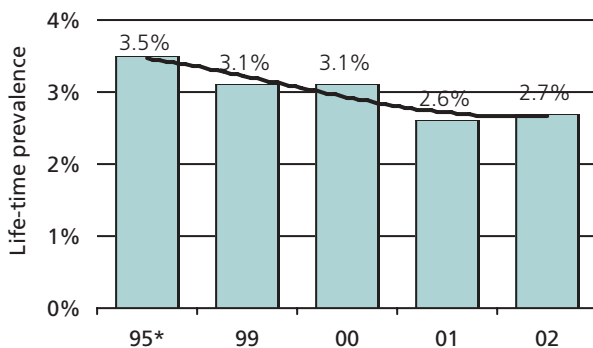
**Fig. 205: Germany: newly registered ecstasy users and annual prevalence of ecstasy use in population age 18-59**



Sources: Bundesministerium für Gesundheit, *Repräsentativerhebung 1997 und 2000*; Bundeskriminalamt, *Rauschgiftjahresbericht 2002*, June 2003; BKA *Jahreskurzlage Rauschgift 2003*.

Similar trends were also reported from Italy. Ecstasy use showed strong increases in the early 1990s, but appears to have levelled off in subsequent years, as shown by data of the Italian ESPAD school-surveys. A national household survey conducted in 2001 found the overall level of ecstasy use to be 0.2% of the general population (age 15-44), less than in most other European countries.

**Fig. 206: Italy: life-time prevalence of ecstasy use among students, age 14-20**

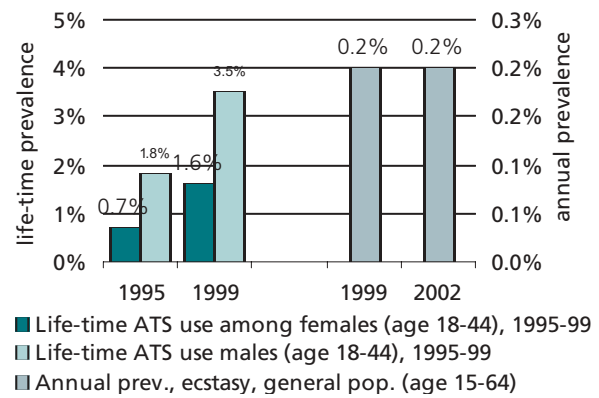


\* data for 1995 refer to students age 15-16

Source: Council of Europe, *The 1995 ESPAD Report*, Stockholm 1997 and Ministero del Lavoro e della Politiche Sociali, *Relazione Annuale al Parlamento Sullo Stato Delle Tossicodipendenze in Italia 2002* and previous years.

Surveys undertaken in France indicated strong increases in ecstasy use in the 1990s basically stabilizing among the general population (age 15-64) over the 1999-2002 period (0.2% according to data provided to UNODC). (There are, however, indications that ecstasy use among young adults continued rising).

**Fig. 207: France: ecstasy use**



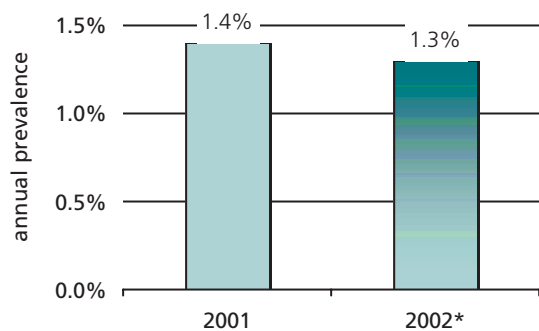
Sources: UNODC, Annual Reports Questionnaire Data and OFDT, *France Drug Situation 2001*.

## AMERICAS

*Following years of massive increase, declines were reported in North America for 2002 and 2003*

Ecstasy use in the Americas was first reported in the early 1980s in the USA. The national control of MDMA began in 1985 and was followed by international control a year later. The spread of ecstasy was subsequently halted for several years. The next wave of expanding ecstasy use was only identified in the 1990s, mainly among youth. The increase of ecstasy use in the 1990s is reflected - *inter alia* - in the tripling of life-time prevalence rates among the general population between 1994 (1.3%) and 2001 (3.6%). The upward trend, however, did not continue in subsequent years. Annual prevalence of ecstasy use, first recorded in 2001, declined from 1.4% in 2001 to 1.3% in 2002. Given methodological changes which reduced under-reporting and thus led to higher numbers for the year 2002, the actual decline between 2001 and 2002 was probably more important than indicated by existing data. During that period ecstasy use among the general population continued to be less widespread than use of cocaine (2.5%). It was about the same level as the consumption of stimulants (1.4%), and more widespread than use of LSD (0.4%) or heroin (0.2%). Despite the decline of ecstasy in 2002, ecstasy use is more widespread in the USA than in Western Europe. In Europe levels surpassing those of the USA were only reported from the UK, Spain and the Netherlands.

**Fig. 208: USA: Ecstasy use among the general population, age 12 and above**

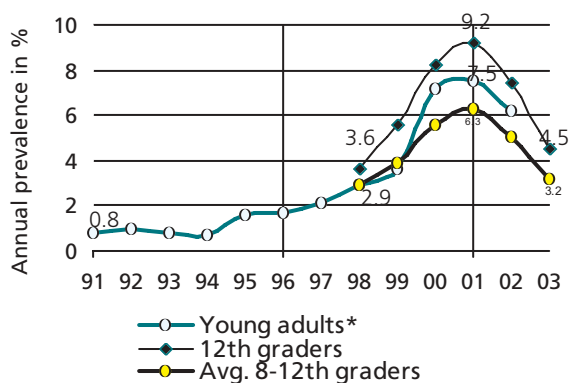


\* data are not directly comparable. due to changes in methodology.

Source: SAMHSA, Results from the 2002 *National Survey on Drug Use and Health 2002* and previous year.

The Monitoring the Future surveys among young adults (age 18-30) found an almost tenfold increase in the annual prevalence rates of ecstasy use between 1991 (0.8%) and 2001 (7.5%). In 2002, however annual prevalence declined, and a further decline can be expected for 2003. The average annual prevalence of ecstasy use among high-school students (8th, 10th and 12th grades)-- which had doubled (from 2.9% to 6.3%) between 1998 and 2001-- fell to 5.1% in 2002 and to 3.2% in 2003, the lowest such rate since 1998. Thus, between 2001 and 2003 ecstasy use among high-school students fell by almost 50% (by more than 50%

**Fig. 209: USA: Ecstasy use among high-school students and young adults\*, 1991-2003**



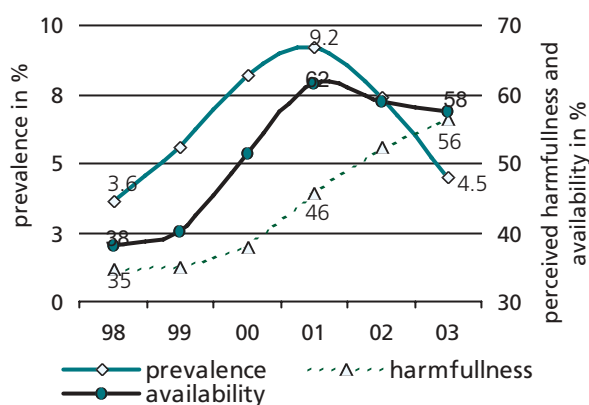
\* young adults: age 18-30

Sources: NIDA, *Monitoring the Future, Volume II: College Students & Young Adults, 2002* and NIDA, *The Monitoring the Future National Survey Results on Adolescent Drug Abuse: Overview of Key Findings, 2003*.

among 8th and 10th graders and by 40% among 12th graders).

The strong decline in the prevalence of ecstasy use over the 2001-2003 period took place in parallel to increases in the perceived harmfulness of ecstasy (trying MDMA once or twice is a great risk) and reduced availability ('easy or fairly easy to get'). It is worth noting that prevention activities in the second half of the 1990s helped to raise the public's perception of the risk associated with ecstasy experimentation. Unfortunately, a strong increase in availability offset all progress made in prevention efforts over the 1998-2001 period. Once availability stopped rising, the prevention efforts succeeded in lowering ecstasy consumption. This was the case over the 2001-2003 period.

**Fig. 210: USA: perceived availability, harmfulness and prevalence of ecstasy among 12th graders**



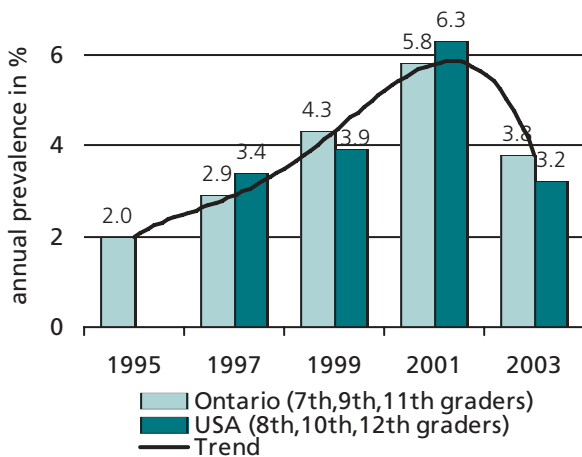
Source: NIDA, *Monitoring the Future*.

The Monitoring the Future survey results also revealed that ecstasy use is still more widespread in the north-eastern<sup>ap</sup> parts of the United States (more than a third higher than the national average in 2002), possibly reflecting closer links with Europe where most of the ecstasy originates. Another finding was that ecstasy users come from the middle class, in contrast to, for instance, crack-cocaine, heroin or crystal methamphetamine users who usually are from poorer population segments (measured in terms of the parental education level of high school students).

ap) North-East: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey and Pennsylvania.

Trends reported from Ontario, Canada showed almost an identical pattern as that observed in the USA. Following a tripling of ecstasy use among high-school students over the 1995-2001 period, ecstasy use fell by a third over the 2001-2003 period, the strongest decline for any substance (from 5.8% to 3.8%). Similar to the USA, the perceived availability of ecstasy in Ontario declined between 2001 and 2003 (from 27% to 20% of the 7th -11th graders), while the perceived risk of using ecstasy increased (from 33% to 40% of the 7th -11th graders). The use of ecstasy among high-school students in Ontario (3.2%) is now less widespread than cocaine (5.1%) or methamphetamine use (3.6%) but more widespread than LSD (2.9%) or heroin (1.4%). In 2000 (and thus prior to falling ecstasy use levels in Canada), ecstasy use among the general population of Ontario was found to affect 1.8% of those age 18 and above, more than in the USA or in Western Europe.

**Fig. 211: Ecstasy use among high-school students in Ontario (Canada) and in the USA**



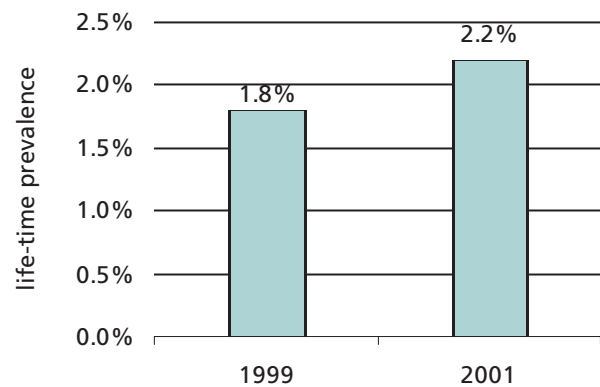
Source: Centre for Addiction & Mental Health, *Drug Use Among Ontario Students 1977-2003* and NIDA, *Monitoring the Future*, 2003.

*While ecstasy use in Southern America continues to expand, though at a lower pace ...*

Out of nine countries reporting on ecstasy trends in southern America (including the Caribbean and Central America) in 2002, five countries (Colombia, Guatemala, El Salvador as well as the Dominican Republic and Trinidad & Tobago) reported some increase and four countries reported a stable level of ecstasy use. This suggests that the expansion of ecstasy in the region continued, though at a lower pace than a year earlier. In 2001, 13 out of 19 countries reported increases in ecstasy use (including seven countries reporting strong increases) and five countries reported a stable level.

Ecstasy was almost unknown in most Latin American countries until the mid 1990s. By 1999, however, studies in Colombia already found a life-time rate of ecstasy use among youth (age 10-24) of 1.8%. A further rise to 2.2% took place by the year 2001. The consumption of ecstasy is thus still less widespread than cocaine (4.5%) but more widespread than basuco (1.2%), amphetamines (1.1%) or heroin (1.1%). Above average levels of ecstasy use were reported, *inter alia*, from Medellin and Cali while ecstasy use in Bogota was close to the national average. Prevalence rates were found to be higher among university students than among high-school students, which seems to reflect the status of ecstasy in Colombia and other Latin American countries as a drug for youth from rather well-off families. Most of the ecstasy is imported from Europe.

**Fig. 212: Colombia: Ecstasy use among youth (age 10-24)**



Sources: Programa Presidencial Rumbos, *Sondeo Nacional del Consumo de Drogas en Jovenes, 1999-2000* and Programa Presidencial Rumbos, *Encuesta Nacional sobre consumo de sustancias psicoactivas en jóvenes de 10 a 24 años, 2001*.

A number of high-school surveys, conducted in 2001/2002 as part of the Inter-American Drug Use Data System (SIDUC) confirmed that ecstasy use is now encountered throughout the region, though in general, it is still less widespread than other drugs. Relatively high levels - close to those reported from Colombia - were encountered in countries in the vicinity of Colombia, i.e. Ecuador (1.9%), followed by Guatemala (1.6%), Venezuela (1.5%) and Panama (1.4%). Relatively low levels, in contrast, are still found in Paraguay and Uruguay. Use of ecstasy among the general population, however, is still low. One survey conducted in Chile in 2000 reported a life-time prevalence of ecstasy use of 0.2% among the general population.

**Table 15: Life-time prevalence of ecstasy and other drug use among high-school students in selected Latin American countries, 2001/2002 (age 12-18)**

	Ecstasy	Cocaine	Inhalants	Stimulants	Marijuana	Any illicit drug
Ecuador	1.9%	2.4%	2.6%	3.5%	8.6%	12.3%
Guatemala	1.6%	3.2%	2.4%	5.3%	5.7%	9.8%
Venezuela	1.5%	1.0%	2.7%	6.4%	1.0%	6.0%
Panama	1.4%	0.8%	2.2%	5.9%	6.9%	9.6%
Nicaragua	1.1%	2.7%	2.4%	10.4%	6.9%	11.2%
Uruguay	0.5%	2.7%	1.7%	6.2%	12.5%	13.5%
Paraguay	0.4%	1.6%	0.7%	5.9%	4.3%	5.6%
Unweighted average	1.2%	2.1%	2.1%	6.2%	6.6%	9.7%

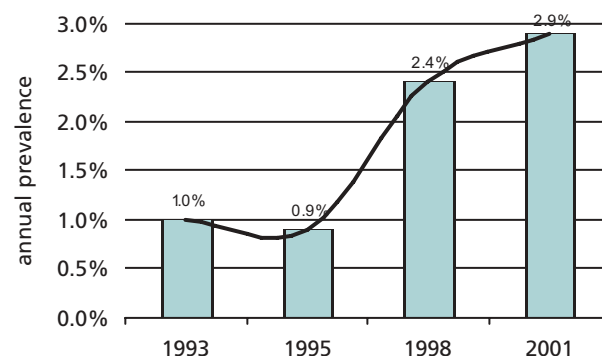
Source: Organización de los Estados Americanos (OAS) , CICAD, *Resumen Estadístico sobre Drogas, Décima Edición, 2003*.

## OCEANIA

### *Confronted with highest levels of ecstasy use worldwide, but rate of increase appears to be losing momentum*

The highest levels of (admitted<sup>aq</sup>) ecstasy use worldwide, are found in the Oceania region. Australia had an annual prevalence rate of 3.4% of the population age 15-64 in 2001. (Some of the reported ecstasy use in Australia consists of methamphetamine / mixed ingredient tablets ('pseudo ecstasy'), sold as ecstasy. Consequently actual ecstasy use may be over-reported in Australia). In New Zealand in 2001, 3.4% of those age 14-45 used ecstasy in the previous twelve months, up from 1.5% in 1998 and 0.4% in 1990. Expressed as a percentage of the population age 15-64, the standard age range for international comparisons, ecstasy use affected 2.2% of the general population in 2001. Expressed as a proportion of the population age 14 and above (the scale used for surveys in neighbouring Australia), the rate would be 1.9%.

In Australia the 2001 national household survey revealed an annual prevalence rate of 2.9% among the general population age 14 and above (equivalent to 3.4% of those age 15-64), higher than the corresponding rates for the UK (2.2%) or Spain (1.9%) and more than twice the rate of ecstasy use reported from the USA (1.3% of the population age 12 and above in 2003). Over the 1995-2001 period ecstasy use tripled in Australia, from 0.9% to 2.9%. A further rise was reported by the authorities for the year 2002 (ARQ).

**Fig. 213: Australia: Ecstasy use among the general population (age 14 and above), 1993-2001**

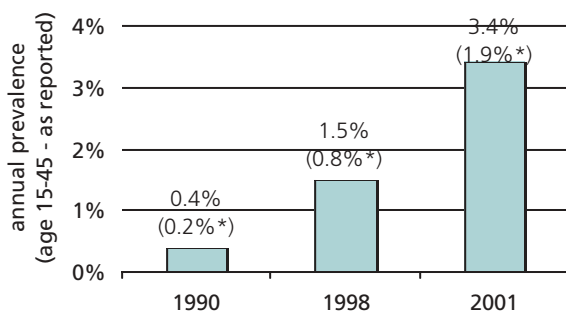
Source: Australian Institute of Health and Welfare (AIHW), *National Drug Strategy Household Survey 2001* and previous years.

Most of the increase, however, took place over the 1995-1998 period. Subsequently, the rate of increase has started to flatten. The "National Study of Party Drug Trends", conducted by the National Drug and Alcohol Research Centre in 2003, found that the availability of ecstasy remained largely 'stable' in Australia in 2003 (as reported by 64% of regular ecstasy users). These perceptions were also in line with the stability of ecstasy prices in 2003 (around Aus\$35 in New South Wales), in contrast to the price declines reported over the 1997-2001 period (from Aus\$50 to Aus\$35 in New South Wales). The study also revealed that regular ecstasy users are increasingly inclined to experiment with other drugs as well, including cannabis and amphetamines (mainly

aq) The level of drug use shown in self-response household surveys (or school surveys) is not only a function of the actual level of drug use in a country but also of the readiness of drug users to admit their habit. The high levels of ecstasy use found in household surveys in Australia and New Zealand can be thus the result of high levels of ecstasy use and/or of a general climate in which ecstasy users (in contrast to other countries) are not afraid to openly admit their drug taking behaviour.

methamphetamine powder in Australia), as well as crystal methamphetamine, cocaine, ketamine, GHB, benzodiazepines, LSD etc. Poly-drug use has become the norm among regular ecstasy users (close to 90% of regular ecstasy users also experimented with other drugs). Regular ecstasy users tried, on average, about 9 drugs during their life-time (out of 19 drugs known to be used in Australia) and used more than 6 different drugs over the six months prior to the interviews<sup>ar</sup>. However, the study has also shown that, thus far, there have been relatively few regular users of other drugs among regular ecstasy users.

**Fig. 214: New Zealand: Ecstasy use among the general population 1998-2001**



\* annual prevalence age 15 and above; age group comparable with Australian studies.

Sources: APHRU, Drug Use in New Zealand - Comparison surveys 1990 & 1998 and New Zealand Health Information Service, *New Zealand Drug Statistics*, Wellington 2001.

## ASIA

### *Ongoing rise in 2002, but less dramatic than in previous years*

Although still limited overall, ecstasy use in Asia has been growing rapidly in a number of countries of East and South-East Asia in recent years, notably in China, Hong-Kong, SAR of China, Thailand, Indonesia and Vietnam. Consumption has also been expanding in the Near East, notably in Israel and in the Lebanon.

Ongoing increases in ecstasy use were reported from Israel and from the Lebanon for the year 2002 and 2003. Over the last couple of years a number of criminal Israeli groups have specialized in the international ecstasy trade, shipping ecstasy from the Netherlands/Belgium to overseas markets (North Amer-

ica, Oceania etc). A knock on effect of this has been the expansion of the domestic market, mainly among youth. In Lebanon the ecstasy market is primarily geared towards high-income recreational users.

The strong increases of previous years reported from countries in East and South-East Asia, in contrast, did not continue in 2002/2003. Though authorities in China reported rising levels of ecstasy use, there were also reports of intensified efforts to crack down on local ecstasy laboratories and on dance halls and clubs where ecstasy was known to have been used. This appears to have had some positive consequences for neighbouring Hong Kong. Authorities in Hong Kong reported a large decrease of ecstasy use in 2002 - following years of increasing consumption. Declines in ecstasy use were also reported from Indonesia following the dismantling of a major ecstasy laboratory which had supplied local and regional markets.

Despite the impact that these successes in supply reduction have had on demand in 2002/2003, it seems to be too early to speak of a trend towards a sustained stabilization of ecstasy use in East and South-East Asia. As the market for ecstasy is far from saturated in this part of the world, a serious concern is that the past few years' upward trend in the use of ecstasy is likely to resume again shortly.

## AFRICA

Ecstasy use in Africa is still limited. It tends to be concentrated in the southern parts of the continent, mostly affecting the local white minority and, to a lesser extent, South-Asian communities. Some of the ecstasy appears to be locally produced (South Africa) though most is still imported from Europe. Increases in ecstasy use for the year 2002 were reported from South Africa, Namibia and Zimbabwe. Though just 1% of those in treatment in South Africa reported ecstasy as their primary substance of abuse, 9% reported the drug as their secondary drug of abuse in 2003.

Increases were also reported from Mauritius and the Seychelles, while Kenya and Somalia reported falling levels of ecstasy use. In western Africa only Gambia (2001) and Cameroon (2002) reported some increase. In most of the rest of Africa ecstasy is virtually unknown.

ar) National Drug and Alcohol Research Centre, *Party Drug Trends, Bulletin*, December 2003.

