

1.5 Amphetamine-type stimulants

1.5.1 Production

Global ATS production was above 400 mt

Based on ATS consumption estimates, ATS seizure data and ATS precursor seizures, UNODC estimates a total ATS production²⁶ of 422 mt for the year 2003 (range: 323-542 mt). The total is composed of around 332 mt of ‘amphetamines’ (mainly methamphetamine and, to a lesser extent, amphetamine and related synthetic stimulants) and 90 mt of ‘ecstasy’ (mainly MDMA). While estimates for 2003 show a similar order of magnitude, they are slightly lower than the estimates for the years 2000/01 (523 mt; range: 390-631 mt).

Production of amphetamines is concentrated in East and South-East Asia, North America and, to a lesser extent in Europe, while ecstasy production is concentrated in Europe and, to a lesser extent, in North America.

UNODC estimates that about half of global production of amphetamines takes place in East and South-East Asia, a third in North America and about 15% in Europe, mostly in West and Central Europe. About

78% of global ecstasy is produced in Europe (mostly in Western and Central Europe), 14% in North America and 5% in East and South-East Asia.

Globally the number of dismantled ATS laboratories increased from 547 in 1990 to 7,028 in 2000 and 11,253 in 2003. While much of the increase in the 1990s was a reflection of the growth in ATS production, there are indications that the ongoing dismantling of laboratories over the last few years actually helped to reduce production. Most dismantled ATS laboratories were producing methamphetamine.

The number of ATS laboratories dismantled increased, while the amount of ATS seizures, precursor seizures, and consumption estimates declined.

Lower levels of precursor seizures, lower levels of end-product seizures and lower levels of ATS consumption suggest that overall ATS production – following a decade of massive increases - may have declined over the last few years, though still operating at far higher levels than in the 1990s. ATS production will likely recover,

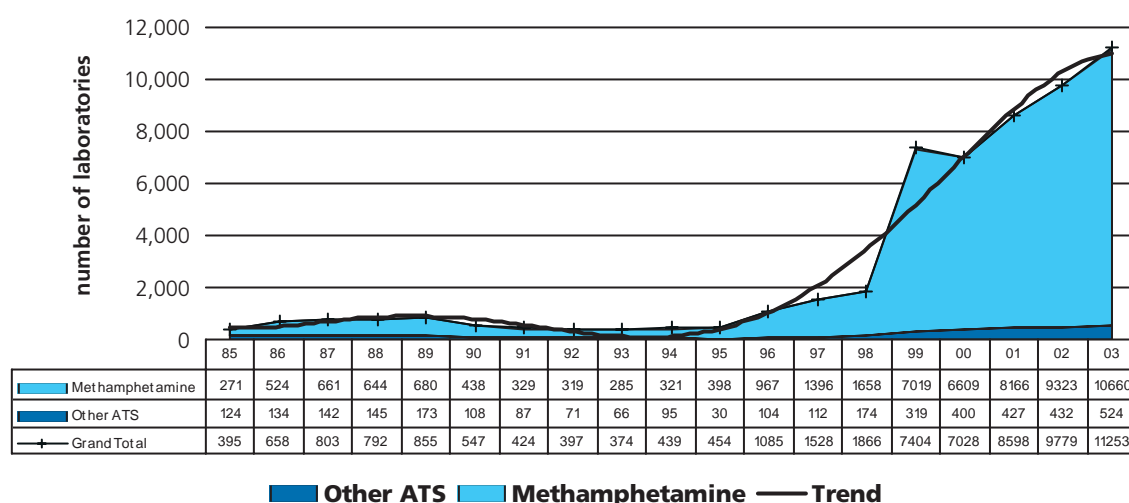
Table 9. Production estimates of amphetamine-type stimulants, 2003

Based on:	Amphetamine and methamphetamine	Ecstasy	Total
Consumption	300.9	101.6	402.5
Drug seizures	378 - 397	45.3 - 64.7	323 - 461
Precursor seizures	281 - 401	98.4 - 141	379 - 542
Overall range of estimates	278 - 401	45.3 - 141	323 - 542
Average of all estimates	332	90.2	422

Source: UNODC, UNODC estimates based on Annual Reports Questionnaire Data/DELTA.

²⁶ Only indirect methods are available to estimate the size of ATS production.

Fig. 51: Number of ATS laboratories dismantled



Source: UNODC, Annual Reports Questionnaire Data.

however, unless pressure to fight ATS production, trafficking and abuse is continued.

The main methamphetamine production sites in Asia are in China, Myanmar and the Philippines.

Overall, 23 source countries for the production of methamphetamine have been identified over the 2002/03 period. The main origin of methamphetamine production in Asia is in China, Myanmar and the Philippines. China, followed by the Philippines and Myanmar, dismantled the most methamphetamine laboratories in Asia; in terms of output, production levels seem to be of similar magnitudes in China and in Myanmar, though methamphetamine production in the Philippines appears to have increased. Most of the methamphetamine production in China is located in south-eastern China, in Guangdong Province (which

surrounds Hong Kong) and, to a lesser extent, in neighbouring Fujian province, located off the coast of Taiwan. In addition, important levels of methamphetamine production are found in Taiwan, province of China. China, together with India, is one of the main sources of ephedrine and pseudo-ephedrine, the main precursor chemicals used to manufacture methamphetamine. Improved control mechanisms in both China and India have, however, assisted in curbing clandestine ephedrine and pseudo-ephedrine exports in recent years. Methamphetamine production in Myanmar is mainly encountered in the Shan state (notably in the Wa region), bordering China.

Methamphetamine production in Thailand - according to information provided by the Thai authorities - has largely ceased to exist. The main origin of North American methamphetamine imports from Asia are the

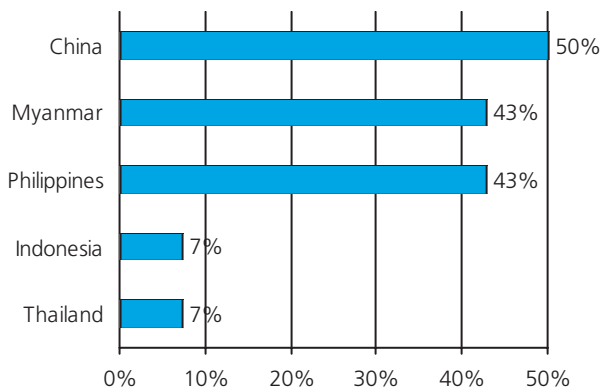
Table 10: Changes in ATS indicators: 2000-2003

Consumption		ATS seizures		Methamphetamine precursor seizures		ATS precursor seizures	Ecstasy precursor seizures		
	ATS users (in million)	ATS seizures (in tons)	Ecstasy (in tons)	Ephedrine (in tons)	Pseudo-ephedrine (in tons)	P2P (in '000 litres)	3-4-MDP-2-P (in '000 litres)	Safrole (in '000 litres)	Piperonal (in tons)
2000	29.6	43.6	5.1	18.3	45.4	7.1	14.4	39.7	3.1
2003	26.2	27.7	4.2	10.3	17.3	6.1	5.5	2.5	0
Change	-11%	-36%	-18%	-44%	-62%	-14%	-62%	-94%	-100%

Sources: UNODC, Annual Reports Questionnaire Data/DELTA; INCB, 2004, *Precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances*, New York 2005.

Philippines, followed by China. European imports likely transit Thailand, most probably originating in Myanmar. Philippines is a lesser supplier. Overseas exports of South-East Asian methamphetamine are, however, still very limited.

Fig. 52: Origin* of methamphetamine as reported by Asian countries, 2002/03



* Number of times a country was identified by other countries as a source country for methamphetamine, expressed as a proportion of countries providing such information in 2002/03 (N =14). In general, it must be stressed that the reporting of a country as a 'source country' or as a 'country of origin' does not mean that drugs are actually produced in such a country. 'Origin' usually refers to the countries to which drug shipments could be traced back. In a majority of cases this coincides, however, with the locations where the drugs are actually produced.

Source: UNODC, Annual Reports Questionnaire Data.

The main methamphetamine production sites in the Americas are the United States, Mexico and Canada.

The main origin of methamphetamine production in the Americas are the United States, producing exclusively for the domestic market, followed by Mexico and, to a lesser extent, by Canada. Criminal groups of Mexican origin are heavily involved in methamphetamine production in the USA and in Mexico. The US authorities continue to dismantle the largest numbers of methamphetamine laboratories worldwide. Methamphetamine production in the USA has been traditionally concentrated in California and several neighbouring states, though it is spreading to the rest of the country.

Most of the 'super-labs', however, continue to be located in California. Methamphetamine imports from Asia are of only limited importance. There is no information on exports of methamphetamine produced in North America to other regions.

Methamphetamine production in Oceania appears to have increased in recent years.

Methamphetamine production in the Oceania region is concentrated in Australia and, at lower levels, in New Zealand. Methamphetamine production in Australia takes place in practically all states, though it is particularly concentrated in Queensland. In addition to locally produced methamphetamine, there are also imports of methamphetamine produced in South-East Asia. Rapidly rising laboratory seizures have had no significant impact on prices and purities – suggesting that overall production increased in recent years. There is no indication, thus far, that this translated into more people consuming methamphetamine. The number of methamphetamine/amphetamine users even declined slightly in Australia between 2001 and 2004.

Methamphetamine production in Europe continues to be very limited...

Thus far, large-scale methamphetamine production and consumption in Europe has not occurred. Methamphetamine continues to be largely limited to the Czech Republic and some of the Baltic states. In addition, some limited imports of methamphetamine from South-East Asia (Thailand and the Philippines) have taken place in recent years.

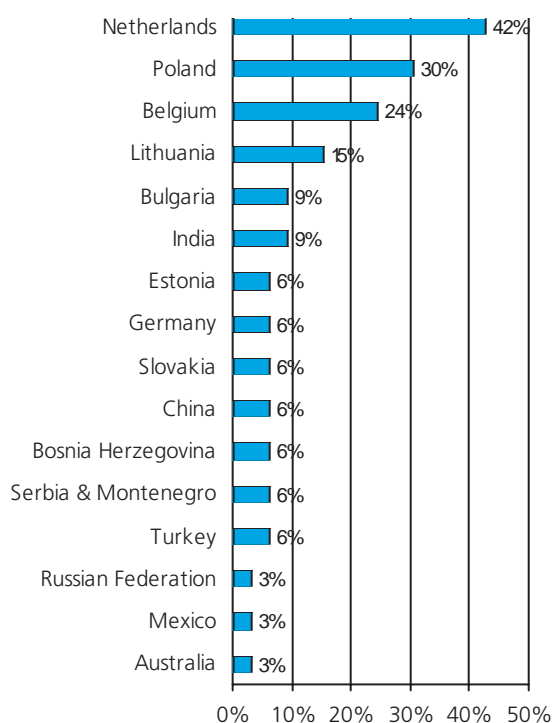
... while amphetamine production is largely concentrated in Europe.

The main source countries for amphetamine – the Netherlands, Poland and Belgium – are all located in Western and Central Europe²⁷. In addition, the Baltic states (Lithuania and Estonia) and Bulgaria play an important role in the production of amphetamine. Amphetamine production outside Europe takes place primarily in North America and in the Oceania region. There are also reports of amphetamine production in East and South-East Asia; however, it is not always clear whether the substances produced are in fact amphetamine, or methamphetamine. The key precursor chemical for the manufacture of amphetamine, P-2-P (also

²⁷ Overall 36 countries have been identified by member states as source countries for amphetamine production in 2003.

known as BMK) continues to originate in China. However, there have been cases of clandestine manufacture of P-2-P out of phenylacetic acid (a 'pre-precursor') reported in the Russian Federation and the Ukraine and some indications for such production in Lithuania and Poland.

Fig. 53: Origin* of amphetamine in 2003



* Number of times a country was identified by other countries as a source country for ecstasy, expressed as a proportion of countries providing such information in 2003 (N = 33).

Source: UNODC, Annual Reports Questionnaire Data.

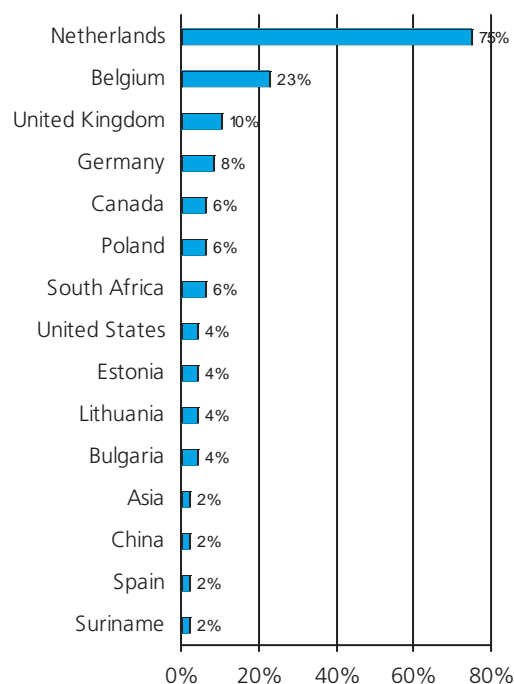
Markets in Africa and South-America supplied by diverted licit ATS.

Overall production of ATS continues to be limited in South America and in Africa, although in South Africa clandestine ATS production²⁸ has increased in recent years. At the same time, surveys suggest that ATS consumption in both Africa and South-America are far from negligible. There appears to be an ongoing supply of these markets with diverted licit ATS.

The Netherlands and Belgium remain the most important ecstasy source countries.

As in previous years, the Netherlands (quoted by 75% of all countries to be among the three main source countries), followed, by Belgium (23%) produced the most ecstasy in the world. Over the 2002-2003 period a total of 29 ecstasy producing countries were identified by UNODC member states. Most of the precursors for the manufacture of MDMA, notably 3,4-MDP-2-P (also known as PMK), originate in China. However, there have also been reports of the illicit manufacture of PMK in the Russian Federation, produced out of sassafras oil (a pre-precursor) smuggled into the Russian Federation from Viet Nam.

Fig. 54: Origin* of ecstasy in 2003



* Number of times a country was identified by other countries as a source country for ecstasy, expressed as a proportion of countries providing such information in 2003 (N = 48)

Source: UNODC, Annual Reports Questionnaire Data.

28 Methcathinone and increasingly methamphetamine.

1.5.2 Trafficking

1.5.2.1 Overview

ATS seizures started increasing again in 2003.

After having declined over the 2000-2002 period by 42%, ATS seizures increased by 13% in 2003 to 32 mt, five times higher than a decade earlier but still less than in 1999, 2000 or 2001. The highest ATS seizures in 2003 were reported by Thailand (20% of the total), followed by China (18%), the United States (14%), the Philippines (10%), the UK, the Netherlands and Australia (6% each). Trafficking, production and consumption growth were more pronounced for ATS than for the other two main categories of problem drugs. Over the 1990-2003 period, ATS seizures rose almost seven fold while heroin and morphine seizures tripled and cocaine seizures almost doubled. About 68% of global ATS seizures in 2003 were of methamphetamine, 17% of amphetamine and 13% of ecstasy.

ATS seizures are concentrated in East and South-East Asia, followed by Western Europe and North America

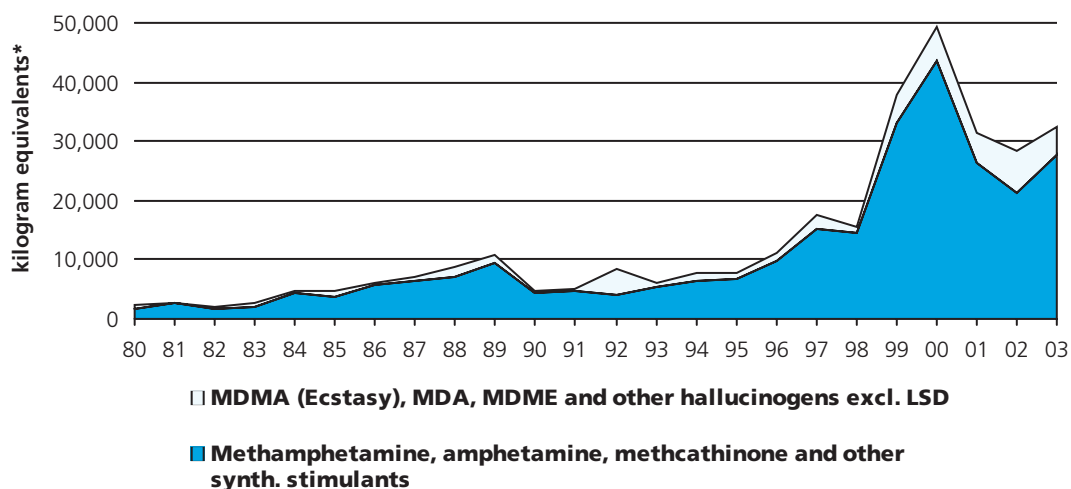
Globally, 52% of all ATS seizures in 2003 were made by countries in East and South-East Asia, 22% by countries

in Western and Central Europe and 16% by countries in North America.

Seizures of amphetamines rose by 29% in 2003. However, amphetamines seizures are still 37% less than in the peak year of 2000. In contrast to opiate or cocaine trafficking, most of trafficking in the 'amphetamines' continues to be *intra*-regional; *inter*-regional trafficking is still largely limited to the precursor trade.

The two most important 'amphetamines' are methamphetamine and amphetamine (see below). In addition, trafficking in methcathinone is of some importance in a number of CIS countries (locally known as ephedrone), in some parts of the USA, and – as a recent phenomenon – in South Africa. Methcathinone is usually locally produced and trafficking does not involve the crossing of any borders. In the Near and Middle East, trafficking in fenetylline (captagon) continues to play an important role. This is usually produced in clandestine laboratories in South-Eastern Europe (mainly Bulgaria) and trafficked via Turkey to Syria, Jordan and Saudi Arabia.

Fig. 55: Seizures of amphetamine-type stimulants, 1980-2003



* 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.

1.5.2.2 Methamphetamine

Methamphetamine seizures continue to be concentrated in East and South-East Asia...

Methamphetamine seizures increased by 40% in 2003 and are now 3% higher than in 2001, though still 40% less than the peak year of 2000. The largest seizures of methamphetamine in 2003 were reported by Thailand (6.5 mt), China (5.8 mt), the United States (3.9 mt) and the Philippines (3.1 mt), followed by Mexico (0.7 ton), Australia and Japan (0.5 ton each) and the Lao PDR and Myanmar (0.1 ton each).

Methamphetamine seizures continue to be concentrated in East and South-East Asia (76% in 2003). Two distinct methamphetamine products are found in East and South-East Asia: methamphetamine tablets (often mixed with other substances, such as ephedrine and caffeine) and 'ice' (high-quality, smokeable, crystal-methamphetamine). Trafficking in methamphetamine tablets is most common in South-East Asia (Myanmar, Thailand, southern China, Lao PDR, Vietnam, Cambodia, Indonesia, Malaysia) while trafficking in 'ice' is more common in East-Asia (Japan, north-eastern China, Taiwan Province of China, Korea, as well as the Philippines). The main source countries in East and South-East Asia in 2003 were Myanmar/Thailand, followed by China and the Philippines. Seizures in Thailand (the world's largest ATS market until 2002) fell by 25% as compared to a year earlier, reflecting a major crack-down on methamphetamine imports from neighbouring Myanmar in early 2003. As a consequence, the overall size of the Thai methamphetamine market declined substantially in 2003. Methamphetamine seizures in China, in contrast, increased, as some of the methamphetamine produced in Myanmar was apparently re-directed to markets in that country. There was also a significant increase of methamphetamine seizures in the Philippines, reflecting increasing levels of methamphetamine production following the crackdown on production facilities in other source countries. Seizures in Japan, financially the most lucrative market for methamphetamine in East Asia, increased slightly in 2003 (+11%), though they were still lower than in 2000 (-52%). This appears to have been the result of a reduction of trafficking activities. A shortage on the Japanese market, resulting in rising methamphetamine prices, points in this direction. Nonetheless, the Japanese *Yakuza* (organized crime) continues to play a significant role in the import and distribution of methamphetamine: accounting for 41% of all methamphetamine related arrests in 2003. Most of the methamphetamine

seized in Japan in 2003 originated in China and Hong Kong SAR of China, though the Philippines and, to a lesser extent Malaysia, also emerged as important source countries. A similar perception of market trends was also expressed by the South Korean authorities, who reported that 67% of the methamphetamine originated in China while the share of Philippines methamphetamine increased strongly. Methamphetamine prices also increased in the Republic of Korea.

...but rose strongly in North America.

The proportion of global methamphetamine seizures made in North America rose from 10% in 2002 to 21% in 2003. A strong (3-fold) increase in methamphetamine seizures was reported from the United States, reflecting increasing levels of domestic methamphetamine production and increasing imports from neighbouring Mexico. Increased enforcement and prevention efforts, however, appear to have prevented increased use. Methamphetamine seizures in Mexico rose by almost 60% in 2003. The main form of methamphetamine available in North America is powder methamphetamine; smaller quantities of 'ice' are also available.

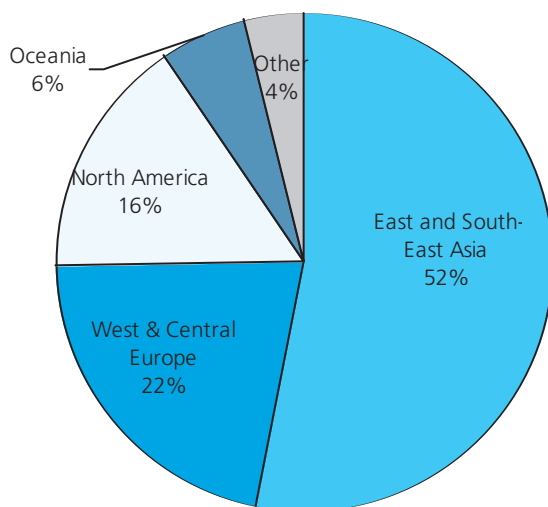
1.5.2.3 Amphetamine

Amphetamine seizures continue to be concentrated in Europe - and are rising...

Global amphetamine seizures (5.4 mt) are back to the levels reported in 1997/98, having increased by 22% in 2003. Amphetamine seizures continue to be concentrated in Europe (>90%), notably in Western and Central Europe (79%). However, the share of West and Central Europe in global amphetamine seizures has been declining (87% in 2002 and 90% in 2001).

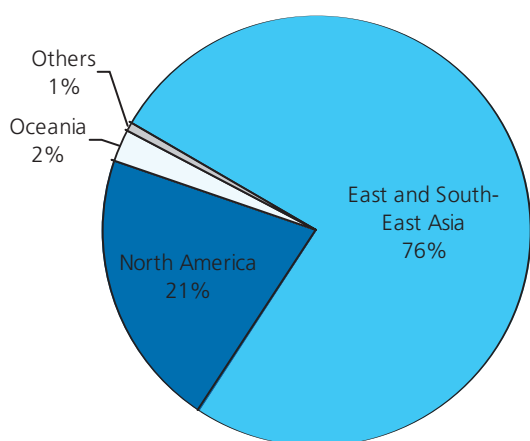
The largest amphetamine seizures in 2003 took place in the UK, followed by the Netherlands, Bulgaria, Germany and Sweden. The main source countries were the Netherlands, followed by Poland and Belgium. International organized crime groups appear to be less involved in amphetamine trafficking than in methamphetamine trafficking. The retail market for amphetamine usually consists of large numbers of small trafficking groups who purchase the drugs in the main source countries and then sell them locally. Recently, some of the established drug trafficking groups have started to smuggle amphetamine along with drugs they normally move.

Fig. 56: Breakdown of ATS seizures in 2003 by sub-regions (N = 32 metric tons)



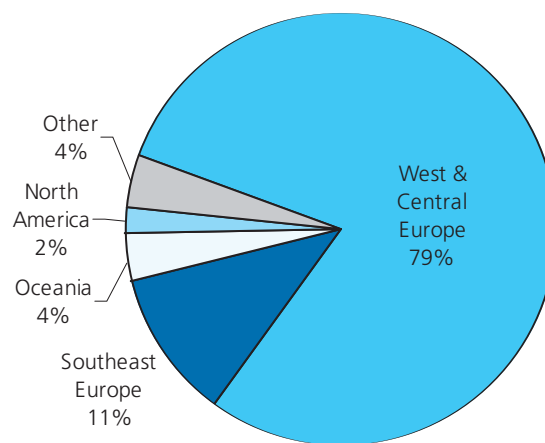
Source: UNODC, Annual Report Questionnaire Data / DELTA.

Fig. 57: Breakdown of methamphetamine seizures in 2003 (N = 21.6 metric tons)



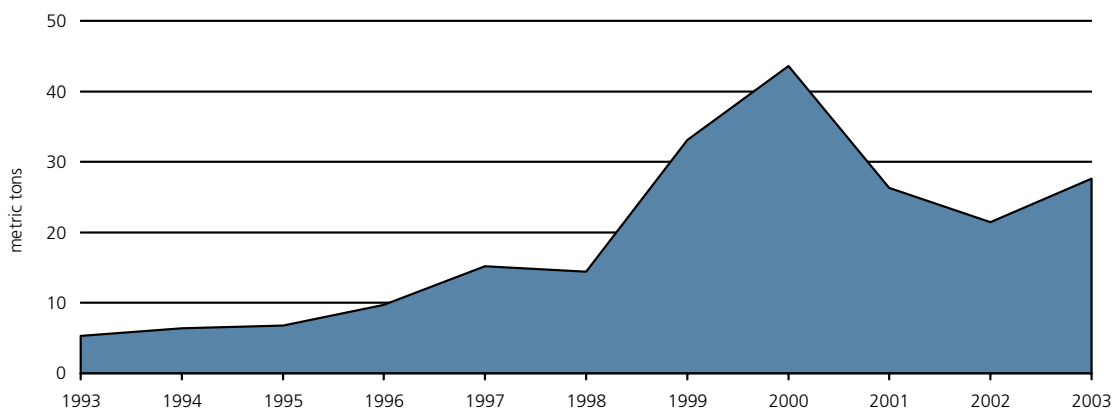
Source: UNODC, Annual Report Questionnaire Data / DELTA.

Fig. 58: Breakdown of amphetamine seizures by sub-region in 2003 (N = 5.6 metric tons)



Source: UNODC, Annual Report Questionnaire Data / DELTA.

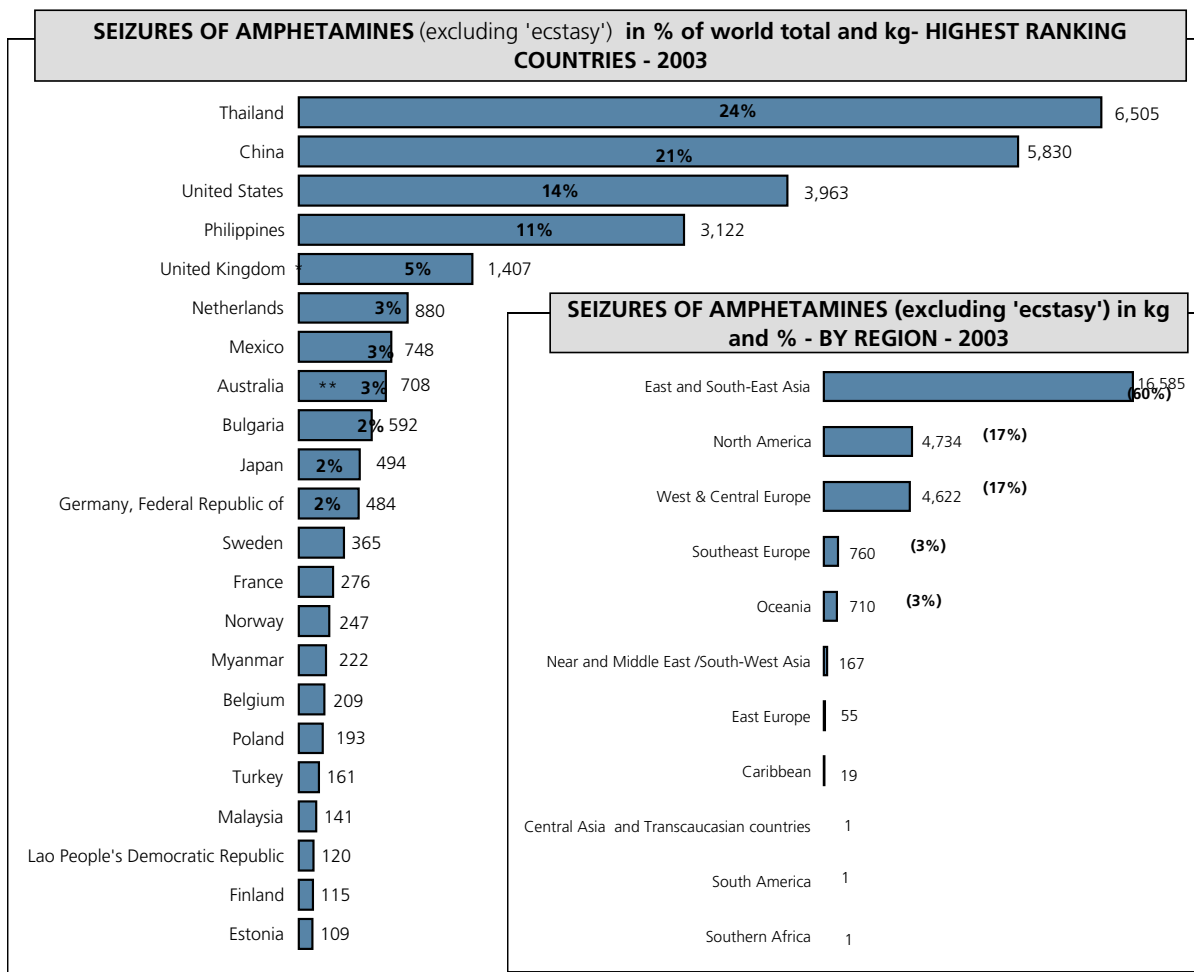
Fig. 59: Global seizures of amphetamines*, 1993 - 2003



* Excluding 'Ecstasy'

Year	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Metric tons	5	6	7	10	15	14	33	44	26	21	27

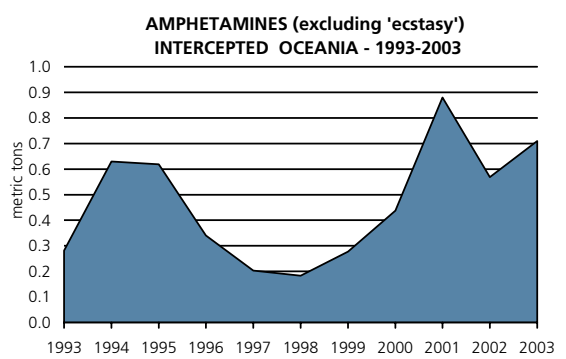
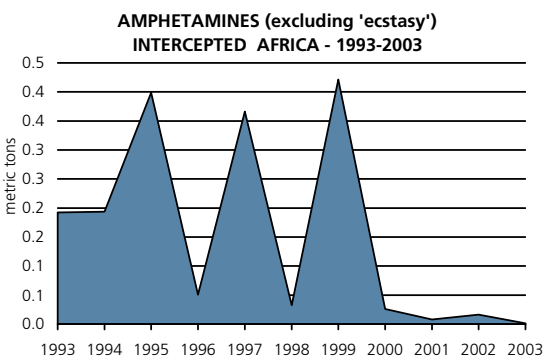
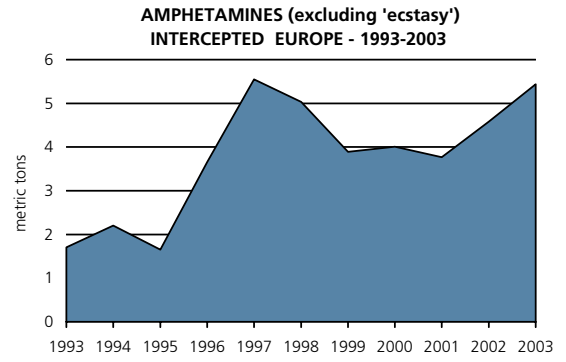
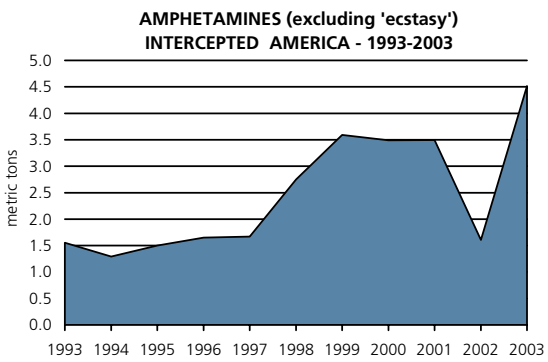
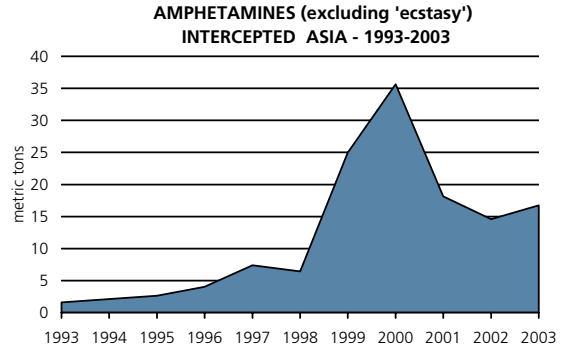
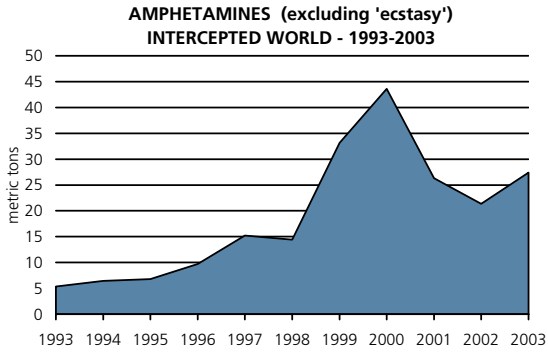
* metric ton equivalents. 1 unit assumed to be equivalent to 30mg.



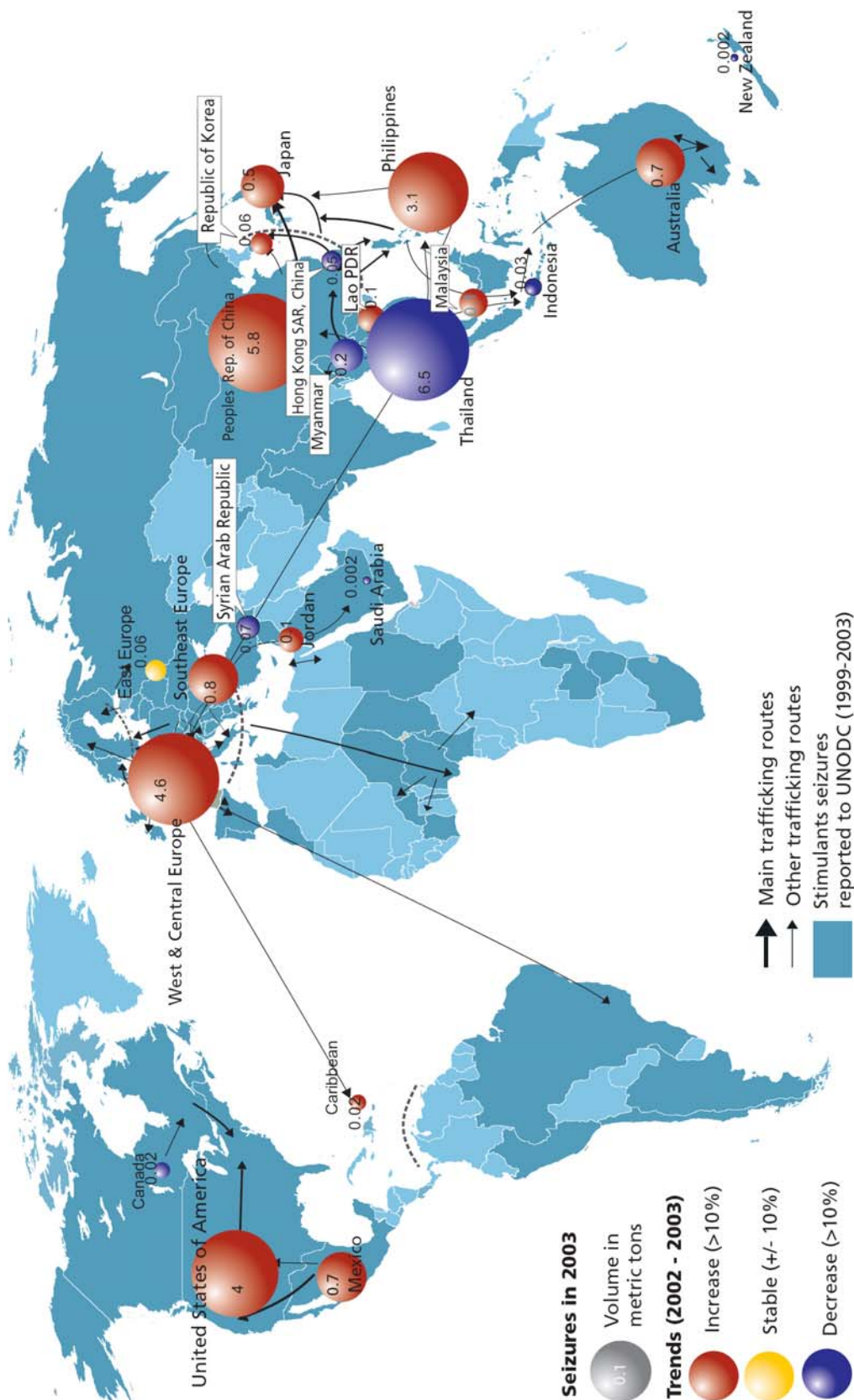
* data refer to 2002

** total seizures reported by national as well as State & Territory law enforcement agencies which may result in double counting.

Fig. 60: Global seizures of amphetamines, 1993 - 2003



Map 19: Seizures of amphetamine-type stimulants (excluding ecstasy) 2002 - 2003: 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.

1.5.2.4 Ecstasy

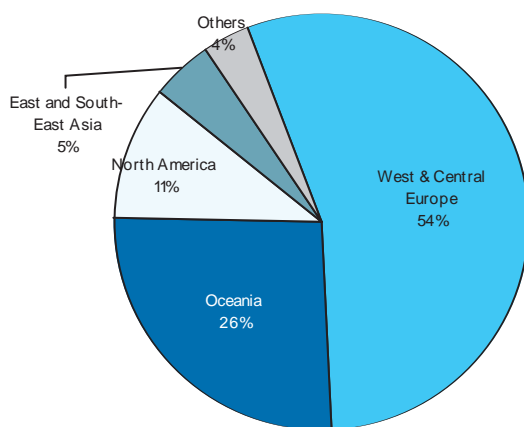
Trafficking in ecstasy remains largely intra-regional within Europe and inter-regional outside Europe.

Ecstasy seizures in kilogram equivalents amounted to 4.3 mt, 37% less than in the peak year of 2002 possibly reflecting a decline of ecstasy production in Europe. Declines in ecstasy seizures were reported from West and Central Europe, as well as from North America, the Caribbean, the Near and Middle East and Southern Africa; in contrast, ecstasy seizures rose strongly in the Oceania region and in East and South-East Asia.

Trafficking in ecstasy remains largely intra-regional within Europe and inter-regional outside Europe, as European countries continue to be the main production locations for MDMA. The main source countries are the Netherlands and Belgium. Source countries outside Europe are, *inter alia*, the United States, Canada, China, Indonesia and South-Africa. The intra-regional distribution of ecstasy within Europe – like trafficking in

amphetamine – is undertaken by a large number of rather small drug trafficking groups of various national backgrounds. In contrast, trafficking of ecstasy from Europe to North America and some other regions appears to be mainly controlled by criminal groups of Israeli origin, sometimes with links to Russia, other European countries and the USA. These trafficking groups operate mainly outside Israel, though, in some instances, they have been also involved in trafficking ecstasy from the Netherlands and Belgium to Israel. In addition, criminal groups from the Dominican Republic have also become involved in shipping ecstasy from Europe via the Caribbean to the USA. If seizures over the 2001-2003 period are analysed, the Netherlands accounted for 22% of global seizures, followed by Australia (13%), the United States (12%), the UK (12%), and Belgium (11%).²⁹

Fig. 61: Breakdown of ecstasy seizures* by sub-region in 2003 (N = 4.2 mt)

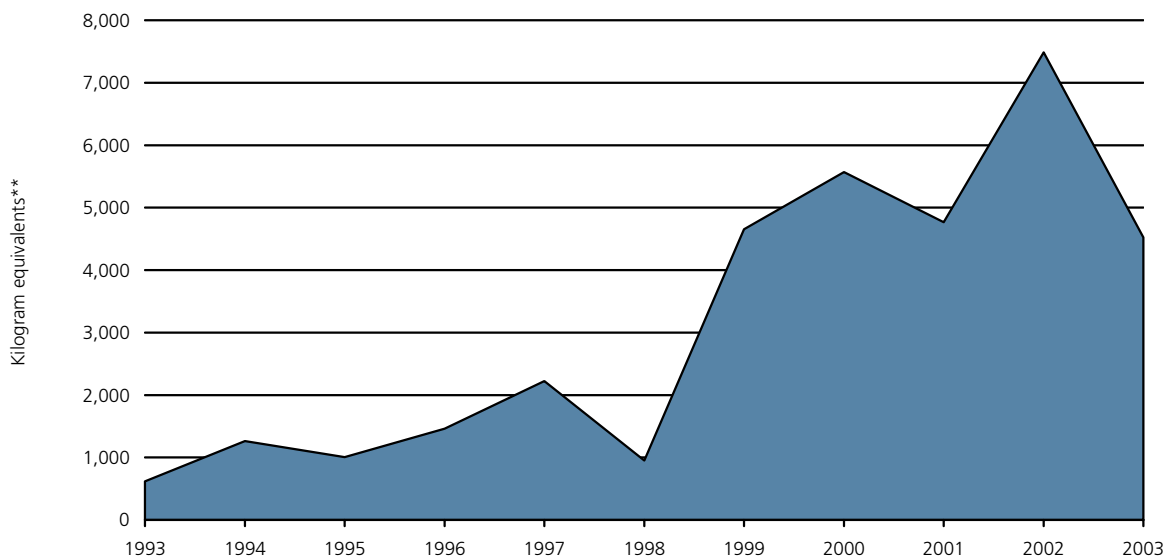


* in kilogram equivalents, using a conversion ratio of 100 mg for an ecstasy pill.

Source: UNODC, Annual Report Questionnaire Data / DELTA.

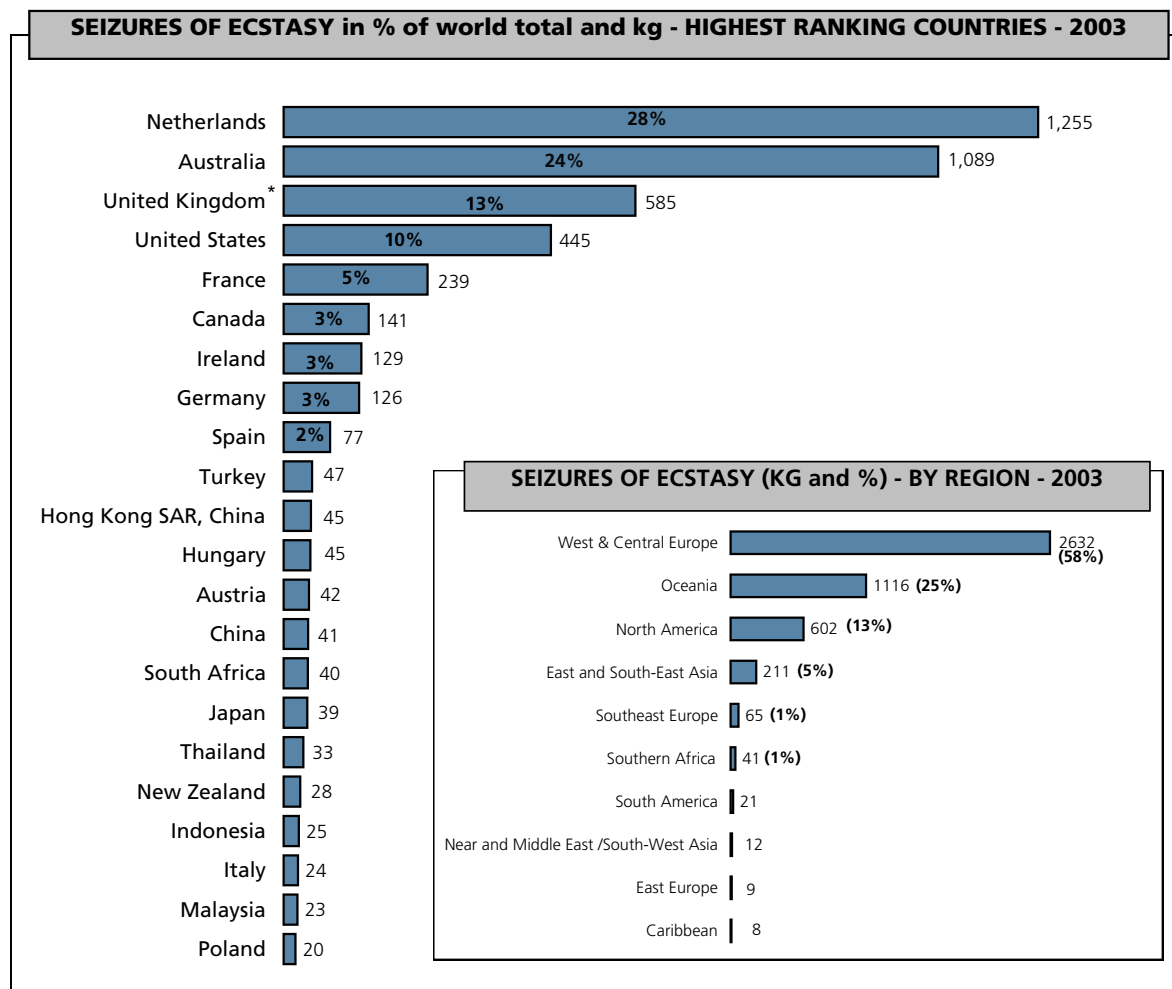
²⁹ In 2003, the national and the State and Territory law enforcement agencies of Australia seized more than 1 ton of ecstasy (26% of global ecstasy seizures), slightly more than the Netherlands (close to 1 ton or 23% of global seizures).

Fig. 62: Global seizures of ecstasy*, 1993 - 2003



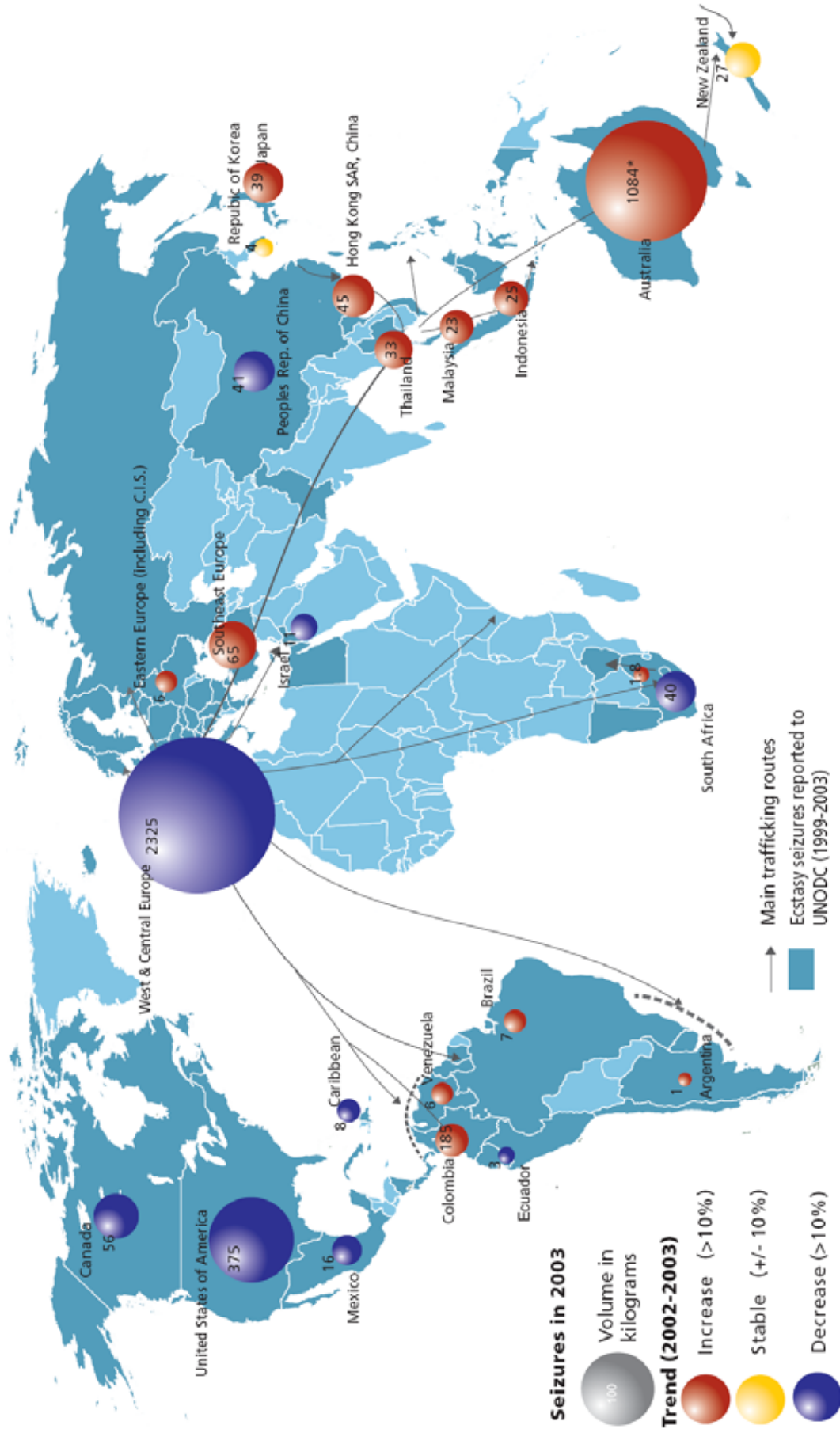
* Reporting on 'Ecstasy' seizures only started with the new ARQ in 2001; before, Ecstasy seizures were included under the category of hallucinogens other than LSD¹. Trend data shown above refer to this broader category. In 2003, Ecstasy accounted for 94% of the seizures in this group.

** 1 unit is assumed to be equivalent to 100mg of MDMA.



* total seizures reported by national as well as State & Territory law enforcement agencies which may result in double counting.

Map 20: Seizures of Ecstasy (MDA, MDEA, MDMA) 2002 - 2003: extent and trends (countries reporting seizures of more than 10 kg.)



* sum of seizures reported by national, State & Territory law enforcement agencies.

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

1.5.3 Abuse

Consumption of amphetamine-type stimulants

Amphetamine-type stimulants (ATS), as defined by the UNODC, consist of amphetamines (amphetamine, methamphetamine), ecstasy (MDMA and related substances), and other synthetic stimulants (methcathinone, phentermine, fenetylline, etc.).

After the opiates, ATS are the main problem drugs in Asia, and in some countries they have overtaken heroin in terms of their contribution to treatment demand. While overall use levels are less than 1% in most regions, ATS are responsible for a substantial share of treatment admissions in Asia (16%), Oceania (13%), North America (12%), and Europe (9%). Most admissions are for methamphetamine and amphetamine dependence, and relatively few are related to ecstasy.

An estimated 26 million people, or 0.6% of the population aged between 15 and 64, used methamphetamine, amphetamine, or related substances in 2003, while about 7.9 million people used ecstasy.

Almost two thirds of the world's amphetamine and methamphetamine users reside in Asia, most of whom are methamphetamine users in East and South-East Asia. But the prevalence of use is highest in the Oceania region (3% of the population age 15-64), followed by East and South-East Asia (1.2%) and North America (1.1%). In all of these markets, methamphetamine dominates as the main ATS. In Europe, in contrast, amphetamine use is more common than methamphetamine use.

Use of ecstasy continues to be concentrated in Europe and North America. West and Central Europe account for a third of global ecstasy use, followed by North America, accounting for almost 30%. More people report having used ecstasy in the last year in the Oceania region (3.1%) than any other region, followed by West and Central Europe (0.9%) and North America (0.8%).

Global ATS use seems to have declined in 2003, largely due to decreasing methamphetamine use in Thailand

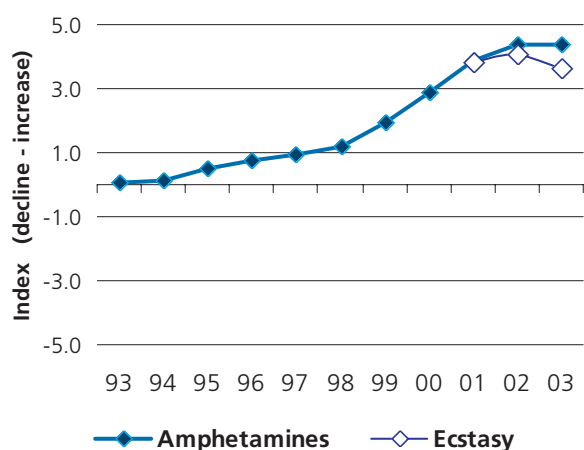
Table 11: Annual prevalence estimates of ATS use: 2003-2004

	Use of amphetamines		Use of ecstasy	
	<i>No. of users</i>	<i>in % of population 15-64 years</i>	<i>No. of users</i>	<i>in % of population 15-64 years</i>
EUROPE	2,670,000	0.5	3,030,000	0.6
West & Central Europe	2,160,000	0.7	2,670,000	0.9
South-East Europe	180,000	0.2	194,000	0.2
Eastern Europe	330,000	0.2	166,000	0.1
AMERICAS	4,340,000	0.8	2,834,000	0.5
North America	2,980,000	1.1	2,328,000	0.8
South America	1,360,000	0.5	506,000	0.2
ASIA	16,710,000	0.7	1,260,000	0.05
OCEANIA	630,000	3	634,000	3.1
AFRICA	1,810,000	0.4	136,000	0.03
GLOBAL	26,160,000	0.6	7,894,000	0.2

Above global average
 Around global average
 Below global average

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

Fig. 63: Drug Use Trend Index - ATS - based on expert opinions (weighted by the estimated number of ATS users), 1993-2003



Source: UNODC, Annual Reports Questionnaire Data.

(formerly the country with the highest prevalence rate) and lower levels of ecstasy use in the USA. Methamphetamine abuse in Japan, one of the world's most lucrative ATS markets, was reported to have remained stable in 2003.

When weighted by the number of ATS users in their respective countries, total expert opinions reported to

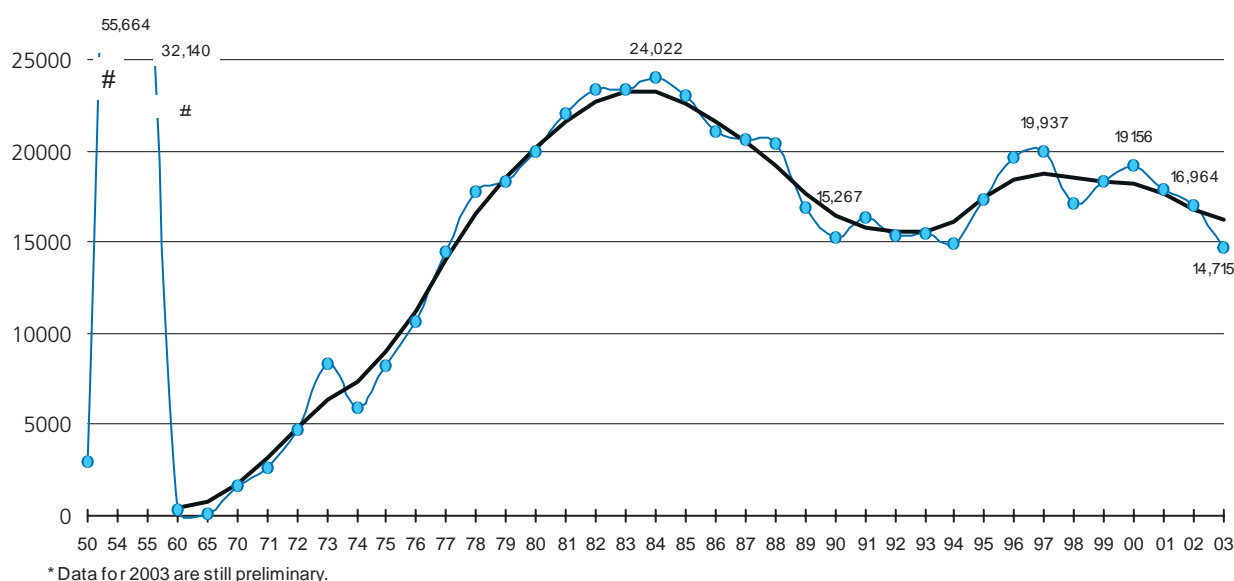
UNODC suggest that the use of ATS stabilised in 2003, following years of sharp increases in the late 1990s. There are, however, early reports that methamphetamine may again be on the rise in East and South-East Asia in 2004.

European student surveys show that ecstasy use increased over the 1999-2003 period while use of amphetamines declined. Growth in European ATS use was stronger among females than males, leading to less significant gender differences and, in some countries, to higher levels of ATS experimentation by female students (age 15-16) than by their male counterparts.

Following strong increases in the 1990s, use of amphetamines and ecstasy remained basically stable in Central and Eastern Europe over the 1999-2003 period. In Western Europe, amphetamine use declined while ecstasy use continued to increase - though in some countries the opposite trends were observed.

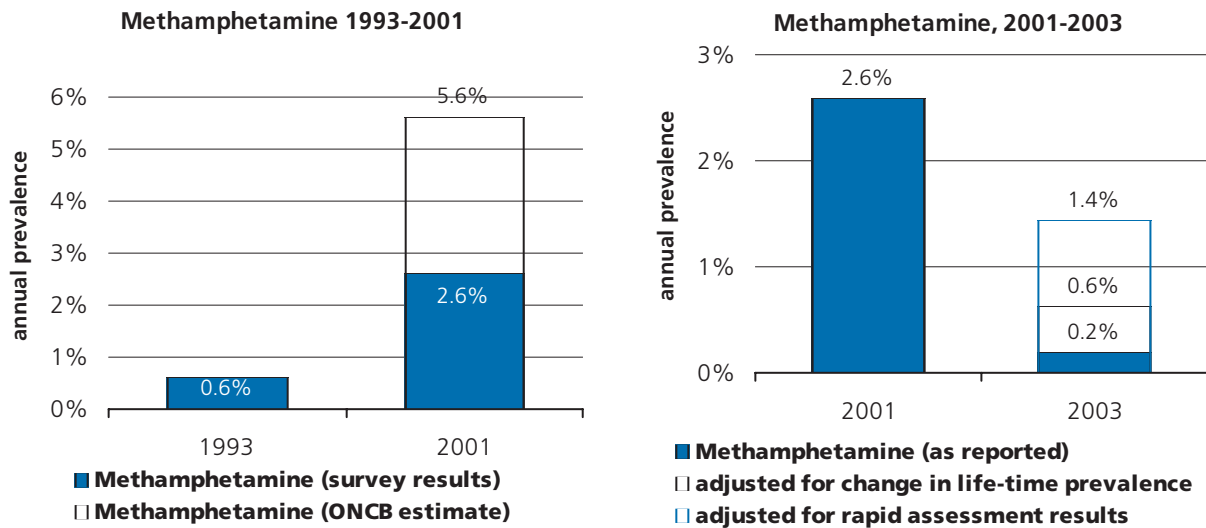
Based on the calculation of unweighted averages, Central and Eastern Europe is already (marginally) ahead of ATS consumption levels in Western Europe, for both amphetamines and for ecstasy. Weighted by population, the average ATS life-time prevalence rates for students, age 15-16, in Western Europe are still slightly higher than the corresponding rates in Central and Eastern Europe.

Fig. 64: Reported violations against the Stimulants Law in Japan, 1950-2003



Sources: Ministry of Health and Social Welfare, National Police Agency of Japan, UNODC, Annual Reports Questionnaire data.

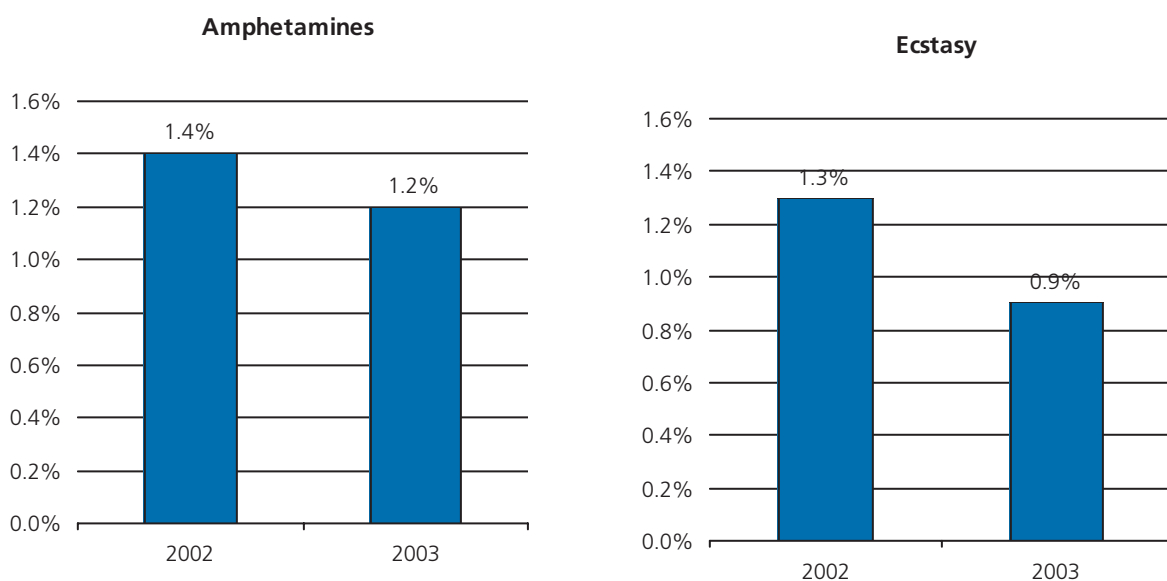
Fig. 65: Changes in the annual prevalence of methamphetamine use in Thailand*, 1993-2003



* All estimates suggest a strong increase of methamphetamine abuse in Thailand in the 1990s. Following the crack-down on the ATS market in Thailand in 2003, household survey data showed a more than 90% decline in methamphetamine use. Some of this reported decline, however, seems to have been a reflection of an increasing reluctance of methamphetamine users to publicly admit their habit. This can be also deduced from a drastically falling life-time prevalence rate over a 2-year period (2001-2003). A parallel rapid assessment study conducted among methamphetamine users in Thailand suggested that the decline was not 90% but around 46% in 2003 - which is still a massive reduction.

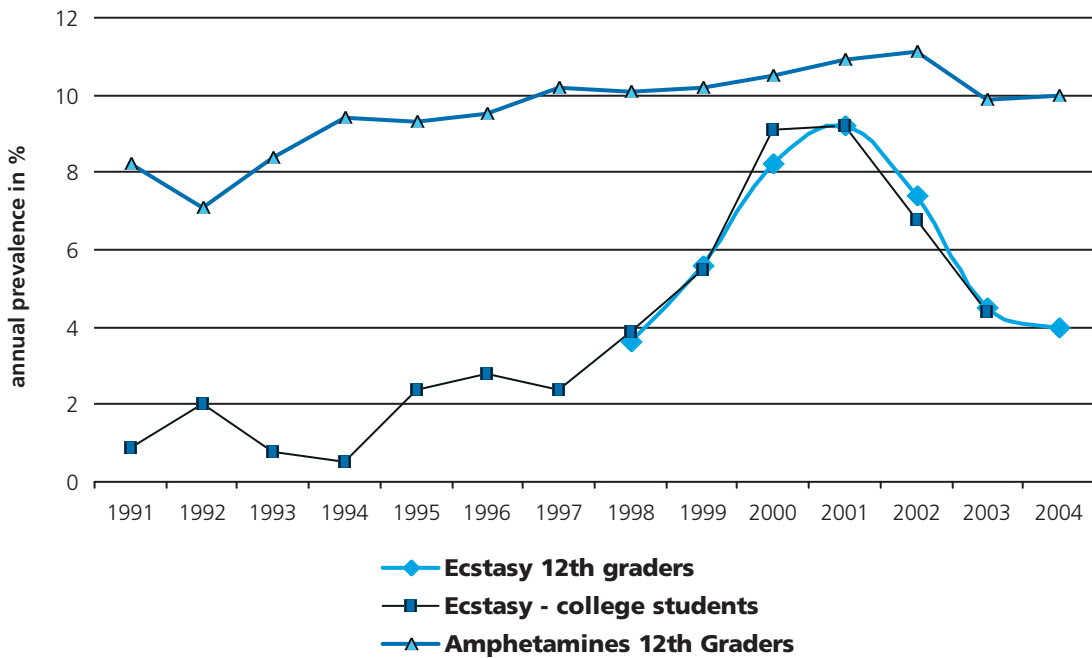
Sources: Thailand Development Research Institute, 1995, ONCB, Thailand Narcotics Annual Report 2002 and 2003, National Household Survey 2003 quoted in UNODC (Regional Centre for East Asia and the Pacific), Regional ATS Update and training meeting - Final Report, 2004.

Fig. 66: Changes in the annual prevalence of ATS use in the USA, 2002-2003 (age 12+)



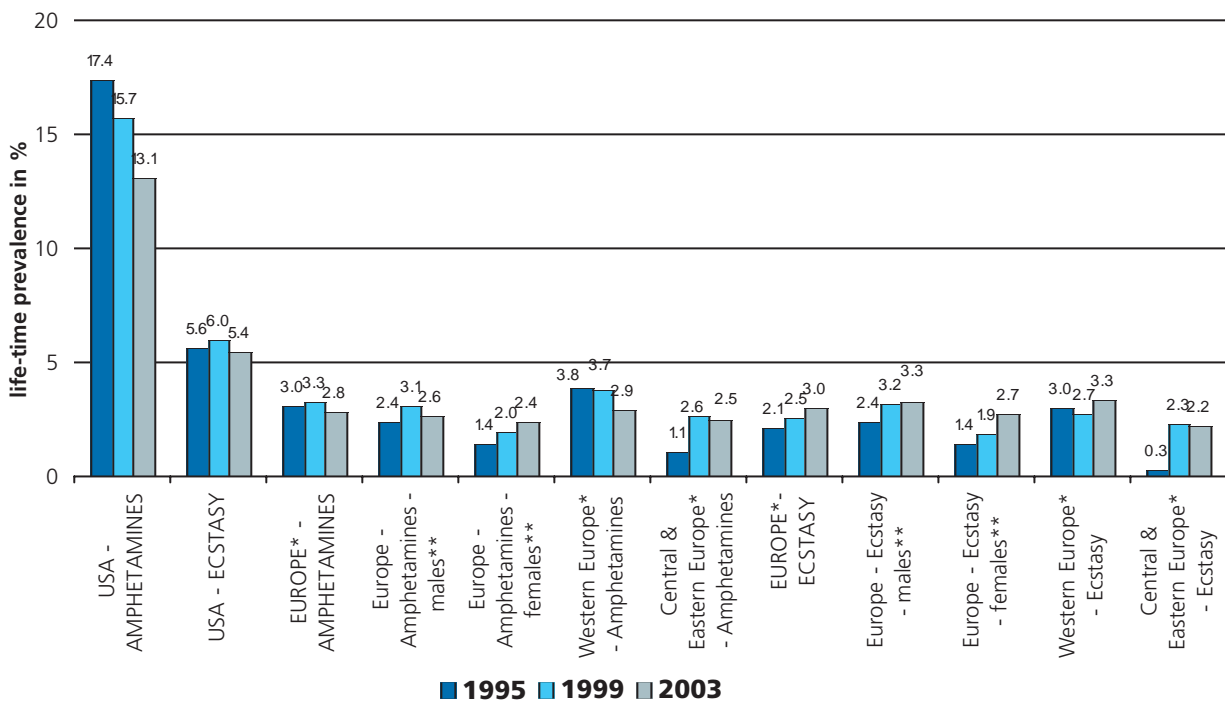
Source: SAMHSA, National Survey on Drug Use and Health, 2002 and 2003.

Fig. 67: Annual prevalence of ATS use among students in the United States, 1991-2004



Source: NIDA, *Monitoring the Future*

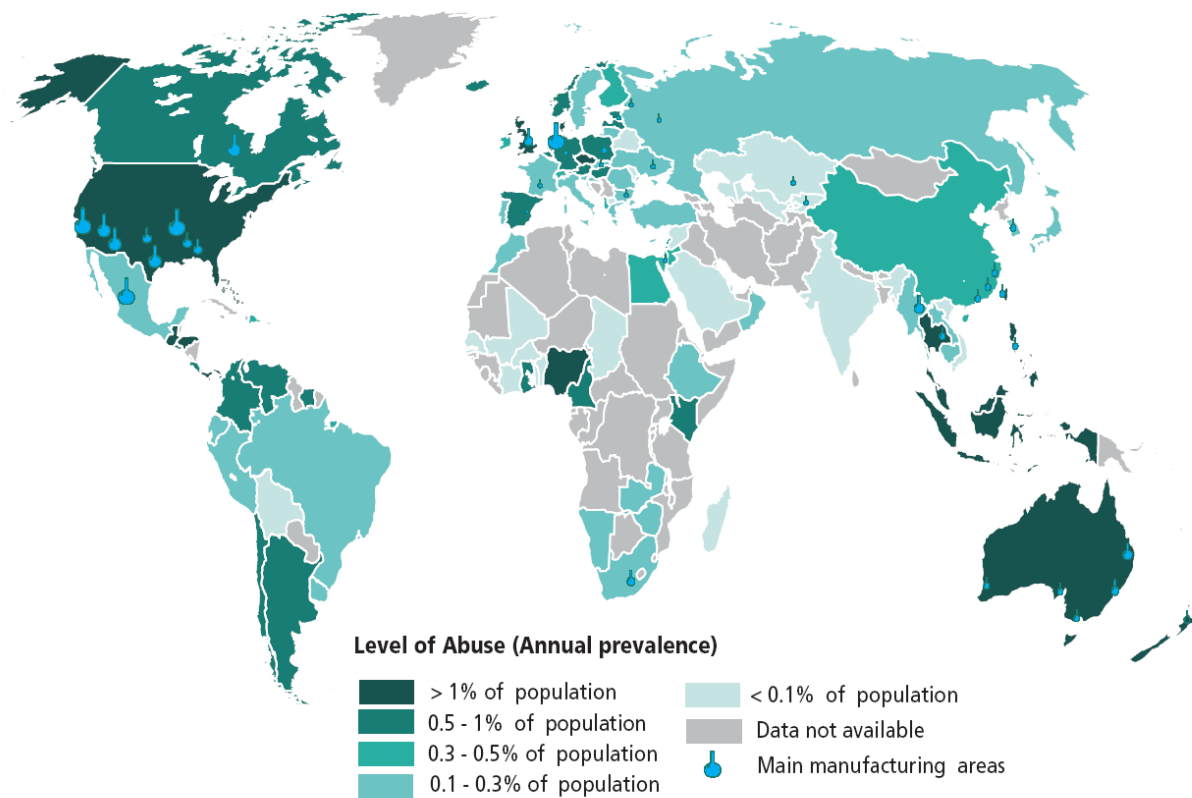
Fig. 68: Life-time prevalence of ATS use among 15-16 year old students in the USA and in Europe, 1995-2003



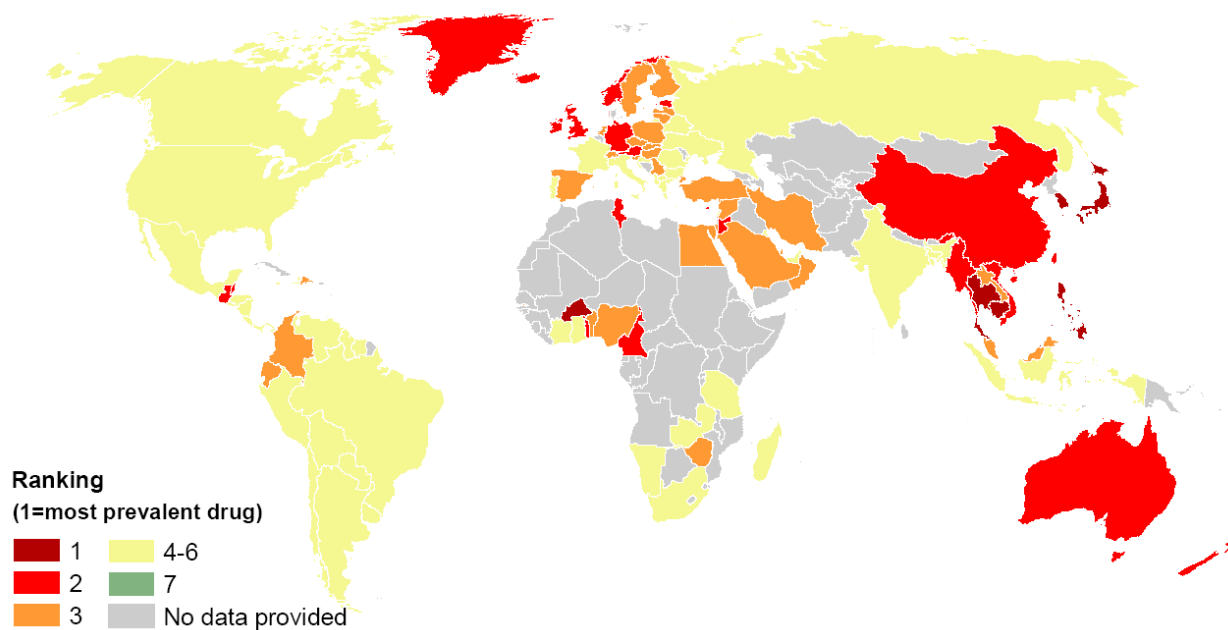
* average weighted by population age 15-19; ** unweighted average

Source: NIDA, *Monitoring the Future* and Council of Europe , The ESPAD Report 2003 - *Alcohol and Other Drug Use Among Students in 35 European Countries*, previous ESPAD reports (1999 and 1995) and national Govt. reports

Map 21: Use of amphetamines in 2003 (or latest year available)

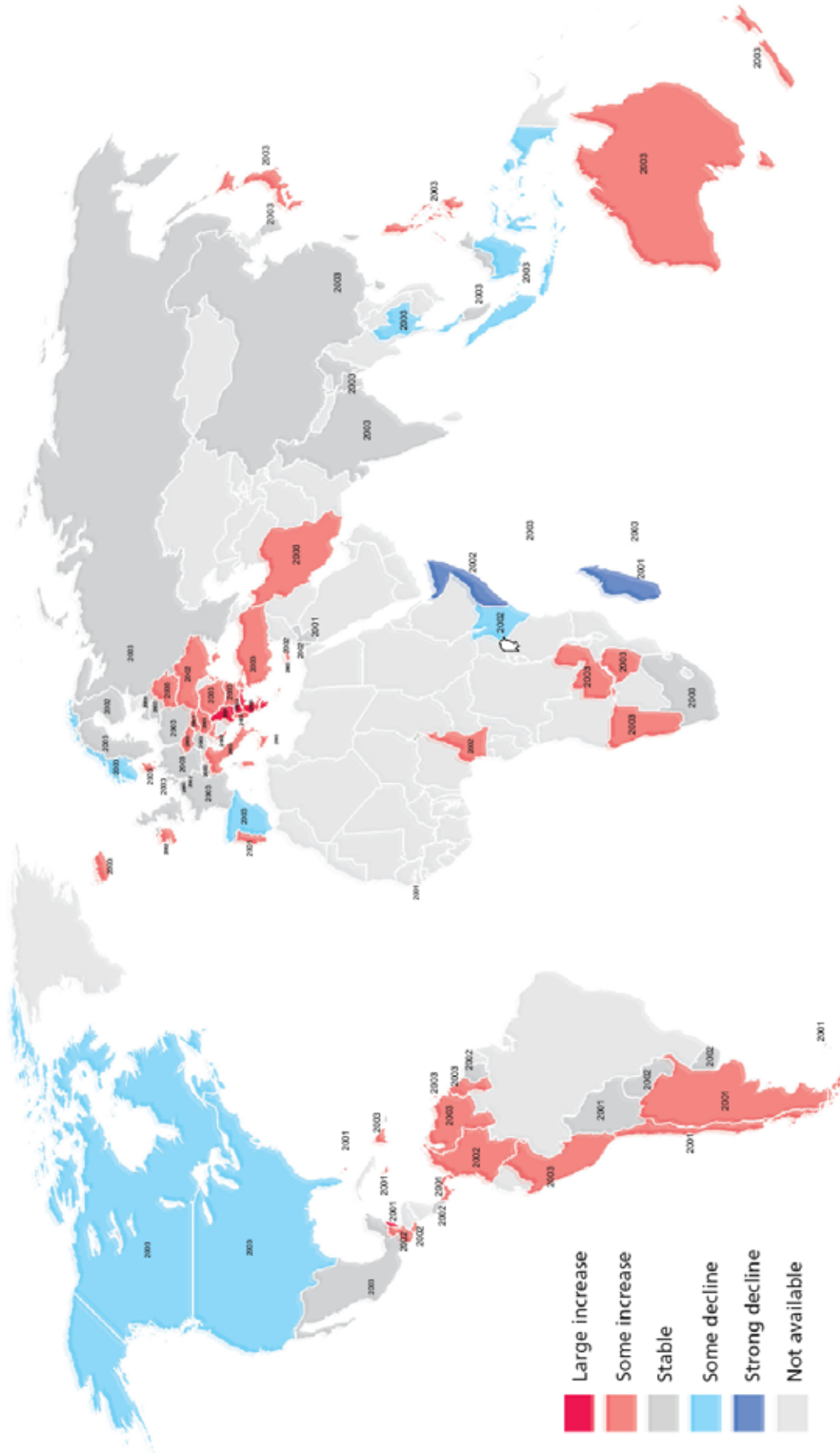


Map 22: Ranking of amphetamine-type stimulants in order of prevalence in 2003 (or latest year available)



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

Map 25: Changes in the use of ecstasy (MDA, MDEA, MDMA), 2003 (or latest year available)



Sources: UNODC Annual Reports Questionnaires data, UNODC (Regional Centre Bangkok) Epidemiology Trends in Drug Trends in Asia (Findings of the Asian Multicity Epidemiology Workgroup, National Household Surveys submitted to UNODC, United States Department of State (Bureau for International Narcotics and Law Enforcement Affairs) International Narcotics Control Strategy Report; Bundeskriminalamt (BKA) and other Law Enforcement Reports.