

1. Trends in world drug markets

1.1 The Dynamics of the World Drug Market

1.1.1 How is the drug problem evolving?

What is the level of drug use in the world, and how is it changing?

Some 200 million people, or 5% of the world’s population age 15-64, have used drugs at least once in the last 12 months. This is 15 million higher than last year’s estimate but remains significantly lower than the number of persons using licit psychoactive substances (tobacco: around 30%; alcohol: around half of the general adult population). The number of cannabis users worldwide is now close to 160 million people or 4% of the population age 15-64. Estimates of the number of ATS users - 26 million people using amphetamines and 8 million using ecstasy - are slightly lower than those of last year’s *World Drug Report* (WDR), reflecting declines of methamphetamine use in South-East Asia (notably Thailand) and of ecstasy use in North America (notably in the USA). The number of opiate users is estimated to have risen slightly to around 16 million people (11 million of which abuse heroin), mainly reflecting

increasing levels of opiate abuse in Asia. No significant changes were observed in most other parts of the world. The number of cocaine users – close to 14 million people – rose slightly.

In addition to UNODC estimates on the total number of drug users, derived from national survey results and extrapolations from partial information of the drug situation in the various countries, the competent authorities of Member States provide UNODC with their perceptions of the development of the drug situation in their country on a five-point scale (large increase, some increase, no great change, some decrease, large decrease). The statistical analysis of these responses suggests that overall drug consumption continues to spread at the global level.¹

Based on the drug use trends provided by Member States, cannabis use has seen the largest increase over the last few years, notably cannabis herb. This is followed by ATS, cocaine and opiate (mainly heroin) consumption.

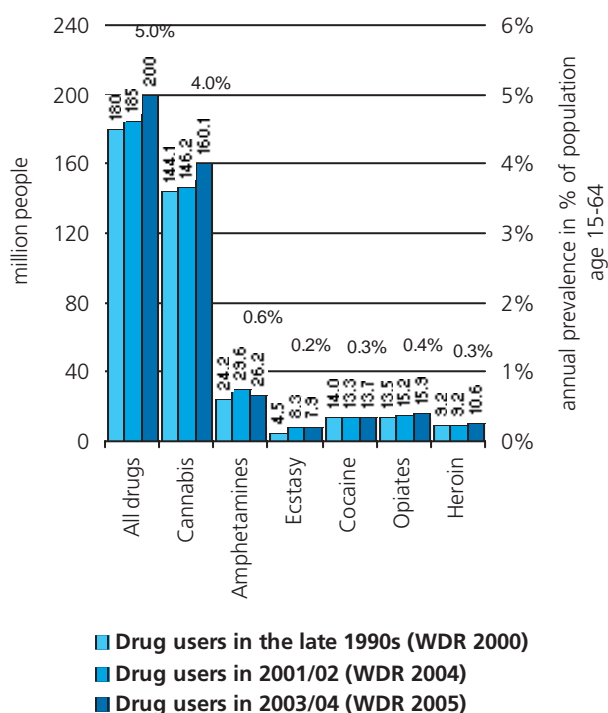
Table 1: Extent of drug use (annual prevalence*) estimates 2003/04 (or latest year available)

	All illicit drugs	Cannabis	Amphetamine-type stimulants		Cocaine	Opiates	of which heroin
			Amphetamines	Ecstasy			
(million people)	200	160.9	26.2	7.9	13.7	15.9	10.6
in % of global population age 15-64	5.0%	4.0%	0.6%	0.2%	0.3%	0.4%	0.23%

Sources: Annual Reports Questionnaire Data, National Reports, UNODC estimates.

¹ Although countries indicating rising levels of drug consumption continue to outnumber those with falling levels of drug use, the proportions have shifted in recent years in a slightly more positive direction. While in 2000 53% of all reporting countries saw rising levels of drug use, the corresponding proportion fell to 44% in 2003. In parallel, the proportion of countries seeing declines rose from 21% in 2000 to 25% in 2003.

Fig. 1: Estimates of annual prevalence of drug use at the global level in the late 1990s and in 2001-2003



Sources: Annual Reports Questionnaire Data, National Reports, UNODC estimates.

There seems to be a net spread of these substances in geographical terms with the number of authorities reporting falling levels of consumption of these substances less than those reporting rising levels of use. This does not necessarily mean, however, that the total number of drug users is rising, because increases in smaller countries could be offset by declines in a few larger ones. The strongest 'net increases' (number of countries reporting an increase less those reporting a decline) in 2003 were reported for cannabis herb, cocaine, ATS and the benzodiazepines. With the exception of the benzodiazepines, the 'net increases' in 2003 were lower than those reported in 2001, suggesting that the upward trend in consumption lost momentum. The least frequently reported increases concern substances such as morphine, methaqualone, GHB, khat, opium and LSD.

For the main drug categories of concern, specific drug use trend indices were established. The indices are based on the trends reported by the competent author-

ities and weighted by the size of the countries' drug using populations. This procedure gives a greater weight to information from countries with a larger drug using population, thus more accurately reflecting the overall trend at the global level (the methodological details are described in the methodology section). For 2003, these indices show (1) an ongoing increase in the use of cannabis, (2) some signs of stabilization for opiates and cocaine and, (3) a stabilization/decline for ATS. Over the last decade, ATS, followed by cannabis, experienced the strongest increases.

... and how are changes affecting the main problem drugs?

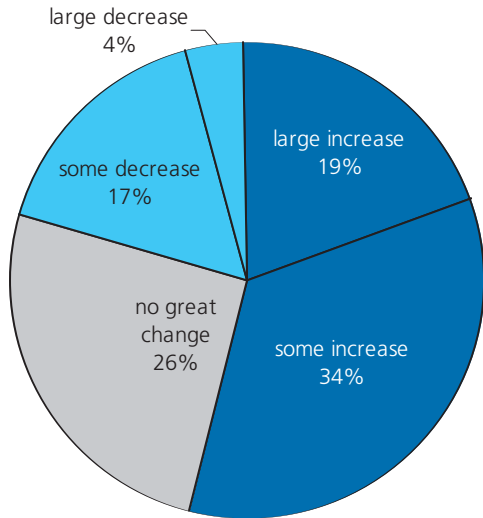
Another key indicator used to identify the evolution of the drug problem is treatment demand. This is also used by UNODC as a proxy for the identification of the main 'problem drugs' in the various countries.² Unsurprisingly, the main problem drugs at the global level continue to be the opiates (notably heroin) followed by cocaine. For most of Europe and Asia opiates continued to be the main problem drug, accounting for 62% of all treatment demand in 2003. In South-America, drug related treatment demand continued to be mainly linked to the abuse of cocaine (59% of all treatment demand). In Africa, the bulk of all treatment demand – as in the past – is linked to cannabis (64%).

There have also been some important shifts to established patterns in recent years, for example:

- cannabis in treatment demand in North America, Oceania, Europe, Africa and South-America has increased since the late 1990s;
- cocaine has declined in overall drug treatment in North America and has risen in Europe;
- opiates have declined in overall treatment in the Oceania region, a late consequence of Australia's heroin shortage in 2001; and
- ATS in treatment has increased in Asia, Europe, North America and Africa.

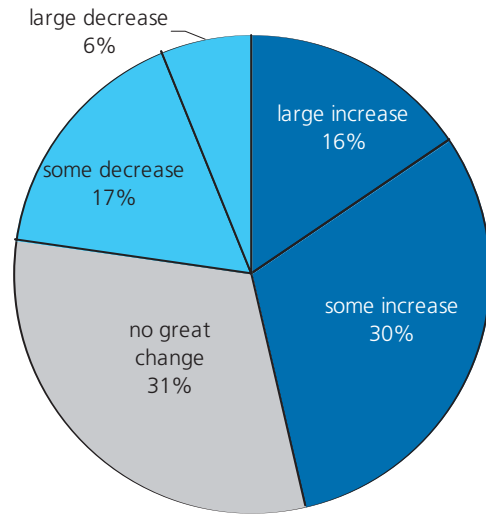
² Difficulties faced here are that some countries only have data available from a few clinics while others have country-wide monitoring systems in place. Simply adding up the number of people treated for the various drugs would give a strong bias in favour of the countries which have a nationwide monitoring system in place while disregarding the information provided by others. In order to overcome this problem, UNODC decided to calculate the proportions at the country level and, based on these results, to calculate the (unweighted) averages for the respective region.

Fig. 2: Global drug use trends in 2000 (based on information from 96 countries)



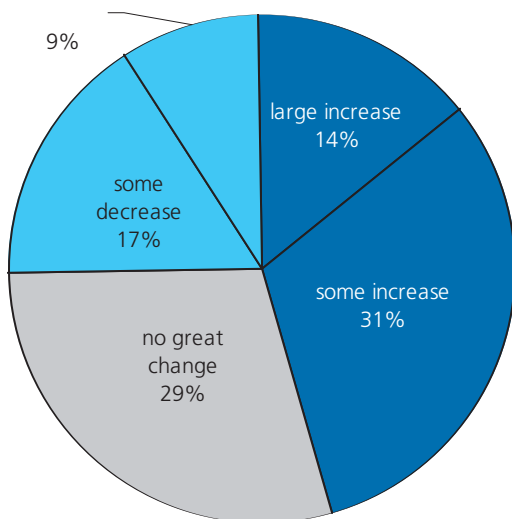
Source: UNODC, Annual Reports Questionnaire Data.

Fig. 3: Global drug use trends in 2001 (based on information from 96 countries)



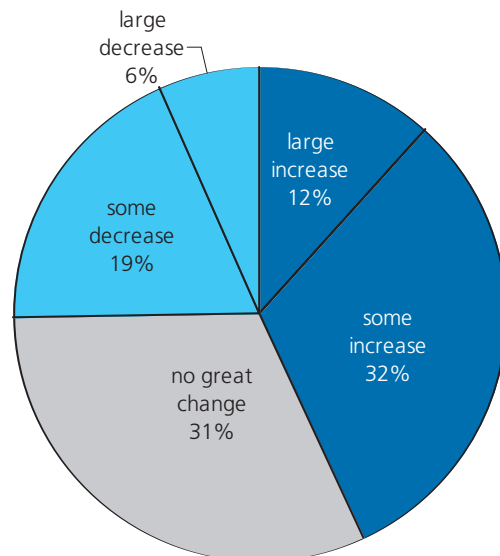
Source: UNODC, Annual Reports Questionnaire Data.

Fig. 4: Global drug use trends in 2002 (based on information from 95 countries)



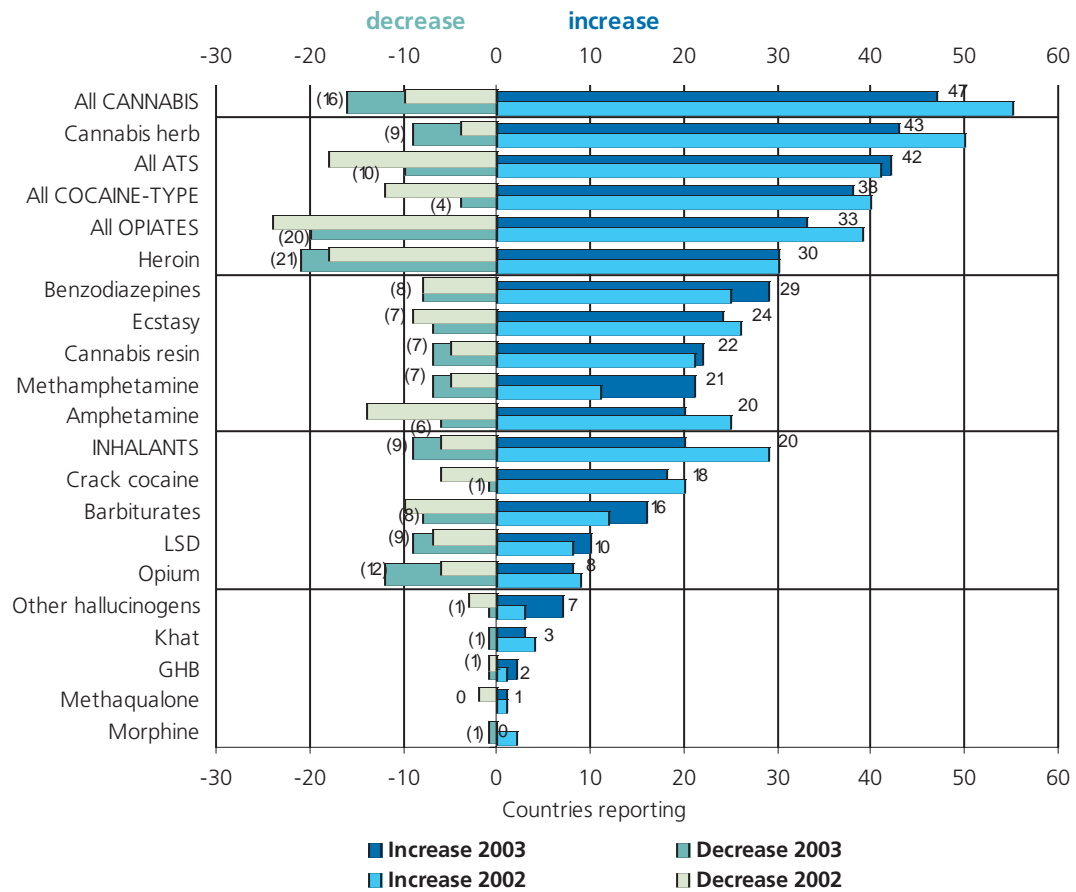
Source: UNODC, Annual Reports Questionnaire Data.

Fig. 5: Global drug use trends in 2003 (based on information from 102 countries)



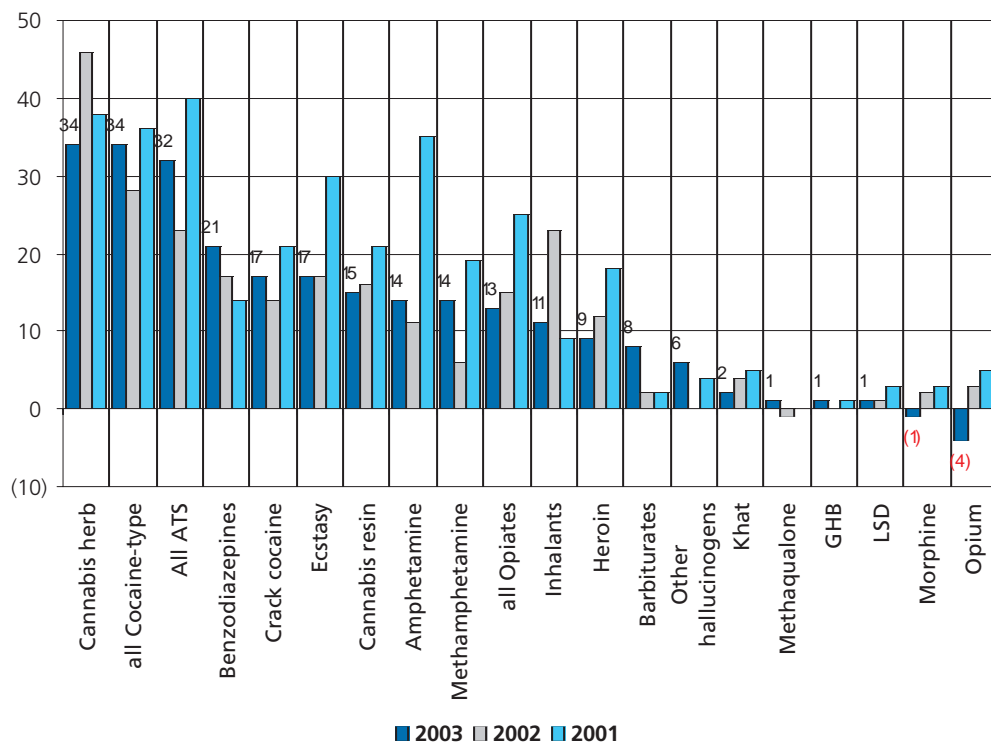
Source: UNODC, Annual Reports Questionnaire Data.

Fig. 6: Global drug use trends of selected drugs in 2002 and 2003 (based on information from 95 countries in 2002 and 102 in 2003)



Source: Annual Reports Questionnaire Data.

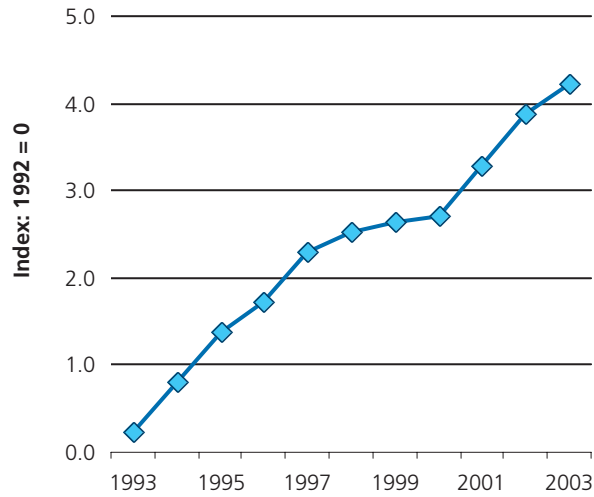
Fig. 7: Drug use trends 2001, 2002 and 2003 (Number of countries reporting increases less number of countries reporting declines)



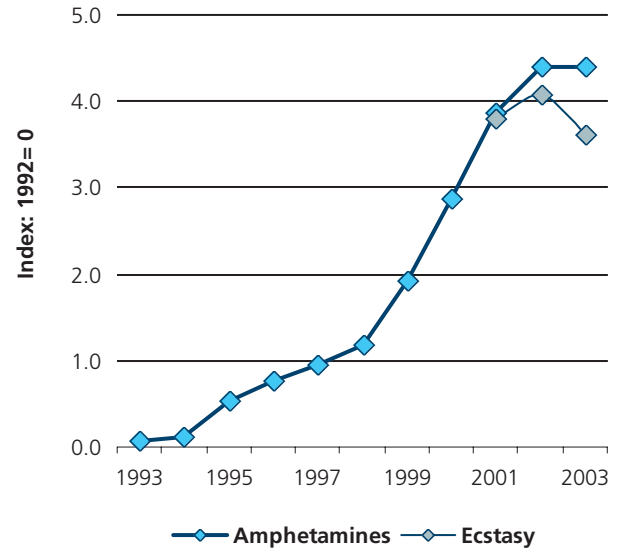
Source: Annual Reports Questionnaire Data.

Fig. 8: Drug Use Trend Index (based on expert opinion; weighted by estimated number of users)

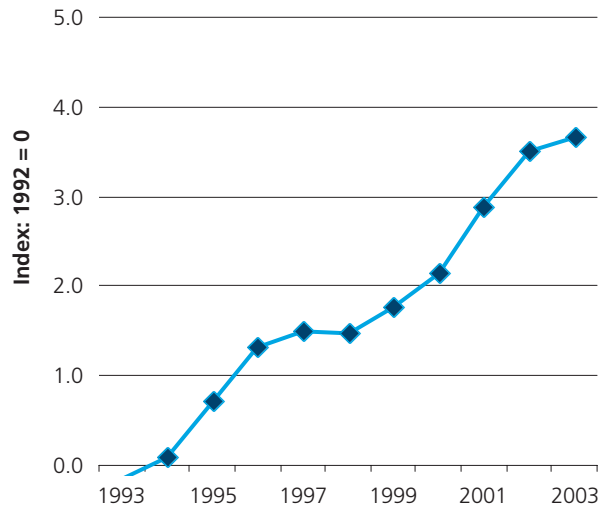
Cannabis



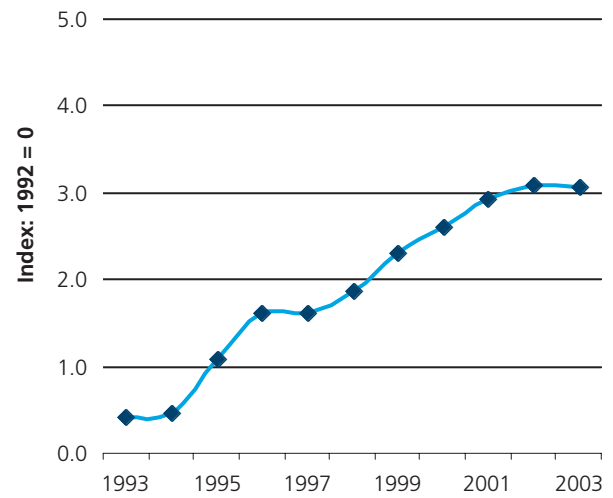
ATS



Cocaine



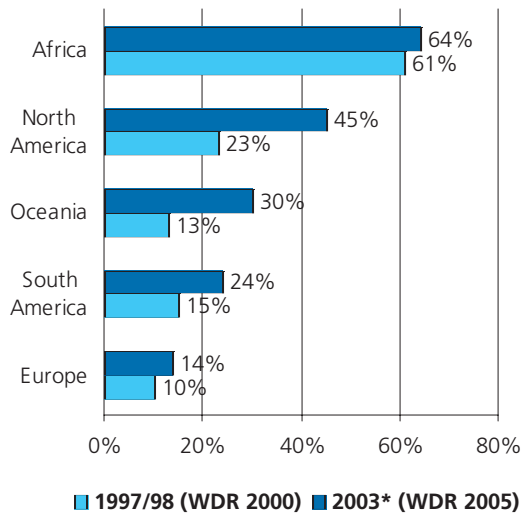
Opiates



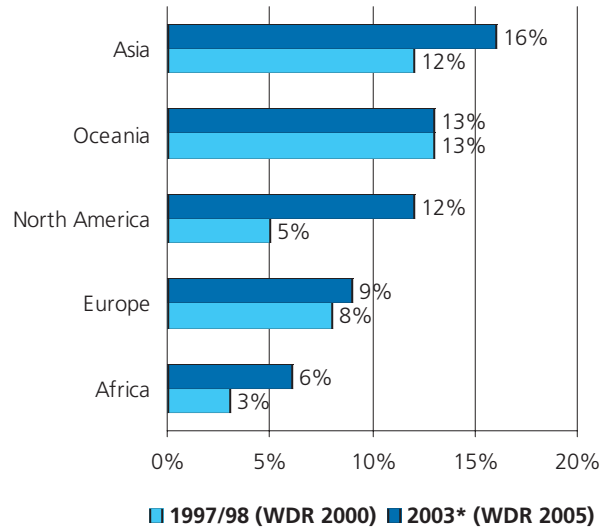
Sources: Annual Reports Questionnaire Data for trends and UNODC, WDR 2005 estimates of the number of drug users.

Fig. 9: Proportion of people in drug treatment being treated for specific substances – 1997/98 and 2003

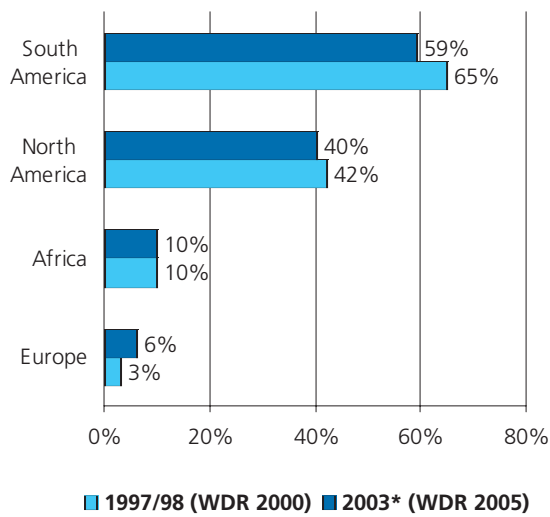
Cannabis



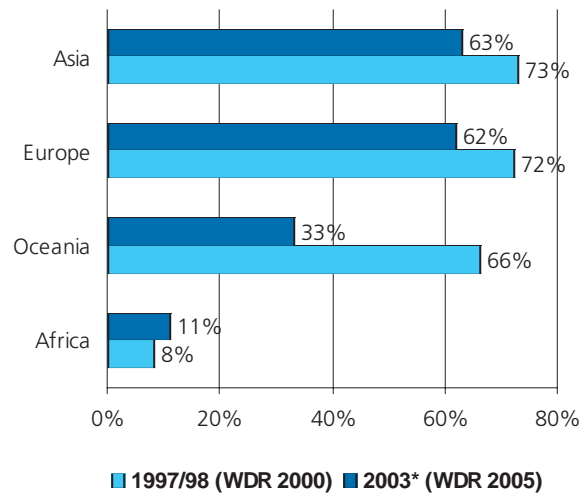
ATS



Cocaine



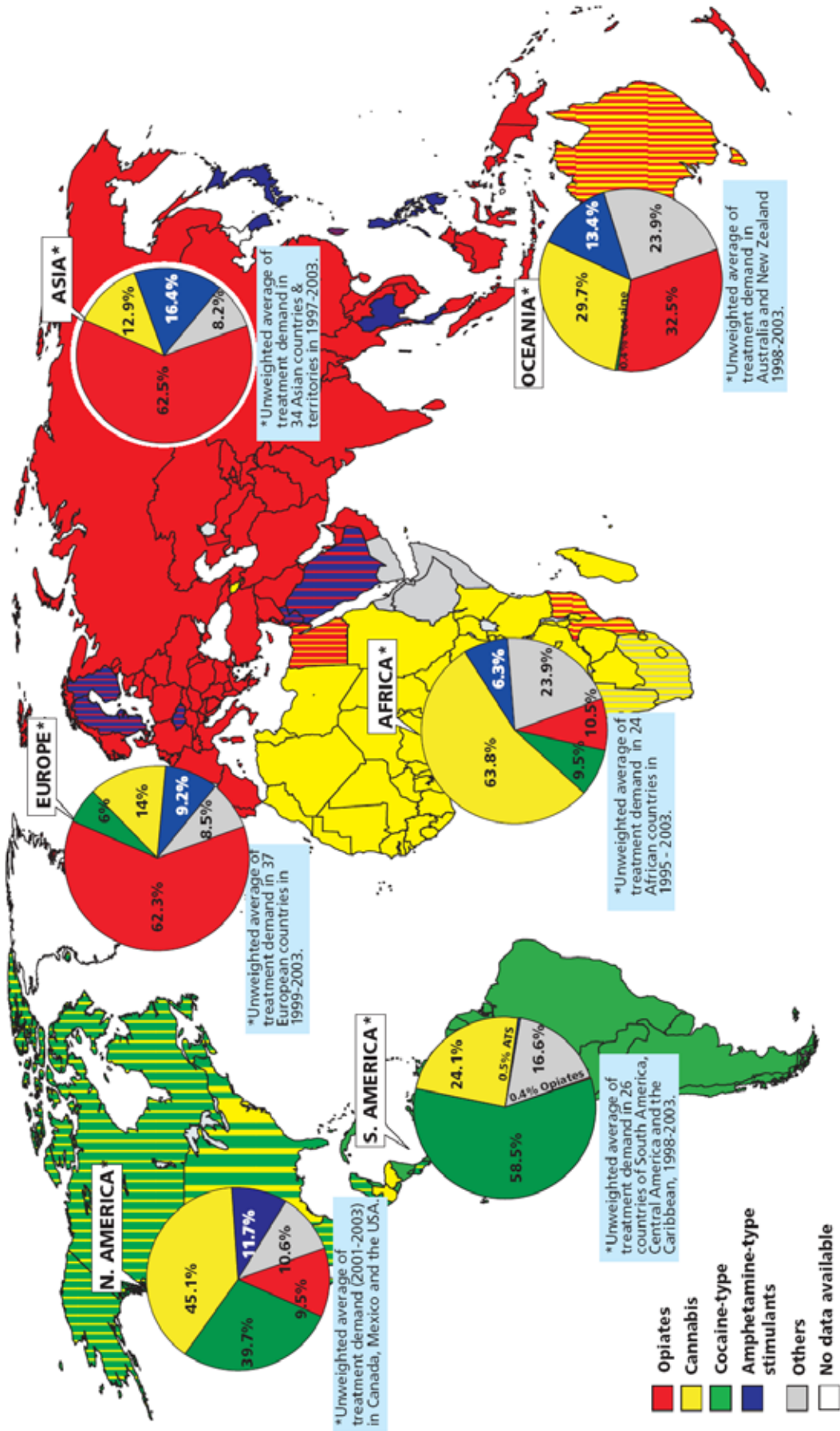
Opiates



* 2003 or latest year available.

Sources: UNODC, Annual Reports Questionnaire Data; National Govt. reports; reports by regional bodies

Map 1. Main problem drugs (as reflected in treatment demand) in 2003 (or latest year available)



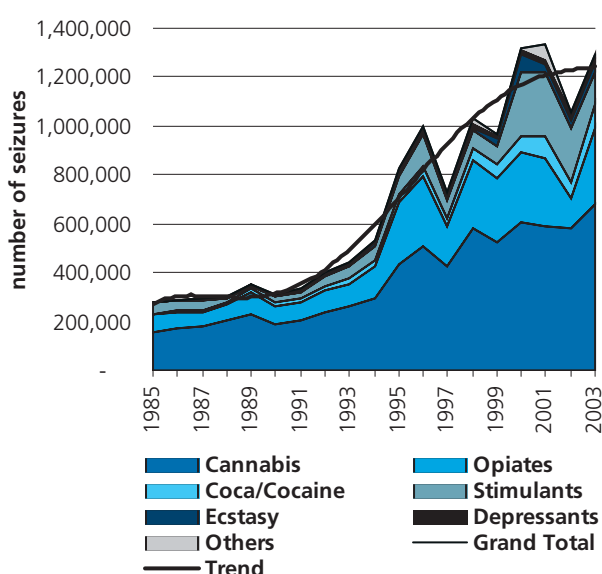
Sources: UNODC, Annual Reports Questionnaire Data/Delta and National Government Reports.

Seizures – another indicator for the evolution of the drug problem.

Since the time of the League of Nations, data on international drug seizures have been gathered in developed and developing nations alike. Seizures thus represent our most comprehensive data set on drugs, although they do suffer from one important shortcoming. Drugs rarely drop into the laps of law enforcement authorities, and large seizures are often the result of considerable detective work. Law enforcement capacity, as well as the share of that capacity dedicated to the drug issue, varies considerably between nations. As a result, drug seizures can confirm the presence of drugs in an area, but the lack of seizures does not demonstrate their absence, and it is never absolutely clear what share of drugs in circulation are being intercepted. In combination with other indicators, however, seizure data are a powerful tool for investigating trafficking flows and their trends. To understand seizure data, both the number of seizures and the volumes seized need to be taken into account.

A total of 95 countries reported the number of drug seizures made to the UNODC in 2003. Between 1985 and 2003, the number of seizures increased four fold. In the last few years, with the exception of a dip in 2002, the number of seizures seems to have plateaued at about 1.3 million cases. More than half of these were cannabis seizures, about a quarter involved opiates; amphetamines were seized in 10% of the cases, and cocaine in 7%.

Fig. 10: Number of seizure cases, 1985-2003

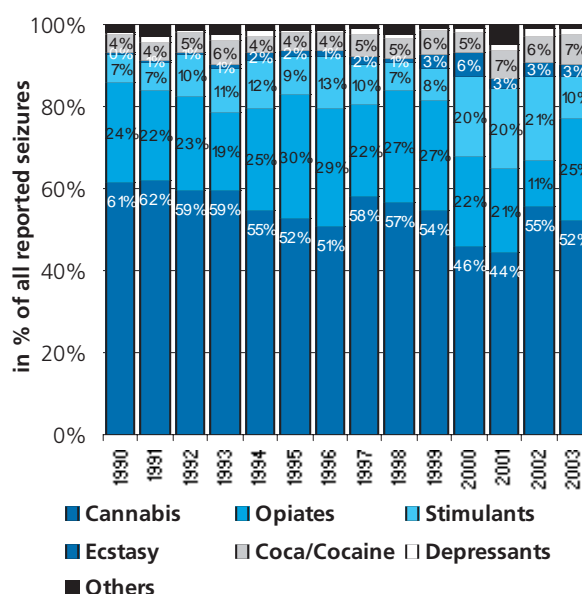


Sources: UNODC, Annual Reports Questionnaire Data / Delta.

In the last decade, the most significant trend has been the increase in the number of seizures of amphetamine-type stimulants (ATS). In 2003, however, this trend reversed sharply, mainly as a result of the decline in ATS seizures from Thailand following a major crackdown on the drugs in the same year. It is also estimated that ATS consumption dropped globally since 2000, so that the reduction in seizures is probably more than just an artefact of changing enforcement patterns.

In contrast, the proportion of opiates seizures rose significantly in 2003, mainly reflecting the revival of Afghan opium production and more seizures in the countries surrounding Afghanistan. The number of cannabis cases has been on the rise since the early 1990s, and its rate of growth exceeded that of other drugs in 2002-2003, in line with a growth in global consumption. Cocaine has remained relatively stable.

Fig. 11: Proportion of seizure cases according to drug category, 1990-2003



Sources: UNODC, Annual Reports Questionnaire Data / Delta.

Quantities of drugs seized increased substantially in 2003.

Turning from the number of seizures to the quantities seized, 115 countries reported total tonnages in 2003. Expressed in terms of weight, quantities increased between 2002 and 2003 in all of the major drug categories: depressants (up 51%), opium (up 38%), heroin/morphine (up 32%), cocaine (up 33%), cannabis (up 24%), and ATS (up 18%). While the quantities of drugs seized has increased, year on year, for

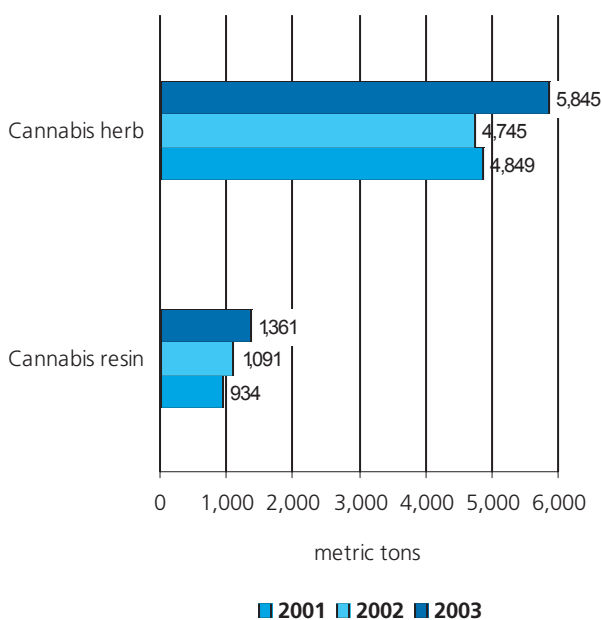
the last decade, last year's increases were higher than average in all categories, except ATS, which was about the same. The reasons for this surge are still unclear.

By weight, cannabis tends to top the rankings of quantities seized, and 2003 was no exception, with cocaine, opium, heroin/morphine, and ATS following. This ranking is different than that of the number of seizures made, particularly for cocaine. This is because cocaine tends to be transported in large quantities, the global average per seizure being 3.1 kg, almost 35 times the size of the average ecstasy seizure (0.09 kg).

A more meaningful comparison can be made by reducing total volumes to dose-units. In 2003, global drug seizures increased by 10% and more than doubled between 1985 and 2003, from 14.3 billion to 31.3 billion doses. Cannabis still remains the top drug seized, with 70% of all drug doses seized being cannabis, followed by cocaine (16%), opiates (9%) and ATS (3%).

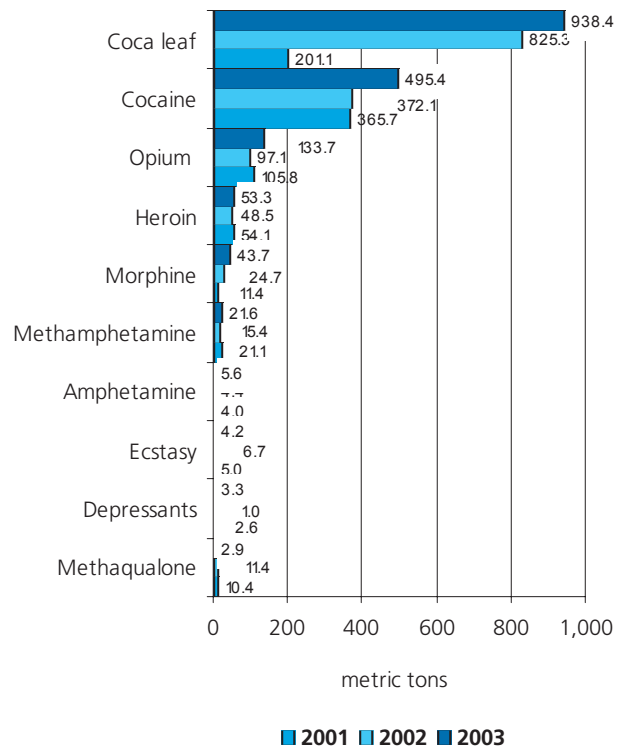
Thus, in terms of the quantities involved, trends for most substances tend to be upward in recent years, and this increase is not confined to any geographic region. Europe shows the strongest growth rate of seizures (13% per annum), followed by Oceania (9% per annum). The largest seizures, however, continue to be made in the Americas (40% of the world's seizures by weight in 2003, down from 58% in 1985), followed by Europe (30% in 2003, up from 7% in 1985), Asia (16%), Africa (13%), and Oceania (0.4%).

Fig. 12: Global cannabis seizures (in weight equivalents), 2001-2003



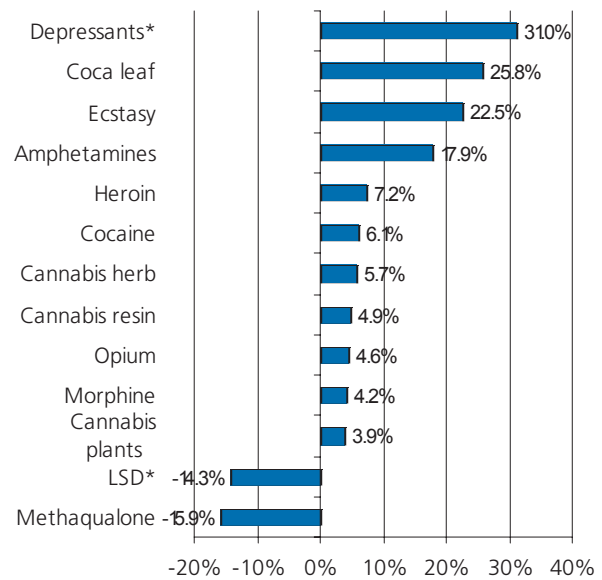
Source: UNODC, Annual Reports Questionnaire Data / DELTA.

Fig. 13: Global drug seizures, excluding cannabis (in weight equivalents), 2001-2003



Source: UNODC, Annual Reports Questionnaire Data / DELTA.

Fig. 14: Average annual change in seizures, 1993-2003



* seizures in units

Source: UNODC, Annual Reports Questionnaire Data / DELTA.

Fig. 15: Trends in world seizures, 1993 -2003 (in metric mt)

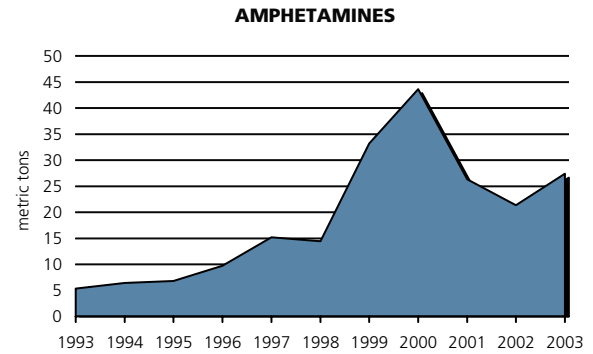
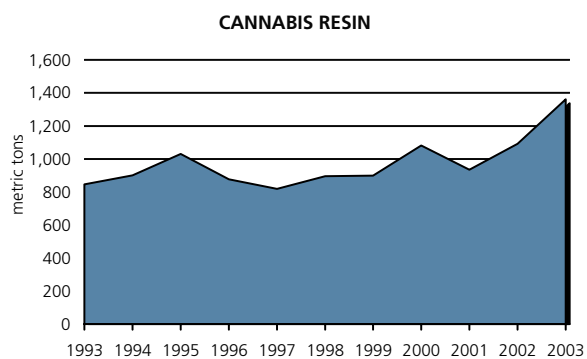
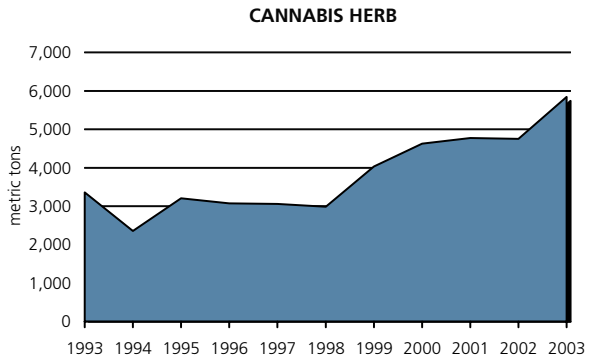
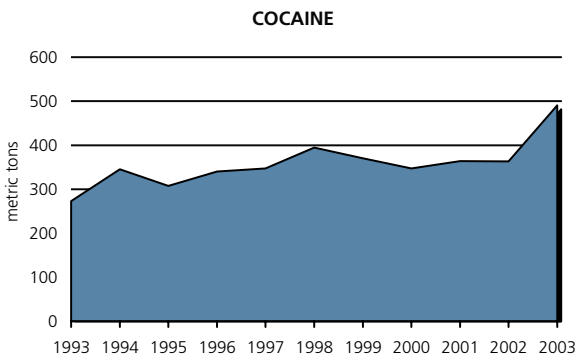
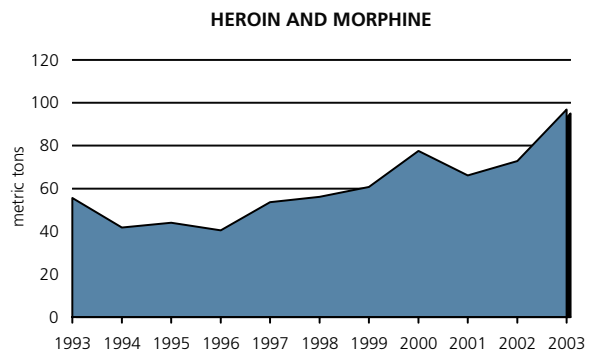
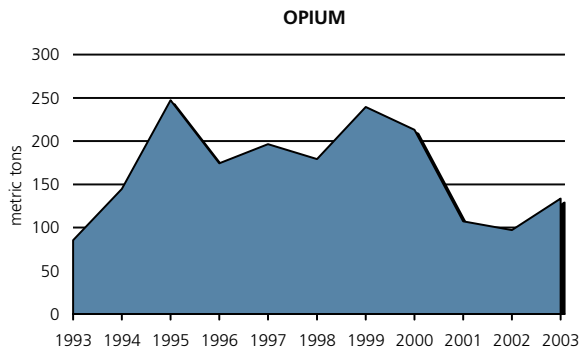
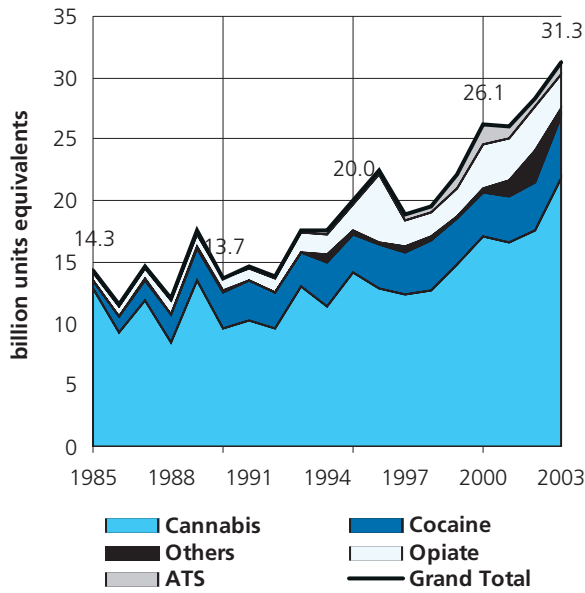
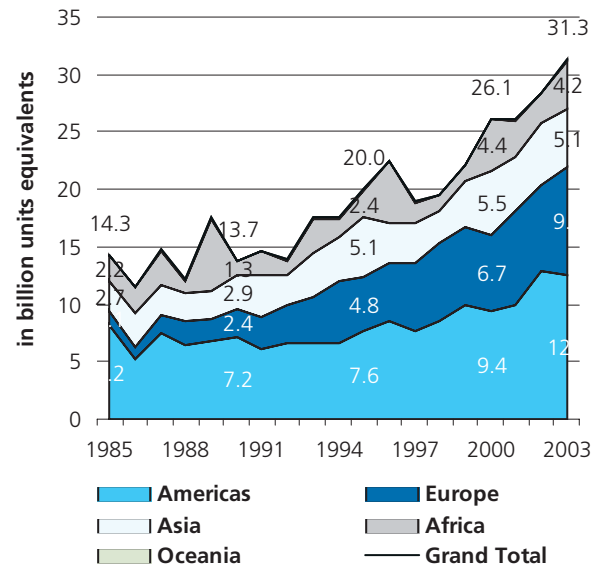


Fig. 16: Global drug seizures in unit equivalents, 1985-2003



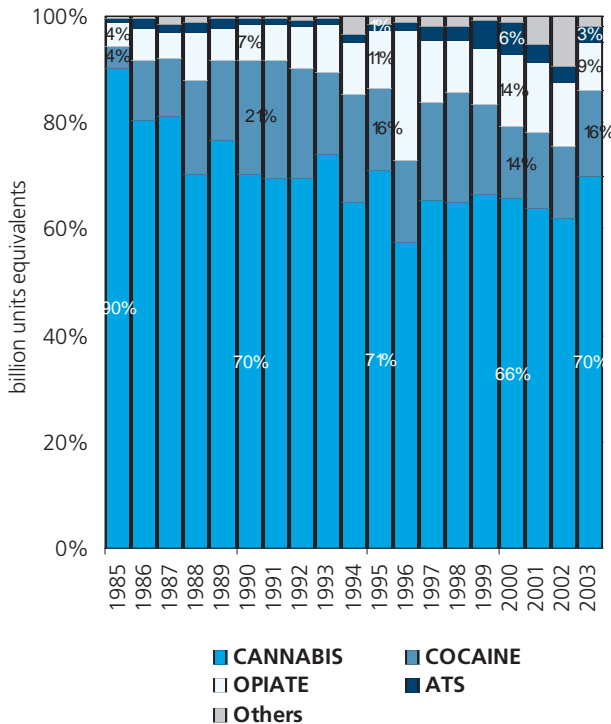
Source: UNODC, Annual Reports Questionnaire Data / DELTA.

Fig. 18: Regional breakdown of drug seizures in unit equivalents, 1985-2003



Source: UNODC, Annual Reports Questionnaire Data / DELTA.

Fig. 17: Proportion of drug categories in seizures, in unit equivalents, 1985-2003



Source: UNODC, Annual Reports Questionnaire Data / DELTA.

The global production trend is rather stable for opium, and declining for coca but seems to be increasing for cannabis and, following some declines, for ATS.

UNODC, in collaboration with selected governments, uses a sophisticated monitoring system based on the use of modern satellite technology with on the ground verification ('ground truthing') and yield surveys. This method produces some of the most rigorous data on the drug problem, because the measurement is direct and quantifiable. Production data for opium and coca leaf are thus probably the most reliable indicators of how the drug problem is evolving at the global level. Information on the final output – heroin or cocaine – is more difficult to obtain and subject to a higher degree of uncertainty as direct access to the operators of clandestine laboratories is difficult. Existing transformation ratios are usually based on rather small samples of case studies in which operators demonstrated the cocaine/heroin transformation processes to law enforcement bodies. How representative the results of these case studies are for the clandestine manufacturing process as a whole is unknown but they are the best estimates currently available.

While production is clearly linked to trafficking and consumption, sometimes the links are less direct than they appear. There can be, for example, important time

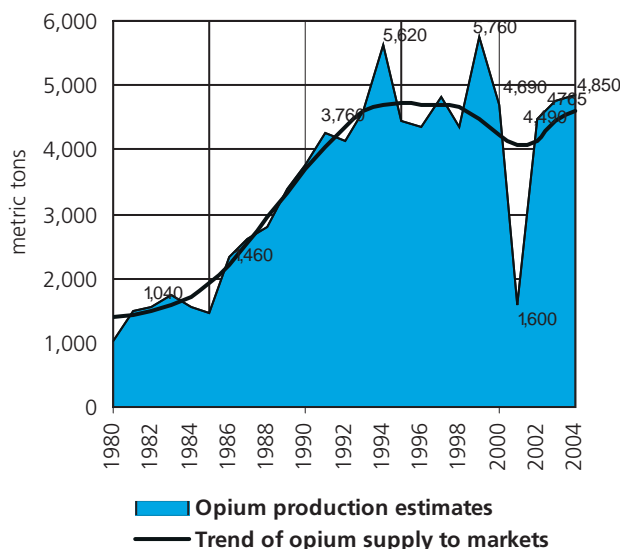
lags (of 1 or 2 years) as a result of the manufacturing processes (opium → morphine → heroin; coca leaf → coca paste → coca base → cocaine-HCL), the length of the trafficking routes, and the existence of stocks which are known to have the potential to reduce the impact of supply side changes.

Currently about 196,000 ha are under opium poppy and 158,000 ha are under coca cultivation worldwide. To put this in perspective, the area under opium and coca cultivation is a similar size as the land area covered by a small country such as Liechtenstein (160,000 ha) or an extended urban area such as London (168,000 ha), or about twice the size of cities such as New York (78,000 ha) or Berlin (89,000 ha).

Following strong increases in 1980s, opium production has been basically stable at around 4,000 – 5,000 metric mt since the early 1990s. Production stood at 4,765 mt in 2003 and 4,850 mt in 2004³. 87% of opium for the illicit market is now produced in Afghanistan. Probably because of the large stocks built up in the late 1990s, the 2001 opium production ban in Afghanistan⁴ had only limited consequences for the global supply of opiates. The long-term trend has been towards rising levels of opium production in Afghanistan. This has largely offset the strong declines reported from Myanmar and Laos in recent years, bringing global potential heroin production in 2004 to 565 metric mt.

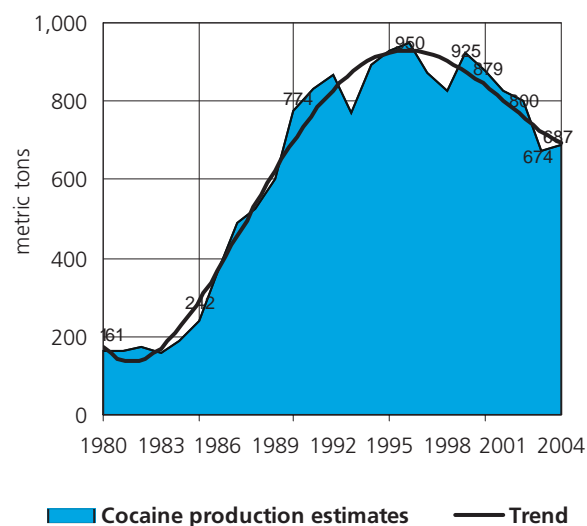
Potential cocaine production peaked in the second half of the 1990s (950 mt in 1996 and 925 mt in 1999), but has been declining significantly thereafter to 674 mt in 2003.⁵ In 2004, cocaine production increased marginally to 687 mt. Despite this, overall production remains 26% lower than in 1999. The declines of potential cocaine production in recent years were mainly the result of progress made in Colombia. The increase in 2004 was due to stronger coca leaf production in both Peru and Bolivia. Both countries had already made significant progress in cutting coca leaf production a few years earlier, however, and production is thus still lower than in 1998 or previous years.

Fig. 19: Global potential opium production, 1980-2004



Sources: UNODC/ICMP and UNODC/DELTA.

Fig. 20: Global potential cocaine production, 1980-2004



Sources: UNODC/ICMP and UNODC/DELTA.

³ UNODC usually speaks of potential rather than actual heroin or cocaine production. Potential production refers to the amount of heroin or cocaine produced if all of the raw material (opium/coca leaf) produced in a country, were transformed into the end product. Actual heroin/cocaine production of a country may well differ. It would be lower if not all of the raw material was transformed into the end-products (e.g. as there is local consumption of the raw material) or it could be higher if raw material was imported from a neighbouring country, or if the manufacturing processes improved.

⁴ Which caused production in Afghanistan to fall to 185 metric mt.

⁵ Given revised production estimates from Bolivia, total cocaine estimates for the year 2003 differ slightly from production estimates published in last year's World Drug Report.

Cannabis production has been rising in recent years and the THC content of cannabis produced in a number of developed countries has been increasing. Available information on the extent and the trends of cannabis production is far less reliable than that for coca and opium. With the exception of the survey UNODC conducts with the Moroccan Government on cannabis resin production, estimates for cannabis resin production are usually made on the basis of indirect indicators. Based on such information, UNODC estimates that more than 7,000 mt of cannabis resin. Production of cannabis herb is estimated at slightly more than 40,000 mt in 2003, exceeding last year's published estimate of an annual production of around 32,000 mt of cannabis herb. A significant part of this increase can be linked to methodological changes. Nonetheless, actual production is likely to have increased as well.

Following years of massive increases, UNODC estimates of global ATS production for the year 2003 were slightly lower than those published in last year's World Drug Report: 332 mt of amphetamines (methamphetamine and amphetamine) and 90 mt of ecstasy for 2003 versus 410 mt of amphetamines and 113 mt of ecstasy published in last year's WDR for 2000/2001. The methodological approach to arrive at these estimates did not change. Nonetheless, it is difficult to judge to what extent this 'decline' in production was real (as opposed to a statistical artefact). Estimates of the extent of global ATS production can be only established by indirect means. These estimates were derived from estimates of the number of ATS drug users, ATS seizures and ATS precursors seizures. Early indications for 2004 indicate that ATS production and consumption have begun to increase again.

1.1.2 The outlook for world drug markets

Afghanistan will determine the size and development of the world's main opiate markets...

The global heroin market was basically stable in 2003 with increases in production limited to Afghanistan and increases in consumption limited to countries in the neighbourhood of Afghanistan. In 2004, although the area under cultivation increased by 64%, the yield per hectare declined strongly as a consequence of drought and various plant diseases. Opium production thus rose by 'just' 17% in the country. At the global level, this increase was largely offset by a 54%, and 64%, decline in opium production in Myanmar and Laos respectively.

The net result was a marginal 2% increase in opium production at the global level. Early indications are that overall production will remain stable through 2005.

Opium production in South-East Asia is now 78% lower than it was in 1996. Production in this sub-region is forecast to decline further in 2005. If the declines witnessed over the last few years are sustained, it would not be too far outside the realm of possibility that South-East Asia could become virtually free of illicit poppy cultivation over the next few years. Of course, encouraging trends are no reason for complacency. There is evidence, for example, that in the Eastern Shan States of Myanmar – as already highlighted in last year's World Drug Report – some communities are facing a serious humanitarian crisis. As Myanmar and Laos attempt to reach the goals agreed upon by the international community at the 1998 United Nations General Assembly Special Session (UNGASS), it is of paramount importance that the donor community take its share of the burden and provide relief and development assistance to the most affected populations in these areas. The risk being that a humanitarian crisis could cause farmers to revert to opium production. Strong opium price rises are already increasing the attractiveness of the latter option.

As compared to last year, the situation looks slightly more positive for Afghanistan. Presidential elections were held in 2004 and the Government is gradually strengthening its control over the country and those involved in the opium business. A Rapid Assessment conducted by UNODC earlier in 2005 indicated that the area under poppy cultivation has declined in 2005 as compared to the record levels in 2004. It is, however, not yet certain whether the reduction of the land under opium poppy cultivation would be sufficient to offset a possibly higher yield than observed in 2004.

In the meantime the country's last opium harvest is still finding its way to the consumer markets of Europe and other regions. Purity levels of heroin in some European countries have already started to rise – a clear indication that there is sufficient and rising supply. Thus, while the mid-term prospects are rather positive, problems could still emerge in some of the main consumer markets this year. Opium produced in Afghanistan usually ends up in these markets in the form of heroin with a one year delay. Some of the transit countries have already started to report higher levels of heroin abuse.

Slow downs have been observed over the last few years in the Oceania region. Following the dismantling of several major networks importing heroin into Australia in late 2000, heroin abuse rates declined substantially and

remained at low levels in subsequent years, including 2004. This is encouraging given that the acute heroin shortage of 2001 has largely disappeared. It is now possible that these lower prevalence rates will be maintained in the foreseeable future.

...while lower levels of coca leaf production have not prevented the ongoing geographical spread of cocaine consumption.

While overall levels of cocaine use remained largely stable and production estimates show a decline as compared to the late 1990s, there are still far more countries reporting rising rather than falling levels of cocaine use. Moreover, the increase in cocaine seizures and the high interception rate in 2003 did not lead to price rises or any significant declines in cocaine purity in the main consumer markets. This puzzles analysts and law enforcement. Possible hypotheses to explain such discrepancies could be (i) the existence of unknown areas in the three Andean countries or in other countries where coca cultivation takes place; (ii) a rise in yields which is not, as yet, reflected in production estimates; (iii) the existence of cocaine stocks, built up in the late 1990s, which still fuel the markets; and/or (iv) improvements in the cocaine manufacturing process (following some deterioration in the late 1990s), resulting in more cocaine being produced out of less coca leaf.

How likely are these hypotheses? (i) UNODC has, so far, no indications of any large-scale coca production outside the three traditional coca producing countries, but this does not mean that there could be some improvements in the ability of 'cocaleros' to hide their production, thus reducing the likelihood of such fields to be detected by satellite photos or by aerial photography. (ii) There are ongoing studies in the three Andean countries to verify the yields that are currently being applied. While the results of these studies are not yet available, so far there is some suggestion that in some regions the yields could be slightly higher. (iii) The existence of important cocaine stocks in the Andean region is a potentially plausible explanation. However, there is not much evidence for this. If such stocks had been built up in the late 1990s, they should be soon exhausted and a contraction of the market should then become visible. (iv) There is some evidence for the last hypothesis, though not sufficient to fully explain the above mentioned market paradox. Given successful operations in the late 1990s to stop the diversion of potassium permanganate, a key precursor chemical in the manufacture of cocaine, the quality and the yield of coca leaf appears to have deteriorated. This could have meant that actual cocaine production was less than the potential cocaine production estimates calculated for the late

1990s. In subsequent years, however, cocaine manufacturers seem to have adapted by using alternative chemicals (e.g. sodium hypochlorite, known as leja in the region) which led again to better quality cocaine and better extraction rates. There has also been speculation that clandestine laboratories have diverted various oxidizers from the cement industry to cocaine processing in order to improve the output of cocaine manufacture. All of this could have meant that the actual decline in the cocaine output - despite a 30% reduction in the area under coca cultivation between 1999 and 2003 - may have been less significant over this period.

Further investigation and the conclusion of these ongoing studies will help us to better understand this paradox, and thus the market. In any case, the trend towards lower production of cocaine did not continue in 2004, as the area under coca cultivation rose in both Bolivia and Peru. This is a worrying loss of momentum for both countries which had already made significant progress to curb coca production. The net results (+2%) were not a real problem in 2004. However, ongoing increases in these two countries may eventually weaken the progress the region has made in controlling coca supply. This is a vital juncture, and it will be important for the international community to continue to support alternative livelihoods programmes.

In parallel, the risk of a further dispersion of the cocaine markets continues. Europe is particularly vulnerable, having already seen a steady growth of its cocaine markets over the last decade. Even though there are signs of stabilization in some countries, consumption continues to increase in others. In 2003, 14 European countries reported an increase and 10 a stabilization. Not a single country experienced a decline in cocaine use.

A particular challenge will be the spread of crack-cocaine: 7 European countries reported an increase, 9 saw stable levels, while, again, not a single European country identified a decline in 2003.

As trafficking routes evolve, paying local assistants in kind along new routes, the ongoing dispersion to countries in the Americas and in Africa will continue. Recent trends saw the increased use of various West African countries as transit routes to Europe. Data from South Africa on treatment demand, provided by the South African Community Epidemiology Network on Drug Use (SACENDU), clearly show that treatment for cocaine abuse was on the rise over the 2002-2004 period, notably in locations where previous prevalence rates had not been high.

In contrast, cocaine use has stabilized in the United States, the world's largest cocaine market. Fortunately, there are no indications that this will change over the

foreseeable future. Given increased treatment possibilities for hard-core cocaine addicts, there is even a likelihood that the overall amounts of cocaine consumed in the USA might decline.

The cannabis market continues to thrive...

Cannabis continues to be the most widely produced, trafficked and consumed drug worldwide. All indicators – production, seizures and consumption - suggest that the market at the global level is expanding further. For the time being, there is no reason to believe that this expansion will stop.

Between 1993 and 2003, 163 countries and territories were identified as cannabis producing countries. This clearly highlights its pervasiveness, as opposed to opium or coca leaf production, which are limited to just a few countries and locations. Nonetheless, there are some concentrations. The bulk of cannabis herb production takes place in North America and in Africa. The largest seizures of cannabis herb took place in 2003 in Mexico (37% of total) and in the USA (21%), followed by a number of African (Tanzania, Nigeria) and South American (Colombia, Brazil) countries.

Cannabis resin production is far more concentrated, with Morocco, Afghanistan and Pakistan being the main producers. Survey results from Morocco showed that cannabis resin production fell 10% to 2,760 mt in 2004.

Overall cannabis consumption has been rising in South-America (including the Caribbean and Central America), in Africa, in Europe and in several Asian countries. By contrast, it has remained largely stable in North America. Declines were reported for some countries in South-East Asia as well as the Oceania region. No significant changes of these patterns is expected in the short run.

... as signals from the ATS markets are mixed – although a future increase is likely.

Signals from the ATS market are complex. Overall the strong increases in ATS use observed in the 1990s were not continued into the first years of the new millennium. This year's signals include: an ongoing strong increase in the number of ATS laboratories being dismantled, lower levels of 'amphetamines' (methamphetamine and amphetamine together) seizures as compared to the year 2000, falling ecstasy seizures in 2003, falling ATS precursor seizures over the 2000-2003 period, and a stable/declining ATS use trend index in 2003.

However, a number of (still very partial) indicators suggest that a decrease in use will not be repeated in the near future. One reason for this forecast is that ATS seizures started rising in 2003. Amphetamine seizure reports received from some European countries indicate a further increase in 2004. Also, the fact that amphetamine prices have fallen in a number of European countries over the 2000-2004 period suggests that production may have been rising. Finally, early reports of abuse trends received from countries in East and South-East Asia suggest that the stabilization/ decline seen in 2003 did not continue in 2004. While ecstasy use declined strongly in the USA among high school students over the 2001-2004 period, methamphetamine use among 12th graders started increasing again slightly in 2004. After several years of decline, availability of methamphetamine was reported by US students to have increased slightly in 2004.