



World Drug Report 2008: Argentina

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Opiate consumption in the Americas fairly stable

UNODC's drug use perception indicator showed a stable trend of opiate use in the Americas for the year 2006. This trend is reflected in school survey results from the United States and Canada which showed that after increases in the 1990s, heroin use fell and is currently basically stable. The annual prevalence of heroin consumption among 8th-12th grade students in the USA fell from 1.3% in 2000 to 0.8% in 2005 and remained at that level in both 2006 and 2007. In the province of Ontario, Canada, which accounts for more than a third of Canada's total population, the decline among high-school students was even more pronounced. Annual prevalence of heroin use among 7th to 12th grade students fell from a peak of 1.9% in 1999 to 0.9% in 2005 and remained at that level in 2007. Falling opium production over the first few years of the new millennium in South America and South-East Asia, the two main sources of opiates for the North American market, seem to have contributed to this. Stable opiate use was reported from a number of other countries in the Americas for the year 2006. In contrast, rising levels of opiate use were found in Mexico, Venezuela and **Argentina** in 2006.

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Destruction of illicit laboratories increases

Colombia accounted for the largest volume of potassium permanganate seizures worldwide (99 mt) in 2006. Fifteen illicit clandestine laboratories producing this precursor, which is an essential ingredient for producing cocaine, were destroyed in the country. Smaller amounts of potassium permanganate were seized in Peru and Ecuador. Most of the potassium permanganate shipments intended for South America originated outside the region, with **Argentina**, Brazil and Chile being the major importers. Operation Purple, a comprehensive precursor control programme, is thought to have tightened the control of the international trade in potassium permanganate, which in turn, may have shifted international trafficking in the region to overland smuggling.¹

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Seizures fell in South America and the Caribbean in 2006

Large seizures in South America are also undertaken by Venezuela (39 mt), Ecuador (34 mt), Peru (19 mt) and

Brazil (14 mt). Cocaine seizures in all of these countries declined in 2006 as compared to a year earlier. Increases in cocaine seizures were reported from Bolivia, Chile, and Uruguay and, to a lesser extent, Argentina and Paraguay, suggesting that trafficking to and/or via the Southern Cone may have increased in 2006.

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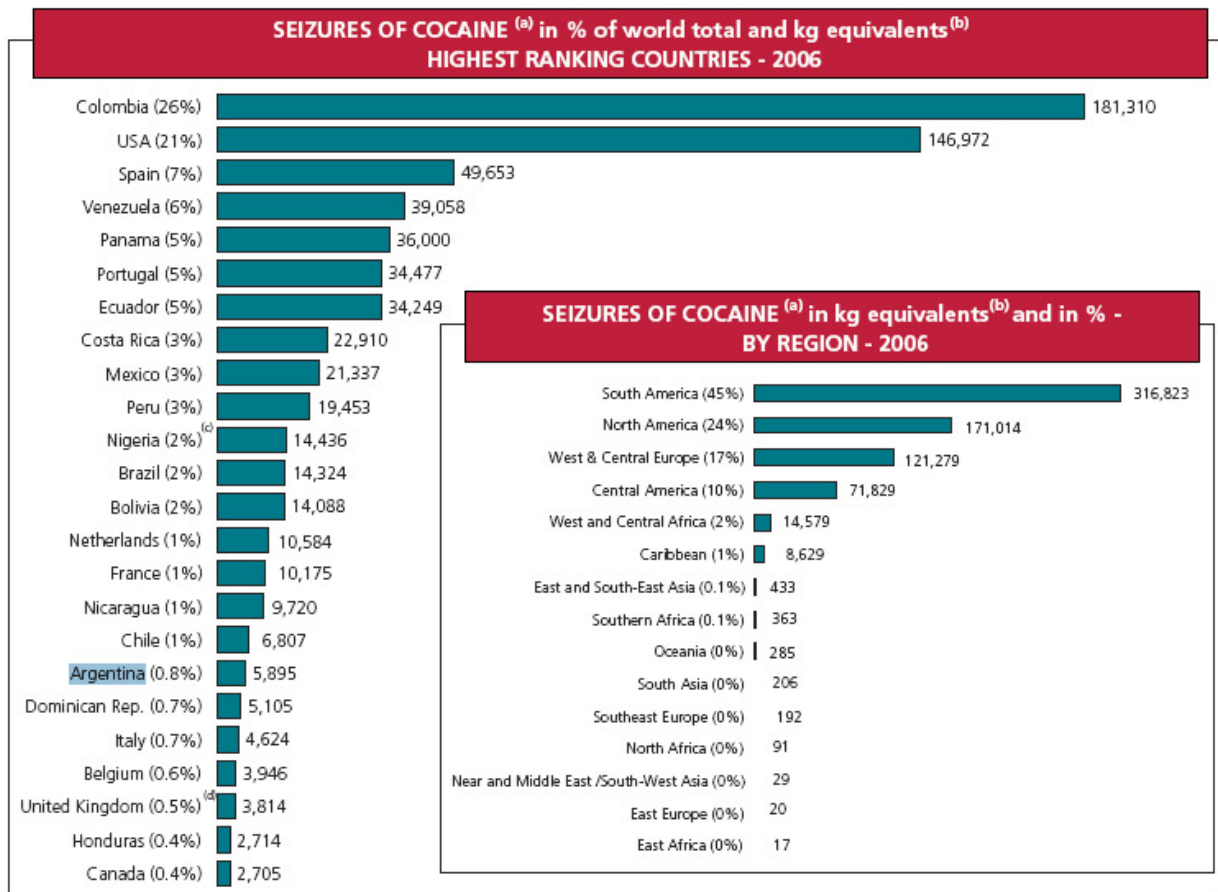
Trafficking from the Andean region to Europe Continues

Based on individual drug seizures reported to UNODC, most of the cocaine intercepted in Europe could be traced back to Venezuela in 2006 (36% of seizures, in weight terms, for which the origin was known), followed by Colombia (17%), the Dominican Republic (5%), Brazil (3%), Ecuador (3%), Argentina (3%) and Peru (3%). The ranking for 2007 started again with Venezuela (44%), followed by Panama (11%), Colombia (5%), the Dominican Republic (4%), Peru (4%), Brazil (2%), Argentina (2%), Bolivia (1%), Mexico (1%) and Costa Rica (1%).

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Spain and Portugal are the main entry points into Europe

Shipments of cocaine to Spain were reported to have left South America mainly from Venezuela (31% of seizures of known origin in weight terms in 2006), followed by the Dominican Republic (8%), Ecuador (6%), Brazil (5%), Argentina (5%) and Colombia (4%). Drug trafficking groups of Colombian origin dominate the trafficking operations. Members of such groups also accounted for the largest number of cocaine related arrests among foreigners in Spain (23% in 2006), ahead of members of Moroccan groups (11%) and of groups from the Dominican Republic (6%), Romania (3%), the UK (2%), Portugal (2%) and Italy (2%).



^(a) Includes cocaine HCl, cocaine base, crack cocaine, and other cocaine types.

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

^(c) Substance purity unknown.

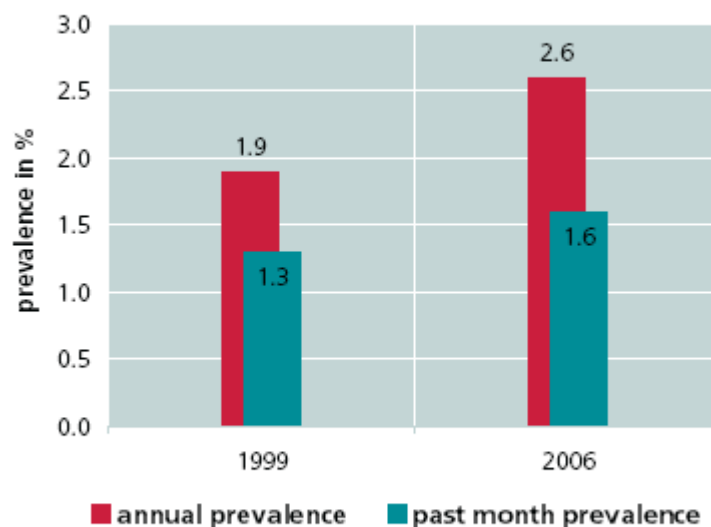
^(d) Data refer to 2005 England and Wales only.

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Cocaine: levels of use rise in Latin America

Argentina is the second largest cocaine market in South America (approximately 640,000 persons in 2006). In relative terms, the results of the 2006 household survey suggest that Argentina has the highest annual prevalence rate of cocaine use (2.6% of the population age 12-65) in South America and the second highest in the Americas after the USA (3% in 2006 among the population age 15-64). Over the 1999-2006 period, the annual prevalence rate rose from 1.9% to 2.6%. In addition, 0.5% of the population age 12-65 admitted to have used 'pasta base' (coca paste) in 2006.

Fig. 72: Argentina: cocaine use among the population age 12-65, 1999-2006

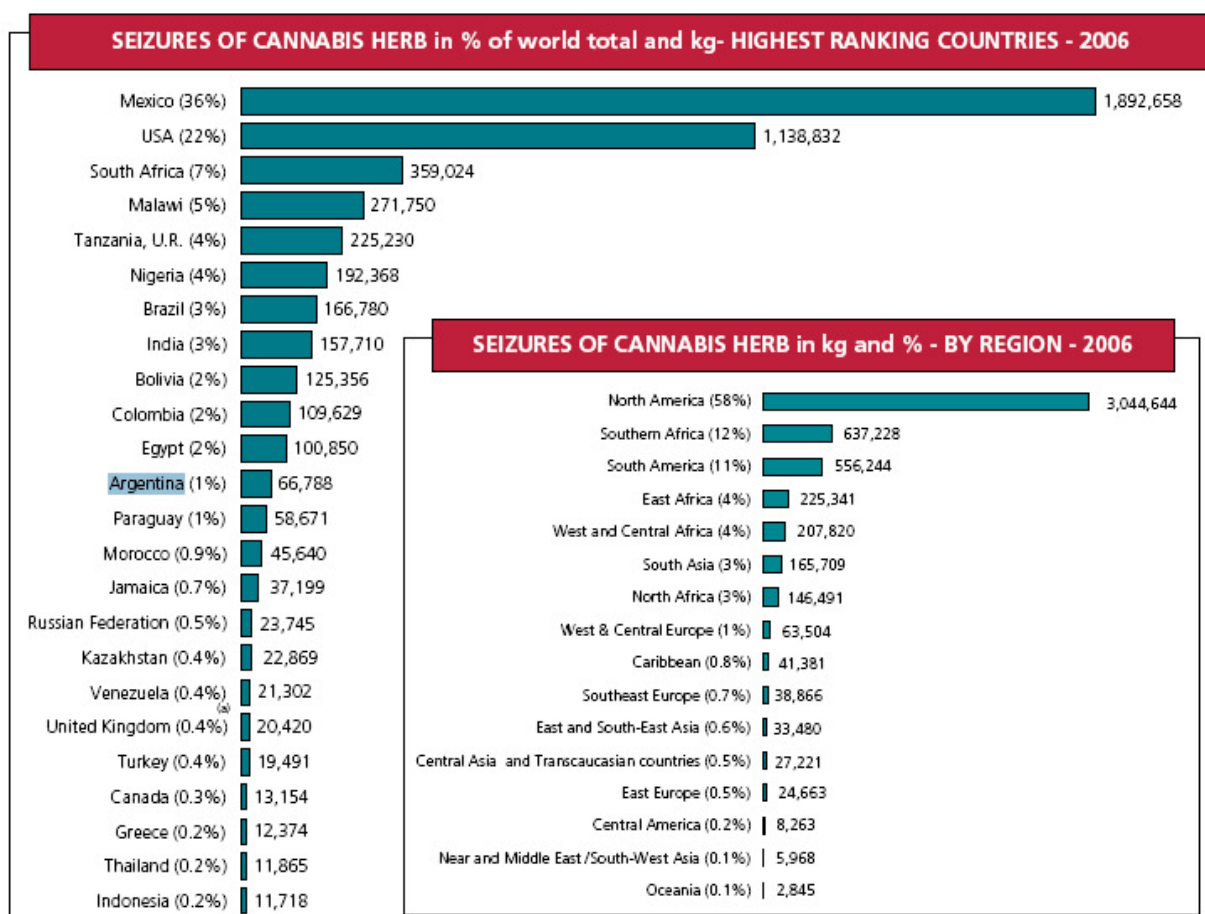


Sources: SEDRONAR, *Estudio Nacional en Población General sobre Consumo de Sustancias Psicoactivas 2006*, Buenos Aires 2007 and previous years.

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Trafficking concentrated in North America and Africa

South America, including the Caribbean and Central America accounted for 12% of global cannabis herb seizures. The largest level of seizures in this region was reported by Brazil (167 mt), Bolivia (125 mt), Colombia (110 mt), Argentina (67 mt), Paraguay (59 mt) and Jamaica (37 mt). Most countries in South America, notably Brazil, Argentina, Uruguay and Chile cite Paraguay as the main source country for the cannabis resin found on their market. Seizures made by countries in South America showed a noticeable upward trend over the 2004-06 period (+24%). In contrast, seizures in the Caribbean and in Central America remained largely unchanged over the 2004-06 period.



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

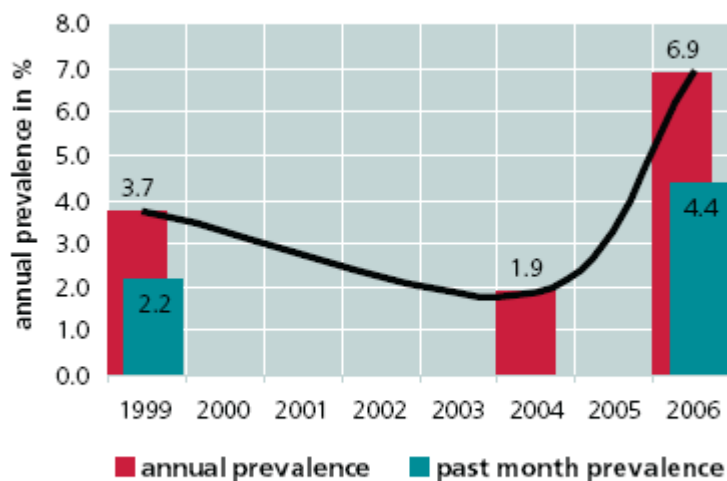
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Cannabis: use increases in Latin America

Increases in cannabis use continue to be reported from countries in Latin America. Expert perceptions gathered for the ARQ's in nine countries of Latin America and the Caribbean reported cannabis use increasing in 2006 (up from seven countries in 2005 and five countries in 2003). Stable trends were recorded for 11 countries. Perceptions of increase for the year 2006 were reported from **Argentina**, Uruguay, Paraguay, Peru, Venezuela, Jamaica, the Dominican Republic, Honduras and Mexico.

A new household survey conducted in **Argentina** showed an even stronger increase in the annual prevalence rate of cannabis use, rising from 1.9% of the population age 16-64 in 2004 to 6.9% of the population age 12-64 in 2006 - reversing a previous downward trend. Cannabis use in Argentina now takes place at levels similar to those reported in West and Central Europe. Most of the cannabis consumed in Argentina is reported to originate in neighbouring Paraguay, where cannabis production is expanding.

Fig. 108: Cannabis use in Argentina among the population age 12-65, 1999-2006



Sources: SEDRONAR, *Estudio Nacional en Población General sobre Consumo de Sustancias Psicoactivas 2006*, Buenos Aires 2007 and previous years.

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ATS markets in Africa and South-America remain comparatively modest

While domestic production of ATS is very limited in South America, Africa (except South Africa), and Near and Middle East, drug use surveys conducted in South America and Africa suggest that consumption is far from negligible. The defined daily doses (per 1,000 inhabitants) for legally produced Schedule-IV stimulants in the Americas amounted to nearly 11 over the 2004-2006 period: up from around 7 over the 2000-2002 period, as compared to between 1 and 2 currently in Europe or Asia. In 2006, Argentina and Brazil had the first and third highest calculated rate of use of Schedule-IV stimulants: nearly 17 and 10 daily doses per 1,000, respectively.⁶⁶

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Rising levels of ATS use in South America

Rising levels of ATS use have been reported from South America (Argentina, Peru), Central America (Guatemala, El Salvador), and the Caribbean (Dominican Republic). In these regions ATS originate mainly from licit channels. The defined daily doses per 1,000 inhabitants for legally produced Schedule-IV stimulants in the Americas amounted to nearly 11 over the 2004-2006 period, up from levels around 7 over the 2000-2002 period or rates between 1 and 2 currently in Europe or Asia. In 2006, Argentina, the United States, and Brazil led the world with the highest calculated rate of use of the Schedule-IV stimulants at nearly 17, 12, and 10 daily doses per 1,000, respectively.²⁷

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Ecstasy use concentrated in Western Europe and North America

The annual ecstasy prevalence rates in the Oceania region (3.2%) have generally begun to stabilize. Regardless, these are still considerably higher than in any other region. Ecstasy prevalence in Asia remains low (0.1%). However, Asia, notably East and South-East Asia, have become growing ecstasy markets over the last few years. In addition, some countries in South America (Argentina, Chile, Peru) have reported rising levels of ecstasy use.

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Global ecstasy consumption has stabilized

The increases noted by experts were sub-regionally specific. For example, of the seven European States Members that identified worsening conditions, five could be plotted in a trapezoid region from Albania, Bulgaria and the Republic of Moldova in the North, to Turkey and Cyprus in the South. All other Central and West European countries noted stability or decreases.³¹ In the Americas, increases were specific only to South American countries: most increases were reported in the western and southern sub-regions of South American (i.e., Argentina, Chile, and Peru). However, experts reported no decreases in ecstasy use in the Americas for 2006. In Asia, 46% of the experts responding believe the ecstasy use problem has improved in the region along the China Sea. Improvements were noted by Japan, the Philippines, Hong Kong SAR, Indonesia, and Malaysia.³²

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Ecstasy use continues to increase in South America

Ecstasy use continued to increase in countries of Central America (Guatemala and El Salvador) and South America (Argentina, Chile, and Peru). Five countries in that region reported an increase, three saw a stabilization but not a single one reported a decline. Most of the ecstasy found in these markets continues to originate in Europe, though there have been reports of supply from Canada.]

OPIATES

Prevalencia anual (uso por lo menos una vez al año) entre población de 15-64 años

South America	
Brazil, (12-65), 2005	0.5
Guyana*, 2002	0.3
Argentina*, 2005	0.2
Chile, 2004	0.2
Uruguay*, 2003	0.2
Peru*, (12-64), 2005	0.2
Venezuela*, 2003	0.1
Ecuador*, 2005	0.1
Colombia*, 2004	0.1
Suriname*, 2002	0.08
Bolivia*, 2004	0.07

COCAÍNA

Prevalencia anual (uso por lo menos una vez al año) entre población de 15-64 años

South America	
Argentina, (12-65), 2006	2.6
Peru, (12-64), 2005	2.2
Bolivia, (12-50) ^d , 2005	1.9
Chile, (12-64), 2006	1.5
Uruguay, (12-65), 2006	1.4
Ecuador*, 2005	1.2
Venezuela*, 2001	1.1
Colombia, (18-65), 2003	0.8
Brazil, (12-65), 2005	0.7
Suriname*, 2002	0.5
Paraguay, 2004	0.3

MARIHUANA

Prevalencia anual (uso por lo menos una vez al año) entre población de 15-64 años

South America	
Chile, (12-64), 2006	7.0
Argentina, (12-65), 2006	6.9
Uruguay, (12-65), 2006	5.2
Peru, (12-64), 2005	3.3
Venezuela*, 2002	3.3
Bolivia, 2005	3.2
Brazil, (12-65), 2005	2.6
Guyana*, 2002	2.6
Ecuador*, 2005	2.1
Suriname*, 2002	2.0
Colombia, (18-65), 2003	1.9
Paraguay*, (12-65), 2005	1.6

ANFETAMINAS

Prevalencia anual (uso por lo menos una vez al año) entre población de 15-64 años

South America	
Brazil, (12-65), 2005	0.7
Suriname*, 2002	0.6
Venezuela*, 2002	0.6
Argentina*, 2005	0.6
Colombia*, 2005	0.5
Paraguay*, 2005	0.5
Chile, (12-64), 2006	0.4
Bolivia*, 2004	0.3
Ecuador*, 2005	0.2
Peru*, 2005	0.1
Uruguay, (12-65), 2006	0.3

ECSTASY

Prevalencia anual (uso por lo menos una vez al año) entre población de 15-64 años

South America	
Peru, (12-64) ^d , 2005	0.9
Argentina, (12-65), 2006	0.5
Uruguay*, 2006	0.2
Brazil*, 2005	0.2
Colombia*, 2005	0.2
Ecuador*, 2005	0.2
Venezuela*, 2001	0.2
Bolivia, 2005	0.1
Chile, (12-64), 2006	0.1
Guyana*, 2002	0.1
Paraguay*, 2005	0.1
Suriname*, 2002	0.1