



World Drug Report 2008: Paraguay

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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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Cocaine - Levels of use rise in Latin America

Increases in cocaine use were also reported from Uruguay. The annual prevalence of cocaine use among the population age 12-64 increased from 0.2% in 2001 to 1.4% of the population age 12-65 in 2007 (about 30,000 people). In addition, consumption of coca paste ('pasta base') has increased from previously negligible levels as of 2002 and now affects 0.3% of the population. School surveys suggests that cocaine use also increased in Ecuador and **Paraguay** in recent years.

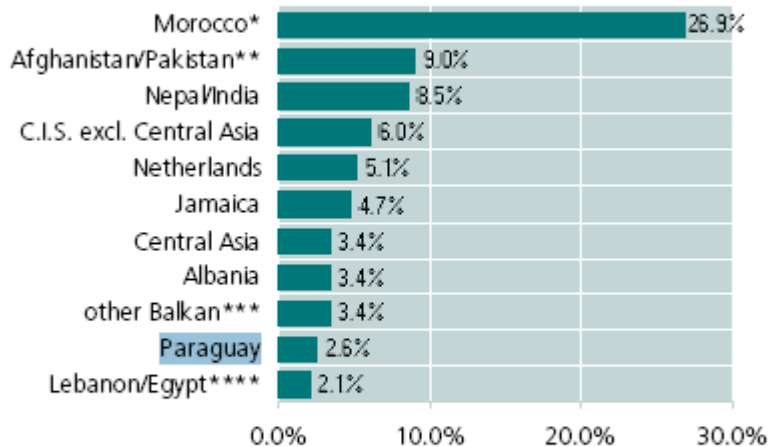
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Global production of cannabis herb is estimated to have stabilized at around 41,400 mt in 2006

Cannabis herb production remains concentrated (ca. 12,900 mt) in North America, where the largest producers are Mexico followed by the United States of America and Canada. Production in Mexico (ca. 7,400 mt) is mainly concentrated in states along the Pacific coast (Sinaloa, Michoacán, Guerrero, Jalisco, Oaxaca and Nayarit), where 60% of total cannabis eradication takes place. There is also cultivation in the Center/North region (Chihuahua and Durango), the site of 36% of eradication in 2006. Cannabis is produced throughout in the USA (ca. 4,700 mt; range: 2,800–6,600 mt), but it is particularly widespread in the western region (California, Washington, Oregon and Hawaii). The largest proportion of cannabis herb production in South America (ca. 10,000 mt) takes place in **Paraguay** (ca. 5,900 mt), followed at lower levels by Colombia, Brazil (for the domestic market only), the Caribbean region (notably St. Vincent & the Grenadines and Jamaica) and Central America (notably Guatemala). In Africa (ca. 8,900 mt), where cannabis herb production takes place in almost every country, the largest producers include South Africa (ca. 2,500 mt) followed in the region by Malawi, Zambia and Swaziland. In addition, Nigeria,

Ghana & several other West-African countries (including Guinea, Cote d'Ivoire, Benin and Togo), produce relatively large amounts, as does the Democratic Republic of the Congo, Tanzania, Egypt, and Morocco (which is mainly known as a cannabis resin producer).

Fig. 90: Main source countries of cannabis resin, 2004-2006 number of times countries were identified as source countries as a proportion of countries reporting



* incl. mentions of transit countries Spain and Portugal;
 ** incl. mentions of transit country Iran
 *** Bosnia-Herzegovina, Serbia, Montenegro, Bulgaria;
 **** including mentions of Syria
 Source: UNODC, Annual Reports Questionnaire Data.

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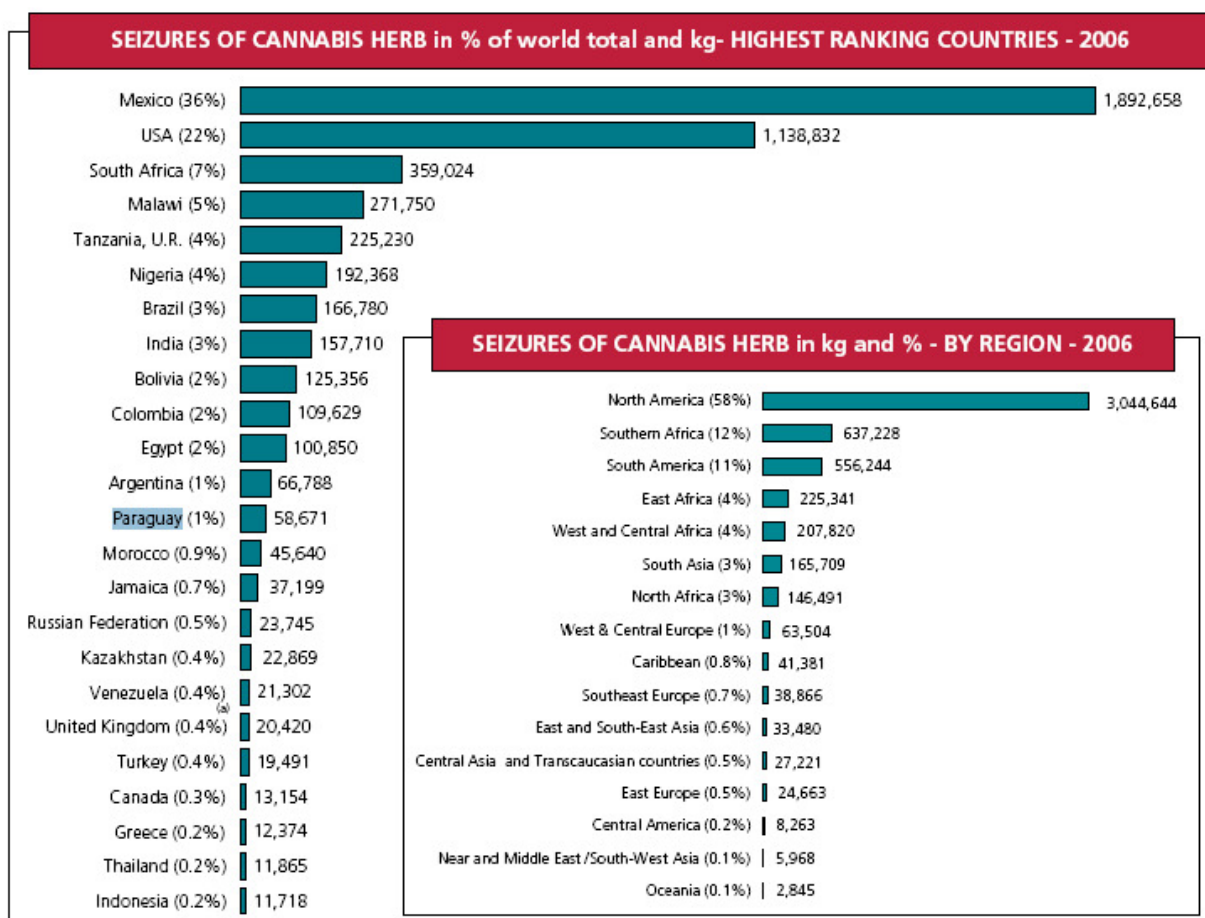
Morocco’s importance as main source country for cannabis resin is declining

Overall production (and consumption) of cannabis resin in the Americas remains limited. The most important cannabis resin producer in the Americas continues to be Jamaica (5% of global mentions), followed by Paraguay (2.5%). The latter country is mainly known for cannabis herb production.

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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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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.

The most significant increase in 2005 was reported from the continent's largest country, Brazil, reflecting a rising availability of cannabis products from neighbouring Paraguay. The annual prevalence of cannabis use has more than doubled in Brazil, from 1% in 2001 to 2.6% in 2005.¹

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.

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