



UNITED NATIONS  
Office on Drugs and Crime

## NOTES ON ILLICIT DRUG SEIZURE REPORTS

The United Nations Office on Drugs and Crime (UNODC) gathers information on illicit drug seizures worldwide, mainly drawn from the Annual Reports Questionnaire sent to all Member States, but also supplemented by other sources such as Interpol and UNODC Field Offices.

The information presented in the illicit drug seizure reports is updated every three months and is therefore more current than seizures data presented in the latest World Drug Report. In addition, seizures from a larger number of drugs are presented in these reports than are included in the World Drug Report.

### WHAT REPORTS ARE AVAILABLE

Two types of report are available that allow the user to view or visualize illicit drug seizure data in an interactive way:

*Data Reports:* Separate reports are provided that generate tables on seizures for the following measures:

- i) in the form that seizures are reported to the UNODC in quantities of weight (kilograms), volume (litres) and units (a typical amount for consumption);
- ii) combined into a single, derived unit of measurement (kilogram equivalents) that converts seizures reported in volume (litres) and units into their equivalent in kilograms (see Conversion Factors section below for further details); and
- iii) in terms of the number of seizure cases.

In addition, separate reports have been developed that present the data tables outlined in i) to iii) above based on both a simplified (see Technical Notes) and a more comprehensive drug classification.

*Chart Reports:* Separate reports are provided to produce a graphical representation of seizures data for the simplified drug classification (see Technical Notes) for the following measures:

Time trends in seizures for combinations of drug types, time periods and geographical regions selected by the user.

- i) kilogram equivalents (where seizures are converted into a common unit of measurement (see Conversion Factors); and
- ii) number of seizure cases.

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Pie charts presenting the relative proportions of seizures for each drug type by time periods and geographical regions selected by the user:

- iii) kilogram equivalents (where seizures are converted into a common unit of measurement (see Conversion Factors); and
- iv) number of seizure cases.

## **GUIDELINES ON USING THE REPORTS**

### **Report Options**

Information presented in the reports can be filtered according to geographical region, time period and drug type.

*Geographical regions:* Three drop-down text boxes contain options to select regions (Africa, Americas, Asia, Europe and Oceania), sub-regions (for example, East Europe, Southeast Europe and West & Central Europe) and individual countries. Multiple selections for regions, sub-regions and individual countries can be made.

Selections made on the higher aggregated levels serve as filters for options on lower levels. For example, when Asia is the sole selection at the region level, only sub-regions of Asia will be selectable from the sub-region drop-down box and further only countries of the selected sub-regions will show in the country drop-down box.

*Drug type:* Depending on which of the data reports is being viewed, either a comprehensive or simplified drug classification is presented. In the case of chart reports only the simplified classification is available.

*Time period:* Identifies the range of years over which seizure data will be presented, as determined by the initial (From Year) and final (To Year) years chosen.

The '(Select All)' option alternatively selects and de-selects all available options. This is useful for quickly cancelling previously made choices.

### **Report Output**

When viewing reports on-screen it is possible to hide the parameter selection area of the screen by clicking on the pair of upward pointing arrows located at the top right-hand corner. To view the parameters again click on the pair of downward pointing arrows.

For both types of report the user can vary the level of aggregation of the data displayed using the +/- symbols to expand and collapse the geographical hierarchy ranging from individual countries to sub-regions, regions and global values.

Data and charts can be output to a variety of file types including pdf files (you do not need to have a pdf creator installed on your computer to generate these) and Microsoft Excel. The data reports have been formatted to fit across a single page if a period of up to five years is selected.

Regarding the output generated from these reports, care has to be taken when dealing with sub-regional, regional and global totals. These totals will reflect the selections made for the lower geographical hierarchies. This might be the intention if totals are required only for specific countries or sub-regions. However, if the genuine sub-region, region or global totals are required then it is necessary to ensure that all options from the lower level hierarchies have been selected.

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## TECHNICAL NOTES

### Data Sources

Data on seizures are reported to UNODC via the Annual Reports Questionnaire that is sent to all Member States. Additional data on seizures is provided by, for example, UNODC Field Offices which are used to supplement this data. Where other sources have been used this is identified in the data reports. The sources of the additional data are outlined below:

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CICAD	Inter-American Drug Abuse Control Commission
DNP	Drug Abuse Information Network for Asia and the Pacific
F.O	UNODC Field Office
Govt.	Government
HNLF	Heads of National Law Enforcement Agencies (Africa)
HONEU	Heads of National Law Enforcement Agencies (Europe)
HONL	Heads of National Law Enforcement Agencies
HONLC	Heads of National Law Enforcement Agencies (Latin America and the Caribbean)
ICPO	International Criminal Police Organization
IDS	UNODC, Individual Drug Seizures
INCSR	International Narcotics Control Strategy Report
NAPOL	National Police
PRESS	National Press

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### Known Data Issues

There was no comprehensive reporting on ecstasy prior to 2000. Rather, ecstasy data were included in 'not defined hallucinogens'.

There are discrepancies between the number of seizure cases and amounts of drugs seized. This arises because not all countries reporting amounts seized also report on the number of seizure cases.

Data on which these reports are based are continually updated, including new information on seizures made in previous years. Data for seizures made in 2006 will become more complete as new Annual Reports Questionnaires are returned and therefore data for 2006 are particularly subject to revision.

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### Conversion Factors

To transform seizures into a common unit of measurement (kg equivalents) seizures that have been reported in litres and units are converted into kilograms using the following conversion factors. One litre of seizures is assumed to be equivalent to 1 kg. To convert the units of consumption (u) into kilograms (kg) the following conversion factors are applied:

Drug Group	Drug	unit equivalent in grams
Opiates	Opium (raw and prepared)	0.3
	Opium (liquid)	0.3
	Opium (plant, capsule)	500
	Opium (poppy seed)	0.001
	Heroin	0.03
	Morphine	0.1
	Methadone	0.025
	Other opiates	0.025
	Opiates (not defined)	0.1
Coca/Cocaine	Cocaine (base and salts)	0.1
	Coca leaf	10
	Crack	0.1
	Other coca type	0.1
Cannabis	Cannabis herb	0.5
	Cannabis resin	0.135
	Cannabis oil	0.3
	Cannabis plant	100
	Cannabis seed	0.01
Amphetamine-type stimulants	Amphetamine	0.03
	Ecstasy (MDA, MDEA, MDMA)	0.1
	Non defined amphetamines	0.03
	Non defined psychotropic substances	0.01
	Methamphetamine	0.03
Depressants	Depressants (excluding Methaqualone)	0.01
	GHB	0.1
	Methaqualone	0.25
Hallucinogens	Not defined hallucinogens	0.1
	LSD	0.00005
Others	Khat	200
	Ketamine	0.025

### Simplified Drug Classification

1. Opium (raw and prepared)
2. Heroin and Morphine
3. Cocaine (includes base and salts, crack and other coca type)
4. Coca leaf
5. Cannabis herb
6. Cannabis plant
7. Cannabis resin
8. Amphetamines (Amphetamine, Methamphetamine and Non defined amphetamines)
9. Ecstasy (MDA, MDEA, MDMA)
10. Khat