



**UNODC**

United Nations Office on Drugs and Crime



IN FOCUS INTERNATIONAL COOPERATION

**WORLD  
2020 DRUG  
REPORT**

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# EXPLANATORY NOTES

The designations employed and the presentation of the material in the *World Drug Report* do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Countries and areas are referred to by the names that were in official use at the time the relevant data were collected.

Since there is some scientific and legal ambiguity about the distinctions between “drug use”, “drug misuse” and “drug abuse”, the neutral term “drug use” is used in the *World Drug Report*. The term “misuse” is used only to denote the non-medical use of prescription drugs.

All uses of the word “drug” and the term “drug use” in the *World Drug Report* refer to substances controlled under the international drug control conventions, and their non-medical use.

All analysis contained in the *World Drug Report* is based on the official data submitted by Member States to the UNODC through the annual report questionnaire unless indicated otherwise.

The data on population used in the *World Drug Report* are taken from: *World Population Prospects: The 2019 Revision* (United Nations, Department of Economic and Social Affairs, Population Division). References to dollars (\$) are to United States dollars, unless otherwise stated.

References to tons are to metric tons, unless otherwise stated.

The following abbreviations have been used in the present booklet:

- AIDS** acquired immunodeficiency syndrome
- ATS** amphetamine-type stimulants
- EMCDDA** European Monitoring Centre for Drugs and Drug Addiction
- FARC** Revolutionary Armed Forces of Colombia
- ha** hectares
- HIV** human immunodeficiency virus
- INCB** International Narcotics Control Board
- INTERPOL** International Criminal Police Organization
- OECD** Organisation for Economic Co-operation and Development
- REDD+** UN Programme on Reducing Emissions from Deforestation and Forest Degradation
- S-DDD** defined daily doses for statistical purposes
- UNDP** United Nations Development Programme
- UNODC** United Nations Office on Drugs and Crime
- UNESCO** United Nations Educational, Scientific and Cultural Organization
- WHO** World Health Organization

## INTERNATIONAL COOPERATION

It is generally acknowledged that the drug problem is not restricted to just one country, but that it affects most countries in an intertwined manner. Responses to the drug problem at the national level are necessary, but they are not sufficient to cope with the global drug problem unless they are also well coordinated across countries. For example, interventions in one country, leading to a reduction in the drug supply, may prompt a replacement effect, with supply increasingly originating in other countries. Similarly, successful demand reduction efforts in just one country may prompt organized crime groups to devise strategies for targeting other countries and trigger increasing demand for drugs at the regional or global level. In short, global drug markets tend to be extremely resilient to attempts to solve the drug problem exclusively at the national level.

One of the key approaches to addressing the transnational nature of the drug problem has been the strengthening of international cooperation, both with a view to improving coordination of policies and interventions and assisting countries with limited resources and capacities in undertaking the necessary interventions. International cooperation can take many forms, including intergovernmental cooperation frameworks and mechanisms, the development of standards and guidelines that promote best practices in the fields of drug demand reduction<sup>52</sup> or drug supply reduction, and capacity-building initiatives that strengthen the ability of countries to counter the drug problem.

A comprehensive analysis of international cooperation on drug-related issues, which may be implemented at different levels, whether geographically or thematically, involving a plurality of mechanisms and actors – even if only done conceptually – would go far beyond the scope of this edition of the *World Drug Report*. Nonetheless, this broad range of international cooperation activities

should be kept in mind, even though it is not discussed further in this chapter.

The purpose of this chapter is to present and examine the information that countries have regularly submitted to UNODC on the topic of international cooperation. Its scope is relatively limited and it does not pretend to cover the complex nature of factors that influence the implementation of international cooperation measures and their outcomes.

### Extent of implementation of international cooperation is mainly quantified in terms of specific supply-side measures taken by law enforcement

Reporting on the implementation of international cooperation globally is challenging because international cooperation can take different forms, which are difficult to measure. For example, the sharing of intelligence information, probably the most common form of cooperation to address drug-related matters, happens in day-to-day work within and across law enforcement agencies; and it is hardly recorded in any systematic way at the national level in most countries. Records exist of some forms of intelligence-sharing at the international level, but information on such sharing is not necessarily reported by individual countries.

On an annual basis, countries report to UNODC on key activities related to international cooperation in the field of drug supply, including on joint operations with other countries, controlled deliveries, exchanges of liaison officers and the exchange of information. The reporting includes information on whether such activities took place during the reference year. In most countries and at the international level, no information is collected to assess the actual quality or the effectiveness of such cooperation activities.

While the proportion of countries that at least partially complete the section on international cooperation in their annual data submissions is quite high (close to 100 per cent of all countries reporting information to UNODC), a significant number of countries do not submit any information on international cooperation to UNODC; for example, out

52 See, for example, UNODC and WHO, *International Standards on Drug Use Prevention*, second updated edition (Vienna, 2018); UNESCO, UNODC and WHO, *Good Policy and Practice in Health Education: Booklet 10 – Education Sector Responses to the Use of Alcohol, Tobacco and Drugs* (Paris, 2017).

## Interpreting reported data on international cooperation by Member States

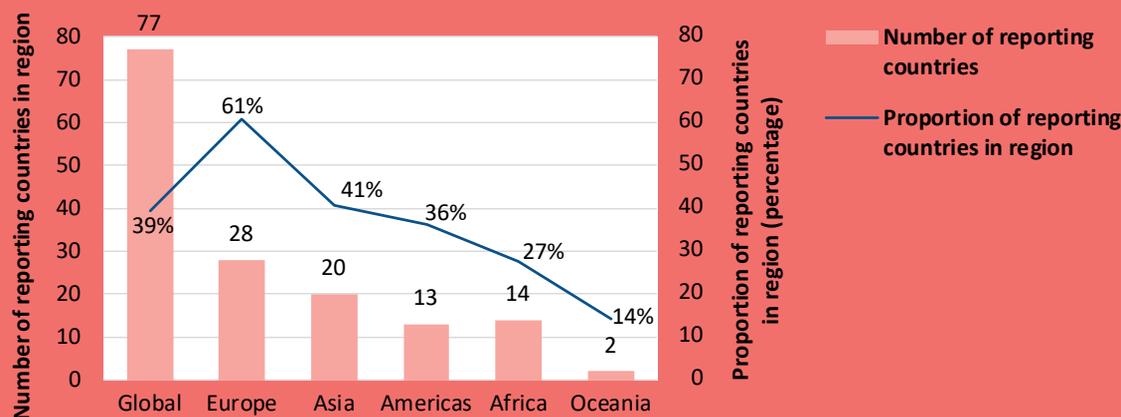
Member States report to UNODC on international cooperation through the annual report questionnaire. However, replies to the questions on international cooperation were only received by around 40 per cent of the countries that were invited to complete the annual report questionnaire over the period 2017–2018. European countries, which usually report high levels of cross-border cooperation, are overrepresented in this sample (61 per cent of all European countries reported on international cooperation), while other regions (notably Africa and Oceania) are underrepresented. This limits the interpretation of the global data received, as they may be skewed by a reporting bias towards regions with a high capacity to engage in international cooperation.

The main unknown is whether and to what extent non-reporting countries, if they had reported, would have provided similar answers to questions on international cooperation as those reporting. While this cannot be known unless a specific study of non-respondents is carried out, it is most likely that the actual proportion of countries involved in cross-border cooperation falls within a range between (a) the number of countries reporting specific cross-border cooperation activities, expressed as the proportion of all countries that received the annual report questionnaire (constituting the absolute

minimum); and (b) the number of countries reporting specific cross-border cooperation activities, expressed as the proportion of the countries responding either affirmatively or negatively to questions on whether or not they had carried out such specific cross-border operation activities. The latter is based on the hypothesis that non-reporting countries would show similar patterns of international cooperation as those reporting, which probably constitutes the maximum. In fact, it seems highly unlikely that non-reporting countries would, on average, be more involved in international cooperation than reporting countries, as the latter are more often located in regions, such as Europe, where the capacity to engage in international cooperation is likely bigger and the framework for such cooperation is more institutionalized.

For these reasons, the analyses of responses to the annual report questionnaire in this chapter are presented in ranges based on proportion (a) and proportion (b) mentioned above. While these ranges may sometimes be wide, one should refrain from calculating mid-points, as they would be misleading, in particular because in most cases it is likely that the actual proportions would still be closer to proportion (b) than to the absolute minimum, proportion (a).

Number of countries providing data on international cooperation in the annual report questionnaire and their proportion among countries that received the annual report questionnaire, by region, 2017–2018



Source: UNODC, responses to the annual report questionnaire.

Note: For the purposes of these calculations, a country was considered to have reported on international cooperation if it had provided information on whether it had engaged or not engaged in at least one of the following activities: joint operations, controlled deliveries, the exchange of liaison officers, the exchange of information or the extradition of drug traffickers, in either 2017 or 2018.

## International cooperation has been at the heart of international drug control for more than a century

The strengthening of international cooperation has been at the heart of international drug control since the convening of the Shanghai Opium Commission in 1909. That was followed by the first International Opium Convention, signed at the Hague in 1912, the three drug conventions of the League of Nations (1925, 1931, 1936) and the three drug conventions adopted by the United Nations (1961, 1971 and 1988).

International cooperation continued to play a key role in more recent policy documents. The Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted during the high-level segment of the fifty-second session of the Commission on Narcotic Drugs, in 2009,<sup>a</sup> makes multiple mentions, 32 in all, of the need for more and better international cooperation, putting it on par with other strategies referred to in the Political Declaration, such as demand and supply reduction.<sup>b</sup>

<sup>a</sup> See, for example, paragraph 1 of the Political Declaration: “We, the States Members of the United Nations ... 1. *Reaffirm* our unwavering commitment to ensure that all aspects of demand reduction, supply reduction and international cooperation are addressed...” (E/2009/28, chap. I, sect. C (Political Declaration, para. 1)).

Similarly, in the outcome document of the special session of the General Assembly held in 2016, entitled “Our joint commitment to effectively addressing and countering the world drug problem”, the need to enhance and increase cooperation to face the various challenges linked to the drug problem, including the need to increase and strengthen international cooperation, is explicitly mentioned multiple times.<sup>c</sup>

Lastly, the 2019 Ministerial Declaration on “Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem” committed to further strengthening cooperation and coordination among national authorities, particularly in the health, education, social, justice and law enforcement sectors, and between governmental agencies and other relevant stakeholders, including the private sector, at all levels, including through technical assistance; as well as to strengthening bilateral, regional and international cooperation and promoting information-sharing.

<sup>b</sup> See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

<sup>c</sup> General Assembly resolution S-30/1, annex.

of an average of 196 annual report questionnaires sent out every year, 72 countries provided replies on the issue in 2018, while 124 countries and territories did not. This reporting rate limits interpretation of the information reported to UNODC for any specific year, and also limits the ability to make comparisons over time, since the countries that provide replies change from year to year.

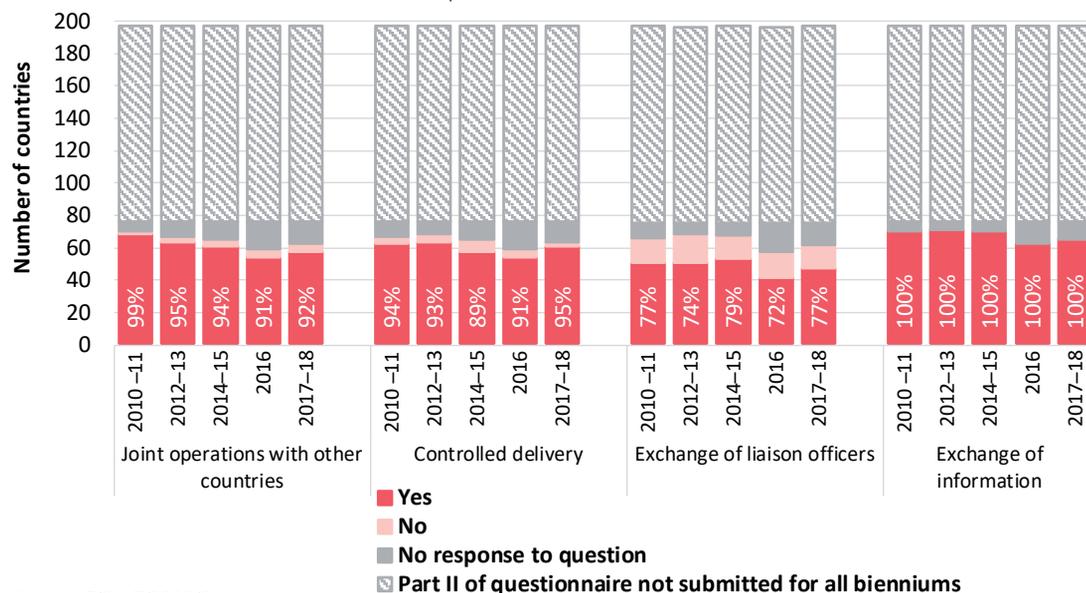
### Joint cross-border drug operations

Data show that an average of 67 countries, i.e., 35 per cent of all countries to which the questionnaires were sent (196 countries), or 90 per cent of countries that actually reported, were involved in joint cross-border drug operations over the period

2010–2018. This is quite a broad range, leaving the door wide open to interpretations as to the importance of joint operations between law enforcement across countries.

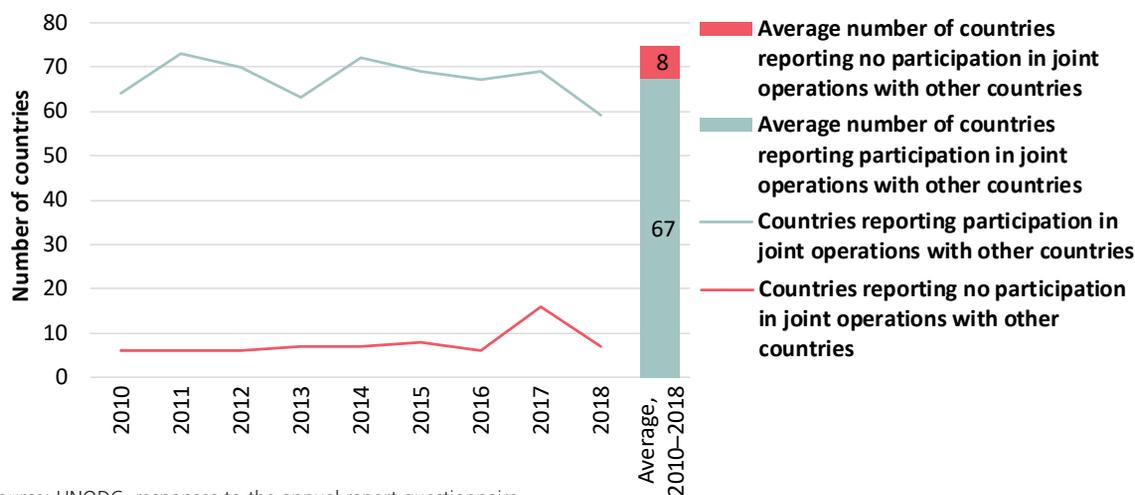
In 2018, seven countries, mostly located in Africa and, to a lesser extent, in South and Central America, reported no joint operations, while 59 countries, mostly located in Europe (24 countries), followed by Asia (15), the Americas (10), Africa (8) and Oceania (2), were involved in joint cross-border operations.

The involvement of law enforcement in joint operations among countries providing such information throughout the period 2010–2018 appears to have declined slightly in recent years, falling – if only

**FIG. 12** International cross-border cooperation, 2010–2018

Source: E/CN.7/2020/6.

Note: This analysis is based on 196 countries to which the annual report questionnaire is sent every year and on information provided by 75 countries that reported throughout the period 2010–2018 (by either providing an answer to each question or leaving the answer blank). The percentages represent the proportion of countries reporting their involvement in each activity for each biennium out of all countries providing such information (i.e. countries reporting either “yes” or “no” to the respective question asked).

**FIG. 13** Countries reporting joint cross-border operations, 2010–2018

Source: UNODC, responses to the annual report questionnaire.

countries reporting throughout the period 2010–2018 are considered – from 68 countries in the period 2010–2011 to 57 in the period 2017–2018.

The reasons for this downward trend in joint operations in recent years are unknown. It can be speculated that among the multiple causes, the

budgetary problems following the 2008 financial crisis may have played a role. Moreover, over the years, Member States have reported that they have faced a number of challenges in joint operations, which may also have contributed to the decrease. These challenges include “slow formal procedures”

## Controlled deliveries

Article 1 of the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances defines controlled delivery as a “technique of allowing illicit or suspect consignments of narcotic drugs, psychotropic substances, substances in Table I and Table II annexed to this Convention, or substances substituted for them, to pass out of, through or into the territory of one or more countries, with the knowledge and under the supervision of their competent authorities, with a view

to identifying persons involved in the commission of offences established in accordance with article 3, paragraph 1, of the Convention”. Article 11 is then fully dedicated to this technique, asking all parties to the Convention to take all the necessary measures “to allow for the appropriate use of controlled delivery at the international level”. The technique of controlled delivery was also advocated in subsequent international drug policy instruments, including the 2009 Political Declaration and Plan of Action.

(37 countries over the period 2017–2018), “lack of agreements enabling operational cooperation” (15 countries), “inability to identify appropriate counterparts” (14 countries) and problems related to the “lack of a common language” practiced and understood by law enforcement officials from different countries (11 countries). Paradoxically, however, reported data also suggest that such obstacles to successful international cooperation decreased slightly in importance between the periods 2010–2011 and 2017–2018.<sup>53</sup>

### Controlled deliveries of drugs

The active participation of national law enforcement agencies in controlled deliveries of drugs is another important area of international cooperation. Such measures typically target complex and long-lasting operations and are aimed at dismantling transnational drug trafficking networks operating across countries. They do not focus on couriers who handle small quantities of drugs and the seizing of small quantities of drugs, but rather attempt to dismantle whole networks operating across countries.

On average, 69 countries per year acknowledged their involvement in controlled deliveries of drug shipments over the period 2010–2018, representing 36 per cent of all countries receiving the annual report questionnaire and 86 per cent of all countries

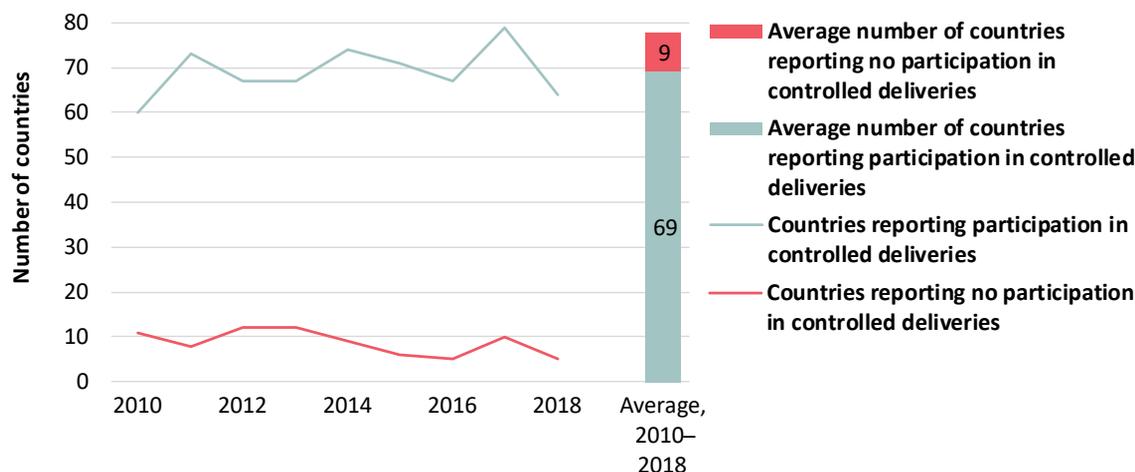
providing a reply to the question on controlled delivery over the period 2010–2018. Some fluctuations but no clear trend in the number of countries reporting controlled deliveries can be identified over the period 2010–2018. In 2018, a total of 64 countries reported having been involved in at least one controlled delivery, including 26 countries located in Europe (mostly in Western and Central Europe), 16 in Asia, 11 in the Americas (mostly in Latin America and the Caribbean), 9 in Africa and 2 in Oceania. The five countries reporting no participation in controlled deliveries were all located outside Europe: three in Africa and one each in the Caribbean and South-East Asia.

While few law enforcement specialists would be likely to question the inherent merits of controlled deliveries of drugs, information provided by countries to UNODC suggests that they do not necessarily form part of the tasks expected of law enforcement authorities in several countries. Controlled deliveries require long-lasting partnerships among national agencies, connections that can easily be activated when cooperation on ongoing operations is needed quickly. They can also be resource-intensive; and where they are not included among the success indicators of national law enforcement agencies, the incentive for national agencies to engage in controlled delivery operations may be limited.

### Exchange of liaison officers

Another example of cross-border cooperation is the exchange of liaison officers, which facilitates the informal exchange of information between

<sup>53</sup> Report of the Executive Director on action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (E/CN.7/2020/6).

**FIG. 14** Countries reporting controlled deliveries of drugs, 2010–2018

Source: UNODC, responses to the annual report questionnaire.

countries and thus creates an environment of more timely and effective cooperation. There are cases in which liaison officers, with the help of their networks, were able to prevent drug shipments from leaving the countries where they were stationed, instead of having to wait until the drugs arrived in the countries of final destination, which could increase the risk of some of the drugs being diverted to other destinations before being seized in the countries of final destination.

However, it remains difficult to evaluate to what extent improved international cooperation, including the exchange of liaison officers, may have contributed to the increase in the last two decades of the quantities of drugs intercepted in source and transit countries.<sup>54</sup>

No clear trend in the number of countries reporting the exchange of liaison officers can be identified over the period 2010–2018, when an average of 57 countries reported the exchange of liaison officers. It is likely that the proportion of countries exchanging liaison officers falls within a broad range of between 29 per cent of all countries to which the questionnaire was sent and 74 per cent of all reporting countries over the period 2010–2018.

In 2018, 52 countries reported the exchange of liaison officers, most of which were located in Europe (20), followed by Asia (12), the Americas (9), Africa

(9) and Oceania (2). By comparison, 14 countries, located across all regions, reported having had no exchange of liaison officers in 2018.

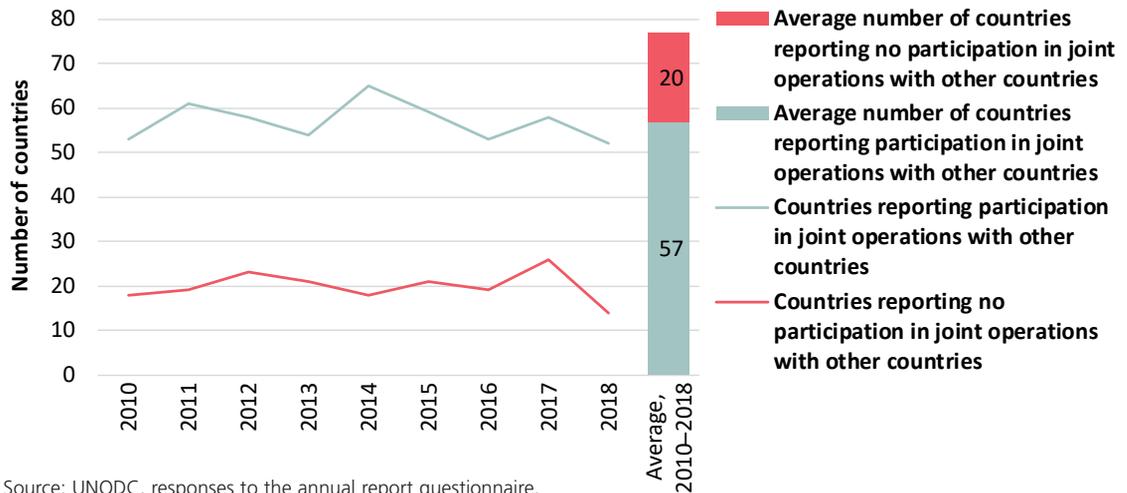
However, the number of countries reporting on an “information exchange via liaison officers” was actually larger (62 countries over the period 2010–2018, or 66 countries in 2018), suggesting that not all countries where foreign liaison officers were actually stationed reported having been involved in the exchange of liaison officers. Combining the responses to the two questions on involvement in the exchange of liaison officers and information exchange with liaison officers actually reveals that a total of 68 countries (35 per cent of all the countries to which the annual report questionnaire was sent) appear to have had links with liaison officers in 2018. This includes 27 countries in Europe, 16 in Asia, 13 in the Americas, 10 in Africa and 2 in Oceania.

### Exchange of information

All reporting countries seem to engage in the exchange of information with appropriate counterparts in other countries and/or with international organizations. On average, 82 countries reported having exchanged information on drug-related issues with other countries over the period 2010–2018 (42 per cent of all countries to which the questionnaires were sent, or more than 99 per cent of all reporting countries).<sup>55</sup> In 2018, only two countries

<sup>54</sup> UNODC, responses to the annual report questionnaire.

<sup>55</sup> E/CN.7/2020/6.

**FIG. 15** Countries reporting exchange of liaison officers, 2010–2018

Source: UNODC, responses to the annual report questionnaire.

reported no information exchange (one in sub-Saharan Africa and one in Latin America), while 70 countries reported having exchanged information on drug-related issues, most notably countries in Europe (26), followed by countries in Asia (17), Africa (13), the Americas (12) and Oceania (2).<sup>56</sup>

The exchange of information was mostly undertaken in the context of international meetings (64 countries on average over the period 2010–2018), direct communication (64 countries) and information exchange through INTERPOL (64 countries), followed by information exchange through liaison officers (62 countries), information exchange through regional organizations (58 countries), diplomatic channels (52 countries) and information exchange through the World Customs Organization (48 countries).<sup>57</sup>

### Extradition of drug law offenders

One of the specific results of international judicial cooperation is the extradition of drug law offenders. This measure was originally agreed in the Single Convention on Narcotic Drugs of 1961<sup>58</sup> and has been high on the international agenda ever since the adoption of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic

Substances of 1988,<sup>59</sup> as well as the 2009 Political Declaration and Plan of Action.<sup>60</sup>

The number of countries reporting the extradition of drug law offenders has fluctuated over the past decade. On average, 34 countries per year reported such extraditions over the period 2010–2018, which is equivalent to 18 per cent of all countries that received the questionnaire or 49 per cent of all reporting countries. Extraditions of drug law offenders thus seem to be less widespread globally than other forms of international cooperation. Most of the countries that reported the extradition of drug law offenders over the period 2010–2018 were located in Europe (an average of 17 countries per year), followed by the Americas (10 countries, mostly in Latin America and the Caribbean), Africa and the Middle East (4 countries) and Asia and Oceania (3 countries). By comparison, most of the countries that had not extradited drug law offenders (an average of 35 countries per year over the period 2010–2018) were located in Asia and Oceania (12 countries) and in Africa and the Middle East (10 countries).

The reasons why some countries extradite more than others are not clear. There are, of course, differences in the numbers of foreign drug traffickers arrested who are potentially subject to extradition. Moreover,

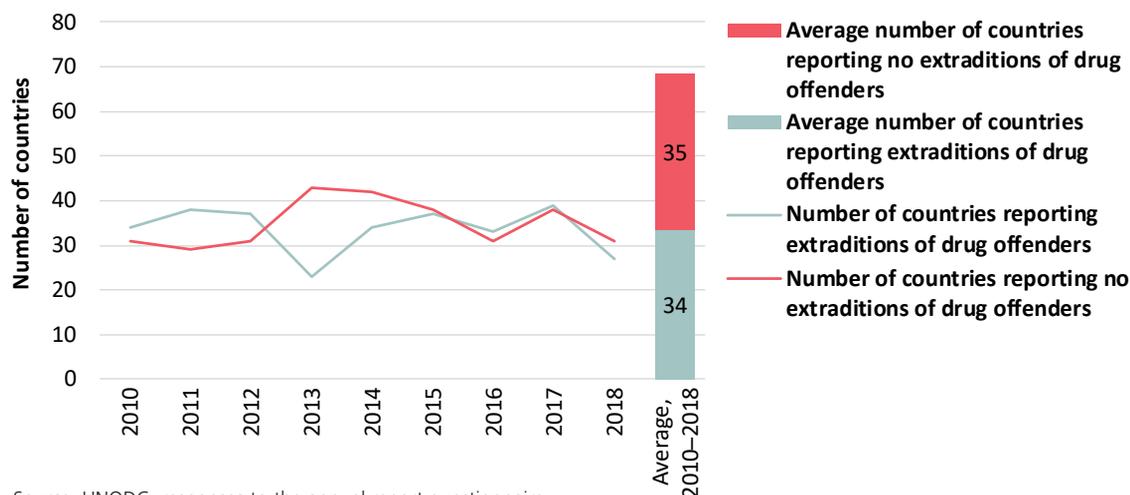
<sup>56</sup> UNODC, responses to the annual report questionnaire.

<sup>57</sup> E/CN.7/2020/6.

<sup>58</sup> See article 36.

<sup>59</sup> See article 6.

<sup>60</sup> See E/2009/28.

**FIG. 16** Countries reporting extraditions of drug law offenders, 2010–2018

Source: UNODC, responses to the annual report questionnaire.

extradition treaties between countries provide the basis for extraditions and play a key role. In addition, differences in extradition policies may have an impact on the readiness of countries to extradite drug law offenders. In this regard, the application of the death penalty for drug law offences may also limit extraditions.

### International technical cooperation

International technical cooperation in drug supply reduction efforts encompasses the receipt of assistance in such efforts from another country or from an international organization in the form of training, the provision of software (e.g., for processing border control information), financial assistance or assistance in data sharing, as well as the provision of such assistance to other countries.

The number of countries receiving such technical assistance appears to have increased slightly over the period 2010–2018, while the number of countries providing such assistance, although fluctuating, appears to have remained rather stable. Overall, 56 countries reported having obtained technical assistance in the area of drug supply reduction in 2018, up from 50 countries in 2010. By comparison, the number of countries that provided technical assistance to other countries in the area of drug supply reduction amounted to 37 countries in 2018, almost unchanged since 2010.

Most of the technical assistance provided to other countries in the area of drug supply reduction in 2018 appears to have been in the form of training (30 countries), financial assistance (12 countries), equipment (10 countries) and software (10 countries).<sup>61</sup> This mirrors the most common forms of assistance reported to have been received – training and assistance in data sharing, followed by the provision of equipment and software.<sup>62</sup>

The assistance received was judged sufficient for their needs by most reporting countries in Europe (88 per cent in the period 2017–2018) and in Asia and Oceania (58 per cent). By contrast, in Africa and the Americas, only a minority of reporting countries regarded the assistance received as meeting their needs (40 and 43 per cent, respectively).<sup>63</sup>

### Development assistance dedicated to drug control has declined

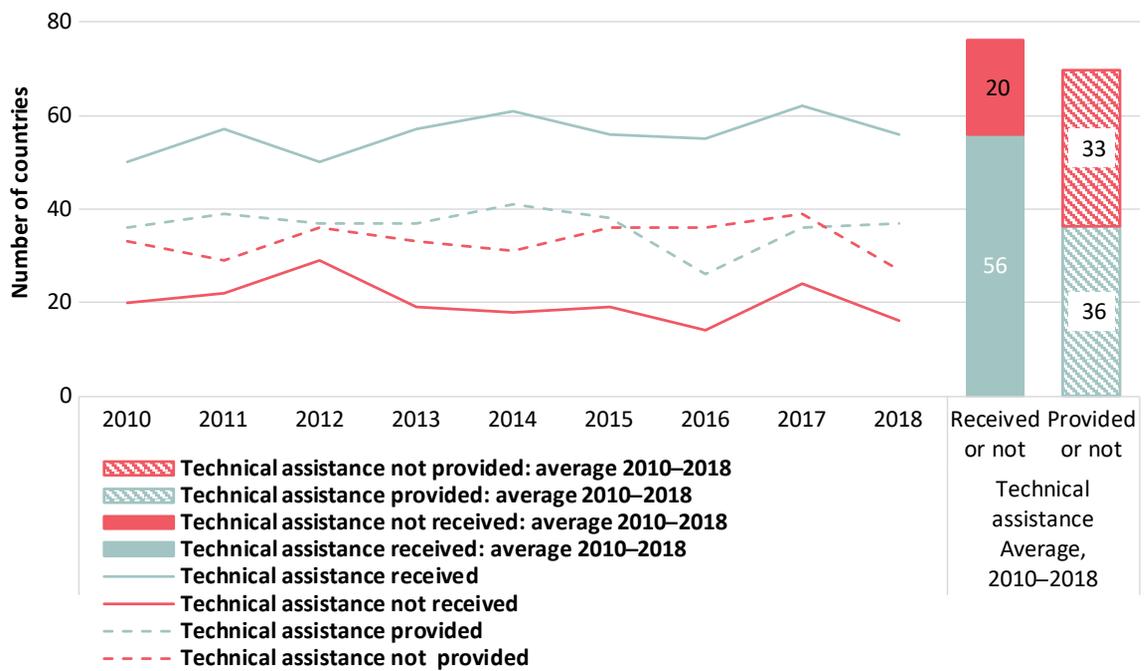
Donor countries report to the Development Assistance Committee (DAC) of OECD on areas in which they have committed themselves to providing funds for development assistance or have actually disbursed such funds to support developing countries. The reported statistics primarily include

61 UNODC, responses to the annual response questionnaire.

62 E/CN.7/2020/6.

63 Ibid.

**FIG. 17** Countries reporting having received or provided technical assistance in the area of drug supply reduction during the reporting year, 2010–2018



Source: UNODC, responses to the annual report questionnaire.

information on funds provided by the 30 members of DAC, all of which are OECD members. Moreover, they include information provided by a number of European OECD member countries that are not DAC members (mostly countries in South-Eastern Europe and the Baltic area), as well as a number of other non-DAC-member donor countries (mostly oil- and gas-producing countries, such as most of the Gulf countries, the Russian Federation, Kazakhstan and Azerbaijan, as well as a few other countries in Asia, such as Israel and Thailand). Funds provided to developing countries by multilateral bodies, such as the United Nations, the European Union, the International Monetary Fund, the World Bank and the various regional development banks, are also included. Funds provided by other emerging donor countries, such as China, seem not to be included in these statistics.<sup>64</sup>

The statistics are provided both in terms of commitments made by donor countries and in terms of

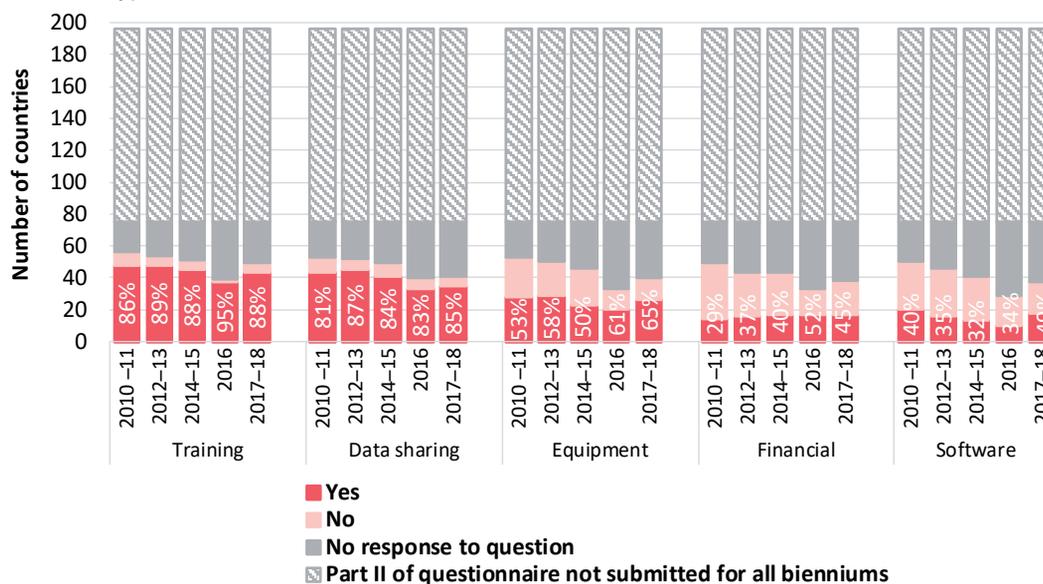
actual gross disbursements related to drug control. In most years, the former has tended to be higher than the latter. In any case, DAC statistics show a two-and-a-half-fold increase in development assistance by donor countries over the period 2000–2017, expressed in constant United States dollars, both in terms of overall commitments made and gross disbursements of development aid.

By contrast, commitments and disbursements dedicated explicitly to drug control fell by 98 and 89 per cent, respectively, over that period. Most of the decline was reported over the period 2006–2010, followed by a stabilization at low levels ever since. Expressed as a proportion of total development aid, drug control-related commitments fell from a proportion of 3 per cent of all development assistance in 2000 to 0.02 per cent in 2017. In parallel, gross disbursements related to drug control fell from 1.9 per cent of all such disbursements for development assistance in 2003 to 0.04 per cent in 2017.<sup>65</sup>

64 OECD, “Query Wizard for International Development Statistics”.

65 OECD, OECD.Stat, Development, Flows based on individual projects, “Creditor Reporting System (CRS)”.

**FIG. 18** Member States that received technical assistance in the area of drug supply reduction, by type of assistance, 2010–2018



Source: E/CN.7/2020/6.

Note: This analysis is based on 196 countries to which the annual report questionnaire is sent every year and on information provided by 75 countries that reported throughout the period 2010–2018 (by either providing an answer to each question or leaving the answer blank). The percentages represent the proportion of countries reporting their involvement in each activity for each biennium out of all countries providing such information (i.e. countries reporting either “yes” or “no” to the respective question asked).

Without more detailed information, it is difficult to judge to what extent the massive declines shown in these data reflect real declines in funds provided for drug control purposes, or whether they only reflect some changes in accounting practices. Some countries such as Colombia and Peru have become less reliant on donor assistance for drug control, but it cannot be excluded that Member States may simply provide development assistance under other budget lines.

### Most assistance for drug control is provided to the Americas and Asia

The primary recipients of overall development assistance over the period 2002–2017 were countries in Africa and in Asia, with little change between the periods 2002–2009 and 2010–2017.<sup>66</sup>

By contrast, development assistance dedicated exclusively to drug control purposes was dominated by funds made available primarily to countries in the Americas, in particular over the period 2002–2009

(67 per cent of the global total), followed by Asia. The latter became the main receiving region over the period 2010–2017 period (48 per cent of the global total), followed by the Americas (23 per cent of the global total). Assistance to those regions likely reflects the concentration of cocaine production and trafficking in the Americas and opium and heroin production and trafficking in Asia. The funds made available to Africa increased from 0.3 per cent of the global total over the period 2002–2009 to 8 per cent of the global total over the period 2010–2017, reflecting the emerging importance of drug trafficking and use in Africa.<sup>67</sup>

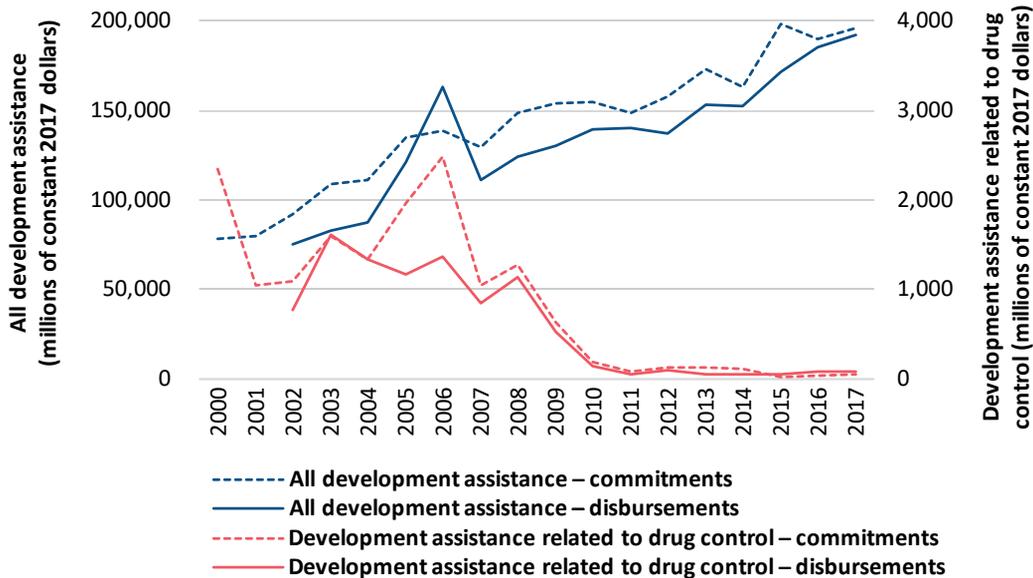
At the same time, OECD data point to a significant reduction in funds made available by donor countries for drug control purposes, from an average of \$1.1 billion per year over the period 2002–2009 to \$77 million per year over the period 2010–2017.<sup>68</sup> This contrasts with the continued calls for more international cooperation on drug control

<sup>66</sup> Ibid.

<sup>67</sup> Ibid.

<sup>68</sup> Ibid.

**FIG. 19** Commitments and disbursement of funds by donor countries reporting to the Development Assistance Committee on development assistance in general and development assistance dedicated to drug control, 2000–2017



Source: OECD, OECD.Stat, Development, Flows based on individual projects, “Creditor Reporting System (CRS)”.

Note: The statistics include information provided by observers of international institutions such as the United Nations Development Programme, the World Bank, the International Monetary Fund and various regional development banks, as well as by other OECD member countries and non-OECD-member DAC “participants”, including several oil-producing countries, such as Gulf States, the Russian Federation, Kazakhstan and Azerbaijan.

issues and more funding of such activities. Such marked declines affected all regions, in particular the Americas.

The net increase in overall development assistance over the past two decades (from \$112 billion to \$159 billion per year),<sup>69</sup> makes it difficult, however, to assess to what extent the reported declines in funds made available for drug control purposes were merely statistical artefacts, possibly offset by additional funds made available under different budget lines.

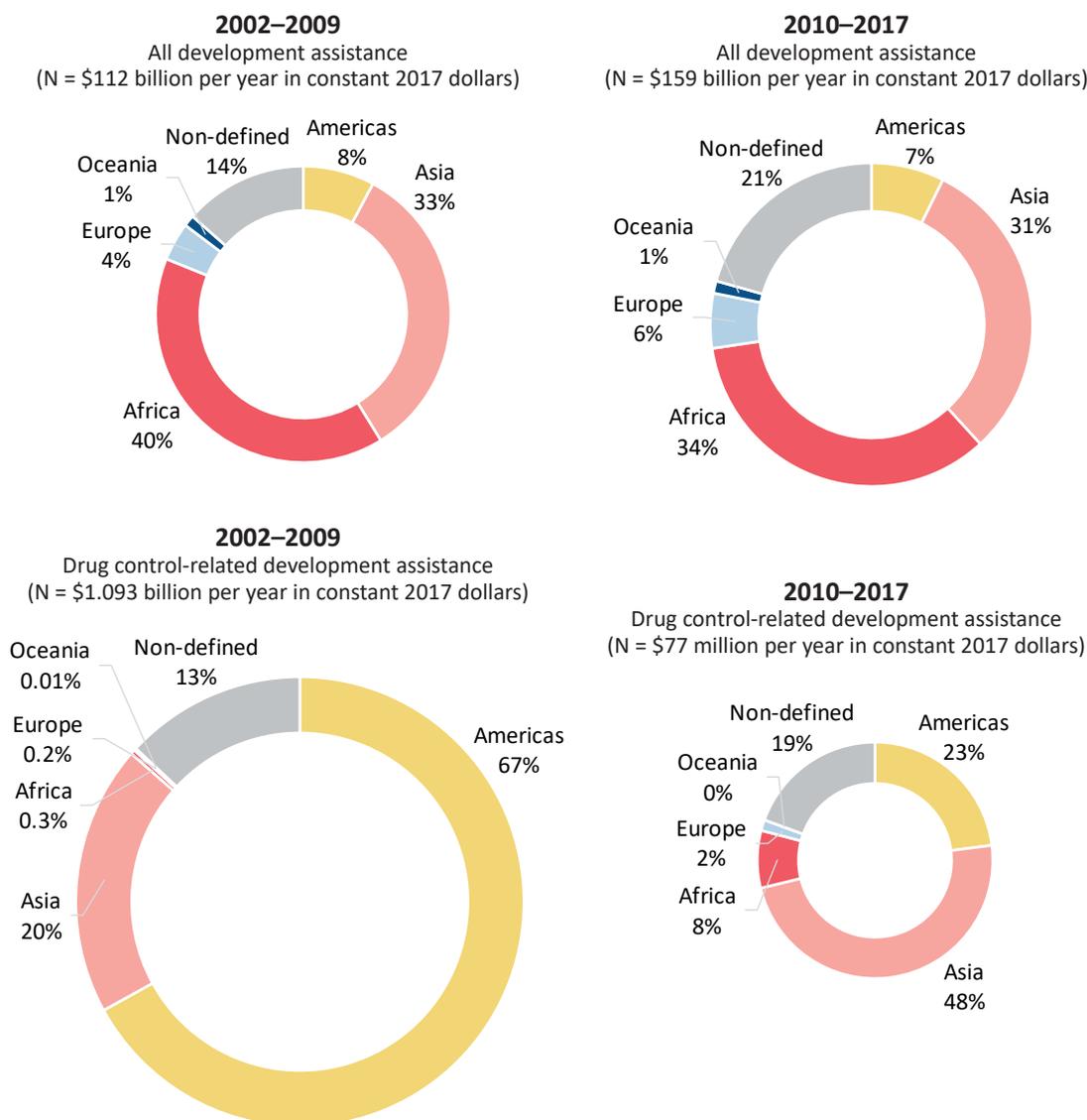
As reflected in the OECD statistics on gross disbursement of development assistance, the single largest recipient of development assistance related to drug control, excluding funds made available for alternative development, over the period 2002–2017 was Colombia (\$3.7 billion, expressed in 2017 United States dollars), followed by Afghanistan (\$1.3 billion), Peru (\$0.6 billion), the Plurinational State

of Bolivia (\$0.5 billion), Pakistan (\$0.3 billion), Ecuador (\$0.3 billion) and Mexico (\$0.2 billion), that is, all the countries affected by significant illicit drug production and/or drug trafficking activities. Most of those countries saw significant reductions in drug-related funding of development assistance between the periods 2002–2009 and 2010–2017. At the same time, several of those countries still benefited from an overall increase in development assistance over the two periods, including Colombia, Bolivia (Plurinational State of) and Mexico in the Americas and Afghanistan and Pakistan in Asia.<sup>70</sup> However, UNODC is also aware that several countries mentioned above have integrated a number of drug control activities into their national budgets in recent years. Such activities were previously supported by the international community, thus often rendering direct comparisons difficult.

69 Ibid.

70 Ibid.

**FIG. 20** Regional distribution of gross disbursements of all development assistance and of drug control-related assistance, 2002–2009 and 2010–2017



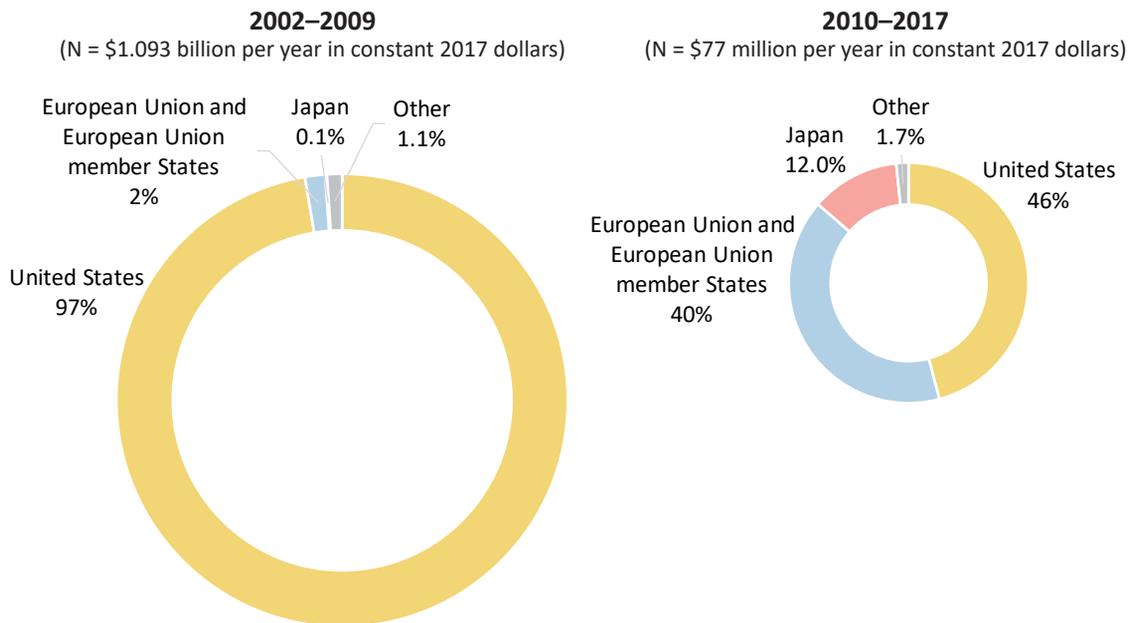
Source: OECD, OECD.Stat, Development, Flows based on individual projects, "Creditor Reporting System (CRS)".

Available data also suggest that the overall lesser funds available for drug control from development assistance are now shared between more beneficiary countries, rising from an average of 47 countries per year over the period 2002–2009 to 69 countries over the period 2010–2017 (82 countries in 2017).<sup>71</sup>

<sup>71</sup> Ibid.

### Most funds are sourced from the United States and the European Union

Regarding the origin of development funds made available for the purposes of drug control, DAC statistics suggest that, over the period 2002–2017, most such funds were provided by the United States, followed by the European Union (including its

**FIG. 21** Donors of development assistance funds dedicated to drug control, 2002–2017

Source: OECD, OECD.Stat, Development, Flows based on individual projects, “Creditor Reporting System (CRS)”.

member States) and Japan. Although the share provided by the United States continues to be the largest worldwide, the shares provided by both the European Union (and its member States) and Japan increased over the period 2010–2017, as compared with the period 2002–2009.

### Development assistance dedicated to drug control has started to show an upward trend again in recent years

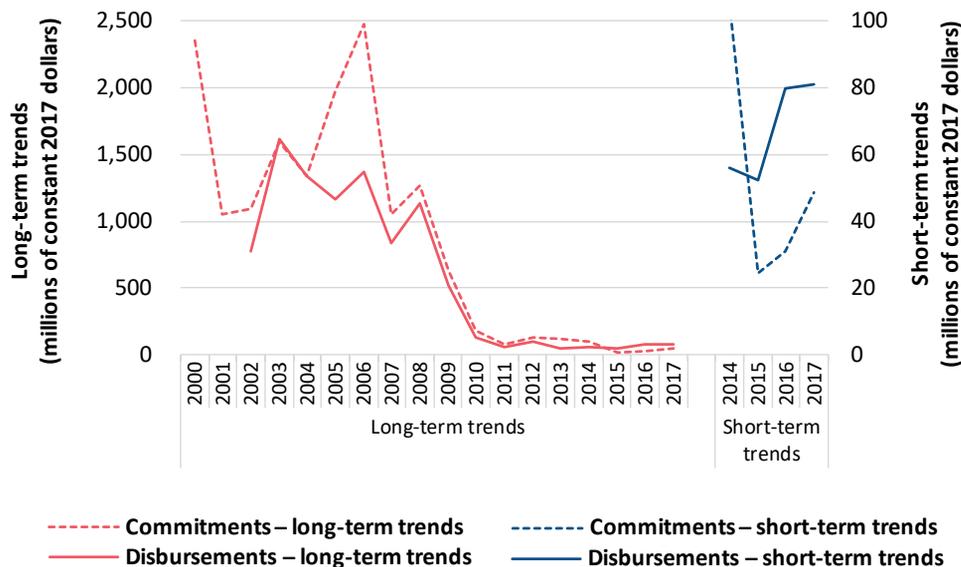
Irrespective of the clear long-term downward trend in assistance provided to developing countries for drug control purposes, there have again been signs of an upward trend in recent years (2015–2017) with regard to both commitments and gross disbursements of funds for drug control-related activities. At the same time, data also suggest that, even at current growth rates, it will nevertheless take a long time for the levels of funds dedicated to drug control that were available at the beginning of the new millennium to be reached again.

### Has international cooperation led to global quantities of drugs seized growing faster than global drug production?

The quantities of drugs seized have clearly increased over the past decades. This could be the consequence of more drugs being smuggled and/or of improved law enforcement efforts. If the growth in the volume of drugs seized outpaces the growth in the volume produced, however, it can be assumed that interdiction capabilities have effectively improved. This is reflected in available data: while cocaine manufacture at the global level doubled over the period 1998–2018, the quantity of cocaine seized globally more than tripled. Likewise, global opium production rose by around 80 per cent over the period 1998–2018, while the quantity of opiates seized globally tripled.

Even when taking into account the possibility that changes in drug seizures may not be fully comparable with changes in drug production, because seizures are reported in terms of heterogeneous purity levels

**FIG. 22** Commitments and disbursements of development assistance funds for drug control: long-term trends versus short-term trends

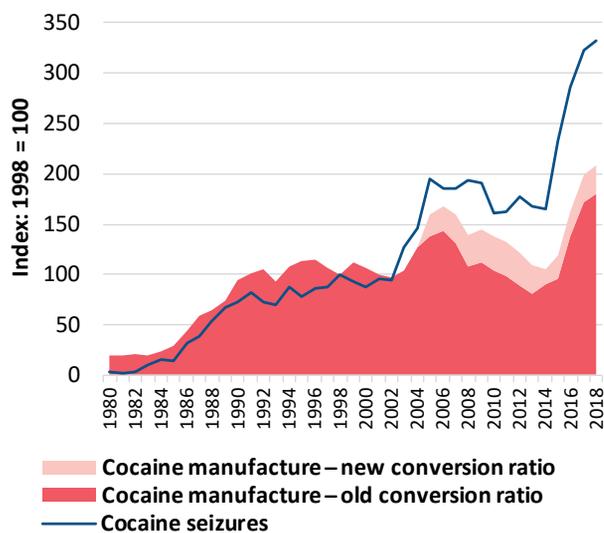


Source: OECD, OECD.Stat, Development, Flows based on individual projects, “Creditor Reporting System (CRS)”.

while production is estimated in terms of fixed purity levels, the fact that seizures have increased far more than production – with no indications of massive declines in the purity levels of drugs trafficked at the global level – suggests that rates of global drug interdiction have increased over the years. It is likely that a number of the largest drug seizures, which contributed to these results, would not have been possible without international cooperation.

The link between expenditure on drug control by donor countries as part of their development assistance and the results of related international cooperation in terms of law enforcement successes in seizing drugs is not at all clear, and all attempts to provide an explanation remain highly speculative. One possible explanation could be that the large amount of funds dedicated to drug control at the beginning of the new millennium may have contributed to improved cooperation on drug control issues at the global level and across countries. Once this cooperation became institutionalized, it continued, even though it appears that far smaller amounts of new funds were made available by the international community over the past decade.

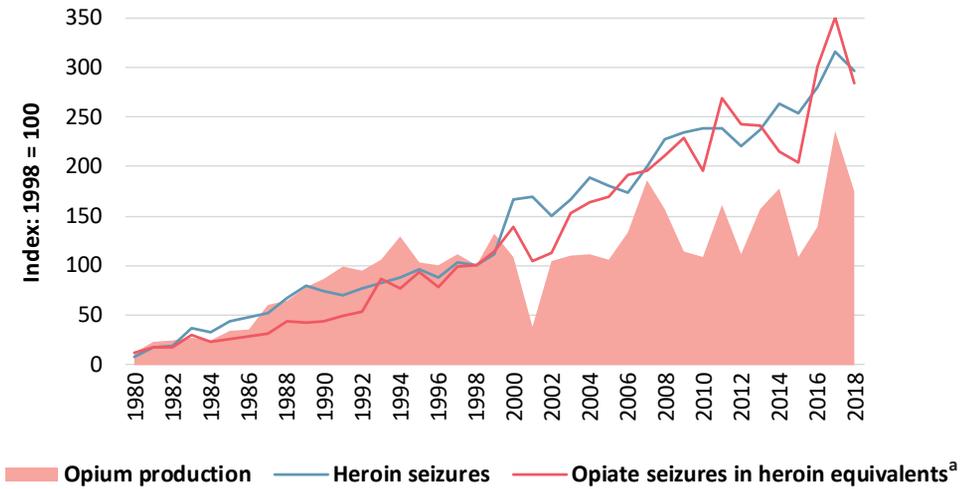
**FIG. 23** Growth in global cocaine manufacture and global quantities of cocaine seized, 1980–2018



Sources: UNODC, responses to the annual report questionnaire (for data on seizures); UNODC coca cultivation surveys; and United States, Department of State, International Narcotics Control Strategy Reports (for cocaine manufacture estimates).

Note: The 2018 estimates of cocaine manufacture are provisional.

**FIG. 24** Growth in global opium production and global quantities of opiates seized, including heroin, 1980–2018



Sources: UNODC, responses to the annual report questionnaire (for data on seizures); UNODC, opium poppy surveys, and responses to the annual report questionnaire; and United States, Department of State, International Narcotics Control Strategy Reports (for opium production estimates).

<sup>a</sup> Applying a conversion ratio of 10 kg of opium per 1 kg of morphine or heroin.