References to Uruguay

Part 1

RECENT STATISTICS AND TREND ANALYSIS OF ILLICIT DRUG MARKETS

A. EXTENT OF ILLICIT DRUG USE AND HEALTH CONSEQUENCES

The Americas (pages 12 to 14 WDR 13)

In the Americas, a high prevalence of most illicit drugs, essentially driven by estimates in North America, was observed, with the prevalence of cannabis (7.9 per cent) and cocaine (1.3 per cent) being particularly high in the region.

South America, Central America and the Caribbean

The annual prevalence of cocaine use in South America (1.3 per cent of the adult population) is comparable to levels in North America, while it remains much higher than the global average in Central America (0.6 per cent) and the Caribbean (0.7 per cent). Cocaine use has increased significantly in Brazil, Costa Rica and, to lesser extent, Peru while no change in its use was reported in Argentina.

The use of cannabis in South America is higher (5.7 per cent) than the global average, but lower in Central America and Caribbean (2.6 and 2.8 per cent respectively). In South America and Central America the use of opioids (0.3 and 0.2 per cent, respectively) and Ecstasy (0.1 per cent each) also remain well below the global average. While opiates use remains low, countries such as Colombia report that heroin use is becoming increasingly common among certain age groups and socio-economic classes.
Part 2

NEW PSYCHOACTIVE SUBSTANCES

C. THE RECENT EMERGENCE AND SPREAD OF NEW PSYCHOACTIVE SUBSTANCES (page 67)

Spread at the global level

Number of countries reporting the emergence of new psychoactive substances

Pursuant to Commission on Narcotic Drugs resolution 55/1, entitled “Promoting international cooperation in responding to the challenges posed by new psychoactive substances”, in 2012 UNODC sent a questionnaire on NPS to all Member States, to which 80 countries and territories replied. Most responses were received from countries in Europe (33), followed by countries and territories in Asia (23), in the Americas (12), in Africa (10) and in the Oceania region (2). In total 70 countries and territories, 70 i.e. 88 per cent of all responding countries, reported the emergence of NPS. Only 10 countries had not identified NPS in recent years.

Latin America and the Caribbean (page 89 WDR 13)

NPS have also started to emerge in the countries of Latin America, even though, generally speaking, levels of misuse of such substances in the region are lower than in North America or Europe. Countries reporting the emergence of NPS included Argentina, Brazil, Chile, Colombia, Costa Rica, Ecuador, Mexico, Panama and Uruguay. NPS reported included ketamine and plant-based substances, followed by piperazines, synthetic cathinones, phenethylamines and, to a lesser extent, synthetic cannabinoids. Brazil, for instance, reported the emergence of mephedrone and of DMMA (a phenethylamine) in its market; Chile reported the emergence of Salvia divinorum and tryptamine; and Costa Rica reported the emergence of N-benzylpiperazine (BZP) and TFMPP, two piperazines.