

1. OVERVIEW OF GLOBAL AND REGIONAL DRUG TRENDS AND PATTERNS

1.1 Global overview

1.1.3 Consumption

According to the Reference Group, there are large geographical variations in the prevalence of HIV among injecting drug users, with the largest numbers and highest rates in Latin America, East Europe, and East and South-East Asia. Combined, these regions account for 73% of the global number of injecting drug users living with HIV. In some countries, the prevalence of HIV among injecting drug users is extremely high, such as in Estonia (72%), Argentina (50%) and Brazil (48%). (pg 30)

ERRATUM:

The data on HIV prevalence among injecting drug users in Brazil which is in the report has as reference the article of the United Nations Reference Group on HIV and Injecting Drug Use, published on the LANCET magazine in 2008. The data on Brazil (48% prevalence) refers to the year of 2000. Nowadays, the country has, based on more recent studies done in 2009, an estimate prevalence of some 8.2%.

1.2 Regional overview

1.2.3 Europe

Illicit drug use

The most prevalent prescriptions drugs in the region seem to be prescription opioids. High prevalence of the non-medical use of prescription opioids has been reported by Costa Rica, Brazil and Chile. Most of the ATS use in the region is linked to diverted prescription stimulants (legally prescribed mainly as anorectics or for the treatment of attention deficit disorders). High levels of consumption have been reported for 2009, in particular from Argentina, Brazil and, to a lesser extent, Chile.(pg 38)

Table 5: Seizures in South America, Central America and the Caribbean, in kilogram equivalents, 2005-2009

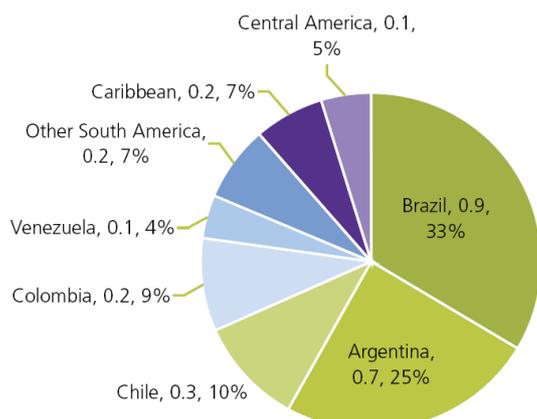
Source: UNODC ARQ.

	2005	2006	2007	2008	2009	In % of global total in 2009
Cannabis herb	509,265	1,065,673	1,009,470	857,534	619,786	10%
Coca leaf	3,195,757	3,318,645	4,698,820	4,883,732	3,517,918	100%
Cocaine	429,740	400,266	427,685	523,040	541,070	74%
Amphetamines	140	87	519	41	189	0.3%
Ecstasy	141	53	103	46	54	1%
Heroin	1,863	1,689	1,205	1,335	1,159	2%
Opium	2,129	263	259	300	74	0.01%
Memo: Population					473 million	7%

■ ■ 2010 figure becomes available.

Fig. 55: Cocaine use in South and Central American and Caribbean countries, in million persons and % of total (N = 2.7 million in 2009)

Source: UNODC ARQ.



3. THE COCA/COCAINE MARKET

3.2 Consumption

Cocaine use is now generally perceived to be stable in South and Central America

There is no update on the extent of cocaine use in South and Central America. Argentina (2.6%), Chile (2.4%) and Uruguay (1.4%) remain countries with high prevalence of cocaine use among the general population in these subregions. The three Southern Cone countries, Brazil, Argentina and Chile, together account for more than two thirds of all cocaine users of South America, Central America and the Caribbean. The Caribbean

countries account for 7% of the total and Central America for 5%. (pg. 91)

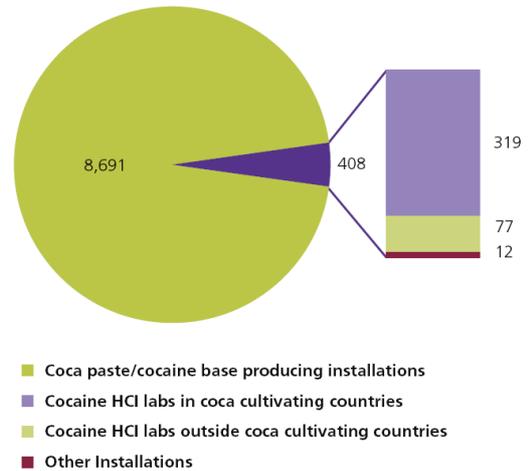
3.3 Production

Clandestine processing installations

There are indications of some cross-border trafficking of cocaine base for further processing in other countries in the region: Argentina (36 laboratories), Ecuador (10) and the Bolivarian Republic of Venezuela (26) all reported destruction of cocaine producing facilities. Often reports did not to specify if the installations detected were involved in producing cocaine base or HCl. It is assumed that most installations reported as being cocaine-producing were producing cocaine HCl, not cocaine base. Only a few installations involved in cocaine base or HCl manufacture were reported outside Latin America, for example, in Mexico (4) and Spain(1). (pg. 104)

Fig. 68: Seizures of clandestine installations processing coca/cocaine, 2009

Source: UNODC ARQ.

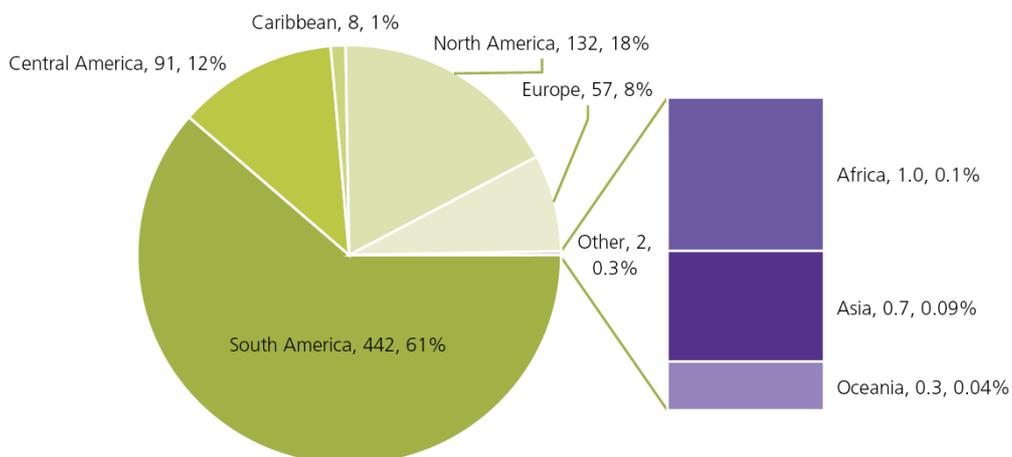


3.4 Trafficking

The origin of cocaine consumed in Europe seems to be more evenly distributed. In terms of cocaine seizure cases, cocaine from Colombia accounted for 8% of the cocaine seized in Europe over the 2008-2010 period, Peru for 7% and the Plurinational State of Bolivia for 5% (based on information from 13 European countries). The rest (80%) can only be traced back to various transit countries in the Americas (notably Argentina, the Dominican Republic, Brazil, Costa Rica, Panama, Ecuador and Paraguay), Africa (notably Senegal, Mali, Guinea and Nigeria) and Europe (notably Spain, the Netherlands and Portugal). (pg. 106)

Fig. 71: Distribution of global cocaine seizures by region, 2009

Source: UNODC ARQ.



Americas

In 2008, seizures of cocaine reached relatively high levels in both the Plurinational State of Bolivia and Peru, compared to previous years. Since then, seizures in Bolivia essentially sustained the high level, amounting to 27 mt in 2009 and 29 mt in 2010, while seizures in Peru receded to 21 mt (from 28 mt in 2008) and rose back to 31 mt in 2010. The plurinational State of Bolivia assessed that, in 2009, more than 95% of cocaine trafficking on its territory occurred by land; moreover, according to Bolivian authorities, cross-border trafficking occurred from Bolivia into Argentina, Brazil and Chile and also from Peru into Bolivia. In contrast, according to Peruvian authorities, international trafficking organizations operating in Peru preferred maritime routes, with the ports of Callao, Chimbote and Paita being the main points of departure. A variety of other trafficking methods are also used in Peru, including land routes, rivers, couriers, postal services and flights from clandestine airfields. (pg. 109)

Fig. 72: Cocaine seizures in the Americas, 1999-2009

Source: UNODC DELTA.

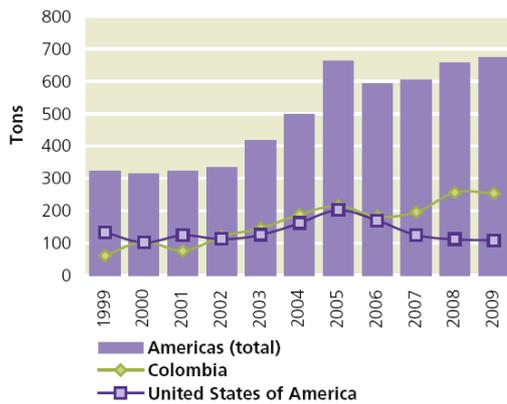
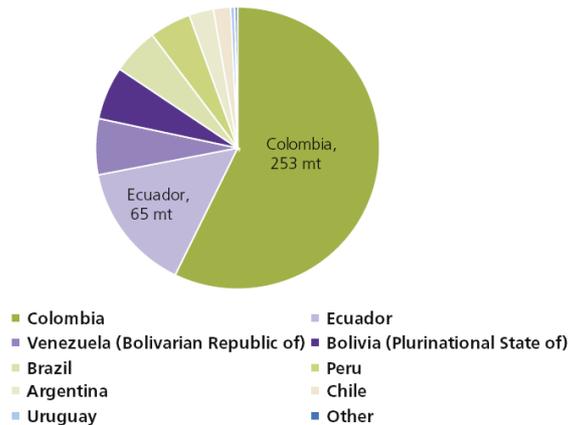


Fig. 73: Cocaine seizures in South America, by country, 2009

Source: UNODC DELTA.



According to the World Customs Organization, in 2009 the most important secondary distribution countries (apart from the Plurinational State of Bolivia, Colombia and Peru) were the Bolivarian Republic of Venezuela, Ecuador, Brazil and Argentina (ranked in order of the total weight of seized consignments departing from a given country). With regard to cocaine reaching Europe, the World Customs Organization also noted the high quantity of cocaine arriving from Ecuador and the growing significance of Brazil and Suriname. With regard to cocaine reaching Africa, WCO noted that Brazil was the only South American country mentioned as a departure country for customs seizures made in Africa in 2009. (pg 109)

In Argentina, cocaine seizures rose steadily from 1.6 mt in 2002 to 12.1 mt in 2008, and in 2009 sustained the increased level, at 12.6 mt. Trafficking of cocaine from Argentina to Chile was reported by both countries in 2009; Argentina also assessed that, in 2009, some of the cocaine trafficked on its territory was intended for Europe, apart from Argentina itself. Seizures in Chile rose markedly in 2007, and have since then declined slightly, amounting to 8.4 mt in 2009. Argentina was also prominent - in terms of number of seizures - as a transit country for cocaine consignments seized in Europe, with 194 such cases reported in 2009. However, these seizures tended to be small in comparison with seizure cases transiting other countries, amounting to a total of 217 kg of cocaine. (pg. 109)

Fig. 74: Cocaine seizures in Europe transiting selected countries in the Americas, by number of cases, 2005-2009

Source: UNODC IDS.

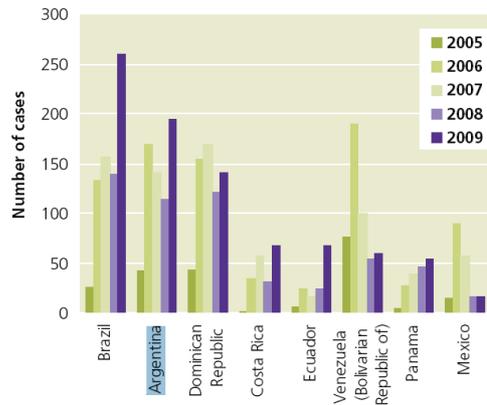
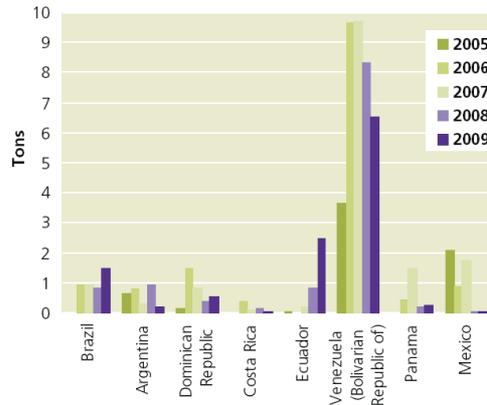


Fig. 75: Cocaine seizures in Europe transiting selected countries in the America, by quantity seized, 2005-2009

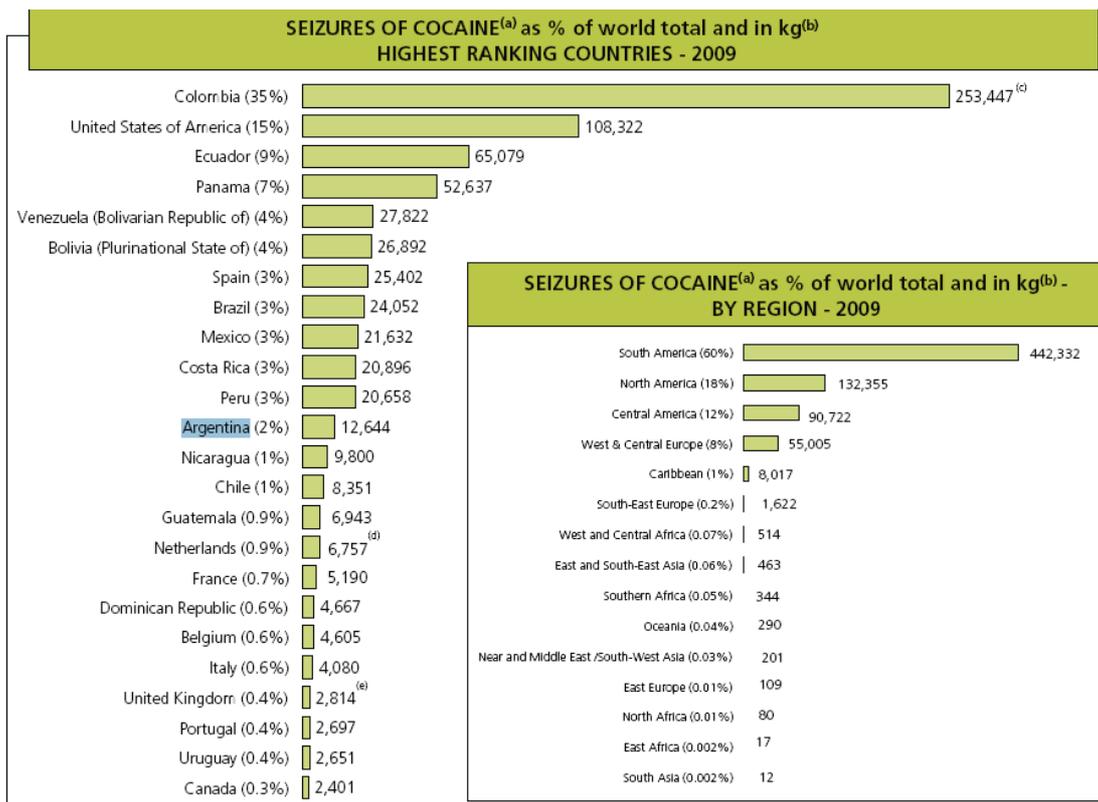
Source: UNODC IDS.



Africa

Cocaine is also trafficked directly from South America to South Africa, a country with a sizeable consumer market for this drug. South Africa assessed that, in 2008 and again in 2009, 40% of cocaine trafficked on its territory was intended for Europe, and the remainder for its domestic market. South Africa was also mentioned as a transit country for cocaine reaching several other African countries in 2009. According to Angolan authorities, cocaine usually reached Angola by air from Brazil via South Africa, Namibia and the democratic Republic of the Congo. (pg 113)

Colombia, Panama, Argentina, Canada, the United States, Brazil, the United Arab Emirates, Singapore, South Africa, the Plurinational State of Bolivia, Kenya and the Netherlands were all embarkation countries for the import of cocaine consignments larger than 1 kg. Moreover, Australia pointed to a possible shift away from imports of small quantities of cocaine. (pg 114)



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

^(b) Seizures as reported (no adjustment for purity).

^(c) Excluding 1.9 tons of "basuco".

^(d) Data relative to 2008. Data for 2009 from the Netherlands were not available.

^(e) Data for the United Kingdom for 2009 are based on incomplete data for some jurisdictions for the financial year 2009/10, and adjusted for the missing jurisdictions using the latest available complete distribution (relative to the financial year 2006/07).

4. El Mercado de ETS

4.2 Consumo

Estimulantes de tipo anfetamínico en América del Sur siguen estables

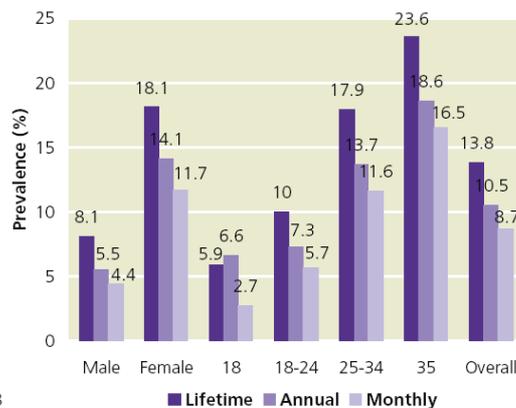
Fig. 98: Annual prevalence of amphetamines-group substances use in South America among the population aged 15-64, latest year available

Source: UNODC ARQ.



Fig. 99: Brazil: Prevalence of amphetamine use among university students, 2009

Source: I Levantamento Nacional Sobre O Uso De Álcool, Tabaco E Outras Drogas Entre Universitarios Das 27 Capitais Brasileiras, Secretaria Nacional Políticas sobre Drogas, Brasília, 2010.



There is no updated information on the prevalence of amphetamines-group substance use in South America. Existing information shows that the annual prevalence of amphetamines-group substance use in South America remains close to the world average, with estimates ranging between 0.5% and 0.7% of the population aged 15-64 or between 1.34 and 1.89 million people in that age group who had used these substances in the previous year. Compared to 2008, most of the countries reporting from the region perceive trends of amphetamine and methamphetamine use as being stable in 2009. Brazil, the Bolivarian Republic of Venezuela and Argentina remain countries with a high prevalence and absolute number of users of amphetamine and methamphetamine in South America. (pg 132)

Fig. 98: Annual prevalence of amphetamines-group substances use in South America among the population aged 15-64, latest year available

Source: UNODC ARQ.



Fig. 99: Brazil

Source: I Levantamento Tabaco E Outras Drogas em Uso nas Cidades Brasileiras, Secretaria de Saúde, 2010.

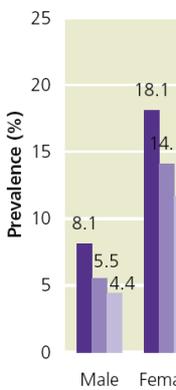
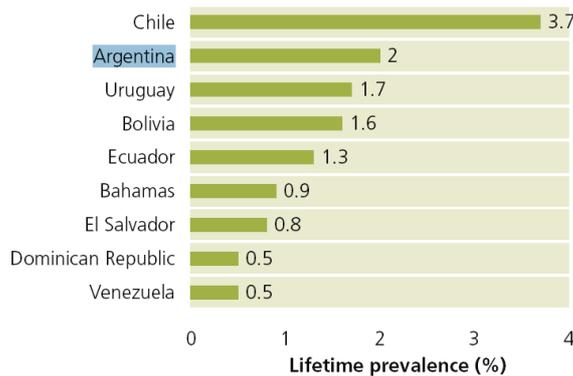


Fig. 113: South and Central America: lifetime prevalence of 'ecstasy' use among youth, 2008 or 2009

Source: UNODC ARQ.



prevalence of 'ecstasy' shows the prevalence rates ranging from 0.5% in the Bolivarian Republic of Venezuela to 3.7% in Chile. (pg 142)

In Central and South America, 'ecstasy' use remains low in the general population but higher among youth.

There is no update on 'ecstasy' use in Central and South America. Available information suggests, however, that the annual prevalence among the general population remains much lower in these subregions than the world average, ranging between 0.1% in Chile and 0.5% in Argentina. El Salvador, Peru and Trinidad and Tobago reported a perceived increase in 'ecstasy' use over the past year. As in other countries, information on 'ecstasy' use among school children in South and Central America shows much higher prevalence rates than for the general population. The latest information (2008 or 2009) on lifetime

Shift in ecstasy manufacture

Manufacture of ecstasy increasingly takes place in regions other than Europe, such as East and South-East Asia, North America, Oceania and Latin America. Illicit manufacture of ecstasy has been reported in Argentina, Belize, Brazil, Guatemala, Mexico and Suriname. In Brazil, a small-scale laboratory was seized in 2008 and another, more commercial-size operation in 2009, which included the seizure of 20,000 tablets. (pg. 151)

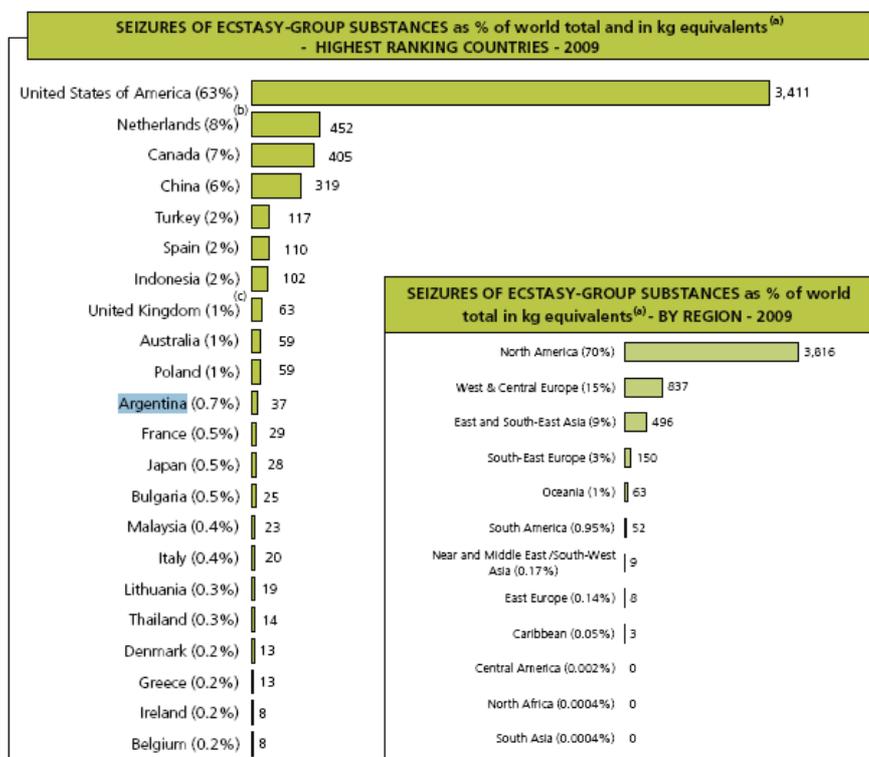
4.4 Trafficking

Global ATS seizures

Central America, South America and the Caribbean

In this region, seizures of amphetamine-type stimulants are limited. In recent years however, illicit manufacture of amphetamine-type stimulants has emerged in several countries with little or no previous history of reported manufacture. In Argentina, seizures of 'ecstasy' tablets rose from 11,072 in 2008 to 136,550 in 2009. Argentina also seized 20 kg of methamphetamine in 2008, and small quantities of methamphetamine tablets in 2008 and 2009. Argentina reported the seizure of one 'ecstasy' laboratory in 2008. In August 2009, Argentine authorities seized 4.2 mt of ephedrine (a precursor for methamphetamine) in two operations in the outskirts of Buenos Aires. Although manufacture in Argentina cannot be ruled out, it is likely that the large quantity of precursor chemical was intended for other destinations, possibly Mexico. (pg. 157)

Year	2001	2002	2003	2004	2005	2006	2007	2008	2009
Kilogram equivalents	10,895	13,049	9,410	12,727	9,729	9,776	16,595	5,991	5,435



^(a) This quantity reflects the bulk weight of ecstasy seizures, with no adjustment for purity. Seizures of ecstasy reported in tablets or similar units are converted using assumed bulk tablet weights between 200mg and 300mg, depending on the region and based on information currently available to UNODC. This differs from the approach adopted in earlier editions of the World Drug Report.

^(b) Data relative to 2008. Data for 2009 from the Netherlands were not available.

^(c) Data for the United Kingdom for 2009 are based on incomplete data for some jurisdictions for the financial year 2009/10, and adjusted for the missing jurisdictions using the latest available complete distribution (relative to the financial year 2006/07).

5. The cannabis market

Some countries in South and Central America report increases in cannabis use

Cannabis use patterns and trends in the Caribbean, South and Central America remain unchanged, with the prevalence of cannabis use at comparable levels in these subregions. One third of the countries that reported expert opinions on trends of drug use considered that cannabis use in their countries had increased. Countries with high prevalence of cannabis use among the adult population in these regions include Argentina, Belize, the Plurinational State of Bolivia, Chile and Guatemala.

As observed in other regions, the prevalence of cannabis use in Central and South America tends to be higher among youth than in the general population. One exception is Guatemala, where the prevalence of cannabis use is higher in the adult population aged 15-64 (4.8%) than in the 12-19 age group (1%). In Argentina, the annual prevalence of cannabis use among the populations aged 15-64 and 13-17 is almost identical (7.2% and 7.6%, respectively). (pg 180)

Fig. 146: Annual prevalence of cannabis use among adult and youth* populations in selected countries in the Caribbean, Central and South America

* Youth: Argentina and Uruguay 13-17 years; Belize ages 13,15 and 17; Brazil, Chile and Colombia 15-16 years; Costa Rica grade 10; Ecuador 12-17 years; Guatemala 12-19 years.

Source: UNODC ARQ.

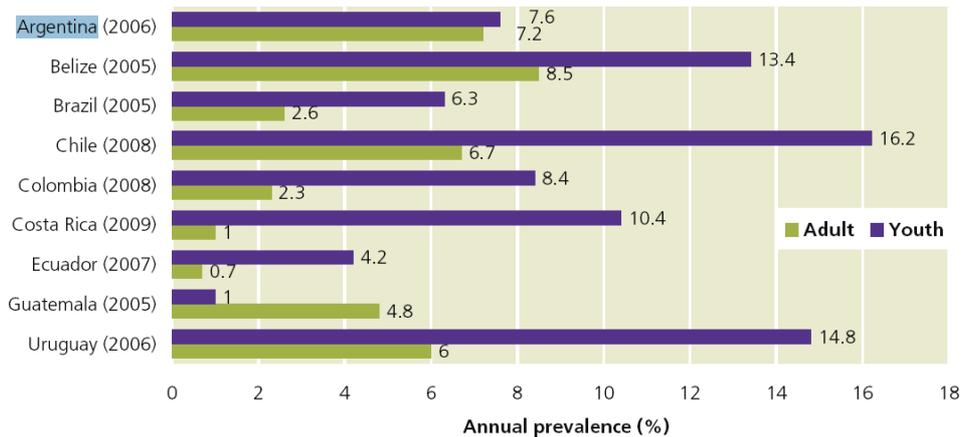
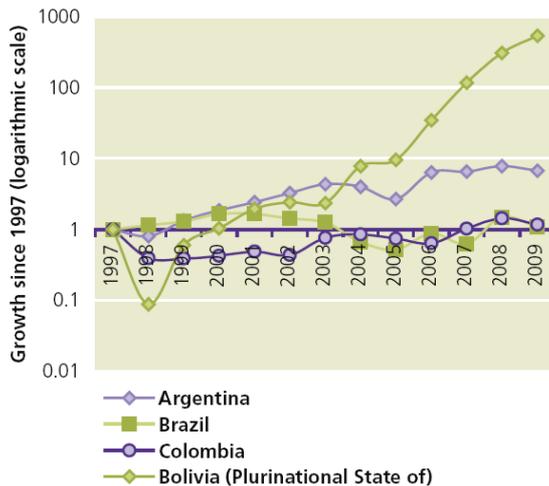


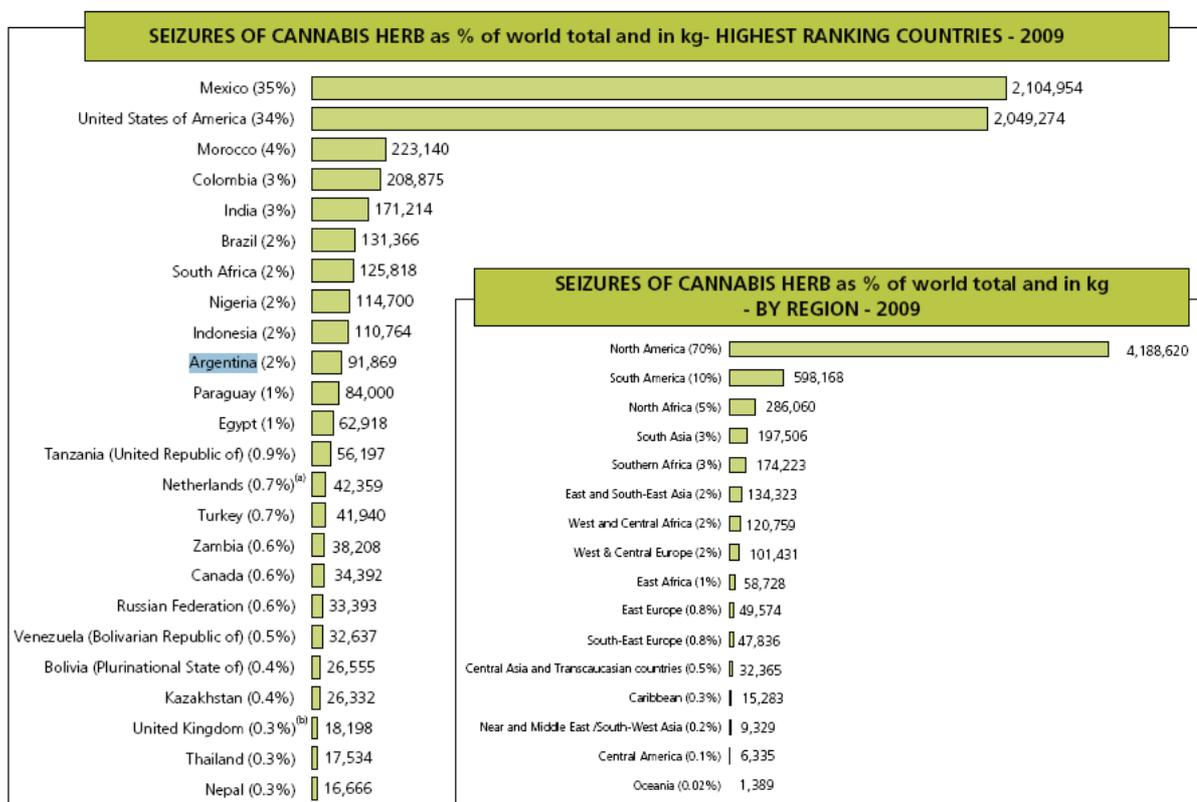
Fig. 160: Growth of aggregate cannabis* seizures in selected South American countries, 1997-2009 (baseline: 1997)

*Cannabis herb, plant, resin, oil and seed. For the purposes of aggregation, one cannabis plant is assumed to have a weight of 100 grams.

Source: UNODC DELTA.



Year	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Metric tons	4,042	4,680	5,504	5,076	6,295	6,739	4,901	5,932	5,982	5,510	6,022



^(a) Data relative to 2008. Data for 2009 from the Netherlands were not available.

^(b) Data for the United Kingdom for 2009 are based on incomplete data for some jurisdictions for the financial year 2009/10, and adjusted for the missing jurisdictions using the latest available complete distribution (relative to the financial year 2006/07).

Approach 1.

The global estimates of the number of people using each of the five drug groups in the past year were added up. Taking into account that people use more than one drug type and that these five populations overlap, the total was adjusted downward. The size of this adjustment was made based upon household surveys conducted in the USA, Canada, Australia, the United Kingdom, Italy, Brazil, Mexico, Germany, Spain, Argentina, Chile, the Plurinational State of Bolivia, Peru, Indonesia and the Philippines, which assessed all five drug types, and reported an estimate of total illicit drug use. Across these studies, the extent to which adding each population of users overestimated the total population was a median value of 126%. The summed total was therefore divided by 1.26.(pg 260)