The cover of the World Drug Report 2011 features a light green background. On the left, there is a stylized graphic of a window with two panes. The title 'WORLD DRUG REPORT' is written in a bold, dark blue, sans-serif font, and '2011' is written in a large, light green, sans-serif font below it.

WORLD DRUG REPORT 2011

CHILE

PREFACE

Today there is widespread recognition among Member States and United Nations entities that drugs, together with organized crime, jeopardize the achievement of the Millennium Development Goals. It is increasingly clear that drug control must become an essential element of our joint efforts to achieve peace, security and development. At the same time, we must reinforce our commitment to shared responsibility and the basic principles of health and human rights.

The *World Drug Report* documents developments in global drug markets and tries to explain the factors that drive them. Its analysis of trends and emerging challenges informs national and international drug and crime priorities and policies, and provides a solid foundation of evidence for counternarcotics interventions.

Drug markets and drug use patterns change rapidly, so measures to stop them must also be quick to adapt. Thus the more comprehensive the drug data we collect and the stronger our capacity to analyze the problem, the better prepared the international community will be to respond to new challenges.

Recent trends

Despite increased attention to drug demand reduction in recent years, drug use continues to take a heavy toll. Globally, some 210 million people use illicit drugs each year, and almost 200,000 of them die from drugs. There continues to be an enormous unmet need for drug use prevention, treatment, care and support, particularly in developing countries.

Drug use affects not only individual users, but also their families, friends, co-workers and communities. Children whose parents take drugs are themselves at greater risk of drug use and other risky behaviors. Drugs generate crime, street violence and other social problems that harm communities. In some regions, illicit drug use is contributing to the rapid spread of infectious diseases like HIV and hepatitis.

Heroin consumption has stabilized in Europe and cocaine consumption has declined in North America – the most lucrative markets for these drugs. But these gains have been offset by several counter-trends: a large increase in cocaine use in Europe and South America over the last decade; the recent expansion of heroin use to Africa; and increased abuse of synthetic ‘designer drugs’ and prescription medications in some regions.

Meanwhile, new drug use profiles are also emerging: consumption of combinations of drugs rather than just one illicit substance is becoming more common, and this increases the risk of death or serious health consequences. On the supply side, illicit cultivation of opium poppy and coca bush is now limited to a few countries, but heroin and cocaine production levels remain high.

Although 2010 saw a significant decrease in opium production, this was largely due to a plant disease that affected opium poppies in the major growing regions of Afghanistan. Yet between 1998 and 2009, global production of opium rose almost 80 per cent, which makes the 2010 production decline less significant over the last decade. Meanwhile, the market for cocaine has not shrunk substantially, it has simply experienced geographical shifts in supply and demand. Just a decade ago, the North American market for cocaine was four times larger than that of Europe, but now we are witnessing a complete rebalancing. Today the estimated value of the European cocaine market (\$33 billion) is almost equivalent to that of the North American market (\$37 billion).

Drug trafficking, the critical link between supply and demand, is fuelling a global criminal enterprise valued in the hundreds of billions of dollars that poses a growing challenge to stability and security. Drug traffickers and organized criminals are forming transnational networks, sourcing drugs on one continent, trafficking them across another, and marketing them in a third. In some countries and regions, the value of the illicit drug trade far exceeds the size of the legitimate economy. Given the enormous amounts of money controlled by drug traffickers, they have the capacity to corrupt officials. In recent years we have seen several such cases in which ministers and heads of national law enforcement agencies have been implicated in drug-related corruption. We are also witnessing more and more acts of violence, conflicts and terrorist activities fuelled by drug trafficking and organized crime.

A stronger multilateral response to illicit drugs

In the face of such diverse and complex challenges, we must improve the performance of our global response to illicit drugs.

This year is the 50th anniversary of the keystone of the international drug control system: the 1961 Single Convention on Narcotic Drugs. Its provisions remain sound and highly relevant, as does its central focus on the protection of health. The international community must make more effective use of all three Drug Conventions as well as the Conventions against Transnational Organized Crime and Corruption. Mobilizing these powerful international legal instruments, together with existing law enforcement and judicial networks, can strengthen transnational cooperation in investigating and prosecuting drug traffickers, combating money-laundering, and identifying, freezing and confiscating criminal assets.

A comprehensive and integrated approach can also help us to confront the global threat from drugs more effectively. We must build new partnerships. Governments and civil society must work together. States have to join forces in promoting regional cooperation. This strategy is already having some success against drugs originating in Afghanistan. The Paris Pact unites more than 50 States and international organizations to counter traffic in and consumption of Afghan opiates.

Regional counternarcotics information-sharing and joint cooperation initiatives like the Triangular Initiative (involving Afghanistan, the Islamic Republic of Iran and Pakistan), the Central Asian Regional Information and Coordination Centre and Operation TARCET (initiative to prevent the smuggling of precursors to Afghanistan) have intercepted and seized tons of illicit drugs and precursor chemicals. Building on the lessons of the Paris Pact, the Group of Eight, under the leadership of the French Presidency, recently launched an initiative to create a unified response to tackle the global cocaine market.

We also must ensure that supply and demand reduction efforts work together rather than in parallel. On the supply side, if we are to make real progress against heroin and cocaine, we must address illicit cultivation in a more meaningful and coordinated way. We have many tools at our disposal, including alternative livelihoods. Governments and aid agencies must invest more in development, productive employment and increased security. Crop eradication can also play a role, as a national responsibility with international support and assistance and in combination with programmes that help farmers shift to the cultivation of licit crops. We must also develop new strategies for preventing the diversion of chemicals that are used to make synthetic 'designer drugs' and to turn coca bush and opium poppies into cocaine and heroin.

On the demand side, there is growing recognition that we must draw a line between *criminals* (drug traffickers) and their *victims* (drug users), and that treatment for drug use offers a far more effective cure than punishment.

We are seeing progress in drug use prevention through family skills training, and more attention is being paid to comprehensive HIV prevention, treatment and care. As an essential part of demand reduction efforts, we also need to more vigorously raise public awareness about illicit drugs, and facilitate healthy and fulfilling alternatives to drug use, which must not be accepted as a way of life.

Better data and analysis to enrich policy

A lack of comprehensive data continues to obstruct our full understanding of the markets for illicit drugs. The gaps are more prominent in some regions, such as Africa and Asia, and also around new drugs and evolving consumption patterns.

More comprehensive data collection allows for more and better analysis, which in turn enriches our response to the world drug challenge. I urge countries to strengthen their efforts to collect data on illicit drugs, and I encourage donors to support those countries that need assistance in these efforts.

If we can strengthen our research and analysis, we can better understand the drug phenomenon and pinpoint areas where interventions are most likely to achieve positive results.

I would like to thank the teams of skilled surveyors who gather data on cultivation and production levels of illicit crops in the world's major drug-producing regions. The information they collect is of strategic importance to the efforts of both the Governments concerned and the international community to make our societies safer from drugs and organized crime. In addition, their data forms the core of this report. These brave individuals work in challenging and sometimes dangerous conditions. Sadly, in May 2011 a team of UNODC crop surveyors in the Plurinational State of Bolivia lost their lives while on the job. I would like to pay tribute to their courage and commitment, and dedicate this report to their memory.

REFERENCES TO CHILE

1. OVERVIEW OF GLOBAL AND REGIONAL DRUG TRENDS AND PATTERNS

1.2.2 South America, Central America and the Caribbean

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. 37, 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%
<i>Memo: Population</i>					473 million	7%

■ ■ 2010 figure becomes available.

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**. (pag. 38)

2. THE OPIUM/HEROIN MARKET

2.2. Consumption

In South America, the annual prevalence of opioid use (mainly non-medical use of prescription opioids) is estimated at between 0.3 - 0.4% of the adult population, or between 850,000 - 940,000 people aged 15 - 64. The Plurinational State of Bolivia (0.6%), Brazil (0.5%) and **Chile** (0.5%) remain countries with high opioid use rates. In

Central America, Costa Rica's rate is higher than the global average (2.8%). In South and Central America, codeine-based preparations are among the most commonly used opioids. Treatment demand in the entire region has remained stable over the past few years. In 2009, 9.6% of treatment cases were related to opioid use. (pag. 51)

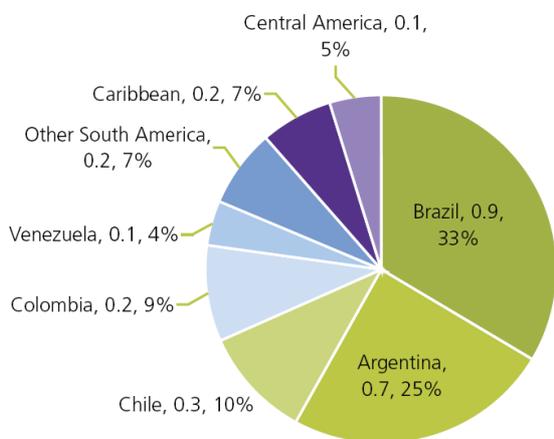
3. THE COCA/COCAINE MARKET

3.2 Consumption

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

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.



The estimated number of annual cocaine users in South and Central America and the Caribbean ranges between 2.6 and 2.9 million people aged 15-64. Cocaine use in South and Central America remains at levels higher than the global average. The estimated annual prevalence among the adult population ranges between 0.9% and 1% in South America and 0.5% to 0.6% in Central America. The prevalence of cocaine use in South America, though much lower than North America, is comparable to that in Europe. The upward trend of cocaine use reported in previous years did not continue in 2009.

Except for Ecuador and Guatemala, which reported increases, experts from most of the other South and Central American countries perceived stable trends.

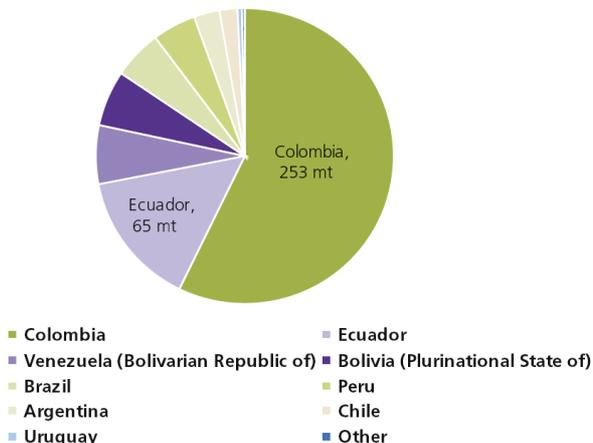
Nearly 50% of all treatment demand reported from South and Central America (including the Caribbean) is reportedly for cocaine use, while cocaine is also ranked as

the number one substance causing drug-induced or related deaths in the sub region.

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 sub regions. 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%. (pag. 91)

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

Source: UNODC DELTA.



3.4 Trafficking

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

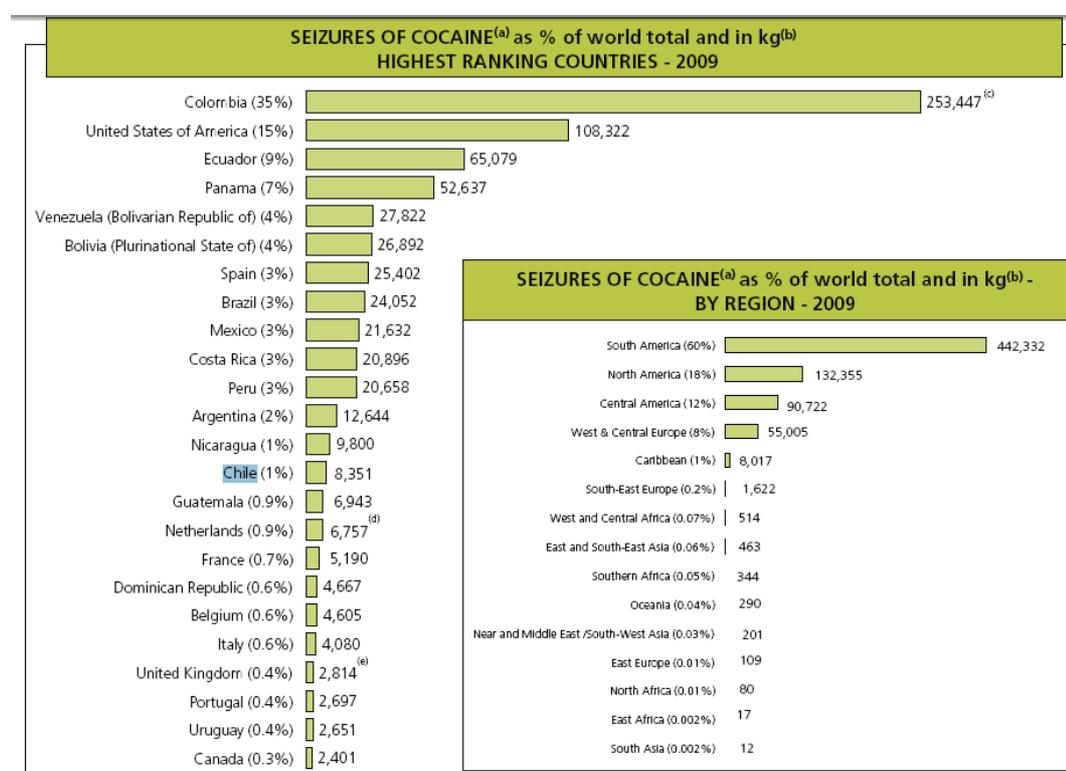
Excluído: 16

Excluído: 17

Excluído: 18

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. (pag. 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. (pag. 110)



^(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).

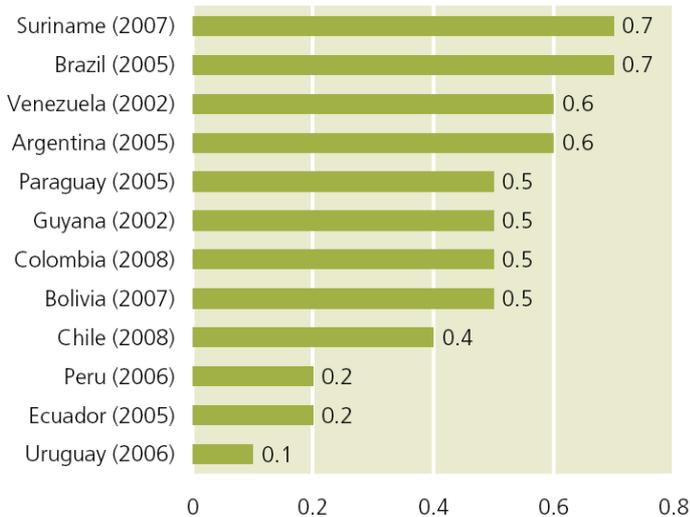
4. THE ATS MARKET

4.2 Consumption

Amphetamines-group substance use in South America appears to remain stable

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

Source: UNODC ARQ.

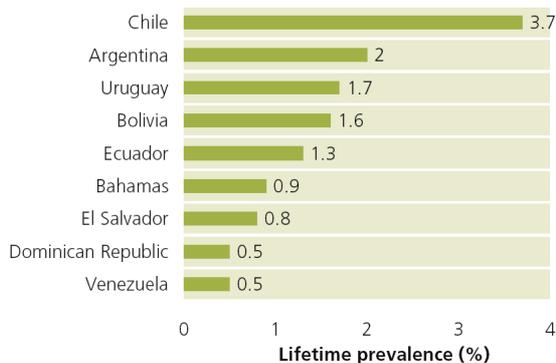


In Central and South America, 'ecstasy' use remains low in the general population but higher among youth.

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

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

Source: UNODC ARQ.



4.4 Trafficking

In 2010, Brazil seized 2,740 'ecstasy' tablets and 5,910 units of methamphetamine. Brazilian authorities seized one 'ecstasy' laboratory in 2008⁵⁷ in the state of Paraná, and, according to preliminary data, one 'ecstasy' laboratory, again in Paraná, as well as one methamphetamine laboratory in the state of Santa Catarina, in 2009. **Chile** seized one laboratory manufacturing mescaline in 2009. Seizures and investigations by **Chilean** authorities also point to trafficking of ephedrine from **Chile** to Mexico. Colombia seized 126,573 ATS tablets in 2009, including 23,477 'ecstasy' tablets. (pag. 158)

In 2009, small quantities of amphetamine-type stimulants were also seized in Costa Rica (methamphetamine and 'ecstasy'), **Chile** (amphetamine and 'ecstasy') Cuba (methamphetamine and unspecified ATS), the Bahamas ('ecstasy') and El Salvador (amphetamine). (pag.159)

5. THE CANNABIS MARKET

5.2 Consumption

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). (pag 181)

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.

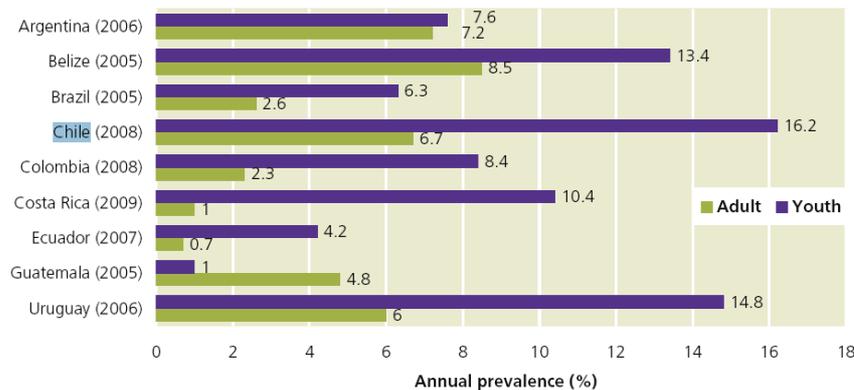


Fig. 147: Europe: Trends in annual prevalence of cannabis use in countries with new* data

* This refers to new or most recent data provided by Member States in 2010, either through the ARQ or in survey reports.

Source: UNODC ARQ; Government reports.

Making regional and global estimates of the number of people who use drugs and the health consequences

Estimates of the total number of people who used illicit drugs at least once in the past year

This year's Report used the same approach as last year. Two ranges were produced, and the lowest and highest estimate of each the approaches were taken to estimate the lower and upper ranges, respectively, of the total illicit drug using population. This estimate is obviously tentative given the limited number of countries upon which the data informing the two approaches were based. The two approaches were as follows: *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. (pág.260)