

References to Brazil

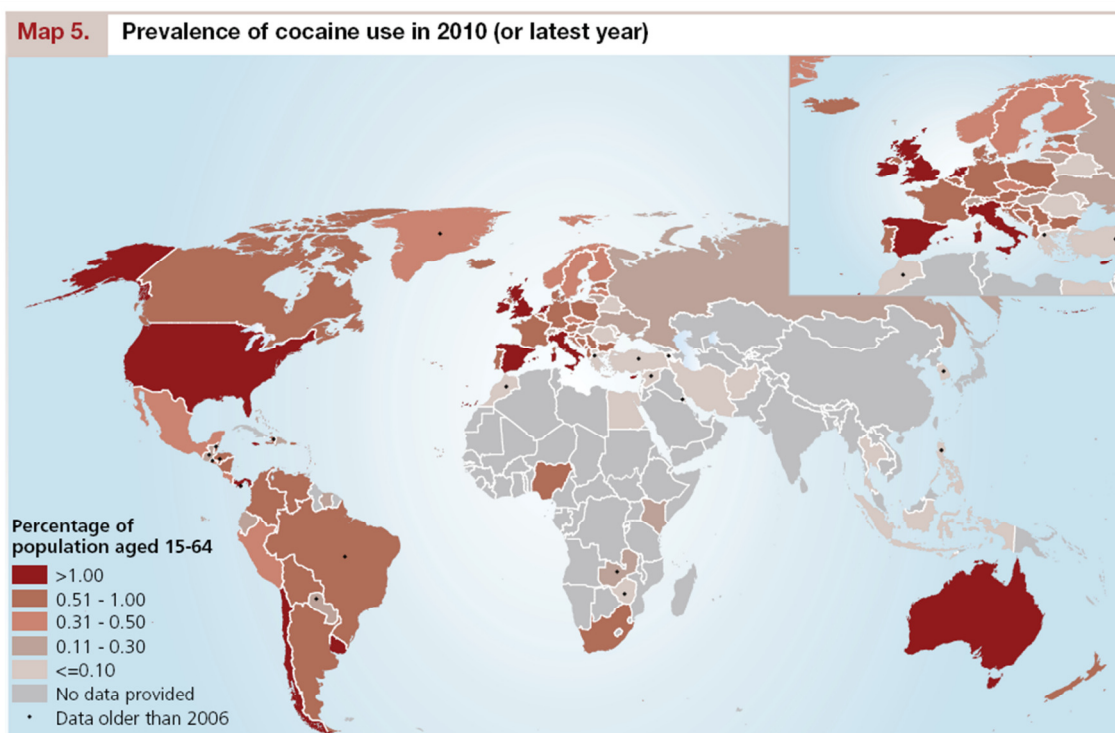
Part 1

RECENT STATISTICS AND TREND ANALYSIS OF ILLICIT DRUG MARKETS

A. EXTENT OF ILLICIT DRUG USE AND HEALTH CONSEQUENCES

The global picture

Cocaine



Source: UNODC estimates based on annual report questionnaire data and other official sources.

Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Dashed lines represent undetermined boundaries. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

In 2010, the regions with a high prevalence of cocaine use remained North America (1.6 per cent), Western and Central Europe (1.3 per cent) and Oceania (1.5-1.9 per cent) — the latter effectively reflecting its use in Australia and New Zealand. While global estimates of cocaine use have remained stable at 0.3-0.4 per cent of the population aged 15-64 (between 13 million and 19.5 million users), a substantial decrease was reported in North America and some countries in South America, with the annual prevalence of cocaine use in North America decreasing from 1.9 per cent

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in 2009 to 1.6 per cent in 2010. The overall average in South America decreased from 0.9 to 0.7 per cent in the same period, reflecting revised estimates in Argentina and a marked decline in Chile. There is a perceived increase in cocaine use in **Brazil**, but the lack of new data for that country prevents a better understanding of the impact on regional estimates. On the other hand, there was an increase in cocaine use reported in Oceania, from an estimated 1.4-1.7 per cent in 2009 to 1.5-1.9 per cent in 2010, essentially reflecting the increase in cocaine use in Australia, whereas cocaine use remained stable in Western and Central Europe. Pg. 11

Regional trends in illicit drug use

South America, Central America and the Caribbean

The prevalence of cocaine use in South America, Central America and the Caribbean remains high (0.7 per cent, 0.5 per cent and 0.7 per cent, respectively). In Central America, annual prevalence of ATS use has been reported to be higher than the global average, particularly in El Salvador (3.3 per cent), Belize (1.3 per cent), Costa Rica (1.3 per cent) and Panama (1.2 per cent). The misuse of pharmaceutical preparations containing opioids, stimulants and prescription stimulants also remains of concern in Central America and South America.

Concern over rising levels of the use of synthetic drugs such as “ecstasy” among South American youth also continues to grow, with prevalence of the use of stimulants (cocaine, amphetamine and “ecstasy”) among young people reported to be high, particularly in Argentina, Chile, Colombia and Uruguay.

Several countries in South America, such as Argentina, El Salvador, Peru and Uruguay, have also reported the use of ketamine. Lifetime prevalence of ketamine use in Argentina and Uruguay is reported to be 0.3 per cent; however, many studies of drug use among the general population in the region do not include the use of ATS¹. According to information reported in Argentina and Chile in 2010, most drug use remained stable in Argentina, while in Chile there were declining trends in cocaine and cannabis use. In the Bolivarian Republic of Venezuela, data for 2011 show prevalence of cocaine use among the adult population to be 0.7 per cent, a small increase from the previous estimate of 0.6 per cent, while the prevalence of cannabis use is 1.7 per cent (an increase from the previous estimate of 0.9 per cent), opioid use is 0.03 per cent and ATS use is 0.5 per cent². While there are no recent data on illicit drug use in **Brazil**, experts perceived an increase in cocaine use in 2010.

¹ For instance, the 2008 subregional collaborative study on drug use among the general population reports only the use of alcohol, tobacco, cannabis, and cocaine (United Nations Office on Drugs and Crime and Inter-American Drug Abuse Control Commission (CICAD), *Elementos Orientadores para las Políticas Públicas sobre Drogas en la Subregión: Primer Estudio Comparativo sobre Consumo de Drogas y Factores Asociados en Población de 15 a 64 Años* (Lima, April 2008)).

² Bolivarian Republic of Venezuela, Oficina Nacional Antidrogas and Observatorio Venezolano de Drogas “Estudio Nacional de Drogas en Población General 2011”.

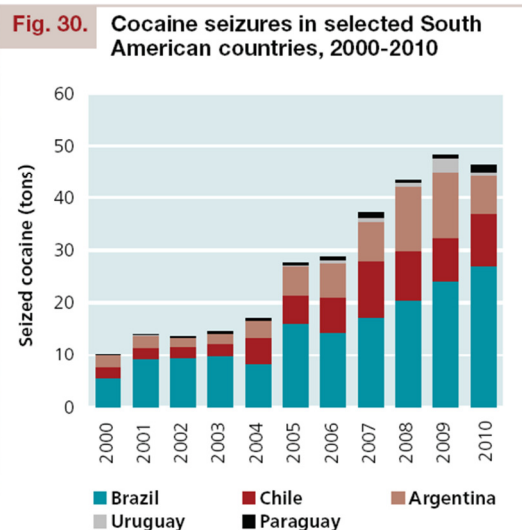
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In South America, the rate of drug-related deaths is estimated to be between 12.2 and 31.1 deaths per million population aged 15-64, well below the global average. Throughout the region, cocaine continues to be ranked the most lethal drug; however, it appears that in some countries in Central America and the Caribbean, higher homicide rates are, in part, linked to organized crime and conflicts related to cocaine trafficking flows and cocaine markets. pg. 20

C. COCAINE MARKET

The European cocaine market: a shift in supply

Growth in the European market and other expanding markets for Bolivian and Peruvian cocaine can also be registered in the increased demand for coca paste and cocaine in Bolivia (Plurinational State of) and Peru, as observed in the rising prices of those Substances. Yearly average prices for coca paste and cocaine in cocaine-producing areas in Peru were higher by 28 per cent and 13 per cent, respectively, in the period 2008-2010 compared with the period 2005-2010; as local demand for cocaine is reported to be rather stable, this increase is likely to be export-driven. In the Plurinational State of Bolivia, nominal prices of cocaine in producing areas also increased considerably between 2005 and 2010. As cocaine manufacture in both countries increased over the same period, because of the expansion of the area under coca bush cultivation and, perhaps also because of improved cocaine extraction methods, prices of coca derivatives should have decreased rather than increased. The increase could be a sign of increased, possibly export-driven, demand for cocaine by traffickers supplying the European market or other markets, such as **Brazil**, to compensate for a decrease in production in Colombia, which may have caused a change in trafficking patterns. Pg.40



Source: Annual report questionnaire supplemented by other official sources.
Note: For Argentina, available data for 2010 were not directly comparable with data for previous years, as coverage does not include seizures by federal security forces in Argentina. Hence, total seizures for 2010 (for Argentina and consequently for all five of the countries) may be higher than shown in the figure.

Emerging and expanding markets

Seizure data and limited information on demand for treatment services also point to a possible increase in illicit demand for cocaine in countries with an already significant

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population of cocaine users. In **Brazil**, federal seizures have more than tripled since 2004, reaching 27 tons in 2010 (see figure 30 below). According to experts, **Brazil** also experienced some increase in cocaine use in 2010. Recent survey data for **Brazil** are unavailable, but the concern over the increase in cocaine use in **Brazil** is reflected in the country's national programme launched in December 2011. The increase in seizures could also reflect the role of **Brazil** as a country of departure for cocaine smuggled across the Atlantic Ocean. Pg. 40, 41

D. CANNABIS MARKET

Cannabis herb: a look at main markets in the Americas

Most countries in North America and South America have registered increases in cannabis herb seizures in recent years. The most noticeable increases were in South America, where several countries reported large quantities of seized cannabis herb in 2009 and 2010. In Colombia, for example, seizures rose from 209 tons in 2009 to 255 tons in 2010; **Brazil** registered cannabis herb seizures of 155 tons in 2010; and in Paraguay, where extensive cultivation of cannabis has been reported, seizures reached 84 tons in 2009. Seizures in the Bolivarian Republic of Venezuela rose from 33 tons in 2009 to 39 tons in 2010. The Plurinational State of Bolivia reported the eradication of 1,069 tons of cannabis plant in 2010; that amount represents a notable long-term increase, as it is more than eight times the amount eradicated in 2006. Pg. 49

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Part 2

THE CONTEMPORARY DRUG PROBLEM: CHARACTERISTICS, PATTERNS AND DRIVING FACTORS

A. WHAT ARE THE FUNDAMENTAL CHARACTERISTICS OF THE CONTEMPORARY ILLICIT DRUG PROBLEM

The main dimensions of the contemporary drug problem

Prevalence, age distribution, gender gap and market value

In most developing countries, the gender gaps are even more pronounced. Surveys conducted in **Brazil** in 2005³ and Argentina in 2010, for instance, showed prevalence rates of female drug use that were some two thirds lower than the corresponding male rates among the general population. Pg. 60

Use of tobacco is clearly above average in Eastern Europe, East and South-East Asia and, to a lesser extent, in South Asia, the **Southern Cone** countries of South America, the Maghreb countries and Western and Central Europe. Below average rates are found in sub-Saharan Africa, Oceania and North America⁴. While tobacco use seems to have continued to increase in developing countries, it has been declining in the developed countries, notably in North America and Oceania. In the United States, for example, current tobacco use fell from a peak of 42 per cent of adults in 1965 to 19 per cent in 2011⁵. Pg.61

B. HOW HAVE THE PATTERNS OF THE DRUG PROBLEM SHIFTED OVER TIME

Shifts in the transnational opiate and cocaine markets

Consumption: from old to new markets

Cocaine

Cocaine use also increased in South America, notably in **Brazil** and other countries that are part of **the Southern Cone**, from the mid-1990s to about 2005. Since 2006, the overall trend has been less clear. Pg. 78

³ F. I. Bastos, N. Bertoni and M. A. Hacker, "Drug and alcohol use: main findings of a national survey, Brazil 2005", *Revista de Saúde Pública*, vol. 42, Suppl. 1 (2008), pp. 109-117.

⁴ World Health Organization, *WHO Report on the Global Tobacco Epidemic: Implementing Smoke-free Environments* (Geneva, 2009).

⁵ Centers for Disease Control and Prevention, National Health Interview Survey, 2011 and previous years. Available from www.cdc.gov/nchs/nhis.htm.

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The evolution of trafficking routes

Cocaine

In the past, cocaine for the European market used to be shipped directly from Colombia to Spain or, to a lesser extent, the Netherlands. During the first decade of the new millennium, however, such direct shipments declined. Cocaine was often transported to the Bolivarian Republic of Venezuela and onwards to various countries in the Caribbean, from where it was then transported to Europe, often by air. Some cocaine was also trafficked from Ecuador and Peru, as well as from **Brazil**. Pg. 79

Bolivia (Plurinational State of) and Peru have become important sources of cocaine for the illicit markets in **Brazil** and **the Southern Cone** countries of South America. Some of the cocaine shipped to **Brazil** is subsequently smuggled into Africa (mostly Western and Southern Africa), with Europe as its final destination. Because of linguistic affinities with **Brazil** and some African countries, Portugal emerged as a significant trans-shipment area for cocaine, notably during the period 2004-2007. The West African route appears to have become less active in recent years, however. Pg.79

Emerging patterns of illicit drug use

Non-medical use of prescription drugs

Stimulants

The third class of frequently misused prescription drugs is stimulants. The medical use of stimulants has decreased in recent years, though they are still prescribed for the treatment of attention deficit disorder and narcolepsy. In addition to the risk of dependency, non-medical use of stimulants may lead to heartbeat irregularities, elevated body temperature or even cardiovascular failure and seizures. A number of drug use surveys have indicated that prescription stimulants are frequently misused in the Americas. The use of prescription drugs well above the global average over the period 2007-2009 was reported by the following countries (listed in order of magnitude): the United States, Argentina, **Brazil**, Mexico and Chile⁶. In South America, in particular, stimulant use is often linked to weight loss efforts. The problem is not confined to that region, however, as countries in all major regions have reported relatively high levels of consumption of stimulants. Pg. 83

New actors, changing methods and threats

The rise and fall of drug trafficking organizations

Cocaine trafficking into Western Europe has for years been organized by Colombian criminal groups. In addition, a number of criminal groups from Caribbean countries,

⁶ *Psychotropic Substances: Statistics for 2009—Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and VI of the Convention on Psychotropic Substances of 1971* (United Nations publication, Sales No. T.11.XI.3). (An International Narcotics Control Board technical report.)

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including the Dominican Republic and Jamaica, have been involved. Since 2005, various West African criminal groups, often led by Nigerians, have become deeply involved in the cocaine market in many Western European countries. Nigerian groups have also become active in exporting cocaine from **Brazil**, notably Sao Paulo, to destinations in Africa and Europe. Most of those groups are not organized hierarchically but operate as independent units in loose networks.pg 84

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C. WHICH FACTORS SHAPE THE EVOLUTION OF THE PROBLEM

What are the key observable drivers of long-term trends?

Socioeconomic drivers

Over the past few decades, the availability of disposable income, notably among the younger generation in developed countries, has increased significantly, thus facilitating the growth of drug consumption. Levels of illicit drug use are generally higher in developed countries, where disposable income is high. This effect can sometimes be seen within regions, sub-regions or even countries. In North America, drug use is higher in Canada and the United States, where disposable income is higher than in Mexico. In South America, drug use is higher in **the Southern Cone** countries, which have higher levels of disposable income than the rest of the continent. Within the largest South American country, **Brazil**, drug use is more widespread in the relatively more affluent south than in the rest of the country. Similarly, in Europe, overall drug use is higher in Western Europe, where disposable income is higher than in Eastern or South-Eastern Europe. Pg. 87

D. CONCLUSION

Another significant characteristic of illicit drug use is the disproportionate representation of males among the user population. Prevalence of illicit drug use among females is only about two thirds of the prevalence among males in the United States and about half in Europe. In some developing countries, including Argentina and **Brazil**, illicit drug use among females is about one third as high as among males, while in other countries, such as India, Indonesia, Pakistan and the Philippines, it is only a tenth. Pg.97

Global production of cocaine increased strongly in the 1980s and the 1990s but stabilized over the past decade, and the amounts available on the illicit market appear to have declined. Significant declines in cocaine consumption in North America have been offset in part by rising consumption levels in Europe and South America, though recent data for South America also show a decline in several countries of the **Southern Cone**. Pg. 97