

1.1 Introduction

Since the 1960s, and in a context of rapid and deep socioeconomic changes throughout the world, the international drug control system has succeeded in containing the spread of annual illicit drug use to around 200 million people, or 5% of the world population aged 15-64. This compares very favourably with the much higher prevalence of tobacco use, which causes 5.4 million deaths per year.¹

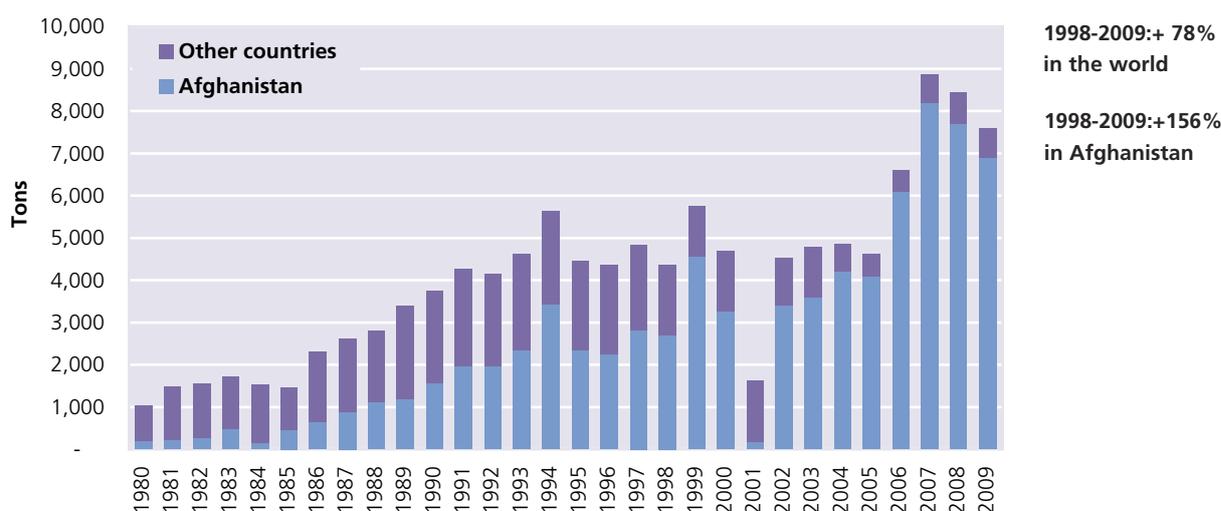
The system was set up to restrict the use of controlled drugs to medical and scientific purposes and, while containment of illicit use to relatively low levels is already a remarkable achievement, Member States have always had a more ambitious goal in mind.

In 1998, 37 years after the 1961 Single Convention, a special session of the UN General Assembly (UNGASS) decided to work towards the “elimination or significant reduction” of illicit drug production and abuse by 2008,² and adopted a series of sectoral plans to reach that objective. Gathered at the end of the 10-year period, Member States were not satisfied with the results and declared that they were still “gravely concerned about the grow-

ing threat posed by the world drug problem.”³ There is no single measure of the year-on-year evolution of the world drug problem. There is not even a clear definition of what is meant by the expression the ‘world drug problem’. Since public health is at the heart of the international drug control system, the prevalence of illicit drug use is generally considered a central, though imperfect, indicator of the status of the problem. Illicit drug use is a multifaceted issue, however. In particular, different drugs produce different effects and present different risks to users. At the international level, annual prevalence of drug use, by drug category, has thus become the most standardized indicator to monitor the evolution of illicit drug use. Unfortunately, only a minority of countries have adequate national prevalence monitoring systems in place. Producing a precise, reliable and sensitive measure of the evolution of the world drug problem over the last decade on that basis is therefore very difficult. Data on illicit drug supply can help fill the information gap, at least for some drugs. The bulk of cocaine and opium production is concentrated in a few locations and successful efforts to develop annual surveys in the

Fig. 1: Global potential opium production, 1980-2009

Source: UNODC



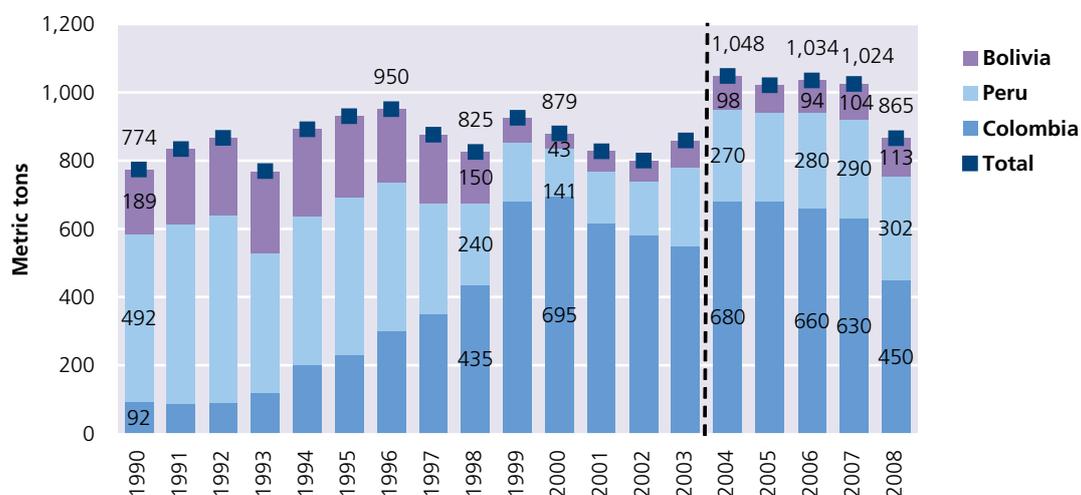
1 WHO, *Tobacco key facts* (see: <http://www.who.int/topics/tobacco/facts/en/index.html>).

2 United Nations General Assembly Special Session on the World Drug Problem (UNGASS), New York, 8-10 June, 1998 (A/S-20/4, chapter V, section A).

3 High-level Segment to the 2009 United Nations Commission on Narcotic Drugs, *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, March 2009 (E/2009/28 - E/CN.7/2009/12).

Fig. 2: Global potential cocaine production (mt), 1990-2008

Source: UNODC



context of the 1998 Plan of Action have provided a coverage that is systematic enough to closely follow the evolution of the global opiate and cocaine markets from the supply side.

Data on illicit opiates supply, arguably the most problematic drug category and always a core preoccupation of the international drug control regime, show that global opium production increased by close to 80% between 1998 and 2009. Increases in Afghanistan more than offset remarkable declines in South-East Asia during that period. There were encouraging declines in the last three years, but Afghan production was still more than 150% higher in 2009 than in 1998. With strong increases after 2005, production seems to have well exceeded world demand and led to the creation of large stockpiles, but it is clear that the global opiate market has not been eliminated, or significantly reduced, since 1998.

The evolution of cocaine production has not been as dramatic as in the case of opium during the same decade. Contrasting trends were recorded in various locations, including a long-term decline of use in North America but an increase in Europe, reductions in production in Colombia and increases in Peru or the Plurinational State of Bolivia. At the global level, these changes essentially amounted to geographical shifts and displacements in supply and demand. As a whole, the market has not been eliminated or significantly reduced over the last decade.

Data on cannabis and amphetamine-type stimulants are too patchy to allow year-on-year monitoring of the global market, but there were no indications of large reductions at the global level for these substances either.

Member States have decided to continue their efforts to achieve the initial UNGASS objective. Accordingly, illicit drug supply and demand should be “eliminated or significantly reduced” by 2019. Their decision was made in a context of renewed criticism from some parts of civil society against the international drug control system and its perceived inefficacy, but governments were remarkably unanimous in their perception of the world drug problem, in the renewal of their political commitment to the international policy framework, and in their resolve to address shortcomings and obtain better results.

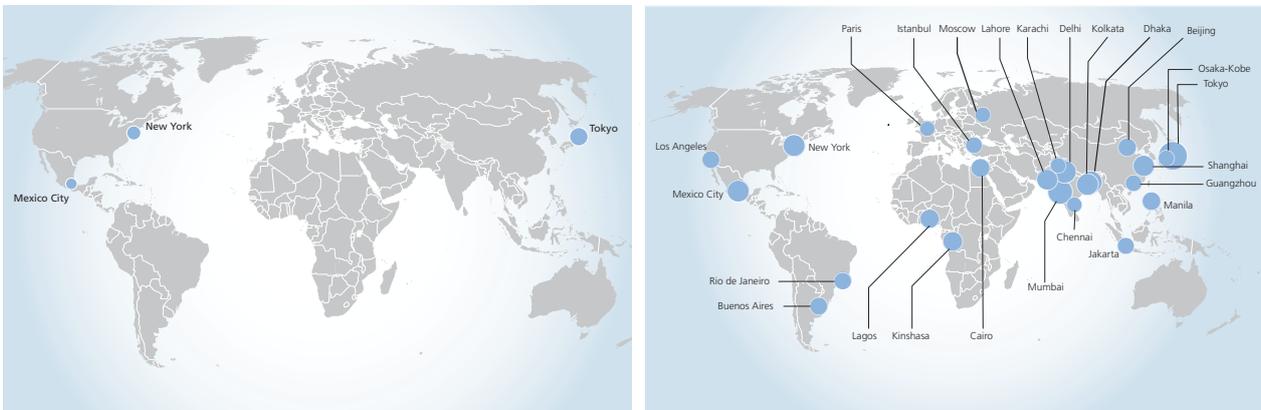
Can overall drug supply and demand be “eliminated or significantly reduced” by 2019, as called for by the Member States? At the national level, one can hope that many countries will be able to significantly improve their drug control situation within a decade. There are a number of encouraging developments in this respect. Will these local successes translate into an overall improvement at the global level?

The increase in world population alone (by some 0.8 billion people, or 11%) during the next decade should automatically increase the size of world drug markets, even if drug use prevalence rates remain constant. The potential impact of other risk factors such as urbanization (+20% during the next decade) and the growth of mega-cities in the developing world could make matters worse, as drug use is typically higher in urban than in rural areas.

As regards cannabis, there is no global market per se to control and monitor. The global picture is made up of a patchwork of multiple and distinct submarkets, typically national or regional in nature. Monitoring their evolution and addressing them as a whole may thus neither be the easiest, nor necessarily the most useful, thing to

Fig. 3: Cities with more than 10 million inhabitants in 1975 (left) and 2025 (right)

Source: UN DESA



do. Monitoring systems are largely missing, and current methods used to estimate the size and evolution of the global cannabis problems are not sensitive. That creates a serious technical problem for any attempt to closely monitor, guide and measure a global elimination approach. There are additional obstacles. Cannabis production and -consumption are found everywhere and there is no longer a clear consensus among national authorities on how to tackle the issue. Under these conditions, a significant reduction of the aggregate cannabis problem at the global level by 2019 would more likely be a matter of coincidence than the result of internationally concerted action. Even if such a reduction were to occur, it would be difficult to detect and reliably measure it, given the lack of a clear baseline and persistent data gaps.

Unlike for cannabis, there is a clear political consensus on heroin, cocaine and, to a large extent, amphetamine-

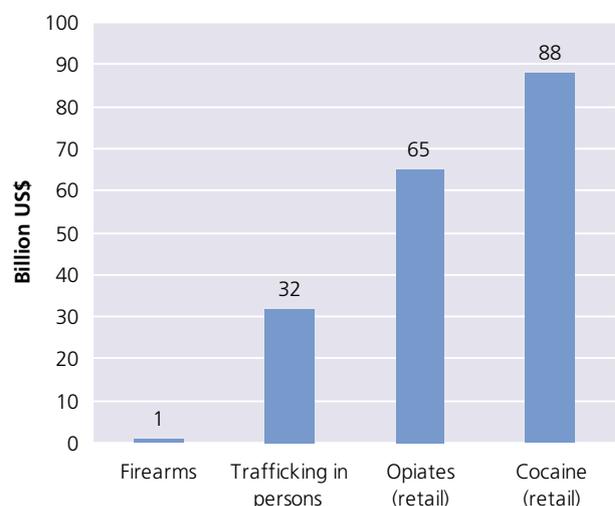
type stimulants (ATS). In the case of ATS, because of the existence of independent, mostly regional or even national, supply and demand markets, as well as the ease, discretion and changing nature of synthetic drugs manufacture, the problem also tends to defy a global approach and overall predictions over the period considered. Nevertheless, ATS have gained a large share of the global drug market over the last two decades and have come to represent a major and evolving threat for present and future drug control efforts. Since 1990, ATS manufacture has spread, with more than a third of Member States reporting this activity on their territory. Moreover, the global number of ATS users is likely to exceed the number of opiate and cocaine users combined. These drugs require international vigilance, the adoption or strengthening of specific regulations and control measures at the global level, and the development of strong regional strategies.

Cannabis

is - by far - the most widely produced, seized and consumed drug worldwide, causing increased health problems in many countries, linked to its spread and rising potency in several (mostly developed) countries over the last decade. Deaths related to cannabis use are rare, however, and dependency tends to emerge only after long periods of use. As cannabis production is widespread, most of its production is intended for local or regional consumption. Overseas trafficking in cannabis is less frequent and appears to have further lost importance with the development of high-potency cannabis production in greenhouses in the industrialized countries. The role of transnational organized crime groups in the cannabis market is thus more limited than for other drugs, and so are the security threats related to its production, trafficking and consumption.

Fig. 4: Estimated annual value of some global criminal markets in the 2000s

Source: UNODC



The impact of illicit opiates, cocaine and ATS

Opiates are the most severe problem drugs worldwide, notably in Asia and Europe. Their use can lead to severe dependence and is often associated with IDU-related HIV/AIDS and hepatitis B and C, as well as high mortality rates. The mortality rate for dependent heroin users is between 6 and 20 times that expected for those in the general population of the same age and gender, as the difference between a 'recreational dose' and a 'fatal' one is small, and variations in street drug purity can result in overdoses. Thus, in most countries, opiates consumption constitutes the main cause of drug-related deaths. In addition, the processing and trafficking of opiates constitute significant sources of income for insurgents in some opium-producing countries such as Afghanistan and Myanmar. In Afghanistan, a conservative estimate suggests that Taliban insurgents generated some US\$125 million per year in profits from the local opiate trade alone in the past several years. In Pakistan, Taliban allies such as al-Qaida and other like-minded groups have bases along the main heroin/opium trafficking routes and are well located to benefit from trafficking. Elsewhere in the world, other militant groups also seem to be financing themselves at least partly from the illicit opiate trade.

Similarly, cocaine use constitutes, first of all, a major health problem. Almost a fifth (18%) of the persons who used cocaine in the previous year at least once were found to be dependent on it in the world's largest cocaine market (United States), a higher proportion than for any other drug, except heroin. Cocaine use also results in tens of thousands of deaths each year worldwide. While cocaine was involved in close to 40% of all drug deaths in the United States in 2008, the proportion is still far smaller in Europe (8% in the EU/EFTA countries). After the opiates, cocaine is the most problematic drug worldwide, notably in the Americas. While the share has declined, almost half (46%) of all people entering drug treatment in the Americas do so due to cocaine. The share in Europe increased from 3% in 1997/1998 to 10% in 2008, rising to almost 15% in West Europe. Proportions are far lower in Africa (6%), Oceania (0.5%) and Asia (0.5%), possibly due to the high availability of amphetamine-type stimulants in these regions. There is also a clear link between cocaine use (notably crack-cocaine use) and crime. While 11% of arrestees in the United Kingdom in 2005/2006 were found to have used crack-cocaine in the month prior to their arrest, the proportion of crack-cocaine use in the general population was far lower (0.1% in that year). Similarly, between 29% and 35% of the male arrestees in the United States were found to have used cocaine in the previous month in recent years (29% in 2008), far more than the corresponding rates among males in the general US population (1% in 2008). With cocaine use falling strongly since the late 1980s (-56% in past month prevalence rates between 1988 and 2008), overall crime also saw a marked decline in the United States, ranging from -29% for property crime rates to -43% for murder rates over the 2000-2008 period. Cocaine trafficking is also linked to corruption. Trafficking of cocaine has contributed to increasing corruption in transit countries, including in West Africa. Moreover, cocaine trafficking constitutes a major security threat, financing organized crime and insurgencies in a number of countries, including the FARC in Colombia and the Shining Path in Peru.

Like for the other drugs, the impact of ATS use is primarily on the health side. The proportion of people requiring treatment for ATS abuse is 5% of all drug-related treatment demand in Africa, 10% in Europe and 12% in the Americas. It is particularly high in Oceania (20%) and Asia (21%), reaching 36% in East and South-East Asia with proportions exceeding 50% in Japan, the Republic of Korea, Thailand, Cambodia and the Philippines, as well as in Saudi Arabia in the Near and Middle East. In particular, methamphetamine use constitutes a major health risk where it occurs. Data for the United States suggest that the use of methamphetamine may constitute similar threats to health as the abuse of crack-cocaine, exceeding for the individuals concerned even the risks related to the consumption of cocaine HCl. Organized crime is involved in the diversion of precursor chemicals, and in the manufacture of ATS, as well as its distribution. ATS manufacture has a major negative impact on the environment, which is reflected in the difficulties to dismantle clandestine ATS labs. There is clearly involvement of organized crime groups in ATS production, particularly in East and South-East Asia, as well as in North America. Less is known with regard to financing of insurgencies (this seems to occur mainly in Myanmar) and violence related to its trafficking.

The global illicit opiate and cocaine markets represent two of the biggest transnational drugs and crime threats of our time. Tens of thousands of the millions of opiate users worldwide die every year. Opiates are at the origin of two thirds of all drug treatment demand in Europe and Asia. The opiate market generates an annual turnover of up to US\$65 billion, of which some US\$ 55 billion for heroin alone. Moreover, the opiate market is interlinked with severe national and international security problems, particularly in Afghanistan and Pakistan. In terms of health impact, cocaine comes next, and represents as big a transnational organized crime threat as heroin. Estimates suggest that the global retail sales figure (some US\$88 billion) is even higher than for opiates, and the impact of the cocaine trade on stability can also be severe in some places.

The global heroin and cocaine markets appear simultaneously as persistent problems from a previous era of drug control, priorities for interventions due to the severity of their impacts on affected societies and good candidates for a global solution within a reasonable time-frame. Since they are both sourced from relatively concentrated production areas, most of their components are directly or indirectly linked. The resulting transnational drug economies they form, from production to trafficking and consumption, can thus be addressed as a whole and be affected by shocks and ripple effects. Not only are holistic market control approaches possible in these two cases, but, as shown by history, they are also a necessity. Local successes against illicit cultivation in the past – there were many – have always been offset by displacements to other locations, and closed trafficking routes replaced by new ones.

Illicit production is presently largely entrenched in rural areas that are difficult to control. On the demand side, increases in cocaine consumption in Europe have tended to compensate reductions in North America, and the stabilization of heroin use in West Europe has been offset by a deterioration of the situation in the Russian Federation. Meanwhile, the size and concentration of the trafficking flows to these main destination markets have often created havoc in vulnerable production and transit areas by overwhelming local law enforcement capacities, generating corruption, fuelling violence and instability, and spreading addiction.

A clear lesson from the history of cocaine and heroin control is that the mere sum of uncoordinated national and sectoral efforts, even successful ones, cannot result in global success. Another lesson is that countries with limited means cannot resist, and counter the impact of, powerful transnational trafficking flows on their own.

With the benefit of experience, success against these two markets appears to be within reach and would result in the removal of a large chunk of the world drug problem

and many of its associated ills. As regards the availability of tools and data to guide interventions and monitor their impact, the situation is much better than in the case of other drugs. Production is already measured on a yearly basis and national data on trafficking is well reported by Member States. There is relatively good demand data from OECD countries, and gaps in other important consuming countries, particularly for heroin, could relatively easily be remedied by prevalence surveys for cocaine or by indirect measures, such as treatment multiplier methods, for heroin.

Global opium production and global coca production have grown by a factor of 6 (cocaine) and 7 (opium) during the last three decades. Eliminating or significantly reducing the world heroin and cocaine markets will thus require more effective approaches than in the past. What can be done? The first thing is to remedy the biggest shortcomings of previous approaches. Member States have recognized an essential one: a lack of integration. In the 2009 Political Declaration,⁴ Member States acknowledged “the importance of promoting, in order to enhance the effectiveness of drug control measures, an integrated approach in drug policies” (art. 31). This call is echoed in the new Plan of Action, notably in its Art. 27, under the title “Addressing supply and demand reduction together”: “While drug trafficking is a multifaceted issue than can be effectively tackled only by reducing both supply and demand, this interlinkage is often not taken into account.”

To achieve the 2019 objectives, the international community needs to interweave drug supply and demand reduction interventions and integrate national efforts into the framework of renewed international strategies on the scale of the cocaine, heroin and ATS markets. To do so, it is urgent to improve our understanding of how these illicit transnational drug economies operate. UNODC has intensified research efforts on the topic. Preliminary results are presented in this chapter.

⁴ High-level Segment to the 2009 United Nations Commission on Narcotic Drugs, *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, March 2009 (E/2009/28 - E/CN.7/2009/12).