

production, trafficking and seizure patterns; determined efforts are underway to make more accurate estimates of the costs to society of drug abuse. Thanks to UNGASS, the capacity to evaluate drug policies and programmes is gradually being incorporated into all national drug strategies.

A mid-term review of progress towards meeting the goals set at UNGASS was conducted last year. Over 70 government ministers and representatives from 124 countries participated in the Ministerial Segment of the 46th session of the Commission on Narcotic Drugs held in Vienna on 16 and 17 April 2003. The results, not presented here but detailed in reports to the Commission^f, showed encouraging progress, but noted that the UNGASS goals were still distant^g. The Ministerial segment concluded with a Joint Ministerial Statement and further measures to implement the action plans emanating from UNGASS^h. Ministers reaffirmed their commitment to the outcome of UNGASS and to the principle that action against the world drug problem was a common and shared responsibility requiring an integrated and balanced approach. It was recognized that progress in meeting the goals set had been considerable but uneven, although the increased efforts and achievements of many States had shown positive results. Government representatives reaffirmed that international cooperation and the mainstreaming of drug control efforts were indispensable in attaining the universal aspirations of international peace and security, economic and social progress, a better quality of life and improved health in a world free of illicit drugs.

1.2 THE DYNAMICS OF WORLD DRUG MARKETS

1.2.1 What is the current level of drug use in the world?

The total number of drug users in the world is now estimated at some 185 million people, equivalent to 3% of the global population, or 4.7% of the population aged 15 to 64. The new estimates confirm that cannabis is the most widely used substance (close to 150 million people), followed by the ATS (about 30 million people for the amphetamines, primarily methamphetamine and amphetamine, and 8 million for ecstasy). Slightly more than 13 million people use cocaine, and 15 million use opiates (heroin, morphine, opium, synthetic opiates), including some 9 million who take heroin.

These estimates are based on data for the period 2001-2003, or the latest year available. Overall, the new estimates are slightly higher than those reported in the previous World Drug Report (2000), which reflected the drug use situation in the late 1990s. Changes in the two sets of estimates must be interpreted with caution, however, because they not only reflect actual changes in the number of drug users but, to an unknown and probably large extent, changes in data collection and reporting methods as well. With these caveats in mind, a simple comparison of the two sets of estimates shows a strong increase for ecstasy and amphetamines, and a

Table 2: Extent of drug use (annual prevalence*) estimates 2001-2003

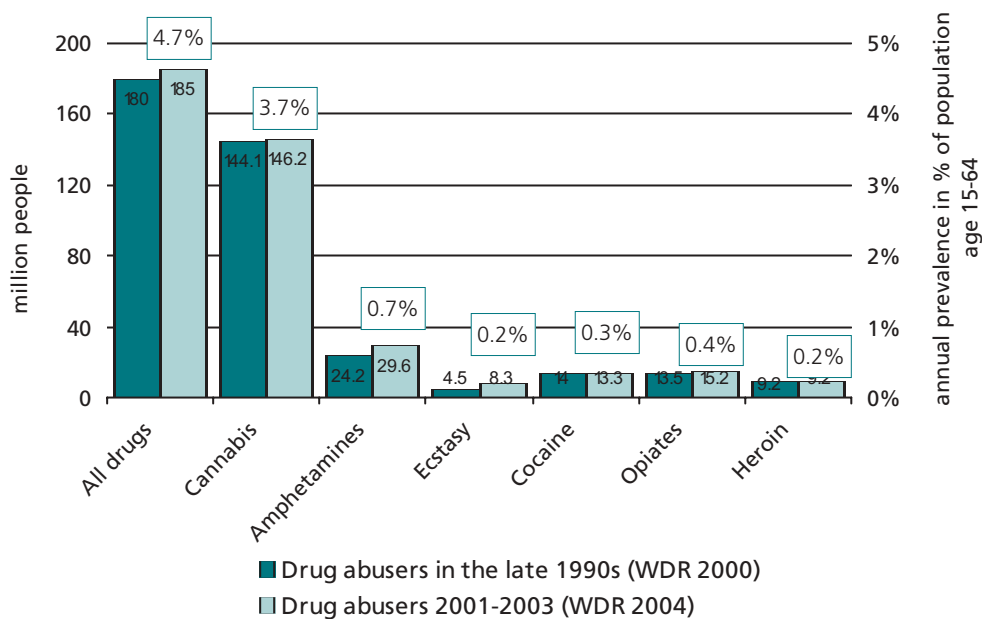
	All illicit drugs	Cannabis	Amphetamine-type stimulants		Cocaine	Opiates	of which heroin
			Amphetamines	Ecstasy			
(million people)	185	146.2	29.6	8.3	13.3	15.2	9.2
in % of global population	3.0%	2.3%	0.5%	0.1%	0.2%	0.2%	0.2%
in % of global population age 15-64	4.7%	3.7%	0.7%	0.2%	0.3%	0.4%	0.2%
* Annual prevalence is a measure of the number/percentage of people who have consumed an illicit drug at least once in the 12 month-period preceding the assessment.							

f) Second biennial report on the implementation of the outcome of the twentieth special session of the General Assembly, devoted to countering the world drug problem together. Report of the Executive Director. E/CN.7/2003/2, Vienna, 17 February 2003.

g) Encouraging progress towards still distant goals. Progress report by the Executive Director to the Mid-term Review of UNGASS. UNODC/ED/2, Vienna, 8 April 2003.

h) Joint Ministerial Statement and further measures to implement the action plans emanating from the twentieth special session of the General Assembly. E/2003/28/Rev.1. E/CN.7/2003/19/Rev.1.

Fig. 7: Estimates of annual prevalence of drug use at the global level in the late 1990s and in 2001-2003



Sources: UNODC, Annual Reports Questionnaire data, National Reports, UNODC estimates.

more moderate one for cannabis (which probably under-estimates the actual trend), as well as for opiates (mainly reflecting higher estimates for the use of synthetic opiates in some countries). Estimates of heroin use remain largely unchanged, as increases in Central Asia and Eastern Europe were offset by strong declines in Australia and more moderate ones in some Asian countries. The number of cocaine users is now marginally lower than it was in 2000. The difference, however, does not necessarily reflect a real trend as cocaine use continued to rise in several countries of Latin America and Europe, while remaining stable in others over the last few years.

The impact on health...

One way of assessing the negative health impact of illicit drug use is to utilize the notion of 'problem drugs'. Though there are different definitions of 'problem drugs'ⁱ, they all seem to be based on the criterion of treatment demand for addiction. The definition of a 'problem drug' used in the present report is the extent to which abuse leads to treatment demand for a particular drug. The term, therefore, does not necessarily

relate to the size of the population consuming it. Cannabis, for example, is the most consumed illicit drug worldwide; it is not, however, the main problem drug for which people seek treatment.

...is most serious for the opiates, particularly in Asia and Europe, but there is significant treatment demand for methamphetamine in East and South-East Asia, cocaine in the Americas and cannabis in Africa

Based on that definition, opiates are the most serious problem drug in the world, as they are responsible for most treatment demand: 67% in Asia, 61% in Europe and 47% in Oceania. In much of South East Asia, however, methamphetamine emerged as the main problem drug over the last decade. In the Americas, cocaine is still the main problem drug, accounting for 60% of treatment demand in South America and around 29% in North America^j. In the USA, however, the number of people admitted to treatment institutions for heroin abuse has begun to exceed the number of people admitted for cocaine abuse in recent years (1999 to 2002). In Africa, cannabis consistently comes first, accounting for 65% of treatment demand.

i) For instance, the EMCDDA defines problem drug use as 'injecting drug use or long duration/regular use of opiates, cocaine and/or amphetamines', and excludes ecstasy and cannabis users; 2001 Annual report on the state of the drugs problem in the European Union, p.11.

j) The regional averages were calculated as a simple unweighted average of the proportions reported from individual countries.

Poly-drug abuse is rising

Most of the data presented here covers the 1998-2002 period. Compared to previous calculations, covering the 1995-97 period, and presented in *Global Illicit Drug Trends 2003*, there has been a general decline in the importance of opiates in Europe and in Asia. In the Americas, the relative importance of cocaine has declined. In general, poly-drug abuse seems to be increasing.

1.2.2. How is the drug problem evolving?

Difficulties of measurement

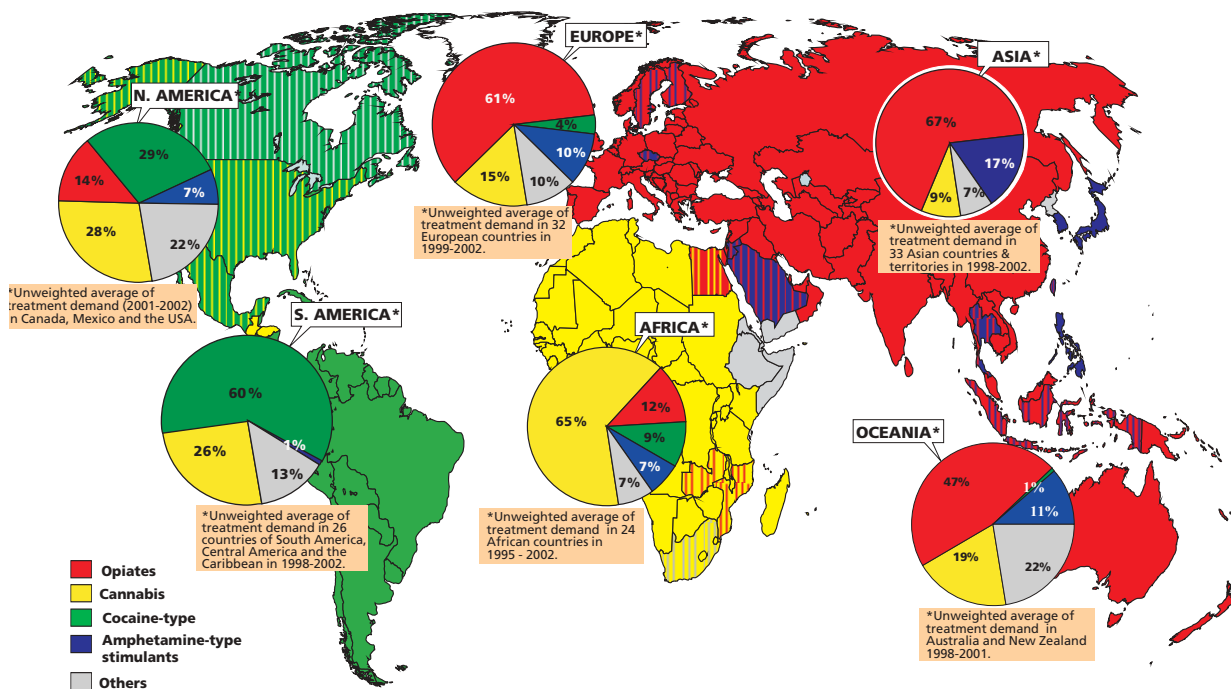
Is global drug abuse increasing? Is the problem getting better or worse? How is it changing? Epidemiological surveys would be the most appropriate tools for answering such questions. Unfortunately, relatively few countries have effective drug abuse monitoring systems. Data on drug use prevalence is therefore not comprehensive

and robust enough to establish the type of global time-series required to document answers to such questions. Other indicators, however, can help to shed some light on the evolution of the problem.

National experts' perceptions

Governments report annually on trends in drug abuse among the general population. The information is provided for each of the main drug types on a five-point scale (large increase, some increase, no great change, some decrease, large decrease). For the majority of countries, where abuse-monitoring systems are lacking, the responses are primarily the perceptions of national drug control agencies about the evolution of the drug problem. Results must thus be treated with some caution. Despite these caveats, such reports provide valuable insights into the growth patterns of drug abuse. At the global level, they represent the most comprehensive data set of expert opinion on the evolution of drug abuse, provided in a consistent manner over more than a decade^k.

Map 1: Main problem drugs (as reflected in treatment demand), 1998-2002 (or latest year available)



Source: UNODC, Annual Reports Questionnaire Data/DELTA and National Government Reports.

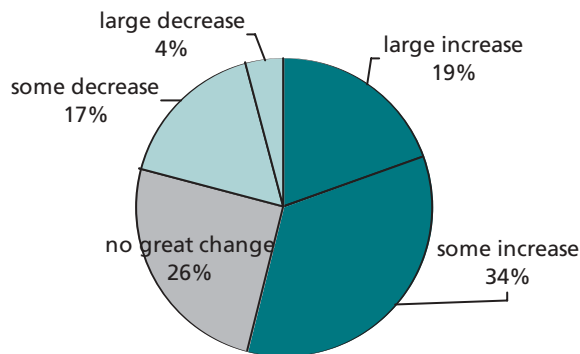
k) The analysis on drug abuse trends for the year 2002 is based on the replies of 95 countries and territories. Over the last decade, 151 countries and territories reported drug abuse trends to UNODC, which underlines the fact that drug abuse is a truly global phenomenon.

The spread of drug abuse may be losing momentum...

As a whole, drug abuse continues to spread at the global level, but the trend may be losing momentum. There is, however, a notable exception. The consumption of cannabis herb, the most commonly used illicit drug in the world, appears to be spreading at an accelerated pace. During the last decade, the highest increases, after cannabis, were for the ATS (mainly ecstasy), followed by cocaine and the opiates.

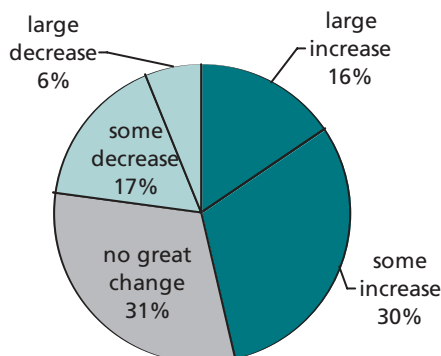
Throughout the last decade, more countries reported increases than decreases in drug abuse, indicating that drug consumption continues to spread in geographical terms. This does not necessarily mean that the total number of drug users is rising, because increases in smaller countries could be offset by declines in a few larger countries. The spread of drug abuse, however,

Fig. 8: Global drug abuse trends in 2000
(based on information from 96 countries)



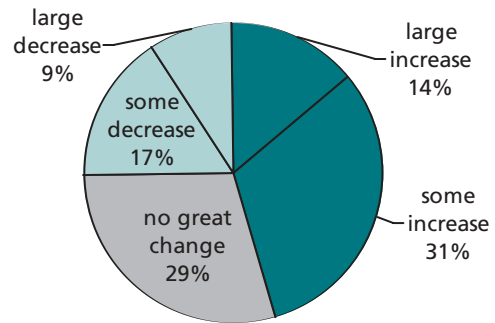
Source: UNODC, Annual Reports Questionnaire Data.

Fig. 9: Global drug abuse trends in 2001
(based on information from 96 countries)



Source: UNODC, Annual Reports Questionnaire Data.

Fig. 10: Global drug abuse trends in 2002
(based on information from 95 countries)



Source: UNODC, Annual Reports Questionnaire Data.

appears to be losing momentum. In 2000, 53% of all drug abuse trends reported by governments showed an increase; this proportion fell to 46% in 2001 and 45% in 2002. In parallel, the percentage of reports indicating declining levels of abuse was on the rise: from 21% in 2000, to 23% in 2001 and to 26% in 2002.

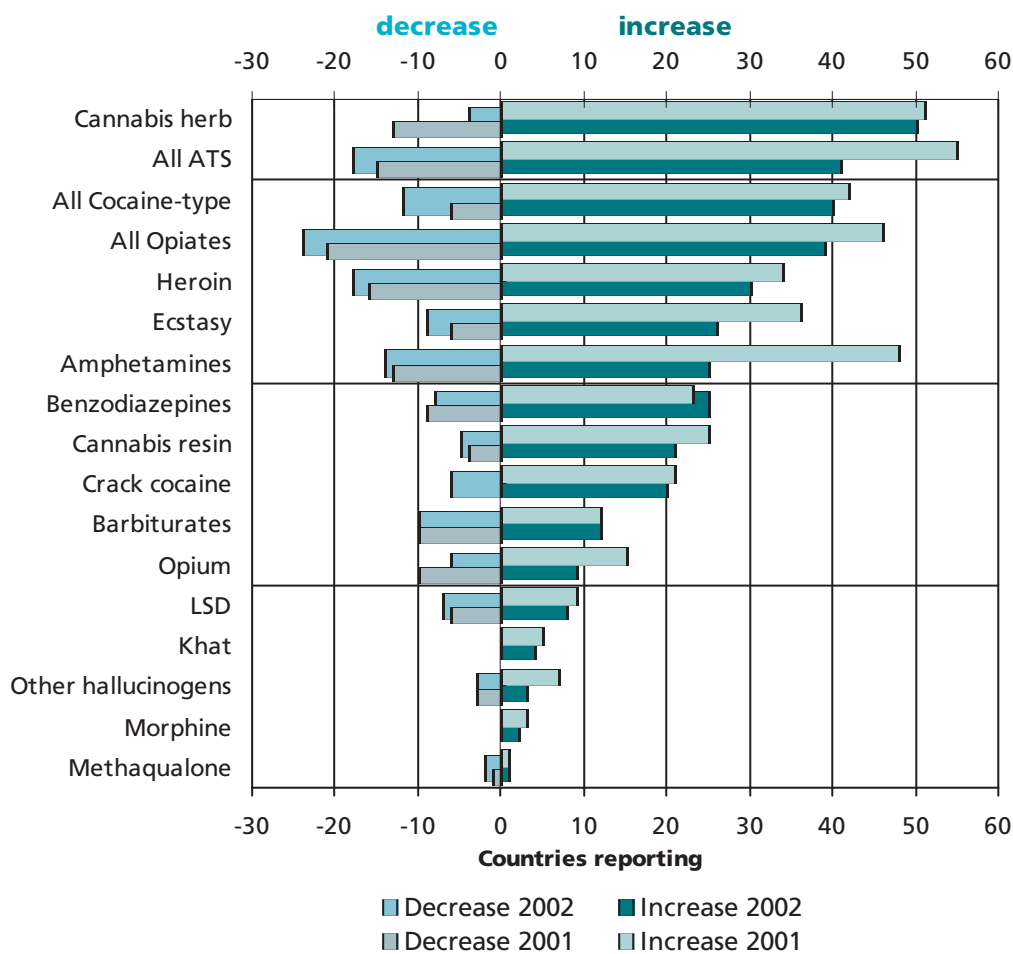
The spread of drug abuse in 2002, as in previous years, was accounted for primarily by cannabis, followed by ATS, cocaine and opiates and, to a lesser extent, benzodiazepines. Only 4% of the responding governments perceived a decline in cannabis herb consumption in 2002, against more than 50% perceiving an increase. Four out of ten countries reported an increase in the use of ATS (ecstasy, followed by amphetamine and methamphetamine), cocaine-type substances and opiates (heroin, followed by opium and morphine).

Reports of increases continued to outnumber reports of declines for 2002. Nonetheless, a significant number of countries did see falling levels of opiate use (25% of the countries reporting), of ATS use (19%) and of cocaine use (13%). For LSD, other hallucinogens, methaqualone, morphine and barbiturates, the number of countries reporting increases was more or less the same as those reporting declines.

...except for cannabis herb, which is still accelerating

A comparison of the net results (number of countries reporting increases minus number of countries reporting declines) for 2001 and 2002, suggests that the overall spread of drug use at the global level continued, but lost some momentum in 2002. The only exceptions were cannabis herb and, to a lesser extent, the benzodiazepines, which both spread faster in 2002 than a year earlier.

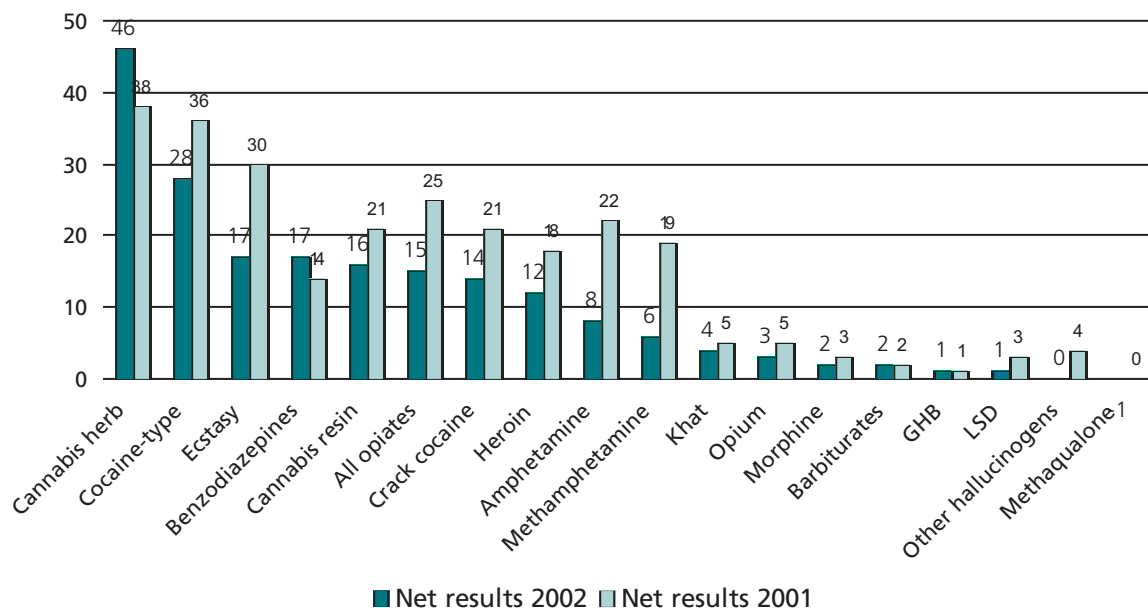
Fig. 11: Global substance abuse trends of selected drugs in 2001 and 2002 (based on information from 96 countries in 2001 and 95 in 2002)



Source: UNODC, Annual Reports Questionnaire Data.

Fig. 12: Drug abuse trends 2001 and 2002

(Number of countries reporting increase less number of countries reporting declines)



Source: UNODC, Annual Reports Questionnaire Data.

The global consumption trend for heroin (stable to declining) and cocaine (stable) can be illustrated by the net number of countries reporting increases less those reporting decreases. A drug abuse index, derived from national expert perceptions (see Methodology section), is still under construction for globally aggregated heroin and cocaine trends. It can, however, be used to illustrate cannabis and ATS trends, which seem to be moving upward.

Fig. 13: Heroin use trend, 1992 - 2002
 Number of countries reporting increases less number of countries reporting declining levels of abuse

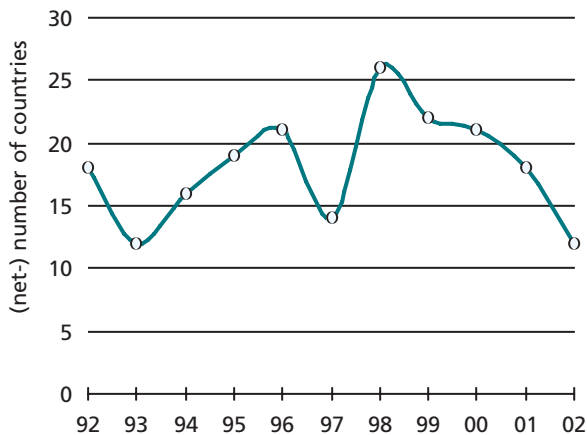


Fig. 14: Cocaine use trends, 1993 - 2002
 Number of countries reporting increase less number of countries reporting declining levels of cocaine abuse

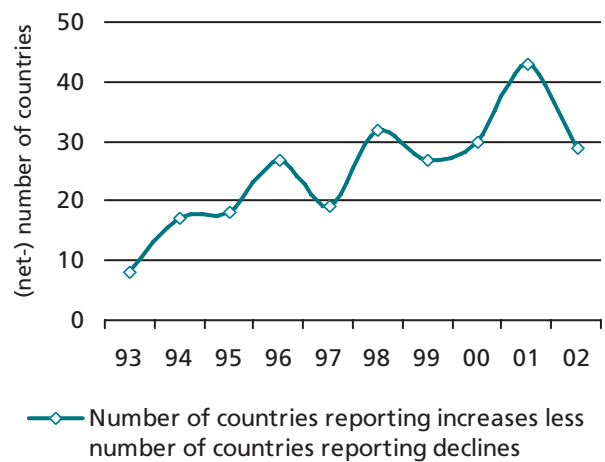
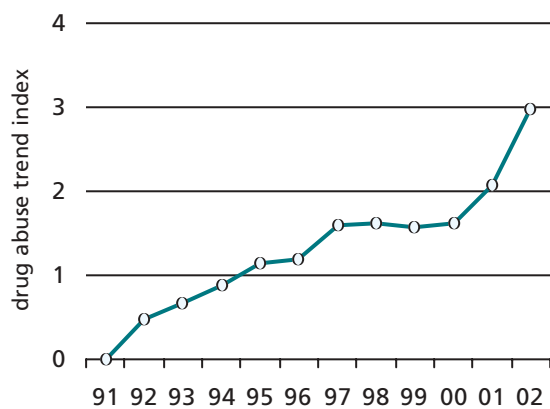
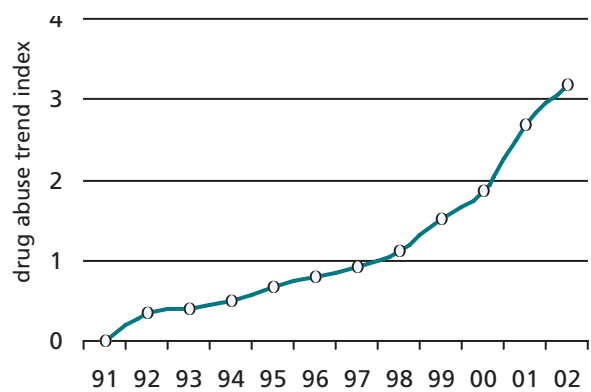


Fig. 15: Global Cannabis consumption trend: based on national experts' perceptions, 1992 - 2002



Source: UNODC, Annual Reports Questionnaire Data.

Fig. 16: Global ATS consumption trend: based on national experts' perceptions, 1992 - 2002



Source: UNODC, Annual Reports Questionnaire Data.

Seizures are an indirect indicator of the evolution of the global drug problem

Another source of information on the evolution of the world drug problem is the seizures of illicit drugs by national law enforcement agencies. Seizure data have the significant advantage of a relatively systematic and comprehensive recording and reporting by governments. Consistent world time-series are therefore easier to build than in the case of abuse data. Although law enforcement efforts might influence the level of seizures in individual countries, independently from the actual level and evolution of the drug problem there, the evolution of seizures has generally been in line with trends in drug production and consumption where such data is available. For periods of several years and over large geographical areas, seizure data can therefore be used as a reasonably good indicator of underlying changes in illicit drug trafficking patterns and, by extension but with some caution, as an indirect indicator of the extent and evolution of the drug problem as a whole. The seizure data can be viewed from three different angles: the number of seizures, the weight, or quantities of drugs seized and the number of doses, or units of drugs seized.

The total number of seizures has increased consistently since the early 1990s, but there were signs of stabilization or decline in 2002

The aggregate level of trafficking, as reflected in the number of seizure cases reported, appears to have stabilized/declined in 2002 following a period of strong increases in the 1990s. The increase over the 1990-2000 period (from 0.3 to 1.3 million cases, or 15% p.a.) was a reflection of actual increases in trafficking as well as of improvements in reporting. In 1990, 55 countries and territories reported drug seizure cases to UNODC; by 2002, reporting had increased to 114 countries and territories. In 2001 the number of seizure cases peaked at almost 1.4 million. For 2002 the number declined, by 16%, to 1.1 million, but was still higher than in any year of the 1990s. The actual number of seizure cases at the global level is probably higher than 1.1 million because more governments report drug seizures in weight terms (176 countries & territories in 2001/2002) than in terms of the number of cases (131 over the same period).

Changing patterns since the early 1990s

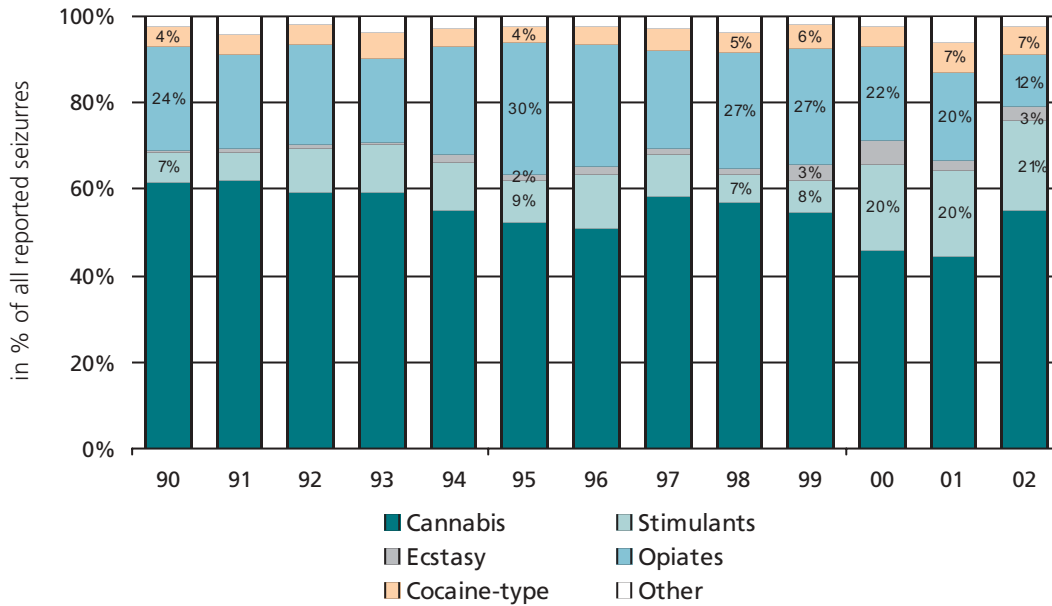
In 2002, cannabis accounted for 55% of all seizures cases, followed by the amphetamine-type stimulants (24%, including ecstasy), opiates (12%) and cocaine-related substances (7%). The evolution of seizure cases

since the early 1990s points to the following changes in trafficking patterns:

- A decline in the relative importance of cannabis: this reflects the emergence of other substances for recreational drug use in many parts of the world as well as the development of cannabis production closer to consumer markets, which limits the possibility of making a seizure. Since 2002, however, the share of cannabis has stabilized.
- The rapid emergence of ATS: the proportion of ATS in global seizures cases more than tripled over the last decade, clearly demonstrating the rising importance of ATS production, trafficking and abuse. No significant change, however, occurred between 2001 and 2002.
- An increase of opiates: the proportion of opiates in total seizure cases increased between 1990 and 1999, reflecting inter alia the expansion of opium production in Afghanistan. As production in that country fell in 2000 and 2001, the proportion of opiates in global seizure cases also fell. There seems to be a one-year time lag between the production and the subsequent seizure of opiates. Consistent with this, the massive decline of Afghanistan's opium production in 2001 had its main impact on seizure cases in 2002. This downward trend is, however, unlikely to continue. Given rising levels of opium production in Afghanistan in 2002, 2003 and probably in 2004 as well, it can be expected that opiate seizure trends will be reversed.
- An increase, followed by stabilization, of cocaine: the proportion of cocaine in global seizure cases rose in the 1990s, in line with the expansion of coca cultivation in Colombia over that period. More recently, seizure cases have stabilized, reflecting declines of coca production in Colombia.

In terms of quantities, cannabis seizures are the largest. Based on information provided by 165 countries and territories in 2000, 161 in 2001 and 152 in 2002, cannabis products (herb and resin) represent the largest quantities of illicit drugs seized, followed by coca-type substances (coca leaf and cocaine), opiates, stimulants (amphetamine and methamphetamine), and ecstasy. This ranking has not changed in recent years, though the relative importance of ATS has increased over the last decade. Ranking the different drug categories on the basis of weight seized, however, has limited utility. Cannabis herb or coca leaf, for instance, are much bulkier products than heroin or ecstasy. It is nonetheless useful, for the purposes of trend analysis, to monitor the evolution of quantities seized from year to year.

Fig. 17: Proportion of seizure cases according to drug category, 1990 - 2002

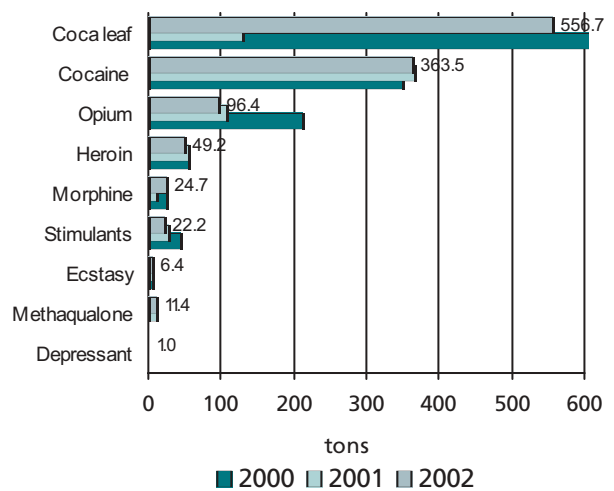


Source: UNODC, Annual Reports Questionnaire Data / DELTA.

Quantities seized remained largely stable from 2001 to 2002, except for ecstasy, which increased

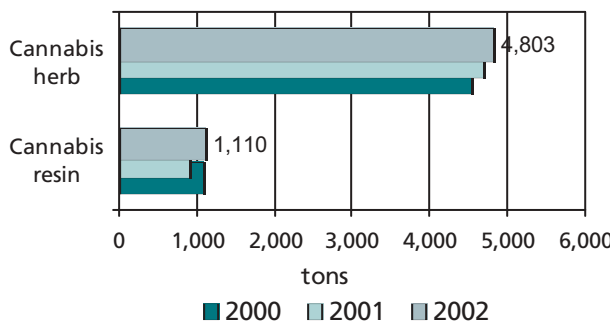
The quantities of drugs seized remained largely stable in 2002, as compared to a year earlier, with the exception of ecstasy. Seizures increased slightly for cannabis herb (3%), were largely stable for cocaine, and declined for amphetamines (-16%, following years of massive increases in the 1990s), as well as for heroin (-10%) and opium (-10%). When compared to 2000, the overall decline in opium seizures is more impressive (-55%). This probably reflects an increase in the processing of opiates within Afghanistan. By contrast, ecstasy seizures increased by 26% from 2000 to 2002, and by 37% from 2001 to 2002. Cannabis resin seizures also showed a strong increase in 2002 (+22% on a year earlier); however the increase was only 3% as compared to the year 2000.

Fig. 19: Global seizures (in weight equivalents) 2000-2002



Source: UNODC, Annual Reports Questionnaire Data/ DELTA.

Fig. 18: Global cannabis seizures (in weight equivalents) 2000-2002

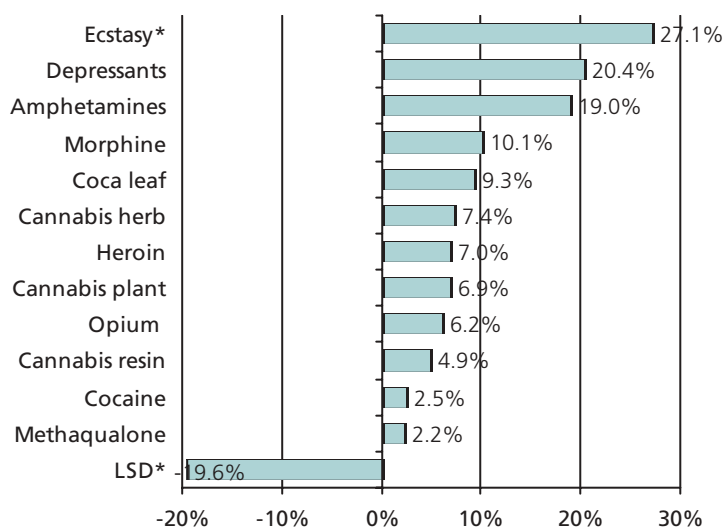


Source: UNODC, Annual Reports Questionnaire Data/ DELTA.

Quantities increased over 1992-2002, particularly for ecstasy, depressants and amphetamines

Over a 10-year period, ecstasy, depressants and amphetamines show the strongest increases. During that time, the quantities of ecstasy seized increased annually by an average of 27%, depressants by 20% (mainly benzodiazepines) and amphetamines by 19%. Cannabis herb seizures rose by 7.4% p.a., heroin by 7% p.a., cannabis resin by 5% p.a. and cocaine by 2.5% p.a. In contrast, seizures of LSD (reported in units) declined by almost 20% p.a. over the same period, establishing a trend of reduced production, trafficking and abuse of this substance over the last decade.

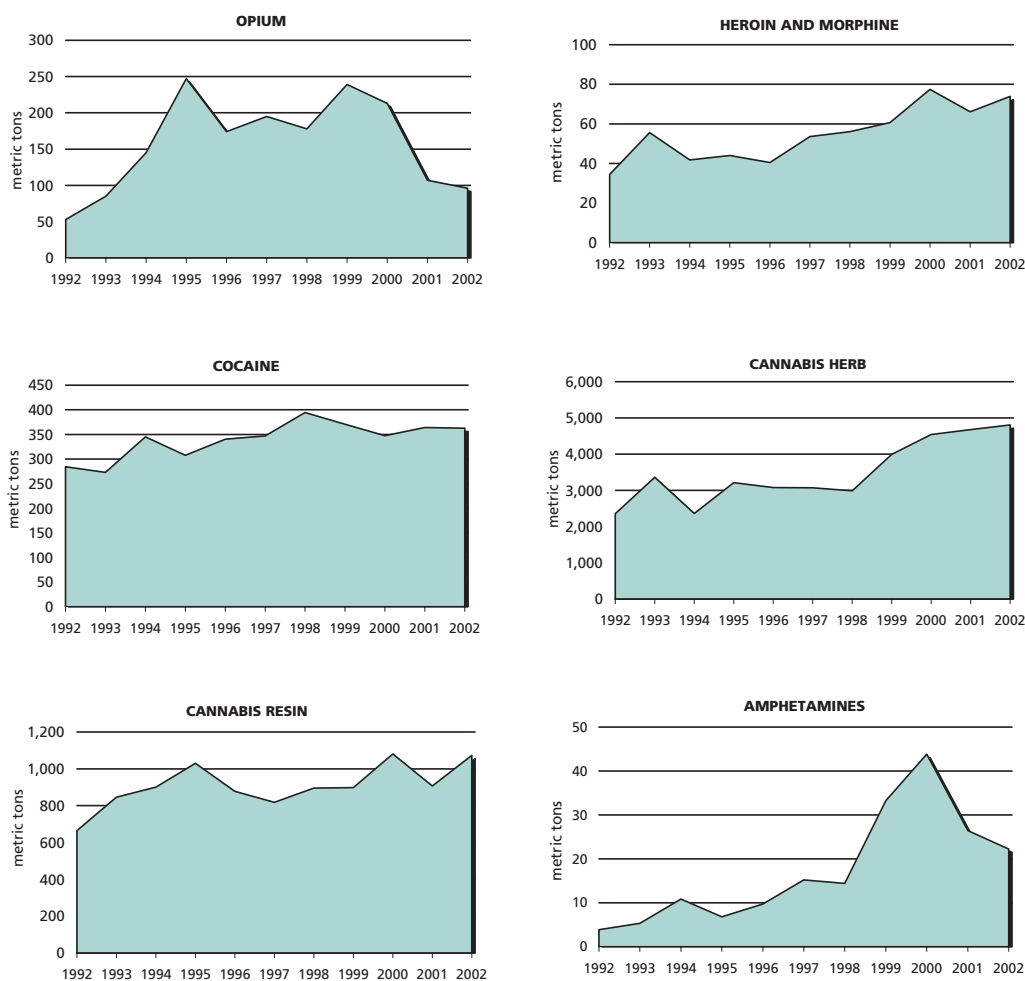
Fig. 20: Average annual change in seizures 1992-2002



* seizures in units

Source: UNODC, Annual Reports Questionnaire Data/ DELTA.

Fig. 21: Trends in world seizures, 1992 -2002 (in metric tons)



Source: UNODC, Annual Reports Questionnaire Data/ DELTA.

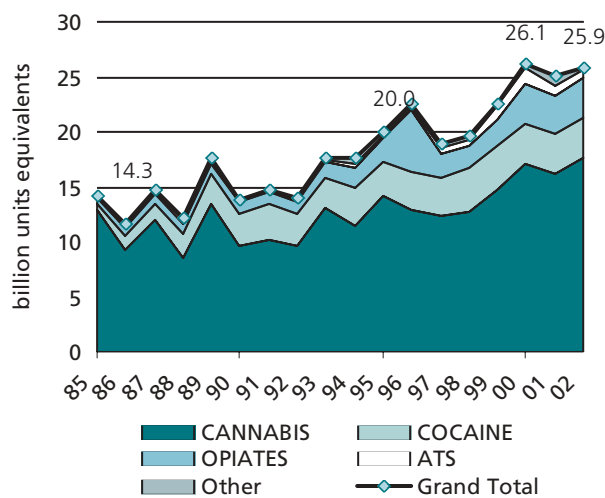
Seizures in terms of consumption units/doses...

Since the ratio of weight-to-psychoactive effect varies greatly from one drug to another, the indicator of the weight of seizures assumes more utility if it is converted into a typical unit of consumption, or the dose taken by drug users to experience a 'high'¹. Expressing drug seizures in typical units/doses enables a more meaningful comparison of the quantities of different drugs seized. Since typical doses tend to vary across regions and user groups, however, such comparisons should only be interpreted as indications of overall patterns rather than as precise estimates.

...show strong increases through the 1990s, but signs of stabilization in 2001/2002

Some 26 billion drug units were seized in 2002. This is about the same level as in the previous two years, up from about 14 billion units in 1985 and in 1990. Based on these calculations, overall seizures increased by 6.6% p.a. from 1990 to 2000 and were basically stable over the 2000-2002 period. In 2002, 68% of all seizures (in unit equivalents) were of cannabis, 14% each were of opiates and cocaine type substances, and only 3% ATS.

Fig. 22: Global seizures in unit equivalents, 1985 - 2002



Source: UNODC, Annual Reports Questionnaire Data/ DELTA.

The low proportion of ATS in that distribution (3% versus 24% of the total number of seizures) reflects the fact that ATS trafficking is largely intra-regional, with production taking place close to consumers. The shortened trafficking chain thus limits the possibility of intercepting shipments because they seldom cross borders. As a result, seizures tend to be numerous but small when compared with other drugs (coca products, for instance, represent 14% of the units seized, but only 7% of the number of seizures).

Since 1985, unit seizures show...

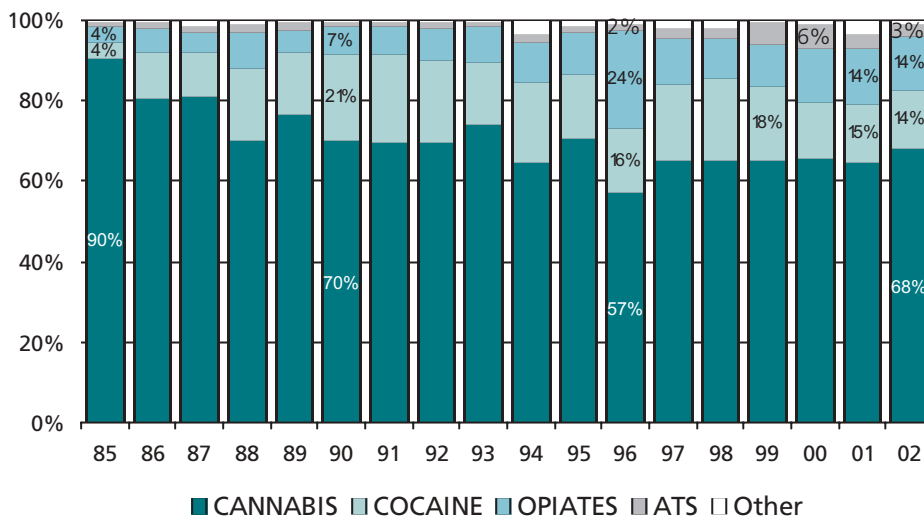
Analysis of the changing proportions of the different drug groups since 1985 shows the following picture:

A decline, and then a rebound of cannabis: the proportion of cannabis in global seizures declined from 90% in 1985 to 57% in 1996, but has since resumed an upward trend, reaching 68% in 2002. This reflects increasing cannabis production and consumption in recent years.

- An increase, then decline of cocaine: the proportion of cocaine in global seizures rose from 4% in 1985 to 21% in 1990, as global coca production rose rapidly. It then declined to 14% of global seizures in 2002, reflecting the recent reduction in cocaine production.
- A general increase of opiates: the proportion of opiates in global seizures rose from 4% in 1985 to 24% by 1996. It fell to 14% by 2002 as opium production in Afghanistan contracted in 2000 and 2001. Given the resumption of opium poppy cultivation in that country in 2002, a further increase in 2003 and indications of an even further increase in 2004, opiate seizures can be expected to go up.
- An increase, and then a decline of ATS: the proportion of ATS grew from about 1-2% of global seizures to 6% in 2000 (mainly reflecting a major crack-down on domestic ATS production by China). In subsequent years, the share of ATS in global seizures declined, to 3% in 2002.

1) For the purpose of this calculation, the following typical consumption units/doses (at street purity) were assumed: cannabis herb, 0.5 grams; cannabis resin, 0.135 grams; cocaine and ecstasy, 0.1 grams; heroin and amphetamines, 0.03 grams; LSD, 0.00005 grams (50 micrograms).

Fig. 23: Proportion drug categories in seizures in unit equivalents, 1985 - 2002

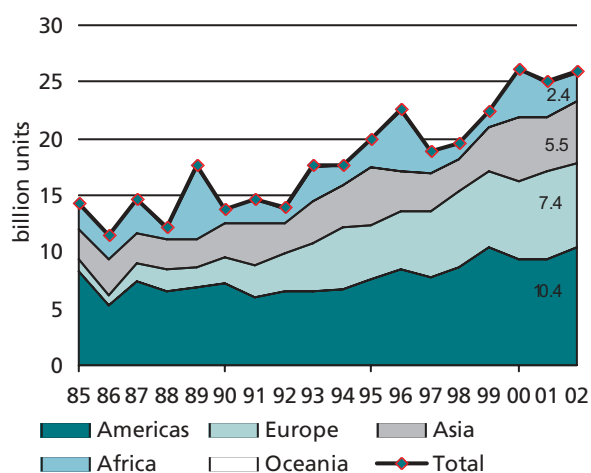


Source: UNODC, Annual Reports Questionnaire Data/ DELTA.

The intensity of trafficking is highest in the Americas, followed by Europe, both in absolute...

Seizures expressed in drug units can also give some indication of the 'trafficking intensity' and/or the efficacy of law enforcement in various regions. The strongest 'trafficking intensity' by far is recorded for the Americas, which accounted for 40% of global seizures in 2002, followed by Europe (29%), Asia (21%) and Africa (9%). Seizures in the Oceania region accounted for less than 1% of the world's total.

Fig. 24: Regional breakdown of drug seizures in unit equivalents, 1985-2002

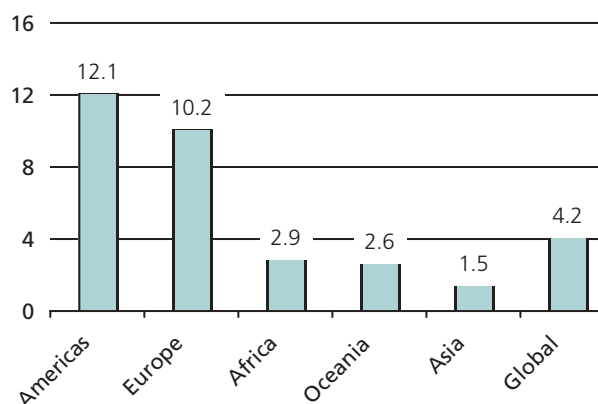


Source: UNODC, Annual Reports Questionnaire Data/ DELTA.

...and population-weighted terms

The figures given above do not take population differences into account. A calculation of seizures in unit equivalents on a per capita basis provides a somewhat different picture. The largest seizures are still found in the Americas (12 units per inhabitant in 2002)^m and in Europe (10 units), but Africa comes next (3 units), below the global average of 4 units, followed by Oceania (3 units). Given the large population in Asia, per capita seizures in this region are relatively small (2 units per inhabitant). However, in the countries around Afghanistan (Pakistan, Iran, Central Asia) per capita seizures of 13 units in 2002 were even higher than in the Americas or in Europe.

Fig. 25: Per capita seizures of drugs in unit equivalents in 2002



Source: UNODC, Annual Reports Questionnaire Data/ DELTA.

m) They are particularly high in North America: 16.9 units per inhabitant. In South America (incl. Central America and the Caribbean) seizures amounted to 7.4 units per inhabitant and were thus still almost twice as high as the global average (4.2 units per capita).

Over 1985-2002, unit seizures decreased, in relative terms, in the Americas and increased in Europe

Seizures increased in all regions over the 1985-2002 period. The most noticeable shifts - in relative terms - were the reduced importance of seizures in the Americas (from 58% of global seizures in 1985 to 40% in 2002) and the increase in Europe (from 7% in 1985 to 29% in 2002). The patterns for the other regions are less clear because they fluctuated strongly from year to year.

The short-term trend patterns observed from 2001 to 2002, however, are not in line with the long-term ones. Seizures increased in the Americas (from 37% to 40% of global seizures, or +12% in absolute terms), mainly due to increased enforcement efforts in South America. Seizures in Asia rose by 18% in 2002 (from 19% to 21% of global seizures), mainly due to increases reported from South-West Asia. European seizures declined by 7%, and African ones by 19%, from 12% to 9% of global seizures. The decline in Africa was caused by lower seizures reported from East and Southern Africa. By contrast, seizures increased in West and North Africa.

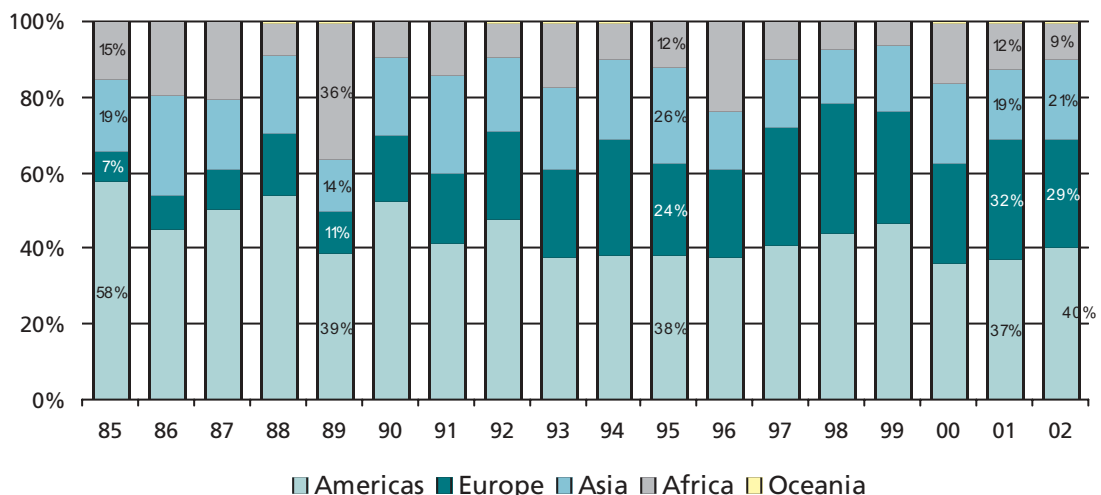
In regional terms, unit seizures show ...

The regional distribution of seizures in unit equivalents shows a distinct pattern:

- In most regions cannabis is by far the most widely seized substance.

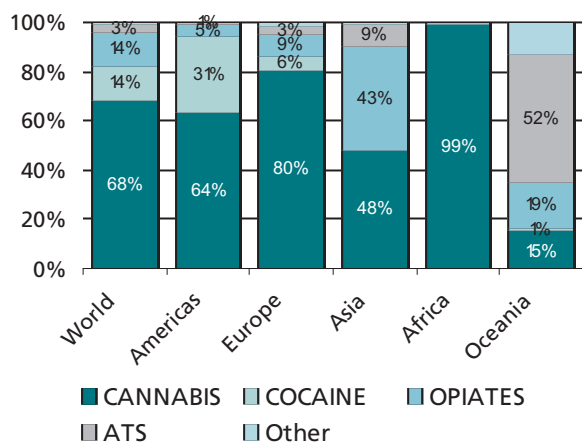
- In Africa, cannabis accounted for 99% of seizures expressed in unit equivalents in 2002, clearly highlighting its continuing importance in the region; the relatively low proportion of cannabis in total seizures in Oceania seems to be primarily a consequence of differences in enforcement priorities (as compared to other regions);
- Seizures of cocaine-type substances are high in the Americas (31% of the seizures in the Americas in 2002, i.e. more than twice the global average). This is consistent with the role of South America as the source of cocaine and of North America as the main consumer market for it;
- Seizures of opiates are high in Asia (43% of all Asian seizures in 2002, i.e. three times the global average), as can be expected from the presence of the main opium production centers in this region. Seizures of opiates - in proportional terms - are almost twice as high in Europe (9% of European seizures) as in the Americas (5% of American seizures);
- Seizures of ATS, in proportional terms, are highest in Oceania, accounting for about half of all seizures in 2002. In Asia, ATS account for 9% of all seizures. If only East- and South-East Asia are considered, ATS account for about half of all seizures. In absolute terms, ATS seizures are higher in Asia than in any other region.

Fig. 26: Proportion of drug seizures in different regions based on seizures in unit equivalents, 1985-2002



Source: UNODC, Annual Reports Questionnaire Data/ DELTA.

Fig. 27: Regional breakdown of seizures in unit equivalents



Source: UNODC, Annual Reports Questionnaire Data/ DELTA.

The global production trend is stable for opium, declining for coca, and seems to be increasing for cannabis and the ATS

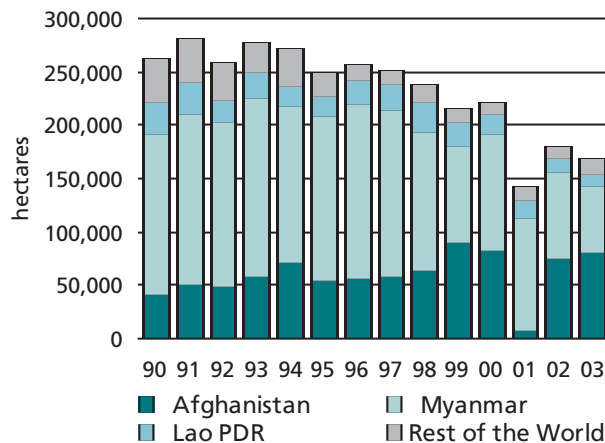
The global illicit production of opium (from which heroin is processed) has remained stable, at around 4,000 to 5,000 metric tons, since the early 1990s, but has become increasingly concentrated in Afghanistan. Coca cultivation (cocaine is extracted from the leaves of the coca bush) was stable during most of the 1990s, but has been steadily decreasing since 1999 (minus 30% from 1999 to 2003). There is unfortunately not enough data to establish a precise global illicit production trend for cannabis, which appears to be increasing. Cannabis is now reportedly cultivated in more than 140 countries throughout the world. The situation is somewhat similar for ATS, although the spectacular progression in the number of seizures of illegal laboratories since the mid-1990s (from less than 1000 in 1995 to about 10,000 in 2002) is in line with the trends reported for ATS consumption.

Fairly robust data series are available to monitor the global evolution of illicit cocaine and opiate production over time. This is unfortunately not the case for ATS and even less so for cannabis. For those two drug categories, the consumption and especially seizure data presented above, and detailed in subsequent chapters of this report, still offer the best sources of information available.

For the opiates, monitoring systems based on annual surveys of illicit opium poppy cultivation in source

countries indicate that world illicit production has basically remained stable since the early 1990s, at around 4,000 to 5,000 metric tons per year. This period, however, has been characterized by a major shift of production from South-East to South-West Asia, with an increasing concentration in Afghanistan. It is also marked by the emergence of opium production in Colombia, albeit at much lower levels than in Asia.

Fig. 28: Global opium poppy cultivation, 1990 - 2003 (ha)



For cocaine, the cultivation of the raw material (the leaf of the coca bush) is concentrated in three countries of the Andean region. During the 1990s, coca cultivation and potential cocaine production remained more or less stable, but increasingly shifted from Peru and Bolivia to Colombia. From 1999 to 2003, however, coca cultivation declined by 46% in Colombia, and by 30% in the three countries taken together. As a result, the potential availability of cocaine on world markets has been reduced significantly and is now at the lowest level since the late 1980s.

Fig. 29: Global coca bush cultivation, 1990 - 2003 (ha)

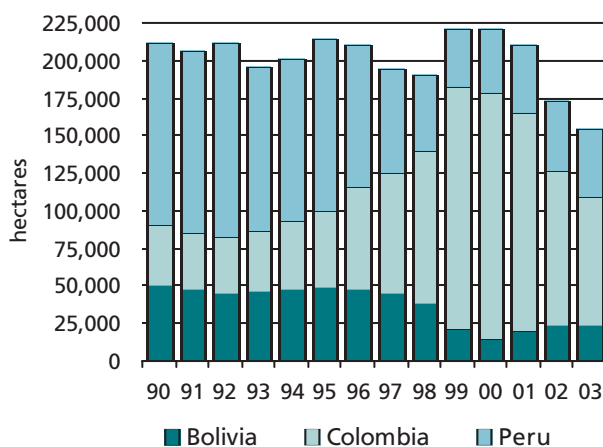
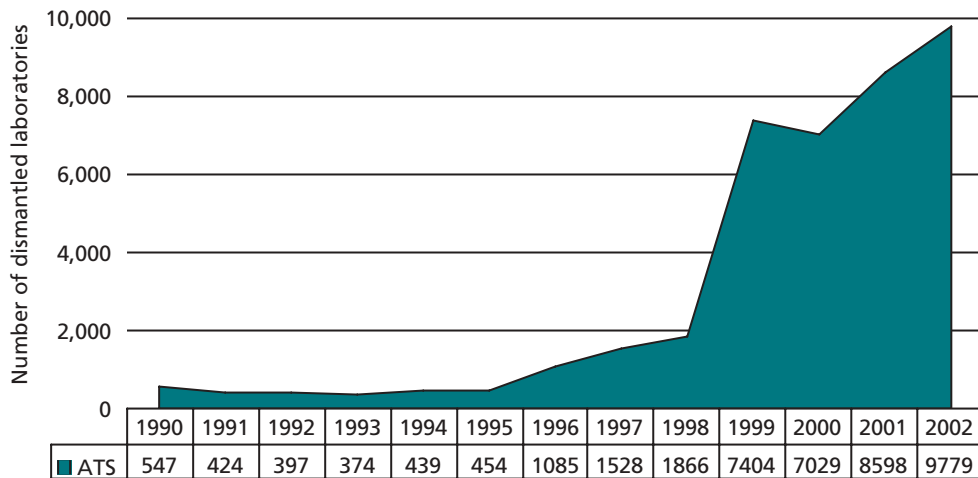


Fig. 30: Detections of clandestine ATS laboratories at the global level, 1990-2002

Source: UNODC, Annual Reports Questionnaire Data.

1.2.3. The outlook for world drug markets

Opiate market at the crossroads in Afghanistan

Considering trends in cultivation, production and consumption, the global heroin market was largely stable in 2002, but there are indications of a slight expansion in 2003 and a larger one is forecast for 2004. As opium poppy cultivation is increasingly concentrated in Afghanistan, which has been producing three-quarters of the world's illicit opium in recent years, the fate of the world heroin market will largely depend on what happens in that country.

Last year, UNODC reported that although production had generally stabilized over the 1998-2002 period, major shifts were at work. This analysis has been borne out for 2003. One example of a continuing market trend is the consolidation and contraction of cultivation. More than 90% of global opium production takes place in Afghanistan, Myanmar and Laos, with Afghanistan now assuming the vast majority of this share. In 2003, Myanmar and Laos experienced strong declines in cultivation, minus 24% and minus 14% respectively. Both countries have been implementing resolute opium elimination programmes in recent years and already achieved a cumulative reduction of 60% of the area under cultivation since 1996. The trend is expected to continue in 2004 and, if sustained over the

next few years, would virtually take South East Asia off the global illicit opium production map. The rapid pace of elimination is, however, putting tremendous economic pressure on farmers, often from ethnic minorities, who have relied for so long on opium production as a means of survival. There is evidence in the eastern Shan states of Myanmar, that some of those populations are now facing a serious humanitarian crisis. As Myanmar and Laos are assuming their responsibilities in reaching the goals agreed upon by the international community at the UNGASS, it is of paramount importance that the donor community fully takes its share of the burden as well and provides relief and development assistance to a population that belongs to the poorest of the poor. Myanmar and Laos ranked 131st and 135th, respectively, out of 175 countries, on the 2003 Human Development Indexⁿ⁾; and the ethnic minorities who live in the remote opium producing areas have a standard of living that is even below that of the general population.

Afghanistan, in contrast, experienced an 8% increase in total area under opium poppy cultivation in 2003. This increase was offset by the reduction in South East Asia and, globally, illicit opium cultivation declined by 6%. Perhaps more relevant, however, are the shifts in pro-

n) UNDP, *Human Development Report 2003*, New York, 2003.

duction. These continue and could redefine the characteristics of the supply side of the heroin market in the future. In particular the variation in opium yield between cultivation sites continues to influence production trends. Therefore, despite the absolute decrease in cultivation, increasing cultivation in Afghanistan, combined with the higher yield per hectare (typically three to four times higher than in South East Asia) has led to a 5% rise in global illicit opium production in 2003. Especially with cultivation in Afghanistan forecast to rise in 2004, this trend is expected to continue and global opium/heroin production to expand.

The extent to which these supply trends have defined the market, especially in Western and Eastern Europe, Central Asia, and the Russian Federation, has been made apparent by the disastrous social and health consequences they bring with them. This could jeopardize the sustainability of the stabilization of heroin abuse recorded in 2002, a late consequence of the opium production ban in Afghanistan in 2001. There are even signs that in 2002, newly reported cases of Intravenous Drug Use (IDU) related HIV declined strongly in Europe's largest heroin market, the Russian Federation (minus 43%). However, in some countries, including the Russian Federation, stabilization has occurred at very high levels. As these are, by now, established heroin consumer markets, it could mean that if supply increases this year and next year (when the 2004 Afghanistan opium production reaches the market), as forecast, increased availability could raise demand.

Unlike in South East Asia, the opium production problem in Afghanistan is deeply intertwined with the overall political and socio-economic situation of the country. As a consequence, it cannot be solved separately and needs to be tackled as an integral part of the stabilization and reconstruction agenda. Because of Afghanistan's overwhelming role in the supply of illicit opiates, rapid progress (over a few years) in eliminating opium production there could well dry up the world heroin market. Timing is crucial, however, because a gradual approach to elimination would only enable the market to adapt, as it has often done in the past, and production to shift to other areas. The Afghan government has adopted a national drug control strategy that calls for 75% reduction of opium production within five years. The main obstacles currently hindering its implementation appear to be the poor security situation

in the provinces and the involvement of local warlords and, in some cases, of provincial authorities, in the drug business.

Progress on the control of cocaine supply offset by geographical spread of consumption

While the markets are inherently different, some of the same characteristics of consolidation and stabilization, which have been recently observed in the global heroin market, are also present in the global cocaine market.

The general stabilization and decline in coca cultivation and cocaine production has been sustained for the fifth year in a row. There is no indication that this trend is likely to be reversed. Vigilant supply reduction efforts continue in Colombia, Peru and Bolivia. While there have been some set backs, these efforts are likely to be sufficient to sustain overall declines in cultivation and production. The overall area under cultivation fell to 154,000 ha in 2003. Both cultivation and production remain heavily concentrated in Colombia, where 56% of coca bush cultivation and 67% of cocaine production took place in 2003.

Last year, UNODC reported that Bolivia and Peru were having difficulties in consolidating the declines in their countries. Although the downtrend was sustained in Colombia, its pace slowed from minus 30% in 2002 to minus 16% in 2003. Setbacks included shifts in the localities under cultivation in the individual countries. In Bolivia, for instance, cultivation in the area of the Yungas of La Paz grew 17%, to represent 71% of the total coca cultivation of the country, and in Colombia cultivation in Narino and Meta increased 17% and 38% respectively.

The last peak in cocaine production was in 1999. Since that time, global cocaine seizures have stabilized and gradually declined in line with production. Unfortunately, the cocaine market has been able to establish itself in new geographical locations. Although the bulk of seizures still take place in the Americas, they have declined steadily along a general trend since 1991, while seizures (and consumption) in Western Europe have increased along a slightly steeper general trend over the same period. In North America and Western Europe, seizures for 2002 fell by about a fifth, parallel to a dramatic and encouraging rise in seizures in the three

o) UNODC, *Afghanistan, Farmers' Intentions Survey 2003/2004*, Vienna, February 2004.

p) UNODC, *The Opium Economy in Afghanistan*, An International Problem, New York, 2003.

source countries. Seizures in Colombia exceeded those in the USA in 2002 and were the largest worldwide.

It is the long-term dispersion of the cocaine market, however, that appears to have more relevance for policy makers. The cocaine market has been characterized by a high degree of adaptability. Over the last ten years the criminal organizations that run the market have been disbanded, but have re-formed. They are now run in a completely different manner than they were ten years ago. Despite the potential disruption caused by this, the declines in production, and the completely changed composition of production, which has led Bolivia to become an almost negligible producer and Peru to produce only a fifth of global supply, new markets are still being established today.

While there are indications that the expansion of cocaine consumption is losing some of the momentum it had in the 1990s, and while traditional markets such as the USA and Mexico are stabilizing, new markets continue to emerge. According to UNODC's Drug Abuse Trend Index, cocaine use has increased dramatically in Southern America, Central America and the Caribbean since 1995. Abuse levels are high and increasing in Brazil and Colombia. There are exceptions to this trend in Bolivia and Peru.

Europe, one of the fastest growing cocaine markets over the last decade, has shown signs of stabilization, notably in the UK and Germany in 2003. Growth since 2000 in other European countries, including Spain, France, the Benelux countries, Italy, Switzerland, Austria and the Balkans, however, indicates that the European cocaine market remains buoyant. Another indication of this is the continued emergence of crack cocaine in several European locations. Notorious for its association with high levels of violence and crime and the destructive effect it has had on North American urban communities, crack cocaine is also known to be persistent once it gets a foothold in a local market. This trend should be monitored closely. Albeit still at low levels, significant growth in cocaine consumption has taken place in the Near East and South Asia, including in India, the world's second most populous country. Most of this expansion has only taken place in the past three years, providing further indication that the cocaine market continues to disperse geographically.

The coca market has caused many serious social problems for all countries in the Andean region. The minute 0.075% of Colombia's national territory which were under coca cultivation in 2003, for example, belies the devastating effect this trade has had on the country.

Colombia faces a myriad of social and economic problems. Some of which are related to the illicit drug trade and some are not. On May 10, 2004, Jan Egeland, the United Nations Under Secretary General for Humanitarian Affairs stated "Colombia is by far the biggest humanitarian catastrophe of the Western hemisphere". (UN Press Briefing 10/5/04.) According to the Colombia coca survey for 2003, over the past 5 years over 1.5 million people are thought to have fled to escape rural violence. The country has the third largest internally displaced population crisis in the world. The level of homicides and kidnappings is extremely high.

Internal displacement is one of the most damaging things which can happen from a humanitarian point of view. This level of disenfranchisement leaves the person with no community, no security, often no shelter, food, water, sanitation, healthcare and education. It is one of the most dangerous situations a human being can be in, especially in high conflict areas. While most of Colombia's internally displaced persons end up in the sprawling barrios and shanty towns around large cities, others end up engaged in illicit production activities, putting them at even further risk and perpetuating the displacement cycle. All coca growing areas in Colombia show a high level of forced displacement.

The Andean region, Colombia in particular, have suffered greatly as a result of cocaine production. Consequently, over the last years, governments in each country have been making concerted efforts to reduce the cultivation of coca and production of cocaine. After three years of declines the international community can be confident that actions at the national level are having beneficial effects.

Cannabis: a thriving market

Dispersion is a defining characteristic of the world cannabis market. Cannabis is the most widely produced, trafficked and consumed illicit drug in the world. The market in which the drug is produced, traded and consumed is pervasive and persistent, perhaps because of the vast number of places in which the drug is produced and the high levels of availability which this has created.

If cannabis plant seizures are used as an indicator, as many as 142 countries produced cannabis between 1992 and 2002. The bulk of the trafficking of cannabis herb takes place in North America, with Mexico and the USA respectively accounting for 34% and 23% of global seizures. These two countries are followed by Nigeria, Brazil and South Africa.

The production of cannabis resin is concentrated in 40 countries. Three of these, Morocco, Pakistan and Afghanistan, are main producers. Consumption is concentrated, and increasing, in Western Europe. Two thirds of all cannabis resin were seized there and some 80% of that apparently originated in Morocco. In 2003, UNODC and the Government of Morocco conducted the country's first comprehensive cannabis survey. The survey revealed a potential cannabis resin production of 3,080 metric tons.

As noted in previous sections of this chapter, the global market for cannabis continues to thrive. Consumption is rising in South America, and the market continues to expand in both Western and Eastern Europe, as well as in Africa. In the United Kingdom, Europe's largest cannabis market, use has stabilized over the last three years, but at extremely high levels: among the general population it is now twice as high as it was in the early 1990s. Even in Asia, where increases in cannabis use are less pronounced, the two most populous countries, China and India, have reported large increases. However, use has remained generally stable in the USA, the world's largest cannabis market in economic terms. This trend was largely paralleled in Ontario, the most populous province of Canada, and in Mexico.

Mixed signals from ATS markets

Although the market for ATS is expanding and buoyant, there are some signs that the rate of increase is not quite as rapid as it was over the last ten years. The ATS market is fragmented and geographically distinct. It is essentially composed of a number of chemically related synthetic drugs, three of which - amphetamine, methamphetamine and ecstasy - dominate certain regions. Also, unlike the plant-based drugs, ATS are produced with chemicals that are common and often readily available, in easily concealed laboratories. Because these laboratories tend to be small and portable (sometimes even referred to as 'kitchen laboratories'), interdiction is easily eluded through moving or abandonment. Manufacture frequently takes place close to the consumers and less high-risk international trafficking is required. These characteristics, which will continue to define the market in the future, are extremely important because of the adaptability they give to producers and distributors. Consumers, also, have demonstrated flexibility - especially regarding ecstasy. This has led to a situation where the three main geographical regions of ATS consumption are expanding and partly merging. Finally, it is possible that the proximity of the production sources to the main markets could mean that there is a more direct link between declines in availability and declines in consumption.

Internationally, law enforcement agencies have become aware that it is these production characteristics which led, at least in part, to the market's phenomenal growth over the past ten years. They therefore concentrate on dismantling laboratories and interdicting precursor chemicals. There has been a clear upward trend in their ability to do this and, in 2002, more than 9,300 clandestine methamphetamine laboratories were dismantled, a 14% increase over the previous year. Most of these were dismantled in the USA. In several countries of Western Europe, enforcement efforts were also intensified, including the Netherlands, the main source of ecstasy and amphetamine in Europe. Ecstasy production is also beginning to appear in South-East Asia, along with large-scale production of methamphetamine.

Of all the ATS, methamphetamine has the most negative health and social consequences. It is prevalent in North America and East and South-East Asia, which is its largest market. Methamphetamine abuse continues to rise in the region, especially in China, Singapore, Myanmar and the Republic of Korea. China's market, which is relatively recent, has been characterized by an extremely steep increase since 1997. There are indications that this is due to the introduction of ecstasy in that year and its possibly overtaking methamphetamine in the recent period. Thailand, which has one of the highest methamphetamine prevalence rates in the world, experienced a decline in consumption in 2003, and a stabilization/decline is thought to have occurred in Japan. There have also been some positive signs in Europe: amphetamine consumption seems to be stabilizing, with continuing declines reported from the UK and Ireland. After years of steep increases, amphetamine use stabilized for the first time in Eastern Europe in 2002. A resurgence of methamphetamine and amphetamine markets, however, cannot be excluded. The flexible production structure and negative health consequences of the drugs therefore make it imperative that control and prevention efforts are intensified.

The global market for ecstasy continues to expand, although at a much slower pace than in previous years. The evolution of this market is a cause for serious concern. While there are signs of stabilization or contraction in some of the more established markets of Western Europe and North America, and a loss of momentum in the increases reported from Oceania (which seems to have the highest levels of ecstasy use worldwide) the market is expanding to several developing regions where public resources for prevention and control are scarce. Apart from the example of China, which was cited above, the ecstasy market seems to be expanding into other parts of Asia, South America and Southern Africa.