

## 2.2. Coca / Cocaine market

### 2.2.1. Production

**Table 5. GLOBAL ILLICIT CULTIVATION OF COCA BUSH AND PRODUCTION OF COCA LEAF AND COCAINE, 1990-2003**

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
<b>CULTIVATION<sup>(1)</sup> OF COCA BUSH IN HECTARES</b>														
Bolivia <sup>(2)</sup>	50,300	47,900	45,300	47,200	48,100	48,600	48,100	45,800	38,000	21,800	14,600	19,900	24,400	23,600
Colombia <sup>(3)</sup>	40,100	37,500	37,100	39,700	44,700	50,900	67,200	79,400	101,800	160,100	163,300	144,800	102,000	86,000
Peru <sup>(4)</sup>	121,300	120,800	129,100	108,800	108,600	115,300	94,400	68,800	51,000	38,700	43,400	46,200	46,700	44,200
<b>Total</b>	<b>211,700</b>	<b>206,200</b>	<b>211,500</b>	<b>195,700</b>	<b>201,400</b>	<b>214,800</b>	<b>209,700</b>	<b>194,000</b>	<b>190,800</b>	<b>220,600</b>	<b>221,300</b>	<b>210,900</b>	<b>173,100</b>	<b>153,800</b>
<b>POTENTIAL PRODUCTION OF DRY COCA LEAF IN METRIC TONS</b>														
Bolivia	77,000	78,000	80,300	84,400	89,800	85,000	75,100	70,100	52,900	22,800	13,400	20,200	19,800	17,100
Colombia	45,300	45,000	44,900	45,300	67,500	80,900	108,900	129,500	165,900	261,000	266,200	236,000	222,100	168,000
Peru	196,900	222,700	223,900	155,500	165,300	183,600	174,700	130,600	95,600	69,200	46,200	49,300	52,500	50,790
<b>Total</b>	<b>319,200</b>	<b>345,700</b>	<b>349,100</b>	<b>285,200</b>	<b>322,600</b>	<b>349,500</b>	<b>358,700</b>	<b>330,200</b>	<b>314,400</b>	<b>353,000</b>	<b>325,800</b>	<b>305,500</b>	<b>294,400</b>	<b>235,890</b>
<b>POTENTIAL<sup>(5)</sup> MANUFACTURE OF COCAINE IN METRIC TONS</b>														
Bolivia	189	220	225	240	255	240	215	200	150	70	43	60	60	60
Colombia	92	88	91	119	201	230	300	350	435	680	695	617	580	440
Peru	492	525	550	410	435	460	435	325	240	175	141	150	160	155
<b>Total</b>	<b>774</b>	<b>833</b>	<b>866</b>	<b>769</b>	<b>891</b>	<b>930</b>	<b>950</b>	<b>875</b>	<b>825</b>	<b>925</b>	<b>879</b>	<b>827</b>	<b>800</b>	<b>655</b>

(1) Potentially harvestable, after eradication.

(2) Source: CICAD and US Department of State, International narcotics Control Strategy Report.

(3) Estimates for 1999 and subsequent years come from the national monitoring system established by the Colombian government with the support of UNODC. Due to the change of methodology, figures for 1999 and after cannot be directly compared with data from previous years.

(4) Since 2000 the results are those of the illicit crop monitoring system established with the support of UNODC

(5) Potential manufacture of cocaine is the amount of cocaine that can be made from coca leaf produced in the country concerned. It does not take into account importation of coca base from other countries.

*Global cultivation of coca has reached its lowest level since 1985...*

Global coca cultivation continued declining for the third straight year in 2003. The total area under coca cultivation in Colombia, Peru and Bolivia combined declined to 153,800 ha, an 11% decline from 2002 and a 30% decline from the peak of coca cultivation in 1999. As has been the case since 1996, the majority of all coca cultivation (56%) took place in Colombia, 29% took place in Peru and 15% took place in Bolivia.

The largest decrease in coca cultivation took place in Colombia, where coca cultivation declined 16% from 102,000 ha in 2002 to 86,000 ha in 2003. This represents Colombia's third consecutive year of decreasing cultivation, and brings the country back to cultivation levels not seen since 1997. Cultivation in Peru decreased 5.4% to 44,200 ha in 2003. In Bolivia UNODC and the Bolivian Government completed the first national coca survey of the country (previous surveys of Bolivia had only covered Yungas of La Paz) with national estimates compiled from US Government and Bolivian sources. The results of the first national survey revealed that 23,600 ha were under coca bush cultivation, including the 12,000 ha permitted by Bolivian Law Number 1008.

Although coca cultivation in 2003 for Bolivia was only about half of the levels reported from other sources in the mid-1990s, there are worrying signs that coca cultivation is on the increase. In the Yungas of La Paz which accounted for 71% of total coca cultivation in the country, coca cultivation increased by 18% as compared to 2002.

In Peru the most important decreases in cultivation took place in the areas of Central Huallaga, where coca cultivation has virtually disappeared, as well as in Aguaytia (-53%). In Alto Huallaga, where 31% of coca is cultivated, cultivation declined a significant 11%. The government estimates that approximately 50,000 households are involved in coca cultivation in Peru.

UNODC's Peru Coca Survey for 2003 attributed the decrease in cultivation to four factors: programmed eradication implemented by the Control and Reduction of Coca Leaf in the Upper Huallaga Office (CORAH) (7,022 ha), the National Commission for Development and Life without Drugs' (DEVIDA) voluntary eradication programme, which includes compensation for farmers (4,290 ha), the abandonment of coca fields by farmers without compensation (possibly to avoid forced eradication) and alternative development programmes.

In Colombia, the most significant reductions in coca cultivation between 2002 and 2003 were found in the departments of Guaviare (-11,218 ha or 41% decrease), Putumayo (-61,666 ha or 45% decrease) and Norte de Santander (-4,471 ha or 44% decrease), while coca cultivation increased in two departments: Nariño (17,628 ha or 17% compared to 2002) and Meta (12,695 ha or 38% compared to 2002). In 2003, the major coca growing departments were, in decreasing order of importance, Nariño, Guaviare and Meta. Together they accounted for 54% of the total coca cultivation. The same three departments accounted for 61% of the aerial eradication efforts.

In Colombia, eradication was the primary reason for the decline in cultivation in 2003. Other factors included abandonment of fields and voluntary eradication. The armed conflict, as well as fuelling coca production in some parts of the country, completely impeded it in others. Moreover, in 2003, there was a slight recovery in Colombia's agricultural sector, which led to an increase in the prices of some key farm products. This also contributed to the decrease in coca cultivation by reducing incentives for coca cultivation.

Sustained eradication efforts in all three countries were amongst the vital factors which perpetuated the downward trend of cultivation. In 2003 the Government of Bolivia reported the eradication of 10,100 ha of coca fields, mainly in the Chapare region, sustaining a level of eradication which has occurred since 1998. The Peruvian Government reported the eradication of 11,312 ha of coca fields, the second highest level in 20 years. Of this total, 7,002 ha were eradicated by CORAH and 4,290 ha were voluntarily eradicated through programmes promoted by DEVIDA. In Colombia, the decrease in coca cultivation in Arauca, Guaviare, Putumayo and Norte de Santander could be attributed to a large extent to the aerial eradication campaigns that have intensified considerably since 2002 in these four departments. Putumayo alone accounted for 76% of the national eradication records. In total, about 136,828 ha were eradicated in Colombia 2003, which is the highest level of eradication yet.

*Reducing the world's potential manufacture of cocaine to its lowest level since 1989...*

The potential production of cocaine reached 655 metric tons in 2003, down from 800 metric tons in 2002. Potential cocaine production in Peru amounted to 155 metric tons in 2003, and to 60 metric tons in Bolivia. In 2003 the global share of cocaine production was

slightly redistributed between the three countries with Colombia's share of cocaine production falling from 75% to 67%. Peru's share amounted to 24%, and Bolivia's to 9% of cocaine production.

In Peru, the research carried out by Peru's Tropical Crop Institute in 2003 supports reports that farmers are improving coca yields on existing plots instead of increasing the surface of their cultivation. Between 2001 and 2003 the average yield of coca crops in the Upper Huallaga rose from 500 kg/ha/year to 800/kg/ha/year (four harvests per year). At the country level, the gross potential farm-gate value of the dry coca leaf production harvested in 2003 amounted to US\$112 million. Considering that 50,000 households cultivate coca in Peru, discounting maintenance costs, the net income per household derived from the sale of coca leaf is around US\$1,344 per year.

In Bolivia, where the law allows for coca production for traditional use, the total coca leaf production amounted to 28,300 metric tons, of which 17,100 metric tons were estimated to have been available for cocaine production. The total gross potential farmgate value of coca leaf production in Bolivia in 2003 is estimated to be US\$153million, equivalent to 2% of the country's GDP or 13.4% of the value added of the (licit) agricultural sector. The gross income from coca leaf production amounted to US\$500 per capita (coca growers and non-growers) in the coca producing regions in 2003. The overall (licit) GDP per capita in Bolivia was around US\$880 in 2003. 3.8% of the country's total population live in the coca producing regions.

UNODC has not yet conducted a scientific and comprehensive study on coca leaf and cocaine productivity in Colombia, but information gathered from other sources, enabled the estimation of the potential cocaine production in Colombia at about 440 metric tons. Using the average price for coca base of US\$793/kg in 2003, and assuming a one to one conversion rate between cocaine and coca base, the total farmgate value of the 440 metric tons of coca base produced in Colombia in 2003 would amount to about US\$ 350 million.

*However, there is some sign of shifting cultivation patterns and improved techniques...*

UNODC's surveys consistently reveal signs that farmers are improving and adapting their cultivation techniques, both to increase yield and to hide crops. In Bolivia, for example, fertilizers and pesticides have been widely used for coca cultivation in the Yungas of La Paz,

but it is only in 2003 that the irrigation of coca fields has become common.

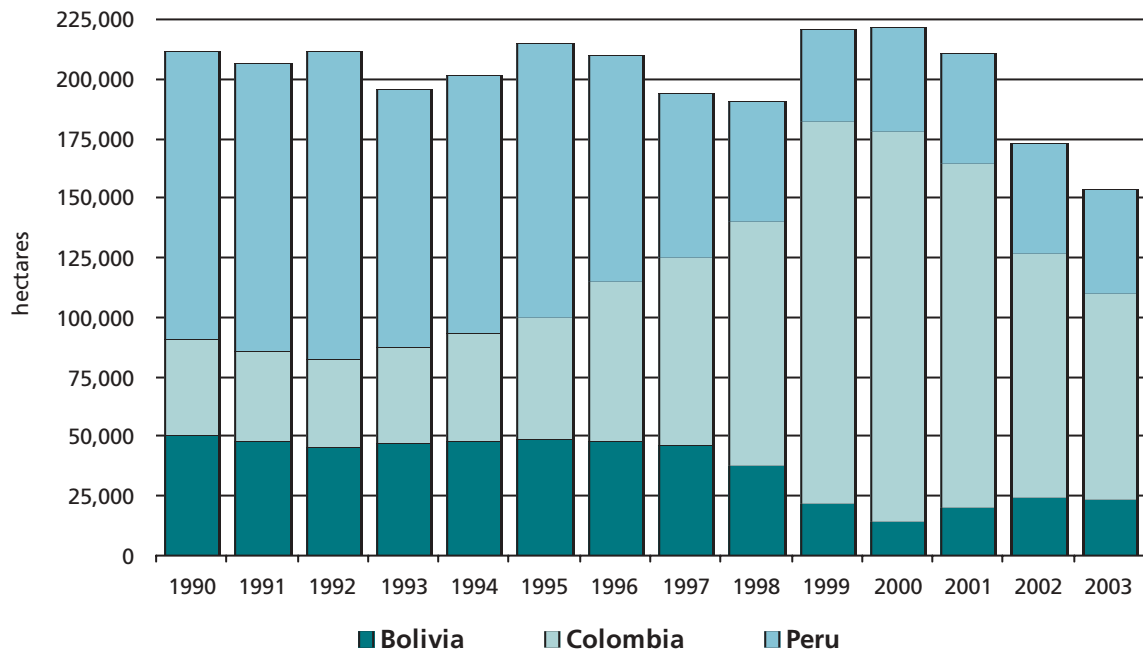
The interpretation of satellite images in Bolivia revealed that most of the new coca fields were established to the detriment of the primary forest. Farmers are also interspersing their coca crop with other licit crops, such as rice, cassava, pineapple and citrus trees. Farmers time the addition of the coca crop to the licit crop carefully, when the licit crop is at about half of its maturity. While this technique is neither new nor complex, it may be growing more common as a method of avoiding eradication. This, for example, is done in Chapare in Bolivia where most of the eradication takes place.

In Peru, there has been some shifting in cultivation, with Apurimac Ene replacing Alto Huallaga as the area with the largest area under coca cultivation. Although cultivation is declining in Alto Huallaga, it remains high. UNODC's alternative development programmes in the region estimate that 80% of farmers income in the area of Mozon in Alto Huallaga comes from coca cultivation. In Mozon, coca cultivation is concentrated in the steep slopes of the mountains, while licit crops tend to be cultivated in the more productive soils of the lower valleys. The insecurity and violence brought about by organizations of coca farmers in Mozon were constant in 2003, especially in the higher areas where the coca cultivation is concentrated. Mozon accounts for 71% of the cultivation in the Alto Huallaga area, in the other areas agriculture is more diverse and coca cultivation accounts for only a marginal fraction of farmer's income. There are both direct and indirect indicators that farmers are abandoning their coca fields in order to avoid eradication. Once the risk of eradication disappears, abandoned coca fields can be quickly reactivated at a fraction of the cost of establishing a brand new field.

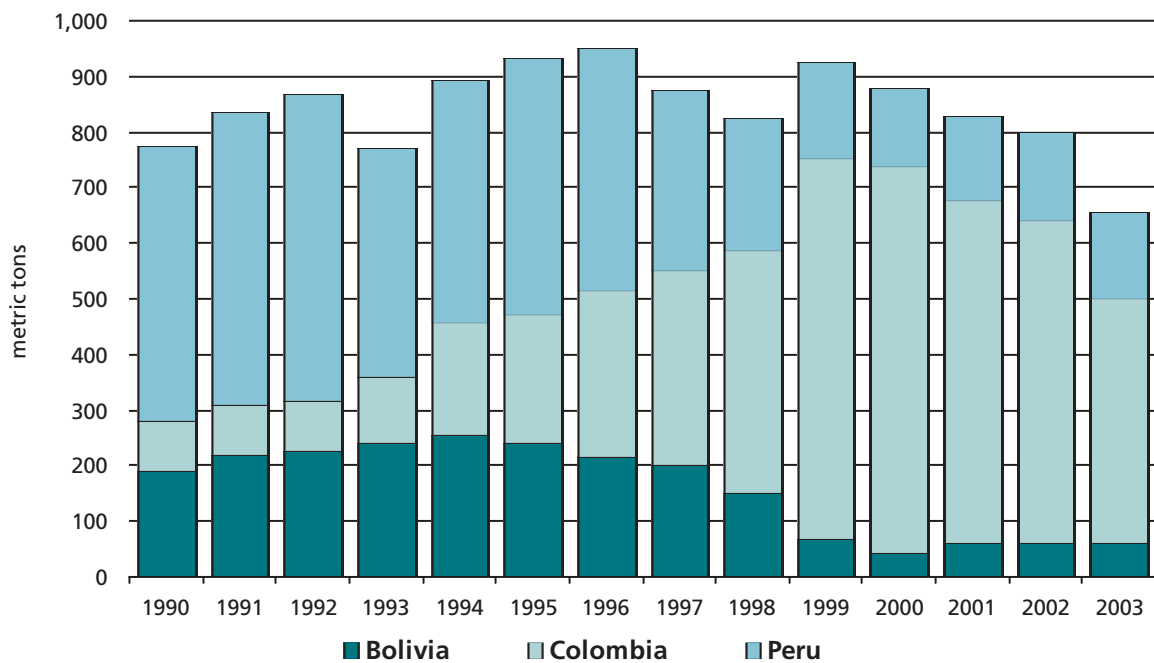
Cultivation in Apurimac-Ene, which now accounts for the largest portion (32%) of coca cultivation in Peru, has been increasing since 1997. It is thought that the increase is due mainly to the rehabilitation and improvement of abandoned coca fields, rather than the establishment of new crops. UNODC's survey has found that it costs approximately US\$ 400 to rehabilitate an abandoned coca field, with the first harvest ready after 3 or 4 months, whereas, the cost for establishing a new hectare ranges from US\$1,500 to US\$1,800 and the first harvest is produced only after 9 to 15 months.

In Colombia, coca cultivation is characterized by a high degree of mobility, both within and across department boundaries. With cultivation shifting tactically to avoid

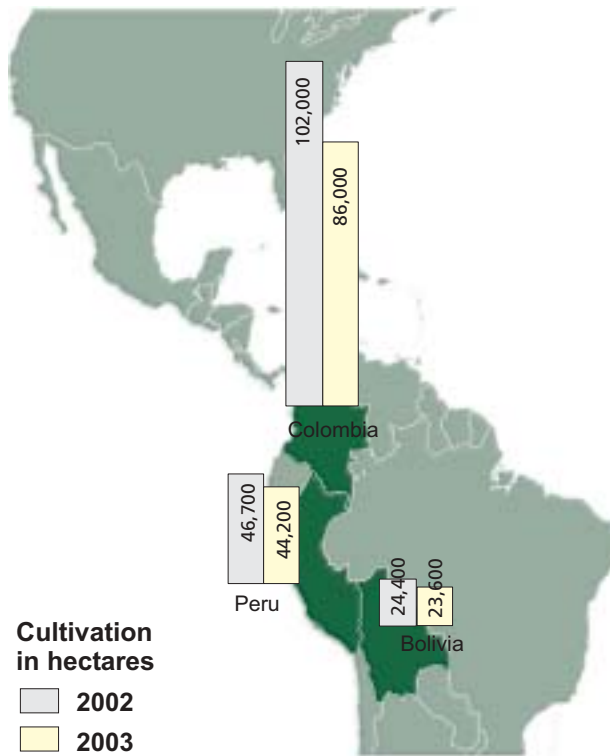
eradication and to exploit new growing areas. In Putumayo cultivation declined 45%. Declines corresponded roughly to aerial spraying activity and voluntary eradication. Unlike in other parts of the country, this was not counterbalanced by the establishment of new fields or the reseeded of sprayed areas. A high degree of mobility of coca cultivation was noted within the region of Guaviare, which in the 90's, was the largest coca growing area of Colombia, until most of the coca migrated to Putumayo at the end of the decade and then to the Nariño area. Guaviare remains one of the most important coca growing regions in Colombia, despite the 41% decrease in the level of coca cultivation between 2002 and 2003. Nariño experienced a 17% increase in cultivation, perhaps as a consequence of the significant reduction in coca cultivation in Putumayo, which drove landless labourers to move to Nariño. Other factors would have included violence, insecurity, proximity of the sea and international trafficking routes.

**Fig. 45: Global coca bush cultivation, 1990-2003 (in ha)**

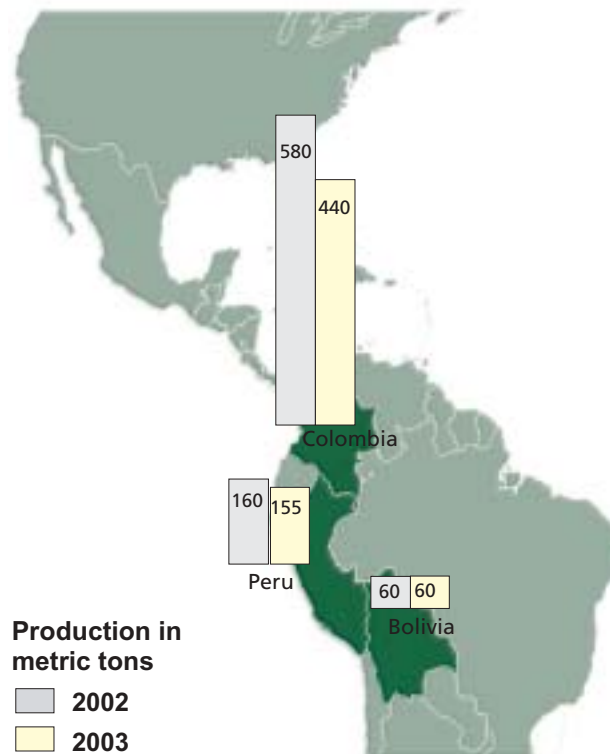
Estimates for Colombia for 1999 and subsequent years come from the national monitoring system established by the Colombian government with the support of UNODC. Due to the change of methodology, figures for 1999 and after cannot be directly compared with data from previous years.

**Fig. 46: Potential cocaine production, 1990-2003 (metric tons)**

Map 11. Coca bush cultivation (2002 - 2003)

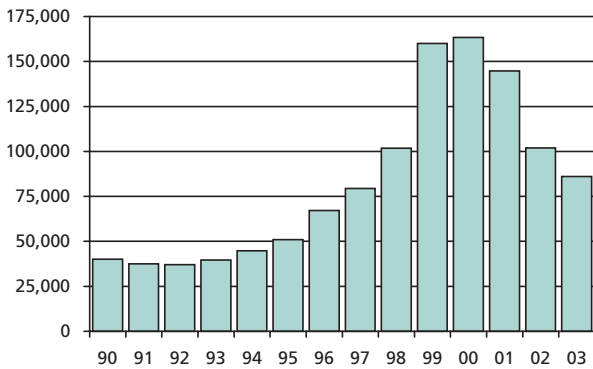


Map 12. Potential cocaine production (2002 - 2003)

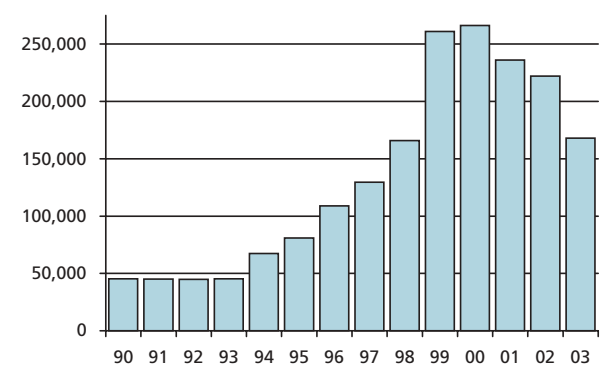


**Fig. 47.**  
**Annual coca bush cultivation and cocaine production in main producing countries, 1990 - 2003**

**COLOMBIA - COCA BUSH CULTIVATION, 1990 - 2003 (ha)**

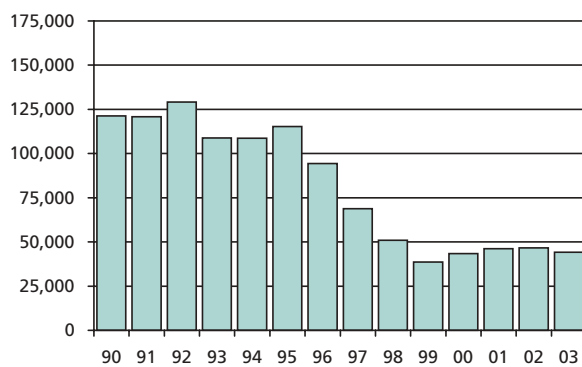


**COLOMBIA - POTENTIAL COCAINE PRODUCTION, 1990 - 2003 (mt)**

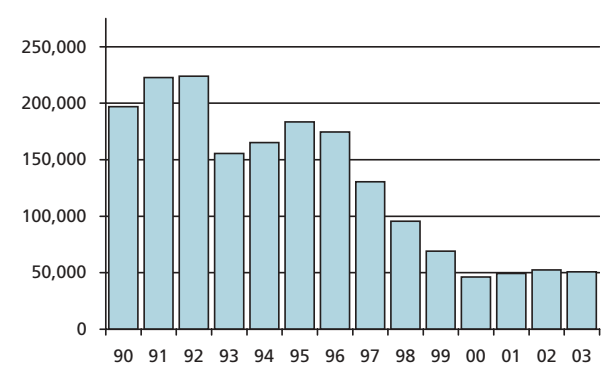


Estimates for Colombia for 1999 and subsequent years come from the national monitoring system established by the Colombian government with the support of UNDCP. Due to the change of methodology, figures for 1999 and after cannot be directly compared with data from previous years.

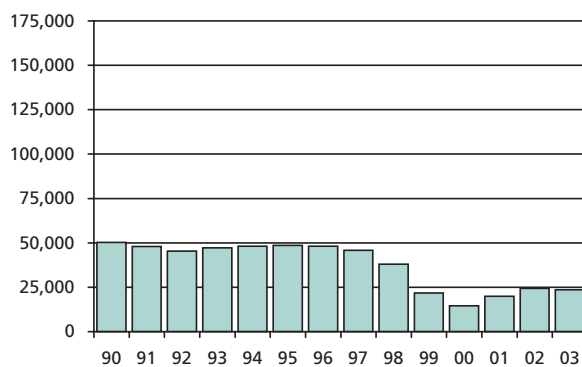
**PERU - COCA BUSH CULTIVATION, 1990 - 2003 (ha)**



**PERU - POTENTIAL COCAINE PRODUCTION, 1990 - 2003 (mt)**



**BOLIVIA - COCA BUSH CULTIVATION, 1990 - 2003 (ha)**



**BOLIVIA - POTENTIAL COCAINE PRODUCTION, 1990 - 2003 (mt)**

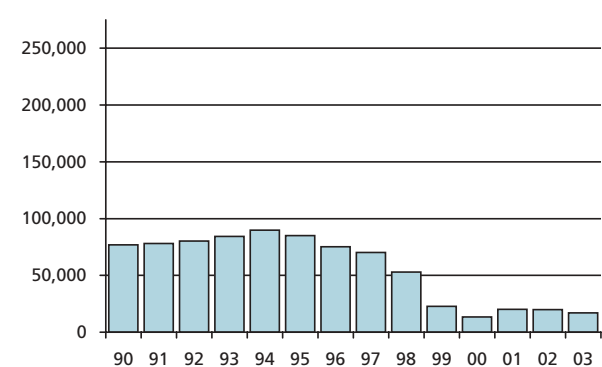


Fig. 48: Coca bush cultivation (in % of global total)

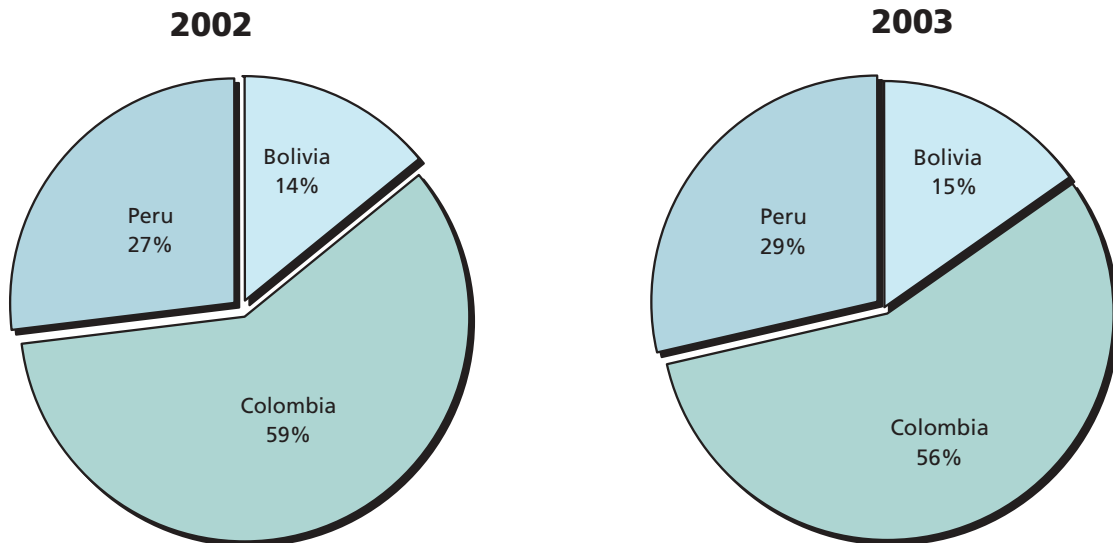


Fig. 49: Potential cocaine production (in % of global total)

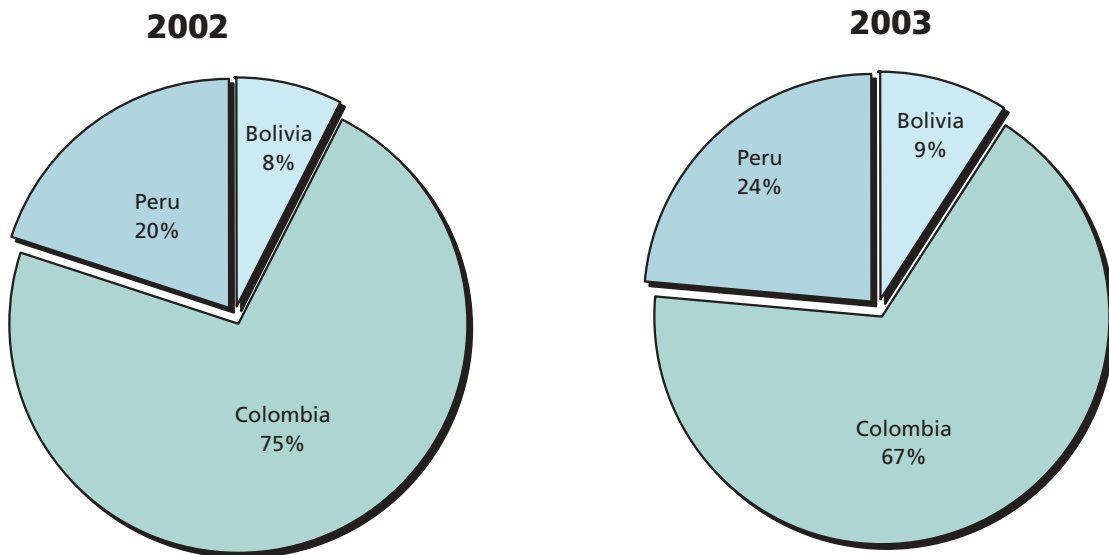




Fig. 50: USA: Cocaine retail and whole sale prices, 1990-2002 (US\$/gram)

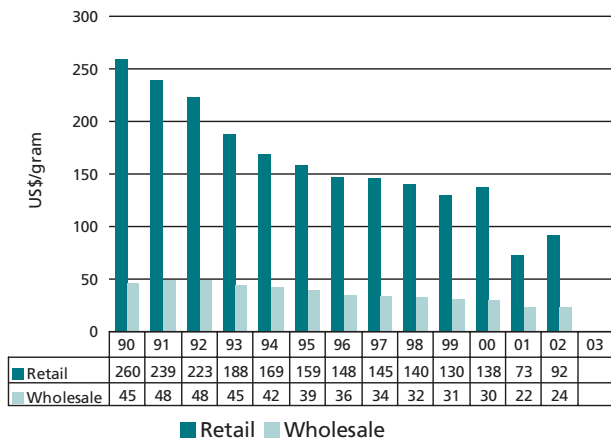


Fig. 51: EUROPE: Cocaine retail and wholesale prices, 1990-2003 (US\$/gram)

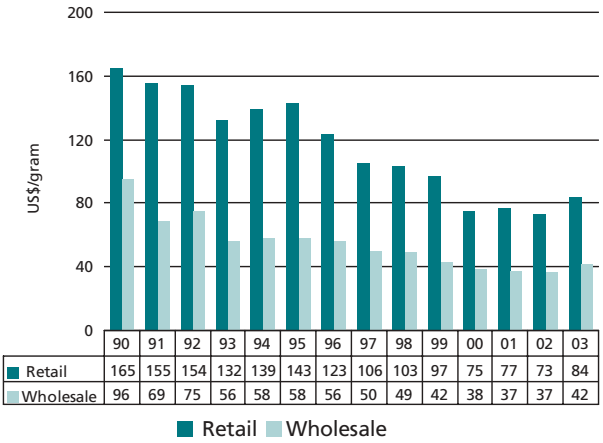


Fig. 52: Wholesale cocaine prices in Europe and the USA, 1990-2003 (US\$/gram)

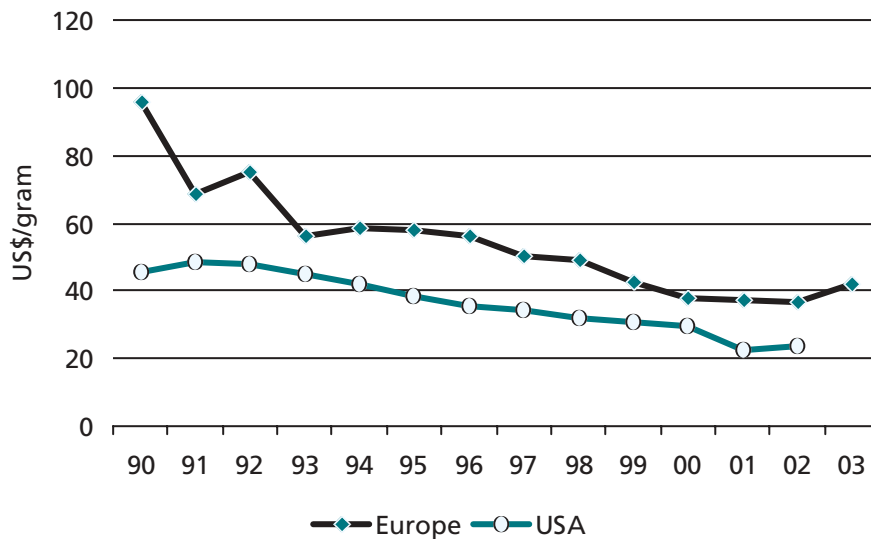


Fig. 6: Reported eradication of coca bush, in ha

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Bolivia	2,400	1,100	5,493	7,512	7,000	11,620	15,353	7,653	9,395	11,839	10,089
Colombia	946	4,904	25,402	23,025	44,123	69,155	44,157	61,574	95,898	126,933	136,828 *
Peru		240	7,512	7,512	3,462	17,800	13,800	6,200	3,900	7,000	11,312

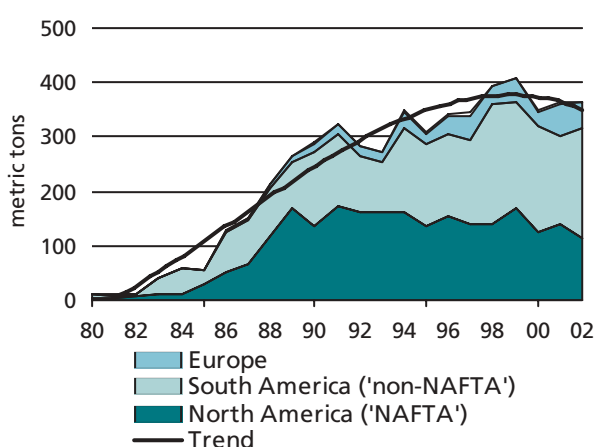
\* Represents gross annual spraying area (aerial and manual). It does not take into account the effectiveness of spraying nor the fact that some spraying paths can overlap, which explains that eradicated areas are larger than cultivated areas. Coca cultivation estimates presented in this publication are net, i.e. post-eradication.

### 2.2.2. Trafficking

#### *The cocaine seizure trend was stable in 2002*

Cocaine seizures remained stable in 2002, and were some 10% less than in 1999, the latest peak year of global cocaine production. After having increased dramatically, in tandem with cocaine production, in the 1980s, cocaine seizures have been stable to declining in recent years, reflecting the global production trend.

**Fig. 53: Global cocaine seizures 1980-2002**



Source: UNODC, Annual Reports Questionnaire Data / DELTA.

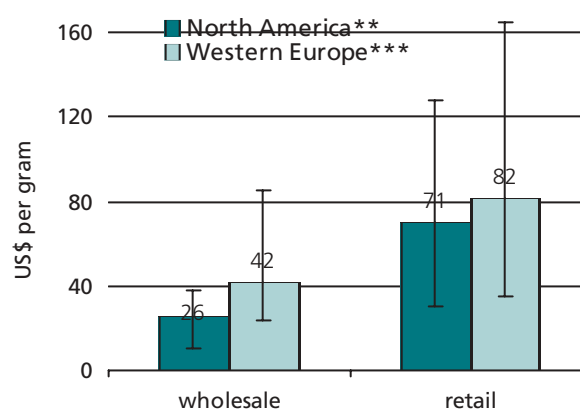
#### *Trafficking remains concentrated in the Americas and, to a lesser extent, in Western Europe*

The bulk of cocaine continues to be seized in the Americas. In 2002, 55% of all cocaine seizures were made in South America (including Central America and the Caribbean), 32% in North America and 13% in Europe (of which 99% were in Western Europe).

#### *While the trend has been stable/declining in North America, increases have been reported from Western Europe over the last decade*

The most striking trend in recent years has been the strong increase in European cocaine seizures, reflecting underlying shifts in trafficking. Although Europe's record cocaine seizures of 2001 were not repeated in 2002, the proportion of cocaine seized in Europe (13% of global seizures in 2002) was substantially higher than in 1990 (6%) or in 2000 (8%). The increase in trafficking went in parallel with rising levels of cocaine use in a number of West European countries. Traffickers appear to be turning away from the saturated and high-risk North American market to the lucrative, and possibly less risky, West European market.

**Fig. 54: Average\* cocaine prices in North America and Western Europe in 2002**



\* Unweighted average of reported prices; error bars indicate minimum and maximum prices.  
 \*\* USA and Canada.  
 \*\*\* 21 West European countries.

Source: UNODC, Annual Reports Questionnaire Data / DELTA.

**Table 7. Distribution of cocaine seizures by region in % (1985-2001)**

	1985	1990	1995	2000	2001	2002
Americas	97.80%	94.00%	92.80%	91.10%	83.00%	87.10%
Europe	2.10%	5.90%	7.00%	8.30%	16.30%	12.70%
Asia	0.09%	0.04%	0.04%	0.03%	0.32%	0.06%
Oceania	0.03%	0.04%	0.11%	0.41%	0.32%	0.03%
Africa	0.00%	0.02%	0.08%	0.12%	0.13%	0.15%
Total	100%	100%	100%	100%	100%	100%

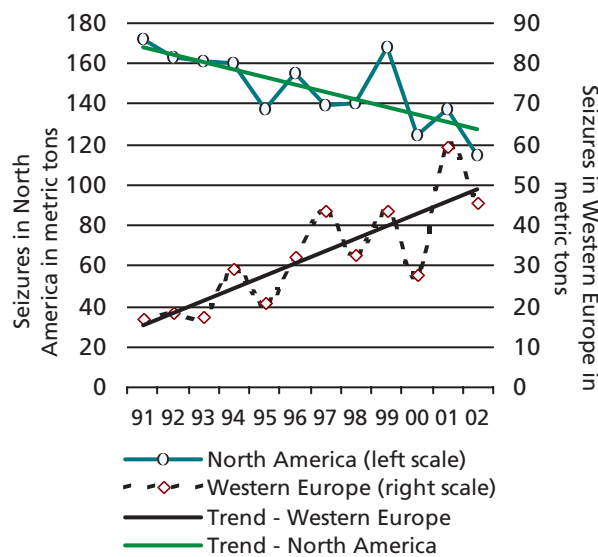
Source: UNODC, Annual Reports Questionnaire Data / DELTA

A comparison of cocaine wholesale and retail prices suggests that, from a trafficker's point of view, the European market is more attractive than the basically stable US market. The difference, however, has become less pronounced over the last few years.

*Short-term trends are, however, similar in North America and Western Europe...*

In both North America and Western Europe cocaine seizures increased in 1999, fell in 2000, increased in 2001 and fell again in 2002. The decline in 2002 seems to have been a consequence of two factors occurring in parallel: an increase in coca eradication and more enforcement action against cocaine trafficking in the source countries. The total area under coca cultivation across the Andean region fell by 18% in 2002. As most of the eradication took place towards the end of the year, the actual reduction in cocaine manufactured was much less (-3%). More enforcement in South America, however, led to cocaine seizures rising by more than a fifth in 2002, which, in turn, had an impact on global cocaine availability. Data collected among US students also suggests that cocaine availability declined by 12% between 2001 and 2003.

**Fig. 55: Cocaine seizures: North America and Western Europe**



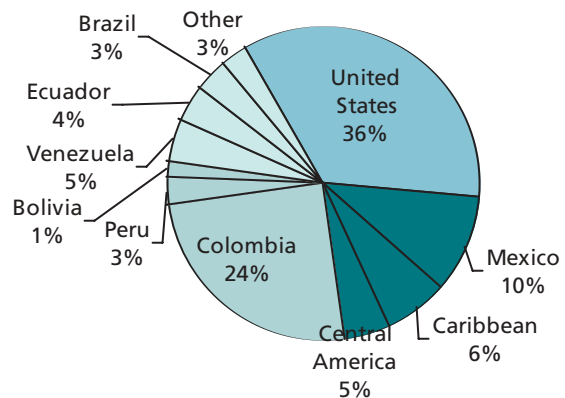
Source: UNODC, Annual Reports Questionnaire Data.

*... a consequence of strongly rising cocaine seizures in the source countries in 2002*

In the Americas, the relative importance of seizures in the three source countries (Colombia, Peru and Bolivia) increased significantly in 2002. In 2001 cocaine

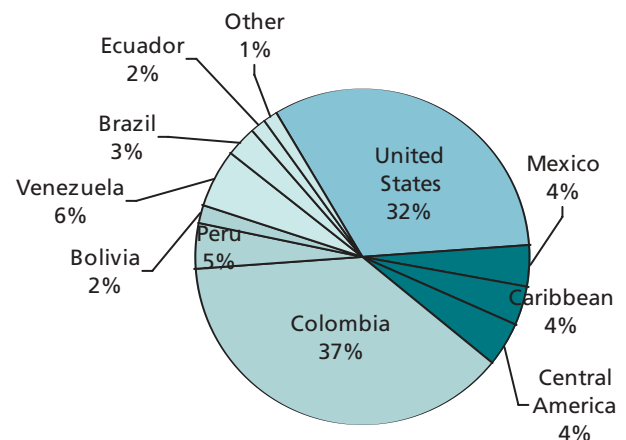
(including cocaine base) seizures in the three countries accounted for 28% of all cocaine seizures in the Americas; in 2002 this proportion rose to 44%. Seizures in Colombia were the largest worldwide, even exceeding those in the USA in 2002. Some of the seizures were related to a large-scale destruction of cocaine manufacturing capabilities. Colombia dismantled 1,273 coca base, 23 cocaine paste and 138 cocaine HCL laboratories, which is by far the largest number of cocaine laboratories destroyed worldwide. As a result of these events, seizures declined in the transit countries (notably the Caribbean, Central America and Mexico) and the main consumer markets of North America (USA and Canada) and Europe.

**Fig. 56: Cocaine seizures in 2001 in the Americas (N = 303 tons)**



Source: UNODC, Annual Reports Questionnaire Data / DELTA.

**Fig. 57: Cocaine seizures in 2002 in the Americas (N = 316 tons)**



Source: UNODC, Annual Reports Questionnaire Data / DELTA.

*The main trafficking route continues to run from Colombia to the USA*

The world's main cocaine trafficking route runs from Colombia to the USA. The cocaine is smuggled through neighbouring countries, the Caribbean (on the so called go-fast boats), Central America, or Mexico. Some of it goes directly to the USA, either by air or by boat to the east or west coast. Venezuela, for instance, reported that 72% of the cocaine it seized in 2002 was destined for the USA, 14% for Mexico and the rest for Europe (mainly the Netherlands). Central American countries (Guatemala, Honduras) report that 80-85% of their seized cocaine was destined for the USA. The Caribbean countries report that 60-100% of the cocaine transiting their territories was for the USA. The Mexican authorities report that 90% of the cocaine they seized was meant to go to the USA.

Colombian criminal organizations are still heavily involved in smuggling cocaine from Colombia to the United States. These organizations also control much of the wholesale-level distribution in the North-East of the USA. Over the last decade, however, Mexican trafficking organizations have taken an increasing portion of the market, smuggling the drug from Mexico across the land border and controlling distribution networks throughout the West and the Mid-West of the USA. The primary entry points for cocaine in the USA are: Miami, Houston and New Orleans for maritime shipments and the South-West border states for land shipments. Chicago has emerged as one of the key distribution hubs for Mexican trafficking organizations, while New York remains under the control of Colombian organizations.

The situation is different for many of the countries south of Colombia. The dismantling of cocaine laboratories reveals that cocaine-manufacturing capacities exist not only in Colombia, but also in Bolivia, Peru, Argentina, Chile and Venezuela. In Peru and Bolivia most of the cocaine is of domestic origin (100% in Peru, 78% in Bolivia, with the remaining 22% of the cocaine seized in Bolivia originating in Peru in 2002). The authorities in Chile report that 43% of the cocaine they seized came from Peru and 28% from Bolivia. In Argentina, 60% of the cocaine is believed to have come from Bolivia, 15% from Peru and only 25% from

Colombia in 2002. In Uruguay the proportion of Colombian cocaine is apparently even lower: 70% of the cocaine is reported to come from Bolivia, 15% from Peru and 15% from Colombia.

In contrast, Colombian cocaine dominates the markets to the east of Colombia. In 2002, Venezuela reported that all cocaine seized originated in Colombia. Brazil estimated that about 70% of the cocaine originated in Colombia, 20% in Bolivia and 10% in Peru (2000). In Suriname about 60% of the cocaine seized in 2002 could be traced back to Colombia, 20% to Venezuela and 20% to Brazil. Suriname is one of the few countries in South America where the bulk of the cocaine seized was not going to the USA (20%) but to Europe (Netherlands 80%).

*Spain and the Netherlands continue to be Europe's main entry points for cocaine...*

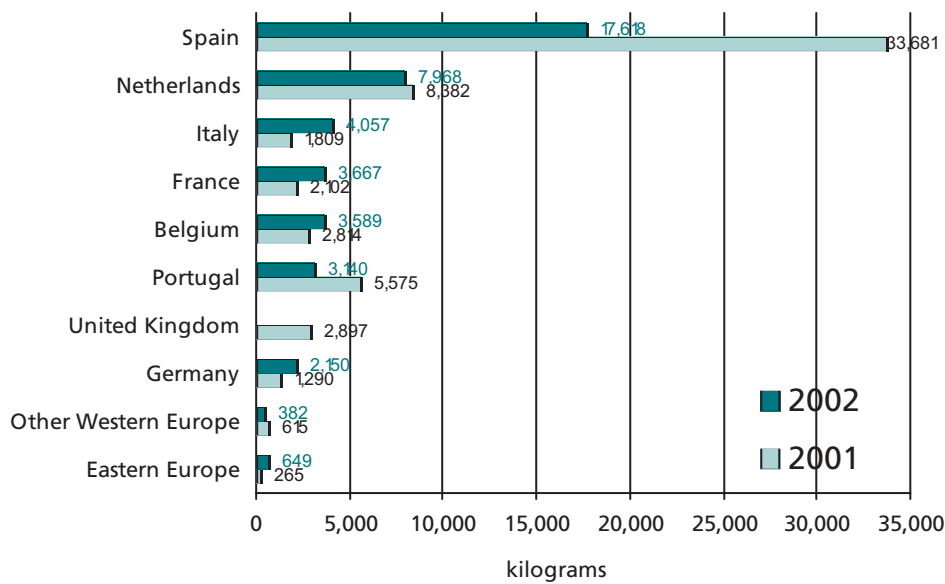
Throughout the last decade Spain and the Netherlands reported the highest cocaine seizures in Europe; both were also mentioned as important transshipment points by most other European countries. Data for 2001 and 2002 confirmed this pattern. From exceptionally high levels in 2001, cocaine seizures in Spain declined in 2002 to levels reported in the second half of the 1990s. In the Netherlands, traditionally the second largest entry point, seizures declined slightly in 2002. Measures taken since early 2002 reduced the number of cocaine couriers coming into Amsterdam airport. Despite these declines the two countries together accounted for more than half of all European cocaine seizures in 2002. Significant increases in cocaine seizures in 2002 were reported from Italy, France, Belgium, Germany and - starting from low levels - the countries of Eastern Europe. Italy recorded the third largest cocaine seizures in Europe in 2002, slightly ahead of France, Belgium and Portugal<sup>n</sup>.

*... but direct cocaine imports to other countries are rising*

Direct overseas imports of cocaine play an important role in supplying the European market. South American groups are often involved in these shipments. Colombia, followed by Peru and Bolivia, are the most frequently mentioned source countries. Venezuela, Brazil

n) At the time of writing, these data do not include the UK as the country has not yet reported 2002 seizure data. If it is assumed that seizures remained roughly stable between 2001 and 2002, the UK's cocaine seizures would be slightly less than those reported by Portugal.

Fig. 58: Cocaine seizures in Europe in 2001 and 2002



Source: UNODC, Annual Reports Questionnaire Data / DELTA

and, to a lesser extent, Ecuador, Suriname, Aruba, the Netherlands Antilles and Jamaica have been mentioned as significant overseas transit countries. Along with Spain (reporting cocaine imports from all three coca producing countries) and the Netherlands (often obtaining cocaine via Suriname and the Netherlands Antilles), significant direct imports from South America in 2002 were also reported from Italy (from Colombia and Venezuela), France (from Colombia and Peru), Belgium (from Colombia) and Germany (from Colombia and Ecuador). In most cases the role of the South-American trafficking groups stops once the cocaine has entered Europe.

#### *Trafficking across countries within Europe is increasing*

Cocaine trafficking across countries within Europe is increasing. Most of the cocaine seized in Italy transited Spain or the Netherlands. The cocaine seized in the UK is increasingly transiting Spain and France, following some successes in dismantling networks that shipped it directly from South America and the Caribbean. French authorities reported that significant amounts of the cocaine found on their market usually came through the Netherlands; they also found that 44% of the cocaine they seized in 2002 was actually destined for the Netherlands. Belgium reported that only 5% of the cocaine seized was for the local market; 30% was destined for the Netherlands and the rest for other EU countries. Germany reported that significant amounts entered the country via the Netherlands. About two

thirds of the cocaine seized in Germany in 2002, however, was actually destined for Spain, with much of the remainder intended for Italy. Austria reported that cocaine entered its territory via Germany and via Serbia & Montenegro and that most of it was destined for Italy and the Netherlands.

Prior to their entry into the EU, some of the new accession countries had already been integrated into Pan-European trafficking networks. There have been direct shipments of cocaine from South America to these countries for re-export to other European countries. In addition, the Polish authorities mentioned Turkey as an important transit country for cocaine found on their market, destined for Germany, the Netherlands and the UK. The Czech Republic reported that its seized cocaine frequently transited France and the Netherlands with the final destination being Germany. Hungary reported imports of cocaine via Austria, the Netherlands and Spain, for final destinations in Italy.

These trafficking patterns indicate that trafficking routes within Europe have become highly diversified and are now far less predictable than in previous years. Another feature, reported from several countries of continental Europe, has been the increasing importance of criminal groups of West African origin in the local distribution of cocaine (and other drugs). In the UK groups originating in the Caribbean continue to play a dominant role.

### *Some trafficking to Europe is via Africa*

Between 1999 and 2002, there were a number of reports from several African countries, including Nigeria, Togo, Ghana, Gambia, the Republic of South Africa, Zimbabwe, Swaziland, Tanzania, Kenya, and Uganda, that South American cocaine was being transhipped via their territory to Europe. The large number of countries reporting seizures of cocaine in Africa indicates that trafficking in cocaine is already widespread. From 1992-2002, 52 African countries reported seizures of cocaine, up from 24 countries over the 1980-1990 period. The largest cocaine seizures over the 2000-2002 period were reported from South Africa and Nigeria. While they declined in South Africa in recent years, they increased in Nigeria.

### *Cocaine trafficking in Asia remains limited*

The trafficking of cocaine in Asia is still at a low level (0.1% of global seizures in 2002). The number of Asian countries reporting cocaine seizures rose, however, from an average of 10 in the 1980s to 15 in the 1990s and 18 in 2002. Of all the cocaine seized in Asia in 2002, 70% was in the Near and Middle East, notably Israel, Syria and Lebanon. Japan and Thailand, followed by Hong Kong SAR of China, and the Philippines reported the highest cocaine seizures in East & South-East Asia. There were also few attempts to manufacture cocaine in the Asia region. Hong Kong SAR of China dismantled two cocaine-manufacturing laboratories in 2001 and another two in 2002. One cocaine-manufacturing laboratory was dismantled in Thailand in 2001.

### *Cocaine seizures declined in Oceania in 2002*

Cocaine seizures in Oceania fell by some 90% in 2002 (after having grown strongly since 1999), largely reflecting declining seizures in Australia, the main cocaine market in the region. Most of the cocaine in 2002 was reported to have been shipped to Australia from Peru, sometimes via Argentina. Smaller amounts were shipped to Australia also via the UK and via the USA. The cocaine market within Australia is largely concentrated in New South-Wales, particularly in Sydney.

Despite the decline, cocaine prices and purities remained basically stable over the first two quarters of 2002 compared to previous quarters. This suggests either that cocaine seizures in Oceania only amount to

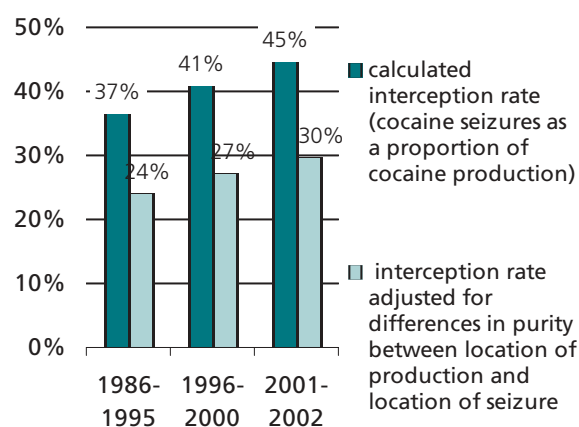
a small fraction of supply and that changes do not have a measurable impact, or that the fall in seizures was prompted by a decline in supply and demand, leaving prices unchanged. The analysis of blood test results of police detainees seems to lend some support to the second hypothesis, that the cocaine market actually declined in 2002. Results from selected locations of Sydney (Bankstown and Parramatta) show that 18%-20% of police detainees tested positive for cocaine in the third and fourth quarters of 2001. By the third quarter of 2002, this rate had fallen to around 1.5%<sup>o</sup>. What prompted this shift is still not entirely clear.

### *Cocaine interception rates continue rising*

Over the last two decades interception rates for cocaine increased, from 37% of the cocaine produced over the 1986-95 period to 45% over the 2001-2002 period. This suggests that law enforcement has become more effective.

The absolute level of the calculated interception rate could be misleading, however, because it implicitly assumes that cocaine has the same level of purity at the production and the seizure stages. This is not the case in reality: cocaine is frequently produced at purity levels of around 90%, while purity levels found in seizures fluctuate, on average, around 60%<sup>p</sup>. Based on these considerations, the purity adjusted interception rate of cocaine in 2001-2002 is estimated to have been around 30%, up from less than 25% over the 1986-95 period.

**Fig. 59: Cocaine interception rate**

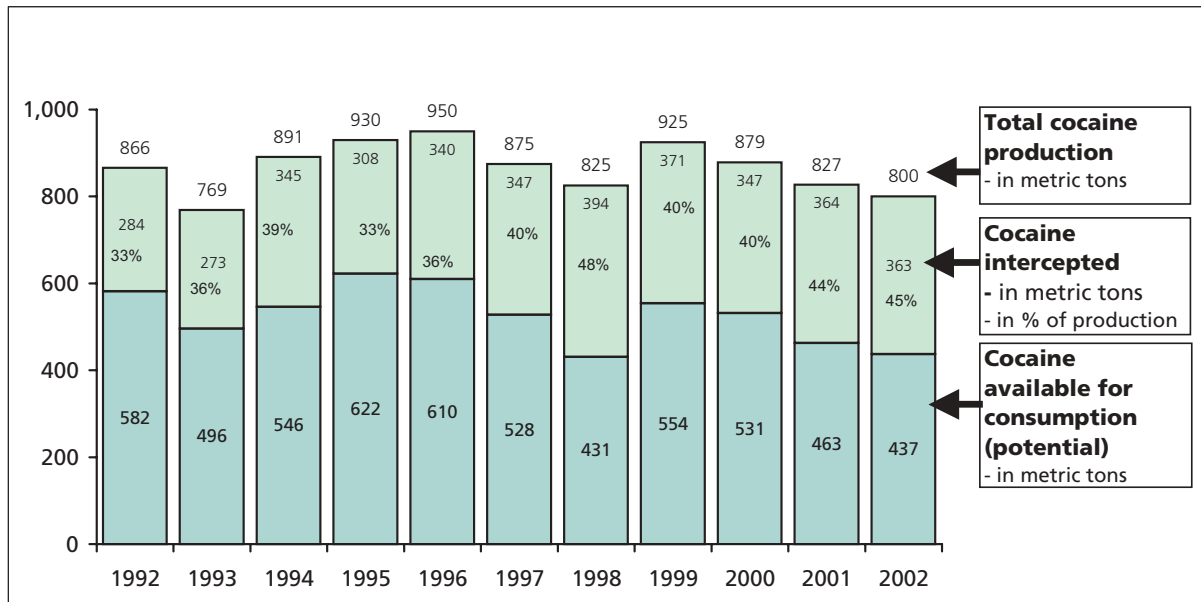


Source: UNODC, Annual Reports Questionnaire Data / DELTA.

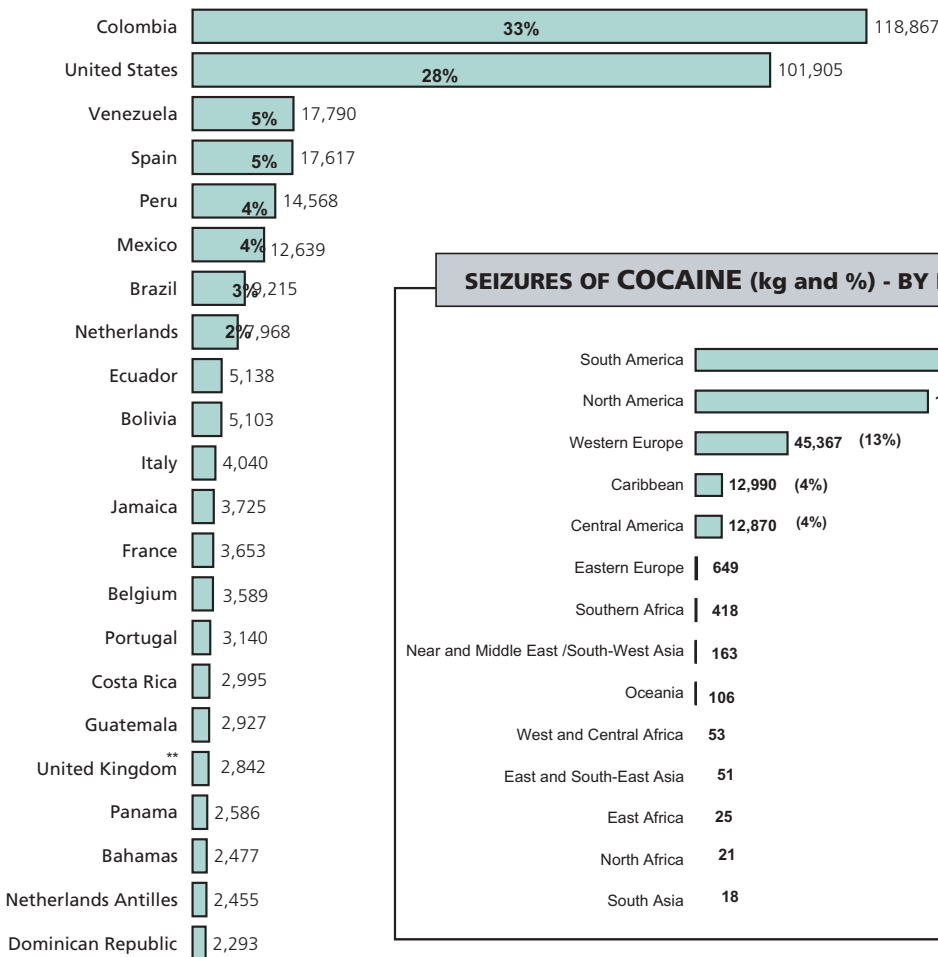
o) Australian Institute of Criminology, Drug Use Monitoring in Australia (DUMA), Drug Use Amongst Police Detainees.

p) The US reported that the purity of cocaine found on their market was around 56% at the retail level and 69% at the wholesale level in 2002. Similarly, the UK Customs and Excise reported that they seized cocaine at purity levels around 70% while the police seized it at average purity levels of around 50% in 2002.

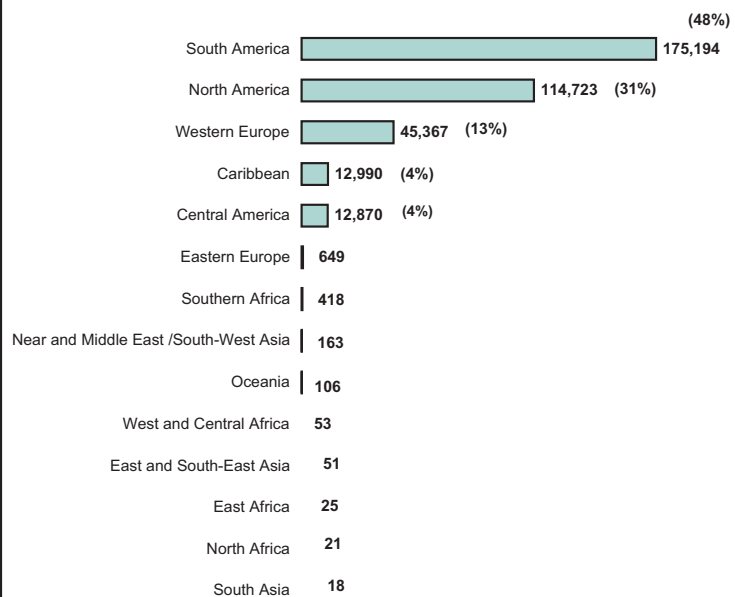
Fig. 60: Global illicit supply of cocaine 1992 - 2002



**SEIZURES OF COCAINE\* in % of world total and kg- HIGHEST RANKING COUNTRIES - 2002**

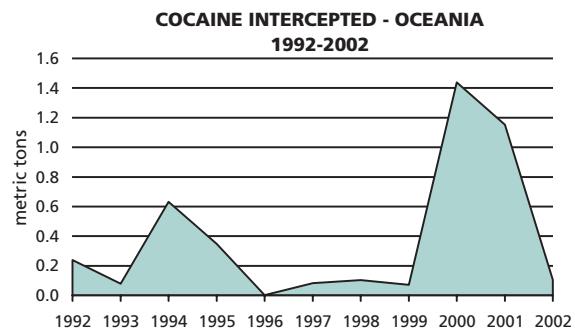
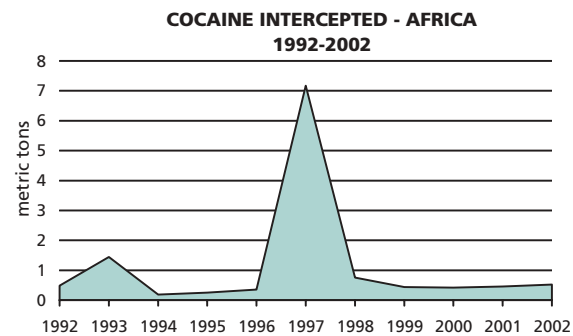
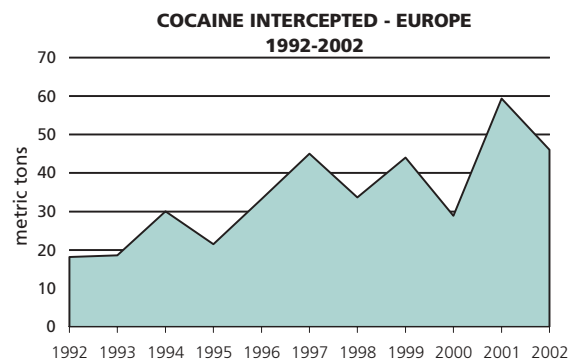
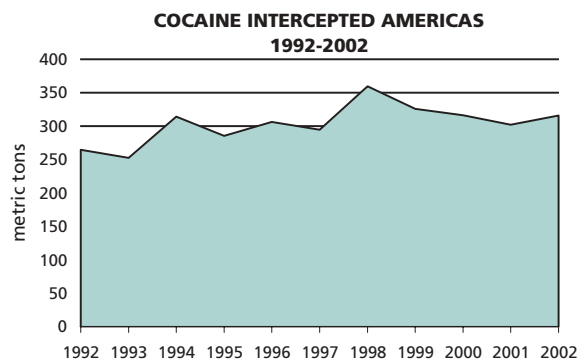
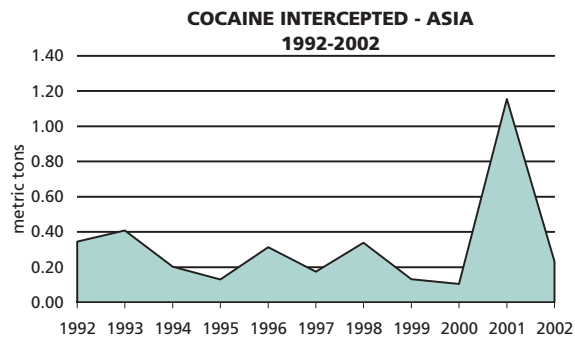
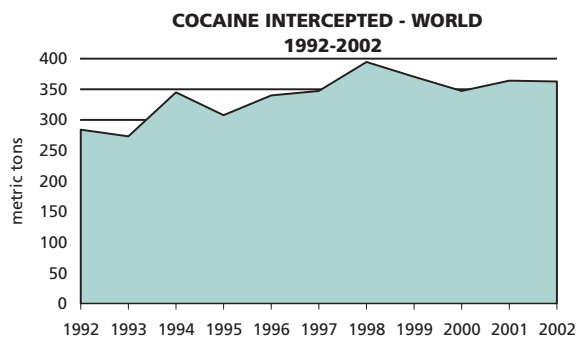


**SEIZURES OF COCAINE (kg and %) - BY REGION - 2002**



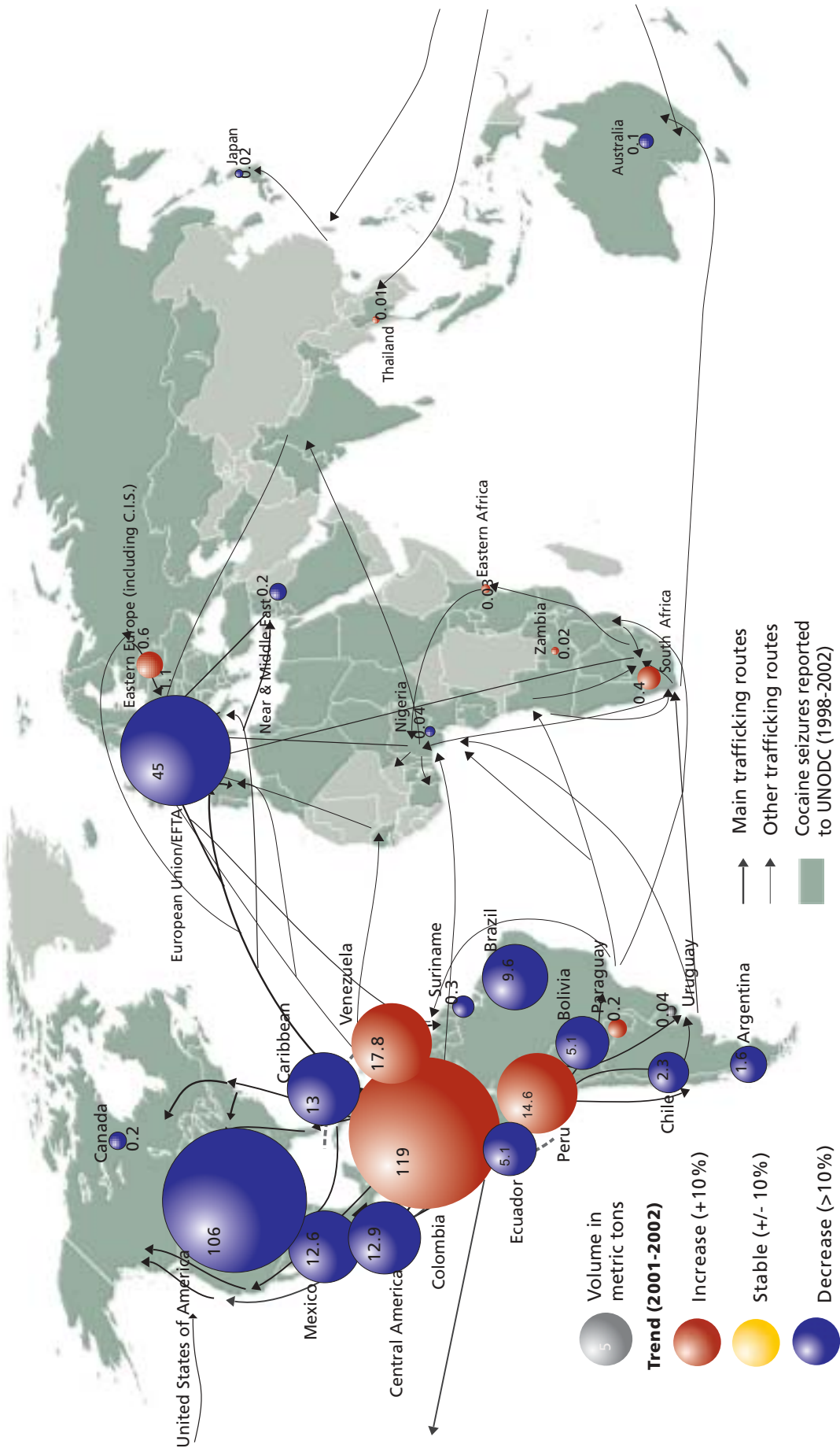
\*excluding seizures in liquid form  
 \*\*data refer to 2001.

Fig. 61: Cocaine interceptions





**Map 11: Cocaine\* seizures 2001 - 2002: extent and trends (countries reporting seizures of more than 0.01 tons (10kg.))**



\* Cocaine seizures presented in this map do not include seizures in liquid form.

Note: Routes shown are not necessarily documented actual routes, but are rather general indications of the directions of illicit drug flows.

## 2.2.3. Abuse

### 2.2.3.1. Extent

Cocaine is the second most common problem drug in the world and the main problem drug in the Americas. In several countries of Western Europe, it is the second or third most common problem drug.

Cocaine consumption is estimated to affect more than 13 million people or 0.3% of the population age 15-64. Most cocaine continues to be consumed in the Americas (65%), notably in North America (48%). The overall prevalence rate of cocaine use in the Americas is 1.6%. The single largest cocaine market in the world continues to be the USA (5.9 million people in 2002, equivalent to 2.5% of the population age 12 and above or 3.1% of the population age 15-64). Cocaine use in the countries of South America (including Central America and the Caribbean) affects 2.3 million people or 0.8% of the population age 15-64. Above average levels of cocaine use are found in Argentina, Chile, Colombia, Bolivia, Venezuela, Panama, Guatemala, Jamaica, the Dominican Republic and some other countries of Central America and the Caribbean.

The 3.3 million cocaine users in Europe account for about a quarter of global cocaine use (0.6% of the population age 15-64). More than 90% of Europe's cocaine users are in Western Europe (1% of the population age 15-64). The highest cocaine prevalence rates in Europe

(age 15-64) have been reported from Spain (2.6% in 2001), Ireland (2.4% in 2002), the UK (2.1% in 2003) and the Netherlands (1.1% in 2001).

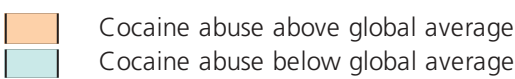
In Oceania the level of cocaine use is 1.1% of the population age 15-64. Most cocaine use in this region takes place in Australia (1.5% of the population 15-64 in 2001).

In all other regions, cocaine use is below the global average of 0.3%. The lowest level of cocaine use is in Asia. Cocaine use in Africa is largely linked to spill-overs of cocaine being shipped from South America via Africa to Europe. Concentrations can be identified in South Africa and in some countries of Western Africa.

#### *Importance of cocaine use compared to other drugs*

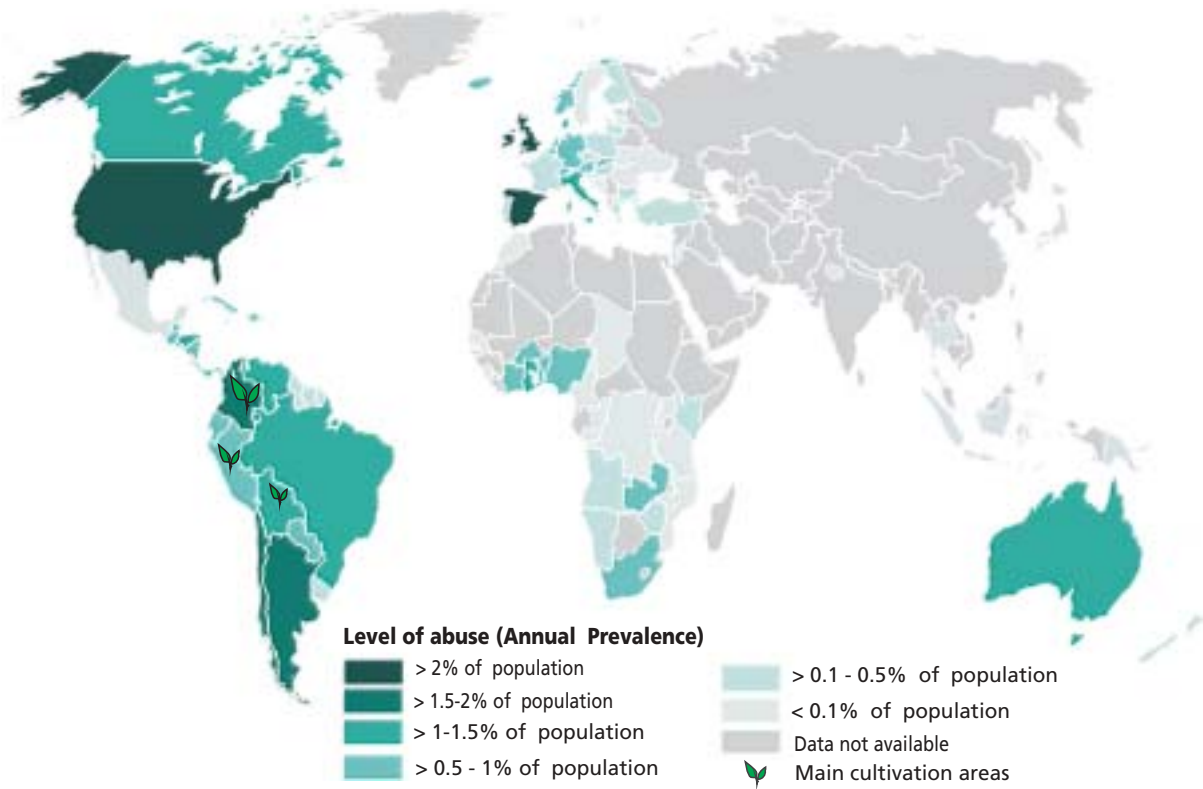
Most countries in the Americas see cocaine as the second or third most widely used illicit substance in their territories. In most countries of Western Europe, cocaine is the third most widely consumed drug after cannabis and the ATS. Cocaine is of less importance in the Nordic countries and in most of the new EU member states or candidate countries where it ranks 4th to 6th. In the C.I.S. countries, including the Russian Federation, it is of less importance. The same applies to a number of Asian countries. In Western and Southern African countries, in contrast, its relative importance is significantly higher.

**Table 8: Annual prevalence estimates of cocaine use: 2001-2003**

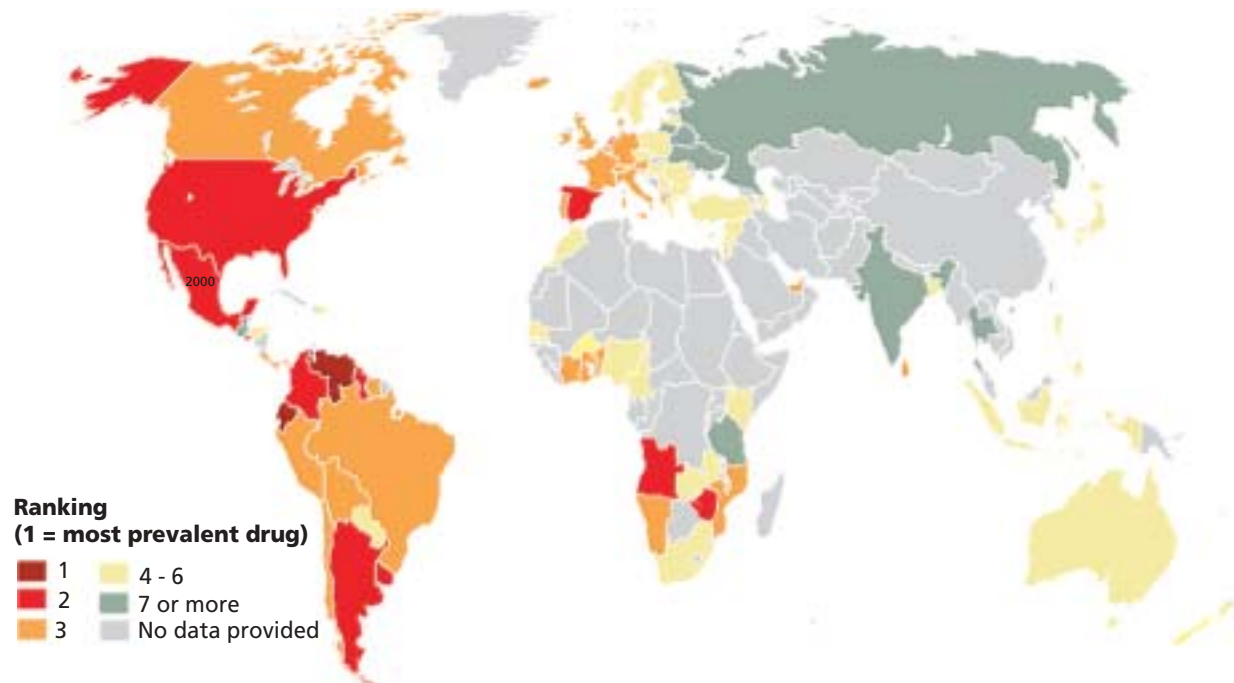
	Number of people (in million)	in % of population age 15 - 64
AMERICAS	8.70	1.57
- North America	6.38	2.30
- South America	2.32	0.84
OCEANIA	0.21	1.05
EUROPE	3.34	0.62
- West Europe	3.11	1.01
- East Europe	0.23	0.10
AFRICA	0.94	0.21
ASIA	0.15	0.01
<b>GLOBAL</b>	<b>13.34</b>	<b>0.34</b>
		

Sources: UNODC, Annual Reports Questionnaire data, various Govt. reports, reports of regional bodies, UNODC estimates.

Map 12: Use of cocaine 2001 - 2003 (or latest year available)



Map 13: Ranking of cocaine in order of prevalence in 2002



Sources: UNODC Annual Reports Questionnaires data, SAMSHA US National Household Survey on Drug Abuse, Council of Europe, ESPAD.

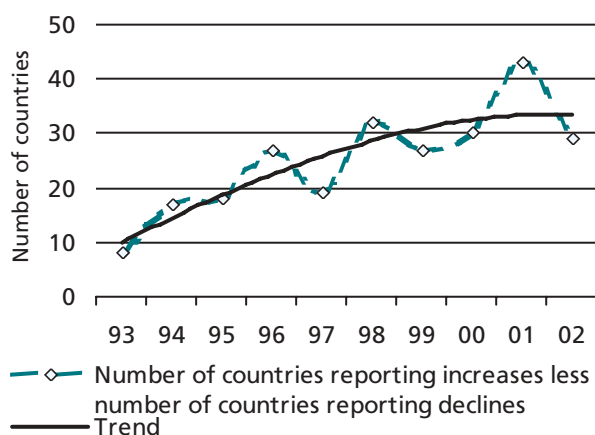
### 2.2.1.2. Trends

#### *Spread of cocaine expansion loses momentum*

Throughout the 1990s and in subsequent years there have been more countries reporting increases in cocaine use than countries reporting declines. The spread of the cocaine expansion, however, is losing momentum. In 2002, there was a decline in the number of countries reporting increases (from 49 to 42) and an increase in the number of countries reporting falling levels of cocaine use (from 6 to 13). While in 2001 57% of the countries reporting cocaine consumption trends saw an increase, this proportion declined to 46% in 2002. In other words, more than half of all countries (54%) saw cocaine use levels stabilize or decline in 2002.

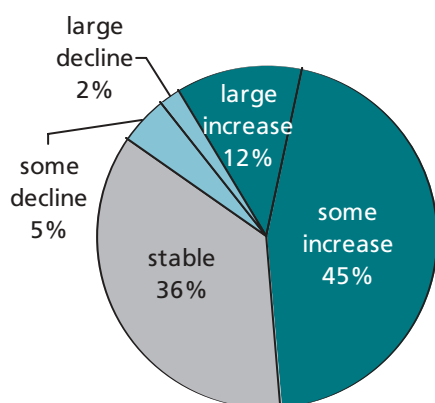
**Fig. 62: Cocaine consumption trends, 1993 - 2002**

Number of countries reporting increase less number of countries reporting declining levels of cocaine use



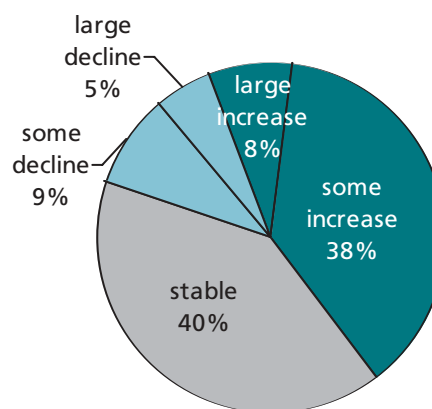
Source: UNODC, Annual Reports Questionnaire Data

**Fig. 63: Cocaine consumption trends in 2001 (n =65)**



Source: UNODC, Annual Reports Questionnaire Data

**Fig. 64: Cocaine consumption trends in 2002 (n =74)**



Source: UNODC, Annual Reports Questionnaire Data

### AMERICAS

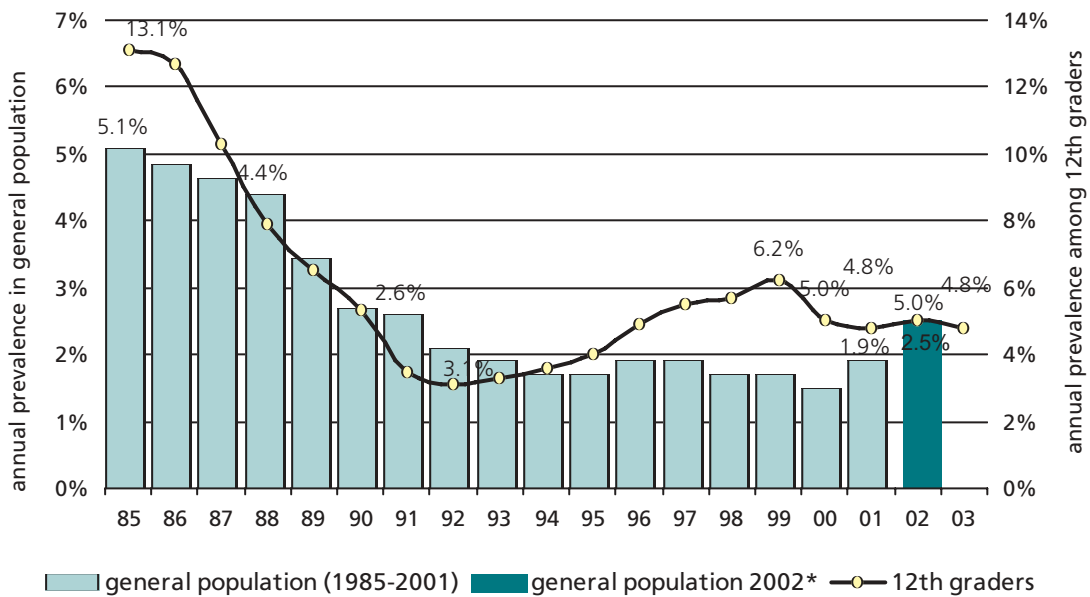
#### *Largely stable in North America*

In terms of regional patterns, the use of cocaine appears to have been basically stable in North America. The annual prevalence of cocaine use in the USA was 2.5% of the population age 12 and above in 2002. Cocaine use is rather evenly spread across the USA, with the highest levels found in the state of New Mexico, some of the neighbouring states and a few states on the East coast. Cocaine use remains primarily an urban phenomenon (2.5%-2.9% versus 1.4% in rural areas). Local concentrations -- as reflected in cocaine related emergency room visits (2002) -- are found in Chicago, Philadelphia, Baltimore, Miami, Atlanta, Newark, Detroit, Buffalo and New York.

Given changes in the methodology, the results of the 2002 survey are not directly comparable with previous household surveys. The results (5.9 million people using cocaine, equivalent to 3.1% of the population age 15-64) are, however, in line with previous estimates of the overall (chronic and occasional) cocaine abusing population in the USA produced by the Office of National Drug Control Policy (3.1% of the population age 15-64 in 2000, down from 4.8% in 1990 and 6% in 1988).

The Monitoring the Future study, conducted among US high school students, found a marginal increase in the annual prevalence rate of 12th graders in 2002 and a marginal decline in 2003. The prevalence rate of cocaine use amounted to 4.8% in 2003 and was thus more than 20% lower than in 1999 (6.2%) and more than 60% lower than in 1985 (13.1%).

**Fig. 65: Cocaine use in the USA: 1985-2003 annual prevalence rates among the general population, age 12 years and above, and among high-school students (12th graders)**



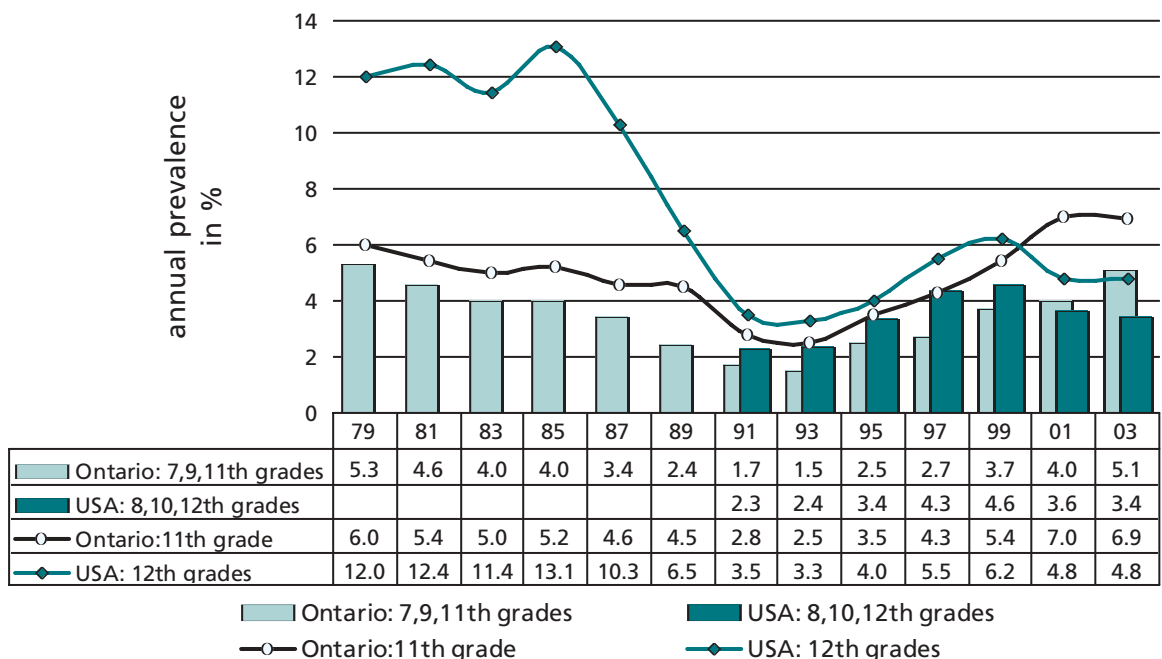
\* Given changes in the methodology used, general household survey data for 2002 are not comparable with results previous surveys conducted in previous years.

Sources: SAMHSA, Results from the 2002 National Survey on Drug Use and Health and previous National Household Surveys on Drug Abuse; NIDA, Monitoring the Future, 2002 and previous years.

Canada reported a stabilization of cocaine use in 2002. Trends observed in 2003 show a more complex pattern. Student surveys undertaken in Canada's largest province of Ontario (which accounts for 38% of Canada's total population) found a stabilization of cocaine use among 11th graders in 2003, a decline

among 8th and 10th graders, but increasing levels among 7th, 9th and 12th graders. The net result of these opposing trends was an increase. Cocaine use among high-school students in Ontario is now back to the levels observed in the late 1970s. Prevalence rates of cocaine use among high-school students in Ontario are

**Fig. 66: Cocaine use among high-school students in Canada (Ontario) and in the USA**

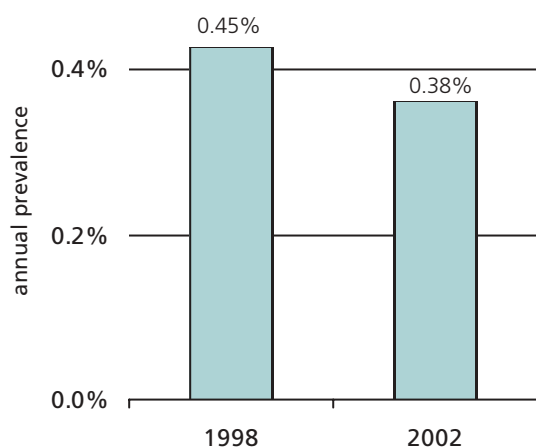


Sources: Centre for Addiction and Mental Health, Drug Use Among Ontario Students, 2003 and NIDA, Monitoring the Future 2003.

now higher than in the USA, reversing the previous pattern which, until 1999, had shown higher levels of cocaine use among US high school students.

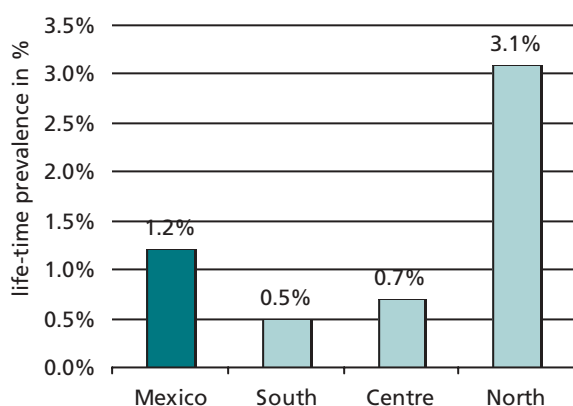
A recently published household survey in Mexico showed not only that the overall level of cocaine use in that country (0.4% of the general population age 12-65 in 2002) was still significantly lower than in the USA, but that cocaine use - in contrast to previous periods - remained basically stable over the 1998-2002 period (showing a statistically non-significant decline over this period). Most of the cocaine use in Mexico is concentrated in the northern states.

**Fig. 67: Mexico: cocaine use among the general population**



Source: Instituto Nacional de Estadística, Geografía e Informática (INEGI) y la Secretaría de Salud, Encuesta Nacional de Adicciones 2002, Mexico City, March 2004.

**Fig. 68: Life-time prevalence of cocaine use in Mexico in 2002**

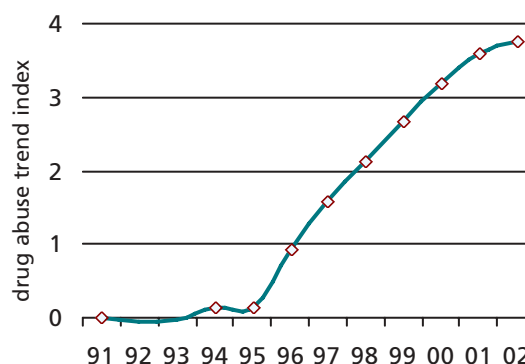


Source: Instituto Nacional de Estadística, Geografía e Informática (INEGI) y la Secretaría de Salud, Encuesta Nacional de Adicciones 2002, Mexico City, March 2004.

*Trends in Southern America show an ongoing rise in cocaine use*

In contrast to a stable trend in North America, UNODC's Drug Abuse Trend Index showed an ongoing increase of cocaine use in the rest of the continent. In 2002, fourteen countries reported an increase, eight a stabilization and two a decline. The number of countries reporting increases less those reporting declines (12) was, however, lower than a year earlier (19).

**Fig. 69: Cocaine consumption trends in Southern America, Central America and the Caribbean, based on national experts' perceptions**

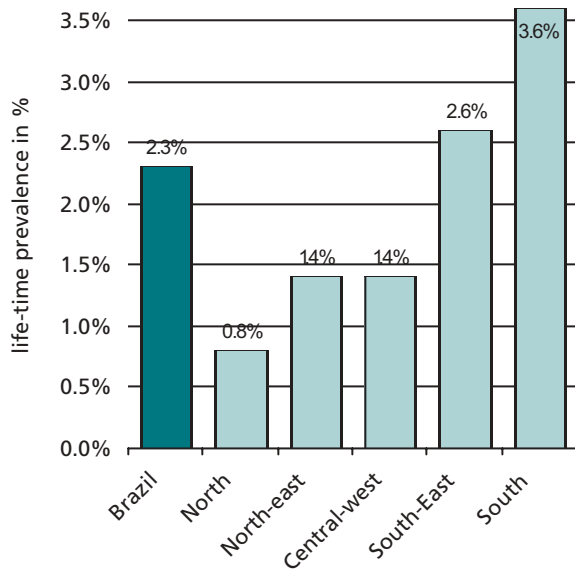


Source: UNODC, Annual Reports Questionnaire Data.

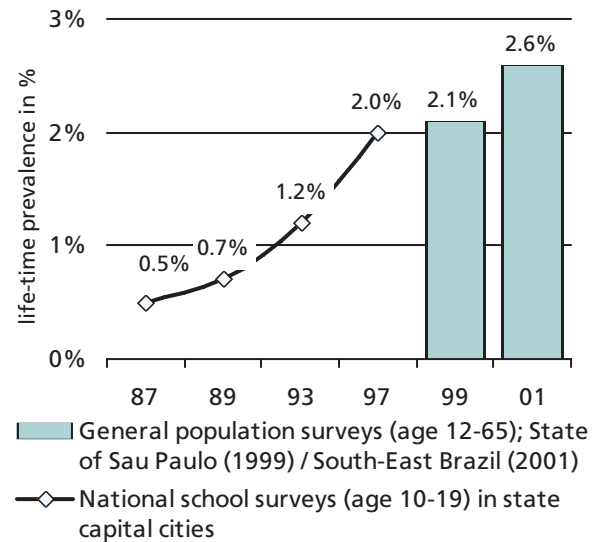
In Brazil, the largest country in the region, a comprehensive national household survey was conducted for the first time at the end of 2001. It revealed an annual prevalence of cocaine use of 0.4% of the population age 12-65 (including 0.1% for crack cocaine), similar to the level in Mexico but less than in Chile (1.6% in 2002) or in Argentina (1.9% in 1999). Life-time prevalence of cocaine use amounted to 2.3%, suggesting that about 1 million people had experimented with this drug. Cocaine use is high in southern Brazil (3.1%) and in south-eastern Brazil (2.6%) which includes the state of Sao Paulo. Two years earlier, a household survey conducted in the state of Sao Paulo revealed a cocaine life-time prevalence of 2.1%, suggesting that cocaine use had increased in south-eastern Brazil and thus, most probably, in Brazil as a whole. (Two thirds of all Brazilian cocaine users live in the highly populated areas of south-eastern Brazil).

Cocaine use in Colombia, the main cocaine producing country in the region, seems to be significantly higher than in Brazil and is also increasing. Studies among youth in Colombia (age 10-24) showed a life-time prevalence rate of cocaine use of 4.5% in 2001, up from 3.6% in 1999. Use of 'basuco' (a byproduct in the man-

**Fig. 70: Brazil, life-time prevalence of cocaine use among the general population (age 12-65) in 2001**



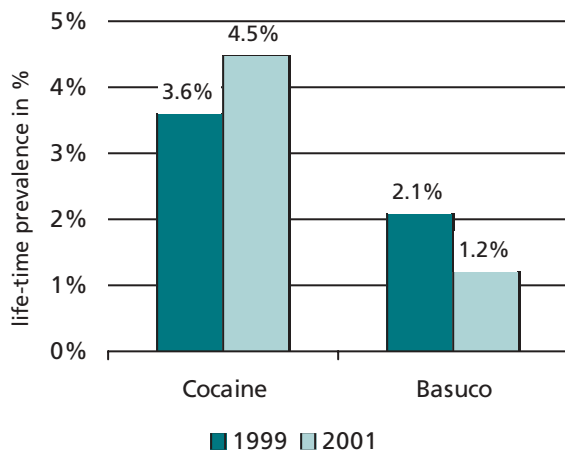
**Fig. 72: Brazil, cocaine consumption trends, 1987-2001**



Sources: CEBRID, I Levantamento Domiciliar Sobre O Uso de Drogas Psicotrópicas no Brasil 2001 and CEBRID, I Levantamento domiciliar Nacional Sobre O Uso de Drogas Psicotrópicas - Estudo envolvendo as 24 Maiores Cidades do Estado de São Paulo 1999, CEBRID, IV Levantamento Sobre O Uso de Drogas entre Estudantes de 1º 2º graus em 10 Capitais Brasileiras, 1997.

ufacture of cocaine), however, declined. For 2002, the Colombian authorities reported a further rise in cocaine use, of both powder cocaine and crack-cocaine. While treatment demand, in general (including for basuco) remained stable, cocaine-related treatment demand continued to rise in Colombia in 2002.

**Fig. 71: Colombia: cocaine use among youth (age 10-24)**



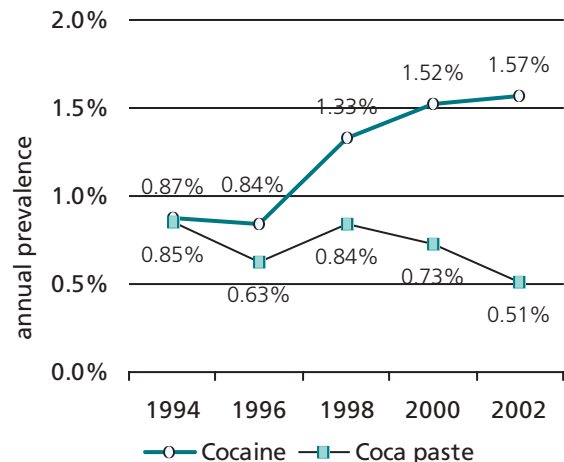
Sources: Programa Presidencial Rumbos, Sondeo Nacional del Consumo de Drogas en Jovenes, 1999-2000 and Programa Presidencial Rumbos, Encuesta Nacional sobre consumo de sustancias psicoactivas en jóvenes de 10 a 24 años el 2001.

Increases in cocaine use in 2002 were also reported from neighbouring Venezuela and Panama as well as from

Argentina, Paraguay and in the Caribbean region from Haiti and the Dominican Republic.

There are, however, also some positive trends. Cocaine use in Chile - after having grown strongly in previous years - stabilized at less than 1.6% of the general population (age 12-64) between 2000 and 2002. Use of coca paste declined. This stabilization appears to be the result of increased demand reduction efforts and is probably associated with the lower levels of coca production in Peru and Bolivia as compared to the late 1990s.

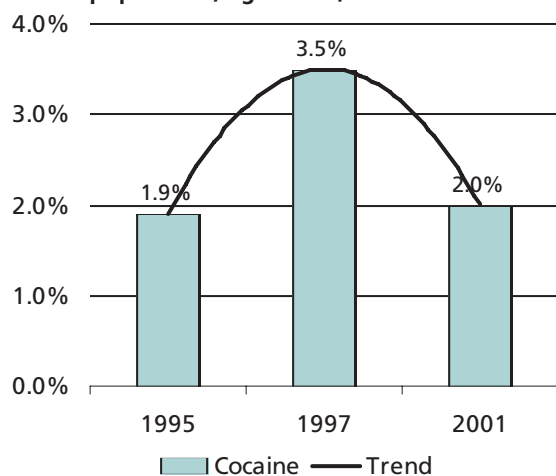
**Fig. 73: Chile: Annual prevalence of cocaine and coca paste use in the general population (age 12-64), 1984-2002**



Source: CONACE, Estudio Nacional de Drogas en la Población Nacional de Chile, 2002.

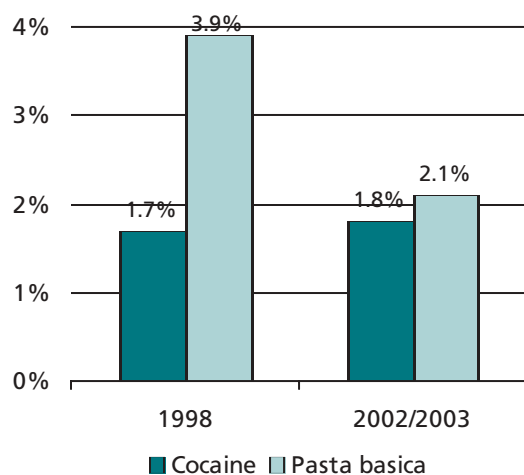
Similarly, cocaine consumption stabilized in Peru over the 1998-2002/2003 period and is now lower than in 1997. Use of coca paste ('pasta basica'), an intermediate product in the manufacture of cocaine, declined significantly over the 1998-2002/2003 period. Annual prevalence of cocaine use affected 0.7% of the population age 12-64 in 2002/03. This is a higher percentage than in Brazil (0.4% in 2001) but less than in neighbouring Bolivia (1.1% of the urban population age 12 and above in 2000) or in neighbouring Chile (1.6% of the population age 12-64 in 2002). Annual prevalence of the use of coca paste in Peru fell to 0.7% of the general population in Peru in 2002/03 and is now less than in Bolivia (1.1%) but still more than in Brazil (less than 0.1%) or in Chile (0.5%).

**Fig. 74: Peru: Cocaine use among the urban population, age 12-50, 1995-2001**



Source: CEDRO, Epidemiología de Drogas en la Población Urbana Peruana 2001.

**Fig. 75: Peru: Cocaine use among the general population, age 12-64, 1998-2002/03**



Source: DEVIDA/INEI/UNODC, II Encuesta Nacional sobre Prevención y Consumo de Drogas 2002, Peru 2003.

Studies in Bolivia also showed that, following strong increases during the 1990s, a stabilization of cocaine use took place over the 1998-2000 period, i.e. at the time when coca production in the country declined. Unfortunately, no new epidemiological surveys have been undertaken which would reveal whether the stabilization continued in subsequent years.

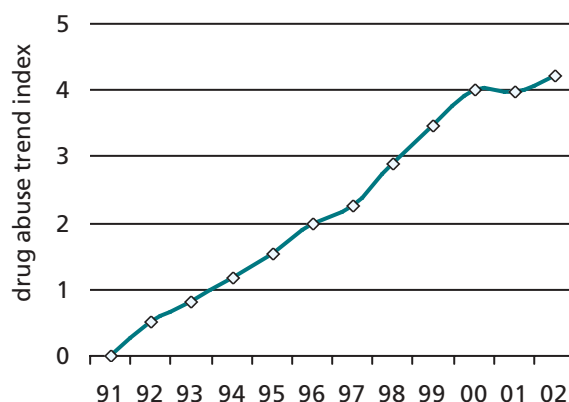
*Cocaine use continues to rise in Europe, though at a lower pace than in previous years*

UNODC's Drug Abuse Index showed a strong rise of cocaine use over the last decade. The overall increase in the 1990s appears to have been similar to that observed in South America (incl. Caribbean and Central America). Over the last two years, however, signs of stabilization have occurred. While in 2000 the number of European countries reporting increases less those reporting stable or declining trends was 5, this number fell to 1 in 2001 and to -4 in 2002.

This positive development, however, has been partially offset by the emergence of crack-cocaine, a particularly dangerous form of cocaine (often associated with violence and crime) in several European markets over the last few years. Out of 29 European countries reporting on cocaine, 16 countries had already provided information on trends in abuse of crack-cocaine in 2002 (two thirds of these were located in Western Europe). Seven countries saw an increase in crack-cocaine use, 7 countries reported no great change and 2 saw a decline. Crack cocaine is still concentrated in a few locations in Europe, but there is a risk that, once established in local markets, it could spread across the continent.

The general upward trend in the use of cocaine over the last decade in Europe is well documented in a number

**Fig. 76: Cocaine consumption trend in Europe (based on national experts' perceptions)**



Source: UNODC, Annual Reports Questionnaire Data.

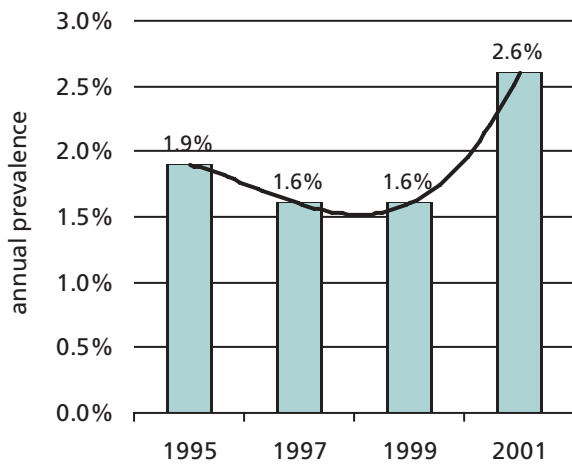


of household and student surveys across the continent, including those conducted in Spain, the Netherlands, Switzerland, France and Ireland.

Most of the increase of cocaine use in 2002 was found in south-western Europe, including Spain, France, the Benelux countries, Italy, Switzerland and Austria, as well as in south-eastern Europe (most Balkan countries).

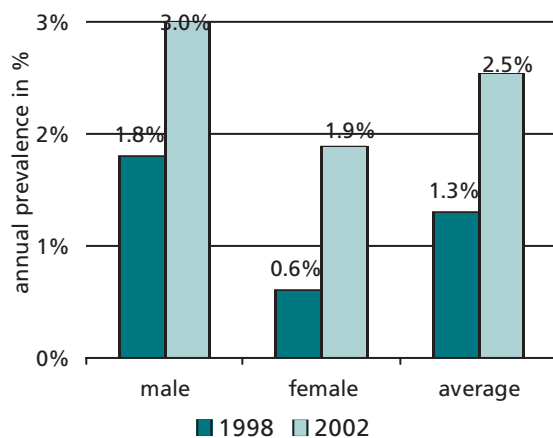
In much of the rest of Europe, cocaine use was reported as stable in 2002. This was the case in Germany and the UK - following years of large increases -, as well as in Sweden, Finland and in most of the new EU member states. Declines in the use of cocaine in 2002 were reported from Hungary and Ukraine.

**Fig. 77: Annual prevalence of cocaine use in Spain among the general population (age 15-64, 1995-2001)**



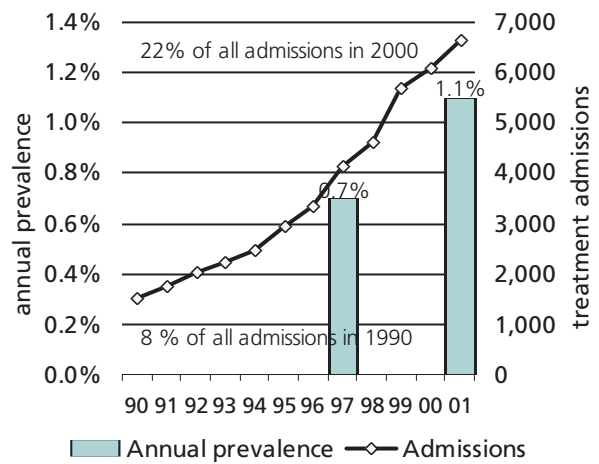
Source: EMCDDA, Data Library.

**Fig. 78: Ireland: Cocaine use among the general population age 18 and above**



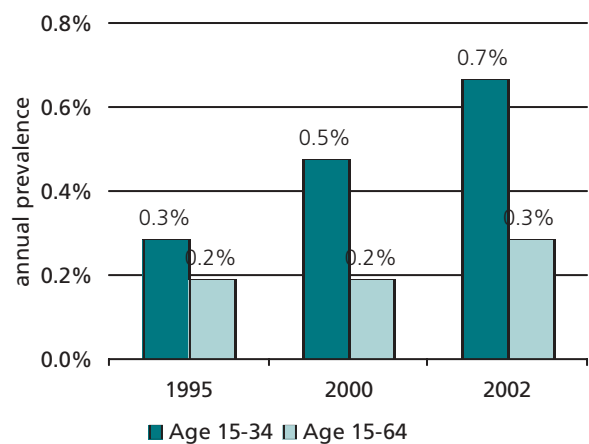
Source: Centre for Health, Promotion studies, *The National Health and Lifestyles Surveys*, April 2003.

**Fig. 79: Netherlands: Cocaine use in general population and admissions to outpatient drug treatment with cocaine as primary problem, 1990-2001**



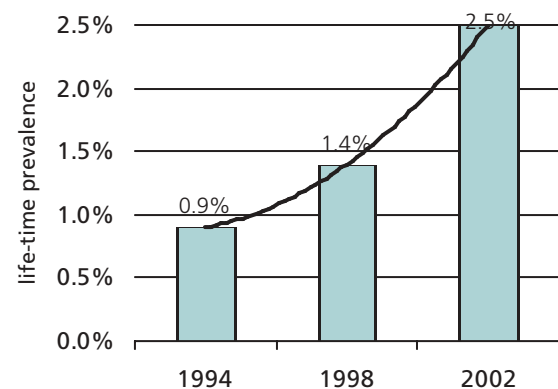
Sources: Trimbos Instituut, National Drug Monitor - National Report 2003 and 2002 and EMCDDA, Data Library

**Fig. 80: Cocaine use in France**



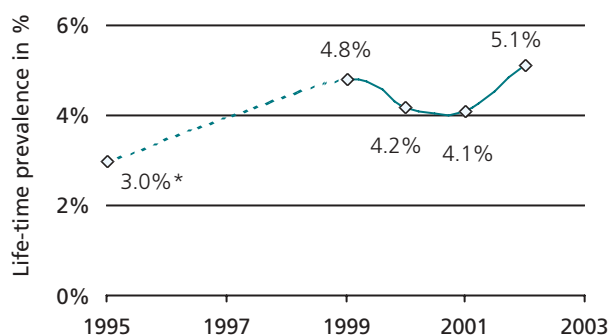
Source: EMCDDA, Data Library.

**Fig. 81: Switzerland, cocaine use among 15-16 year olds**



Source: SFA/ISPA, Trends im Konsum psychoaktiver Substanzen von Schülerinnen und Schülern in der Schweiz, Lausanne 2003.

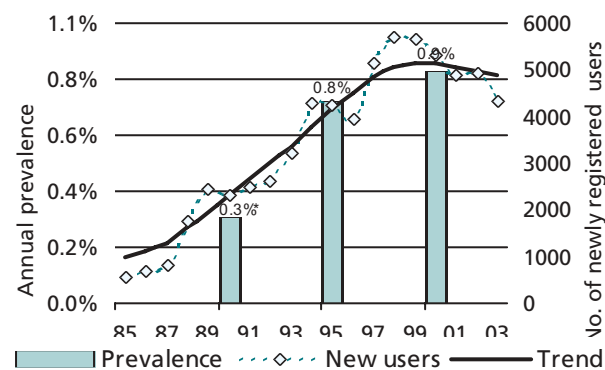
**Fig. 82: Italy: Cocaine use among high-school students, age 15-19 year olds**



\* 16 year olds in 1995

Sources: Council of Europe, *The 1995 ESPAD Report and The 1999 ESPAD Report*, and Ministero del Lavoro e delle Politiche Sociali, *Relazione Annuale al Parlamento sullo Stato delle Tossicodipendenze in Italia 2002*.

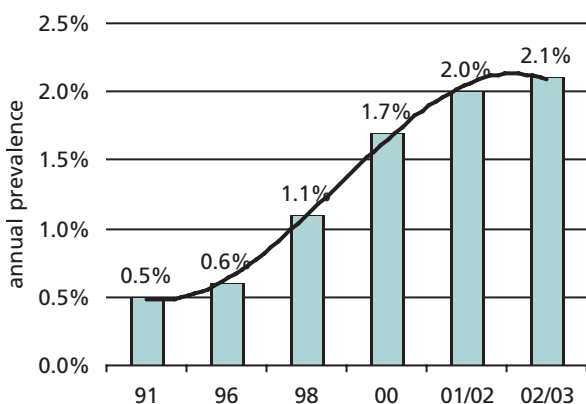
**Fig. 83: Germany: Annual prevalence of cocaine use among 18-59 year olds and newly identified cocaine users**



\* Tentative estimate for Germany as a whole (West-Germany, 12-39 years old: 0.4% in 1990).

Sources: Bundeskriminalamt, *Rauschgiftjahresbericht 2002* and previous years and BKA, *Jahreskurzlage Rauschgift 2003*, Ministry of Health, *Repräsentativerhebung 1995* and 2000.

**Fig. 84: England and Wales: Annual prevalence of cocaine use in the UK in the general population (age 16-59)**



Source: UK Home Office, *Prevalence of Drug Use: Key findings from the 2002/2003 British Crime Survey*, and previous years.

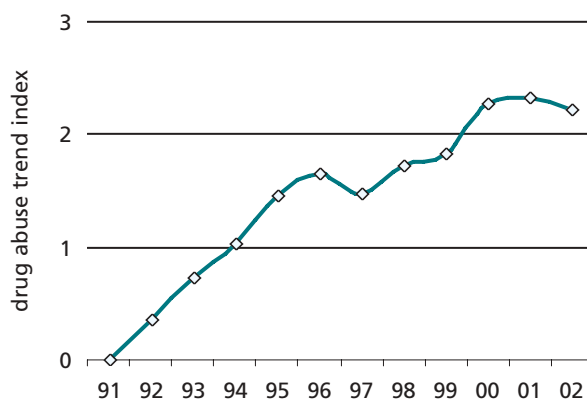
**AFRICA**

*Signs of stabilization following years of increase*

Following years of increases, UNODC's Drug Abuse Trend Index showed signs of a stabilization of cocaine use in Africa in 2002. Out of 14 African countries reporting cocaine consumption trends in 2002, 6 experienced an increase, 6 a decline and 2 reported no great change. Reported data over the 2000-2002 period indicate that cocaine use is now encountered in all sub-regions of the continent. There are locations within some Western and Southern Africa countries where prevalence is particularly high, mostly in urban areas. South Africa remains one of the main cocaine markets in Africa, although a decline of cocaine use was noticed for 2000, 2001 and 2002. These declines followed years of large increases in the 1990s. Slightly less than 6% of all treatment demand in South Africa is now related to the abuse of cocaine, which is down from 8% in 1999. In 2003, cocaine abuse levels appear to have remained largely stable. Cape Town and Gauteng (Johannesburg/Pretoria region), followed by Durban, continue to be the main cocaine markets in South Africa.

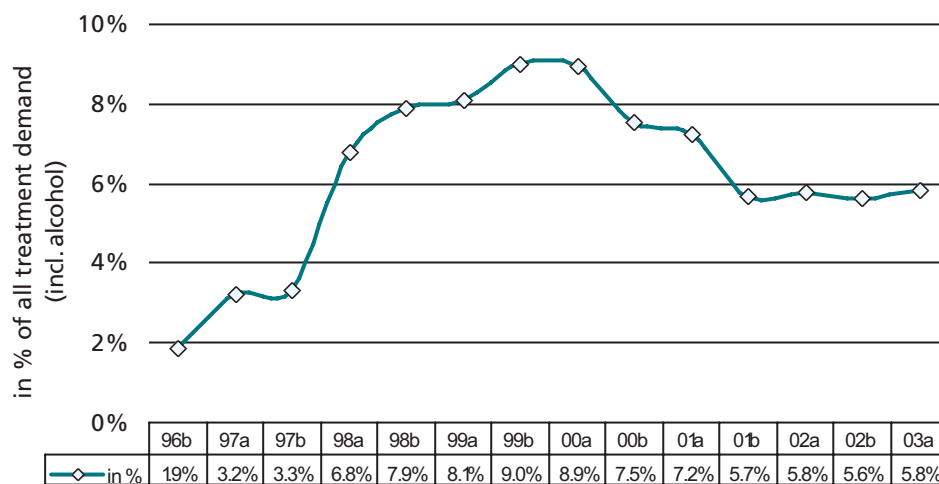
Treatment data from other SADC countries, collected as part of the SENDU project (SADC Epidemiology network on Drug Use), also show some decline of cocaine use. In Namibia, which saw an increase in cocaine use in 2002, as compared to a year earlier, the proportion of people treated for cocaine abuse actually declined from 6% in the first half of 2002 to 3% in the first half of 2003. In Botswana, the proportion fell from 0.5% to 0% over the same period. In Mozambique, it declined from 0.9% (second half of 2002) to 0% in the first half

**Fig. 85: Cocaine consumption trend in Africa: based on national experts' perceptions**



Source: UNODC, Annual Reports Questionnaire Data.

**Fig. 86: South Africa\*: People in treatment for cocaine/crack abuse as a proportion of all treatment for substance abuse, including alcohol, 1996-2003**



\* based on reports of people treated in Cape Town, Durban, Port Elisabeth, Gauteng and Mpumalanga (close to 12,000 people p.a. over the 2000-2002 period, of which around 800 people p.a. were treated for cocaine/crack-cocaine abuse).

Source: SACENDU, *Research Brief Vol. 6(2)*, 2003.

of 2003. No people treated for cocaine abuse were reported from Lesotho, Malawi or Mauritius.

In eastern Africa (Tanzania, Kenya, Somalia, Rwanda) the authorities reported either stable or falling levels of cocaine use in 2002.

Reported trends in western Africa were more mixed. While Cameroon and Togo saw a rise in cocaine use in 2002 (like Benin and Gambia a year earlier), Ghana saw no great change and authorities in Côte d'Ivoire perceived that cocaine use declined.

A mixed picture was also reported from northern Africa. While Tunisia reported an increase, Morocco saw a decline of cocaine use in 2002. Subsequent reports suggest that cocaine use in Morocco may have increased again in 2003, mainly among youth of the country's upper class.

## ASIA

*Cocaine use remains low, but increases are seen in the Near East and in South Asia while cocaine use in East and South-East Asia shows stable or declining trends*

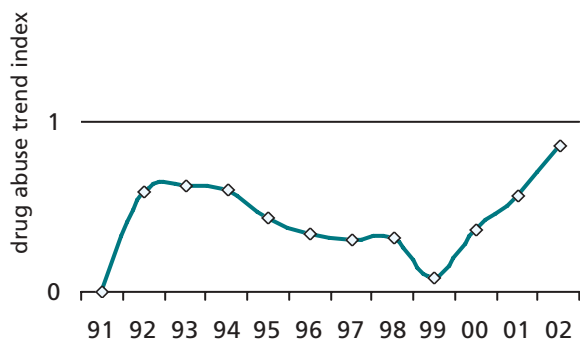
Some increase in cocaine use has been reported in recent years from the Near East as well as from South Asia. Cocaine use in East and South-East Asia, in contrast, has remained stable or is declining, probably a consequence of the popularity of methamphetamine in this

region. (Methamphetamine is abundantly available, relatively cheap and is used as a potential substitute for cocaine). In 2002, Syria and Saudi Arabia reported increases in the use of cocaine, as well as India and Bangladesh. All other Asian countries reported either stable or declining trends in 2002.

Overall cocaine use in Asia, however, continues to be limited. Despite increases reported from India, the world's second most populous country, recent studies have not found cocaine to be among the main substances abused. As drugs with a life-time prevalence of at least 0.1% were investigated, it can be assumed that life-time prevalence of cocaine use among the general population must be still less than 0.1% in India (and other Asian countries). However, data from India's Drug Abuse Monitoring System (DAMS) found that, for 2000, 1.7% of all treatment demand was already related to cocaine abuse -- mainly concentrated in the state of Maharashtra (which includes Mumbai/former Bombay), the neighbouring state of Madhya Pradesh and in Uttar Pradesh (neighbouring Madhya Pradesh).

Reports from Thailand suggest that cocaine use is mainly encountered in tourism centres and that it is linked to the entertainment sector. It is mainly perceived to be one among a number of 'club drugs'. Cocaine is still less easily available than methamphetamine or opiates. Domestic use by Thai people appears to be still limited to some experimental use by a few upper class people attending night clubs. Similar patterns are also found in several other Asian countries.

**Fig. 87: Cocaine consumption trend in Asia (based on national experts' perceptions)**



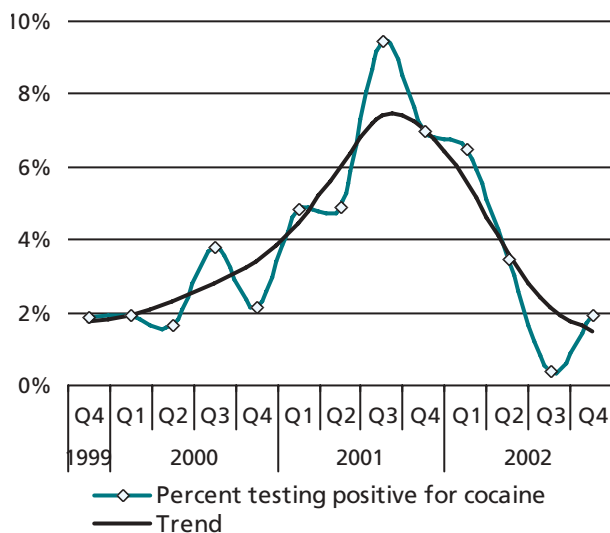
Source: UNODC, Annual Reports Questionnaire Data.

**OCEANIA**

*After massive increases in the 1990s cocaine use has stabilized in recent years*

Cocaine use in Oceania is mainly concentrated in Australia and, within Australia, in New South Wales (notably in Sydney). Household survey data showed almost a tripling in the number of cocaine users between

**Fig. 88: Percent testing positive for cocaine among police detainees\* in Australia, 1999-2002**



Source: Australian Institute of Criminology, "Drug Use Monitoring in Australia (Duma) Collection 1999-2002".

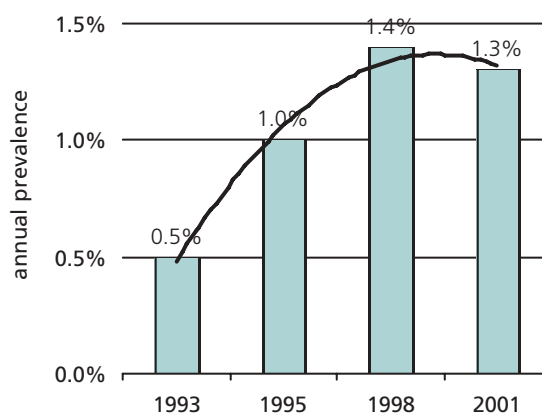
1993 and 1998, followed by a marginal decline of cocaine use over the 1998 to 2001 period (from 1.4% to 1.3% of the general population age 14 and above).

*Following a temporary rise in 2001, cocaine consumption fell back to the levels seen in 2000*

Trends for 2001 and 2002 can be deduced from other indicators. They all show an increase in cocaine use in 2001, mainly reflecting the heroin drought of 2001 and thus some shifts into cocaine (and methamphetamine), followed by a decline in 2002. The Drug Use Monitoring in Australia (DUMA) data, for instance, revealed that the proportion of male police detainees testing positive for cocaine in four sites across Australia (Bankstown, Parramatta, South Port and East Perth) increased from, on average, 2.4% in 2000 to 6.6% in 2001, but declined again to 3.1% in 2002. Based on interviews among injecting drug users (IDUs), the Illicit Drug Reporting System (IDRS), found that the proportion of IDUs taking cocaine rose from 24% in 2000 to 35% in 2001, but fell again to 27% in 2002.

The increase in 2001 and the fall of cocaine use in 2002 do not appear to have been caused by changes in cocaine availability. Cocaine prices remained largely stable and, importantly, cocaine availability was also perceived by drug users to have remained largely stable in 2002. Cocaine purity, however, appears to have declined in 2002<sup>q</sup>.

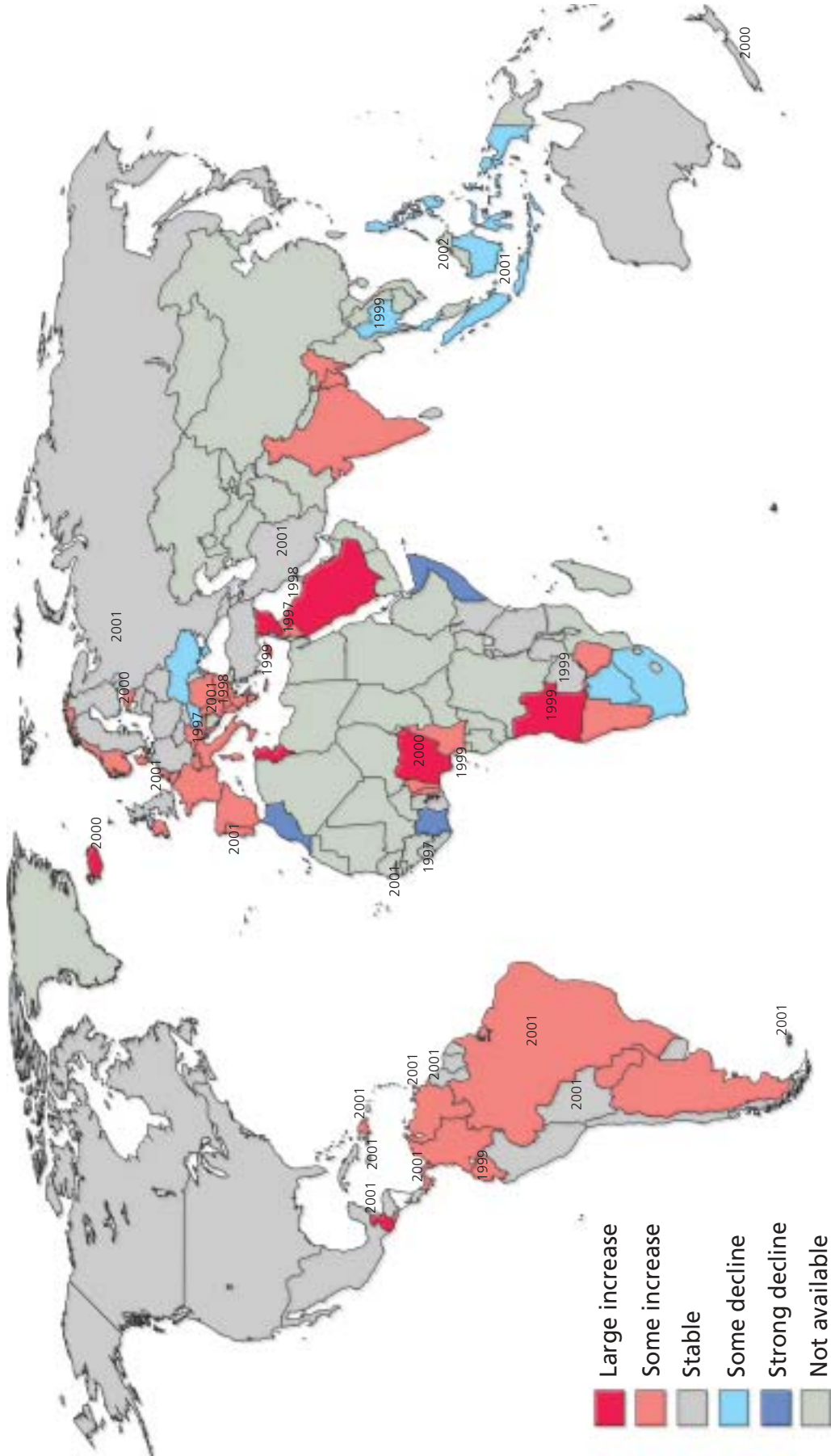
**Fig.89: Annual prevalence of cocaine use in Australia**



Source: AIHW, *Statistics on Drug Use in Australia 2002*, Canberra 2003.

q) National Drug and Alcohol Research Centre (NDARC), *Australian Drug Trends 2002 - IDRS - Findings from the Illicit Drug Reporting System (IDRS)*, NDARC Monograph No. 50, Sydney 2003.

Map 14: Changes in consumption of cocaine, 2002 (or leatest year available)



Sources: UNODC Annual Reports Questionnaires data, UNODC (Regional Centre Bangkok) Epidemiology Trends in Drug Trends in Asia (Findings of the Asian Multicity Epidemiology Workgroup), December 1999, National Household Surveys submitted to UNODC, United States Department of State (Bureau for International Narcotics and Law Enforcement Affairs) International Narcotics Control Strategy Report, 1999; Bundeskriminalamt (BKA) and other Law Enforcement Reports, SACENDU (South African Community Epidemiology Network) July - December 1998, UNODC and Ministerio de Educacion, Estudio Epidemiologico 1999, CEDRO, Epidemiologia de Drogas en la poblacion urbana Peruana - 1995, INCB, Annual Report for 1999.