

Even though in the USA, the world's largest cannabis market, cannabis use increased slightly in 1999 compared to a year earlier (both annual and monthly prevalence rates were going upwards) and compared to the mid 1990s, prevalence rates are still significantly below the levels reported a decade earlier and the market is one that has stabilized in the 1990s. The 1999 US Household Survey also stressed that the reported increase for 1999 was not statistically significant. Given the reported stabilization of cannabis consumption levels in Mexico and no significant increases reported from Canada or the USA, the whole North American cannabis market could be considered to be basically stable. The same, however, cannot be said of Central- and South-America or the Caribbean.

All available evidence also supports the views of the Governments in the Oceania region of rising levels of cannabis use. Similarly, in Africa there is no evidence available, that would question the perception of generally rising levels of cannabis use. A UNDCP study, conducted in several African countries in 1999, came to the same conclusion.

The situation is more complex in Europe. Trends reported by the authorities of most European countries to UNDCP, as mentioned earlier, indicate a rise in consumption. However, there are at the same time indications of a levelling off of consumption in western Europe. An explanation of these conflicting trends for cannabis has been given by the EMCDDA in its latest annual report on the state of the drug problem in the European Union for the year 2000: "... continuing rises in countries with previously lower levels and some stabilisation in higher prevalence countries confirm the tendency toward convergence..." Indeed, in the two main cannabis markets - UK and Spain - consumption has stabilized and the same is also occurring in the

Netherlands, which so far had the third highest levels of cannabis use among the countries of the European Union. The latest high-school survey, conducted in 1999, indeed indicates a stabilization of cannabis use.

AMPHETAMINE-TYPE STIMULANTS

EXTENT

Abuse of amphetamines (i.e. amphetamine or methamphetamine) has been calculated to affect some 0.6% of the global population (age 15 and above). Though rates differ significantly from country to country, the regional averages - except for countries in the Oceania region - are rather close to the global average. About half the users of amphetamines (primarily methamphetamine) are found in Asia (mostly in the countries of East and South-East Asia). The Americas and Europe account for a third of global use of amphetamines. Relatively high levels of consumption have been also reported from countries in South America and in Africa. While consumption of amphetamines in North America, Europe and Asia is largely from clandestine sources, consumption in South America and Africa is still mainly supplied from licit channels where the dividing line between licit and illicit consumption is not always clear. Substances differ as well. While in Europe amphetamine is the ATS of choice, in South-East Asia and North America it is methamphetamine which in general is more potent and causes more health risks than amphetamine. Abuse patterns and risks associated with the abuse of different ATS are thus often not directly comparable with one another.

About 0.1% of the global population (age 15 and above) consume ecstasy. Significantly higher ratios have been reported from countries in Oceania region, western

Annual prevalence estimates of amphetamines' use in the late 1990s		
	Number of people (in million)	in % of population age 15 and above
OCEANIA	0.6	2.9
- Western Europe	3.1	0.8
- Eastern Europe	1.0	0.4
EUROPE	4.1	0.7
ASIA	2.1	0.7
- North America	2.2	0.8
- South America	4.3	0.7
AMERICAS	12.6	0.5
AFRICA	2.5	0.5
GLOBAL	24.2	0.6

Above global average*: close to global average: below global average**:

* 1 percentage point more than global prevalence rate or 3 times the global prevalence rate.

Source: UNDCP, *World Drug Report 2000*.

Annual prevalence estimates of ecstasy use in the late 1990s		
	Number of people (in million)	in % of population age 15 and above
OCEANIA	0.40	1.60
- Western Europe	2.30	0.60
- Eastern Europe	0.30	0.10
EUROPE	2.60	0.40
- North America	1.20	0.40
- South America	0.02	0.01
AMERICAS	1.20	0.20
AFRICA	0.10	0.02
ASIA	0.20	0.01
GLOBAL	4.50	0.10

Above global average*: close to global average: below global average**:

* 1 percentage point more than global prevalence rate or 3 times the global prevalence rate.
 ** 1 percentage point below global prevalence rate or less than 1/3 of global prevalence rate.

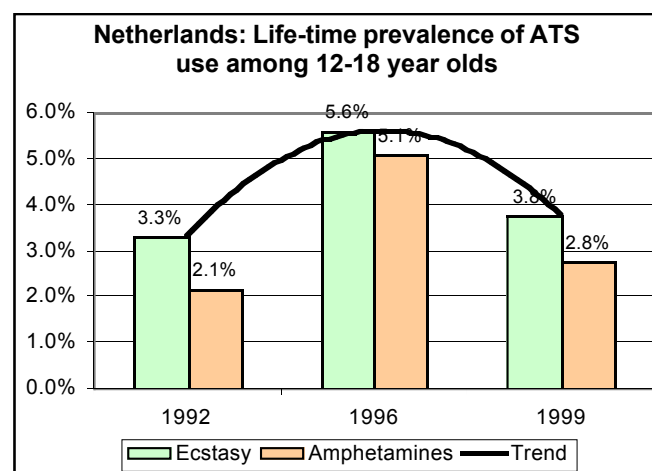
Source: UNDCP, *World Drug Report 2000*.

Europe and North America. Some 60% of global consumption is concentrated in Europe. West Europe and North America together account for almost 85% of global consumption. Use of ecstasy, however, is increasingly spreading to developing countries as well.

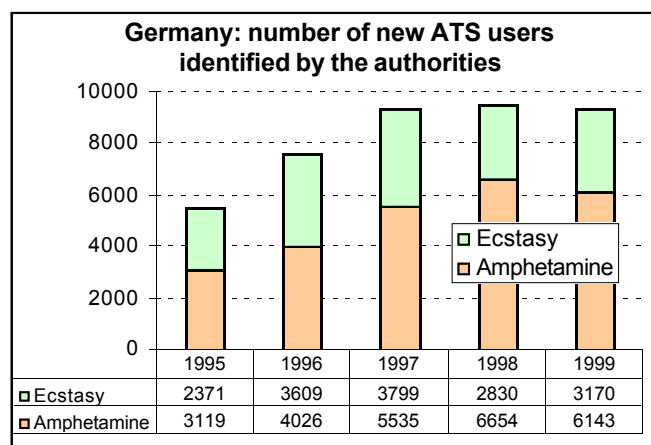
TRENDS

Europe

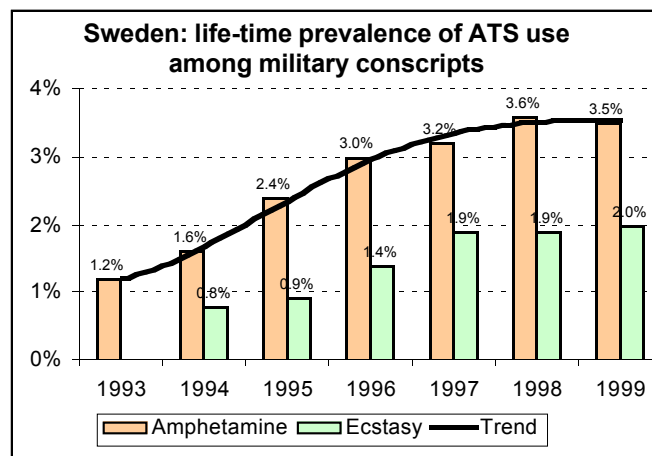
The number of countries reporting 'large increases' in the abuse of ATS in western Europe halved over the 1995-1999 period, from nine to four. Nonetheless, a clear majority of countries in western Europe (13 out of 19) continue reporting increases in the levels of ATS use. This includes large countries such as Germany or France. Stable or declining levels were reported from Spain, Portugal, Sweden, the UK (with regard to methamphetamine) and two small countries, Andorra and Liechtenstein.



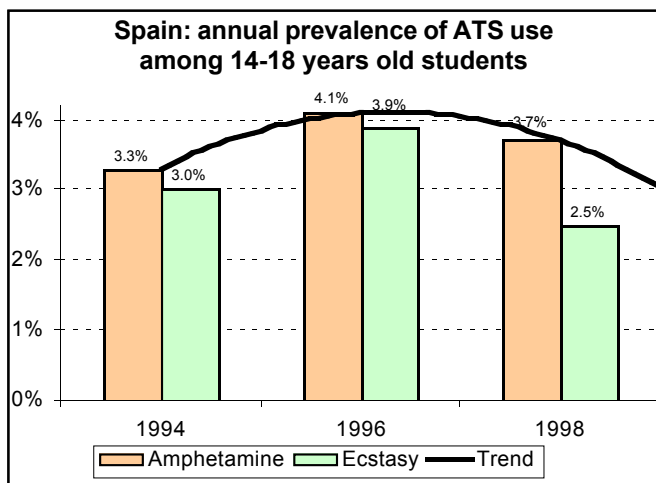
Source: Trimbos Institute, (Netherlands Institute for Mental Health and Addiction), *Jeugd en riskant gedrg,- roken drinken, drugsgebruik en gokken onder scholieren vanaf tien jaar*, Utrecht 2000.



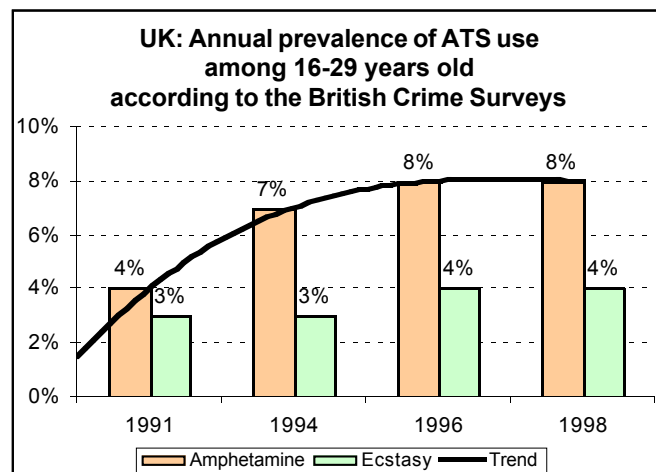
Source: Bundeskriminalamt, *Polizeiliche Kriminalstatistik 1999*, "Erstauffaellige Konsumenten harten Drogen (Falldatei Rauschgift)", Wiesbaden 2000.



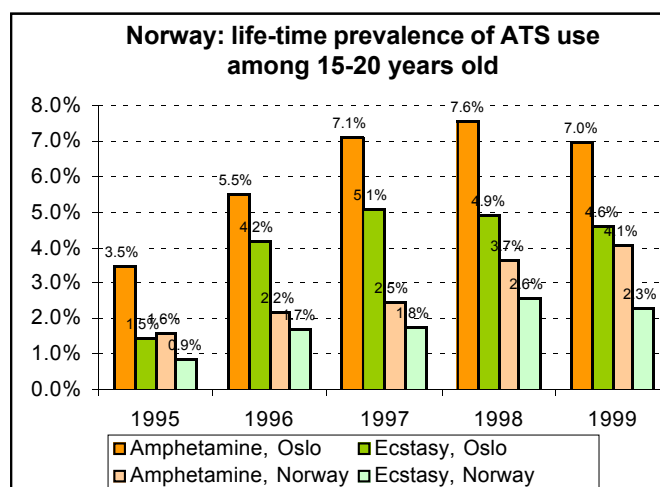
Source: Swedish Council for Information on Alcohol and other Drugs, *Drogutvecklingen i Sverige Rapport 2000*, Stockholm 2000.



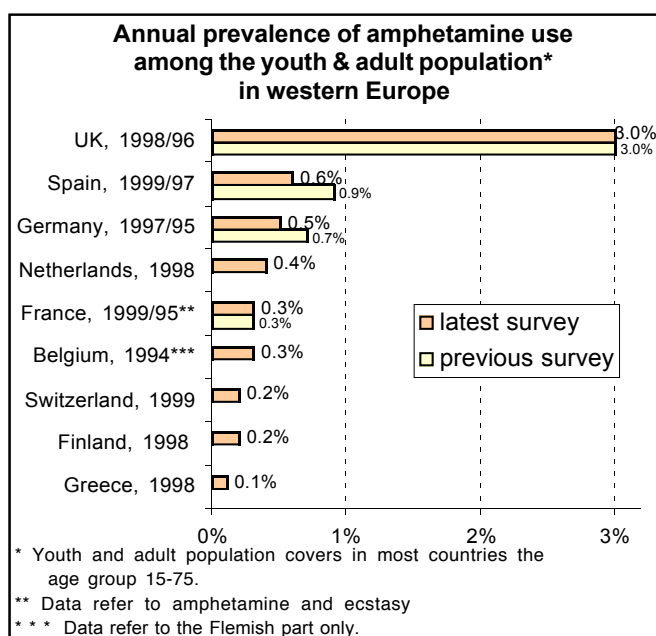
Source: Observatorio Espanol sobre Drogas, *Informe No. 3*, Madrid 2000



Sources: Home Office, *Self-Reported Drug Misuse in England and Wales: findings from the 1992 British Crime Survey*, London 1995, Home Office, *Drug Misuse Declared in 1998: result from the British Crime Survey*, London 1999.



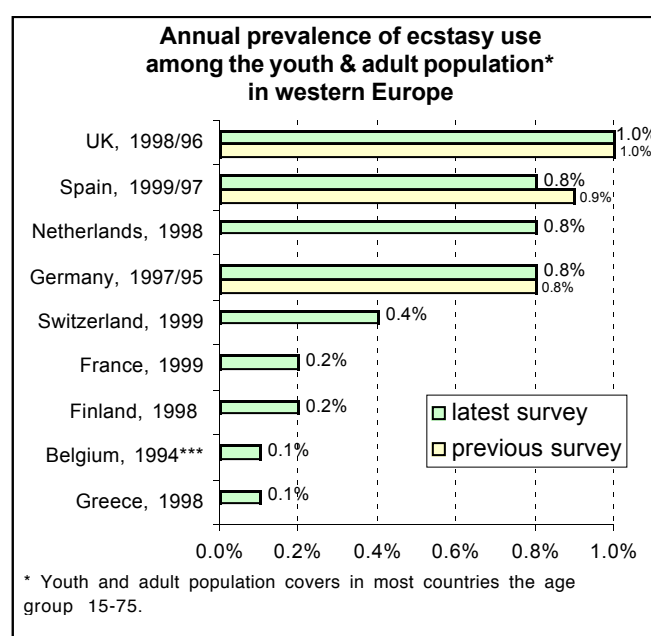
Source: Norwegian Directorate for the Prevention of Alcohol and Drug Problems and National Institute for Alcohol and Drug Research, *Alcohol and Drugs in Norway, Statistikk'99*, Oslo, November 1999.



* Youth and adult population covers in most countries the age group 15-75.

** Data refer to amphetamine and ecstasy

*** Data refer to the Flemish part only.



* Youth and adult population covers in most countries the age group 15-75.

Sources: EMCDDA, *2000 Annual Report on the State of the Drug Problem in the European Union*, UNDCP, Annual Reports Questionnaire, OFDT, *Baromètre Santé 2000*.

Changes in life-time prevalence of ATS use among 15-16 year olds (unless otherwise indicated) in the late 1990s in western Europe							
Country	Substance	Age Group	Comparison (years)		Life-time prevalence rates		Change
UK*	Amphetamines	15-16	1995	1997	13.0%	7.3%	-5.7%
	Ecstasy				8.0%	3.0%	-5.0%
Netherlands	Amphetamines	15-16	1996	1999	7.8%	n/a	n/a
	Ecstasy				8.1%	n/a	n/a
	Amphetamines	12-18			5.1%	2.8%	-2.3%
	Ecstasy				5.6%	3.8%	-1.8%
Spain	Amphetamines	15-16	1996	1998	4.1%	4.0%	-0.1%
	Ecstasy				4.6%	2.9%	-1.7%
Denmark	Amphetamines	15-16	1995	1997	1.9%	4.0%	2.1%
	Ecstasy				0.5%	3.1%	2.6%
Belgium (Flemish part of the country)	Amphetamines	15-16	1996	1998	3.2%	3.8%	0.6%
	Ecstasy				5.6%	6.2%	0.6%
Greece	Amphetamines	15-16	1993	1998	4.0%	3.6%	-0.4%
	Ecstasy				n/a	1.8%	n/a
Germany**	Amphetamines***	18-20	1995	1997	6.1%	3.2%	-2.9%
	Ecstasy				5.9%	4.1%	-1.7%
Italy	Amphetamines	15-16	1995	1999	3.0%	2.0%	-1.0%
	Ecstasy				4.0%	4.0%	0.0%
France	Amphetamines	15-16	1993	1997	2.5%****	1.9%	n/a
	Ecstasy				n/a	2.5%	n/a
Sweden	Amphetamines	15-16	1997	1998	0.9%	1.1%	0.2%
	Ecstasy				0.8%	1.0%	0.2%
Unweighted average of 10 EU countries	Amphetamines	15-16	1995	1998	4.4%	3.4%	-1.0%
	Ecstasy				4.4%	3.5%	-0.9%
*	Methodological differences limit comparability of results of 1995 and 1997 UK surveys.						
**	Data for West- and East-Germany combined; calculation based on a weight of 80% for West- and 20% for East-Germany, reflecting the population structure.						
***	Data for Germany for 1995 refer to stimulants while data for 1997 refer to amphetamines only.						
**** *	1993 data for France refer to amphetamine and ecstasy.						
Sources: EMCDDA, 2000 Annual Report on the State of the Drugs Problem in the European Union, Lisbon 2000, Trimbos Instituut (Netherlands Institute for Mental Health and Addiction), <i>Jeugd en riskant gedrag - Roken, drinken, drugsgebruik en gokken onder scholieren vanaf tien jaar</i> , Utrecht 2000, Ministry of Health, <i>Population Survey on the Consumption of Psychoactive Substances in the German Adult Population</i> , 1995 and 1997, Bonn 1997. NIDA, <i>Monitoring the Future</i> , 1975-1999.							

Nevertheless, there are indications that – in contrast to the trends observed in the early 1990s – the peak in ATS use in western Europe may have passed and that the situation is actually stabilizing following more intensive prevention activities in recent years. Reports on the number of newly identified users by the German authorities as well as school surveys conducted in the Netherlands, Spain, the UK and Italy point in this direction.

In contrast to the countries mentioned before, the table above also shows ATS growing in Belgium and in the Nordic countries. However, there are now also signs of stabilization in some of the Nordic countries as well. Regular surveys among 18 years-old military conscripts in Sweden, for instance, found in 1999, for the first time over the last decade, a stabilization in the use of

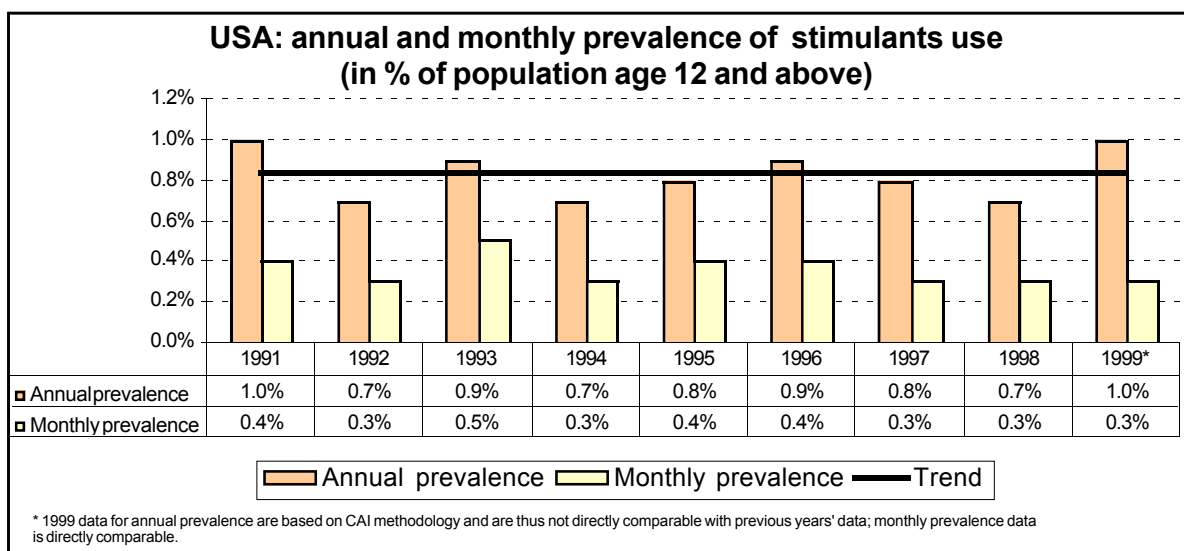
amphetamine. Similarly, surveys in Norway among 15-20 year olds showed in 1999, for the first time in years, a decline in the use of ecstasy while use of amphetamine declined in the capital, Oslo.

Parallel with the stabilization of ATS use among youth in several West European countries, as reflected in school surveys, general population surveys also indicate a stabilization or even a decline in abuse levels in the late 1990s. ATS use in the UK, Europe's largest ATS market, remained stable over the 1996-98 period. The most significant declines for both amphetamine and ecstasy over 1997-99 were reported from Spain, Europe's second largest ATS market. It may be also interesting to note that the general population surveys do not indicate a rise in abuse levels in either Germany or in France.

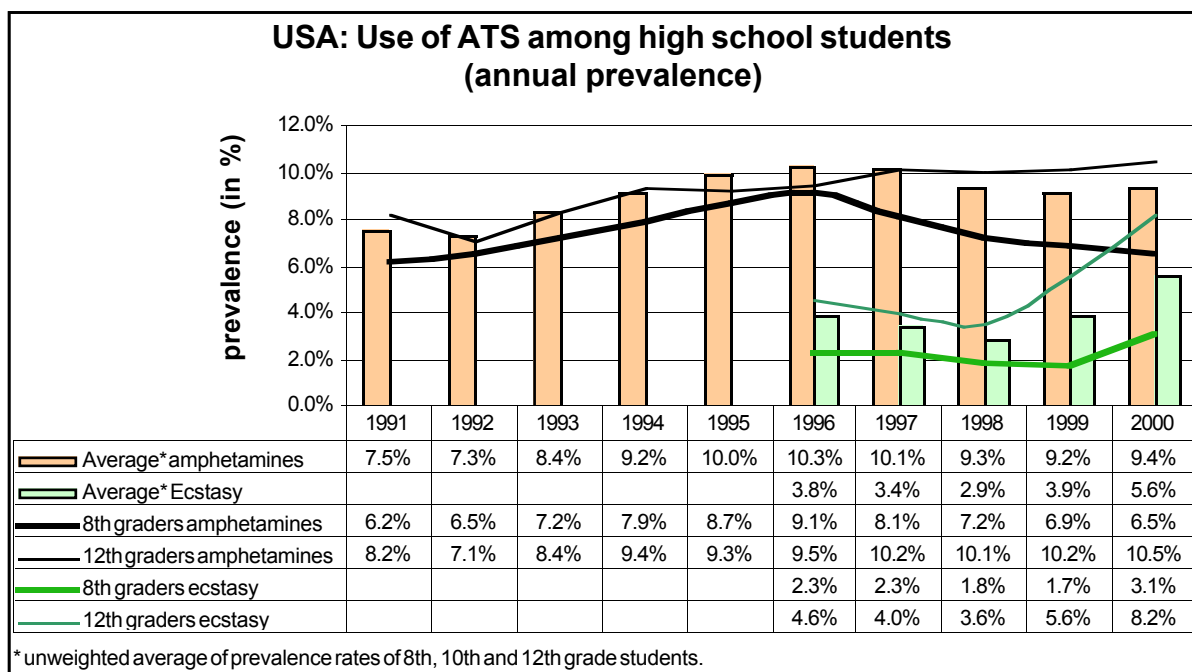
In contrast to signs of a stabilization of ATS consumption levels in western Europe, there is little doubt that ATS use in eastern Europe continues rising. Almost all available studies, notably the ESPAD studies (which are to be published soon), indicate strong increases of ATS use across East Europe in the late 1990s. The authorities share largely the same perceptions as the results of these studies. Six out of eight East European countries reported an increase in 1999 while only one country (Latvia) reported lower levels of ATS abuse in 1999 as compared to a year earlier. Increases were reported by the authorities from Bulgaria, Poland, Hungary, Romania, Lithuania and Belarus.

Americas

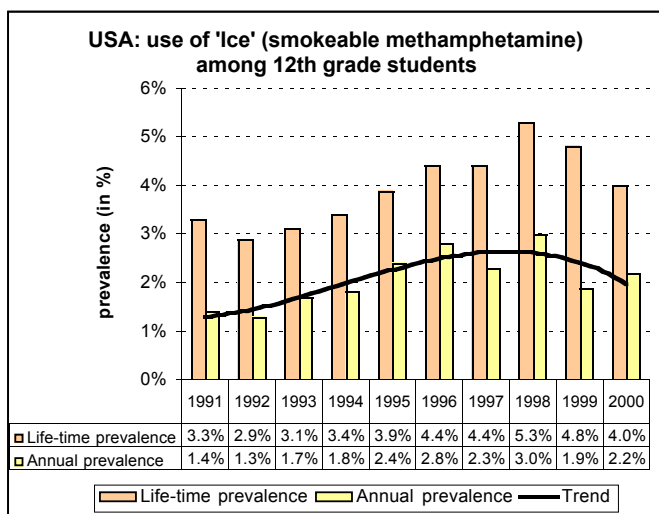
Reported trends of ATS use in the Americas for the year 1999 were mixed. A relatively small number of countries (in total nine) reported trends in ATS use, suggesting that ATS were not the main concern of the countries in the Americas. The overall picture is rather diffused. While ecstasy use was generally perceived to be rising, use of amphetamines (i.e. amphetamine or methamphetamine) was reported to have stabilized in about half of the countries. Increases in methamphetamine abuse were reported from Argentina, Colombia, and Venezuela; while consumption of various ATS has had a long tradition in South America (notably those produced



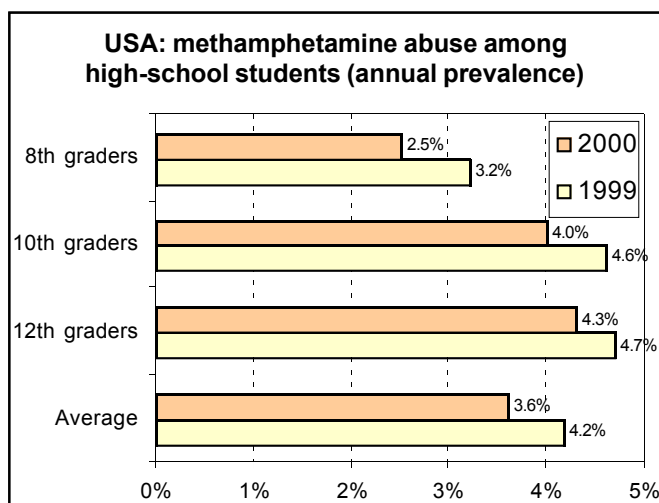
Source: SAMHSA, 1999 National Household Survey on Drug Abuse and previous years.



Source: NIDA and University of Michigan, *Monitoring the Future, National Results on Adolescent Drug Use, Overview of Key Findings, 2000*, Washington 2001.



Source: NIDA and University of Michigan, *Monitoring the Future*, 2000



Source: NIDA and University of Michigan, *Monitoring the Future*, 2000

and sold as anorectics), methamphetamine was hardly known until a few years ago. By contrast, Mexico and Canada, where methamphetamine has been known for a long time, reported signs of stabilization in consumption levels. An overall decline in the use of ATS was reported by the authorities of El Salvador.

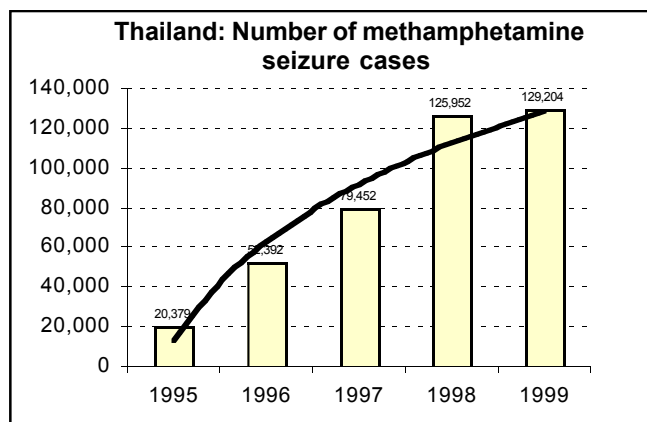
Household surveys in the USA show basically stable levels of stimulants use in recent years. Monthly prevalence of stimulants use -- currently the only directly comparable indicator -- remained unchanged between 1998 and 1999 and is basically at the level of the early 1990s. Annual prevalence data show some fluctuations, but no indications for an upward or a downward trend in the 1990s. Annual prevalence data for 1999 - due to the introduction of a new methodology (computer assisted interviews) are not directly comparable with those of previous years.

Regular studies among high-school students indicate a stabilization in the use of amphetamines, and - since

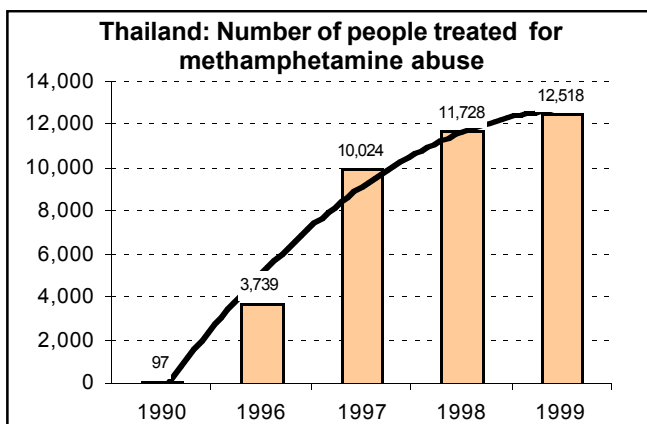
1996 - even a relatively strong decline among 8th graders. A general decline was reported for methamphetamine abuse in 2000. Ecstasy consumption, by contrast, has been going upwards in 1999 and even more so in 2000, among all age groups of the students.

Asia

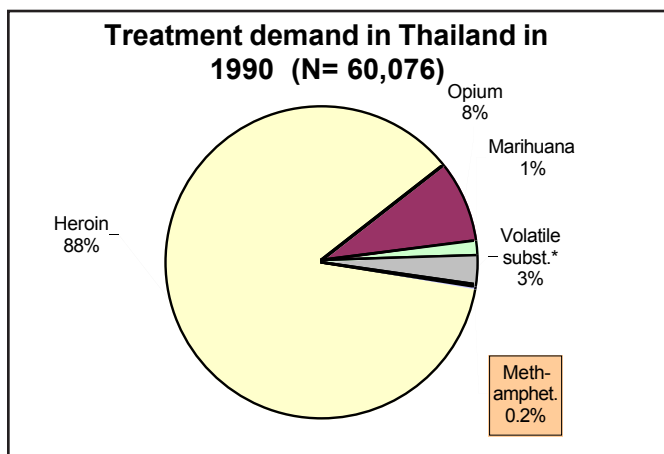
In contrast to signs of stabilization in ATS use in western Europe and North America, ATS abuse, notably of methamphetamine, is growing rapidly in Asia. Out of 14 Asian countries reporting to UNDCP, 12 reported an increase. Eleven of them were located in the East and South-East Asia region. The countries & territories reporting strong increases in ATS (mostly methamphetamine) abuse were Hong Kong SAR, Indonesia and Brunei Darussalam; 'some increase' was reported from Thailand, Myanmar, Malaysia, Singapore, the Philippines, the Republic of Korea and Japan. Other reports indicate that the People's Republic of China as well as the Lao PDR, Cambodia and Vietnam are also facing a growing problem of ATS abuse, though starting from relatively low levels. The only Asian country outside the East and South-East Asia subregion, which also reported an increase in 1999, was India. Rising levels of ATS abuse are mostly found in the north-eastern



Source: Office of the Narcotics Control Board, Statistical Data of the Seized Methamphetamine in Thailand 1995-99.



Source: Office of the Narcotics Control Board, *Thailand Narcotics Annual Report 2000* and previous years.



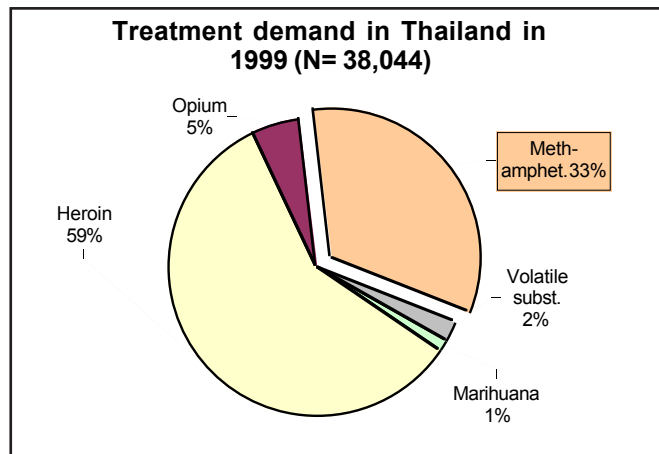
Source: ONDCB, *Statistical Report on Narcotics Control in Thailand, 1990-91.*

states which are affected by illegal methamphetamine imports from neighbouring Myanmar.

There are relatively few regular surveys in East and South-East Asia which would allow for identifying abuse trends. In the absence of such studies, perceptions on the development of drug abuse problem are largely based on law enforcement statistics, intelligence reports and, in some countries, on treatment statistics.

Given the massive increases in methamphetamine related trafficking activities throughout the region in recent years, there can be, however, hardly any doubt that abuse has shown an upward trend. The case of Thailand, which keeps systematic records both on enforcement activities and on people in treatment and has conducted a number of surveys, illustrates the point that strong increases in trafficking go hand in hand with rising levels of abuse. Similar correlations can be also expected to hold true for other countries of the region. In Thailand, both the number of methamphetamine seizure cases and the number of people using methamphetamine during the 30 days prior to entering treatment tripled in the second half of the 1990s.

Treatment statistics show that methamphetamine related admissions rose from a negligible 0.2% of overall treatment demand in 1990 to 9% by 1996 and 33% in 1999. In parallel, the shares of opiates - both heroin and opium - declined. Studies indicate that as of the mid 1990s methamphetamine users surpassed the numbers of heroin users (Thailand Development Research Institute Foundation, 1994); it can be assumed that by now methamphetamine use has surpassed the overall number of opiates users in the country. There has been a notable trend of increased ATS use among youth. According to the Office of Narcotics Control Board (ONCB) overall drug use among high-school and college students doubled between 1994 and 1998 (from 72,000 cases in 1994 to 190,000 cases in 1998) and its

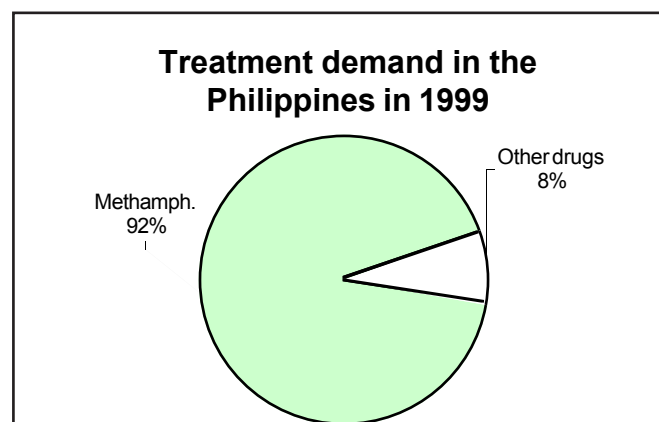


Source: ONDCB, *Thailand Narcotics Annual Report 2000.*

appears to have doubled again in 1999 (463,000 cases) with ATS being quoted as one of the main substances responsible for the rise. The 1999 study, conducted on behalf of ONCB, found that 12.4% of students had used drugs at least once in their life (up from 1.4% reported in previous studies)^e. This approaches levels reported from some European countries and is higher than data reported from several other East and South-Asian countries, though still lower than revealed in surveys from North America or Australia.

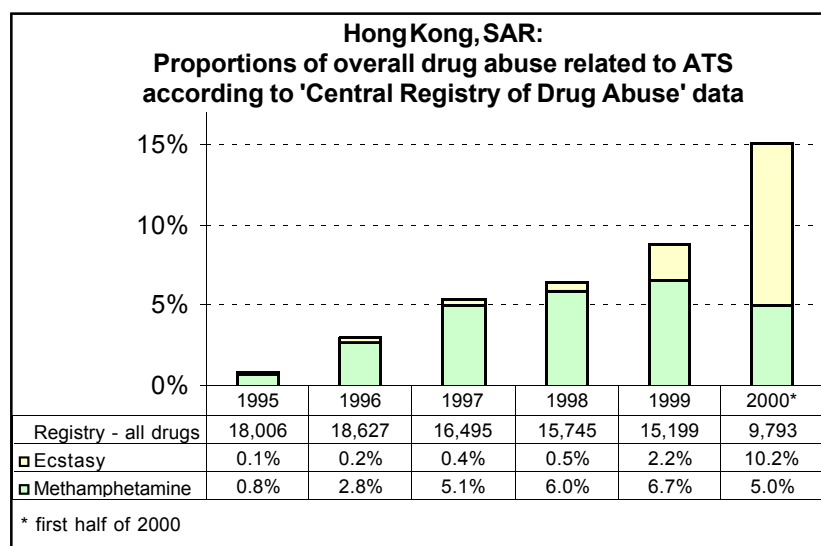
The main markets for methamphetamine in Thailand continue to be central Thailand and the capital Bangkok. Methamphetamine use has grown even stronger in Bangkok than in the rest of the country. While the number of people admitted to treatment for methamphetamine abuse rose three-fold in Thailand between 1996-98, the corresponding numbers increased seven-fold in Bangkok and by more than thirty times over the 1994-98 period (from 133 to 4381 according to the Ministry of Public Health). Thus, Bangkok alone now accounts for more than a third of all methamphetamine related treatment demand in Thailand.

Even higher and still growing shares for methamphetamine in treatment were reported by the authorities in the

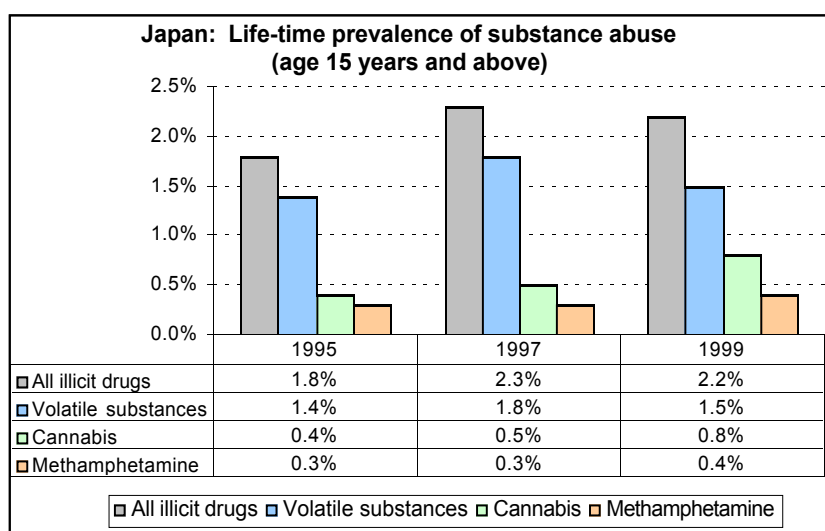


Source: UNDCP, *Annual Reports Questionnaire.*

e) For more details see UNDCP/UNICRI, "Global Study on Illegal Drug Markets: The Case of Bangkok, Thailand", (Draft), February 2000.



Source: Central Registry of Drug Abuse, quoted in UNDCP/UNICRI, The Hong Kong Drug Market (Draft), November 2000.



Source: National Institute of Mental Health, quoted in UNDCP/UNICRI, The Illegal Drug Market in Tokyo (Draft), June 2000.

Philippines. 92% of all clients in treatment suffered from methamphetamine related problems in 1999. The number of people officially registered for methamphetamine abuse in the Philippines (4,531 persons) rose in 1999 by 13.3% on a year earlier and was more than three times higher than in 1994. Increasing levels of methamphetamine abuse were notably reported from the work place. A link was also established between methamphetamine

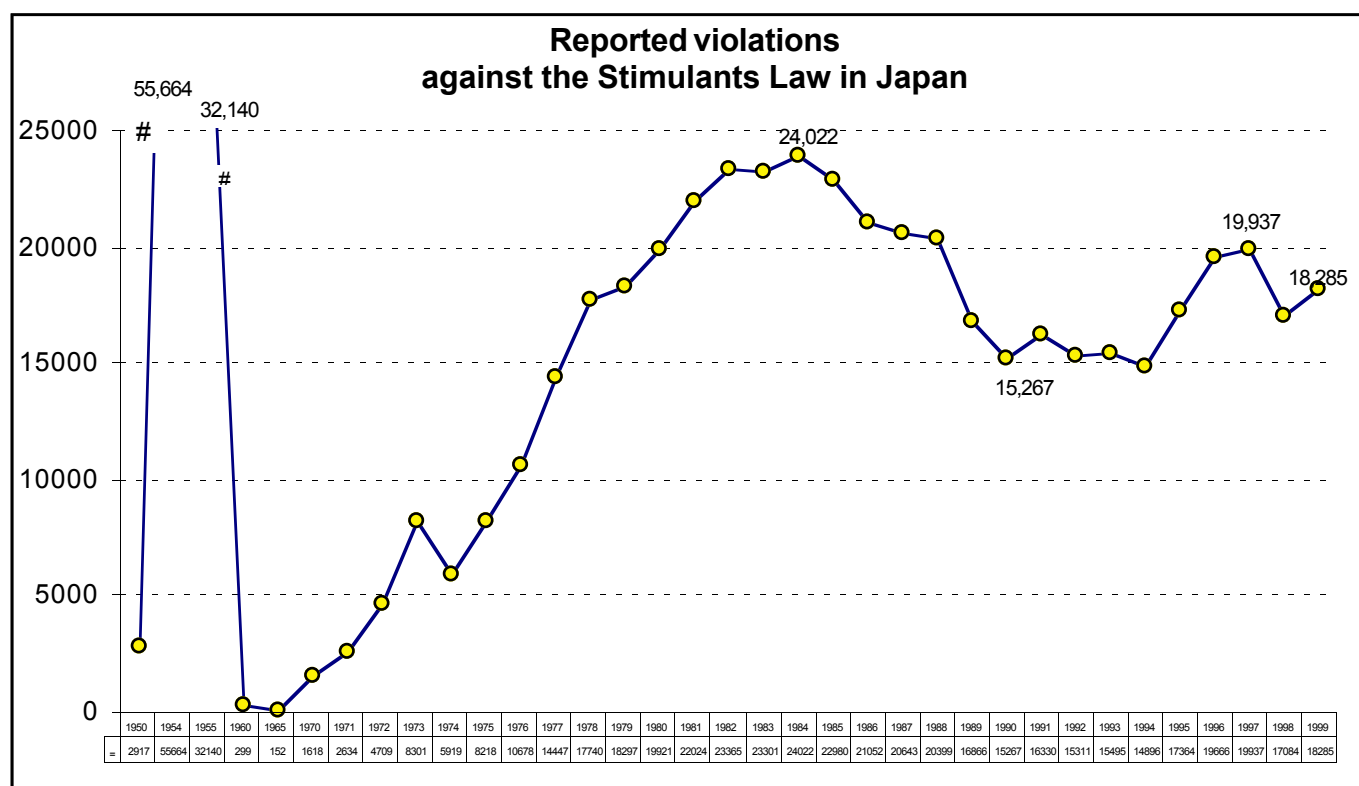
abuse and rising levels of unemployment and rising levels of use in the workplace.

ATS abuse has also grown in Hong-Kong, SAR in the 1990s, notably in the second half of the 1990s. Though most drug abuse identified by the authorities is still linked to abuse of opiates, data contained in Hong-Kong's Central Registry on Drug Abuse show that the

Hong Kong: Drug use among secondary school students (life-time prevalence)								
	All drugs*	Coughsyrup	Marijuana	Solvents	Amphetamines	Mandrax	Heroin	Cocaine
1992 (age 11-21)	3.50%	1.50%	0.80%	0.50%	0.10%	0.20%	0.30%	0.00%
1996 (age 11-18)	13.50%	7.40%	1.50%	1.00%	0.50%	0.40%	0.20%	0.20%

* including other substances (barbiturates, tranquilizers, hallucinogens, etc.).

Source: Drug Addiction Research Unit (University of Hong Kong) and Narcotics Division (Hong Kong Government) quoted in UNDCP/UNICRI, *The Hong Kong Drug Market*, November 2000, p. 56.



Source: Japan, Ministry of Health and Social Welfare, National Policy Agency of Japan.

overall share of ATS rose from 1% of all people registered in 1995 to 15% over the first six months of 2000. In parallel, the share of opiates fell from 90% in 1995 to 80% (79% heroin) in 2000. While initially the rise was mainly linked to abuse of methamphetamine, data also show that in 2000 Hong Kong was apparently faced with an emerging ecstasy epidemic, mainly affecting youth and young adults. The strong emergence of ecstasy in Hong Kong appears to be linked to local Triad groups involved in Hong Kong's club scene, distributing ecstasy which is apparently produced in mainland China^f. A rise in the popularity of ATS - though then still at low levels - was earlier already identified in school surveys. Between 1992 and 1996 life-time use of amphetamines rose from 0.1% to 0.5% according to surveys conducted in local Chinese secondary schools, while abuse of heroin declined marginally (from 0.3% to 0.2%).

The trend of methamphetamine abuse for Japan is less clear than for other countries in the region where basically all indicators for ATS are showing strong upward trends. However, in contrast to other countries in the region, methamphetamine has already been, for decades, the main problem drug in Japan. About 90% of all reported violations against the drug laws in 1999 and previous years were related to methamphetamine trafficking and abuse while drug treatment in Japan is largely linked to treatment of methamphetamine patients.

The number of reported violations against the Stimulant Law - the main indicator for the development of methamphetamine consumption used by the authorities - increased in 1999 as compared to a year earlier (7%) and was some 20% higher than in the early 1990s. Nonetheless, the reported violations against the Stimulant Law in 1999 were significantly lower than in the early 1950s, lower than in the early 1980s, and remained below the 1996-97 levels. The data may thus be equally well interpreted to signal a stabilization, following an upward trend in the mid 1990s. It may be also noted that in contrast to other countries in the region, there has been a decline in the number of violations against the Stimulant Law among junior high school students in 1999. The outbreak of a major new epidemic of methamphetamine abuse as experienced in the early 1950s and (to a lesser extent) in the early 1980s may have been prevented, despite rapid growth in ATS trafficking and abuse throughout the region. Preliminary data for 2000 of violations against the Stimulant Law seem to confirm the trend towards stabilization. Seizures of methamphetamine, though remaining high, declined in 2000 as compared to 1999.

General population surveys conducted by the National Institute of Mental Health in 1995, 1997 and 1999 also point in the direction of a stabilization. Life-time prevalence of methamphetamine abuse grew over the 1995-99 period only marginally, from 0.3% to 0.4% of the pop-

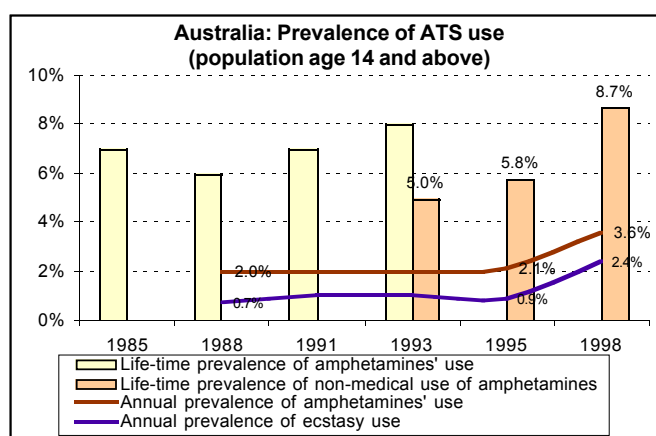
f) For more details see UNDCP/UNICRI, "Global Study on Illegal Drug Markets: The Hong Kong Market", (Draft), November 2000.

ulation age 15 and above. These data also suggest that methamphetamine abuse in Japan — despite being the most serious drug problem for the country — continues to remain significantly below the levels reported in many other countries⁹.

However, preliminary data for 2000 - though still at low levels compared to other countries - show a rather strong increase in seizures of ecstasy, possibly indicating first signs of an emerging shift among the younger generation from methamphetamine use, which is apparently declining among youth, to ecstasy. In other words, the strong increase in seizures of ecstasy would be in line with trends already observed in Hong Kong, where such a shift among youth took place in 2000.

Oceania

Both Australia and New Zealand reported a further increase in ATS consumption in 1999, confirming the upward trend of ATS use in the region in the second half of the 1990s.



Source: Australian Institute of Health and Welfare, 1988 National Drug Strategy Household Survey, August 1999 (and previous years).

Australia has had a long 'tradition' of amphetamine consumption, reflecting the extensive use of amphetamines in treatment (often for depression) in the 1960 and 1970s. While the medical community over the years became aware of the serious side effects and thus dras-

tically reduced prescriptions, the trade in amphetamines, as of the early 1980s, started shifting into the illegal sector which is now the main source of supply.

Nonetheless, the popularity of amphetamines increased, notably over the 1995-98 period. While overall drug consumption in Australia - measured by annual prevalence - was reported to have grown by some 30% over the 1995-98 period, use of amphetamine increased by some 70%, more than cocaine (some 40%). Amphetamines use thus continues to be more than twice as widespread as cocaine use in Australia. An even stronger growth rate was reported for the use of ecstasy, which almost tripled (from 0.9% to 2.4%).

An annual prevalence rate of 3.6% (1998) for the use of amphetamines in Australia is the highest such rate reported to UNDCP, a higher rate than reported from the UK (3% in 1998), New Zealand (2% in 1998) or the USA (1% in 1999). The same applies to the ecstasy data. Variations in the study designs may account for some of the difference but there is hardly any doubt that ATS use is widespread in Australia and a serious concern.

Africa and the Middle East

No clear overall patterns emerge from trend data provided by African countries for the year 1999. While the authorities of Cameroon, Chad, and Namibia reported an increase, Nigeria, South Africa and Morocco saw consumption levels stable and Cote d'Ivoire reported a decline. Specific trends on ecstasy use were only reported by the authorities of South Africa. Ecstasy use was considered to have remained stable.

While the use of amphetamines is a general problem across Africa, notably in the countries of western Africa where various preparations containing amphetamine-type substances are still widely available in parallel markets, ecstasy use appears to be still largely confined to the Republic of South Africa, and within the country to the white community as revealed in a recent study on the drug markets of Johannesburg^h. The current stabilization of ecstasy use in South Africa follows a period of rapid growth since the early 1990s. In any case, the

Israel: Annual prevalence of drug use among adults and students in 1998						
	Any drug	Cannabis	Ecstasy	LSD	Opiats (heroin)	Cocaine
Adults (age 18-40)	8.0%	5.6%	0.6%	0.6%	0.4%	0.2%
Students (grades 7-12)	9.8%	5.1%	2.7%	3.0%	2.4%	2.5%

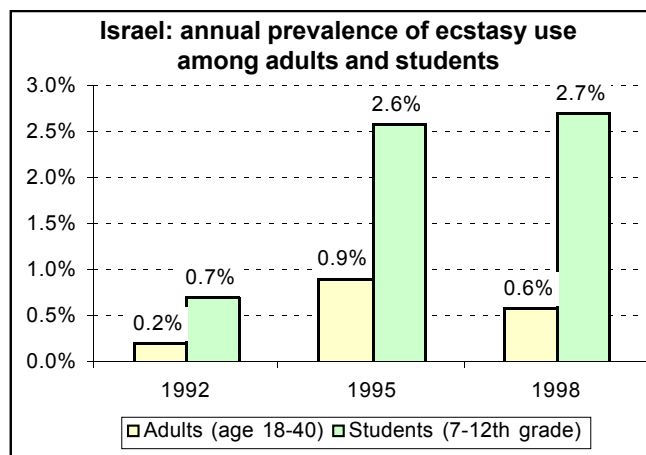
Source: Rahav, Teichmann, Gil and Rosenblum, "The Use of Psychoactive Substances among Residents of the State of Israel: 1998", quoted in UNDCP/UNICRI, The Drug Market in the Greater Tel-Aviv Area (Draft), October 2000, p. 31.

g) There are, however, other estimates which indicate significantly higher levels of methamphetamine abuse in Japan. The US State Department - referring to estimates made by the Japanese authorities - quotes, for instance, a figure of 600,000 methamphetamine addicts (equivalent to 0.6% of Japan's population age 15 and above) and 2.18 million casual methamphetamine users (2% of the population age 15 and above). For comparison, the methamphetamine prevalence rates for the USA are 0.2% (monthly prevalence), 0.5% (annual prevalence) and 3.5% (life-time use). (US. Department of State, *International Narcotics Control Strategy Report 2000*, March 2001).

h) For more details see UNDCP/UNICRI, "Global Study on Illegal Drug Markets of Johannesburg" (Draft), May 2000.

problems related to ATS in South Africa are dwarfed by the growing problems related to crack-cocaine abuse. A marked downward trend in abuse of ATS over the last decade was reported from Egypt. While in the early 1990s 'Maxiton Forte', originally a pharmaceutical preparation of dexamphetamine (and later clandestinely produced methamphetamine) played a significant role in the local drug market, authorities reported a constant decline in subsequent years. This was confirmed in a recent UNDCP sponsored study on illicit drug market of greater Cairo, where abuse of opiates, benzodiazepines, hashish and codeine containing cough syrups was found to be important while Maxiton Forte was not even mentioned.

Given the low response rate to UNDCP's annual report questionnaire on ATS abuse in the countries of the Near East, it is likely that ATS may play less of a role than in the past when large stocks of fenetylline, locally known as 'captagon' (often of European origin) were dumped on to the local market(s). However, reports of a revival in trafficking activities in 2000 in some countries of the region (notably Jordan and, with regard to transit trade also Syria) could point to a revival. There are also potential threats relating to ecstasy abuse. A recent study of the drug market in Greater Tel-Aviv, showed that ecstasy, usually of European origin, was on the rise in the 1990s - and is now the most common synthetic drug and the second most common substance of abu-



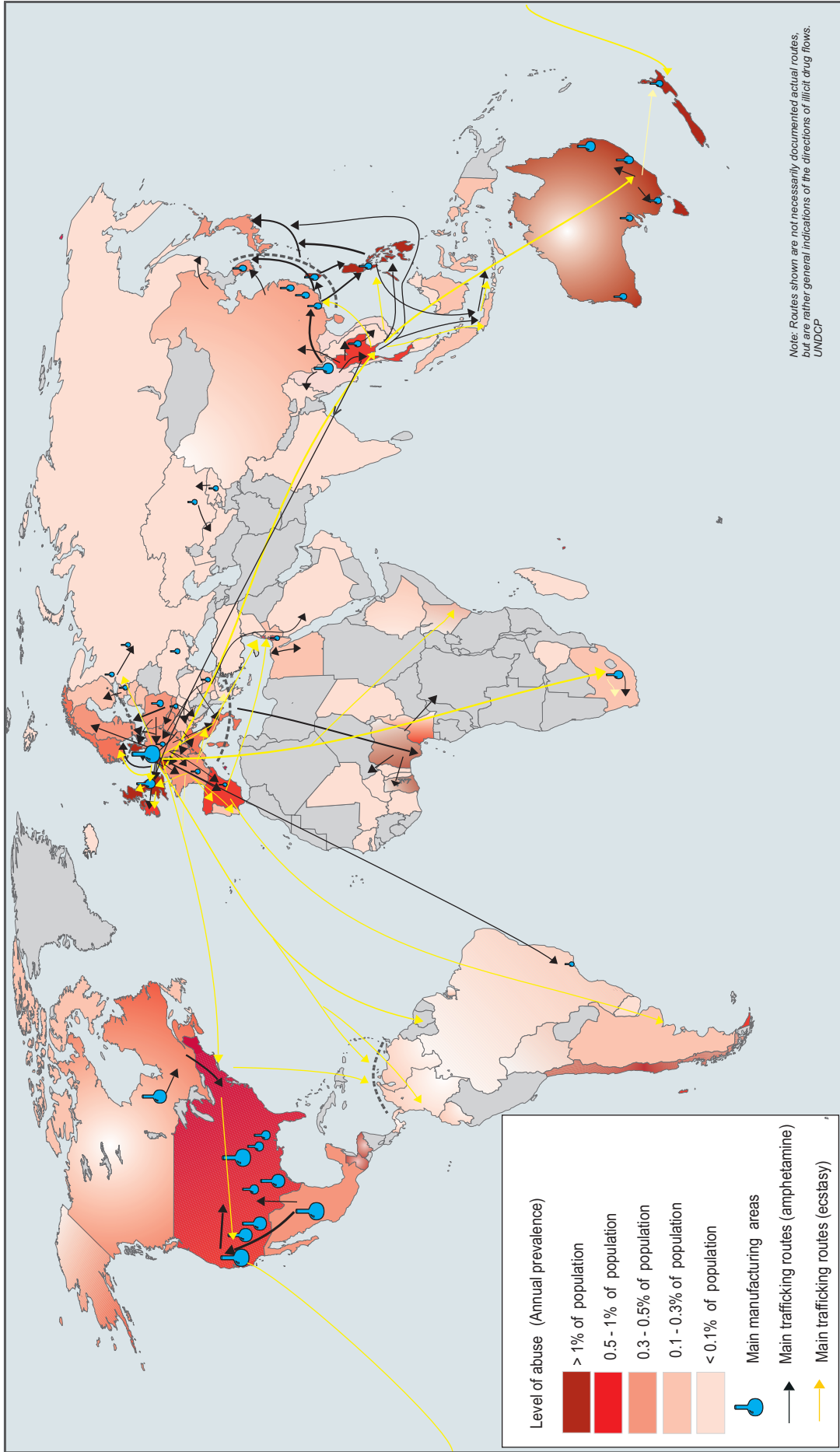
Source: Rahav et al, 1996 and 1999, quoted in UNDCP/UNICRI, The Drug market in the Greater Tel Aviv Area (Draft), Oct. 2000.

se. Like in several of the European countries, the spread of ecstasy use, however, lost momentum in the late 1990s. Nonetheless one cannot exclude the possibility that ecstasy use, once firmly established in a country in the region, will spread to neighbouring countries as well. Reports from Lebanon suggest that this is already the case.

Data presented in this report must be interpreted with caution. All figures provided, particularly those of more recent years, are subject to updating.

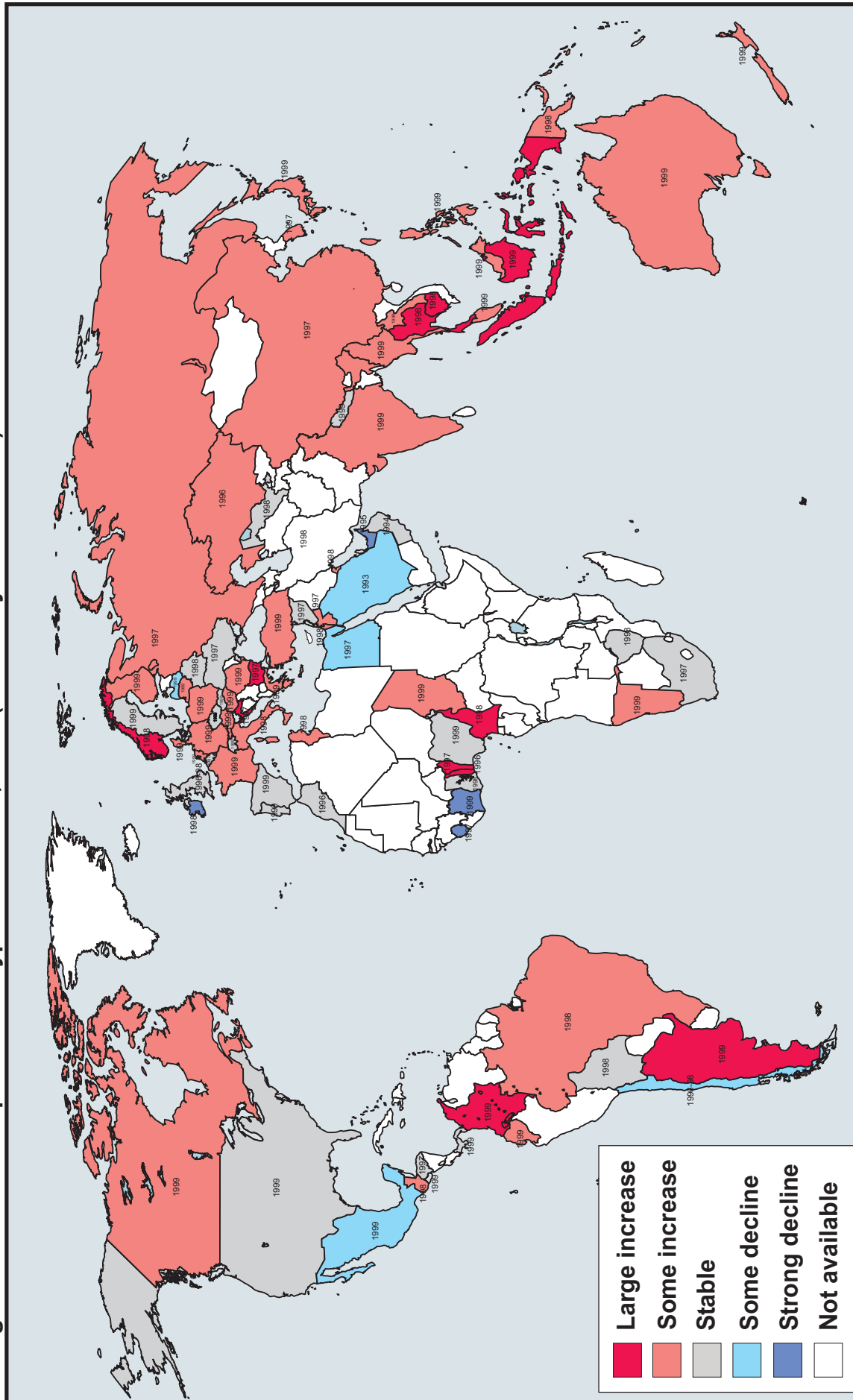
i) For more details see UNDCP/UNICRI, "Global Study on Illegal Drug Markets: The Drug Market in the Greater Tel- Aviv Area" (Draft), October 2000.

Abuse of Amphetamine-type stimulants



Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Changes in abuse of amphetamine-type stimulants, 1999 (or latest year available)



Sources: UNDCP Annual Reports Questionnaires data, UNDCP (Regional Centre Bangkok) Epidemiology Trends in Drug Trends in Asia (Findings of the Asian Multicity Epidemiology Workgroup, December 1999), National Household Surveys submitted to UNDCP, 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.

