

# Preface

Something new and significant is going on in the world drugs market. In last year's *World Drug Report* we made the argument that drug control is working and the world drug problem is being contained. This *2007 Report* provides further robust evidence of this trend. For almost every kind of illicit drug - cocaine, heroin, cannabis and amphetamine-type stimulants (ATS) - there are signs of overall stability, whether we speak of cultivation, production or consumption. Hopefully, within the next few years evidence to support this claim will become statistically and logically incontrovertible.

This does not mean that the drug problem has been solved or that we can become complacent. Nor is the good news universal. Progress made in some areas is often offset by negative trends elsewhere. But overall, we seem to have reached a point where the world drug situation has stabilized and been brought under control.

The first encouraging sign is that coca cultivation in the Andean countries continues to fall, driven by significant declines in Colombia. Global demand for cocaine has also stabilized, although the decline in the United States is offset by alarming increases in some European countries. Secondly, the production and consumption of ATS has levelled off, with a clear downward trend in North America and, to a lesser degree, Europe. Thirdly, the health warnings on higher potency cannabis, delivered in past *World Drug Reports*, appear to be getting through. For the first time in years, we do not see an upward trend in the global production and consumption of cannabis. Fourthly, opium production, while significant, is now highly concentrated in Afghanistan's southern provinces. Indeed, the Helmand province is on the verge of becoming the world's biggest drug supplier, with the dubious distinction of cultivating more drugs than entire countries such as Myanmar, Morocco or even Colombia. Curing Helmand of its drug and insurgency cancer will rid the world of the most dangerous source of its most dangerous narcotic, and go a long way to bringing security to the region.

Another source of good news is that drug law enforcement has improved: almost half of all cocaine produced is now being intercepted (up from 24% in 1999) and more than a quarter of all heroin (against 15% in 1999).

These positive developments are not attributable to a single specific factor: drug trends respond to long-term policy and to changes in society at large, not to individual causes. Yet chronologically there is a clear correlation between UN-led drug control efforts and the current recession in the drug economy. In other words, the world seems to be taking seriously the commitment made at a UN General Assembly Special Session in 1998 to take enhanced action to reduce both the illicit supply of, and the demand for drugs by 2008.

The situation, while stable, is fragile and could be undone by any number of factors. More importantly, since there are still 25 million problem drug users in the world, there is plenty of room for improvement.

*Supply:* Southeast Asia is closing a tragic chapter that has blighted the Golden Triangle for decades - the region is now almost opium free. Yet it is not free of poverty and therefore farmers remain vulnerable to the temptations of illicit incomes. Much more assistance - for alternative crops and also for viable income substitution - is needed to ensure that drug-free development is sustained in the greater Mekong basin. The same logic applies in Afghanistan and the Andean countries. Rewarding licit rural activity and promoting development will encourage farmers to voluntarily give up their illicit crops in a way that will offer them brighter, and longer-lasting prospects than forced eradication.

The general political context also shapes drug supply. Drug cultivation thrives on instability, corruption and poor governance. The world's biggest drug producing centres are in regions beyond the control of the central government, like South Afghanistan, South-West Colombia and East Myanmar. Until government control, democracy and the rule of law are restored, these regions will remain nests of insurgency and drug production - and represent the biggest challenge to containment.

*Trafficking:* Organized crime seeks the path of least resistance. Many trafficking routes traverse zones of instability, and where corruption negates interdiction. The challenge is to block these routes by increasing law enforcement, stopping the diversion of precursor chemicals, improving the integrity of the judicial system, and - not least -- fighting corruption among officials at borders and in local administrations. Otherwise, as in parts of Central America, the Caribbean and the Balkans, countries will be caught in the crossfire of drug-related crime. As this *Report* shows, there are warning signs that Africa is also under attack, targeted by cocaine traffickers from the West (Colombia) and heroin smugglers in the East (Afghanistan). This threat needs to be addressed quickly to stamp out drug-related crime, money-laundering and corruption, and to prevent the spread of drug use that could cause havoc across a continent already plagued by other tragedies.

All over the world, regional cooperation is essential. In 2007, UNODC looks forward to the opening of regional counter-narcotic information-sharing centres in Central Asia and the Gulf. The time is ripe to consider the creation of a similar mechanism to facilitate drug-related intelligence cooperation in South East Asia.

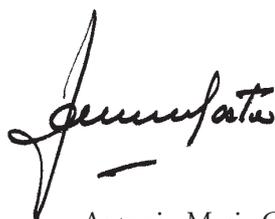
Seizing cannabis and ATS is more difficult because of short supply routes. In many cases, these drugs are produced and consumed in the same country, even the same town, making them available, affordable, and in some cases publicly acceptable. That suggests that for these, as for other types of controlled substances, the greatest challenge is to raise awareness about the damage to health and reduce demand.

*Demand:* To move beyond containment and to reduce the risk of drugs to public health and public security, more attention must be paid to drug prevention and treatment. While much of this *2007 Report* looks at world drug trends in terms of cultivation, production, seizures and prices, these are just the symptoms. If the drug problem is to be reduced in the longer term, there must be more intervention at the level of consumption, to treat the problem at its source - the drug users.

Drug addiction is an illness that can be prevented and treated. Early detection, greater prevention efforts, better treatment of addiction, and integration of drug treatment into public health and social services programs, can free people from the nightmare of addiction. Treating those who suffer from drugs is an investment in the health of our nations as much as treating HIV, diabetes or TB.

Also, because drugs are a health problem that tends to turn into a social problem, their abuse must be addressed by all of society. As parents, teachers, co-workers and good citizens we must help people take control of their lives, rather than have them controlled by drugs.

Looking forward, while containment of the drug problem seems to be a reality, further changes are needed to create a paradigm shift. This is a shared responsibility: *internationally* - between producing and consuming states; *regionally* - among neighbouring countries; and *nationally* - among all sectors of society. Let us each assume our share of that responsibility, in order to improve both public health and public security across the world.



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