

Executive Summary

Chapter 1: Trends in World Drug Markets

Evolution of the world drug problem

The *World Drug Report* tries to provide a comprehensive and up-to-date picture of the world drug situation. This is essential to assess the performance of drug control interventions and to guide policy-making. While data in this report is, in many cases, provided for at least the last ten years, its analysis emphasizes the most recent and most topical developments. Monitoring current developments is essential, however, it is also important to take a longer-term view to assess the performance of the multilateral drug control system.

International drug control is one of the oldest forms of multilateralism, older than the United Nations and even predating its predecessor body, the League of Nations. While the use of psychoactive plants has been with us for a long time, it was at the beginning of the 20th century when a series of national or local drug problems turned into an international problem. The International Opium Commission was convened in Shanghai, China, in 1909 and spawned the first instrument of international law to deal with psychoactive substances: the Hague Opium Convention of 1912.

From these origins began a process that has evolved into the multilateral drug control system. The scope of control over drugs has broadened and deepened over the years, from opium to cocaine to cannabis to psychotropic substances, and from the regulation of production and trade of medical drugs to the goal of international cooperation against the multi-faceted problems associated with illicit drugs. The legal framework for this whole multilateral control system is now provided by three international drug conventions (1961, 1971 and 1988) which enjoy quasi-universal adherence.

Evidence of long-term containment

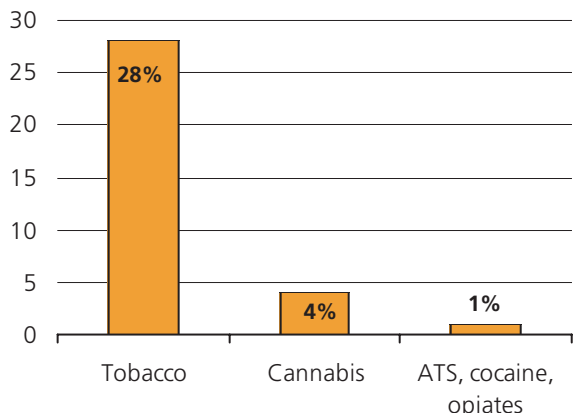
With regard to the performance of that multilateral system, there is evidence that, over the last hundred years, it has reduced and contained the drug problem at the global level. While tracking a trend over a century is difficult because there are few facts, some baselines can be found. The best is for the opium problem, because it was investigated at the Shanghai Commission in 1909.

Shortly before the Shanghai Commission was convened, world opium production was estimated to have been at least 30,000 metric tons. Nearly a hundred years later, world opium production is down to about 5,000 metric tons, which includes some 400 metric tons of licit medical opium and 4,620 metric tons of illicit opium. The world's population has grown from about 1.65 billion in 1900 to 6.4 billion. Opium production is thus 80 percent less in a world that is more than three times larger.

In China, which had, at the time, a population of about 450 million, there were close to 25 million opium users. Today, the estimated number of opiate users in Asia is some 8.5 million. There are of course, many other drugs today. But the trend is still a powerful illustration of the containment of illicit drug production over a century.

The picture is more bleak for licit psychoactive substances. Tobacco, a particularly addictive substance, is a case in point. About 28 per cent of the world's adult population is estimated to use tobacco, which exceeds, by far, the number of people using illicit drugs (4 per cent for cannabis and 1 per cent for ATS, cocaine and opiates combined).

Use of illicit drugs compared to use of tobacco (in % of world population age 15-64)



Sources: Drug estimates: UNODC, study estimates based on Annual Reports Questionnaire Data and Government Reports; tobacco estimates: derived from WHO, World Health Statistics 2006.

The multilateral drug control system has, in fact, contained the problem to 5 per cent of the world population (age 15-64). This is an achievement that should not be underrated and provides a useful perspective when analysing more recent developments.

Of these 5 per cent of the population (age 15-64), who use illicit drugs at least once a year (annual prevalence),

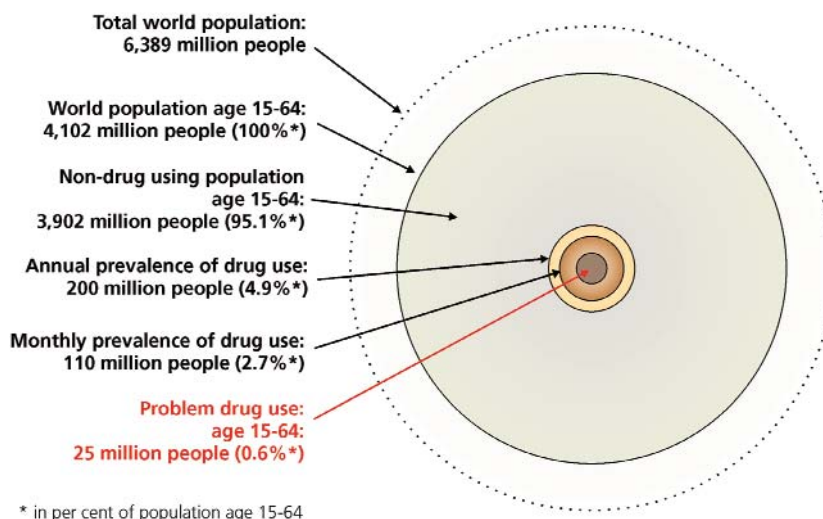
only about half of them (2.7 per cent of the population age 15-64) use drugs regularly, that is, at least once per month. The number of what are commonly understood to be drug addicts or problem drug users is some 25 million persons worldwide, equivalent to 0.6 per cent of the population age 15-64. This estimate does not seem to have changed much in recent years at the global level as increases in some countries were offset by declines in others.

Encouraging signs of mid-term containment

A review of the problem over the more recent past also brings to light some positive developments. Throughout the 1990s, the global area under coca cultivation was around 200,000 hectares. Since 2000, there has been a reduction by more than a quarter. Last year global opium poppy cultivation was also 36 per cent below the levels recorded in 1998 (237,819 hectares) and 46 per cent lower than in 1991 (281,560 hectares), despite the resurgence of opium poppy production in Afghanistan over the past years.

Even with drug abuse, where data is often not available or comparable, there have been some positive trends. At the global level, use of ATS, cocaine and opiates has remained largely stable for the past three years. So, while the number of drug users is still unacceptably high, there is hope that the use of at least some illicit drugs can be contained.

Illegal drug use at the global level (2004)



Current world situation: Further signs of stabilization, except for cannabis

The extent of **drug use** is one important indicator of the magnitude of the global drug problem. UNODC establishes annual prevalence estimates based on data provided by Governments in their annual reports questionnaire.

The total number of drug users in the world is now estimated at some 200 million people, equivalent to about 5 per cent of the global population age 15-64. Cannabis remains by far the most widely used drug (some 162 million people), followed by amphetamine-type stimulants (some 35 million people), which include amphetamines (used by 25 million people) and ecstasy (almost 10 million people). The number of opiate abusers is estimated at some 16 million people, of which 11 million are heroin abusers. Some 13 million people are cocaine users.

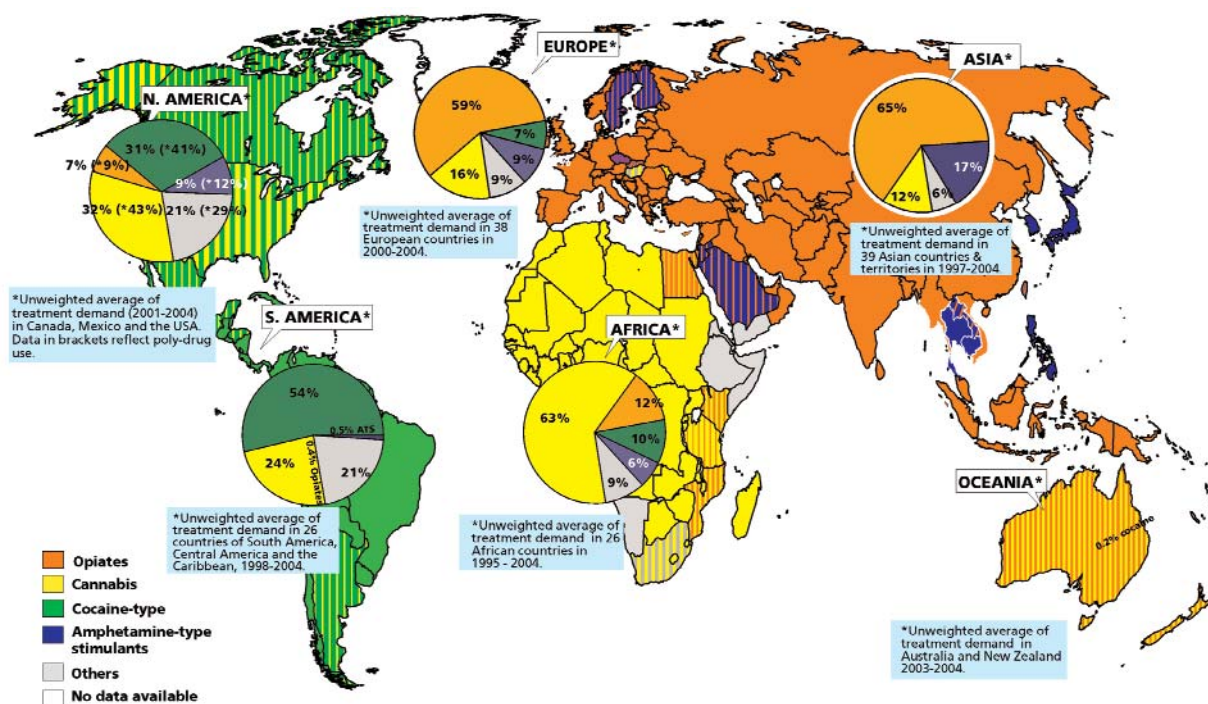
The paucity of the data on which the annual prevalence estimates are based does not allow for the identification of clear global trends in the short term. As an imperfect complement, UNODC relies on the perception of the trends in their countries by national experts. A global analysis of these perceptions suggest that the strongest increase over the last decade was for cannabis use and

ATS, and at lower levels for opiates and cocaine. After some stabilization in 2003, ATS drug use was perceived as having increased again, reflecting the prevailing view in East and South-East Asia that methamphetamine use has started rising again.

Opiate abuse trends flattened in recent years. However, by 2004, opiate abuse perceptions again went upwards, as many countries around Afghanistan experienced a renewed supply-push following Afghanistan's good opium harvests of 2003 and 2004. In other parts of the world, including North America and Western Europe, abuse levels remained constant for opiates. After years of increases, cocaine use is perceived as declining slightly, notably in the Americas. In Europe, by contrast, cocaine use continues to expand.

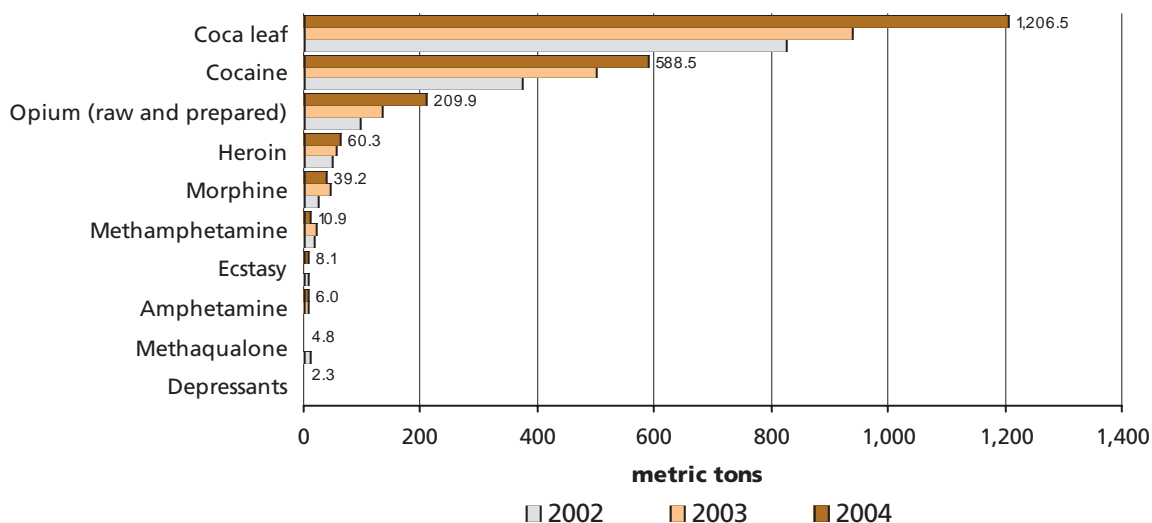
Treatment demand provides some insight into the world drug problem, in terms of the impact of drugs on health. In Africa, most treatment is required for cannabis use whereas for Asia and Europe treatment demand is highest for opiates. Treatment demand for cocaine use is highest in South America, followed by North America. For abuse of ATS, treatment demand is highest in Asia, followed by Oceania, North America, Europe and Africa. The level of treatment demand tends to mirror the abuse situation, with cannabis being the big exception. Only a relatively small proportion of the

Main problem drugs (as reflected in treatment demand) in 2004 (or latest year available)



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

Global drug seizures, excluding cannabis (in weight equivalents), 2002-2004



Source: UNODC, Annual Reports Questionnaire Data / DELTA.

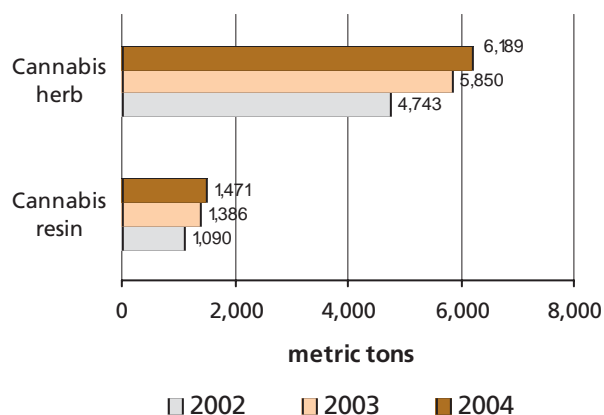
millions of cannabis users require treatment services. It should be noted, however, that treatment demand for cannabis has continuously increased over the past years, particularly in Europe and North America. Treatment demand for heroin abuse has shown an upward trend in Africa, notably East Africa. Treatment demand for ATS has been rising in North America, Asia and Europe and treatment demand for cocaine has moved upwards in Europe.

Governments have collected information on **drug seizures** since the time of the League of Nations. If seizure data are collected by a large number of countries over a longer period of time, they are usually a good indicator of underlying changes in illicit drug trafficking patterns.

Existing data show a continuous increase in the level of world seizures, with increases for both cannabis herb and cannabis resin (+6 per cent), opiates (+ 9 per cent), and cocaine (+18 per cent) in 2004. Seizures of amphetamines declined by 25 per cent in 2004 whereas ecstasy seizures increased significantly, albeit from a much lower level. The reasons for the increases in the different drug groups are manifold but most increases can be explained by a combination of wider availability of the drug and strengthened law enforcement efforts. This is particularly true for cocaine seizures where efforts of law enforcement authorities on rapid intelligence sharing

appear to have paid off. The decline of seizures of amphetamines should be seen in a larger perspective. For the past ten years, seizures in this drug category have increased on average by 12 per cent per year.

Global cannabis seizures (in weight equivalents), 2002-2004



Source: UNODC, Annual Reports Questionnaire Data / DELTA.

Opium/heroin market

Several positive developments were observed: the total area under opium poppy cultivation declined in 2005, as did global opium production. Global seizures of opiates (heroin, morphine and opium) increased, particularly in South-East Europe, and global abuse of opiates appears to be stable.

Decline in global opium poppy cultivation

In 2005, the estimated area under illicit opium poppy cultivation in the world decreased by 22 per cent (from 195,940 hectares to 151,500 hectares) due to lower cultivation in the three main source countries of illicit opium in the world: Afghanistan, Myanmar and Lao People's Democratic Republic (Lao PDR). Global opium production was estimated at 4,620 metric tons of which 4,100 metric tons (89 per cent) were produced in Afghanistan.

Afghanistan: first fall in opium poppy cultivation since 2001

In Afghanistan, in 2005, opium poppy cultivation decreased for the first time since 2001. The area under opium poppy cultivation decreased by 21 per cent from about 131,000 hectares in 2004 to 104,000 hectares in

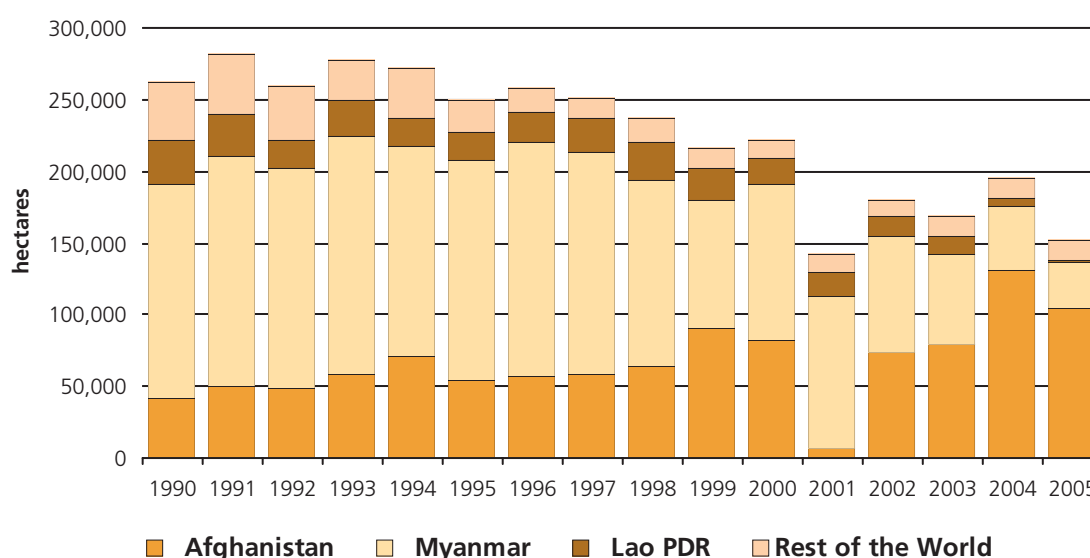
2005. The national trend, however, masked considerable provincial differences. While sharp declines could be seen in some provinces (e.g. Nangarhar, from 28,213 hectares to 1,093 hectares), cultivation increased in others (e.g. Kandahar, from 4,959 hectares to 12,989 hectares).

Early indications are, however, that planting of opium poppy increased during 2006, particularly in the southern provinces.

An overlooked success story: South-East Asia

Sustained progress has been made by the Governments of Myanmar and Lao PDR in addressing illicit opium poppy cultivation. In 2005, Myanmar achieved a further reduction of the total area under cultivation, by 26 per cent to 32,800 hectares. In Lao PDR, cultivation dropped by an impressive 72 per cent, to 1,800 hectares. With an estimated opium production of only 14 metric tons, the country is on the verge of becoming opium poppy free. Since 1998, the year of the General Assembly Special Session on the World Drug Problem, opium poppy cultivation in these two South-East Asian countries has been reduced by 78 per cent.

Global opium poppy cultivation, 1990-2005



Golden Triangle area under cultivation (in hectares)

	1998	2005
Myanmar	130,300	32,800
Lao PDR	26,837	1,800
Thailand	716	insignificant
Viet Nam	442	insignificant
Total	158,295	34,600

Sustaining these remarkable achievements may, however, largely depend on the availability of socio-economic alternatives for the farmers who have given up a traditional source of their livelihood. This makes the provision of development assistance to these communities both a humanitarian and a strategic necessity.

Significant reductions in Latin America

In the Americas, opium poppy continues to be cultivated for use in the illicit markets in North America. Estimates by the Government of Colombia put the area under opium poppy cultivation at about 2,000 hectares, a reduction of 50 per cent compared to the 4,000 hectares recorded in 2004. The Government of Mexico did not provide any cultivation data to UNODC at the time of producing the present report but the United States estimates that, in 2005, 3,300 hectares were devoted to opium poppy cultivation in Mexico, equivalent to a decline of 32 per cent since 2003. The situa-

tion as regards opium poppy cultivation in Peru is difficult to quantify as the UNODC supported national illicit crop monitoring system has not yet established a reliable methodology for the detection of opium poppy in that country. Colombia, Mexico and Peru all continue to eradicate opium poppy cultivation.

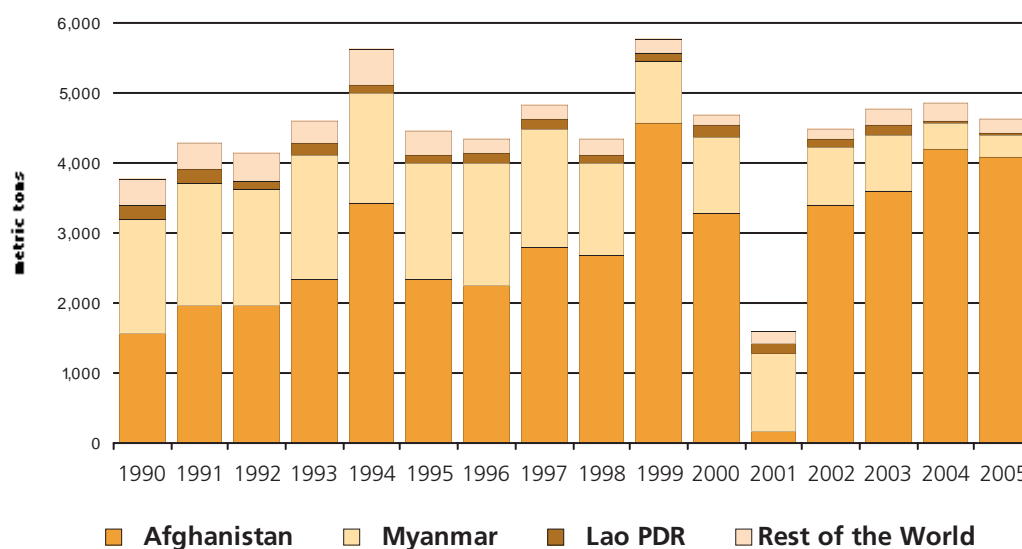
Global opium production declines by 5 per cent

Despite the 18 per cent decrease in the area under opium poppy cultivation, global opium production decreased by only 5 per cent, to 4,620 metric tons in 2005. In Afghanistan, potential opium production was estimated at around 4,100 metric tons, representing a 2 per cent decrease compared to 2004. The clear discrepancy between the large reduction in cultivation and the relatively small reduction in production was primarily due to more favourable weather conditions during the 2005 growing season in Afghanistan. In 2005, Afghanistan was therefore the source of 89 per cent of global opium production, followed by Myanmar (7 per cent).

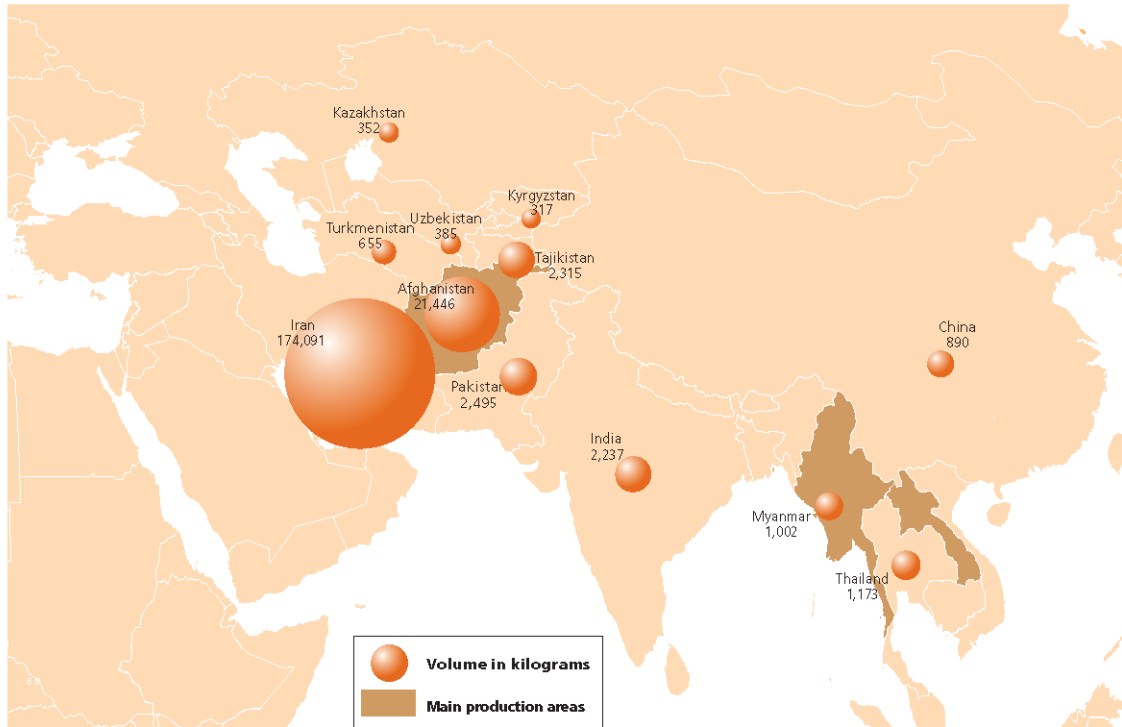
Opiates are trafficked along three main trafficking routes

While it is extremely difficult to measure actual drug trafficking flows, seizures provide a useful indicator. Thus, three major trafficking routes for opiates (heroin, morphine and opium) can be identified:

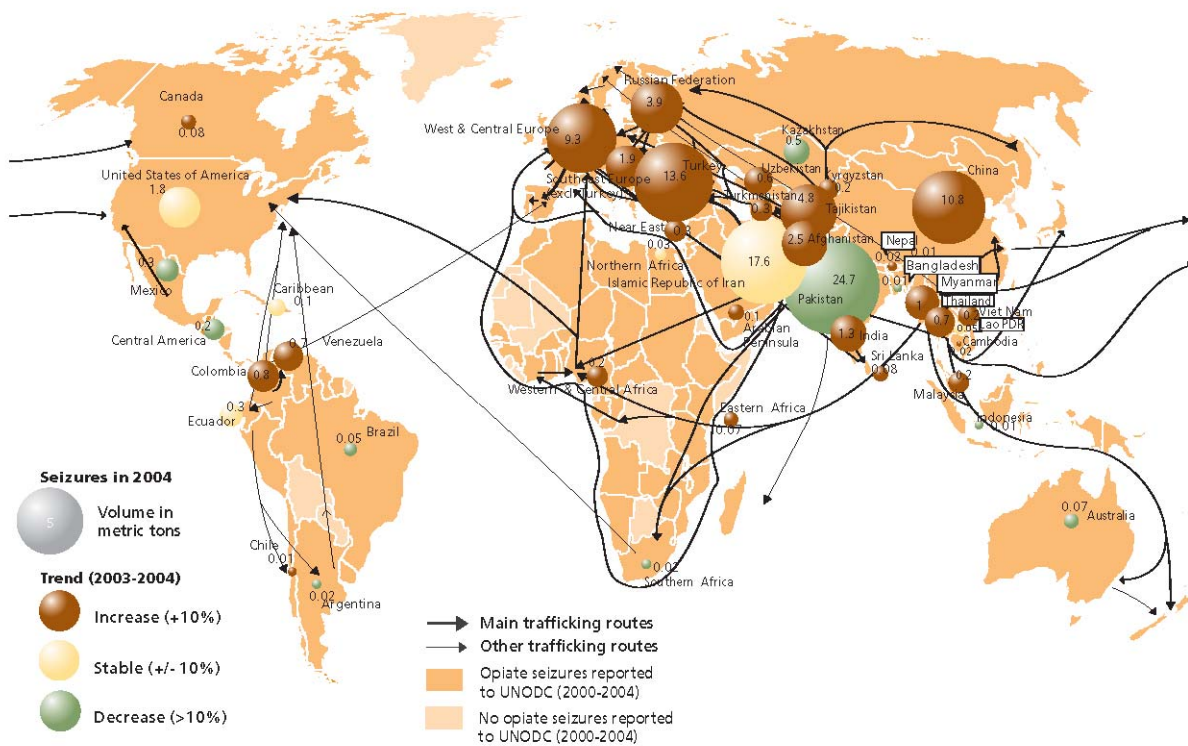
- from Afghanistan to neighbouring countries, the Middle East and Europe;

Estimated global opium production, 1990-2005

Seizures of opium in Asia in 2004 (only highest ranking countries represented)



Heroin and morphine seizures 2003-2004: extent and trends (only highest ranking countries represented)



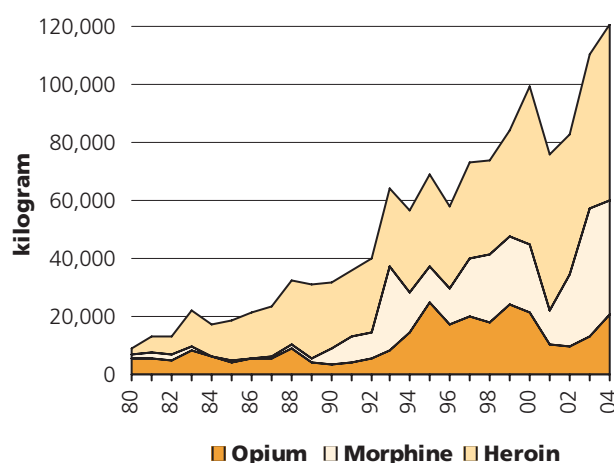
- from Myanmar/Lao PDR to neighbouring countries in South-East Asia, (notably China) and to Oceania (mainly Australia);
- from Latin America (Mexico, Colombia and Peru) to North America (notably USA)

The proportion of opiate seizures, expressed in heroin equivalents, along the Afghanistan–Europe trafficking route increased from 78 per cent to 85 per cent between 2002 and 2004, reflecting rising levels of opium production in Afghanistan and rising levels of opiate trafficking from that country. The volume of opiate seizures along the other two main routes showed a downward trend (from 7 per cent to 4 per cent in the Americas, and from 15 to 11 per cent for the South-East Asia/Oceania route).

Global seizures of opiates increase, by 9 percent, to 120 metric tons

Global seizures of opiates reached 120 metric tons in 2004 (+ 9 per cent compared to 2003). Increases were particularly strong in South-East Europe (+109 per cent) reflecting the resumption of large-scale trafficking along the Balkan route. Highest seizures were reported by Iran, followed by Pakistan and China. The largest heroin seizures were reported from China (10.8 metric tons). The estimated global interception rate for opiates was 24 per cent of global production, a clear increase from the 10 per cent recorded 10 years earlier.

Global opiate seizures, expressed in heroin equivalents, by substance, 1980-2004



Source: UNODC, Annual Reports questionnaire Data/DELTA.

Changes in opium production centres affect trafficking patterns in Afghanistan

The shift in opium production centres in Afghanistan affected the way opium and heroin was trafficked to neighbouring countries in 2005. Decreasing opium production in north-eastern Afghanistan reduced the level of trafficking to countries in Central Asia. Declining opium production in eastern Afghanistan also reduced the amounts of opiates trafficked towards Pakistan. On the other hand, opiate trafficking towards the Islamic Republic of Iran continued to increase (close to 60 per cent, up from 40 per cent of the opiates leaving Afghanistan in 2004). Ongoing production increases of opium in southern Afghanistan in 2006 are likely to put an additional burden on to law enforcement authorities of Iran in their efforts to prevent the trafficking of Afghan opiates to their country.

Increases in opiate seizures in South-East Europe

Europe's opiate seizure rose by 49 per cent in 2004 and reached almost 29 metric tons (in heroin equivalents), the highest such figure ever recorded. The increase in European seizures was primarily due to the doubling of opiate seizures in South-East Europe where more than 15 metric tons were seized, exceeding the total seizures made in West & Central Europe and Eastern Europe.

Turkey reported, once again, most opiate seizures in Europe, a position the country has held without interruption since 1987. The second largest opiate seizures in Europe, for the second year in a row, were reported by the Russian Federation (4 metric tons or 14 per cent of European opiate seizures). The largest seizures among West European countries were made in the United Kingdom, Italy, Netherlands, Germany and France. The United Kingdom is Europe's main opiate market and a final destination country.

Opiate seizures rise by 60 per cent in Africa

Opiate seizures in Africa also showed a strong increase in 2004 (+60 per cent). The bulk of this increase is due to seizures made in West and Central Africa which more than doubled between 2003 and 2004. Heroin is trafficked through African countries for markets in Europe and, to a lesser extent, North America. Sources of the opiates are both countries in South-West Asia and South-East Asia. The overall amounts of opiates seized in Africa are, however, still very modest (0.3 per cent of global opiate seizures), but may not properly reflect the actual level of trafficking flows as many countries lack adequate law enforcement capabilities.

Global abuse of opiates appears to be stable

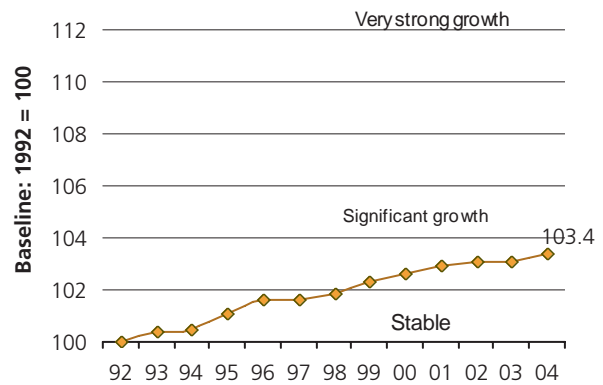
Almost 16 million people in the world, or 0.4 per cent of the world's population aged between 15 and 64 years, are abusers of opiates. The prevalence estimate is similar compared to the one published in the 2005 *World Drug Report*.

More than half of the world's opiate abusing population lives in Asia and the highest levels of opiate abuse are along the main drug trafficking routes originating from Afghanistan.

At the global level, of the world's 16 million opiates abusers, some 70 per cent (11 million) are abusers of heroin. However, the proportions vary by region. In Africa, all opiates abusers reportedly abuse heroin. In Asia, around 64 per cent of opiate users abuse heroin as use of opium is still widespread.

Along with increasing opiate production in Afghanistan, some neighbouring countries of Afghanistan and opiate transit countries in Eastern Africa as well as some of the countries along the Balkan route in South-East Europe reported rising levels of opiate abuse in 2004. These increases were, however, again largely offset by falling levels of opiate abuse reported from countries in East and South-East Asia

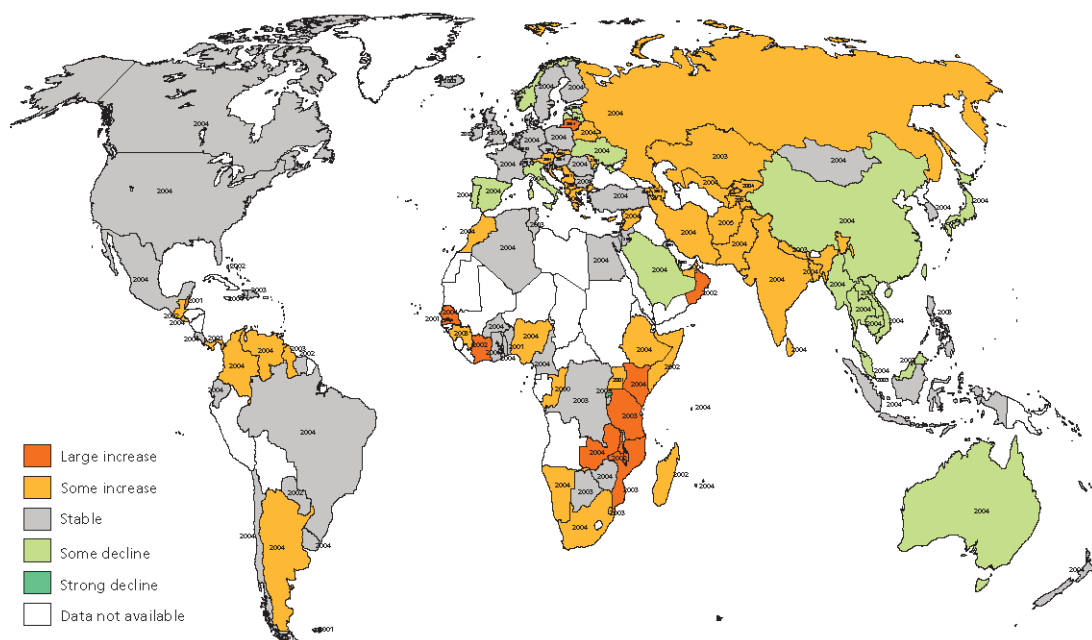
Twelve-year drug use trend, as perceived by experts: opiates



Sources: UNODC, Annual Reports Questionnaire Data, Government reports, UNODC Field Offices, UNODC's Drug Abuse Information Network for Asia and the Pacific (DAINAP), EMCDDA, HONLEA reports and local studies.

and Oceania, reflecting ongoing declines of opiate production in the Golden Triangle (notably in Myanmar and Lao PDR). Trends in North America and in most of Western Europe were largely stable. The net result was a small increase in expert perception of the global use of drugs.

Changes in abuse of heroin and other opiates, 2004 (or latest year available)



Sources: UNODC, Annual Reports Questionnaire Data, Government reports, UNODC Field Offices, UNODC's Drug Abuse Information Network for Asia and the Pacific (DAINAP), EMCDDA, HONLEA reports and local studies.

Coca/Cocaine market

Some encouraging trends were noted on the coca/cocaine market. The area under coca cultivation remained essentially stable and well below levels recorded in 2000. Global production of cocaine stayed largely at the same level and seizures of cocaine rose to new highs. Global cocaine use declined slightly.

Global cultivation of coca remains stable in 2005

Preliminary figures suggest that the total area under coca cultivation remained stable in 2005. Thus the area under coca cultivation (159,600 hectares) was 28 per cent below the peak levels recorded in 2000 (221,300 hectares). Most coca continues to be cultivated in Colombia (54 per cent), followed by Peru (30 per cent) and Bolivia (16 per cent).

After four consecutive years of decline, over which coca cultivation decreased in Colombia, the total area under coca cultivation in that country increased by 8 per cent to 86,000 hectares. The increase came about despite sustained eradication efforts of the Government of Colombia. Some coca is cultivated in national parks which causes environmental damage, primarily deforestation. Nonetheless, the area under coca cultivation in Colombia is still 47 per cent less than in 2000.

Coca cultivation declined in Bolivia (-8 per cent) and in Peru (-4 per cent) in 2005. However, the areas under coca cultivation are 74 per cent higher in Bolivia and 11 per cent in Peru as compared to the levels in 2000.

Estimated production of cocaine stays largely at the same level

The potential production of cocaine reached 910 metric tons in 2005. Potential cocaine production in Peru amounted to 180 metric tons in 2005 and to 90 metric tons in Bolivia. The overall level of cocaine production remained essentially stable in 2005 and is practically unchanged from the levels of a decade ago.

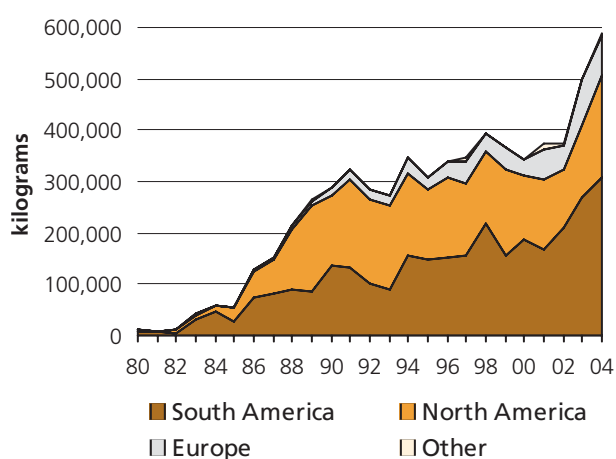
Global cocaine seizures rose to another record high in 2004

There are two main trafficking routes for cocaine:

- from the Andean region, notably Colombia, to the United States (often via Mexico), and
- from the Andean region to Europe (via the Caribbean and, increasingly, via Africa).

Cocaine seizures increased to 588 metric tons in 2004, an 18 per cent increase and the highest figure ever recorded. This followed an increase in global cocaine seizures of 34 per cent in 2003. The increase has been – to a large extent – the result of better cooperation among law enforcement services and improved sharing of intelligence information. Indications are that this trend continued in 2005 and will probably continue in 2006.

Global cocaine seizures, regional breakdown, 1980-2004

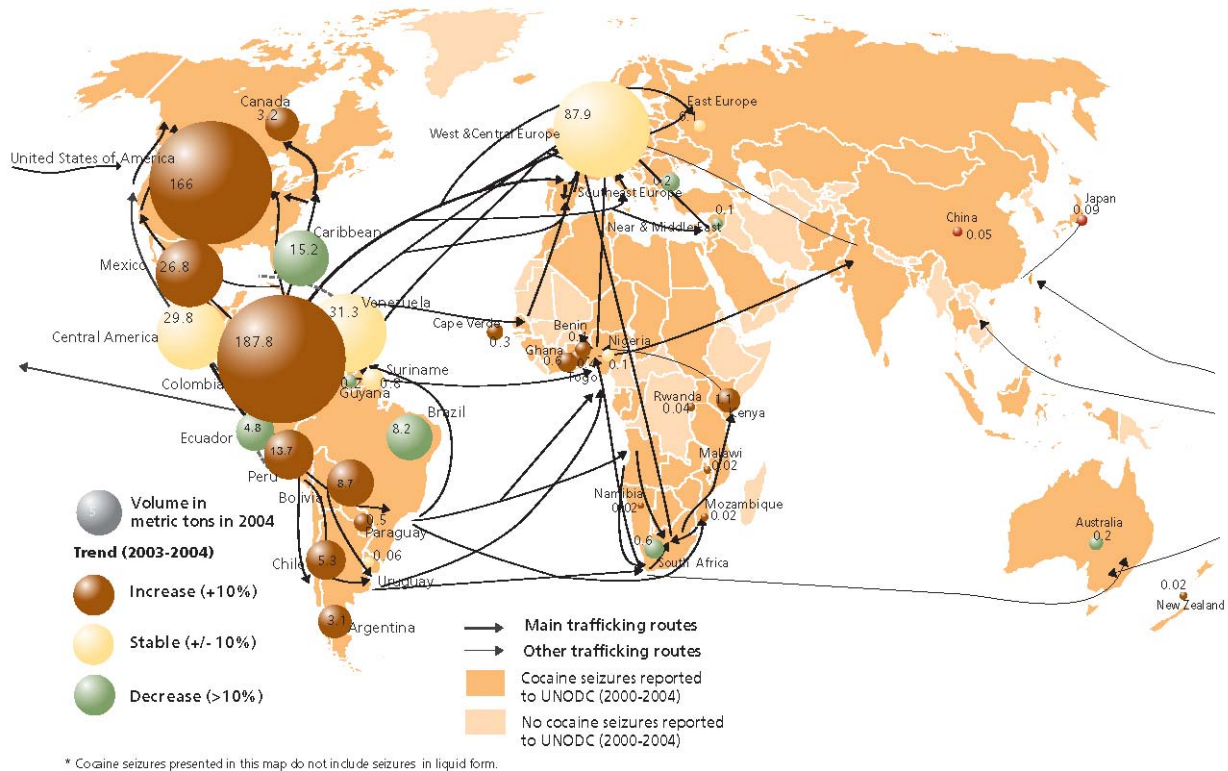


Source: UNODC, Annual Reports questionnaire Data/DELTA.

Coca cultivation in the Andean region, 1998-2005 (hectares)

	1998	1999	2000	2001	2002	2003	2004	2005
Bolivia	38,000	21,800	14,600	19,900	21,600	23,600	27,700	25,400
Peru	51,000	38,700	43,400	46,200	46,700	44,200	50,300	48,200
Colombia	101,800	160,100	163,300	144,800	102,000	86,000	80,000	86,000
Total	190,800	220,600	221,300	210,900	170,300	153,800	158,000	159,600

Cocaine seizures in 2004 (only highest ranking countries represented)



Colombia seizes the most cocaine

For the third year in a row, Colombia seized most cocaine in the world (almost 188 metric tons), 32 per cent of the world total and an increase of 29 per cent compared to 2003. The second largest seizures were reported from the United States (166 metric tons, 28 per cent of the world total). In Ecuador, there has been a 9-fold increase in seizures (5 metric tons in 2004, 44 metric tons in 2005).

European cocaine seizures were close to 80 metric tons in 2004 and about 100 metric tons in 2005. Over the 1994-2004 period they increased by, on average, 10 per cent per year. Spain remains Europe's main entry point for cocaine. Large increases in cocaine seizures have also been reported from Portugal which has become another major gateway for cocaine destined for European markets. Portugal reported the third largest cocaine seizures among European countries in 2004, after Spain and the Netherlands.

One of the main cocaine trafficking routes to Europe continues to go via the Caribbean region. The Netherlands Antilles are of special importance in this regard. The Dutch authorities made more than 40 per cent of

their total seizures in the waters around the Netherlands Antilles in 2004. There are also important cocaine shipments to metropolitan France transiting the Caribbean region, including the French overseas departments in the Caribbean.

Cocaine seizures in West and Central Africa show six-fold increase

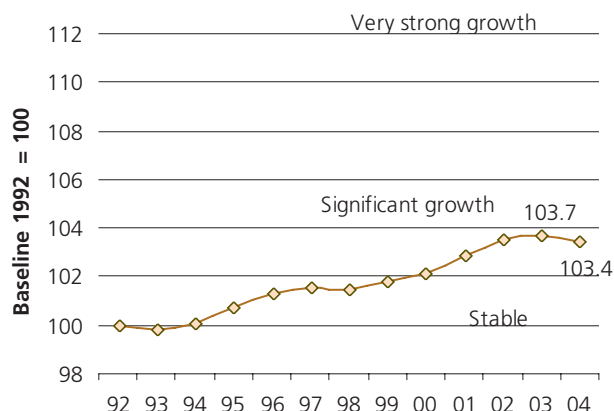
The rising importance of Africa, and notably of West Africa, as a transit point for cocaine shipments destined for European markets is becoming more evident. Seizures made in Africa increased more than three-fold in 2004 with seizures in West and Central Africa increasing more than six-fold. Most of this cocaine is destined for Spain and Portugal for onward shipment to other European countries. Largest seizures over the 2000-2004 period in Africa were made in Cape Verde, followed by South Africa, Kenya, Ghana and Nigeria. Despite this increase, African seizures still account for less than 1 per cent of global cocaine seizures but there are indications that only a very small proportion of cocaine transiting the African continent is actually seized. If it is sustained, this shift in trafficking patterns is likely to have an impact on abuse in Africa.

Overall level of cocaine use declines slightly

Cocaine use is estimated to affect 13.4 million people or 0.3 percent of the population age 15-64. Drug use perception trends show - for the first time in years- a moderate decline in 2004. Most cocaine continues to be used in the Americas, particularly North America, which accounts, with 6.5 million users, for almost half the global cocaine market. In the United States, recently released prevalence studies for high school students showed that, for both cocaine and crack cocaine, annual prevalence declined in 2005. Cocaine prevalence rates are some 20 per cent lower than in 1998. Declines in student surveys have been also reported from Canada and in studies conducted in a number of South American countries.

The opposite trend is observed in Europe, where cocaine use is still rising. The 3.5 million cocaine users in Europe account for 26 per cent of global cocaine use. Almost 25 per cent of the world's cocaine users are in West and Central Europe. Cocaine use in West and Central Europe (1.1 per cent of the population age 15-64) is still lower than in North America (2.3 per cent) but the trend in Europe is pointing upwards. Annual prevalence rates of more than 2 per cent have been reported from Spain and the United Kingdom.

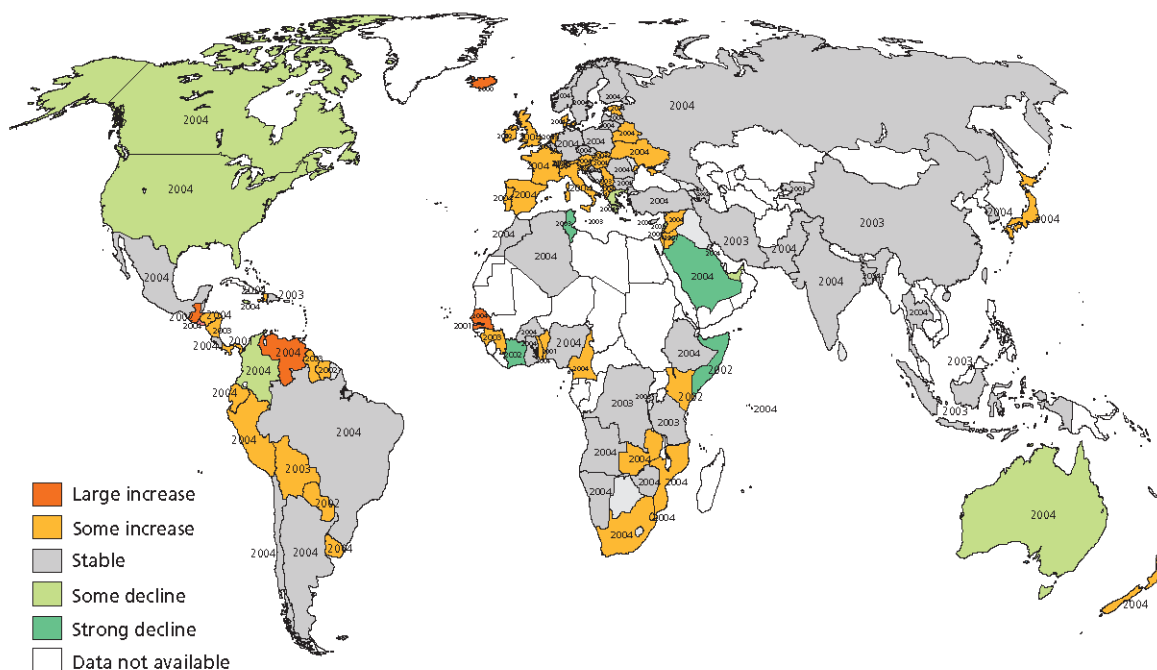
Twelve-year drug use trend, as perceived by experts: cocaine



Sources: UNODC, Annual Reports Questionnaire Data, Government reports, UNODC Field Offices, UNODC's Drug Abuse Information Network for Asia and the Pacific (DAINAP), EMCDDA, CICAD, HONLEA reports and local studies.

In Oceania, the level of cocaine use is 0.9 per cent of the population age 15-64 and was perceived as falling. Cocaine use in Africa showed an upward trend in 2004, partly reflecting the increased use of Africa as a trans-shipment location for trafficking of cocaine to Europe. Cocaine use in Asia is still very limited.

Changes in abuse of cocaine, 2004 (or latest year available)



Sources: UNODC, Annual Reports Questionnaire Data, Government reports, UNODC Field Offices, UNODC's Drug Abuse Information Network for Asia and the Pacific (DAINAP), EMCDDA, CICAD, HONLEA reports and local studies.

Amphetamine-Type Stimulants market

The group of amphetamine-type stimulants (ATS) encompasses amphetamines (amphetamine, methamphetamine), ecstasy (MDMA and related substances) and other synthetic stimulants (methcathinone, phenylpropylamine, fenetylline etc.).

Signs of stabilization

After years of massive increases in the 1990s, the markets for amphetamine type stimulants seem to be stabilizing, reflecting improved international law enforcement cooperation and improvements in precursor control. The quantities of precursors and the number of illicit laboratories seized increased, as enforcement efforts intensified, but end-product seizures declined and the number of ATS users remained roughly stable.

UNDOC's global production estimate for ATS is at 480 metric tons, slightly higher than a year earlier, but still lower than the estimate for 2000. The broad error margins for the 2004 estimate, however, do not allow for a statistically valid statement whether production has increased. Methamphetamine manufacture and trafficking has spread beyond the traditional markets of Asia and North America (e.g. to South Africa), though in Europe it is still limited.

An even stronger geographical spread has been observed with regard to ecstasy production and trafficking. While there seem to have been some declines in the 'traditional' manufacturing locations of Western Europe (notably the Netherlands), ecstasy production is spreading to other parts of the world, including North America, Oceania and South-East Asia. Amphetamine production continues to be concentrated in Europe, but some shifts from the traditional centre (Netherlands) towards the new EU member states and the EU candidate countries have been noticed.

Seizures of amphetamines fall sharply

In 2004, seizures of amphetamines declined to 21 metric tons (-26 per cent). Since 2000, they have declined by 53 per cent, mainly reflecting lower seizures in East & South-East Asia. The highest seizures of amphetamines were reported from the United States, followed by China, Belgium, Thailand and the United Kingdom.

Ecstasy seizures skyrocket

Global seizures of ecstasy passed the 8 metric ton mark in 2004, up from less than 5 metric tons in 2003. Most ecstasy continues to be manufactured in Europe which also accounts for the majority of seizures made of that substance (53 per cent). More than 20 per cent of all ecstasy seizures are made in North America, reflecting decisive action by enforcement authorities to counteract illicit trafficking. The highest seizures of ecstasy were reported from Canada, Belgium, Australia, Netherlands and the United Kingdom.

Use of methamphetamine increasing again in parts of Asia and southern Africa

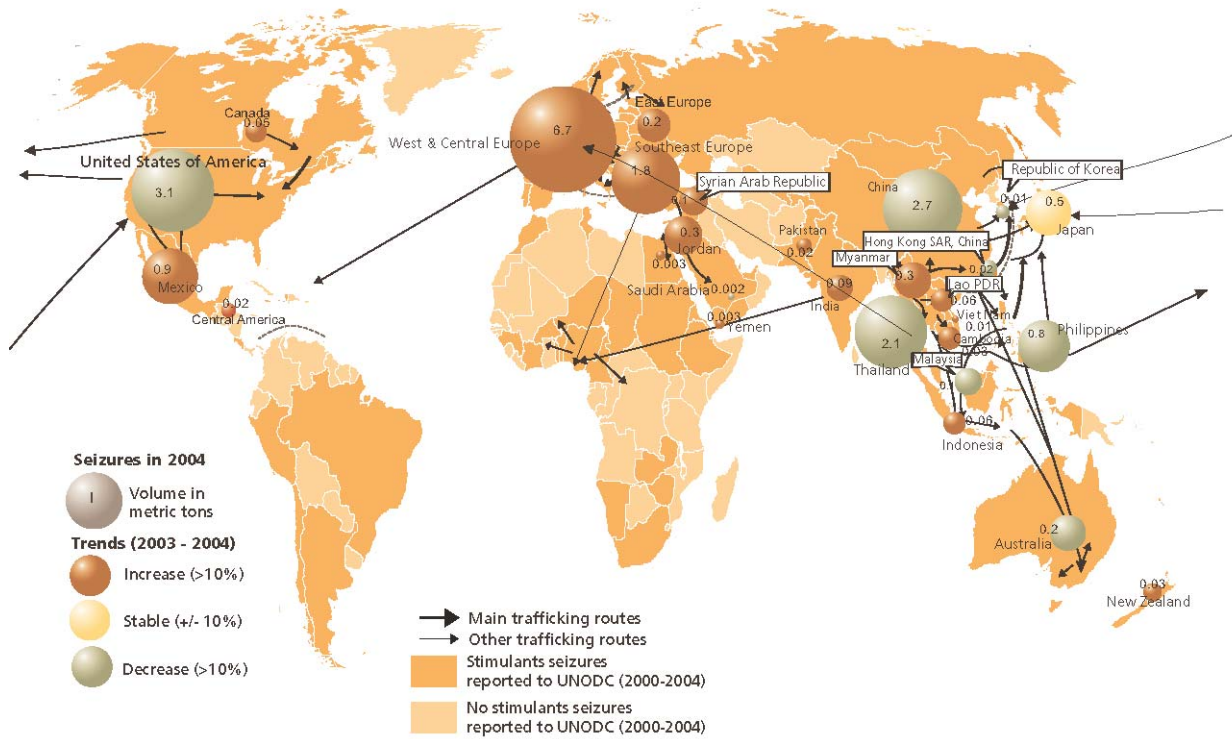
Some 25 million people used amphetamines in 2004, while some 10 million people used ecstasy. More than 60 per cent of the world's amphetamines users live in Asia while more than 50 per cent of the world's ecstasy users live in Western Europe and North America. Annual prevalence of amphetamines use is highest in Oceania, followed by North America and East and South-East Asia. In Europe, which is home to an estimated 2.7 million users of amphetamines, amphetamine use is far more widespread than the use of methamphetamine which is limited to the Czech Republic and some Baltic States.

Following some decline in 2003, use of methamphetamine was perceived to increase again in several parts of Asia. Exceptions were Japan and Thailand which reported a falling methamphetamine trend. Declining trends in the Asia/Pacific region were also observed in Australia. Strong increases in methamphetamine use were reported from South Africa, reflecting the emergence of local production.

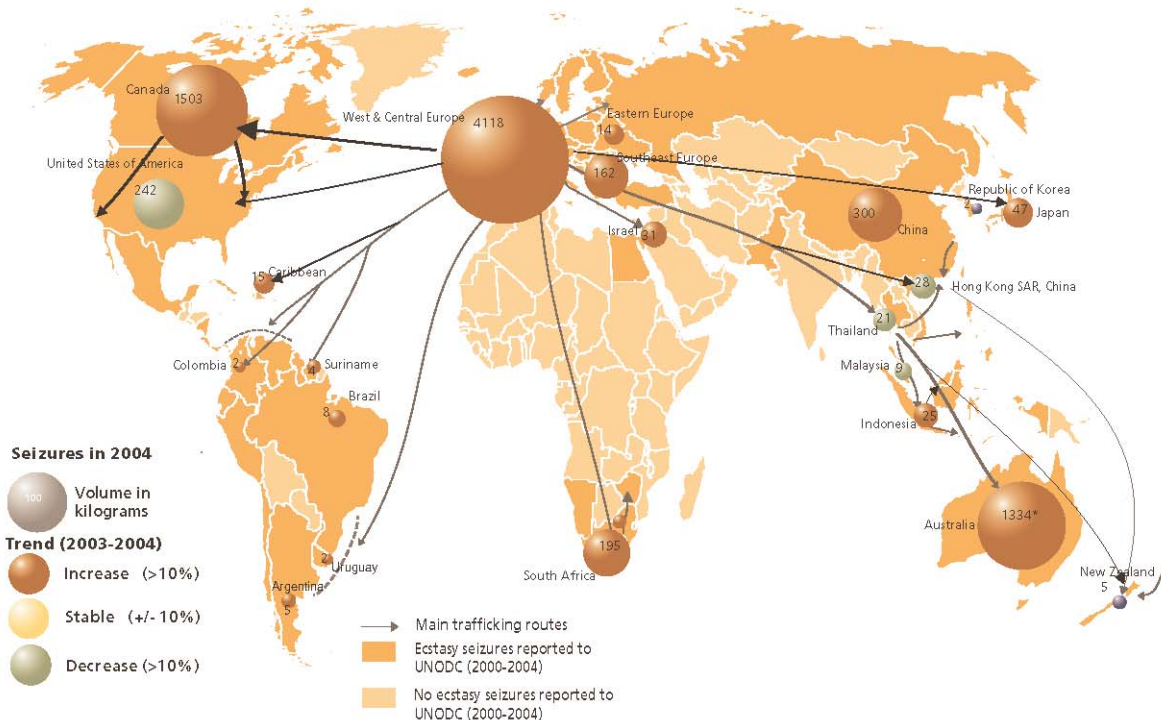
Mixed signals from North America and Europe

Trends for North America are stable to increasing. Methamphetamine use data for Mexico show an upward trend. In the United States, household survey data showed a stable level of methamphetamine use between 2003 and 2004 and surveys on adolescent use of methamphetamine have shown declining rates. However, treatment data continue to move clearly upwards, growing more strongly for methamphetamine than for any other substance.

Seizures of amphetamines (excluding 'ecstasy') in 2004 (only highest ranking countries represented)



Seizures of ecstasy in 2004 (only highest ranking countries represented)



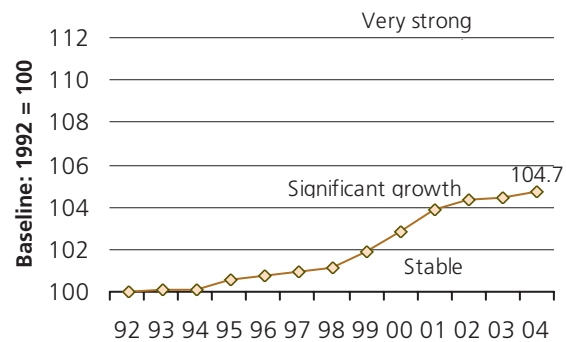
The European amphetamine market also provides a mixed picture. Amphetamine use was reported to have been stable in the United Kingdom, France and most Nordic countries and declining in Spain. Rising levels of use were reported from Germany, Italy and most central and East European countries.

The net result of all these trends was a small increase in the global drug use trend, as perceived by experts in 2004.

Global level of ecstasy use shows signs of stabilization following years of strong growth

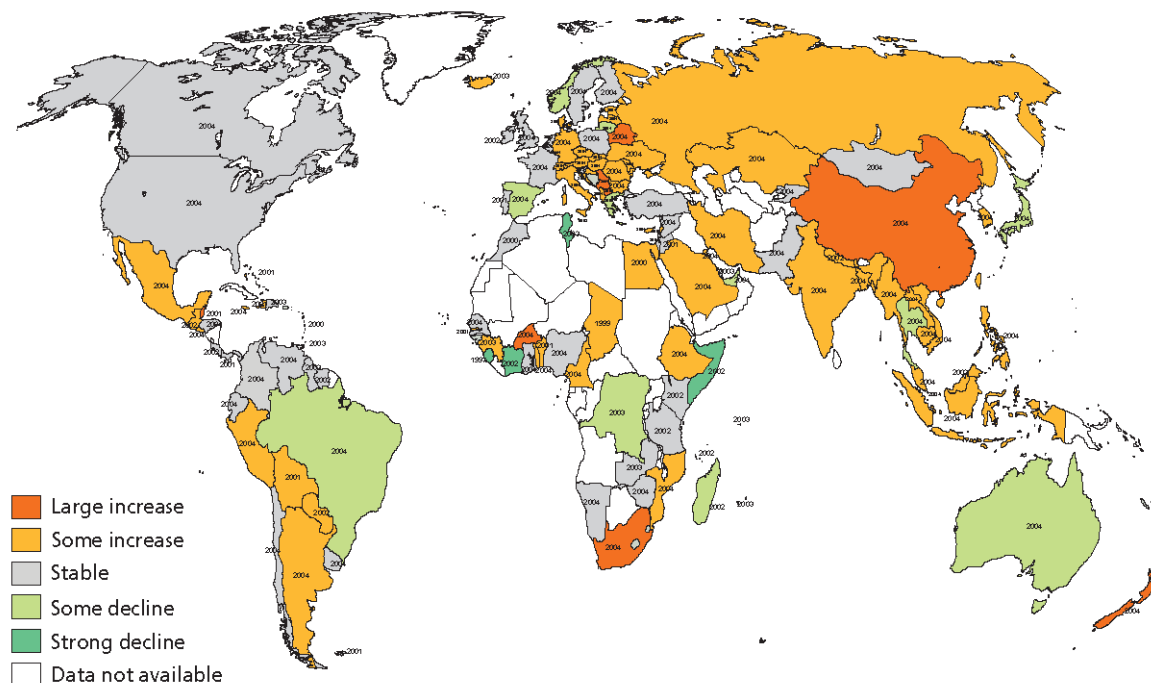
Use of ecstasy shows divergent trends. Massive declines in ecstasy use have been reported from countries in North America over the last few years, notably the United States, as reflected in student surveys. These surveys also show that availability has declined and that the perceived health risks have increased. The situation is different in Europe. Following years of increase, resulting in ever higher ecstasy prevalence data, exceeding those of amphetamine in a number of countries, ecstasy use has started to stabilize in several West European countries. In several South-East European countries, however, ecstasy use continues expanding. Increases have been also reported from countries in East & South-East Asia and Oceania.

Twelve-year drug use trend, as perceived by experts: amphetamine-type stimulants



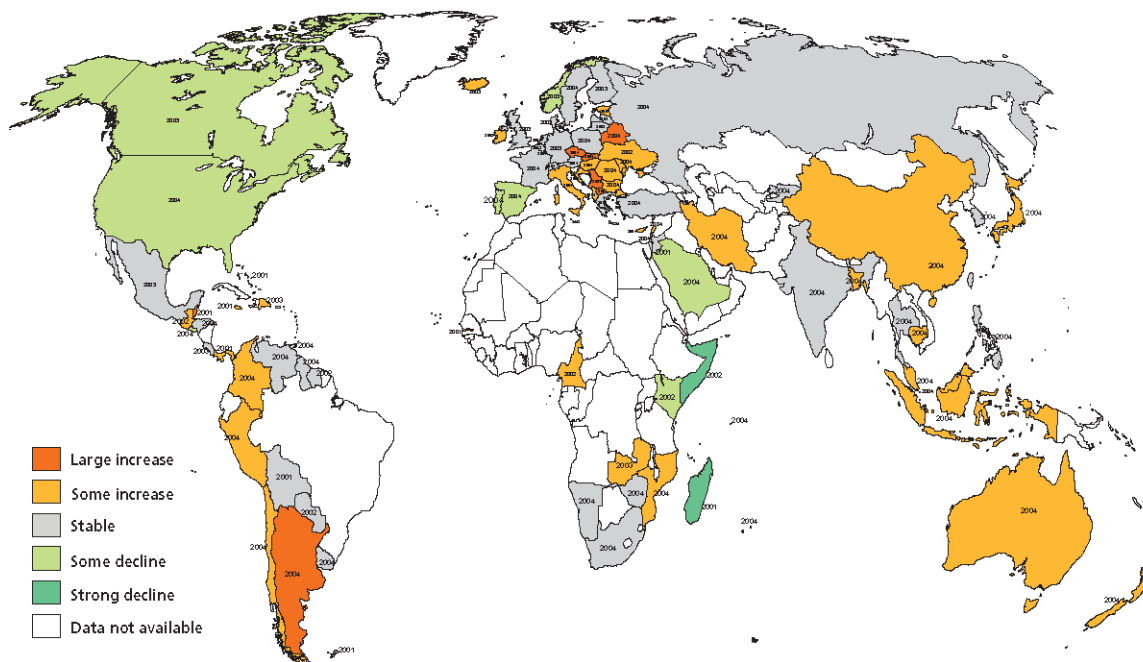
Sources: UNODC, Annual Reports Questionnaire Data, Government reports, UNODC Field Offices, UNODC's Drug Abuse Information Network for Asia and the Pacific (DAINAP), EMCDDA, CICAD, HONLEA reports and local studies.

Changes in the use of ATS (methamphetamine and amphetamine), 2004 (or latest year available)



Sources: UNODC, Annual Reports Questionnaire Data, Government reports, UNODC Field Offices, UNODC's Drug Abuse Information Network for Asia and the Pacific (DAINAP), EMCDDA, CICAD, HONLEA reports and local studies.

Changes in the use of Ecstasy (MDMA, MDA, MDEA), 2004 (or latest year available)



Sources: UNODC, Annual Reports Questionnaire Data, Government reports, UNODC Field Offices, UNODC's Drug Abuse Information Network for Asia and the Pacific (DAINAP), EMCDDA, CICAD, HONLEA reports and local studies.

Cannabis market

Two types of cannabis dominate world cannabis markets

Two types of cannabis are produced in the world drug market. Production of cannabis herb (*marijuana*) is widely dispersed. Cannabis resin (*hashish*) is produced in about 40 countries in the world, with main sources being Morocco, Afghanistan and Pakistan.

Sharp drop in cannabis production in Morocco

Cannabis resin from Morocco primarily supplies Europe, the world's largest market for that substance. In cooperation with UNODC, the Government of Morocco carries out cannabis cultivation surveys. The area under cannabis cultivation dropped sharply in 2005, from 120,500 hectares in 2004 to an area of 72,500 hectares in 2005. The reduced availability of cannabis resin will affect the cannabis resin market in Europe. Cannabis users in that region may increasingly

turn to herbal cannabis which has become more widely available in that region over the years. Cannabis resin production in Morocco declined from 3,070 metric tons in 2003 to 2,760 metric tons in 2004 and 1,070 metric tons in 2005, which is equivalent to a decline of 61 per cent in 2005.

Cannabis resin is also produced in Afghanistan, where the cultivated area could be 30,000 hectares, and Pakistan.

Increase in cannabis seizures

Cannabis herb and resin remain the most widely trafficked drugs worldwide, accounting for the majority of all seizures. For the first time, cannabis herb seizures surpassed 6,000 metric tons (+6 per cent) in 2004. Most cannabis herb seizures were reported from Mexico, followed by the United States, South Africa, Nigeria and Morocco. In 2004, seizures of cannabis resin also

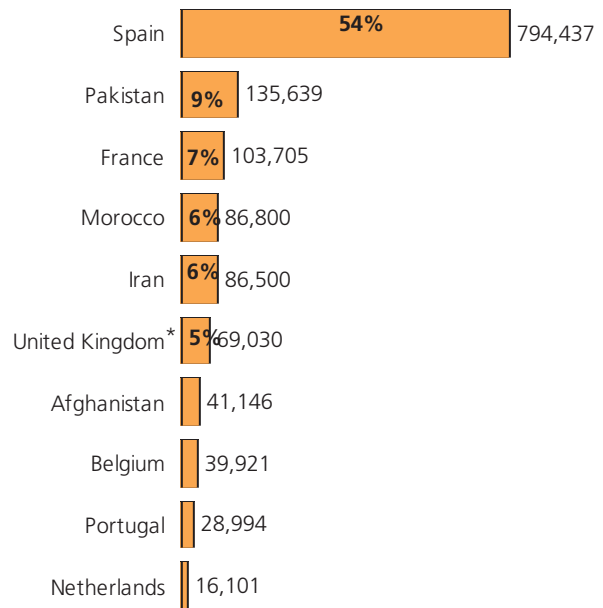
increased by 6 per cent to 1,470 metric tons. Most seizures of cannabis resin were made by Spain, followed by Pakistan, France, Morocco and Iran.

Cannabis remains the most widely used drug – and consumption continues to increase at the global level

Cannabis remains by far the most commonly used drug in the world. An estimated 162 million people used cannabis in 2004, equivalent to some 4 per cent of the global population age 15-64. In relative terms, cannabis use is most prevalent in Oceania, followed by North America and Africa. While Asia has the lowest prevalence expressed as part of the population, in absolute terms it is the region that is home to some 52 million cannabis users, more than a third of the estimated total. The next largest markets, in absolute terms, are Africa and North America.

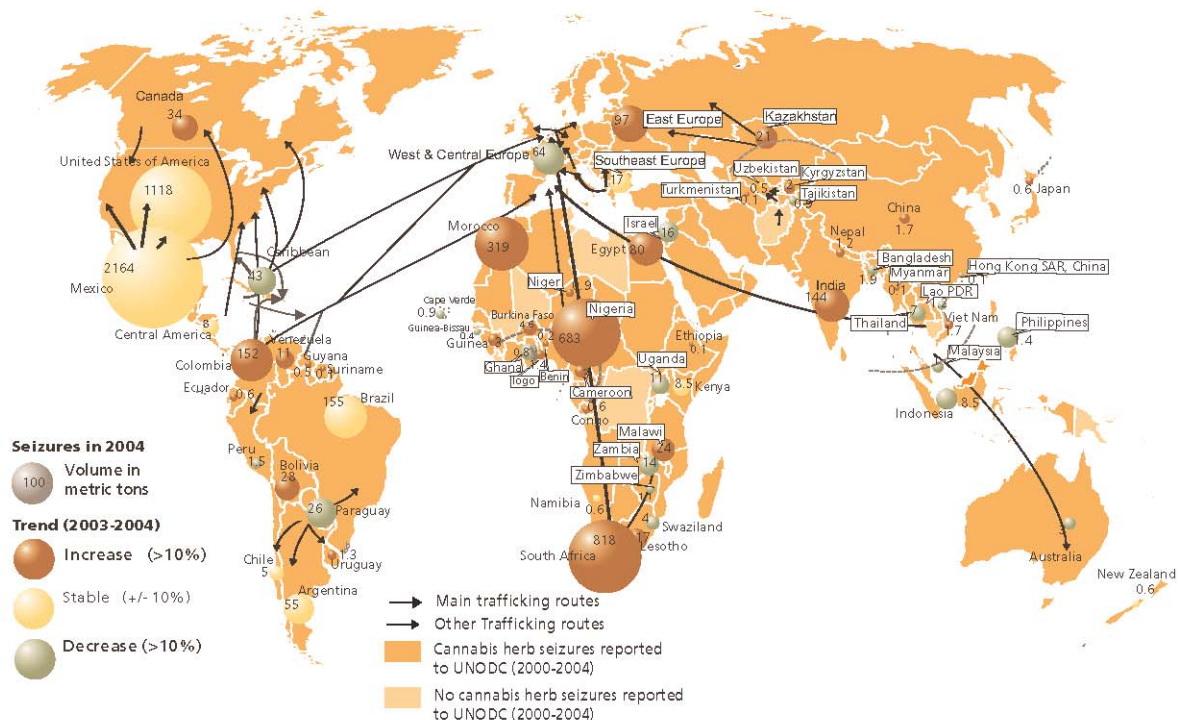
Trend data from the Americas show mixed results and are best described as stable to slightly declining, though in some countries cannabis use is also increasing. In the United States, the annual prevalence of cannabis use among the general population remained essentially stable in 2004. Cannabis use among secondary school students in the United States, however, continued to decline. Between 1997 and 2005 cannabis use among

Seizures of cannabis resin in % of world total and kg-highest ranking countries – 2004

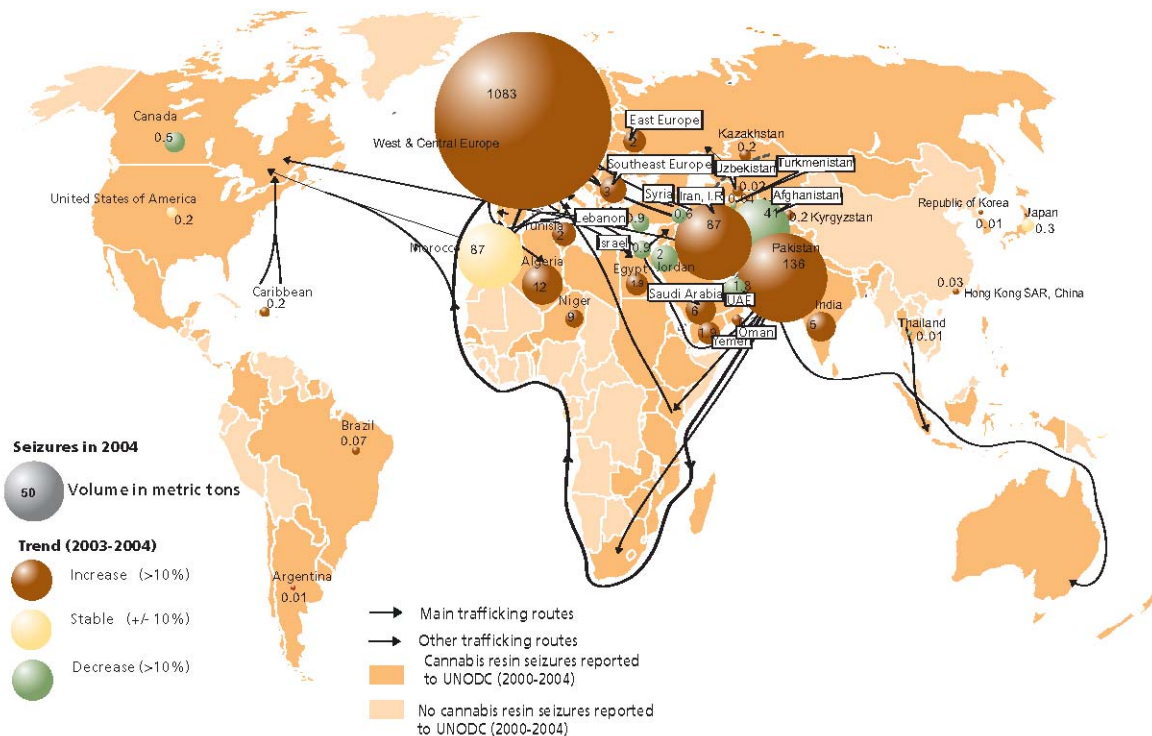


* data refer to 2003

Cannabis herb seizures 2003-2004: extent and trends (countries reporting seizures of more than 10kg.)



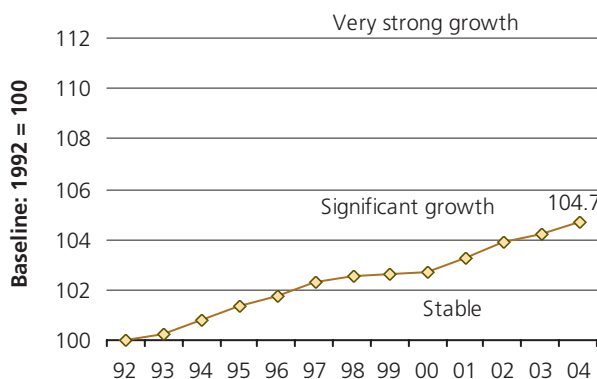
Cannabis resin seizures 2003-2004: extent and trends (countries reporting seizures of more than 10kg.)



high school students fell by some 20 percent. Declining use rates of cannabis were reported from Oceania.

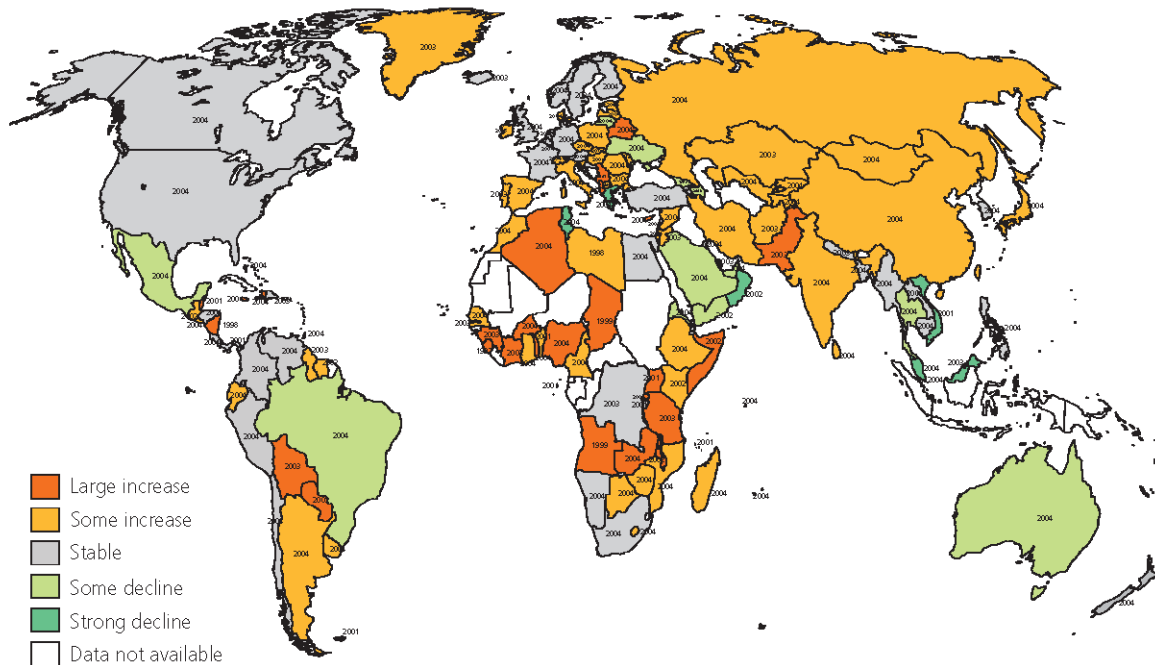
All these declines were, however, not sufficient to offset the increases reported from Africa, Asia and some countries in Europe. Perceptions by experts continued to point upwards, suggesting that the expansion of global cannabis use continued in 2004. Since the late 1990s, cannabis use increased by more than 10 per cent at the global level, as shown by the UNODC annual prevalence estimates. All available indicators suggest that the expansion of cannabis use over the last decade was stronger than increases for opiates or cocaine, similar to the one observed for the amphetamine-type stimulants. While ATS use however, has declined, cannabis use is still increasing.

Twelve-year drug use trend, as perceived by experts: cannabis



Sources: UNODC, Annual Reports Questionnaire Data, Government reports, UNODC Field Offices, UNODC's Drug Abuse Information Network for Asia and the Pacific (DAINAP), EMCDDA, CICAD, HONLEA reports and local studies.

Changes in the use of cannabis, 2004 (or latest year available)



Sources: UNODC, Annual Reports Questionnaire Data, Government reports, UNODC Field Offices, UNODC's Drug Abuse Information

CHAPTER 2: CANNABIS – WHY WE SHOULD CARE

Though an estimated 162 million people use cannabis annually and it is produced in some 176 countries around the world, many basic facts about the supply and demand for this drug remain obscure. As the risks posed by cannabis consumption become clearer, our ignorance of this health issue begins to look particularly alarming. Of particular concern is the recent growth in potency and market share of re-engineered forms of the drug in the developed world. Coming to terms with cannabis will require a greater understanding of the dynamics of the market.

The world's biggest drug market is growing and uncharted

All available indicators suggest that global cannabis production, after having fallen in the late 1980s (mainly due to large-scale eradications in Latin America), rose again in the 1990s and continues rising in the new millennium. The volumes of cannabis seized internationally

have been increasing since the early 1990s, and surveys show that global demand has also increased.

It is often assumed that since cannabis has been studied for decades, the nature of the drug must be well understood. But it is exceedingly difficult to document where some 4 per cent of the world's adult population are securing their supplies. Cannabis can be grown in virtually any country, and is increasingly grown indoors in the developed nations. Unlike other illicit drugs, users can, and do, cultivate their own supply, and so production is diffuse. Very few Governments can give an accurate estimate of the area of cultivation in their own countries, and the amount of drug product these fields would yield is subject to a range of variables, including the type of cannabis desired and the number of crops possible in the year.

The circumstances around cannabis consumption are no better understood. In most markets, cannabis is

cheap. Consequently, the precise amounts bought and consumed remain vague to all parties concerned. Surveys indicate that most users get their drug for free or buy it through social networks. Casual users generally consume cannabis in groups, and only a small amount of the drug is necessary to produce the desired effect. The standard consumption unit (a joint) is larger than the standard dose unit (a few inhalations) for most users. In the end, most users would find it difficult to say how much cannabis they smoke in any given consumption session.

Cannabis is everywhere

There is no region in the world where cannabis is not the dominant illicit drug, and few regions where cannabis use is not growing. It is everywhere, and spreading. While not every cannabis market is transnational (in the sense that production occurs in a different country than consumption), the problem is truly international.

North America is the largest cannabis consuming region in economic terms. Mexico alone is responsible for some 35 per cent of global herbal cannabis seizures, and conducts an ongoing intensive eradication campaign. Despite eradicating upwards of 80 per cent of the cannabis cultivated in the country, it is still able to supply a large share of the massive United States market with the residual 20 per cent. High-potency indoor cannabis has come to dominate the Canadian market, another source of significant imports to the US.

Africa comes second in the world in terms of herbal cannabis seizures, remarkable given limited law enforcement capacity. Africa is home to the world's leading producer of cannabis resin – Morocco, the site of the largest known cannabis cultivation area. Southern, Western, and Eastern Africa all contain large cannabis producing countries, but there are few specifics about the scale of cultivation.

Central and South America pose something of a puzzle. Large seizures are regularly made in several countries, but surveys indicate small user populations and, with the exception of Colombia, no country is known to be a major cannabis exporter beyond the region. Paraguay is said to be the major source of the cannabis consumed in the Southern Cone and Brazil, and, according to Government estimates, may be the single largest producer of herbal cannabis in the world.

Oceania has the world's highest annual use levels, including those of Papua New Guinea, where an estimated 30 per cent of the adult population consumes the drug annually. Most countries appear to be self-sufficient in their cannabis supply. For example, Australia used to import cannabis, but growing law enforcement and growing domestic indoor production have greatly reduced the flows into the country.

Much of **Europe** users prefers cannabis resin to herbal cannabis, but this appears to be changing in many important markets. The Netherlands has been at the vanguard of the indoor cannabis revolution, and is currently named as an important source for at least 20 other countries. In Eastern Europe, Albania plays a similar role, said to be supplying another dozen countries with both herbal cannabis and resin. Most of the cannabis resin in Europe, however, continues to be trafficked from Morocco.

While use levels are low in **Asia**, the size of the population means that the continent is home to the largest group of cannabis users, an estimated third of the global total. Central Asia is said to be the original birthplace of cannabis and is home to the world's largest feral cannabis fields, which could easily supply world demand if they were actively cultivated. Afghanistan is the world's second largest producer of resin from cannabis, grown alongside opium poppy fields. Lebanon was once the world's leading resin supplier, and might be still if it were not for continual eradication efforts. South Asia is the home of hand-rubbed cannabis resin, and recent research indicates 2.3 million Indians are dependent on cannabis.

A global market that defies efforts to size it up

Given this wide geographic spread, the variety of ways that cannabis is cultivated and the general paucity of data, it is difficult to estimate the size of the global market. Looking at the available information from the top six producer countries, which together are responsible for three quarters of global seizures, a rough estimate of 231,000 hectares can be derived, providing some 30,000 metric tons of herbal cannabis and 7,000 metric tons of resin. Of this, less than a fifth (17 per cent) is seized.

Looking at demand side estimates, it appears that up to 95 per cent of global cannabis is consumed by the 14 per cent of the annual cannabis-using population who use the drug every day. Of this, more than two-thirds

(69 per cent) is consumed by the 4 per cent who are chronically intoxicated. As is often the case, demand-side estimates are less than those found on the supply side – about 19,000 metric tons.

Reconciling these estimates is a challenge, and underscores how little is known about the global cannabis markets. With the exception of Morocco, no country in the world publishes scientific estimates of the scale and nature of cannabis cultivation within its borders. Developed countries cannot say with any precision how much of the cannabis consumed by their populations is imported and how much is produced domestically, in high-tech, indoor operations aimed at producing a high-potency drug. This information may be lacking due to a perception that cannabis consumption is not a very important issue. Given the scale of consumption and an emerging understanding of the risks involved, this attitude may be misplaced.

The emergence of ‘new cannabis’ and the reassessment of health risks

There are two sets of developments that should cause policymakers to re-think their positions on cannabis. One is a doubling of potency in sinsemilla cannabis (consisting of the unfertilised buds of the female plant) and a growing market share for this drug. The second is recent research indicating that the health risks associated with cannabis consumption may have been underestimated in the past. The two trends may be related: as high-potency cannabis grows in popularity, the risks of consumption may have been thrown into high relief.

The re-engineering of cannabis

Since the 1970s, cannabis breeders in North America and Europe have been working to create more potent cannabis, and the market for high-potency, indoor-produced sinsemilla appears to be growing in many key consumption countries. Sinsemilla potency has increased dramatically in the last decade in the United States, Canada, and Netherlands – the three countries at the vanguard of cannabis breeding and production technology – and there are indications that its market share is growing in many others.

Impact on public health: Three reasons to worry

While more research is required to determine the impact of this ‘new’ cannabis, there has been an increase of **acute health episodes**, with the number of people

complaining of ‘unexpected effects’ of consuming cannabis in emergency rooms increasing in the United States. Similarly, in parallel, there has been a **growth of rehabilitation demand** by those seeking help with cannabis problems in the United States and Europe.

In addition, the most recent research indicates that the health risks of using cannabis have been underestimated in the past. About 9 per cent of those who try cannabis find themselves unable to stop using the drug. Cannabis has been linked to precipitating psychosis in vulnerable individuals, and aggravating its symptoms in diagnosed schizophrenics. Cannabis can also produce negative acute effects, including panic attacks, paranoia, and psychotic symptoms.

Despite the popular perception that the risks of cannabis are widely understood, new research indicates that there is still much to be learned about the drug. At the same time, cannabis itself is changing, and more potent forms of the drug are growing in popularity. As cannabis is consumed by a significant share of the global population, monitoring these developments is essential.

Progress in coming to terms with cannabis is impeded by the lack of an international consensus on the topic, the drug conventions notwithstanding. National practices on cannabis have begun to diverge, and this fragmentation is impeding a coordinated and effective approach. It is high time the topic is revisited at the international level, so that what is truly a global issue can be tackled within the multilateral framework that was constructed for just such a purpose.