

EXECUTIVE SUMMARY

In 1998, a special session of the UN General Assembly decided to work towards the “elimination or significant reduction” of illicit drug production and abuse by 2008, and adopted a series of sectoral plans to reach that objective.¹ Gathered at the end of the 10-year period, Member States were not satisfied with the results and declared that they were still “gravely concerned about the growing threat posed by the world drug problem.”² The decision was taken to continue the effort over the following decade.

Can overall drug supply and demand be “eliminated or significantly reduced” by 2019, as called for by the Member States? At the national level, one can hope that many countries will be able to significantly improve their drug control situation within a decade. Will these local successes translate into an overall improvement at the global level?

A clear lesson from the history of drug control is that the mere sum of uncoordinated national and sectoral efforts, even successful ones, cannot result in a global success. Another lesson is that countries with limited means cannot resist, and counter the impact of, powerful transnational trafficking flows on their own.

To achieve the 2019 objectives, the international community needs to interweave drug supply and demand reduction interventions and integrate national efforts in the framework of renewed international strategies on the scale of the drug markets. To do so, it is urgent to improve our understanding of how illicit transnational drug economies operate. This *World Drug Report* is a contribution toward this objective.

This year’s *World Drug Report* opens with an analytical discussion of three key transnational drug markets: the markets for heroin, cocaine and amphetamine-type stimulants (ATS). Cannabis is not covered here because it is increasingly produced within the country of consumption and often dealt informally through social

1 United Nations General Assembly Special Session on the World Drug Problem (UNGASS), New York, 8-10 June, 1998 (A/S-20/4, chapter V, section A).

2 High-level Segment to the 2009 United Nations Commission on Narcotic Drugs, *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, March 2009 (E/2009/28 - E/CN.7/2009/12).

channels. Though cannabis is the world’s most popular illicit drug, it is less subject to a transnational market analysis than the other three drug classes.

The market discussion is followed by a presentation of statistical trends for all four major drug classes, including cannabis. The latest information on drug production, seizures and consumption is presented and the limitations of this knowledge are clearly articulated. While also drawing on other sources where relevant, the statistics presented were mainly gathered through the Annual Reports Questionnaire and the illicit crop surveys that UNODC produces in cooperation with Member States.

Finally, there is a chapter on a topic of growing concern for the international community: the relationship between drug trafficking and instability. This chapter focuses on the impact that the drug trade has on levels of violence and corruption in transit countries, particularly in Latin America, the Caribbean and West Africa.

This executive summary does not parallel the report, however. For the purpose of clarity, a global overview of changes in the world drug markets is presented first. This is followed by an integrated discussion of the world drug markets, including both the market analysis and the trend data. In closing, the discussion on the impact of drug trafficking on transit countries is summarized.

Global developments in illicit drug production, trafficking and consumption

Production

There have been a number of encouraging developments in global cocaine and heroin markets recently:

- The global area under opium poppy cultivation declined to 181,400 hectares (ha) in 2009 (15%) or by 23% since 2007.
- In line with declines in the area under cultivation, global opium production fell from 8,890 metric tons (mt) in 2007 to 7,754 mt in 2009 (-13%), and potential heroin production declined from 757 mt in 2007 to 657 mt in 2009.
- The global area under coca cultivation declined to 158,800 ha in 2009 (5%), by 13% since 2007 or by 28% since 2000.

- The estimated global cocaine production fell from 1,024 mt in 2007 to 865 mt in 2008 (-16%). Global fresh coca leaf production fell by 4% in 2009 (by 14% between 2007 and 2009).

The recent successes, however, must be considered in the context of the long-term challenge. Since 1998, the year of the last UN General Assembly Special Session (UNGASS) devoted to the drug problem, global potential opium production has increased by 78%, from 4,346 mt to 7,754 mt in 2009. Fortunately, these production increases do not correspond to consumption increases, as it appears that large amounts of opium have been stockpiled in recent years. This means, however, that even if production were completely eliminated today, existing stocks could supply users for at least two years.

The increase in global potential cocaine production over the 1998-2008 period seems to have been more moderate (5%), from 825 mt to 865 mt, although there remain uncertainties around coca yields and production efficiency. Nonetheless, available data are sufficiently robust to state that global cocaine production has declined significantly in recent years (2004-2009).

In contrast to heroin and cocaine, only very broad production estimates can be given for cannabis and amphetamine-type stimulants (ATS). Due to the decentralization of production, it is difficult to track global trends in either of these markets. Between 13,000 and 66,100 mt of herbal cannabis were produced in 2008, as were 2,200 to 9,900 mt of cannabis resin. Manufacture of the amphetamines-group of ATS (amphetamine, methamphetamine, methcathinone and related substances) was in the range of 161 to 588 mt in 2008. Manufacture of drugs marketed as 'ecstasy' ranged from 55 to 133 mt.

Trafficking

Most of the long-distance trafficking involves cocaine and heroin, although some cannabis resin and ecstasy are also smuggled between regions. Much of the cannabis herb, methamphetamine and amphetamine consumed in the world is produced locally.

Global cocaine seizures have stabilized over the last few years. Seizures have declined in North America and Europe, but have risen in South and Central America. Trafficking through West Africa, which increased rapidly between 2004 and 2007, appears to have declined in 2008 and 2009, but this situation may change and needs to be monitored carefully.

Opiate seizures continue to increase. This applies to both opium and heroin seizures. Morphine³ seizures, in contrast, declined in 2008. The largest seizures continue

3 Morphine represents an intermediate step in the processing of opium to heroin, and is rarely consumed as a drug in its own right.

to be reported from the countries neighbouring Afghanistan, notably the Islamic Republic of Iran and Pakistan.

Tracking global ATS seizures is more complicated, because there are several products involved that appeal to different markets, including amphetamine, methamphetamine and 'ecstasy'. After tripling in the early years of this decade, ATS seizures have remained stable since 2006. Ecstasy seizures showed a marked decline in 2008 compared to a year earlier. Global seizures of amphetamine and methamphetamine remained largely stable at very high levels in 2008.

Global cannabis herb seizures increased over the 2006-2008 period (+23%), especially in South America, reaching levels last reported in 2004. Global cannabis resin seizures increased markedly over the 2006-2008 period (+62%) and clearly exceeded the previous peak of 2004. Large increases in cannabis resin seizures in 2008 were reported from the Near and Middle East region, as well as from Europe and Africa.

Consumption

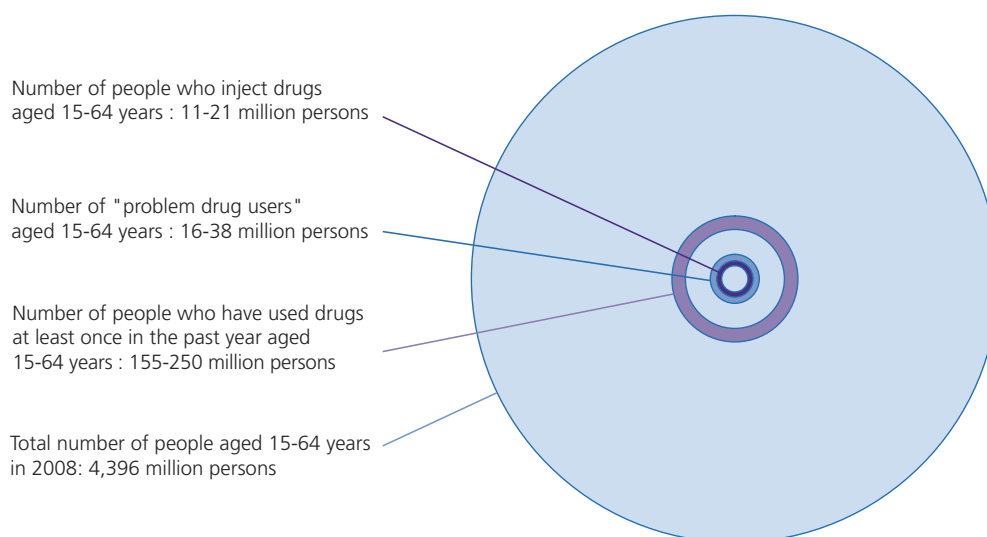
Globally, UNODC estimates that between 155 and 250 million people (3.5 to 5.7% of the population aged 15-64) used illicit substances at least once in 2008. Globally, cannabis users comprise the largest number of illicit drug users (129 - 190 million people). Amphetamine-group substances rank as the second most commonly used drug, followed by cocaine and opiates.

At the core of drug consumption lie the 'problem drug users': those who inject drugs and/or are considered dependent, facing serious social and health consequences as a result. Based on the global estimates of the number of cannabis, opiate, cocaine and ATS users, it is estimated that there were between 16 and 38 million problem drug users in the world in 2008. This represents 10% to 15% of all people who used drugs that year. It can be estimated that in 2008, globally, between 12% and 30% of problem drug users had received treatment in the past year, which means that between 11 and 33.5 million problem drug users did not receive treatment that year.

The lack of data in many countries still limits the understanding of the drug use problem in many countries, particularly in Africa, some parts of Asia and the Pacific Islands. The broad range of the estimates reflects the uncertainties in the available global data.

Data on the delivery of treatment services for problem drug users can provide valuable information on variations in drug use problems across regions. The share of treatment services delivered to users of different drugs varies markedly in different regions of the world. In Europe and Asia, most of the treatment demand is for

Illicit drug use at the global level, 2008



opiates. In the Americas, it is cocaine, and in Africa and Oceania, it is cannabis. These ratios have changed over time. As compared to a decade ago, treatments related to cannabis have increased in Europe, South America and Oceania, suggesting that an increased proportion of cannabis use can become problematic. Over the same period of time, cocaine treatment demand has been declining in the Americas, especially in North America, while it has increased in Europe. The relative importance of opiates for drug treatment, on the other hand, has declined in Europe, Asia and (in particular) Oceania, while it rose in Africa. ATS are commanding a growing share of treatment services globally.

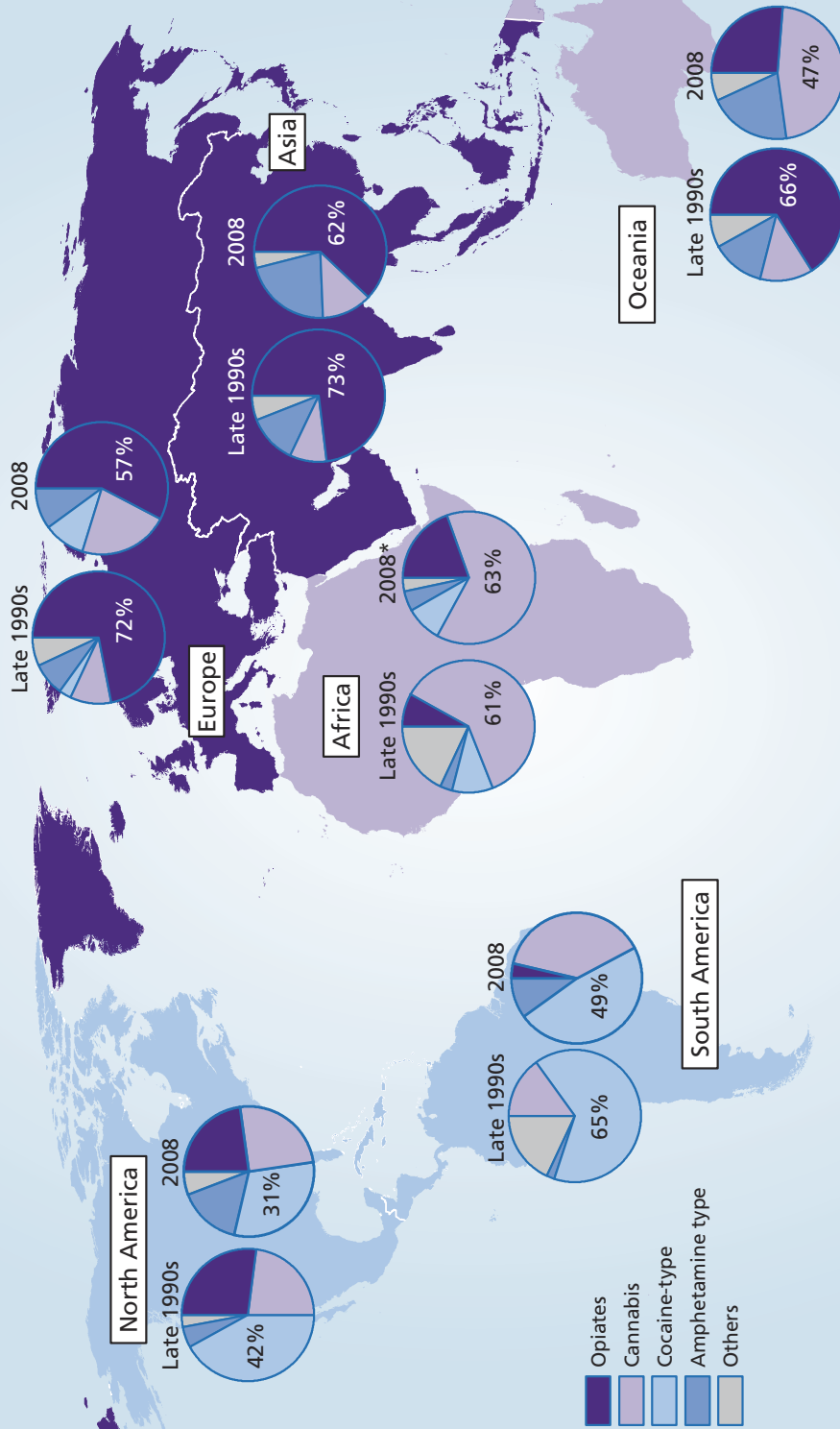
Estimates of the sizes of the user populations in various parts of the world are derived from household and school surveys and indirect methods. Unfortunately, population-based surveys are conducted very irregularly in most countries, so there remain significant gaps in the knowledge of the extent of drug use in some parts of the world.

Cannabis remains the most widely consumed drug worldwide. Global annual cannabis use prevalence is estimated between 2.9% and 4.3% of the population aged 15-64. The highest is in Oceania (9.3% to 14.8%), followed by the Americas (6.3% to 6.6%). There are an estimated 15 – 19.3 million annual cocaine users (annual prevalence of 0.3% to 0.4%) in the world. North America (2%), Oceania (1.4% to 1.7%) and West Europe (1.5%) are the regions with the highest prevalence rates. Between 12.8 and 21.8 million people (0.3% to 0.5% of the world population aged 15-64) used opiates in 2008. More than half of the world's opiate users are in Asia. UNODC estimates that between 13.7 and 52.9 million people aged 15 to 64 had used an amphetamine-type substance in the past year (0.3% to 1.2% of the

population), including 10.5 to 25.8 million ecstasy users (0.2% to 0.6% of the population). Oceania, East and South-East Asia, North America, and West and Central Europe are the regions with the highest prevalence rates of ATS use.

In addition to the drugs mentioned above, the misuse of prescription drugs, such as synthetic opioids, benzodiazepines or synthetic prescription stimulants, is a growing health problem in a number of developed and developing countries.

Main problem drugs as reflected in treatment demand, by region, from the late 1990s to 2008 (or latest year available)



Sources: UNODC, Annual Reports Questionnaire Data/DELTA and National Government Reports
 Notes: Percentages are unweighted means of treatment demand from reporting countries. Number of countries reporting data for 2008: Europe (45); Africa (26); North America (3); South America (24); Asia (42); Oceania (2).
 Data generally account for primary drug use. Polydrug use may increase totals beyond 100%. * Treatment data dating back more than 10 years were removed from the 2008 estimates and therefore caution should be taken comparing the data from 2008 with previous years.
 The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.

Estimated number of illicit drug users in the past year aged 15-64 years, by region and subregion: 2008										
Region/subregion	Cannabis users in the past year		Opiate users in the past year		Cocaine users in the past year		Amphetamines-group users in the past year		Ecstasy users in the past year	
	Number (lower)	Number (upper)	Number (lower)	Number (upper)	Number (lower)	Number (upper)	Number (lower)	Number (upper)	Number (lower)	Number (upper)
Africa	27,680,000	52,790,000	680,000	2,930,000	1,020,000	2,670,000	1,550,000	5,200,000	350,000	1,930,000
North Africa	4,680,000	10,390,000	130,000	540,000	30,000	50,000	260,000	540,000	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>
West and Central Africa	14,050,000	22,040,000	160,000	340,000	640,000	830,000	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>
Eastern Africa	4,490,000	9,190,000	150,000	1,730,000	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>
Southern Africa	4,450,000	11,170,000	240,000	320,000	290,000	900,000	310,000	1,090,000	220,000	420,000
Americas	38,210,000	40,030,000	2,290,000	2,440,000	8,720,000	9,080,000	4,760,000	5,890,000	3,040,000	3,280,000
North America	29,950,000	29,950,000	1,290,000	1,380,000	6,170,000	6,170,000	3,090,000	3,200,000	2,490,000	2,490,000
Central America	580,000	600,000	100,000	110,000	120,000	140,000	320,000	320,000	20,000	30,000
The Caribbean	430,000	-1,730,000	60,000	90,000	110,000	320,000	30,000	510,000	10,000	240,000
South America	7,300,000	7,530,000	840,000	870,000	2,330,000	2,450,000	1,320,000	1,860,000	510,000	530,000
Asia	31,510,000	64,580,000	6,460,000	12,540,000	430,000	2,270,000	4,430,000	37,990,000	2,370,000	15,620,000
East/South-East Asia	5,370,000	23,940,000	2,830,000	5,060,000	390,000	1,070,000	3,430,000	20,680,000	1,460,000	6,850,000
South Asia	16,490,000	27,550,000	1,390,000	3,310,000	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>
Central Asia	1,890,000	2,140,000	340,000	340,000	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>
Near and Middle East	7,790,000	10,950,000	1,890,000	3,820,000	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>	<i>estimate cannot be calculated</i>
Europe	29,370,000	29,990,000	3,290,000	3,820,000	4,570,000	4,970,000	2,500,000	3,190,000	3,850,000	4,080,000
West/Central Europe	20,850,000	20,990,000	1,090,000	1,370,000	4,110,000	4,130,000	1,600,000	1,710,000	2,180,000	2,190,000
East/South-East Europe	8,520,000	9,010,000	2,210,000	2,460,000	470,000	840,000	900,000	1,480,000	1,680,000	1,890,000
Oceania	2,140,000	3,410,000	120,000	150,000	330,000	390,000	470,000	630,000	840,000	910,000
GLOBAL ESTIMATE	128,910,000	190,750,000	12,840,000	21,880,000	15,070,000	19,380,000	13,710,000	52,900,000	10,450,000	25,820,000

The main drug markets

The global illicit opiate and cocaine markets represent two of the biggest transnational drugs and crime threats of our time. They appear at the same time as persistent problems from a previous era of drug control, priorities for interventions due to the severity of their impacts on affected societies and good candidates for a global solution within a reasonable time frame. Since they are both sourced from relatively concentrated production areas, most of their components are directly or indirectly linked to one another.

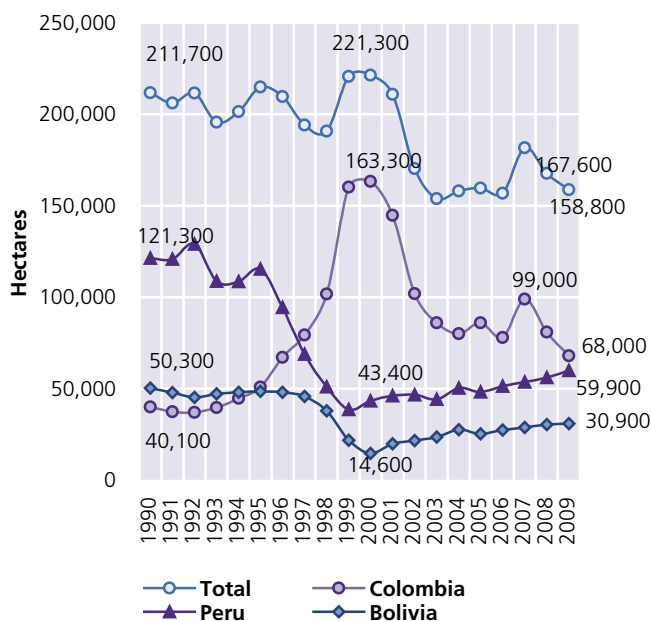
In addition, ATS have gained a large share of the global drug market over the last two decades and have come to represent a major and evolving threat for present and future drug control efforts. Since 1990, there has been a spread in ATS manufacture with more than a third of Member States having reported ATS-related manufacture activity to date. Moreover, the global number of ATS users is likely to exceed the number of opiate and cocaine users combined.

Cocaine

The global area under coca cultivation decreased by 5% last year, from 167,600 ha in 2008 to 158,800 ha in 2009. This change is mainly due to a significant decrease in Colombia, not offset by increases in Peru and the Plurinational State of Bolivia. The global area under coca cultivation declined by 28% over the 2000-2009 period. In 2009, Colombia represented about 43% of global cultivation, with Peru contributing 38% and the Plurinational State of Bolivia 19%.

Global coca bush cultivation (ha), 1990-2009

Source: UNODC



The areas where cocaine is produced, trafficked and consumed have varied substantially over time.

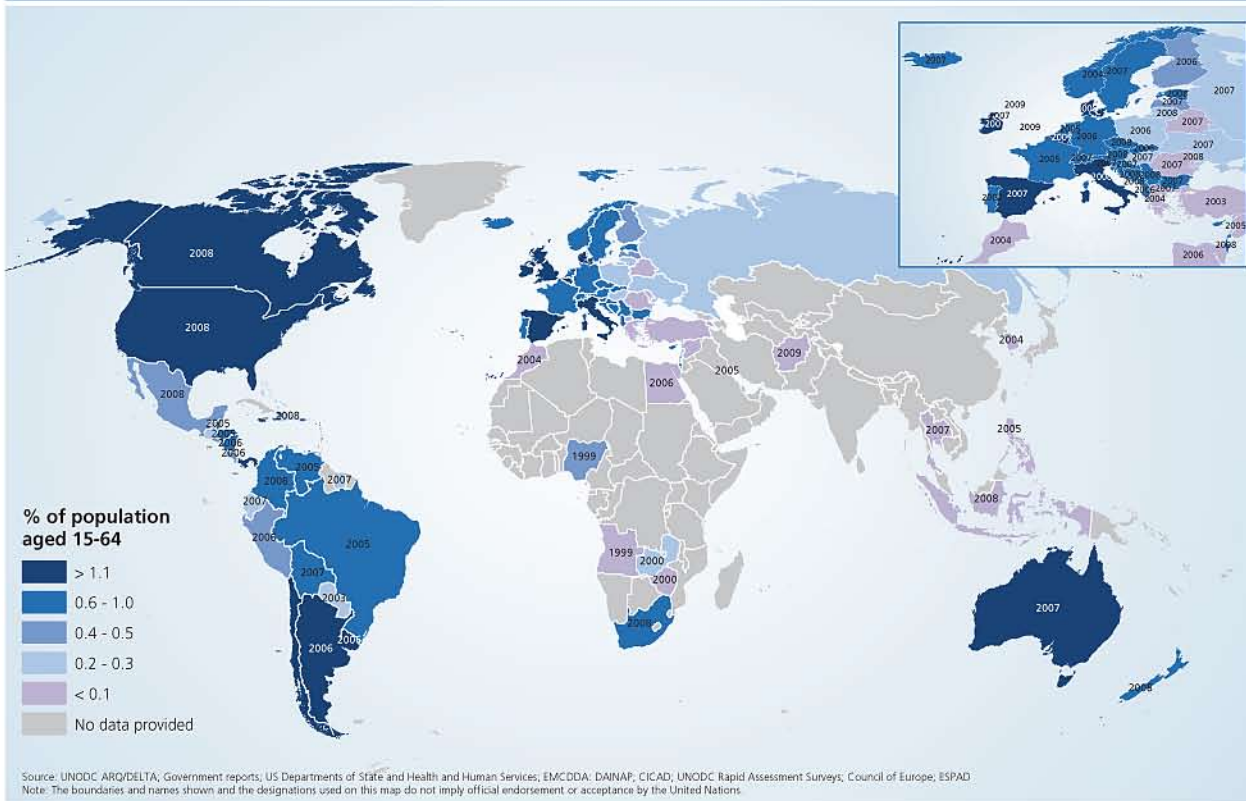
- While Colombian traffickers have produced most of the world's cocaine in recent years, between 2000 and 2009, the area under coca cultivation in Colombia decreased by 58%, mainly due to eradication. At the same time, coca cultivation increased by 38% in Peru and more than doubled in the Plurinational State of Bolivia (up 112%), while traffickers in both countries increased their own capacity to produce cocaine.
- Demand for cocaine in the United States has been in long-term decline: in 1982, an estimated 10.5 million people had used cocaine in the previous year; in 2008, the figure was 5.3 million, about half as many. In the last decade, however, the number of cocaine users in Europe doubled, from 2 million in 1998, to 4.1 million in the EU-EFTA countries in 2008. By 2008, the European market (US\$34 billion) was almost as valuable as the North American market (US\$37 billion). The value of the global cocaine market is estimated at around US\$88 billion (estimates range from US\$80 to US\$100 billion).
- These shifts, combined with interdiction efforts, have also affected trafficking patterns. As the Colombian Government has taken greater control of its territory, traffickers are making more use of transit countries in the region, including the Bolivarian Republic of Venezuela and Ecuador. Mexican drug cartels emerged over the last 10 to 15 years as the primary organizers for shipments of cocaine into the United States, largely replacing the previously dominant Colombian groups. In response to Mexican enforcement efforts, Central American countries are increasingly being used as transit countries. West Africa started to be used as a way station to Europe around 2004. The situation remains fluid, and the impact on transit countries can be devastating.

In 2008, the potential production of pure cocaine amounted to some 865 mt. This is considerably less than four years previously, when almost 1,050 mt were generated. Most of these drugs are destined for consumers in North America (6.2 million users in 2008) and Europe (4 to 5 million users). These two regions, with 70% of the demand and 85% of the total value, play the main role in shaping the evolution of the global cocaine market. Another 2.7 million users are found in South America, Central America and the Caribbean.

The largest cocaine market: North America

North America is the largest regional cocaine market, with close to 40% of the global cocaine-using population. In 2008, it appears that 196 mt of pure cocaine were required to satisfy North American demand. To get this amount to the consumer (accounting for seizures,

Use of cocaine in 2008 (or latest year available)



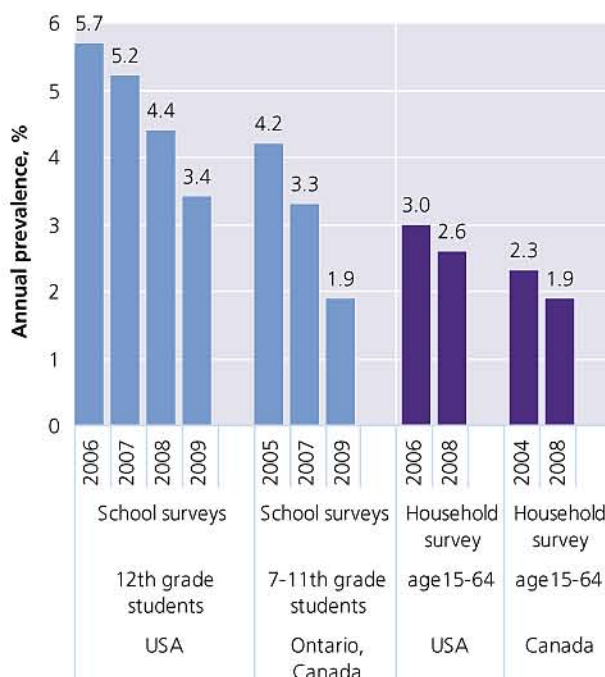
consumption in transit countries and purity), about 309 mt must have left the Andean region toward the north in 2008. This would represent about half the cocaine that leaves this region, a smaller share than in the recent past. Based on forensic testing of cocaine seized in the United States, most of the cocaine consumed in North America was produced in Colombia.

The North American cocaine market appears to be in decline. Household surveys, school surveys, forensic testing and law enforcement observation all confirm that fewer people in North America as a whole are consuming cocaine than in the past. Cocaine use in the United States has been declining for some time. The decline has been particularly pronounced since 2006, likely due to pressure on supply related to law enforcement interventions in Colombia and Mexico.

If there was a supply shortage for the United States market, this would be expected to generate an increase in cocaine prices. Street prices have not risen much, but purity has dropped greatly. When purity is taken into consideration, the cost of a gram of pure cocaine on the US market has indeed increased dramatically. Dealers in the United States apparently prefer to cut quality rather than increase price, and the result appears to have helped reduce demand.

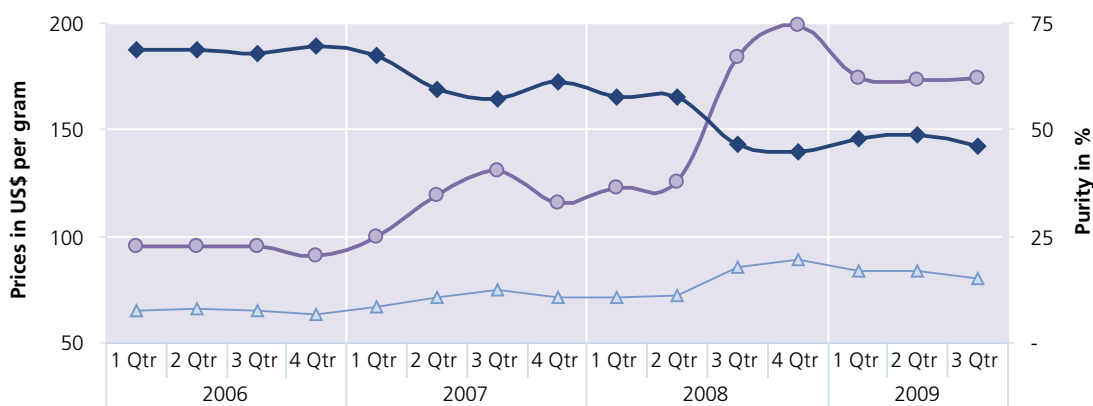
Annual prevalence rates of cocaine use in North America, 2002-2008

Sources: NIDA, *Monitoring the Future*; OSDUH, *Drug Use Among Ontario Students, 1977-2009*; SAMHSA, *Results from the 2008 National Survey on Drug Use and Health*; Health Canada, *Canadian Alcohol and Drug Use Monitoring Survey 2008*.



Average of all cocaine purchase prices in the United States, January 2006-September 2009

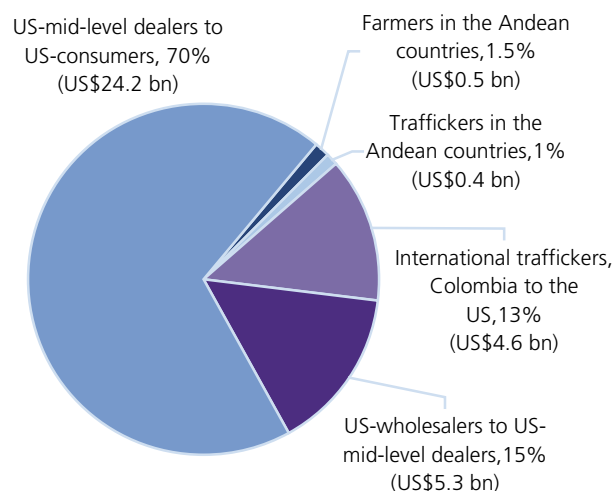
Source: US Drug Enforcement Agency



—●— Purity adjusted prices	95.1	95.4	95.1	90.6	99.5	119.4	130.9	115.7	123.2	125.1	184.3	199.5	174.4	173.2	174.0
—▲— Unadjusted prices	65.2	65.7	64.8	63.2	67.0	70.9	74.8	70.9	71.1	71.9	85.7	89.2	83.9	84.2	80.4
—◆— Purity (in %)	68.6	68.9	68.1	69.8	67.4	59.4	57.2	61.3	57.7	57.5	46.5	44.7	48.1	48.6	46.2

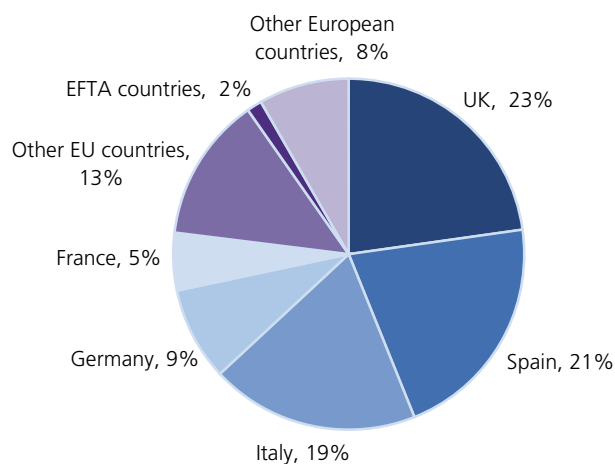
Distribution of gross profits (in %) of the US\$35 billion US cocaine market, 2008

Source: UNODC



National share of the cocaine user population in Europe in 2007/2008

Sources: UNODC ARQ; Government reports; UNODC, 2009 World Drug Report; EMCDDA, Statistical Bulletin 2009



As a whole, the retail value of the United States cocaine market declined by about two thirds in the 1990s, and by about another quarter in the last decade. About 70% of the profits made off the cocaine trade in the United States accrue between mid-level dealers and the consumer. Farmers and traffickers in Colombia keep less than 3% of the retail sales value of the cocaine they produce.

The second largest cocaine market: Europe

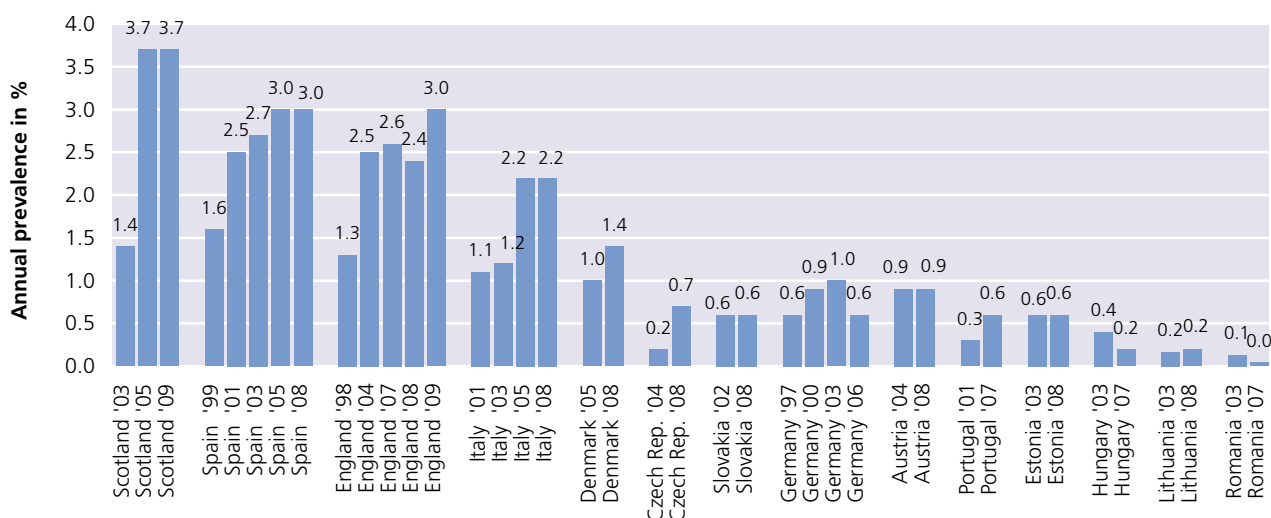
The world's second largest flow of cocaine is directed towards Europe, and this flow has been growing rapidly. The largest national cocaine market within Europe is the United Kingdom, followed by Spain, Italy, Germany

and France. Cocaine use prevalence levels are higher in the United Kingdom and Spain than in the United States.

Recent data suggest that the rapid growth of the European cocaine market is beginning to level off in some of the biggest national markets such as Italy, Spain and Germany. Consumption is still growing in the United Kingdom and in some of the smaller European markets, however. In 2008, an estimated 124 mt of cocaine were consumed in Europe. To supply this demand, an estimated 212 mt departed South America toward Europe, about one quarter of total production. A greater share of this quantity comes from Peru and the Plurinational State of Bolivia than in the case of the United States.

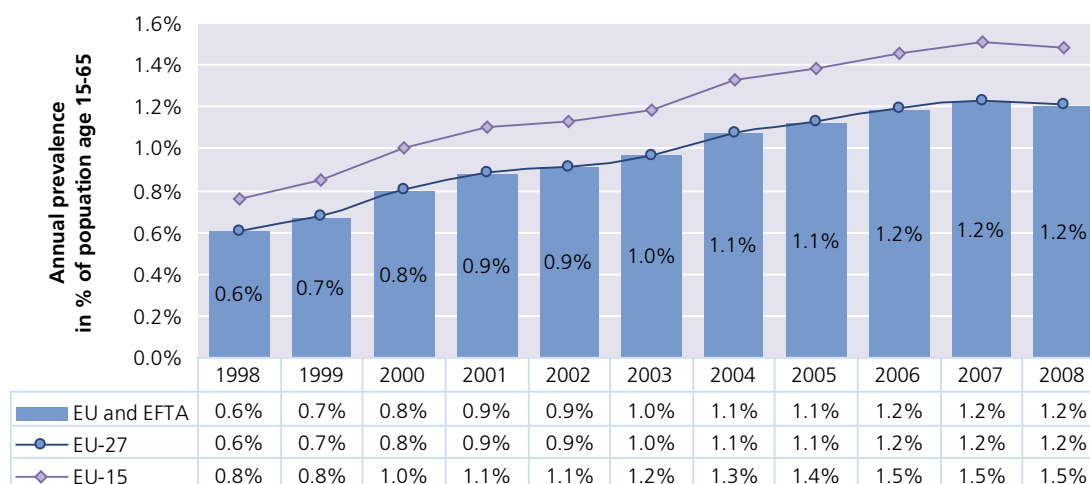
Annual prevalence of cocaine use among the adult population in selected European countries

Sources: UNODC ARQ and EMCDDA, *Statistical Bulletin 2009*



Annual prevalence of cocaine use in the EU and EFTA countries, 1998-2008

Sources: UNODC ARQ; Government reports; UNODC, *2009 World Drug Report*; EMCDDA, *Statistical Bulletin 2009*



The primary countries of entry to the European market are Spain and the Netherlands. Most of the trafficking is maritime. Significant transit routes flow from former colonies or overseas territories of the European nations to their counterparts on the continent. Flows through West Africa appear to have declined since 2007, but could resume in the near future.

While the volumes are lower, the value of the European cocaine market (US\$34 billion) is almost as high as in the case of the North American market (US\$37 billion), because purity-adjusted cocaine retail prices are higher in Europe. European street prices in 2008 are about half what they were in 1990, but purity has declined and the dollar has weakened against the euro. In dollar terms,

the purity-adjusted price of cocaine in Europe has increased since 2002.

As in the North American market, only a fraction of the retail value goes to those who produce the drug. The intercontinental traffickers receive a larger share than in the North American case, but more than half of the retail value still accrues to wholesalers and retailers within Europe.

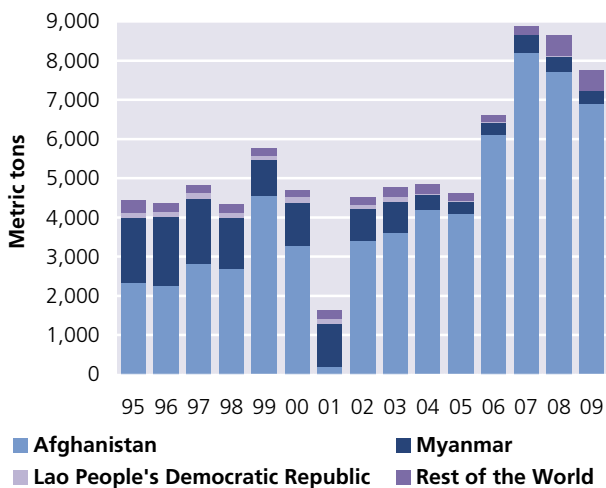
Heroin

Heroin is the most widely consumed illicit opiate in the world. It is derived from opium, which itself can have an illicit use. Of the opium that is not converted into heroin, two thirds is consumed in just five countries: the

Global potential opium production (mt), 1995-2009

Note: The 2009 estimate for 'rest of the world' is provisional as limited information was available for some countries and regions.

Source: UNODC



Islamic Republic of Iran (42%), Afghanistan (7%), Pakistan (7%), India (6%) and the Russian Federation (5%). Other opiates are also abused, including various poppy straw concoctions and prescription opioids, but heroin remains the most problematic opiate internationally.

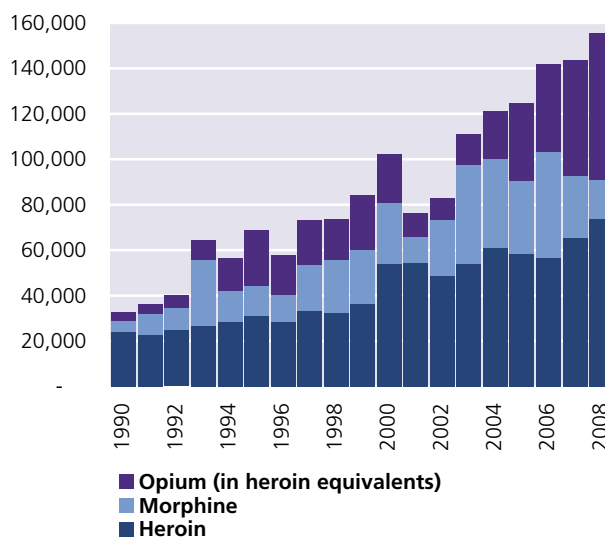
With the exception of 2001, when there was hardly any opium poppy cultivation in Afghanistan, global opium production expanded remarkably in the first decade of the twenty-first century until 2007, apparently with no commensurate expansion in demand. Opium production subsequently declined over the 2007-2009 period (from 8,890 to 7,754 mt), though remaining significantly above estimated global demand (some 5,000 mt for consumption and seizures). The declining farm-gate price of opium in Afghanistan in recent years has been more pronounced than the decline in heroin prices. This may reflect a number of factors, including rising prices for heroin precursors (particularly acetic anhydride) in that country and a build-up of stocks of opium not processed into heroin.

Although Afghanistan is the source of most of the world's illicit opiates (6,900 mt of opium or 89% of the world total in 2009), significant quantities are also produced in Myanmar (330 mt) and Latin America (notably in Mexico and Colombia). Since 2003, Mexico has been the world's third largest source of opium, and the quantities produced in 2008 (325 mt) came close to the quantities produced in Myanmar in 2009.

There are indications that the downward trend in global opium production over the 2007-2009 period will continue in 2010. Early indications for 2010 (as revealed in UNODC's *Afghanistan Opium Winter Rapid Assessment*)

Global opiate seizures in heroin equivalents, 1990-2008

Source: UNODC ARQ/DELTA



suggested that the area under opium cultivation in Afghanistan could remain basically stable, but yields will likely decline due to a blight.

Both opium and heroin seizures continued to increase in 2008. Morphine seizures, however, continued the declining trend started in 2007. Although heroin seizures have followed a generally increasing trend since 2002, they have been outpaced by the growth in global opium seizures, possibly reflecting difficulties faced by Afghan laboratory operators to obtain sufficient precursor chemicals to transform the large quantities of harvested opium into heroin. Most of the opium seizures continue to be made in the Islamic Republic of Iran, neighbouring Afghanistan. The global rise in opium seizures thus largely reflected the growing opium seizures made by the authorities in the Islamic Republic of Iran.

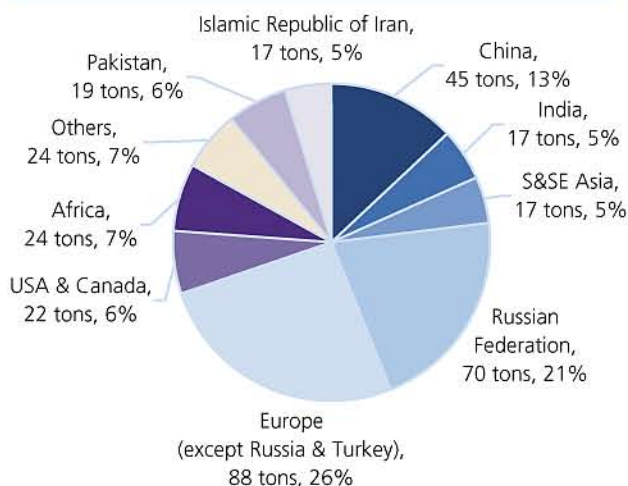
The world's two largest markets for Afghan opiates are the Russian Federation and West Europe, which together consume almost half the heroin produced in the world. About 340 mt of heroin is estimated to have been consumed globally in 2008. To meet this demand, accounting for seizures, some 430 mt would have had to be produced. UNODC estimates suggest that about 380 mt were produced out of Afghan opium that year, supplying the bulk of global demand.

The largest heroin market: West Europe

The world's largest heroin market is West Europe, and about half of this market is contained in just three countries: the United Kingdom, Italy and France. Heroin use appears to be decreasing in most West European countries, although the harms associated with heroin use seem to be increasing, as reflected in heroin-induced deaths.

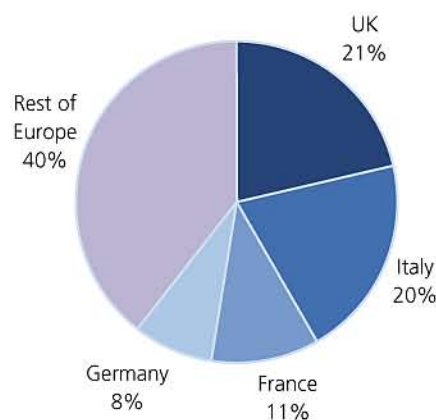
Global heroin consumption (340 mt), 2008

Source: UNODC

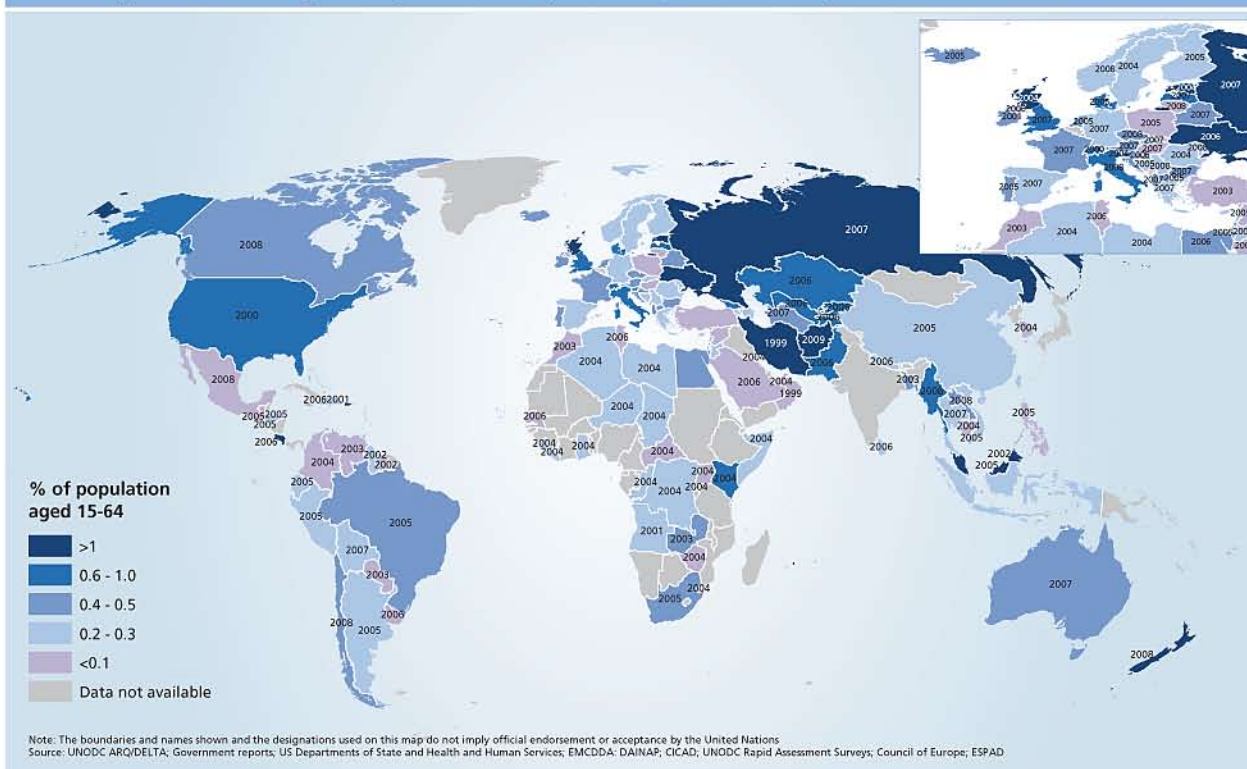


Estimated heroin consumption distribution in West Europe, 2008 (total 85 mt)

Source: UNODC



Use of opiates including heroin, 2008-2009 (or latest year available)

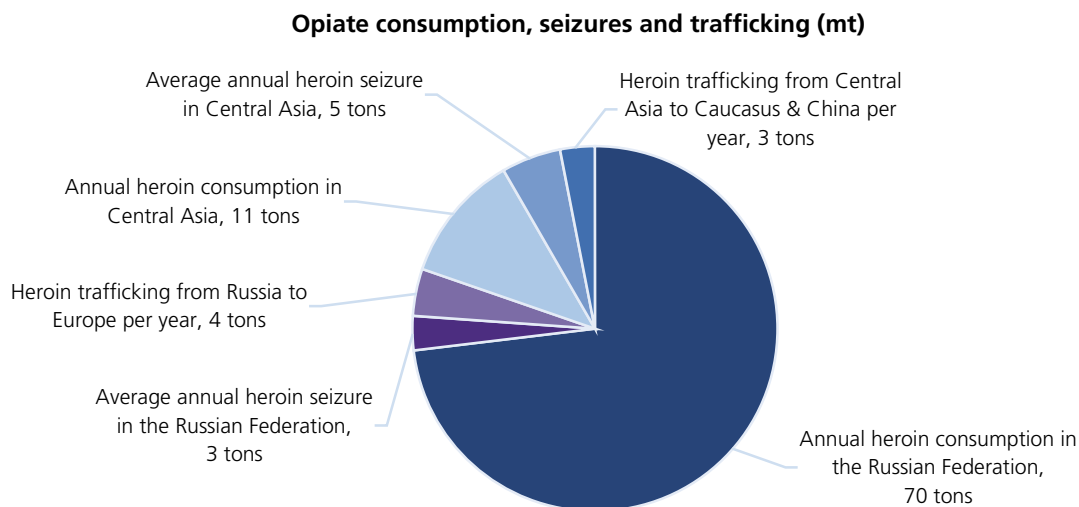


Most of the heroin dispatched from Afghanistan to West Europe proceeds overland along the so-called 'Balkan route', transiting the Islamic Republic of Iran (or Pakistan) to the Islamic Republic of Iran, Turkey and the countries of South-East Europe. It is estimated that 37% of all Afghan heroin, or 140 mt, departs Afghanistan along this route, to meet demand of around 85 mt. Most of the heroin interdicted in the world is seized along this route: between them, the Islamic Republic of Iran and Turkey were responsible for more than half of all heroin seized globally in 2008.

The total quantity of heroin seized in Europe, as reported by some 43 countries, was around 7.6 mt in 2008, which is only a fifth of the amount seized in Turkey and the Islamic Republic of Iran in 2008. In all, three countries – the United Kingdom (18%), Italy (14%) and Bulgaria (13%) – accounted for almost half of the total amount seized in the EU and EFTA countries in 2008. Across Europe, many countries directly straddling the main heroin trafficking routes reported rather low levels of heroin seizures in 2008, such as Montenegro (18 kg), Bosnia and Herzegovina (24 kg), the Former Yugoslav

Distribution of the heroin market on the Northern route, 2000-2008

Source: UNODC



Republic of Macedonia (26 kg), Hungary (28 kg), Albania (75 kg), Austria (104 kg), Slovenia (136 kg), Croatia (153 kg) and Serbia (207 kg).

Wholesale prices of heroin (not adjusted for purity) increase along the trafficking route from South-West Asia to Europe. In 2008, wholesale prices ranged from less than US\$3,000 per kg in Afghanistan to US\$10,300-US\$11,800 per kg in Turkey and an average of US\$44,300 per kg in West and Central Europe.

The second largest heroin market: the Russian Federation

Some 25% of all Afghan heroin (95 mt) is trafficked each year from Afghanistan into Central Asia to meet a demand of some 70 mt in the Russian Federation, along the 'Northern Route'. The number of opiate users in the Russian Federation is estimated at between 1.6 and 1.8 million people, equivalent to a prevalence rate of 1.6% of the population aged 15-64. There is a very high prevalence of HIV among drug users (some 37%).

To exit Afghanistan on the way to the Russian Federation traffickers can choose between three countries: Tajikistan, Uzbekistan and Turkmenistan. Most of the flow appears to proceed through Tajikistan to Osh in Kyrgyzstan, before transiting Kazakhstan to the Russian Federation. Trafficking is conducted mostly in private and commercial vehicles, often in relatively small amounts. Of 45 heroin seizures above 500 grams (a commercial quantity) made in Tajikistan between 2005 and 2007, 80% amounted to 10 kg or less, and of these, the average size was 2.6 kg. This is a rather small amount per seizure when compared to other regions, suggesting that small-scale trafficking operations are the rule rather than the exception.

While total seizures remained essentially stable in

Tajikistan in 2008 (1.6 mt), seizures in Uzbekistan and Kazakhstan reached the highest levels on record, at 1.5 mt and 1.6 mt, respectively. In the Russian Federation, seizures have followed an upward trend, from 2.5 mt in 2006, to 2.9 mt in 2007 and to 3.4 mt in 2008.

Trafficking through Pakistan

Some 150 mt (40%) of Afghan heroin/morphine are trafficked to Pakistan, particularly to Balochistan province and the Federally Administered Tribal Areas, which both share long borders with Afghanistan. While some of the drugs are consumed or seized in Pakistan, most are trafficked to other countries. Major destinations for heroin trafficked through Pakistan include the Islamic Republic of Iran (35 mt, most for onward shipment to Europe), various countries in Asia (25 mt), Africa (some 20 mt) and the United Arab Emirates (11 mt for onward shipment to China and East/Southern Africa). Pakistani traffickers also operate numerous air (and sea) trafficking routes to Europe, mostly to the United Kingdom and the Netherlands, shipping an estimated 5 mt annually via these direct connections.

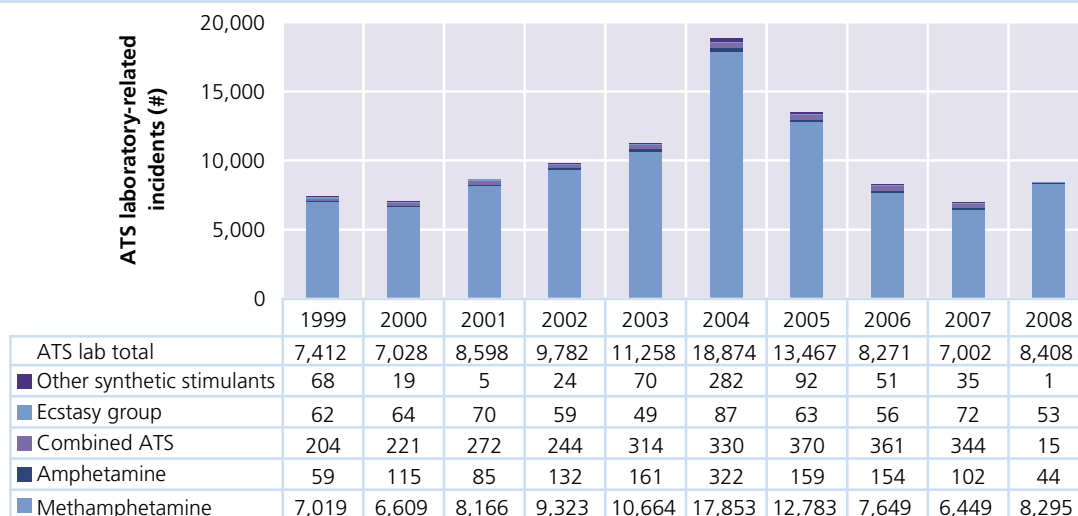
Amphetamine-type stimulants

Amphetamine-type stimulants (ATS) refer to a group of synthetic substances comprised of amphetamine-group (primarily amphetamine, methamphetamine and methcathinone) and ecstasy-group substances (MDMA and its analogues). ATS can be made anywhere the precursors can be found, so manufacturing tends to happen close to the main consumer markets. More than one third of the countries reporting to UNODC have detected ATS manufacture in their territories.

The number of ATS-related clandestine laboratories reported increased by 20% in 2008, and, for the first

ATS laboratories (all sizes) reported to UNODC, by type, 1999-2008

Source: UNODC ARQ



time, revealed the existence of laboratories in Argentina, Brazil, Guatemala, the Islamic Republic of Iran and Sri Lanka. Information on the 8,432 detected laboratories came from 31 countries, with the largest numbers reported from the United States, the Czech Republic, Australia, China,⁴ Slovakia, New Zealand, the Netherlands, Canada and Mexico. However, the number of laboratories is not representative of their output, as many countries with lower total counts report only laboratories with large-scale outputs.

Traditionally, different regions have had problems with different ATS. 'Ecstasy' has been associated with the dance club scene, initially located primarily in the Anglophone countries, but later expanding throughout Europe, the Americas, the Oceania region and many parts of East and South-East Asia. Methamphetamine has been problematic in East Asia and South-East Asia over the last decade, as well as in North America and Oceania. Amphetamine was found primarily in Europe, though in recent years, the Middle East has emerged as a major new market, with demand for pills called *Captagon*. This was a brand-name for a discontinued product that contained fenethylline, but these pills today mostly consist of amphetamine and caffeine. Pharmaceutical stimulants are widely misused in South America and in Africa.

Trends and associations with these substances are also changing:

- North America struggled with a rash of methamphetamine use, gradually moving from the west towards the east coast. Successes in precursor control, however,

⁴ In 2008, China reported 244 unspecified clandestine laboratories. However, this figure is also known to include some opium dens and was therefore not included in the ATS totals.

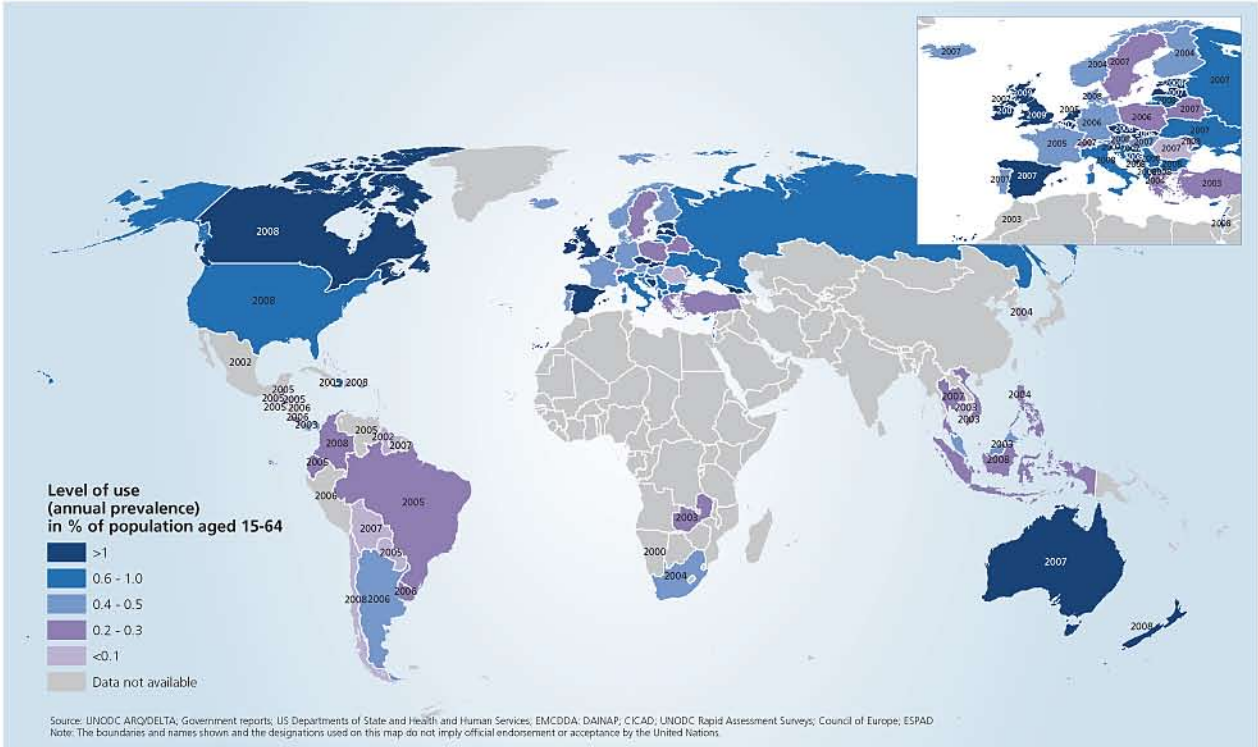
seem to have reduced this threat, though seizures increased in 2009.

- 'Ecstasy' is becoming important in many parts of the developing world, including Asia, while it seems to be levelling off or declining in Europe. The situation remains dynamic with illicit ecstasy manufacturing emerging in new locations around the world, while European and other markets are increasingly discovering synthetic substitution psychotropic substances in tablets sold as ecstasy. Piperazines, ketamine and other substitutes, either marketed as 'ecstasy' or under their own name, have grown in popularity as club drugs. With these changes in demand, the location of manufacturing operations has changed. In the past, most of the pills sold as 'ecstasy' were manufactured in Europe, but this does not seem to be the case any longer. Manufacture of 'ecstasy' has increased in North America (notably in Canada) and in several parts of Asia. In line with the increases in manufacture in Canada, there are now also early signs that the strong downward trend in ecstasy use in North America after the year 2000 could be reversed.

ATS are seized in a wider range of countries and greater volumes than ever before. A key component of the volume increase is the growth in the seizures of pills branded as *Captagon*. In the more mature markets, however, ATS use appears to have stabilized or declined, and seizures of tablets containing ecstasy-group substances in Europe have plummeted since 2006.

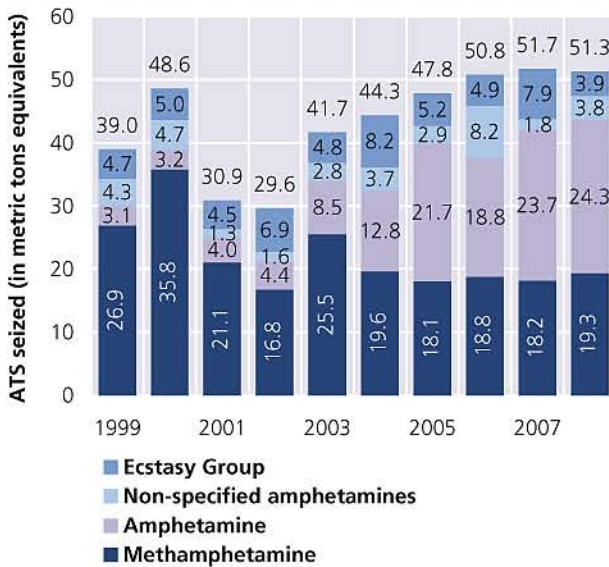
These broad trends mask a number of important regional developments. Manufacture of methamphetamine for the United States market, for example, underwent a dramatic transformation in response to domestic precursor controls implemented in 2005. Manufacturing was displaced over the border to Mexico. This displacement was

Use of ecstasy in 2008 (or latest year available)



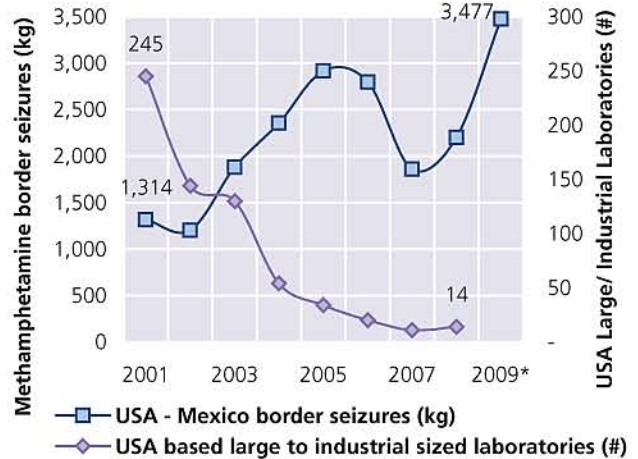
Seizure trends of ATS, by type, 1999-2008

Source: UNODC ARQ/DELTA



United States seizures of methamphetamine reported near the Mexico border versus seizures of large-scale US-based clandestine methamphetamine laboratories, 2001-2009*

* Partial year 2009
 Source: UNODC



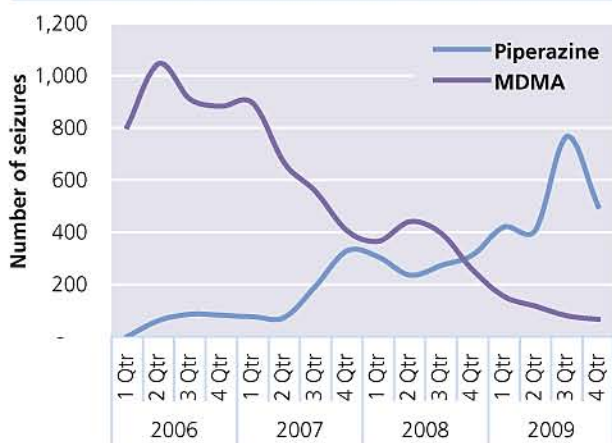
later addressed by precursor controls in Mexico initiated in 2007. In response to these efforts, prices in the United States rose and purity declined. But there are indications that the traffickers are adapting yet again, identifying new sources of precursors, new techniques for synthesizing the drug, and new countries in which to locate manufacture. From the end of 2007 until the beginning of 2009, the purity of methamphetamine sold in the United States appears to have increased, resulting in a decline in

the price per gram of pure methamphetamine. This situation appeared to have stabilized by late 2009.

Traffickers have adapted to measures to control 'ecstasy' manufacture as well. Traditionally, Europe has been the source of most of the 'ecstasy' used in the world, but manufacturing operations are increasingly detected in other regions, catering to demand in an expanding number of countries. Alternative precursors, including safrole-rich oils from South-East Asia, are increasingly

The composition of 'ecstasy' tablets seized in the United Kingdom, 2006-2009

Source: United Kingdom Forensic Science Services



detected in MDMA manufacture, and substitute drugs, particularly the piperazines, are used to mimic the effects of MDMA. Some of these substitute chemicals are not under international control and are not regulated in all jurisdictions.

Another drug outside international control, with growing popularity in Asia, is the veterinary anaesthetic ketamine. Most of this drug is diverted from licit sources, but large-scale illicit manufacturing has been detected in Asia. Seizures have been made in the hundreds of kilograms, and the price has remained low relative to other drugs.

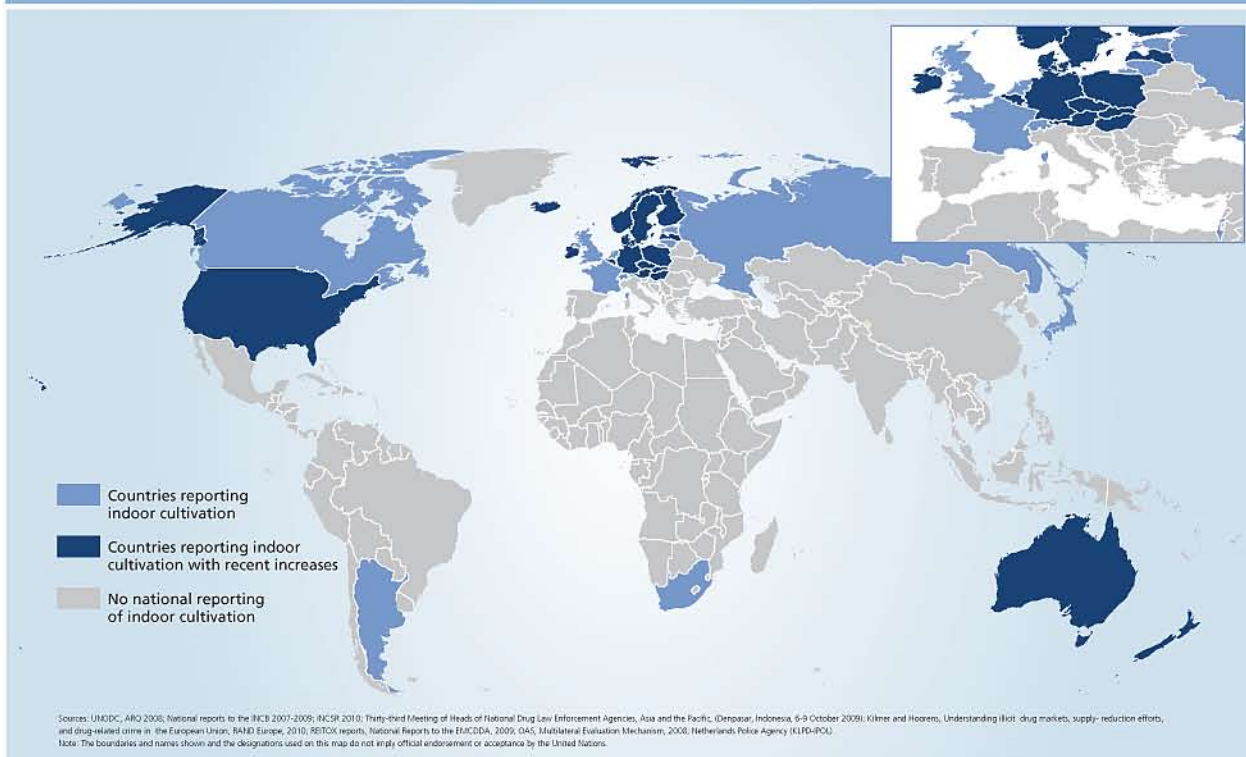
Cannabis

In contrast to the major international markets described above, very little can be said about global cannabis trends, because the drug is produced locally and consumed widely in countries around the world. Cannabis resin markets are more concentrated than those for herbal cannabis, with Afghanistan and Morocco being the largest international exporters. The area under cannabis cultivation in Morocco declined from 134,000 ha in 2003 to 72,500 ha in 2005 and production fell from 3,070 mt to 1,067 mt. Since 2005, UNODC has not carried out a cannabis survey in Morocco. However, the Government of Morocco has reported decreases after 2005. Data on seizures of cannabis resin originated in Morocco and reported by destination countries do not show a decreasing trend and Morocco continues to appear as one of the major sources of resin. The Afghan production was assessed at between 1,500 and 3,500 mt in 2009 (with estimates of the area under cannabis cultivation ranging from 10,000 to 24,000 ha). Cannabis resin seizures in the Near and Middle East/South-West Asia more than doubled after 2006.

The most notable global trend in cannabis production in recent years has been the growth of indoor cultivation, especially in Europe, Australia and North America. Indoor growing is a very lucrative business and is increasingly a source of profit for local organized crime groups.

Seizures of both cannabis herb and resin reached record levels in 2008. Cannabis herb is the most prevalent of

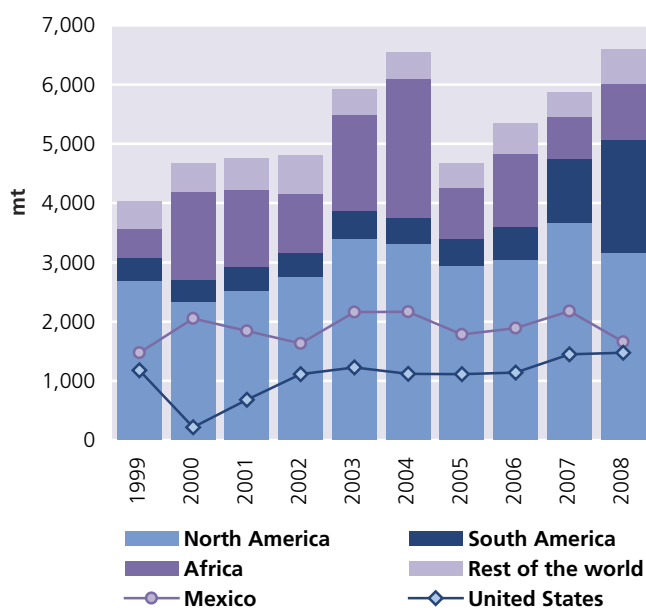
Evidence of indoor cannabis cultivation in the world



the two, with total seizures reaching 6,587 mt, whereas the resin seizure total was 1,637 mt in 2008. Cannabis herb seizures appear to be growing most strongly in South America; in particular in the Plurinational State of Bolivia. For resin, the growth is strongest in South-West Asia. The year 2008 saw what may be the single largest drug seizure in history: 236.8 mt of cannabis resin seized by the Afghan authorities in Kandahar province in June.

Global cannabis herb seizures (mt), 1999-2008

Source: UNODC ARQ



Prices of cannabis herb vary noticeably across different countries and regions, even when adjusted for purchasing power parity. Some regions revealed intra-regional consistency, although comparisons across countries should be considered with caution since prices may relate to different product types. Very high retail prices were reported by Japan, Singapore and two territories in Eastern Asia (Hong Kong and Macao, China). The high price in Japan may be due to the fact that cannabis herb is mainly imported, which is contrary to the prevalent pattern in most other countries. Cannabis herb prices in Europe were also relatively high. The lower end of the scale was occupied mainly by countries in Africa, South America and East, South-East and South Asia.

Cannabis remains the most widely used illicit substance in the world. Globally, the number of people who had used cannabis at least once in 2008 is estimated between 129 and 191 million, or 2.9% to 4.3% of the world population aged 15 to 64. Cannabis use appears to be in long-term decline in some of its highest value markets, including North America and parts of West Europe. Increasing use has been reported in South America, although annual prevalence rates remain far lower than

in North America. Although there is a lack of scientifically valid data on cannabis use for both Africa and Asia, national experts in both continents perceive an increasing trend.

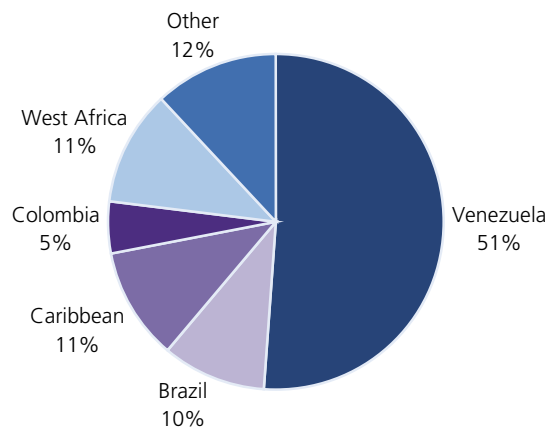
Drug trafficking and instability in transit countries

There are two ways that drug trafficking can pose a threat to political stability. The first involves countries where insurgents and illegal armed groups draw funds from taxing, or even managing, drug production and trafficking. The second concerns countries that do not face such a situation, but where the drug traffickers become powerful enough to take on the state through violent confrontation or high-level corruption. This chapter focuses on the second category, and discusses the impact of cocaine trafficking on transit countries.

Between 2006 and 2008, over half the maritime shipments of cocaine to Europe detected came from the Bolivarian Republic of Venezuela. Ecuador has also been affected by an increase in transit trafficking, and both countries are experiencing increasing problems with violence.

Departure locations of identified drug trafficking shipments by sea from South America to Europe, 2006-2008

Source: Maritime Analysis Operation Centre

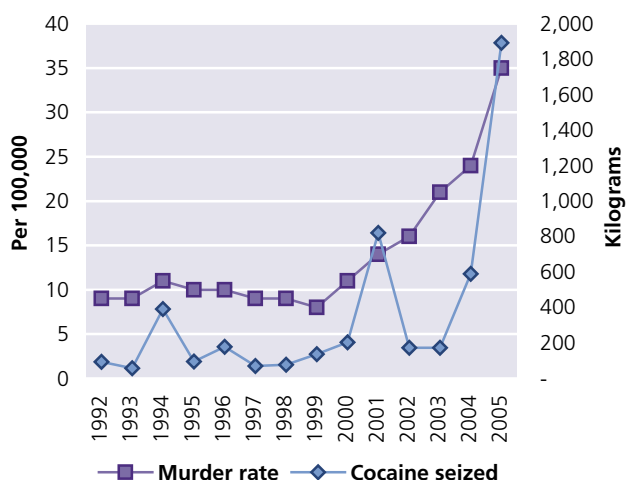


The decline of the US cocaine market and the rise of the European one have also contributed to violence in the Caribbean. In some cases, this is due to new cocaine flows, in others, to the loss of cocaine trafficking as a revenue source for local criminals. It appears that any dramatic changes in trafficking can have a destabilizing effect, resulting in violence.

The region worst affected at present is the Northern Triangle of Central America: Guatemala, Honduras and El Salvador. Here, intense drug-related violence has posed a serious challenge to governance. While all these countries have had problems with violence in the past,

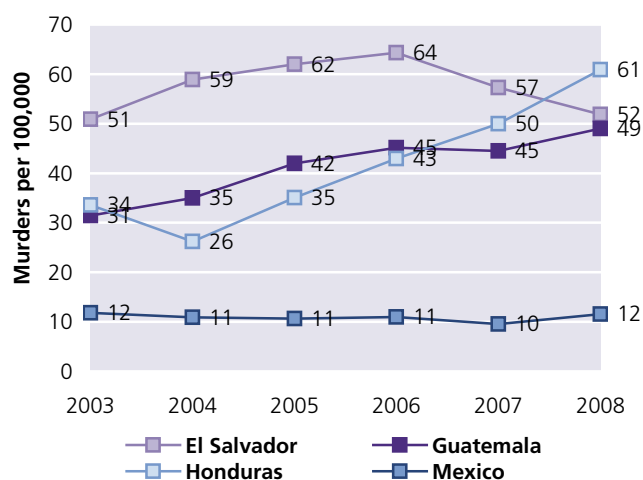
Murders and cocaine seizures in Trinidad and Tobago, 1992-2005

Source: UNODC International Homicide Statistics and DELTA



Murder rate trends in Central America (per 100,000 inhabitants), 2003-2008

Source: UNODC International Homicide Statistics



the murder rate is highest not in the largest urban areas but in those parts of the country particularly affected by the drug trade, including some ports and border areas.

Much has been made of drug-related violence in Mexico, but murder rates are considerably lower and the Government is far stronger in Mexico. The crackdown on the Mexican cartels has inflamed violence, as it did in Colombia, but this phase may be necessary to dismantle organized crime groups that have begun to challenge the state. It appears to have disrupted the cocaine supply to the United States, but more importantly, it has uprooted widespread corruption and reasserted Government control over the entire territory of the country. Since much of the drug violence in Central America is tied to these same cartels, progress in Mexico should also aid the countries to the south.

On the other side of the Atlantic, large-scale cocaine trafficking has been a problem in West Africa since around 2004. While data on violence are sparse in West Africa, it is unlikely that the flow of drug money will precipitate the kind of feuds that have been recently seen in Latin America, because the traffickers have been able to co-opt top figures in some authoritarian societies.

The best known example is Guinea-Bissau, where the prime minister was recently detained and threatened by soldiers so that the chief of staff of the military could be removed. The man who engineered this 'coup' has assumed the role of deputy chief. He has also been widely accused of involvement in drug trafficking. While the flow of cocaine through this region declined sharply after political turmoil in Guinea-Bissau and Guinea in 2008/2009, these recent developments suggest it may resume in the near future.

Measures must be taken to assure that transnational

organized crime does not contribute to instability, including, when relevant, building crime prevention into international efforts to foster peace and the rule of law. Since most transnational trafficking flows are inter-continental, however, planning of integrated drug control strategies at the global level is required to address them, and the United Nations can help to coordinate this endeavour.