



UNITED NATIONS  
*Office on Drugs and Crime*

# 2004

# WORLD DRUG REPORT

Volume 1: Analysis

## EXECUTIVE SUMMARY









# 2004

## **WORLD DRUG REPORT**

Volume 1: Analysis

The Office for Drug Control and Crime Prevention (UNODCCP) became the Office on Drugs and Crime (UNODC) on 1 October 2002. The Office on Drugs and Crime includes the United Nations International Drug Control Programme (UNDCP).

United Nations Publication  
Sales No. E.04.XI.16  
ISBN 92-1-148185-6  
Volume 1

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This publication has not been formally edited.

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# Preface

Illicit drugs have profound effects on individuals and societies worldwide. For individuals, drugs jeopardize health, livelihood and security. At the national level, their osmotic relationship with crime can make them both cause and consequence of conflict, weak governance and underdevelopment. Poor countries are particularly vulnerable and need help, as they lack the resources to break out of the vicious circle. The global dimension of the drug problem is equally important: illicit drug markets know no borders and their transnational nature puts them beyond the reach of any single government, rich or poor.

While the cross-border dimension of drug trafficking has long been understood and translated into a highly developed system of international cooperation, in recent years the opening of world markets has accentuated this trait. More than ever, a multilateral and coordinated response is needed. In the United Nations Millennium Declaration, Member States resolved to redouble efforts to provide such a response. A year ago, governments reaffirmed their commitment, made at the special session of the UN General Assembly (UNGASS) in 1998, to make significant progress in countering the world drug problem by the year 2008. They noted that the "shared responsibility" (namely, the involvement of countries of origin as well as of destination), could only be achieved by means of a "balanced approach" (giving demand as much attention as supply), balancing preventive measures and law enforcement interventions.

This year's *World Drug Report* shows that though Member States have made significant progress in some areas, there are others where effective measures are still needed. Drug abuse remains at an unacceptable level.

There is no easy road to a world less tormented by illicit drugs. If we want to end the suffering, however, we can together do a lot more than at present:

- *First*, the drug problem must be tackled in the broader context of human security and sustainable development. It will take more than counter-narcotics operations (necessary as they may be) to contain the drug problem - the whole of society must be involved.
- *Secondly*, responses to the drugs and crime nexus must become more integrated. Criminals expropriate huge sums of money from poor farmers and poor addicts alike. The United Nations *Office on Drugs and Crime* (UNODC) recently merged the drugs and crime programmes within one internal structure and the new UN conventions against transnational organized crime and corruption offer unique prospects of progress on the drug control front as well.
- *Thirdly*, drug control programmes must better attune themselves to the dynamics of drug markets: a better understanding of underlying trends, more robust data, increased research and a deeper scientific approach to the problem are all required.

I hope that readers will find this 2004 edition of the *World Drug Report* a useful contribution.



Antonio Maria Costa  
Executive Director  
United Nations *Office on Drugs and Crime*





# Introduction

The United Nations Office on Drugs and Crime (UNODC) is a global leader in the fight against illicit drugs and international crime. UNODC has approximately 500 staff members worldwide. Its headquarters are in Vienna and it has 21 field offices as well as a liaison office in New York. UNODC relies on voluntary contributions, mainly from governments, for 90 per cent of its budget. The three pillars of the UNODC work programme are:

- Research and analytical work to increase knowledge and understanding of drugs and crime issues and expand the evidence-base for policy and operational decisions;
- Normative work to assist States in the ratification and implementation of the international treaties, the development of domestic legislation on drugs, crime and terrorism, and the provision of secretariat and substantive services to the treaty-based and governing bodies; and
- Field-based technical cooperation projects to enhance the capacity of Member States to counteract illicit drugs, crime and terrorism.

In 1998 the General Assembly gave UNODC the mandate to publish "comprehensive and balanced information about the world drug problem." Since then, the international community has recognized the importance of detailed, factual and objective information to the field of international drug control.

The United Nations *Office on Drugs and Crime* (UNODC) has published such assessments annually since 1999. This year UNODC introduces its first two volume edition of the *World Drug Report*, which merges the former *Global Illicit Drug Trends* publication and the World Drug Report. The consolidation of the two reports is designed to increase the breadth of analytical coverage, while maintaining the annual frequency of statistical output. The first volume covers market trends and provides in depth long term trend analysis, the second volume compiles detailed statistics on all of the drug markets. Together they provide the most complete picture yet of the international drug problem.

The aim of the present Report remains the same as previous years: to contribute to annual assessments by presenting supply (production and trafficking) and demand statistics and analysis on the evolution of the global illicit drug problem. However, by presenting a thorough consideration of the status of the world drug situation and through the presentation of long term trends, this year's report goes further than ever in providing an assessment of the world drug situation.

As in previous years, the present Report is based on data obtained primarily from the annual reports questionnaire (ARQ) sent by Governments to UNODC in 2003, supplemented by other sources when necessary and where available. Two of the main limitations herein are: (i) that ARQ reporting is not systematic enough, both in terms of number of countries responding and of content, and (ii) that most countries lack the adequate monitoring systems required to produce reliable, comprehensive and internationally comparable data. National monitoring systems are, however, improving and UNODC has contributed to this process over the last few years. (For more information on data sources and limitations please consult the Methodology section at the end of the report.)



# Explanatory notes

This report has been reproduced without formal editing.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. The names of territories and administrative areas are in italics.

The following abbreviations have been used in this report:

ARQ	Annual reports questionnaire
ATS	Amphetamine-type stimulants. Amphetamines (amphetamine, methamphetamine and related substances) and substances of the ecstasy group (ecstasy, MDMA, MDEA, MDA etc.)
CICAD	Inter-American Drug Abuse Control Commission
CIS	Commonwealth of Independent States
DEA	Drug Enforcement Administration (United States of America)
DELTA	UNODC Database for Estimates and Long-term Trends Analysis
DUMA	Drug Use Monitoring in Australia
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESPAD	European School Survey Project on Alcohol and other Drugs (Council of Europe)
F.O.	UNODC Field Office
ICMP	UNODC Global Illicit Crop Monitoring Programme
IDU	Injecting drug use
INCB	International Narcotics Control Board
INCSR	International Narcotics Control Strategy Report (United States of America)
Interpol/ICPO	International Criminal Police Organization
LSD	lysergic acid diethylamide
NAPOL	National Police
PCP	phencyclidine
UNAIDS	Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
WADAT	Weighted Analysis on Drug Abuse Trends, referred to as Drug Abuse Trend Index in this report.
WCO	World Customs Organization
WHO	World Health Organization
Govt.	Government
u.	Unit
lt.	Litre
kg	Kilogram
ha	Hectare
mt	Metric ton



# Executive Summary

This year the United Nations introduces its first two volume edition of the *World Drug Report*. The first volume covers market trends and provides in depth trend analysis. The second volume compiles detailed statistics on all of the drug markets. Together they provide another contribution of the United Nations Office on Drugs and Crime towards understanding the world drug problem.

## Chapter 1: The world drug problem: A status report

### The Policy Landscape

The multilateral drug control system is a very valuable piece of political capital, agreed upon through an incremental process spanning a century. Its legal framework is provided by the three international drug conventions<sup>a</sup>. Adherence to the conventions is almost universal, and most States Members of the United Nations have ratified them. The scope of control over drugs has broadened and deepened over the years, having begun with the regulation of licit production and trade and before extending to the goal of international cooperation against the multi-faceted problem of illicit drugs.

Though there has been an epidemic of drug abuse over the last half-century, its diffusion into the general population has been contained. Less than 3% of the global population (or 5% of the population aged 15 and above) - the annual prevalence rate of drug use today - is certainly evidence of containment, particularly when compared with the annual prevalence rate of 30% for tobacco. There are, however, three important caveats. First, there is no clear baseline with which to compare this 5% diffusion. Secondly, though the large majority of the population (95%) remains untouched by illicit drug use, some very susceptible segments of that population, particularly youth, have been seriously affected by it. Thirdly, while it can be argued that a diffusion of the epidemic in the general population has been contained, it cannot be argued that the epidemic has been stopped. Though considerable progress has been made, the overarching objective of the drug control conventions - restricting the use of psychoactive substances under international control to medical and scientific use - has not yet been achieved.

There is a powerful consensus among countries, however, that this is still a reachable goal. The consensus reaches across governments and public opinion in the vast majority of countries. Current levels of illicit drug use, together with the health consequences and criminal activities associated with it, have consistently been deemed unacceptable by both policy makers and public opinion. This is why the multilateral drug control system continues to enjoy almost universal adherence. Consideration of such an intensive and extensive level of consensus provides a crucial sense of perspective for evaluating the paradoxical actions of a small, yet very vocal, number of actors to break ranks and challenge the spirit of multilateralism.

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a) The Single Convention on Narcotic Drugs of 1961 (United Nations, *Treaty Series*, vol. 520, No.7515), the Convention on Psychotropic Substances of 1971 (*Ibid.*, vol. 1019, No.14956) and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (*Ibid.*, vol.1582, No.27627).



The majority of governments, precisely because they still regard the drug conventions as relevant, have made continuous efforts to achieve better results in bringing the drug problem under control.

## The Dynamics of World Drug Markets

### What is the current level of drug use in the world?

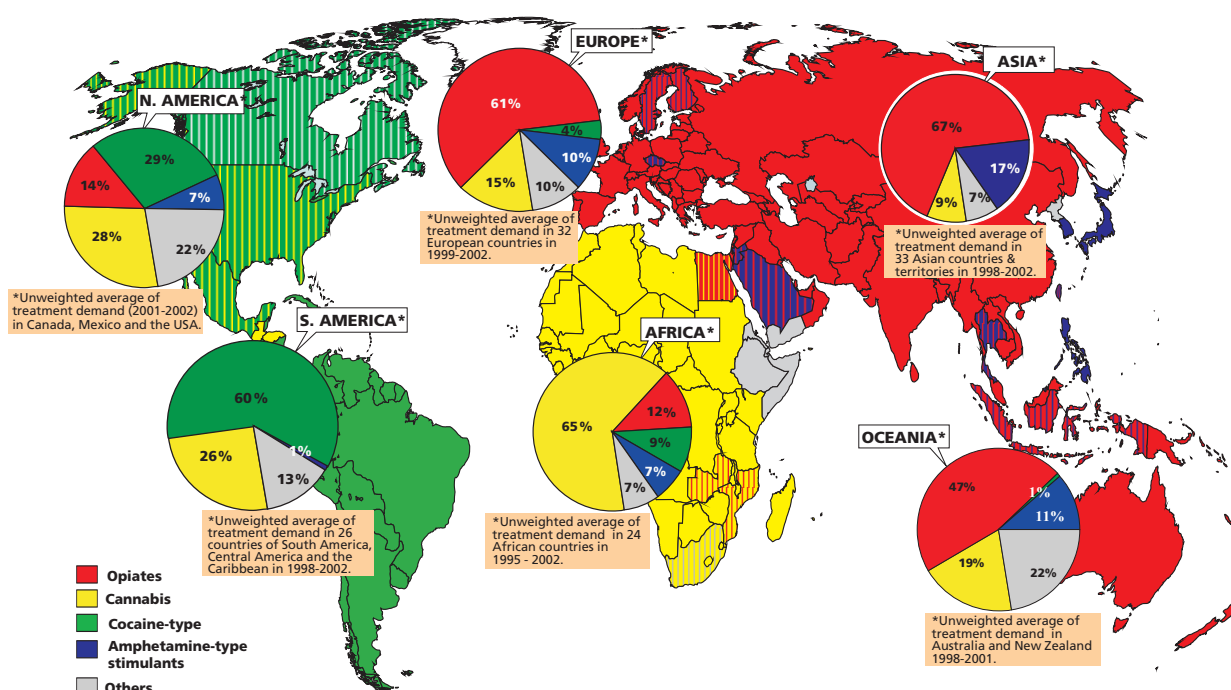
The total number of drug users in the world is now estimated at some 185 million people, equivalent to 3% of the global population, or 4.7% of the population aged 15 to 64. The new estimates confirm that cannabis is the most widely used substance (close to 150 million people), followed by the ATS (about 30 million people for the amphetamines, primarily methamphetamine and amphetamine, and 8 million for ecstasy). Slightly more than 13 million people use cocaine, and 15 million use opiates (heroin, morphine, opium, synthetic opiates), including some 9 million who take heroin.

Extent of drug abuse (annual prevalence*) estimates 2001-2003							
	All illicit drugs	Cannabis	Amphetamine-type		Cocaine	Opiates	of which heroin
			Amphetamines	Ecstasy			
(million people)	185	146.2	29.6	8.3	13.3	15.2	9.2
in % of global population	3.0%	2.3%	0.5%	0.1%	0.2%	0.2%	0.15%
in % of global population age 15-64	4.7%	3.7%	0.7%	0.2%	0.3%	0.4%	0.23%
* Annual prevalence is a measure of the number/percentage of people who have consumed an illicit drug at least once in the 12 month-period preceding the assessment.							

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

Remark: As drug users frequently take more than one substance (poly-drug use), the world total for all illicit drugs together is not equal to the sum of the estimates for each individual drug category.

### Main problem drugs (as reflected in treatment demand), 1998-2002 (or latest year available)



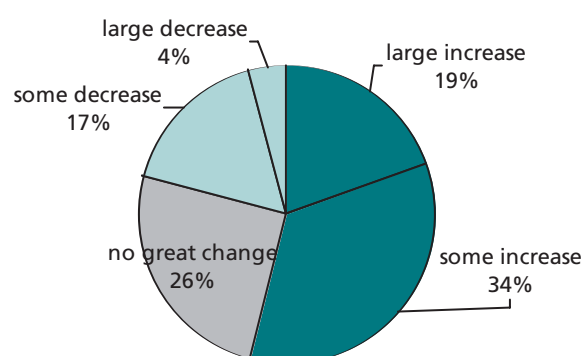
Source: UNODC, Annual Reports Questionnaire Data/DELTA and National Government Reports.

In terms of health impact, as measured by the demand for treatment services, opiates remain the most serious problem drug in the world. They account for 67% of drug treatment in Asia, 61% in Europe and 47% in Oceania. In South-East Asia, however, methamphetamine has become the main problem drug in the last decade. Cocaine still comes first in the Americas as a whole, but the number of admissions to treatment centres are now higher for heroin than cocaine in the USA. In Africa, cannabis continues to dominate treatment demand (65%).

### How is the drug problem evolving?

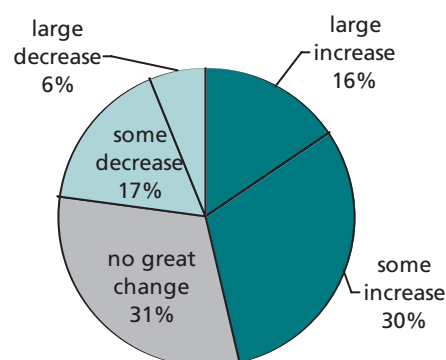
The spread of drug abuse may be losing momentum. There is a notable exception however: consumption of cannabis herb, the most commonly used illicit drug in the world, appears to be spreading at an accelerated pace. During the last decade, the highest increases, after cannabis, were for the ATS (mainly ecstasy), followed by cocaine and the opiates.

**Global drug abuse trends in 2000**  
(based on information from 96 countries)



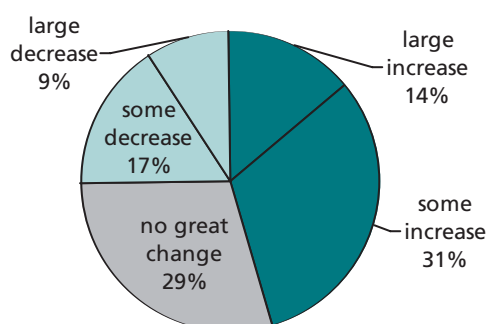
Source: UNODC, Annual Reports Questionnaire Data.

**Global drug abuse trends in 2001**  
(based on information from 96 countries)



Source: UNODC, Annual Reports Questionnaire Data.

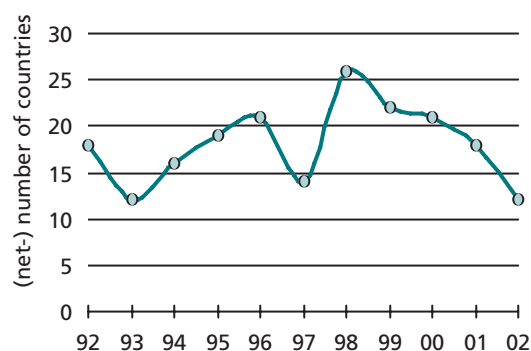
**Global drug abuse trends in 2002**  
(based on information from 95 countries)



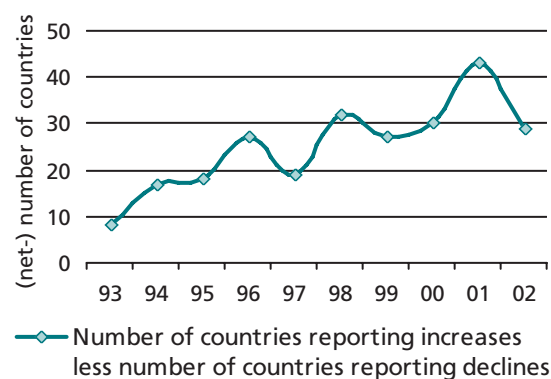
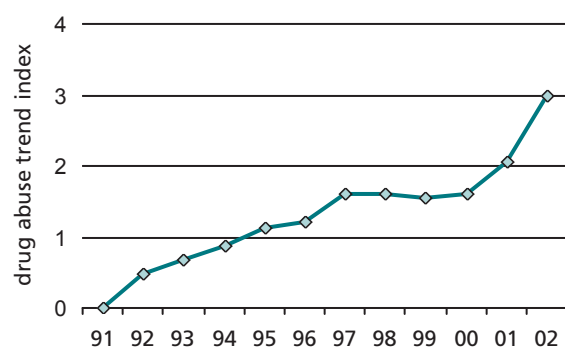
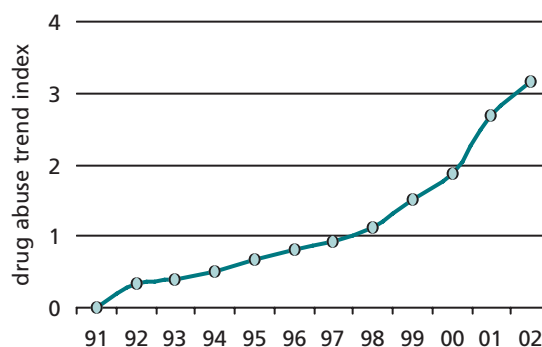
Source: UNODC, Annual Reports Questionnaire Data.

**Heroin abuse trend, 1992 - 2002**

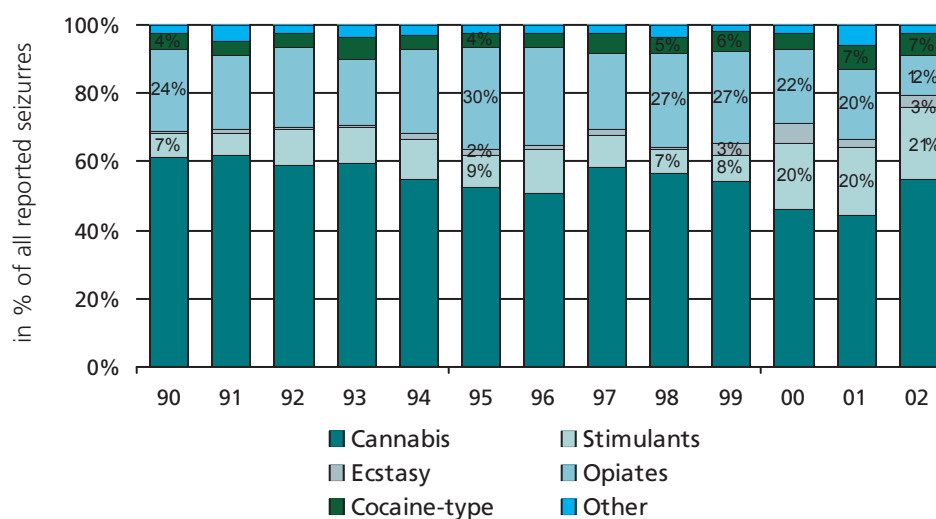
Number of countries reporting increases less number of countries reporting stable/declining levels of abuse

**Cocaine abuse trends, 1993 - 2002**

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

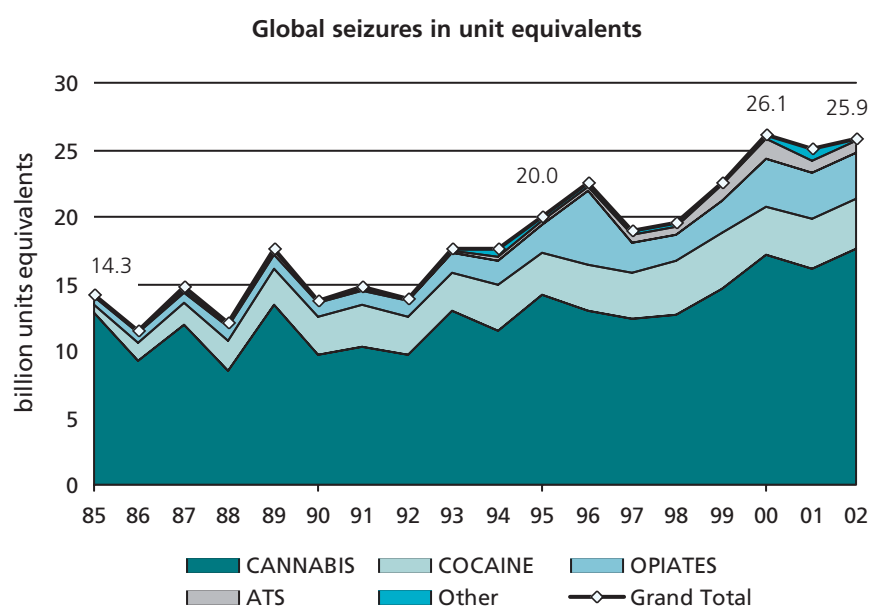
**Global Cannabis consumption trend: based on national experts' perceptions, 1992 - 2002****Global ATS consumption trend: based on national experts' perceptions, 1992 - 2002**

The overall number of drug seizures has consistently increased since the early 1990s, but there were signs of stabilization or decline in 2002. Global seizure data for the period 1990-2000 show a decline in the relative importance of cannabis, the rapid emergence of ATS, an increase of opiates and an increase, followed by a stabilization, of cocaine.

**Proportion of seizure cases according to drug category, 1990 - 2002**

Over a 10-year period, the quantities of illicit drugs seized have also increased as a whole. Ecstasy, depressants and amphetamine-type stimulants show the strongest increases. From 2001 to 2002, however, the quantities seized remained largely stable, with the exception of ecstasy. In terms of absolute quantities, drug seizures are consistently dominated by cannabis, followed by cocaine, opiates and then ATS.

The conversion of the quantities of drugs seized into unit equivalents (a typical dose taken by drug users to experience a 'high') facilitates more meaningful comparisons of seizures across drug categories. The converted figures reflect the strong increases of the 1990s (from 14 billion doses in 1990, to 26 billion in 2000), and signs of stabilization in 2001/2002. Seizures in unit terms are the highest in the Americas (10.4 billion doses), followed by Europe (7.4 billion), Asia (5.5 billion), Africa (2.4 billion) and Oceania (0.08 billion). On a per capita basis, however, the ranking changes to: the Americas (12.1 units or doses seized per capita), Europe (10.2), Africa (2.9), Oceania (2.6) and Asia (1.5). The relative importance of the Americas declined over the last two decades, while Europe's increased. Overall, cannabis remains by far the most frequently seized substance in terms of unit equivalents; in Africa, it accounted for 99% of all seizures in 2002. The Americas have the highest percentage of seizures of cocaine-type substances (31% in 2002), while Asia comes first for the proportion of opiates in seizures (43% in 2002). Seizures of ATS are dominant in Oceania (more than half of all seizures in that region in 2002).



Global illicit production of opium (from which heroin is processed) has remained stable, at around 4,000 to 5,000 metric tons, since the early 1990s, but has become increasingly concentrated in Afghanistan. Coca cultivation (cocaine is extracted from the leaves of the coca bush) was stable during most of the 1990s, but has been steadily decreasing since 1999 (-30% from 1999 to 2003). There is unfortunately not enough data to establish any meaningful global illicit production trend for cannabis, which is now reportedly cultivated in more than 140 countries throughout the world. The situation is somewhat similar for ATS, although the spectacular progression in the number of seizures of illegal laboratories since the mid-1990s (from less than 1000 in 1995 to about 10,000 in 2002) is consistent with trends reported for ATS consumption.

### The outlook for world drug markets

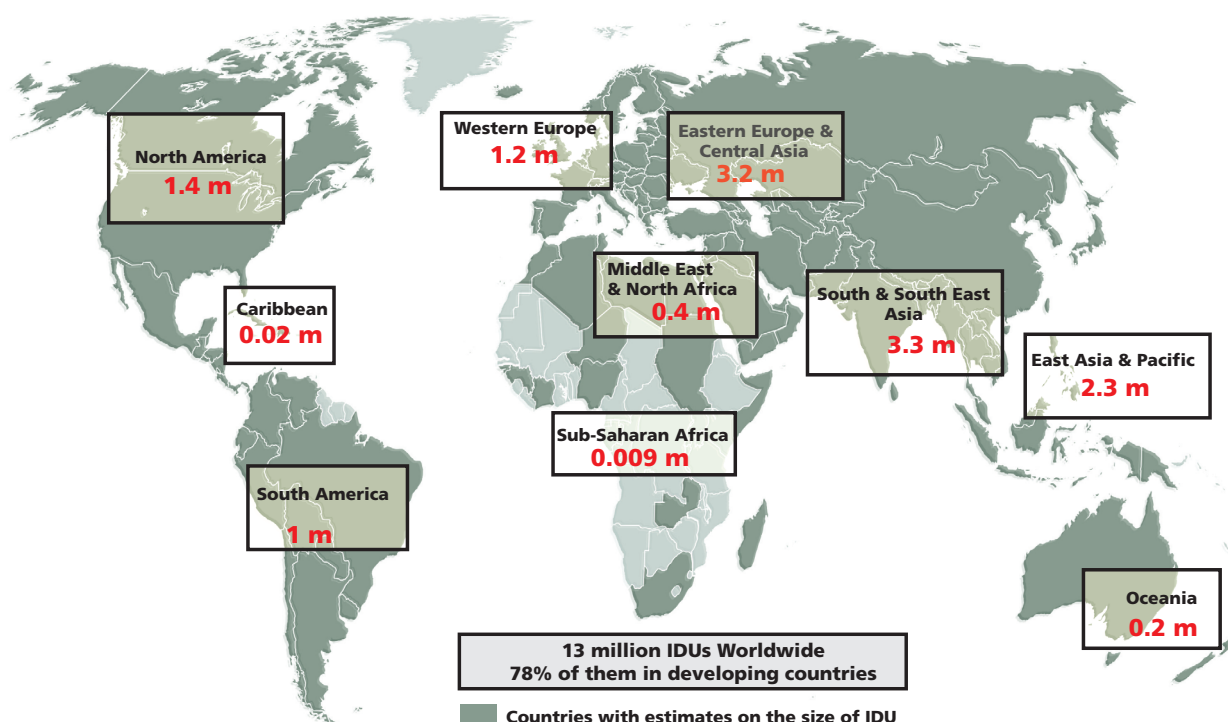
Taking into account trends in cultivation, production and consumption, the global heroin market has remained largely stable in 2002, but there are indications of a slight expansion in 2003 and a forecast for a larger one in 2004. As opium poppy cultivation is increasingly concentrated in Afghanistan, which produced three-quarters of the world's illicit opium in recent years, the fate of the world heroin market will largely depend on what happens in that country. The overall stabilization and decline in coca cultivation and cocaine production has been sustained for the fourth straight year. There is no indication that this trend will be reversed. Vigilant supply reduction efforts continue in Colombia, Peru and Bolivia. While there have been some setbacks, these efforts are likely to be sufficient

to sustain overall declines in cultivation and production. The cannabis market remains buoyant. In South America consumption is rising, and the market continues to expand in Western and Eastern Europe as well as in Africa. In the United Kingdom, Europe's largest cannabis market, use has stabilized at high levels over the last three years. Although the market for ATS is expanding and buoyant, there are some signs that the rate of increase is slowing down from the rapid increases that characterized virtually every sector of this market over the past ten years.

### Injecting drug use and HIV/AIDS

Global estimates, provided by UNAIDS and WHO, indicate that by the end of 2003 between 34 and 46 million people were living with HIV/AIDS. Between 4.2 and 5.8 million people were infected in 2003 alone. In the same year, between 2.5 and 3.5 million people died of AIDS. While the bulk of new infections are due to unsafe sexual behaviour, the use of contaminated injection equipment among injecting drug users continues to fuel the pandemic, particularly in Eastern Europe, Central, South and South East Asia and Latin America. According to a review of the Reference Group on the Prevention and Care of HIV/AIDS Among Injecting Drug Users in 2003, information on the size of the injecting drug user population is available for 130 countries and territories, and data on the association of HIV infection with injecting drug use is available for 78. The group estimated that there are approximately 13 million injecting drug users worldwide, of which 8.8 million are in Eastern Europe, Central, South and South-East Asia, 1.4 million in North America, and 1 million in Latin America.

### Estimates on the size of the IDU populations available in 130 countries and territories (1998 - 2003)



Source: Reference Groups on the Prevention and Care of HIV/AIDS Among Injecting Drug Users, 2002.



## Conceptual advances in drug control

Despite favourable comparison with the public health disaster created by the largely uncontrolled tobacco industry, drug control results still fall short with respect to the ambitions enshrined in the UN conventions. Further steps towards resolving the drug control equation are required and possible. Since drug control proceeds essentially by trial and error, there have been many conceptual advances that have found practical applications and yielded good results over the years. A number of recent developments offer the prospect of better results.

### A holistic approach

#### *Addressing the drug problem in a broader sustainable development context*

The drug problem has a negative impact on the functioning of societies as a whole. It can hinder development programmes and compromise peacemaking and reconstruction efforts in countries torn by civil war. In turn, poverty, strife and feeble governance are fertile ground for drug production, trafficking and abuse. Those various dimensions can become so interlocked that getting out of the vicious circle they create can only be accomplished through a comprehensive approach. Confined for too long to special programmes handled by specialized agencies, drug control priorities are now finding their way into the mainstream of the socio-economic agenda.

Starting at community level, this broader understanding of the socio-economic dimensions of the drug problem must notably be reflected in a society-wide approach. Public institutions cannot do everything. Interventions are far more effective when they are joined by the various actors in civil society (such as families, non-governmental organizations, and the media) in a common purpose and programme.

#### *Providing an integrated response to the drugs and crime nexus*

The overlaps between the twin sectors of drugs and crime control have increased and the integration of programmes is progressing, as exemplified by the recent merger of the two within UNODC. The connections between drug trafficking, organized crime and, to some extent, the financing of terrorism, have been brought to the forefront of international attention. The recent enrichment of the multilateral system with a new set of ground-breaking instruments against transnational organized crime, trafficking in human beings, smuggling of migrants, trafficking in firearms and corruption is opening the way for potentially significant advances in the fight against drugs and crime.

#### *Addressing the drugs and crime nexus under the new paradigm of human security*

Stemming from the 2000 UN Millennium Summit, the work of the Commission on Human Security is advancing a new paradigm of security that would complement the fundamental concepts of human development and human rights. The notion of 'human security' that encapsulates this new paradigm can provide a much needed conceptual link between drugs/crime control and sustainable development policies.

### *A more synergistic approach*

An ongoing regeneration of drug control strategies is expected to improve their efficacy in the coming years. The 1998 UNGASS stated the importance of integrated and balanced approaches to the drug problem. In 2003, governments called for a comprehensive strategy, as well as further development of evidence-based initiatives and of data collection, analysis and evaluation tools to support them.

There remain huge *terra incognitas* in drug-related data and statistics, especially in developing countries. Also, still little is known about the structure and dynamics of drug markets at national, regional and global levels. There is a pressing need to fill that knowledge gap in order to develop more synergistic drug control strategies. The deficiency of compartmentalized sectorial and geographical approaches must be addressed.

Illicit drugs are commodities at the centre of lucrative, clandestine and transnational markets. Albeit illegal, these markets obey basic supply and demand rules and respond to stimuli and pressures. Understanding the rules will help to better conceive the kind of pressures that could break them. Both more efforts to improve drug related data collection and analysis, as well as vigorous research programme into the way drug markets are structured, operate and evolve are required.

## A more dynamic approach

### *Understanding and controlling drug epidemics*

Though drugs are commodities, their use diffuses into susceptible segments of the population like infectious diseases. The term 'drug epidemics' thus offers a useful analogy. The powerful dynamics created by the combination of the incentives and behavior of a ruthless market with the contagious characteristics of an epidemic explain why drug use can expand so rapidly and become so difficult to stem. Since young people are particularly vulnerable, it is important to monitor closely the prevalence, incidence and evolution of illicit drug use among them.

Analysis of, and responses to, the drug problem have so far been too static. Both tend to treat the phenomenon as essentially linear. Fine-tuning and sequencing drug control interventions to maximize their effectiveness would require the development of dynamic, non-linear models of the drug problem. Understanding how drug epidemics evolve and how feedback effects can alter their evolution, would help to better balance and time interventions. It would also help to allocate resources across sectors and over time, significantly improving the cost-effectiveness of drug control strategies. Research on that topic has started. Further work is needed to produce and validate models that would have an operational value.

## Chapter 2: Trends

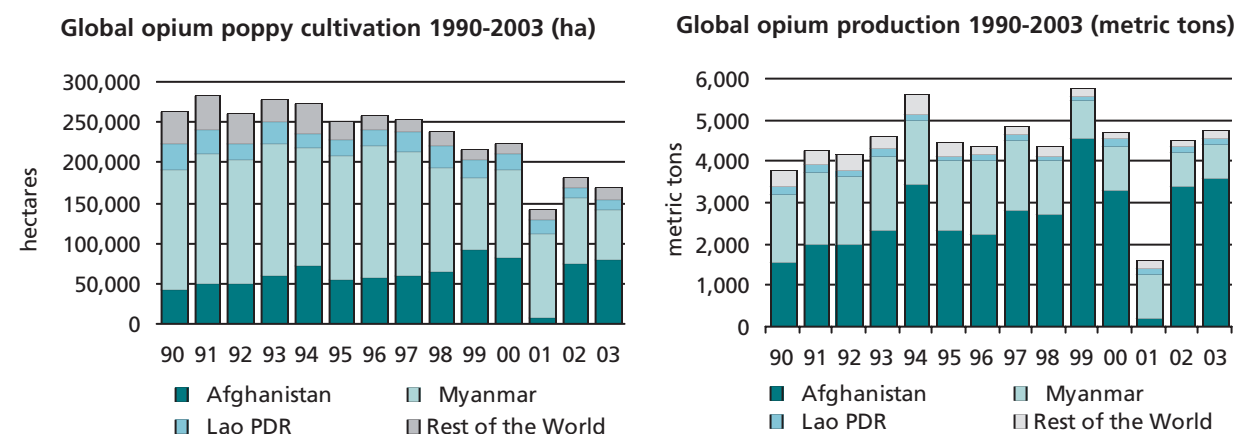
### Opium / Heroin Market

#### Production

At the global level, illicit opium poppy cultivation declined 6% to 169,000 ha in 2003, equivalent to a potential heroin production of approximately 480 tons. Opium poppy cultivation is now 40% less than in the early 1990s, when it was approximately 270,000 ha. However, the distribution of cultivation has changed over the past decade, with a decline in the low opium yield areas of South-East Asia and an increase in the high opium yield areas of Afghanistan. In 2003, more than 90% of the illicit cultivation of opium poppy took place in three countries: Afghanistan, Myanmar and Laos.

An increase of cultivation in Afghanistan, combined with a higher opium yield (45 kg/ha) than in South-East Asia (13 kg/ha), resulted in an overall increase of 5% of global illicit opium production between 2002 and 2003. In 2003, the 3,600 tons of opium produced in Afghanistan (the second highest opium production in Afghanistan's history), provided more than three-quarters of the world's illicit opium supply.

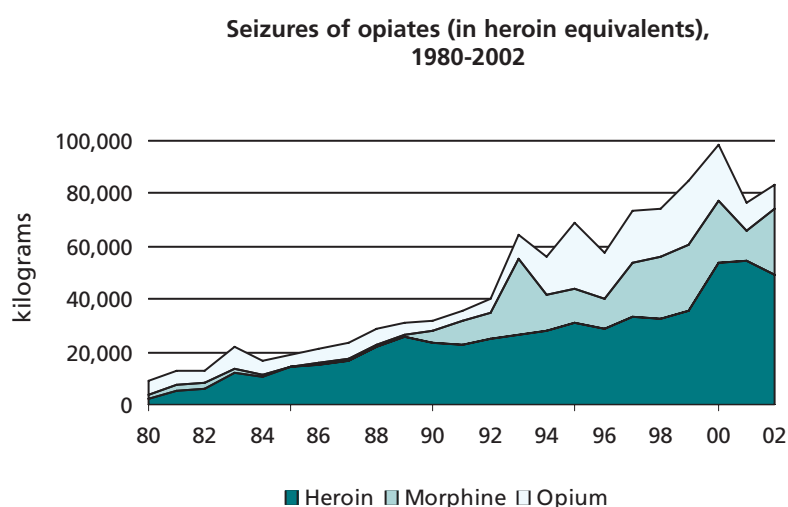
The potential farmgate value of opium production in 2003 at the global level was estimated at about US\$1.2 billion. More than 85% of this amount was made in Afghanistan. The amount of opium poppy cultivation in Afghanistan in 2004 will continue determining the level of the world's supply of illicit opium and heroin. The results



of the Afghan farmers' intention survey conducted by UNODC and the Afghan Government in October 2003, the time of planting for the 2004 opium poppy season, indicated that over two-thirds of the opium farmers interviewed intended to increase their level of opium poppy cultivation in 2004; only a few stated an intention to decrease.

## Trafficking

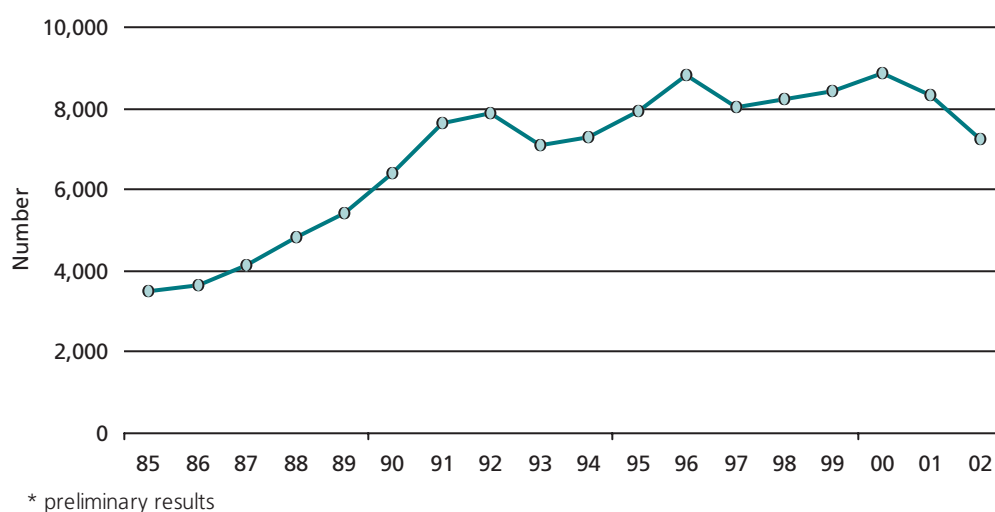
Global seizures of opiates (heroin, morphine and opium expressed in heroin equivalents) increased by 9% in 2002 after having fallen by 22% in 2001. The increase was a consequence of the doubling of morphine seizures, which was a reflection of the resumption of large-scale opium poppy cultivation and processing in Afghanistan in 2002. Heroin seizures, in contrast, declined by 15% as the huge stocks, which were built up in 1999/2000, were gradually depleted. Some preliminary data for 2003, however, suggest that trafficking in opiates, including heroin, regained momentum as Afghanistan had another good opium poppy harvest. In line with the fact that the world's two largest illicit opium production areas are located in Asia, most opiates seizures also take place in Asia (65% of all opiates seizures in 2002). Europe accounts for 28% and the Americas for 6% of global seizures. Iran, followed by Pakistan, were the two countries with the largest opiate seizures worldwide in 2002. Iran alone accounted for 25% of global opiate seizures in 2002, Pakistan for 16%. Taking heroin in isolation, Central Asia accounted for about a third of all seizures made in the countries surrounding Afghanistan. The proportion of Central Asia in heroin seizures made in countries surrounding Afghanistan was twice as high in 2002 as in 2000, indicating more use of the Central Asian trafficking route. Opiate seizures rose by almost 20% in Europe in 2002 and were back to the levels reported in 2000.



## Abuse

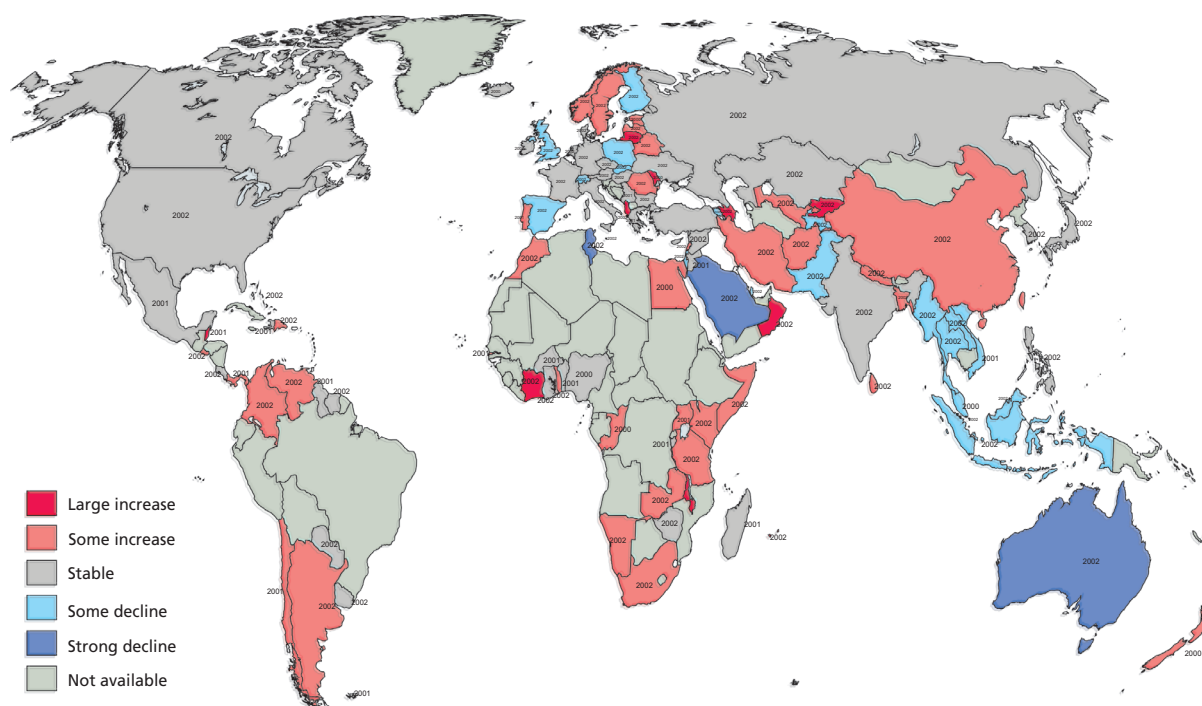
Heroin abuse in the countries of Western Europe continued on a stable to declining trend. The number of drug related deaths, mostly related to heroin, fell by some 20% between 2000 and 2002. There are also indications that the injecting of drugs has been stable or decreasing over the last few years in most countries in Western Europe. Newly diagnosed HIV infections related to injecting drug use (IDU) have experienced a general decline since 2000. They fell in Western Europe by more than 30% between 2000 and 2002.

The Russian Federation appears to be Europe's largest heroin market: its total number of drug users is now estimated to be 3 to 4 million people, of which one third are heroin abusers. The Russian Federation also has one of the highest IDU related HIV rates in the world, and, until 2001, it was increasing rapidly. In 2002, however, newly reported cases of IDU related HIV declined strongly in the Russian Federation as well as in a number of other countries of the former Soviet Union and in Poland, leading to a significant decline in the overall number of newly diagnosed HIV cases (minus 43% in the Russian Federation and minus 36% in the countries of the former Soviet Union).

**Acute drug related death in the EU-15, 1985-2002**

Sources: EMCDDA, UNODC, Annual Reports Questionnaire and national reports.

The pattern of opiate abuse trends in Asia was mixed in 2002. Stable/declining trends were reported from most countries in East and South-East Asia, reflecting falling opium production in Myanmar and Laos. Stable or declining trends were also reported from Pakistan and some of the Central Asian countries, a delayed consequence of Afghanistan's opium poppy ban of 2001. Central Asia, which suffered for many years from the strongest growth rates of heroin abuse and IDU related HIV, saw a marked decline in the number of newly diagnosed HIV cases in 2002. In Pakistan overall heroin abuse was reported to have declined slightly in 2002. In India, overall opiate abuse was reported to have remained stable in 2002 following years of increase. Thailand shows a continuing downward trend in opiate abuse since the mid 1990s, though this runs in parallel with an increasing trend in methamphetamine use.

**Changes in abuse of heroin and other opiates, 2002 (or latest year available)**

Sources: UNODC Annual Reports Questionnaires Data, National Household Surveys submitted to UNODC, United States Department of State (Bureau for International Narcotics and Law Enforcement Affairs), International Narcotics Control Strategy Report, Law Enforcement Reports, SACENDU (South African Community Epidemiology Network), UNODC, Meetings of Heads of Law Enforcement Agencies (HONLEA), UNODC Opium Surveys.

In contrast to a majority of Asian countries reporting stable or declining abuse trends in 2002, opiate abuse was reported to have continued rising in China, the world's most populous country. The number of registered drug addicts rose in 2002 and in 2003 to exceed 1 million people, a 15-fold increase over the 1990-2003 period. The most significant decline of opiate abuse in recent years was reported from Oceania in 2001. It lasted well into 2002 and - according to preliminary data - into 2003 as well largely due to the 2001 shortage of heroin in Australia's domestic market.

Heroin abuse, which increased in the Americas over the last decade, finally stabilized in 2002. In the USA, general population surveys revealed a basically stable level in 2002. In contrast to the situation in North America, a number of countries in South America, the Caribbean and Central America (Argentina, Colombia, Venezuela, El Salvador, and the Dominican Republic) reported rising levels of opiate abuse in 2002, reflecting the ongoing production of opium in the region.

## Coca/Cocaine Market

### Production

Global coca cultivation continued declining for the fourth straight year in 2003. The total area under coca cultivation in Colombia, Peru and Bolivia combined declined to 153,800 ha, an 11% decline from 2002 and a 30% decline from the peak of coca cultivation in 1999. As has been the case since 1996, the majority of all coca cultivation (56%) took place in Colombia, 29% took place in Peru and 15% took place in Bolivia. In 2003, world potential cocaine production was 655 tons, down from 800 tons in 2002. It amounted to 155 tons in Peru, 60 tons in Bolivia and about 440 tons in Colombia, down from 580 tons in the previous year.

Global coca bush cultivation, 1990-2003 (in ha)

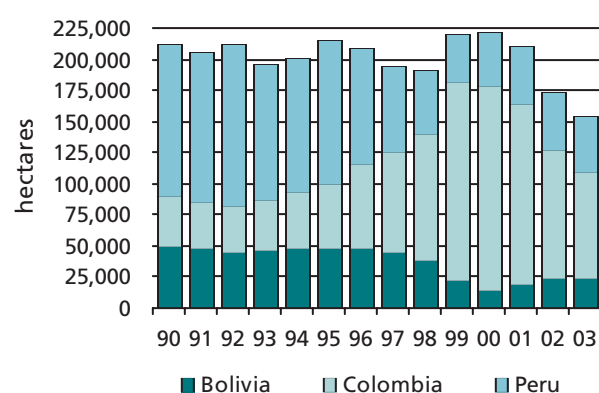
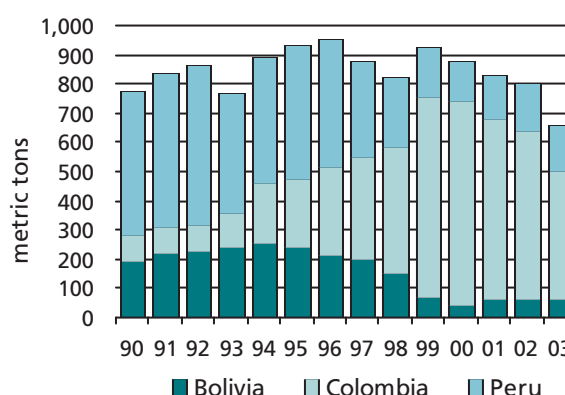


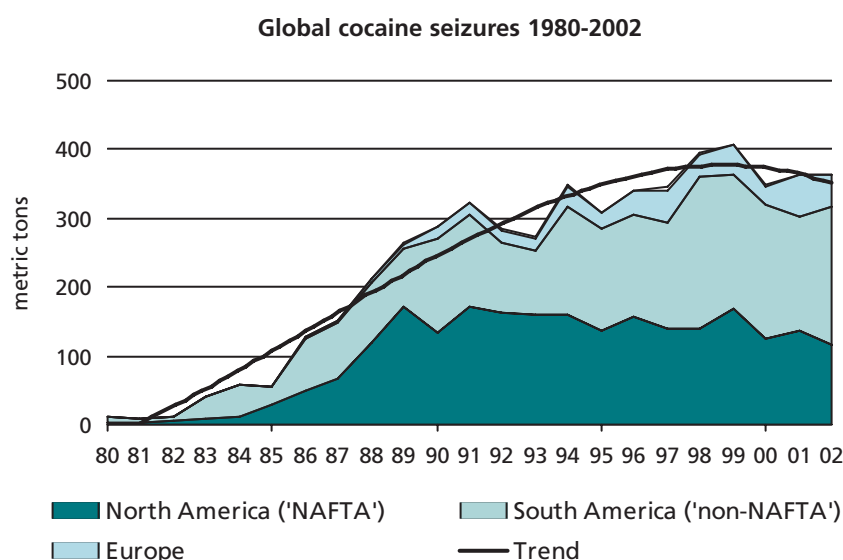
Fig. 00: Global cocaine production, 1990-2003 (metric tons)



### Trafficking

Cocaine seizures remained stable in 2002, and were some 10% less than in 1999, the latest peak year of global cocaine production. After having increased dramatically in the 1980s at the time when cocaine production skyrocketed, cocaine seizures have been characterized by a stabilization / decline in recent years, reflecting the production trend. The bulk of cocaine seizures continue to take place in the Americas. In 2002, 55% of all cocaine seizures took place in South America (including Central America and the Caribbean), 32% in North America and 13% in Europe (of which 99% in Western Europe). The most striking trend in recent years has been the strong increase in European cocaine seizures, reflecting underlying shifts in trafficking. Although Europe's record seizures of 2001 were not repeated in 2002, the proportion of cocaine seizures made in Europe (13% of global seizures in 2002) was substantially higher than in 1990 (6%) or in 2000 (8%).

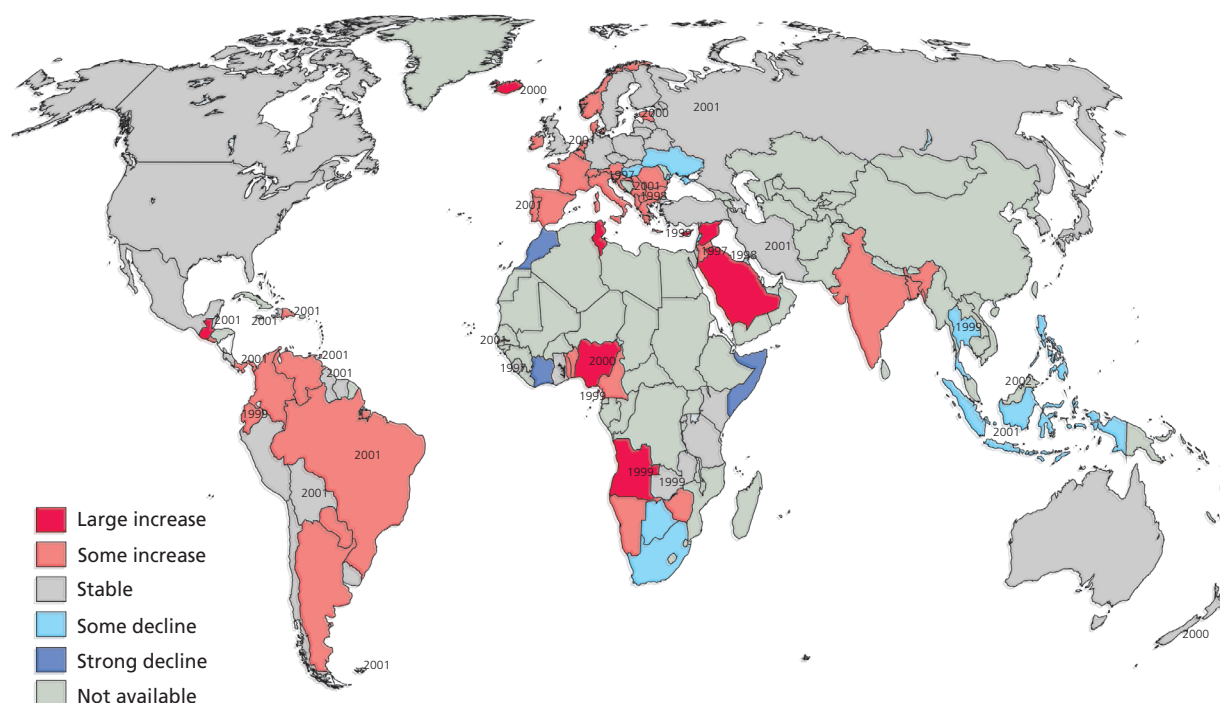




## Abuse

The spread of cocaine use is losing momentum. In North America it appears to have been basically stable. The annual prevalence of cocaine use in the USA was 2.5% of the population age 12 and above in 2002. Canada also reported a stabilization of cocaine use in 2002. In Mexico cocaine use remained basically stable over the 1998-2002 period. In South America in 2002, use stabilized in Bolivia and Peru. Cocaine use continues to rise in Europe, though at a lower pace than in previous years. Crack cocaine is still concentrated in few locations in Europe, but there is a risk that, once established in local markets, it could spread across the continent. Cocaine use remains low in Asia, but increases were seen in the Near East and in South Asia.

### Changes in abuse of cocaine, 2002 (or latest year available)



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

## Cannabis Market

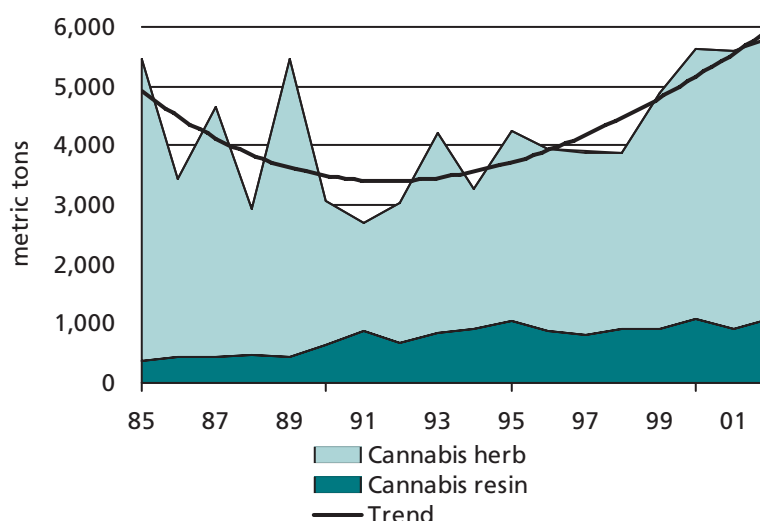
### Production

Cannabis herb production has been rising and may have reached some 32,000 tons in 2002. It is globally dispersed, with 142 countries reporting cannabis plant seizures over the 1992-2002 period. North America seems to be the world's largest cannabis market, accounting for two-thirds of global cannabis herb seizures over the 2001-2002 period. US authorities report that two-thirds of cannabis herb is domestically produced. In South America, Colombia and Paraguay are among the main source countries. Cannabis production in Africa is reported from practically every country. Most countries in Europe also report domestic production of cannabis. The most frequently cited source country in Europe is Albania which supplies most countries in the Balkan region as well as Italy. The Netherlands was the second most frequently cited source country in Europe in 2002. If available estimates from various sources are combined, data show a strong decline of cannabis herb production over the 1989-1992 period, followed by an increase over the subsequent decade so that global cannabis herb production in 2002 has again reached levels similar to the late 1980s. In Western Europe, the world's largest cannabis resin market, where more than two-thirds of all cannabis resin seizures were made in 2002, about 80% of the cannabis resin is estimated to originate in Morocco. Global cannabis resin production is estimated at about 7,400 tons; of this, about 3,000 tons are produced in Morocco.

### Trafficking

The two cannabis products, cannabis herb (marijuana) and cannabis resin (hashish) remain the most extensively trafficked drugs worldwide. Practically all the countries of the world are affected by cannabis trafficking. Seizures of cannabis exceed those of other drugs in almost all countries. In 2002, a total some of 5,800 tons of cannabis products were seized globally. This total includes more than 4,700 tons of cannabis herb, more than 1,000 tons of cannabis resin and more than 1 ton of cannabis oil. The volume of seized cannabis products was more than 15 times the volume of cocaine and more than 100 times the amount of heroin seized. The upward trend in cannabis seizures, which began in the early 1990s, continued in 2002. Cannabis herb seizures remained generally stable, but cannabis resin seizures increased in 2002, offsetting the decline reported the previous year. Overall cannabis seizures were almost twice as high in 2002 as a decade earlier. Over the 2001-2002 period, 55% of all cannabis seizures were reported from the Americas, 20% from Africa, 16% from Europe, 9% from Asia and less than 1% from Oceania. In 2002 cannabis seizures fell in Oceania and in Africa but increased in Asia, the Americas and in Europe.

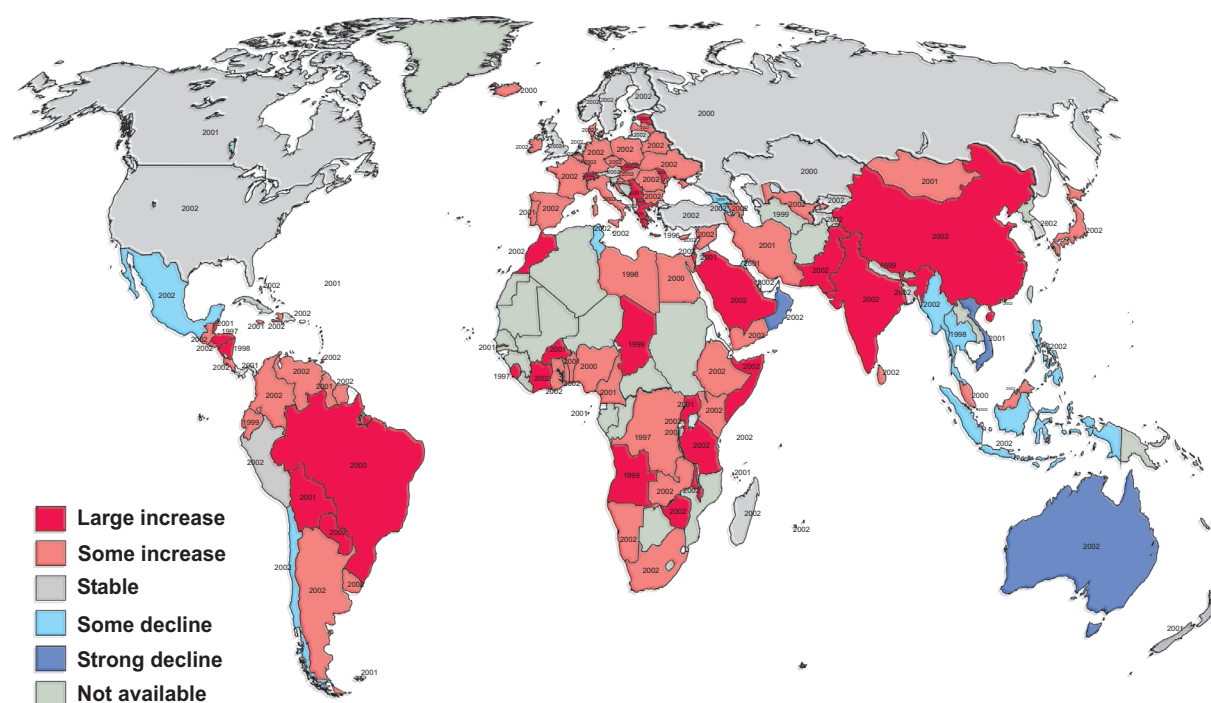
Cannabis seizures, 1985-2002



## Abuse

Global cannabis consumption continued its steep rise over the 2000-2002 period. This follows a gradual increase in the early 1990s (1991-1997) and some stabilization over the 1997-2000 period. In the USA, the level of cannabis use remained largely stable in 2002 as compared to a year earlier. In Mexico, one of the largest source countries of cannabis herb, household surveys conducted in 2002 showed a decline in marijuana use, following years of increase in the 1990s. In contrast to stable trends in North America, cannabis consumption (according to national experts' perceptions reflected in UNODC's Drug Abuse Trend Index) continued rising in South America, including the Caribbean and Central America, Western and Eastern Europe, Africa and Asia (where the increase is less pronounced than in other regions).

### Changes in abuse of cannabis, 2002 (or latest year available)



Source: UNODC Annual Reports Questionnaire Data and national reports.

## Amphetamines-type stimulants market

### Production

The global production of methamphetamine and amphetamine is estimated at around 410 tons (range 290 - 516 tons) and ecstasy production is estimated at 113 tons (range 50 - 200 tons) in 2002. Annual production of ATS is thus larger than heroin but smaller than cocaine. The main producers of methamphetamine are in South-East Asia (including Myanmar, China and the Philippines) and North America (USA and Mexico). The main producers of amphetamine and ecstasy are in Europe and include the Netherlands (apparently the largest producer), Belgium, Poland, the Baltic states, the UK and Germany.

Production of ATS, which has increased globally over the last decade, is dominated by methamphetamine, followed by ecstasy and amphetamine. About 11,900 clandestine laboratories were dismantled in 2002. More than 80% of them produced ATS. This proportion was less than 20% in the early 1990s. Most ATS laboratories that were dismantled produced methamphetamine (about 95% in 2001 and 2002).

A record number of methamphetamine laboratories and methamphetamine precursor chemicals were seized in 2002, most of them in North America. The USA undertook 97% of all reported methamphetamine laboratory seizures in

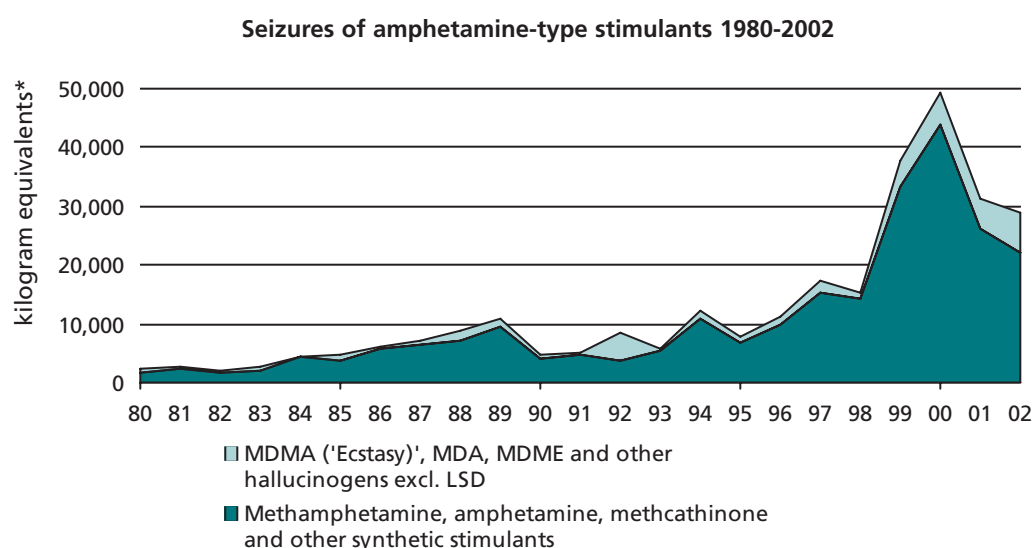
2002. The largest number of laboratories dismantled in East and South-East Asia were reported from China (13), Myanmar (4) and the Philippines (4) in 2002.

The number of detected amphetamine laboratories has increased again in recent years after falling in the 1990s. Most amphetamine laboratories were dismantled in Europe. A shift of production from Western Europe towards Eastern Europe has been noticed since the mid 1990s.

The number of dismantled clandestine ecstasy laboratories rose almost 3-fold over 1992-2002 period. Most ecstasy laboratories are still dismantled in Europe, but production is rising in Asia. While the number of dismantled ecstasy laboratories declined in Europe, and remained more or less stable in North America, it increased strongly in Asia.

### Trafficking

In 2001 and 2002 ATS seizures declined, mainly due to a fall of methamphetamine seizures in China. The decline in 2002 amounted to 7% as compared to a year earlier. Over the 1992-2002 period China reported the highest ATS seizures, followed by Thailand, the USA, the UK and the Netherlands. In 2001 and 2002, the highest ATS seizures worldwide were reported from Thailand, followed by China. The increase of ATS seizures over the last decade was significantly higher than that of heroin or cocaine, despite the fall in 2001 and 2002 described above. Over the 2001/2002 period, more than 60% of global ATS seizures were methamphetamine and close to 20% were ecstasy seizures.



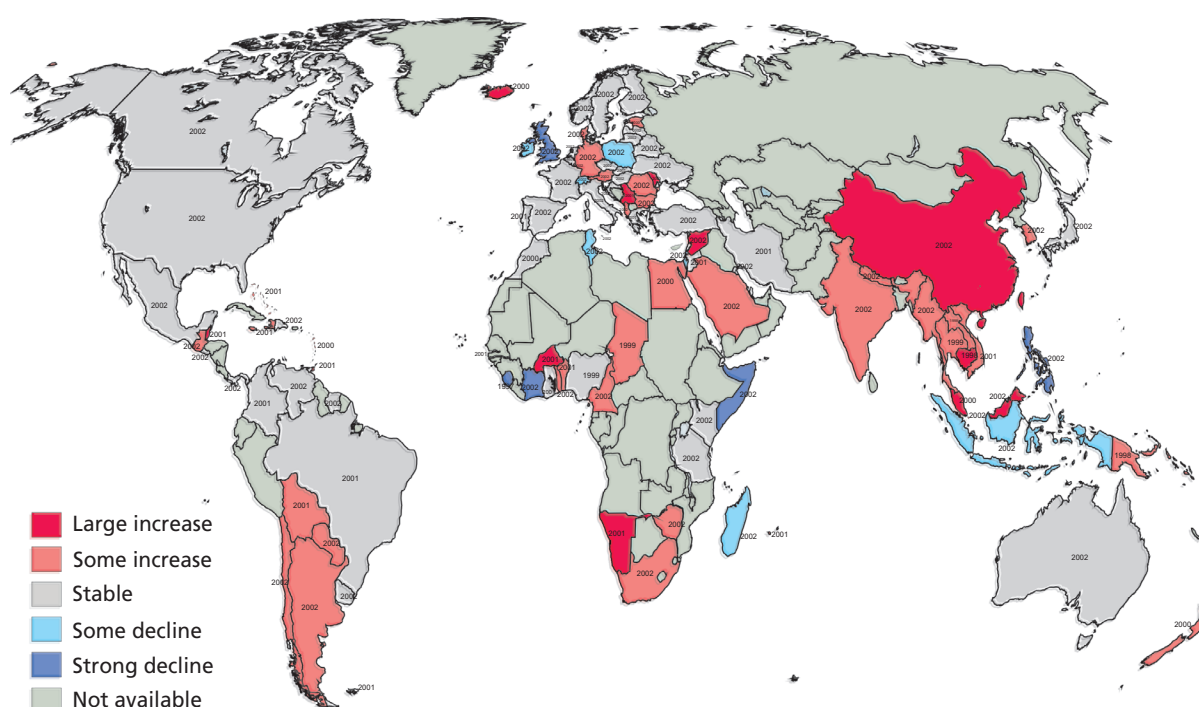
\* Seizures reported in kilograms and in units; a unit ('pill') of ecstasy was assumed to contain on average 100 mg of MDMA; a 'unit' of amphetamine / methamphetamine was assumed to contain 30 mg of mphetamine / methamphetamine.

### Abuse

Use of ATS is rising, but the increase in 2002 was less significant than a year earlier. While large increases in the use of methamphetamine were reported from China and Singapore in 2002. A number of other countries in East and South-East Asia reported some stabilization/decline in consumption levels of amphetamine/methamphetamine. Some of the strongest increases in recent years occurred in Thailand where the proportion of people admitted to treatment for methamphetamine abuse rose from 2.1% in 1995 to 50.5% in 2001. In 2003, however, a crackdown on the market appears to have led to a fall in methamphetamine abuse.

There has been a stabilization of amphetamines use in the Oceania region and in North America. Following massive increases in the consumption of amphetamines (mainly amphetamine) in the 1990s, the overall trend for Western Europe as a whole was basically stable over the 2000-2002 period. Also, following years of increases, countries of Eastern Europe reported - for the first time - largely stable levels of amphetamine consumption in 2002.

## Changes in consumption of amphetamines, 2002 (or latest year available)



Sources: UNODC Annual Reports Questionnaires Data, UNODC (Regional Centre Bangkok) Epidemiology Trends in Drug Trends in Asia (Findings of the Asian Multicity Epidemiology Workgroup, National Household Surveys submitted to UNODC, United States Department of State (Bureau for International Narcotics and Law Enforcement Affairs) International Narcotics Control Strategy Report; Bundeskriminalamt (BKA) and other Law Enforcement Reports.

Global ecstasy consumption has increased consistently over the last decade and it appears to have continued rising in 2002, though at a significantly slower pace than in 2001. The ongoing popularity and consequent spread of ecstasy use in many developing countries continued. In several of the largest ecstasy markets of Europe and North America, where massive increases were experienced in the 1990s, consumption stabilized or showed signs decline.

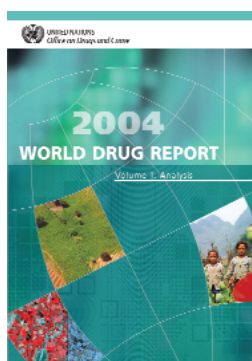






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An estimated 3 % of the global population, or 185 million people consume illicit drugs annually. Among this population are people from almost every country on earth and from every walk of life. Countless more people, around the world, are involved in the production and trafficking of illicit drugs, and still more are touched by the devastating social and economic costs of this trade. These people live in both developed and developing countries, are rich and poor, healthy and unhealthy, citizens and refugees. Illicit drugs are a truly global phenomenon. Partially a consequence of this pervasiveness, and partially a consequence of the illicit and hidden nature of this trade, reliable analysis and statistics on the production, trafficking and consumption of illicit drugs are rare.

In cooperation with Member States, the United Nations Office on Drugs and Crime (UNODC) has endeavoured to fill the gaps. In this first edition of the new two volume *World Drug Report*, UNODC presents more quantitative data than ever before in an effort to increase the amount of factual evidence available in a field which is so notoriously difficult to quantify. This year, the analysis of trends, some going back ten years or more, is presented in Volume 1. Detailed statistics are presented in Volume 2. Taken together these volumes will provide the most complete picture yet on today's illicit drug situation.