

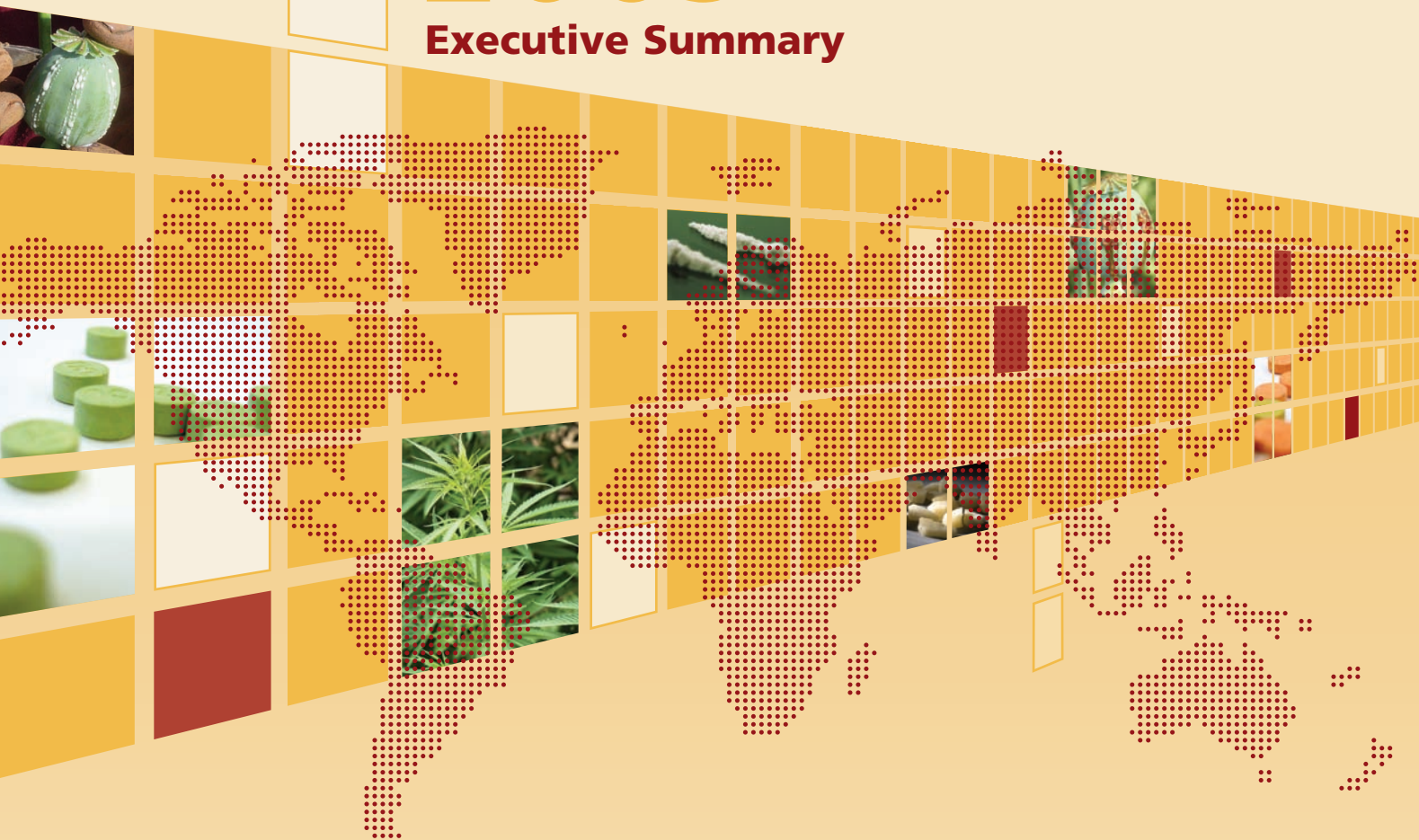


UNODC

United Nations Office on Drugs and Crime

WORLD DRUG REPORT 2009

Executive Summary



PREFACE

The end of the first century of drug control (it all started in Shanghai in 1909) coincided with the closing of the UNGASS decade (launched in 1998 by a General Assembly Special Session on Drugs). These anniversaries stimulated reflection on the effectiveness, and the limitations, of drug policy. The review resulted in the reaffirmation that illicit drugs continue to pose a health danger to humanity. That's why drugs are, and should remain, controlled. With this sanction in mind, Member States confirmed unequivocal support for the UN Conventions that have established the world drug control system.

At the same time, UNODC has highlighted some negative, obviously unintended effects of drug control, foreshadowing a needed debate about the ways and means to deal with them. Of late, there has been a limited but growing chorus among politicians, the press, and even in public opinion saying: *drug control is not working*. The broadcasting volume is still rising and the message spreading.

Much of this public debate is characterized by sweeping generalizations and simplistic solutions. Yet, the very heart of the discussion underlines the need to evaluate the effectiveness of the current approach. Having studied the issue on the basis of our data, UNODC has concluded that, while changes are needed, they should be in favour of different means to protect society against drugs, rather than by pursuing the different goal of abandoning such protection.

A. What's the repeal debate about?

Several arguments have been put forward in favour of repealing drug controls, based on (i) economic, (ii) health, and (iii) security grounds, and a combination thereof.

I. The economic argument for drug legalization says: *legalize drugs, and generate tax income*. This argument is gaining favour, as national administrations seek new sources of revenue during the current economic crisis. This *legalize and tax* argument is un-ethical and un-economical. It proposes a perverse tax, generation upon generation, on marginalized cohorts (lost to addiction) to stimulate economic recovery. Are the partisans of this cause also in favour of legalizing and taxing other seemingly intractable crimes like human trafficking? Mod-

ern-day slaves (and there are millions of them) would surely generate good tax revenue to rescue failed banks. The economic argument is also based on poor fiscal logic: any reduction in the cost of drug control (due to lower law enforcement expenditure) will be offset by much higher expenditure on public health (due to the surge of drug consumption). The moral of the story: don't make wicked transactions legal just because they are hard to control.

II. Others have argued that, following legalization, a health threat (in the form of a drug epidemic) could be avoided by state regulation of the drug market. Again, this is naive and myopic. First, the tighter the controls (on anything), the bigger and the faster a parallel (criminal) market will emerge – thus invalidating the concept. Second, only a few (rich) countries could afford such elaborate controls. What about the rest (the majority) of humanity? Why unleash a drug epidemic in the developing world for the sake of libertarian arguments made by a pro-drug lobby that has the luxury of access to drug treatment? **Drugs are not harmful because they are controlled** – they are controlled because they are harmful; and they do harm whether the addict is rich and beautiful, or poor and marginalized.

Drug statistics keep speaking loud and clear. Past runaway growth has flattened out and the drug crisis of the 1990s seems under control. This 2009 Report provides further evidence that drug cultivation (opium and coca) are flat or down. Most importantly, major markets for opiates (Europe and South East Asia), cocaine (North America), and cannabis (North America, Oceania and Europe) are in decline. The increase in consumption of synthetic stimulants, particularly in East Asia and the Middle East, is cause for concern, although use is declining in developed countries.

III. The most serious issue concerns organized crime. All market activity controlled by the authority generates parallel, illegal transactions, as stated above. Inevitably, drug controls have generated a criminal market of macro-economic dimensions that uses violence and corruption to mediate between demand and supply. *Legalize drugs, and organized crime will lose its most profitable line of activity*, critics therefore say.

Not so fast. UNODC is well aware of the threats posed by international drug mafias. Our estimates of the value

PREFACE

of the drug market (in 2005) were ground-breaking. The Office was also first to ring the alarm bell on the threat of drug trafficking to countries in West and East Africa, the Caribbean, Central America and the Balkans. In doing so we have highlighted the security menace posed by organized crime, a matter now periodically addressed by the UN Security Council.

Having started this drugs/crime debate, and having pondered it extensively, we have concluded that these drug-related, organized crime arguments are valid. They must be addressed. I urge governments to recalibrate the policy mix, without delay, in the direction of more controls on crime, without fewer controls on drugs. In other words, while the crime argument is right, the conclusions reached by its proponents are flawed.

Why? Because we are not counting beans here: we are counting lives. Economic policy is the art of counting beans (money) and handling trade-offs: inflation vs. employment, consumption vs. savings, internal vs. external balances. Lives are different. If we start trading them off, we end up violating somebody's human rights. There cannot be exchanges, no *quid-pro-quo*s, when health and security are at stake: modern society must, and can, protect both these assets with unmitigated determination.

I appeal to the heroic partisans of the human rights cause worldwide, to help UNODC promote the right to health of drug addicts: they must be assisted and reintegrated into society. Addiction is a health condition and those affected by it should not be imprisoned, shot-at or, as suggested by the proponent of this argument, traded-off in order to reduce the security threat posed by international mafias. Of course, the latter must be addressed, and below is our advice.

B. A better policy mix

The crime/drugs nexus was the subject of a Report entitled *Organized Crime and its Threat to Security: tackling a disturbing consequence of drug control*¹ that I presented to the Commission on Narcotic Drugs and the Crime Commission in 2009. Because of the importance of this subject, we have devoted the thematic chapter of this

year's Report to examining further the issue and its policy implications. Here are some of the main points.

First, law enforcement should shift its focus from drug users to drug traffickers. Drug addiction is a health condition: people who take drugs need medical help, not criminal retribution. Attention must be devoted to heavy drug users. They consume the most drugs, cause the greatest harm to themselves and society – and generate the most income to drug mafias. Drug courts and medical assistance are more likely to build healthier and safer societies than incarceration. I appeal to Member States to pursue the goal of universal access to drug treatment as a commitment to save lives and reduce drug demand: the fall of supply, and associated crime revenues, will follow. Let's progress towards this goal in the years ahead, and then assess its beneficial impact on the next occasion Member States will meet to review the effectiveness of drug policy (2015).

Second, we must put an end to the tragedy of cities out of control. Drug deals, like other crimes, take place mostly in urban settings controlled by criminal groups. This problem will worsen in the mega-cities of the future, if governance does not keep pace with urbanization. Yet, arresting individuals and seizing drugs for their personal use is like pulling weeds – it needs to be done again the next day. The problem can only be solved by addressing the problem of slums and dereliction in our cities, through renewal of infrastructures and investment in people – especially by assisting the youth, who are vulnerable to drugs and crime, with education, jobs and sport. Ghettos do not create junkies and the jobless: it is often the other way around. And in the process mafias thrive.

Third, and this is the most important point, governments must make use, individually and collectively, of the international agreements against uncivil society. This means to ratify and apply the UN Conventions against Organized Crime (TOC) and against Corruption (CAC), and related protocols against the trafficking of people, arms and migrants. So far, the international community has not taken these international obligations seriously. While slum dwellers suffer, Africa is under attack, drug cartels threaten Latin America, and mafias penetrate bankrupt financial institutions, junior negotiators at these Conventions' Conferences of the Parties have been arguing about bureaucratic processes and

¹ E/CN.15/2009/CRP.4 - E/CN.7/2009/CRP.4; <http://www.unodc.org/unodc/en/commissions/CCPCJ/session/18.html>

arcane notions of inclusiveness, ownership, comprehensiveness, and non-ranking. There are large gaps in the implementation of the Palermo and the Merida Conventions, years after their entry into force, to the point that a number of countries now face a crime situation largely caused by their own choice. This is bad enough. Worse is the fact that, quite often vulnerable neighbors pay an even greater price.

There is much more our countries can do to face the brutal force of organized crime: the context within which mafias operate must also be addressed.

- Money-laundering is rampant and practically unopposed, at a time when interbank-lending has dried up. The recommendations devised to prevent the use of financial institutions to launder criminal money, today are honored mostly in the breach. At a time of major bank failures, *money doesn't smell*, bankers seem to believe. Honest citizens, struggling in a time of economic hardship, wonder why the proceeds of crime – turned into ostentatious real estate, cars, boats and planes – are not seized.
- Another context deserving attention concerns one of humanity's biggest assets, the internet. It has changed our life, especially the way we conduct business, communication, research and entertainment. But the web has also been turned into a weapon of mass destruction by criminals (and terrorists).

Surprisingly, and despite the current crime wave, calls for new international arrangements against money-laundering and cyber-crime remain un-answered. In the process, drug policy gets the blame and is subverted.

C. A double “NO”

To conclude, transnational organized crime will never be stopped by drug legalization. Mafias coffers are equally nourished by the trafficking of arms, people and their organs, by counterfeiting and smuggling, racketeering and loan-sharking, kidnapping and piracy, and by violence against the environment (illegal logging, dumping of toxic waste, etc). The drug/crime trade-off argument, debated above, is no other than the pursuit of the old drug legalization agenda, persistently advocated by the pro-drug-lobby (Note that the partisans of this argument would not extend it to guns whose control – they

say – should actually be enforced and extended: namely, *no to guns, yes to drugs*).

So far the drug legalization agenda has been opposed fiercely, and successfully, by the majority of our society. Yet, anti-crime policy must change. It is no longer sufficient to say: *no to drugs*. We have to state an equally vehement: *no to crime*.

There is no alternative to improving both security and health. The termination of drug control would be an epic mistake. Equally catastrophic is the current disregard of the security threat posed by organized crime.



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

EXECUTIVE SUMMARY

Overview

The year 2008 saw some encouraging reductions in the production of cocaine and heroin. In cooperation with the affected states, UNODC conducts annual crop surveys in the countries that produce the vast bulk of these drugs. These surveys show a reduction in opium poppy cultivation in Afghanistan of 19% and a reduction in coca cultivation in Colombia of 18%. Trends in other production countries are mixed, but are not large enough to offset the declines in these two major producers. Although data are not complete enough to give a precise estimate of the global reduction in opium and coca production, there can be little doubt that it did, in fact, decrease.

Production of the other illicit drugs is more difficult to track, and data on drug use are also limited. But surveys of users in the world's biggest markets for cannabis, cocaine and opiates suggest these markets are shrinking. According to recent surveys of young people in Western Europe, North America and Oceania, cannabis use appears to be declining in these regions. Data from the world's biggest cocaine consuming region, North America, show a decrease, and the European market appears to be stabilizing. Reports from traditional opium-using countries in South-East Asia also suggest the use of this drug may be declining there. Heroin use in Western Europe appears to be stable.

In contrast, there are several indications that the global problem with amphetamine-type stimulants (ATS) is worsening. Global seizures are increasing, and ATS are being made in a growing number of countries, with diversifying locations and manufacture techniques. Close to 30% of global seizures in 2007 were made in the Near and Middle East, where amphetamine use may also be significant. Methamphetamine precursors are increasingly being trafficked to Central and South America to manufacture ATS for the North American market, and local use also appears to be going up. The size of the ATS market is large, and likely still growing in East Asia. Data on ATS are particularly problematic, however, and UNODC is making a concerted effort to improve monitoring of trends in this area.

Of course, all these markets are clandestine, and tracking changes requires the use of a variety of estimation tech-

niques. Data are sparse, particularly in the developing world, and the level of uncertainty in many matters is high. For the first time, this year's *World Drug Report* is explicit about the level of uncertainty, presenting ranges rather than point estimates. This shift complicates comparison of this year's estimates with estimates from previous editions of the *World Drug Report*, but it is an essential step forward in presenting accurate estimates.¹

The level of uncertainty is smallest concerning the cultivation of coca and opium poppy, where scientific crop surveys have been made in the handful of countries that host the bulk of production. Scientific crop yield studies have also been done, but there is less certainty around the production of these drugs than the cultivation of drug crops. Since synthetic drugs and cannabis can be produced almost anywhere in the world, less is known about their production. Trafficking patterns are reflected by seizure data, a mixed indicator that reflects both the underlying flow and enforcement action against it. Data on drug use comes from surveys and treatment information, but a limited number of countries collect this information. The level of uncertainty about drug use is not uniform, either across drug types or across regions. For example, there is less certainty concerning estimates of past-year ATS and cannabis users than there is around users of opiates and cocaine; more is known about drug use in Europe and the Americas than in Africa and parts of Asia.

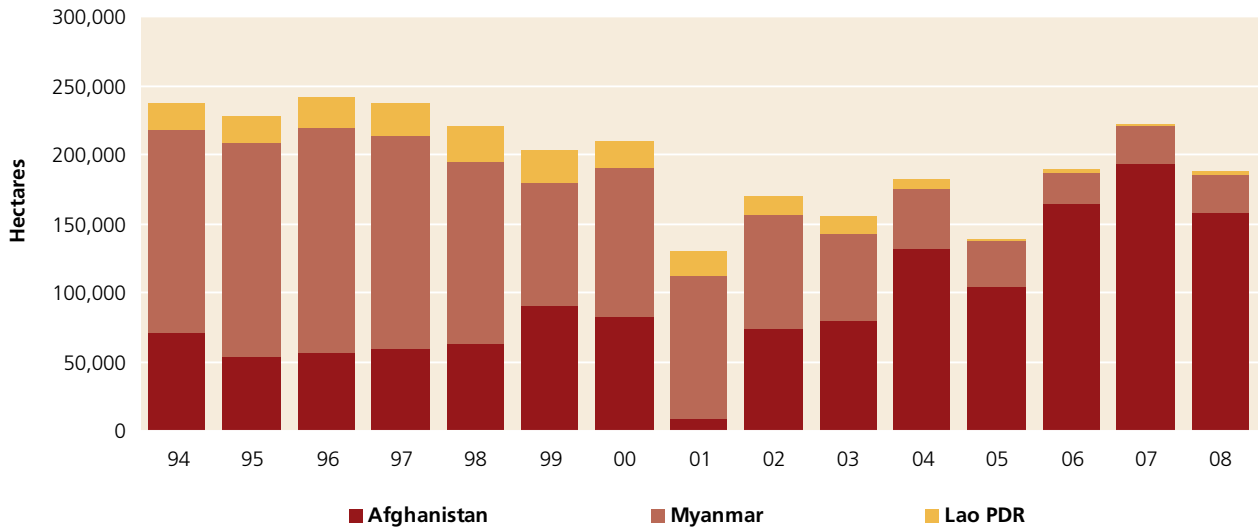
Global trends in drug production

Opiates

The total area under opium poppy cultivation in the major cultivating countries decreased to 189,000 hectares (ha) in 2008. This 16% decrease over the past year

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1 At the fifty-second session of the Commission on Narcotic Drugs, a High-Level Segment issued a *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, asserting that policy must be evidence-based, and that sound data are crucial. Although drug data quality has improved over the last decade, there remain large gaps in the data. Member States adopted a resolution on improving data collection, reporting and analysis and asked UNODC to review data collection tools and reporting systems. This will include holding inter-governmental expert consultations and proposing a revised set of survey instruments for consideration by the Commission in March 2010. For more detail on this resolution, and on the importance of high quality data, please see the Special Features section.

Opium poppy cultivation in the major cultivating countries (ha), 1994-2008



was mainly due to a large decrease in Afghanistan. The level of cultivation in Myanmar and Lao People’s Democratic Republic was approximately the same as in 2007. Total potential opium production in the major illicit opium poppy cultivating countries has thus decreased from the previous year.

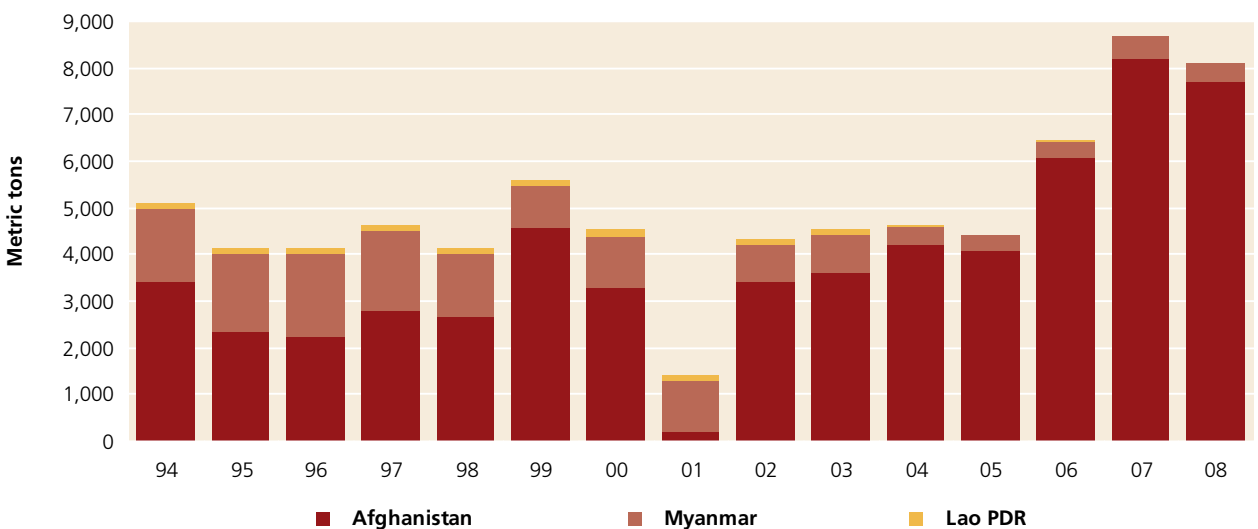
In Afghanistan, opium poppy cultivation continued to be concentrated mainly in the southern provinces, while more provinces in the centre and north of the country became poppy-free. Two thirds of the area under opium poppy cultivation in 2008 – more than 100,000 ha - were located in the southern province of Hilmand alone. The decline in cultivation occurred despite a sharp

decline in opium poppy eradication, from 19,047 ha in 2007 to 5,480 ha in 2008.

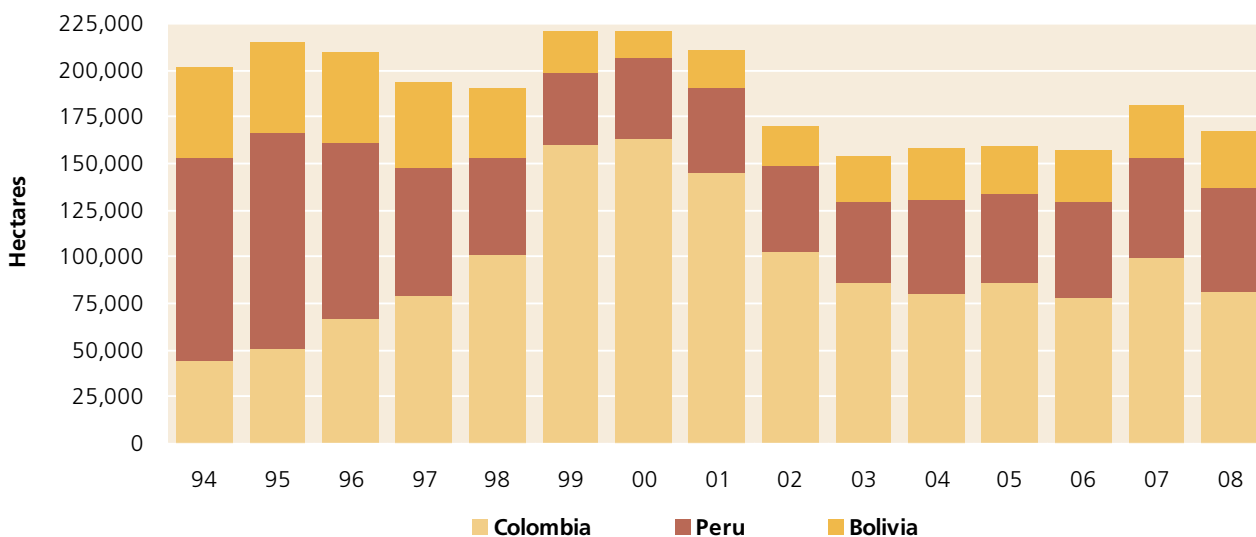
Myanmar reported opium poppy cultivation of 28,500 ha. As in the past, cultivation of opium poppy was heavily concentrated in the Shan State in the east of the country. In Lao People’s Democratic Republic, a low level of opium poppy cultivation was found in the northern provinces. In Pakistan, about 2,000 ha of opium poppy were cultivated in the border area with Afghanistan, about the same level of cultivation reported over the past five years.

Opium yields in Afghanistan remained high in 2008.

Opium production in the major cultivating countries (mt), 1994-2008



Global coca bush cultivation (ha), 1994-2008



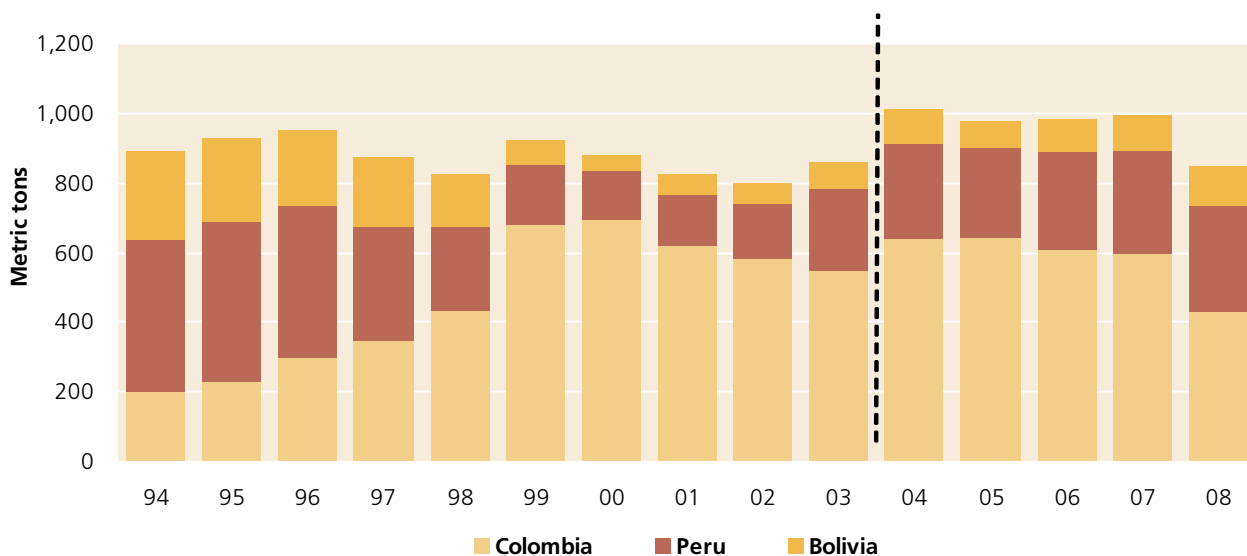
The potential opium production was estimated at 7,700 mt (range 6,330 to 9,308 mt). Some 60% of this is believed to be converted into morphine and heroin within the country. The amount of morphine and heroin produced in Afghanistan available for export was estimated at 630 mt (range 519 to 774 mt). Almost 40% of the total production was exported as opium.

Cocaine

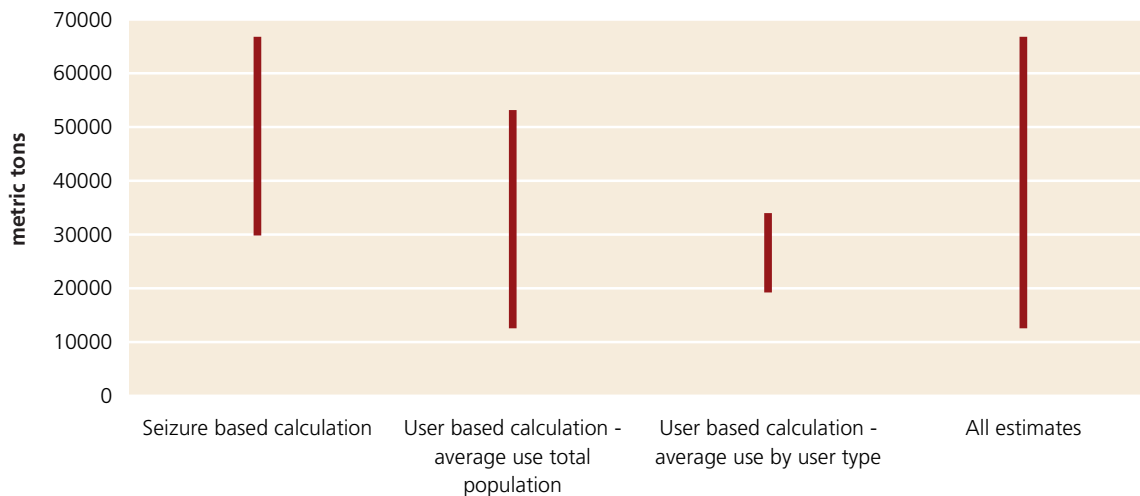
Despite small increases in the Plurinational State of Bolivia (6%) and Peru (4%), the total area under coca cultivation decreased by 8% in 2008, due to a significant decrease in Colombia (18%). The total area under

coca cultivation fell to 167,600 ha, close to the average level of coca cultivation between 2002 and 2008, and well below the levels reached in the 1990s. In spite of this year's decrease, Colombia remained the world's largest cultivator of coca bush, with 81,000 ha, followed by Peru (56,100 ha) and Bolivia (30,500 ha). Estimated global cocaine production decreased by 15% from 994 metric tons (mt) in 2007 to 845 mt in 2008. This decrease is due to a strong reduction in cocaine production in Colombia (28%), which was not offset by increases in Bolivia and Peru.

Global cocaine production (mt), 1994-2008



Ranges of global estimates of cannabis herb production by methodology



Cannabis

Estimating the global area under cannabis is considerably more complicated, given that it is grown in most countries in the world and can be produced indoors or outdoors. The total estimated area for outdoor production of cannabis in 2008 ranges from 200,000 ha to 642,000 ha. The total cannabis herb production is estimated to range from 13,300 mt to 66,100 mt, and for cannabis resin, the estimated production range is 2,200 mt to 9,900 mt. Due to high levels of uncertainty in estimating cultivation, it is not possible to produce more precise data, as is done for opiates and cocaine.

ATS

Like cannabis, amphetamine-type stimulants (ATS) can be produced virtually anywhere at relatively low cost. Since 1990, ATS manufacture has been reported in more than 60 countries worldwide, with more being added each year. In 2007, UNODC estimated between 230 and 640 mt of *amphetamines-group*² were manufactured; *ecstasy-group*³ manufacture was estimated to be between 72 and 137 mt.

Shifts in the location of production—often from developed to developing countries—illustrate the way criminal organizations are able to make use of more vulnerable countries. Additionally, as interest from transnational organized crime groups grows, operations of previously unimaginable size and sophistication continue to emerge.

- 2 The amphetamines-group substances includes predominately methamphetamine and amphetamine, but also includes non-specified amphetamines-group (for example, tablets sold as Captagon, methcathinone, fenetylline, methylphenidate and others), however it excludes substances purportedly of the ecstasy-group of substances
- 3 The ecstasy-group substances include predominately MDMA, with MDA and MDEA/MDE. However, limited forensic capacity by Member States often leads to confusion about the actual content of tablets believed to be “ecstasy” (MDMA).

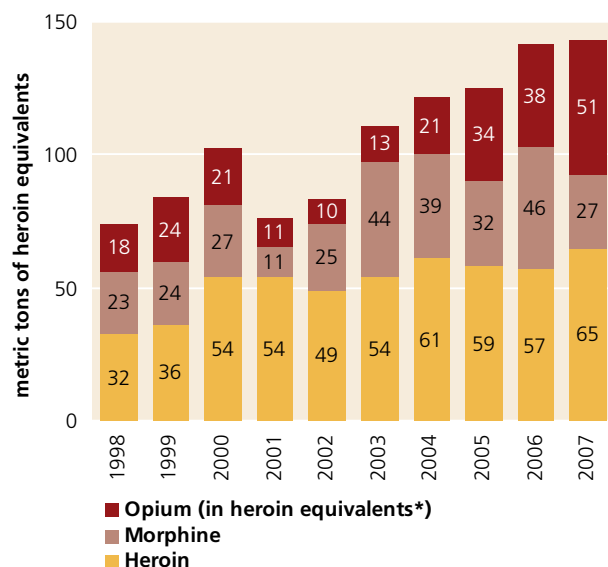
Global trends in drug trafficking

Opiates

In 2007, seizures of opium and heroin grew 33% and 14%, respectively. This increase reflects the sustained high levels of opium production in Afghanistan, and may also include some of the accumulated stocks from 2005, when global opium production exceeded global consumption. Morphine seizures, however, declined by 41%. Overall opiate seizures remained stable in 2007 though at a higher level, having almost doubled since 1998.

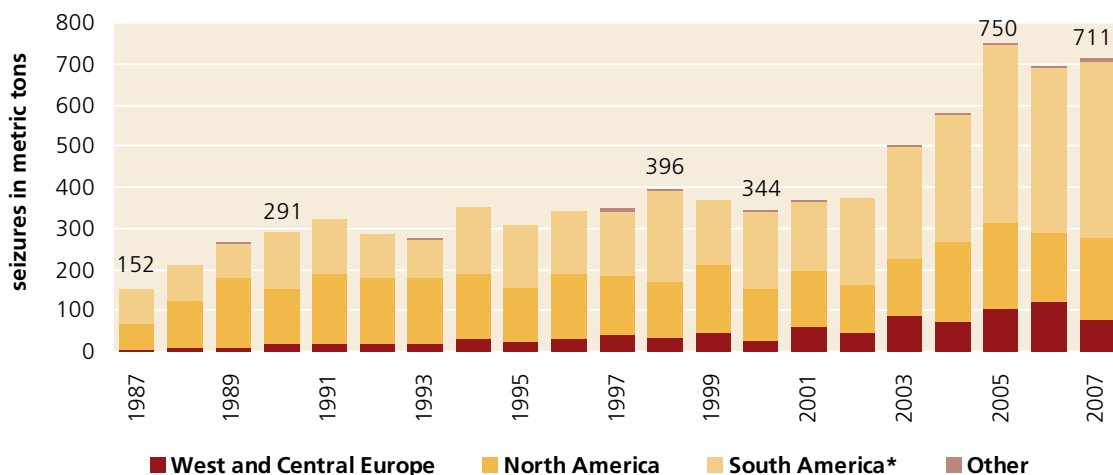
Global opiate seizures, expressed in heroin equivalents*, by substance, 1998-2007

* based on a conversion rate of 10 kilograms of opium for 1 kg of morphine or 1 kg of heroin.
Source: UNODC, Annual reports Questionnaire Data / DELTA.



Global cocaine seizures, 1987-2007

* including Caribbean and Central America.
 Source: UNODC, Annual Reports Questionnaire Data / DELTA.



Cocaine

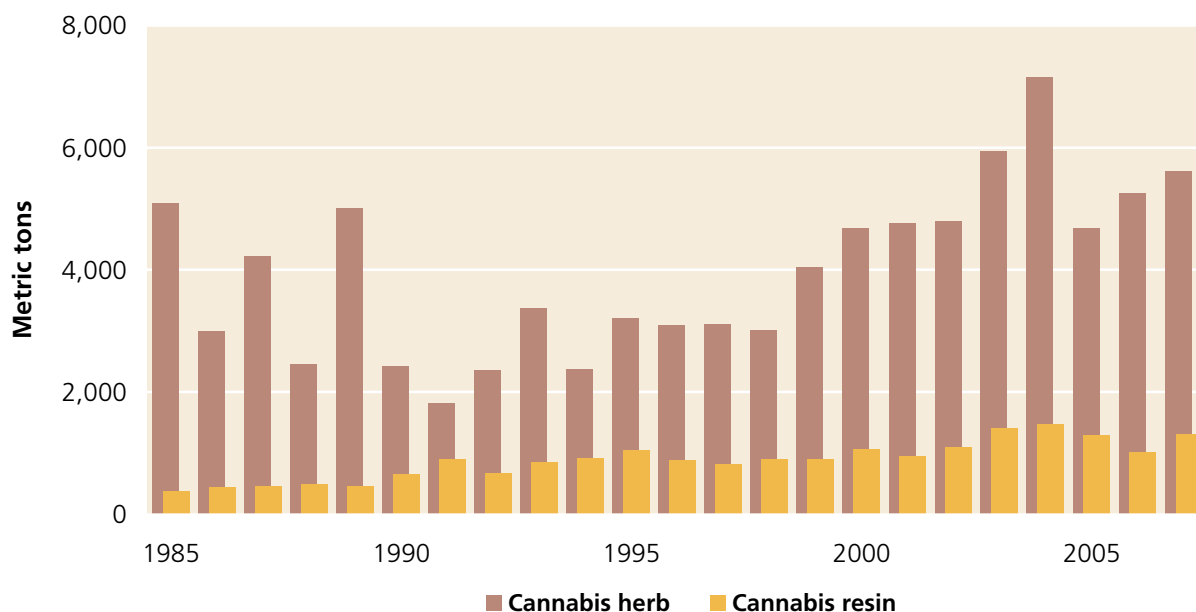
Following five years of expansion, the quantity of cocaine seized fell in 2006 and remained at the lower level in 2007 (5% over the 2005-07 period). This is consistent with a leveling off of production. In 2008, a significant decline in trafficking towards North America, the world's largest cocaine consumer market, was seen. This was reflected in rapidly rising prices and falling purity levels. The United Kingdom also reported falling cocaine purity levels in 2008.

Cannabis

Total cannabis herb seizures amounted to 5,557 mt in 2007, an increase of about 7% from the previous year. Cannabis resin seizures increased by some 29% to 1,300 mt. In addition, small quantities of cannabis oil were seized (equivalent to 418 kg) in 2007. As in 2006, the majority of cannabis herb seizures in 2007 were reported from Mexico (39% of the world total) and the USA (26%). Most of the increase in cannabis resin seizures was due to a strong increase in West and Central Europe, where seizures increased by 33% compared to 2006.

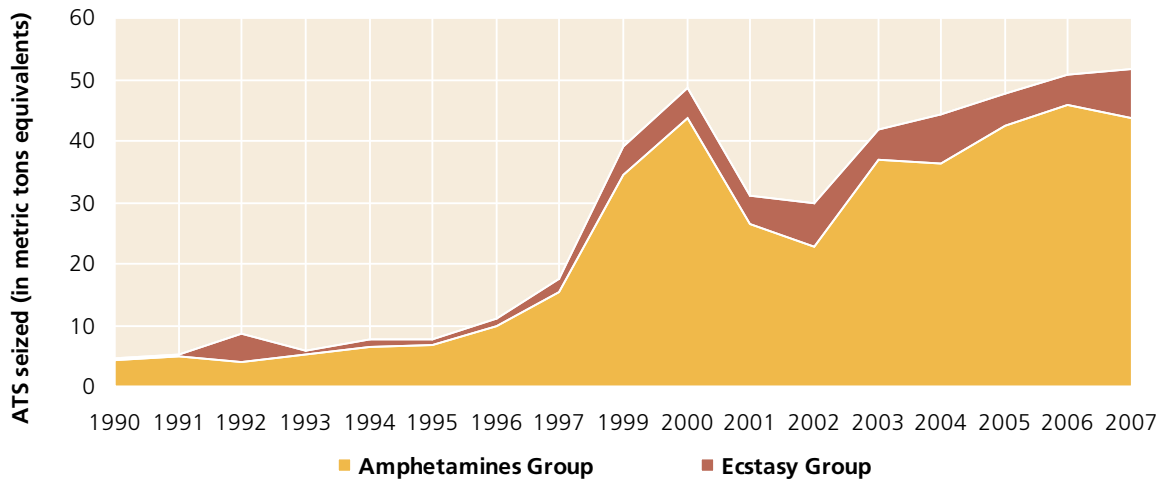
Cannabis herb and resin seizures (mt), 1985-2007

Source: UNODC, Annual Reports Questionnaire / DELTA



Global seizures of amphetamine-type stimulants (ATS), 1990 - 2007

Source: UNODC, Annual Report Questionnaire Data/DELTA; UNODC Drug Information Network for Asia and the Pacific (DAINAP); Government reports; World Customs Organization (WCO), *Customs and Drugs Report 2007* (Brussels, 2008) and previous years.



ATS

Global seizures of ATS have continued to increase, totalling nearly 52 mt in 2007, surpassing their 2000 peak by more than 3 mt.⁴ The amphetamines-group dominates ATS seizures, accounting for 84% of all seizures by volume, with methamphetamine making up the largest part. The year 2007 also saw a dramatic jump in ecstasy-group seizures (16% of all ATS seized); significant increases were noted in several large markets. Trafficking in ATS substances is most commonly intraregional, thus crossing fewer international borders, but precursor chemicals from which ATS materials are made continue to be trafficked throughout the world. They are often diverted from licit manufacture in South, East and South-East Asia.

Global trends in drug consumption

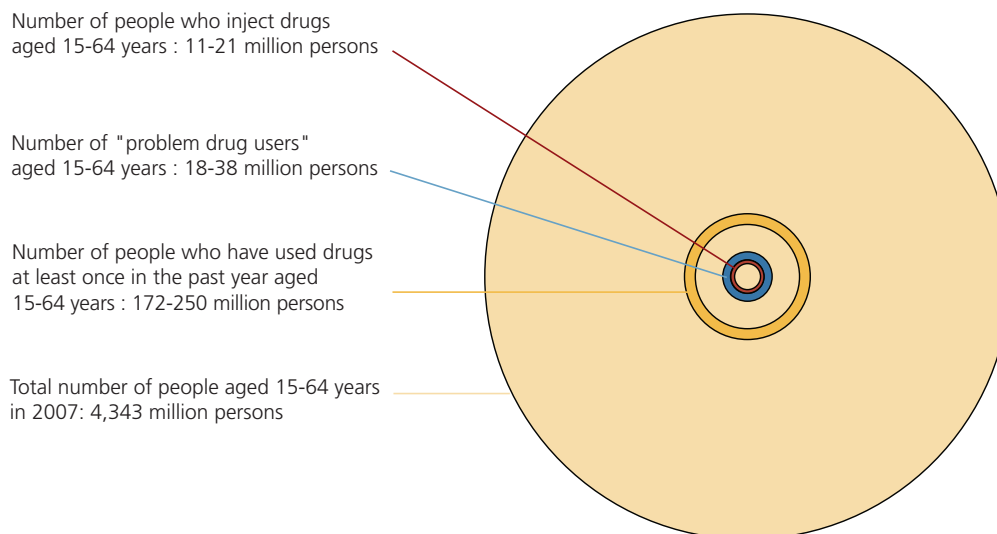
UNODC estimates that between 172 and 250 million persons used illicit drugs at least once in the past year in 2007.⁵ But these large figures include many casual consumers who may have tried drugs only once in the whole year. It is important, therefore, to also have estimates of the number of people who are heavy or “problematic” drug users. This group consumes most of the drugs used each year; they are very likely to be dependent upon drugs, would benefit from treatment, and many of the impacts upon public health and public order are likely to be affected by their levels of use. Estimates made by UNODC suggest that there were between 18 and 38 million problem drug users aged 15-64 years in 2007.

Different drugs pose different problems for different regions. For example, in Africa and Oceania, more people presented for treatment due to problems with cannabis than any other drug (63% in Africa; 47% in Australia and New Zealand). In contrast, opiates were the primary drug treated in Asia and Europe (65% and 60%, respectively). Cocaine was more prominent in North America (34%) and South America (52%) than in other regions; and ATS were more prominent in Asia (18%), North America (18%) and Oceania (20%). Cannabis is playing an increasingly large role in drug treatment in Europe, South America and Oceania since the late 1990s; and ATS use now comprises a greater share of drug treatment in North and South America than in the past. Many Member States are working to expand their responses to dependent drug use among their citizens; UNODC and WHO have recently begun joint programmatic work to increase drug treatment quality and capacity around the globe.

⁴ To standardize, seizures reported in kilograms, litres and dose/units/pills/tablets are transformed into kg equivalents: a dose of “ecstasy” was assumed to contain on average 100 mg of psychoactive ingredient (MDMA); a dose of amphetamine/methamphetamine was assumed to contain 30 mg of active ingredient; a litre was assumed to equal a kilogram.

⁵ For further details on the methods used to make these estimates please see the Special Features and Methodology sections below.

Illicit drug use at the global level



Opiates

The number of people who used opiates at least once in 2007 is estimated at between 15 and 21 million people at the global level.⁶ More than half of the world's opiate-using population is thought to live in Asia. The highest levels of use (in terms of the proportion of the population aged 15-64 years) are found along the main drug trafficking routes close to Afghanistan. Opiates remain the world's main problem drug in terms of treatment. Europe has the largest opiates market in economic terms, and although use appears to be stable in many Western European countries, increases have been reported in Eastern Europe.

Cocaine

The total number of people who used cocaine at least once in 2007 is estimated to range between 16 and 21 million. The largest market remains North America, followed by West and Central Europe and South America. Significant declines in cocaine use were reported in North America, notably from the USA, which in absolute numbers is still the world's largest cocaine market. Cocaine was used at least once in the past year by some 5.7 million people in the USA in 2007. Following strong increases in recent years, a number of surveys in West

European countries showed the first signs of a stabilization, whereas cocaine use still appears to be increasing in South America. Some African countries, notably in Western and Southern Africa, appear to show rising levels of cocaine use, although data are sparse.

Cannabis

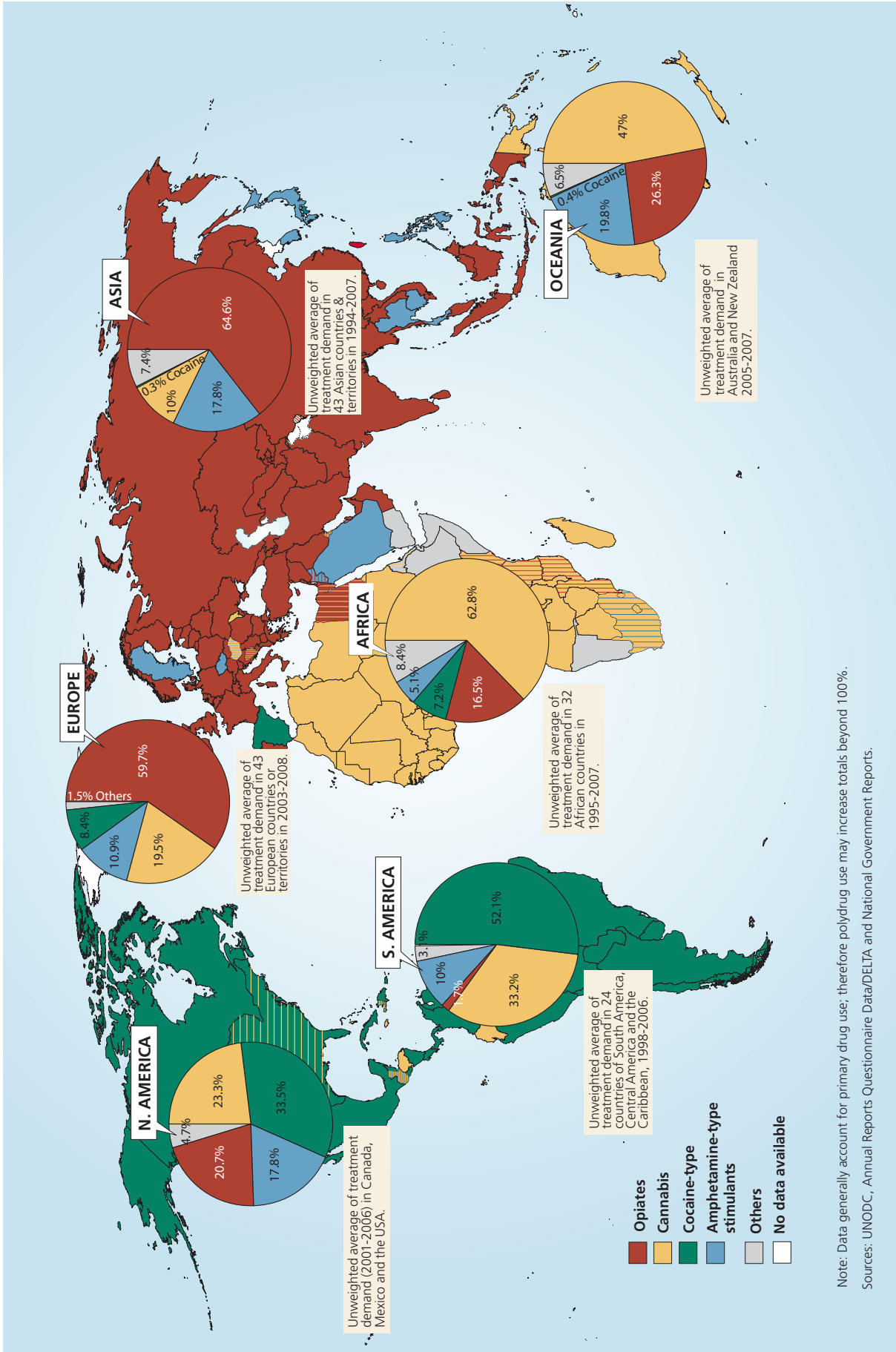
The global number of people who used cannabis at least once in 2007 is estimated to be between 143 and 190 million persons. The highest levels of use remain in the established markets of North America and Western Europe, although there are signs from recent studies that the levels of use are declining in developed countries, particularly among young people.

ATS

UNODC estimates that between 16 and 51 million people aged 15-64 used amphetamines-group substances at least once in 2007; the number who used ecstasy-group drugs at least once is estimated at between 12 and 24 million worldwide. The width of these ranges is far greater than for cocaine and heroin, given the high level of uncertainty in relation to this drug group in terms of both use and production. Amphetamines-group users in East and South-East Asia primarily consume methamphetamine. Tablets sold as Captagon often contain amphetamine, and are used throughout the Near and Middle East. In Europe, users primarily consume amphetamine, whereas about half of stimulant users in North America use methamphetamine.

⁶ The lack of robust data on the levels of drug use, particularly in large countries such as China, is a huge impediment to an accurate understanding of the size of the population of drug users. When direct estimates are only available for a comparatively small proportion of a region's population, the ranges of estimated drug users in that region are obviously large. Subregional and regional estimates were only made where direct estimates were published for at least two countries covering at least 20% of the region's or subregion's population aged 15-64 years. In estimating ranges for countries with no published estimate, estimates from other countries in the subregion/region were applied. Please see the Methodology and Special Features sections below for more detail.

Main problem drugs (as reflected in treatment provided), 2007 (or latest year available)



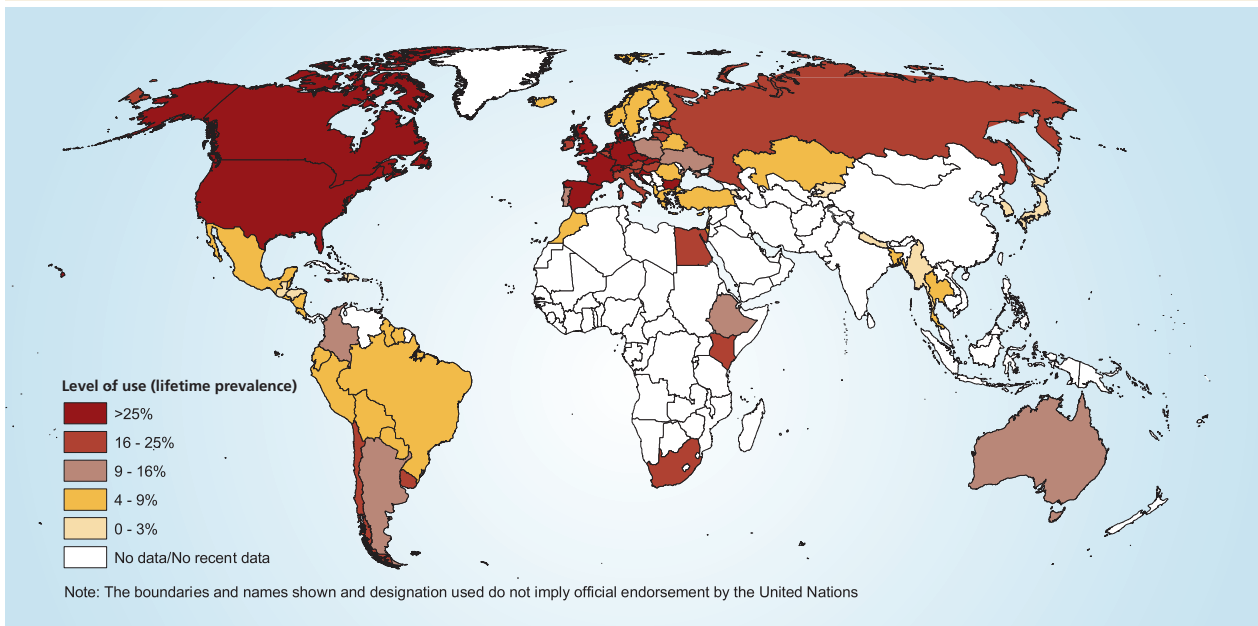
Note: Data generally account for primary drug use; therefore polydrug use may increase totals beyond 100%.
Sources: UNODC, Annual Reports Questionnaire Data/DELTA and National Government Reports.

Estimated number of illicit drug users in the past year aged 15-64 years, by region and subregion: 2007

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										
North Africa	28,850,000 to 56,390,000		1,000,000 to 2,780,000		1,150,000 to 3,640,000		1,390,000 to 4,090,000		340,000 to 1,870,000	
West and Central Africa	3,670,000 to 9,320,000		120,000 to 490,000		30,000 to 50,000		240,000 to 510,000		<i>estimate cannot be calculated</i>	
Eastern Africa	16,110,000 to 27,080,000		550,000 to 650,000		750,000 to 1,320,000		<i>estimate cannot be calculated</i>		<i>estimate cannot be calculated</i>	
Southern Africa	4,490,000 to 9,030,000		100,000 to 1,330,000		<i>estimate cannot be calculated</i>		<i>estimate cannot be calculated</i>		<i>estimate cannot be calculated</i>	
	4,570,000 to 10,950,000		230,000 to 310,000		300,000 to 820,000		210,000 to 650,000		210,000 to 400,000	
Americas										
North America	41,450,000 to 42,080,000		2,190,000 to 2,320,000		9,410,000 to 9,570,000		5,650,000 to 5,780,000		3,130,000 to 3,220,000	
Central America	31,260,000 to 31,260,000		1,310,000 to 1,360,000		6,870,000 to 6,870,000		3,760,000 to 3,760,000		2,560,000 to 2,560,000	
The Caribbean	580,000 to 580,000		20,000 to 30,000		120,000 to 140,000		310,000 to 310,000		20,000 to 30,000	
South America	1,110,000 to 1,730,000		60,000 to 90,000		170,000 to 250,000		120,000 to 250,000		30,000 to 130,000	
	8,500,000 to 8,510,000		800,000 to 840,000		2,250,000 to 2,310,000		1,450,000 to 1,460,000		510,000 to 510,000	
Asia										
East/ South-East Asia	40,930,000 to 59,570,000		8,440,000 to 11,890,000		400,000 to 2,560,000		5,780,000 to 37,040,000		3,550,000 to 13,580,000	
South Asia	4,110,000 to 19,860,000		2,800,000 to 4,970,000		310,000 to 990,000		4,600,000 to 20,560,000		2,250,000 to 5,950,000	
Central Asia	27,490,000 to 27,490,000		3,620,000 to 3,660,000		<i>estimate cannot be calculated</i>		<i>estimate cannot be calculated</i>		<i>estimate cannot be calculated</i>	
Near and Middle East	1,890,000 to 2,020,000		340,000 to 340,000		<i>estimate cannot be calculated</i>		<i>estimate cannot be calculated</i>		<i>estimate cannot be calculated</i>	
	7,440,000 to 10,200,000		1,680,000 to 2,910,000		<i>estimate cannot be calculated</i>		<i>estimate cannot be calculated</i>		<i>estimate cannot be calculated</i>	
Europe										
West/ Central Europe	28,890,000 to 29,660,000		3,440,000 to 4,050,000		4,330,000 to 4,600,000		2,430,000 to 3,070,000		3,750,000 to 3,960,000	
East/South- East Europe	20,810,000 to 20,940,000		1,230,000 to 1,520,000		3,870,000 to 3,880,000		1,590,000 to 1,690,000		2,110,000 to 2,120,000	
	8,080,000 to 8,720,000		2,210,000 to 2,530,000		460,000 to 720,000		840,000 to 1,380,000		1,640,000 to 1,830,000	
Oceania										
	2,460,000 to 2,570,000		90,000 to 90,000		340,000 to 390,000		570,000 to 590,000		810,000 to 880,000	
GLOBAL ESTIMATE	142,580,000 to 190,270,000		15,160,000 to 21,130,000		15,650,000 to 20,760,000		15,820,000 to 50,570,000		11,580,000 to 23,510,000	

Prevalence (%) of lifetime cannabis use among young people*

This map contains data from school surveys of young people. The age groups (or school years) included for the estimates can vary slightly from country to country, so data are not directly comparable. For detail on each of the estimates included in this map, please consult the Statistical Annex (3.6).



Drug use among young people

Analysing drug use among young people matters for several key reasons. First, most people start to use drugs during their youth and it is among young people that drug prevention activities are best targeted. Second, trends in the use of illicit drugs among young people may indicate shifts in drug markets, since young people may react to changes in drug availability or social perceptions about drug use more than older people. Third, starting drug use at an early age has been linked to later negative health and social outcomes. This year, a review of studies of drug use among young people across the world was carried out, and features in this report⁷.

Injecting drug use

Injecting drug use has been documented in 148 countries of the world, which account for 95% of the world's population⁸, but the prevalence of this behaviour varies considerably. It is estimated that between 11 and 21 million people worldwide inject drugs. China, the USA, the Russian Federation and Brazil are estimated to have the largest populations of injecting drug users (IDUs) and together account for 45% of the total estimated worldwide population of IDUs.

Injecting drug use is responsible for an increasing proportion of HIV infections in many parts of the world, including countries in Eastern Europe, South America

and East and South-East Asia. HIV infection among people who inject drugs has been reported in 120 countries, and varies dramatically within and between countries. It is estimated that between 0.8 and 6.6 million people who inject drugs worldwide are infected with HIV. Regions with the largest numbers and highest concentration of HIV-positive IDUs include Eastern Europe, East and South-East Asia and Latin America. In Eastern Europe and Central Asia, IDUs make up a sizeable proportion of the total number of people living with HIV.

Drug-related crime

Drugs and crime are inextricably linked, but the relationship is not straightforward. Persons may commit crimes while under the influence of drugs; they may also do so to fund their drug use. In addition, most countries prohibit the cultivation, manufacture, possession, use, purchase, sale, distribution, import or export of drugs. Data on 'direct' offences are most readily available, and they can be grouped into those offences related to 'personal use', and more serious offences related to drug trafficking. These data are important, and reflect both the extent of drug activity, and the extent of drug enforcement action.⁹

Confronting unintended consequences: Drug control and the criminal black market

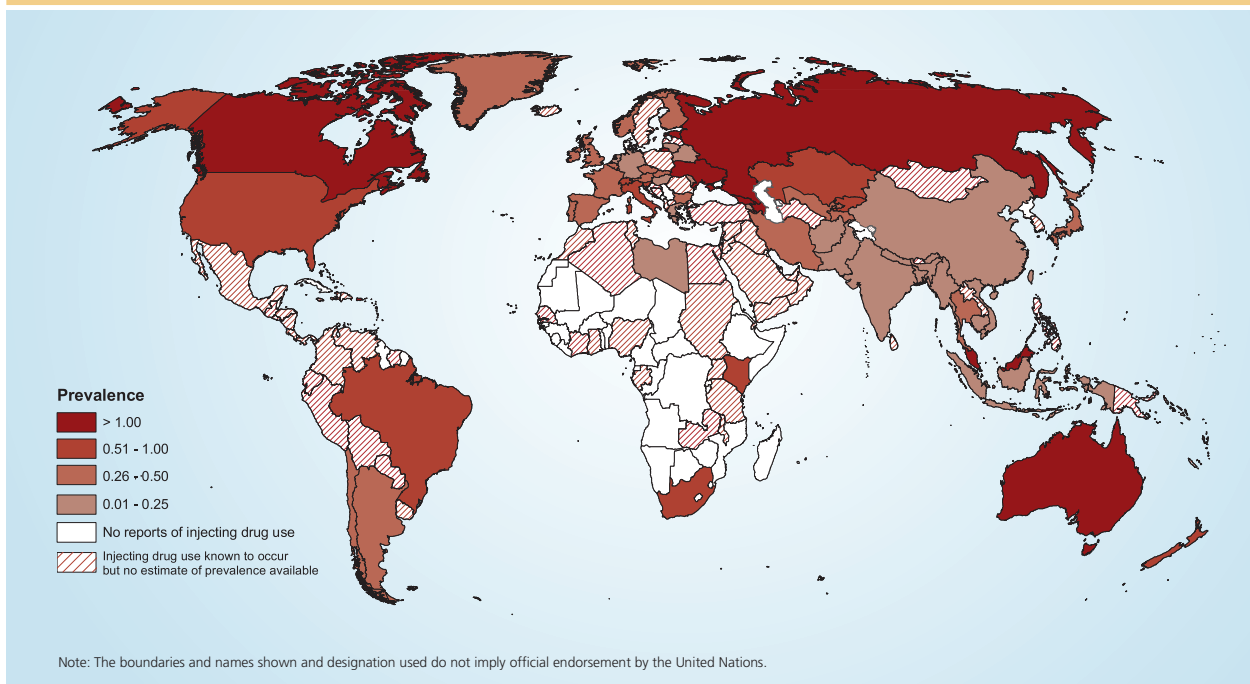
The system of international drug control has produced several unintended consequences, the most formidable of which is the creation of a lucrative black market for drugs and the violence and corruption it generates. In

⁷ Please see the Special Features section for more detail on this review

⁸ This information was compiled, reviewed and published by the *Reference Group to the United Nations on HIV and injecting drug use* and published in *The Lancet* in September 2008. Further information is available at: www.iduRefGroup.com

⁹ Please see the Special Features section for more detail on this subject.

Prevalence (%) of injecting drug use among those aged 15-64 years



some cases, the violence has become so extreme that there have been calls for the system to be abandoned. But, by keeping controlled substances illegal and scarce, the system protects millions from the adverse effects of drug abuse and addiction, particularly in the developing world. It is therefore incumbent on the international community to both control drugs and reduce the violence and corruption associated with the black market.

Drug control has long been treated as a law enforcement issue, and the approach has traditionally been simple: arrest drug law offenders and seize their drugs. The passage of the 1988 Convention expanded the tools available to tackle drug markets, establishing mechanisms for dealing with precursors control, asset forfeiture, money laundering, and extradition. Aside from making better use of these mechanisms, much more could be done to make drug law enforcement more effective and efficient, while reducing corruption and violence.

The purpose of arrest and incarceration is to deter, incapacitate, and rehabilitate drug offenders. For certain classes of offenders, it accomplishes none of these objectives well, and when applied indiscriminately, wastes scarce resources. In particular, it is rarely effective to imprison drug users. Casual users can be deterred by far less harsh sanctions; addicts must be helped to end their habit, through treatment or contingent release. There are even encouraging interventions aimed at removing entire contingents of street dealers without the necessity of mass arrest. Incarceration should be particularly aimed at violent offenders, effectively favouring more peaceful markets.

This is not to say that drug use should be ignored. The vast bulk of the drug supply is consumed by a small share of

the users: the addicts, or problem drug users. Treating this element of the drug market though intensive interventions would drastically reduce profitability, reducing incentives for traffickers. Fortunately, it appears that a large share of the world's drug addicts are located in well resourced countries with the capacity to do something about the issue.

It is also essential to clean up those neglected spatial areas that generate drug markets. While many in these areas have little to lose and thus are difficult to deter, there are always key players with a financial interest in the area. By compelling those truly in charge to take responsibility, it may be possible to bring these free-for-all zones back into the mainstream, on a neighbourhood or even a national level. This would have the effect of closing open drug markets and limiting their spread. It would also take the markets out of the hands of street gangs, one of the groups most involved in market-related violence.

Beyond making law enforcement more effective, other agencies need to be involved in tackling drug problems strategically. These strategies need to target each drug flow and the impact they have on specific locations. Focus should be placed on shrinking the markets, not just disabling specific individuals or groups. These interventions need to be coordinated internationally, to avoid displacement effects. But displacement itself can be used strategically to guide markets in ways that produce less crime and corruption.

