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A large blue globe with a grid pattern is positioned on the left side of the slide. Several rectangular images are embedded within the globe's grid, showing various scenes related to drug production and use, such as fields of crops, people working in a field, and a person using a laptop.

Illicit drug trends and patterns at the global level, in Europe and in Germany

**Dr. Thomas Pietschmann,
Drug Research Section,
Division for Policy Analysis and Public Affairs
November 2018**



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UNODC's ROLE WITHIN THE SYSTEM OF THE UNITED NATIONS

The United Nations *Office on Drugs and Crime* (UNODC) is responsible for the United Nations activities in the fight against

* **illicit drugs**

• **international crime (organized crime, trafficking in human beings),
corruption and**

* **terrorism**

and assists Member States in these efforts.

Goal: Towards security and justice for all – making the world safer from drugs, crime and terrorism

UNODC has approximately 1,500 staff members or 2,300 employees worldwide of which some 650 are located at its headquarters in Vienna. UNODC relies on voluntary contributions, mainly from governments, for 90 per cent of its budget (some US\$ 300 million per year).

The **three pillars of the UNODC work** 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 (drugs: supply reduction: alternative development, law enforcement, forensic labs; demand reduction: prevention, treatment; money laundering)



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DEVELOPMENT OF INTERNATIONAL DRUG CONTROL



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BULLETIN ON NARCOTICS

Volume LIX, Nos. 1 and 2, 2007

**A century of
international drug control**



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A CENTURY OF INTERNATIONAL DRUG CONTROL

Vienna, 2009

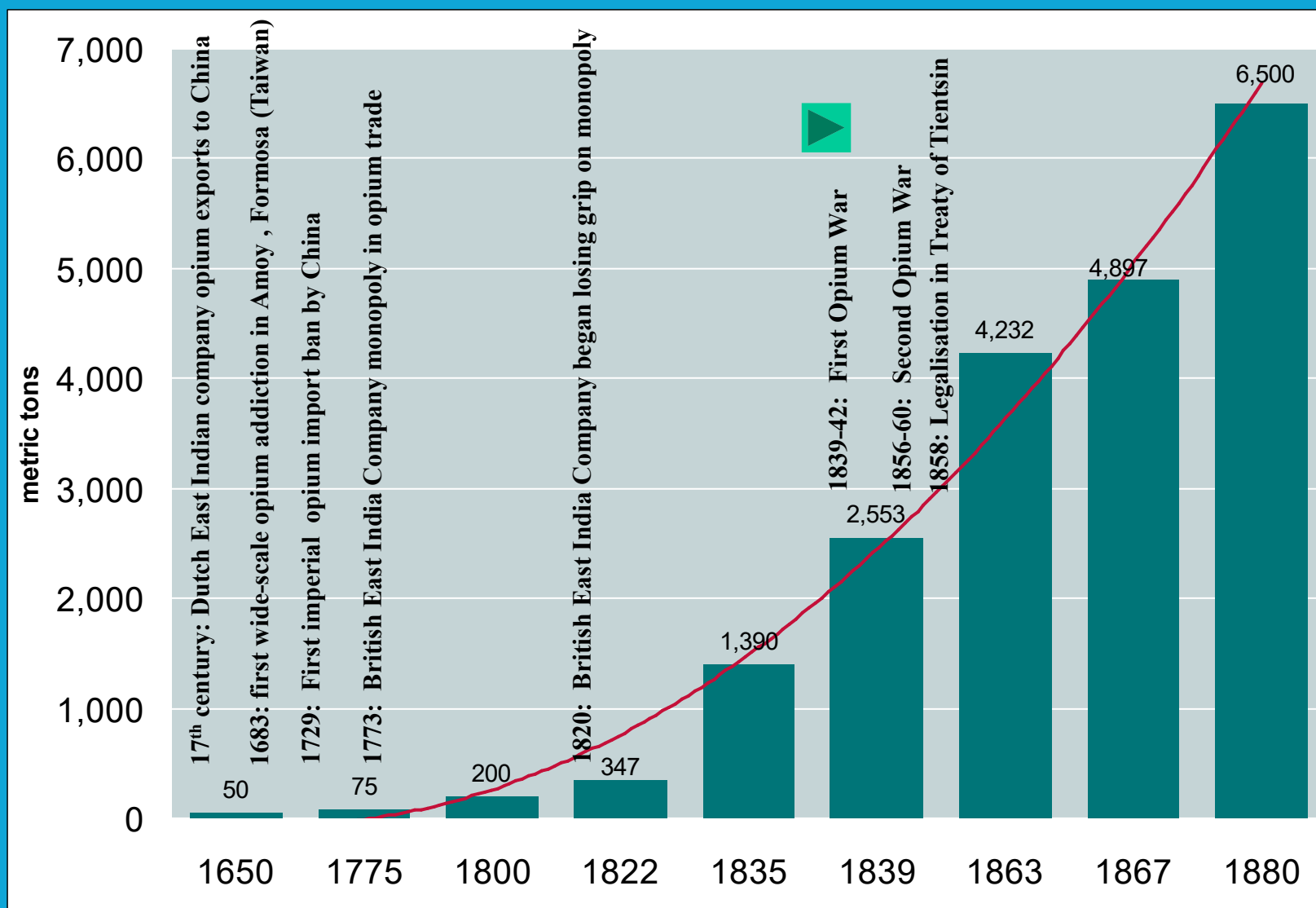
100 YEARS



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Opium flows from British-India into China, 1650-1880



Source: UNODC, 2008 *World Drug Report*, June 2008.



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First Opium War, 1839-42

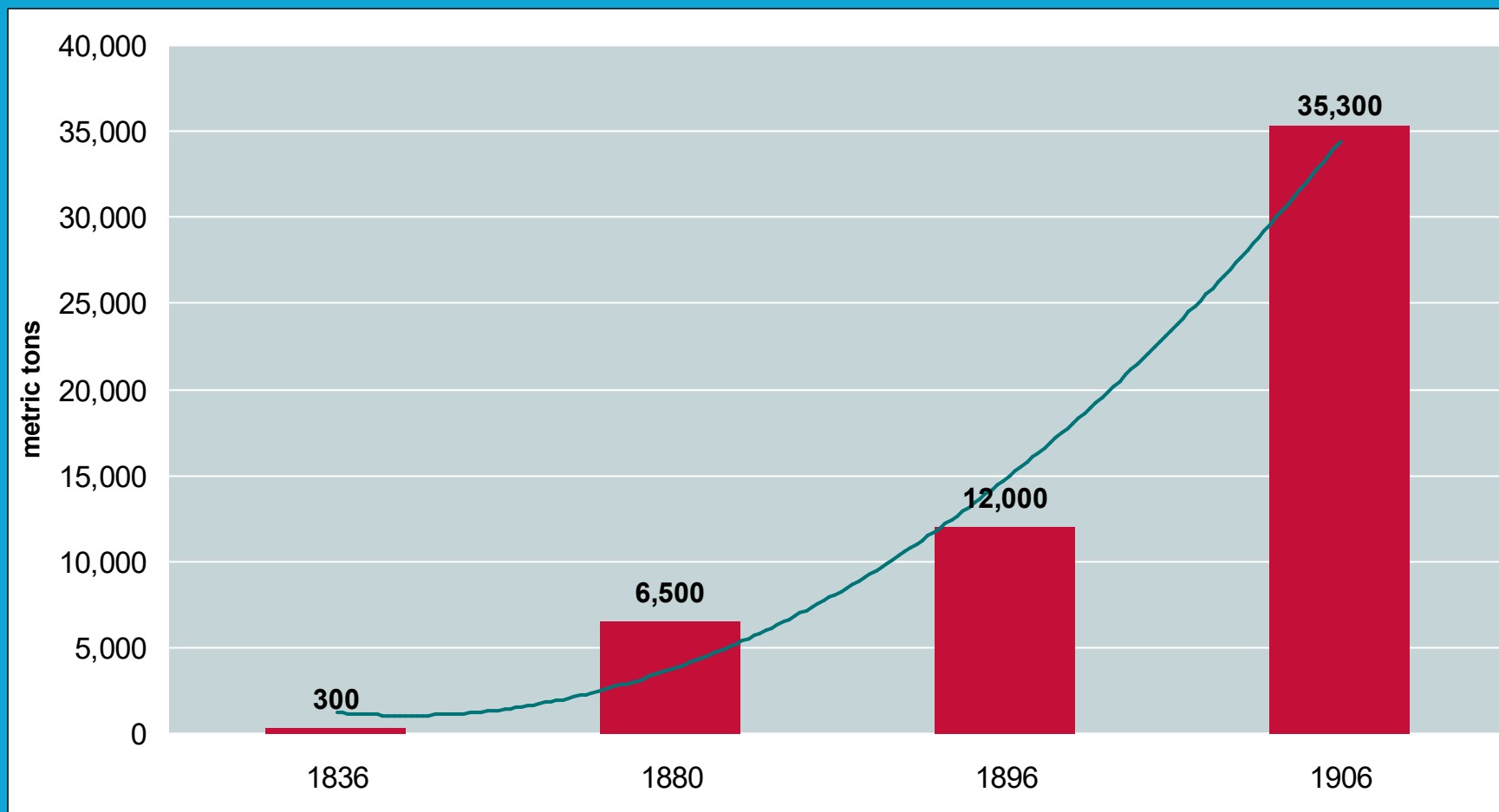




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Domestic opium production in China, 1836-1906



Source: UNODC, *2008 World Drug Report*, June 2008.



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INTERNATIONAL DRUG CONTROL

1909 Shanghai Conference

13 nations; forum known as Opium Commission, led to

1912 International Opium Convention (The Hague); officially entered into force 1915.

Governed shipment of narcotic drugs, i.e. control of transport of drugs which were used for medical purposes

1920 LEAGUE OF NATIONS DRUG CONTROL

Products subject to control were related to opium poppy, coca bush and cannabis

1920 Establishment of "Advisory Committee on Traffic in Opium and Other Dangerous Drugs" to assist the League's Council

Under the League's auspices, 3 new Conventions were passed:

1925 Convention, which went into force in 1928:

- Introduction of a statistical control system,
- Introduction of a system of import certificates and export authorizations for the licit international trade in narcotic drugs
- "Permanent Central Narcotics Board" of independent experts (compared INCB) formed to supervise statistical control system

1931 Convention, which entered into force in 1933

- "Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic drugs"
- Aimed at limiting manufacture of drugs to amounts needed for medical and scientific purposes
 - Establishment of a Drug Supervisory Body, to monitor operation of the system (compare CND)

1936 Convention, which went into force in 1939

- "Convention for the Suppression of the Illicit Traffic in Dangerous Drugs"
- Severe punishment for illicit drug traffickers

In addition, there were also international agreements, signed in 1925 and 1931 to suppress opium smoking.

1946 UNITED NATIONS DRUG CONTROL

1946 Protocol, entered into force in 1947

Legally transferred the drug control functions exercised by the League of Nations to the United Nations

1961 Single Convention: Art. 4: The parties shall take such legislative and administrative measures... (c) to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs.

Art. 9: The Board, in co-operation with Governments... shall endeavour to limit the cultivation, production, manufacture and use of drugs to an adequate amount required for, to ensure their availability for such purposes medical and scientific purposes.

The functions of the League's "Advisory Committee" were transferred to the United Nations "Commission on Narcotic Drugs" (CND), established in 1946 under the Economic and Social Council (ECOSOC).

1948 Protocol, entered into force in 1949

brought a large number of synthetic drugs ("man-made substances") under international control

1953 Opium Protocol, entered into force in 1963

Protocol for Limiting the Cultivation of the Poppy Plant, the Production of, International and Wholesale Trade in and Use of Opium), signed in New York

- aimed at limiting opium use and trade to medical and scientific needs, eliminated legal over-production through stock control
- only 7 countries (Bulgaria, Greece, India, Iran, Turkey, USSR and Yugoslavia) were authorized to produce opium for export
- The Permanent Central Board (now the INCB) was empowered with supervisory and enforcement responsibilities; Board has right to impose embargo on importation and exportation of opium

1961 Single Convention on Narcotic Drugs, entered into force in 1964

Parties: 184

- Consolidation of earlier drug control treaties (for opium, coca bush and cannabis)
- Streamlining the control mechanism
- The Permanent Central Board and the Drug Supervisory Body became The International Narcotics Control Board (INCB)
- It also prohibits opium smoking, coca leaf chewing - transition period

1972 Protocol amending the Single Convention, entered into force in 1972

- stronger emphasis on treatment and rehabilitation, social integration as alternatives to imprisonment for abusers
- INCB is given key role in ensuring a balance between supply and demand of narcotic drugs for medical and scientific purposes

1971 Convention on Psychotropic Substances, entered into force in 1976

Parties: 183

- amphetamine-type substances, sedative hypnotic agents, hallucinogens particularly LSD (lysergic acid diethylamide), mescaline, amphetamines, and sedative hypnotics, such as barbiturates
- 4 separate "schedules"
- Schedule 1, those which are completely prohibited
- Convention also regulates inspection of stocks, records, laboratory premises
- Responsibility: CND, INCB

1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, entered into force in 1990

Parties: 188

- Money Laundering (confiscation of proceeds)
- Extradition of major drug traffickers
- Cooperation in demand reduction

1998 Special Session of the General Assembly devoted to Count

2009 Political Declaration, Guiding Principles of Drug Demand R

2016 Political Declaration and Plan of Action (target date: 2019

2016 Special Session of General Assembly

Demand reduction policies shall (i) Aim at preventing the use of drugs and at reducing the adverse consequences of drug abuse



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1st International Opium Conference, Shanghai, 1909





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International Opium Conference, Geneva, 1925



- The 1925 International Opium Convention banned exportation of *Indian hemp* to countries that prohibited its use.
- Importing countries were required to issue certificates approving the importation, stating that the shipment was to be used "exclusively for medical or scientific purposes".

Egypt: "I earnestly beg all the delegates to give this question [hashish] their best attention, for I know the mentality of Oriental peoples, and I am afraid that it will be said that the question was not dealt with because it did not affect the safety of Europeans...."

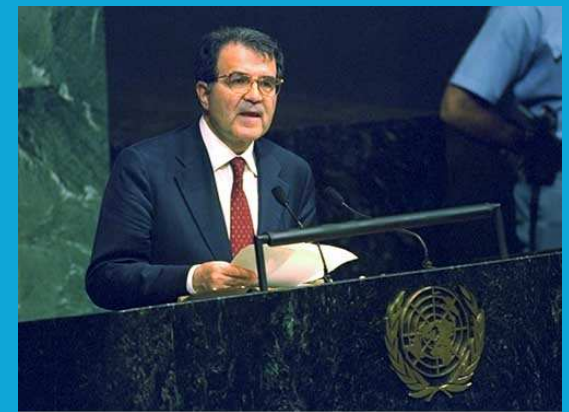




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United Nations General Assembly Special Session devoted to the World Drug Problem, 8-10 June 1998



This "Drug Summit" was to assess the international drug problem, and develop a forward-looking strategy for the 21st century by focusing on six crucial issues: **demand reduction** (incl. **"harm reduction"** - **"reducing the adverse consequences of drug abuse"**), **alternative development**; **amphetamine-type stimulants**; **precursor chemicals** ("know your customer"); **money-laundering**; and **judicial cooperation**

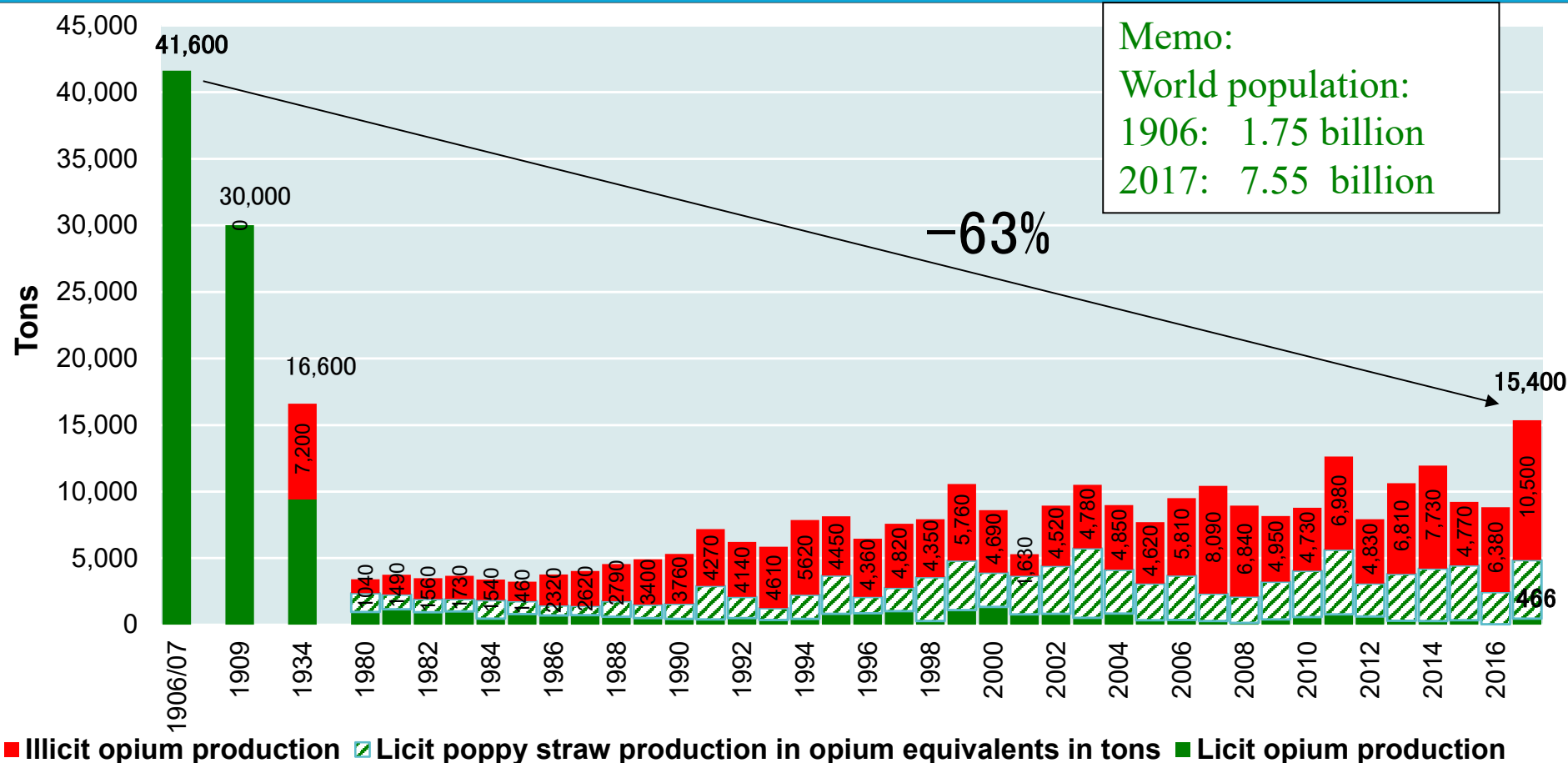




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Global opium production in metric tons, 1906/1907 – 2017



Note: The transformation of poppy straw into opium equivalents is tentative. A transformation ratio of around 7 kg of opium for 100 kg of poppy straw was applied, derived from average morphine output from poppy straw of 0.7% at the global level and an average opium morphine content of close to 10% at the global level (10 years average). Annual specific results were applied for data over the 2006–2016 period. Poppy straw figures for 2017 are still preliminary.

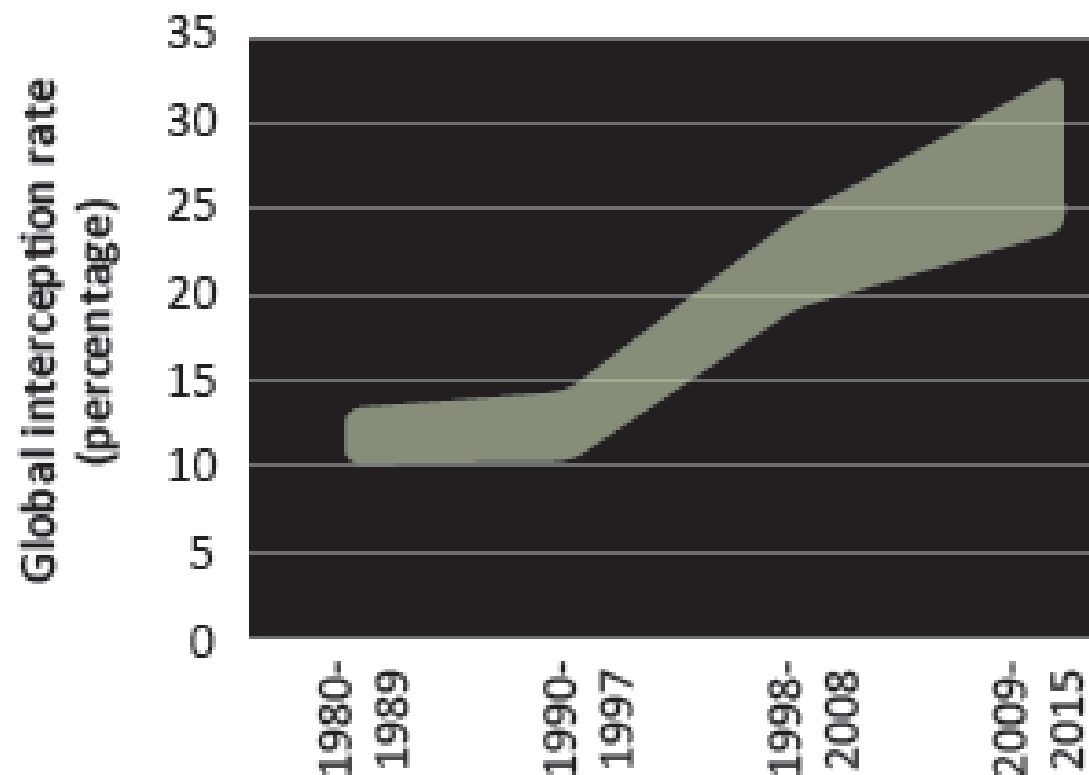
Sources: Report of the International Opium Commission, Shanghai, China, Feb. 1909, Vol. II, INCB, *Narcotics Report, Narcotic Drugs: Estimated World Requirements for 2018 – Statistics for 2016* and previous years, UNODC, *A Century of International Drug Control* (2009), UNODC, *World Drug Report 2018* and previous years.



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Trends in the global interception rate of opiates, 1980-2015



Sources: UNODC calculations based on illicit crop monitoring surveys and responses to the annual report questionnaire.

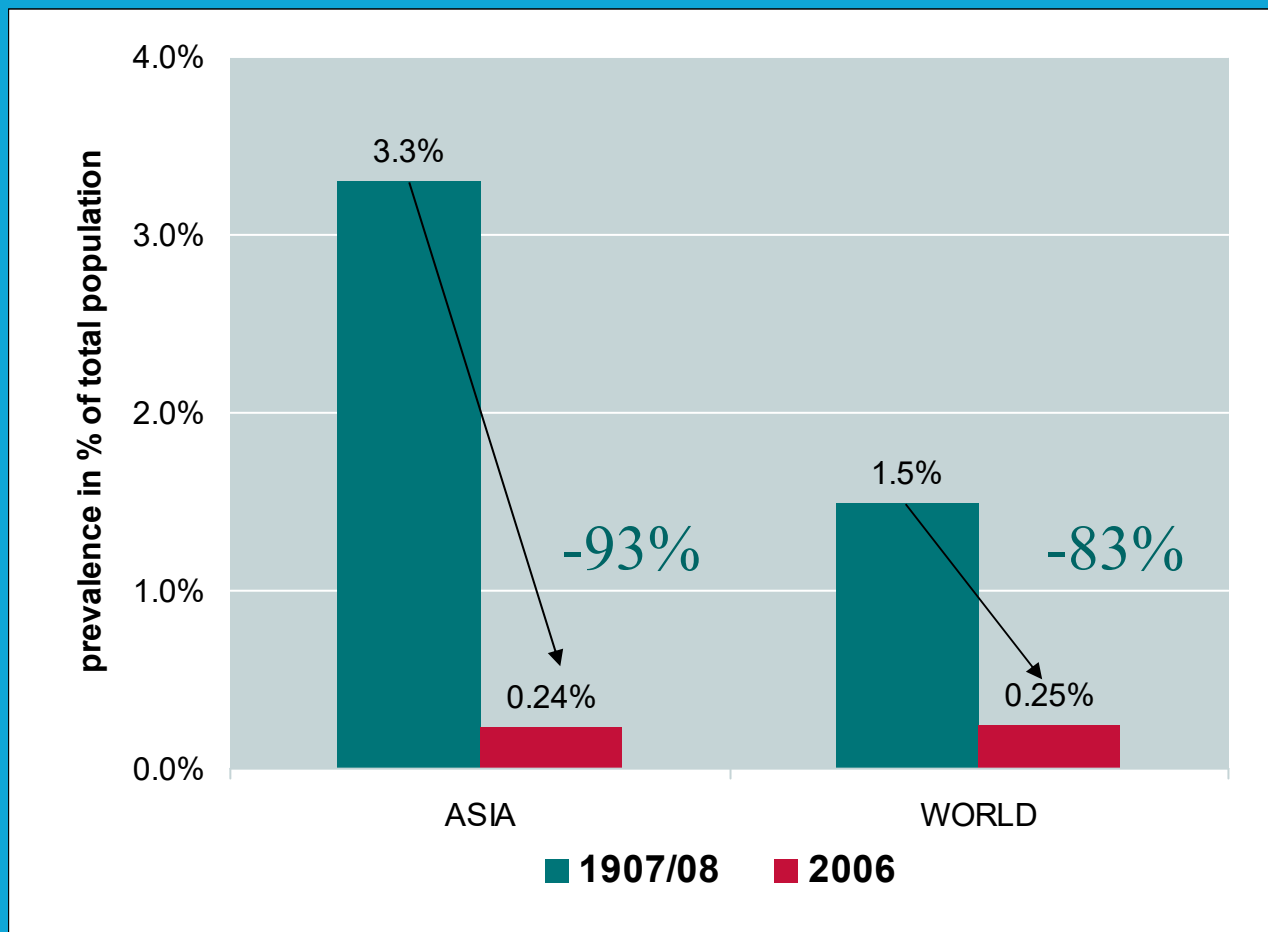
Note: For details of the calculation methods, see the online methodology section of the present report.



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Estimates of opiate use among the total population 1907/08 and 2006



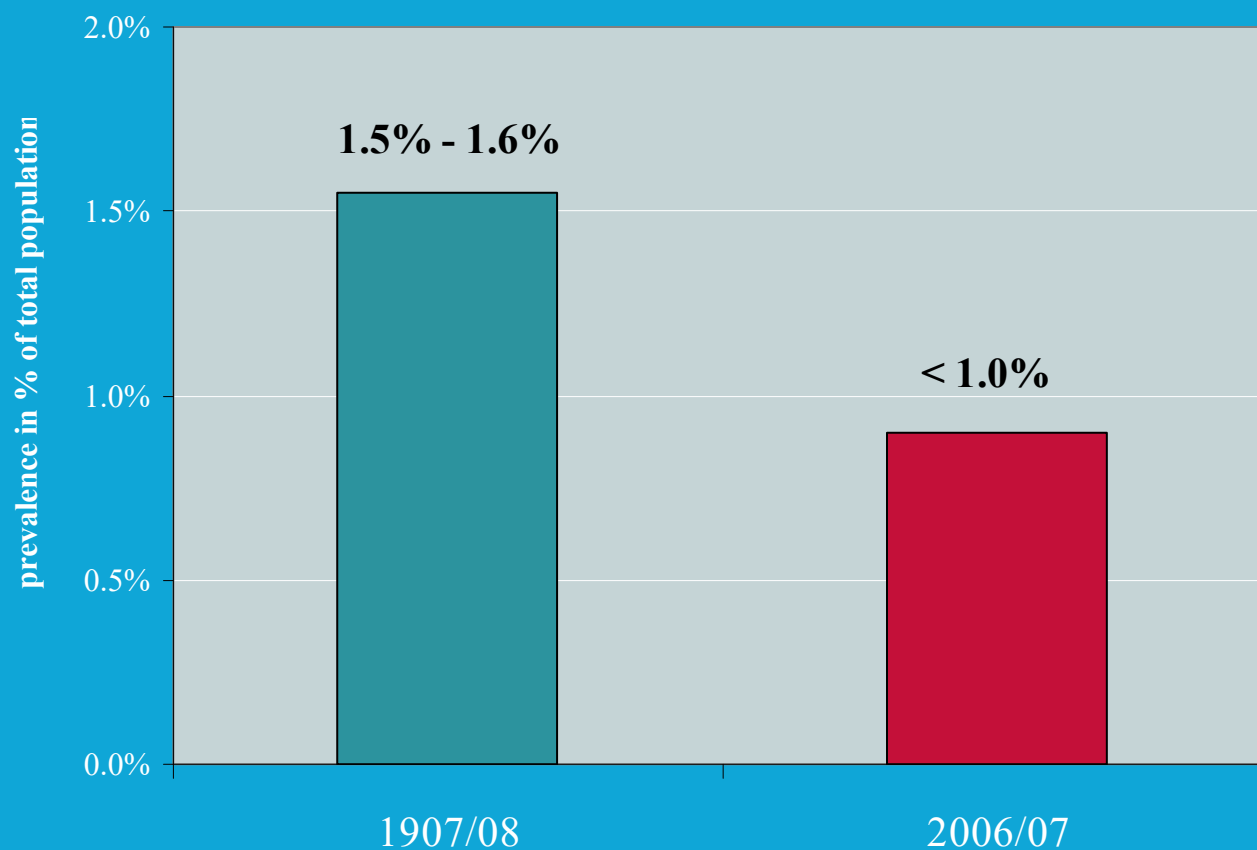
Source: UNODC, 2008 *World Drug Report*, June 2008.



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Estimates of annual prevalence of opiate, cocaine and ATS use at the global level, 1907/08 and 2006/07



Source:: UNODC calculations based on International Opium Commission, Shanghai, February 1909, UNODC, *World Drug Report 2008*.



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**GLOBAL OVERVIEW OF
DRUG DEMAND AND SUPPLY**

Latest trends, cross-cutting issues

WORLD ∞
DRUG
REPORT 2011

2

DEMAND

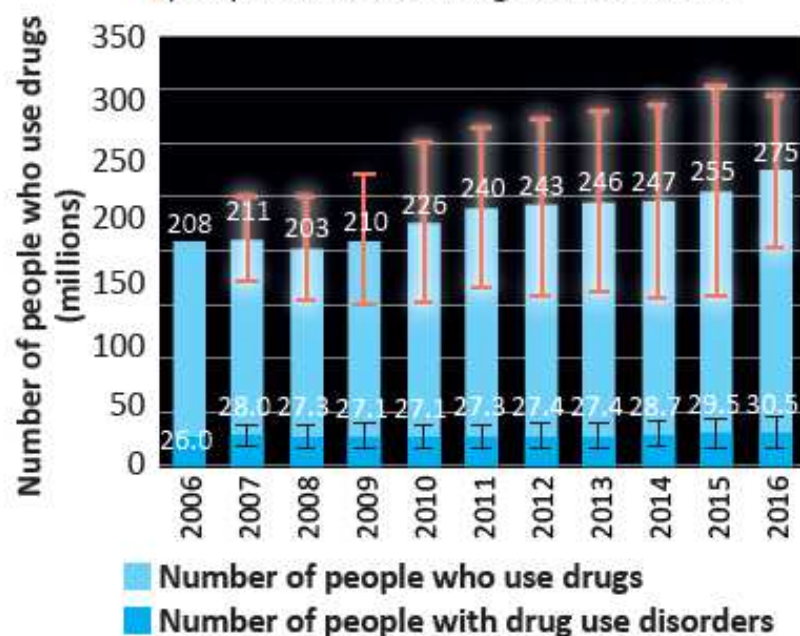


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Trends in global drug use

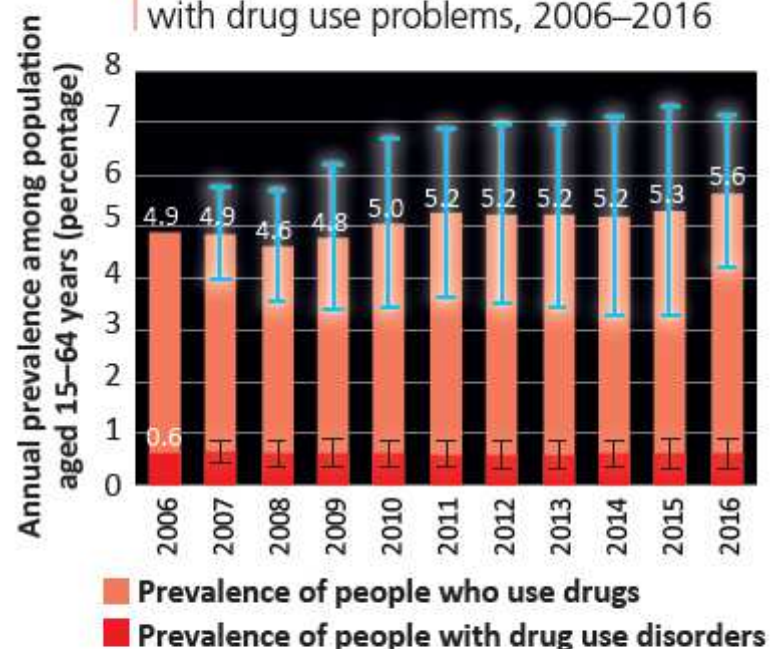
FIG. 1 Global trends in estimated number of people who use drugs, 2006–2016



Source: UNODC, responses to the annual report questionnaire.

Note: Estimates are for adults (aged 15–64 years) who used drugs in the past year.

FIG. 2 Global trends in the estimated annual prevalence of drug use and people with drug use problems, 2006–2016



Source: UNODC, responses to the annual report questionnaire.

Note: Estimated percentage of adults (aged 15–64 years) who used drugs in the past year.

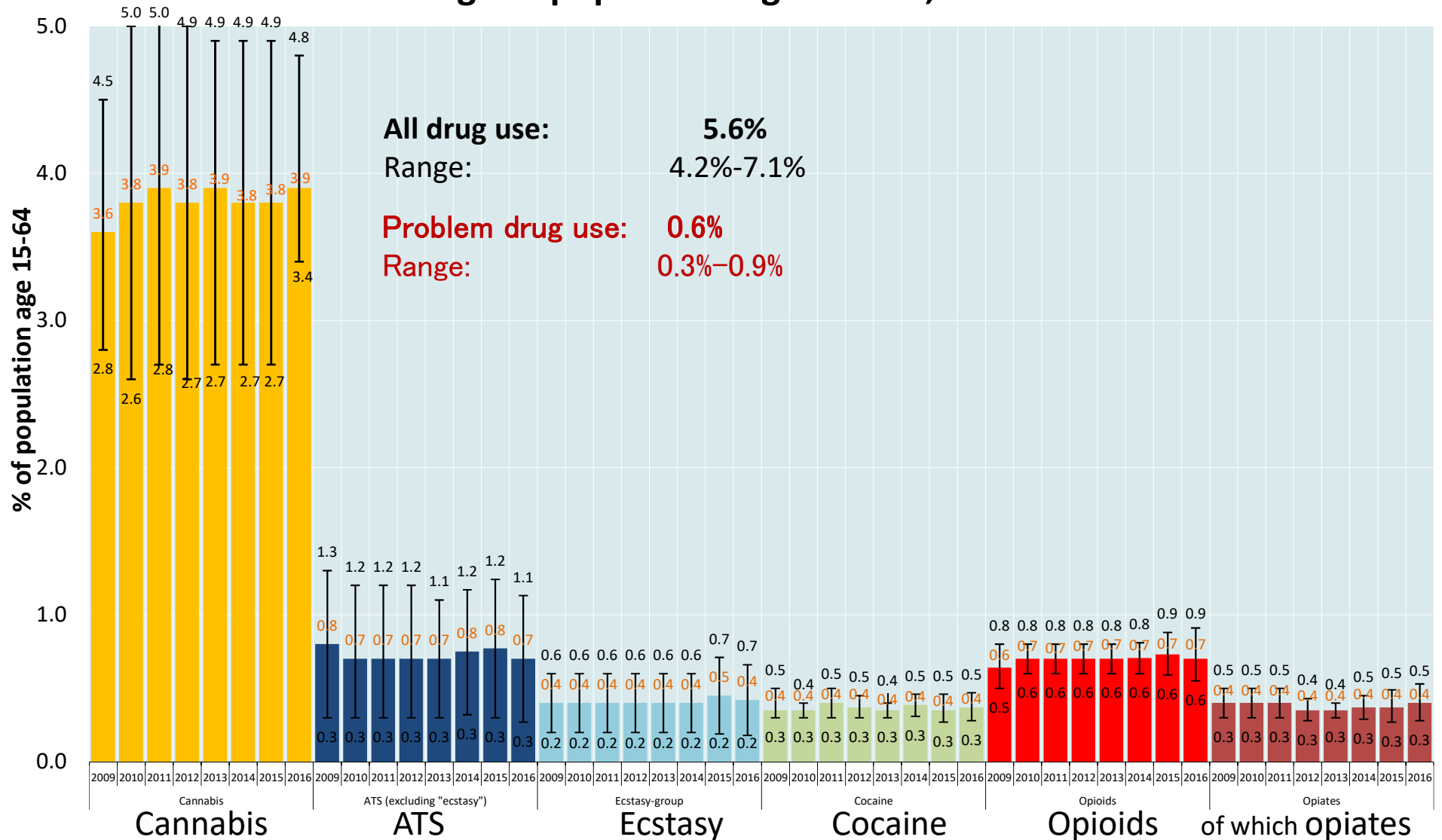


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Annual prevalence of illicit drug use at the global level, among the population aged 15-64, 2009 - 2016



Source: UNODC, response to annual report questionnaire.



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DRUG USE in GERMANY and in EUROPE



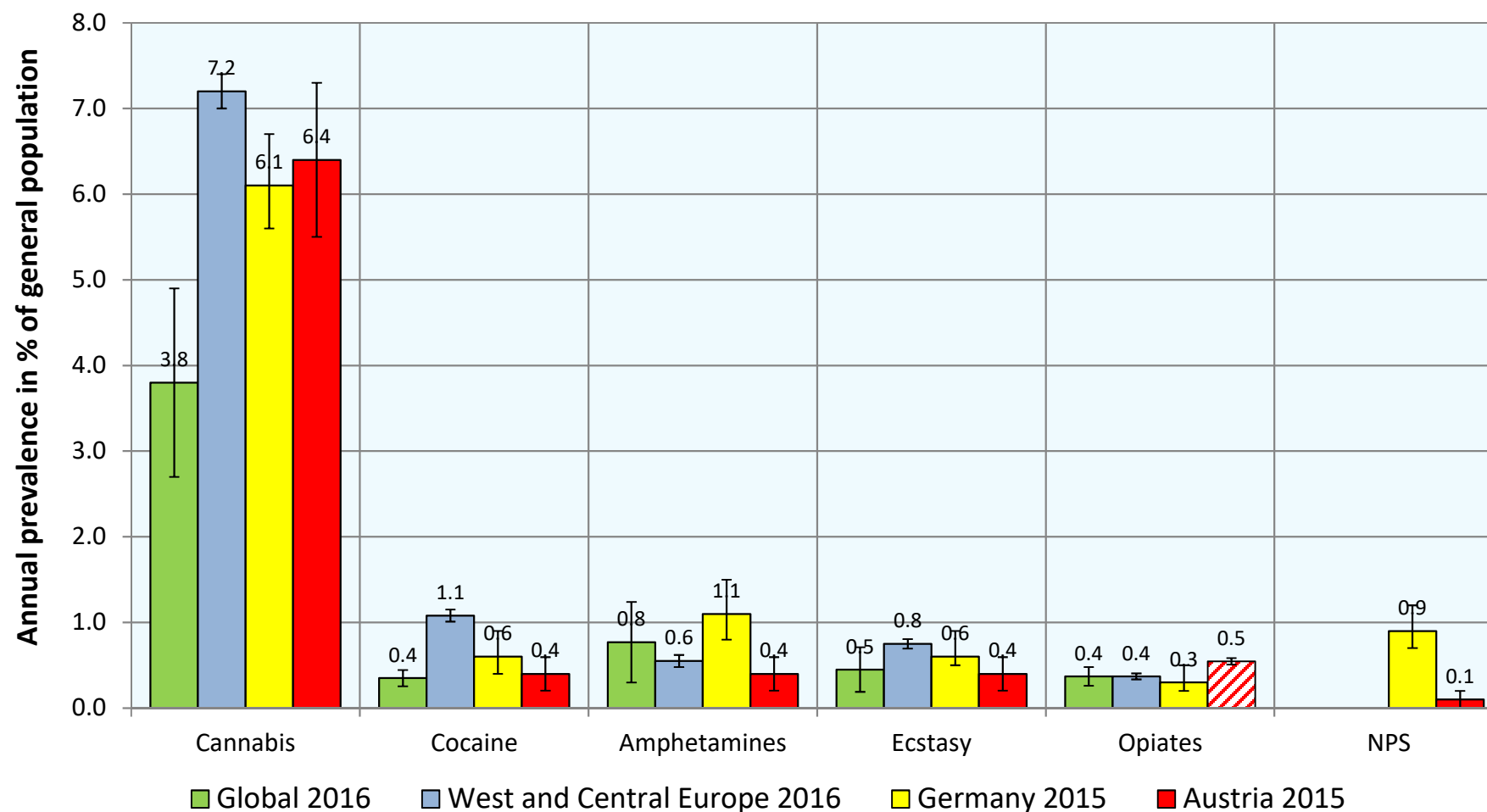


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Annual prevalence of illicit drug use at the global level among the population aged 15-64, 2016 or latest year available



•Sources: UNODC World Drug Report 2016, Institut für Therapieforschung (IFT), *Der Epidemiologische Suchtsurvey 2015*, Gesundheit Österreich, *Bevölkerungserhebung zu Substanzgebrauch 2015*.



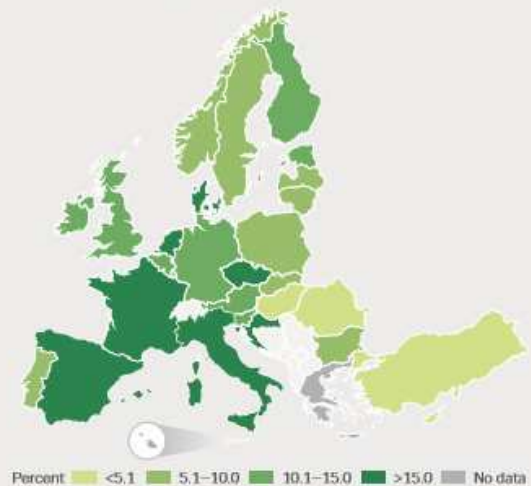
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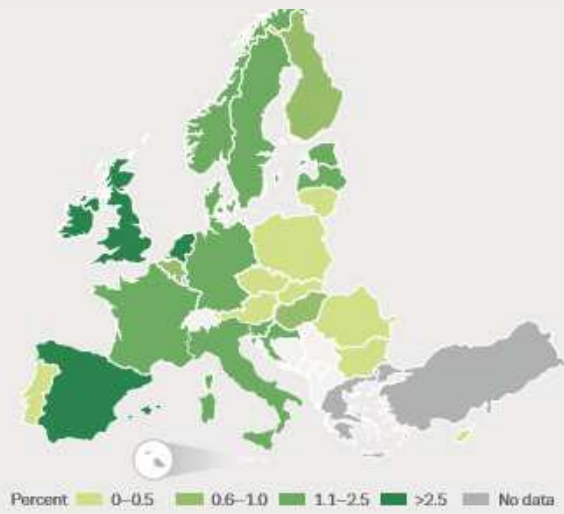


Annual prevalence of drug use in Europe among young adults, aged 15-34

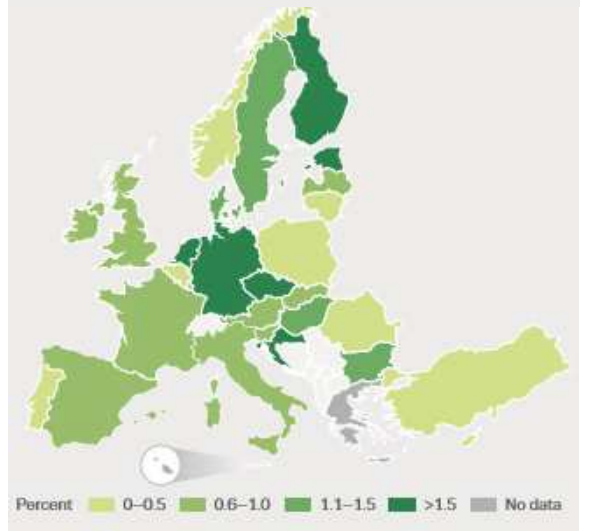
Last year prevalence of cannabis use among young adults (15–34):
most recent data (map) and selected trends



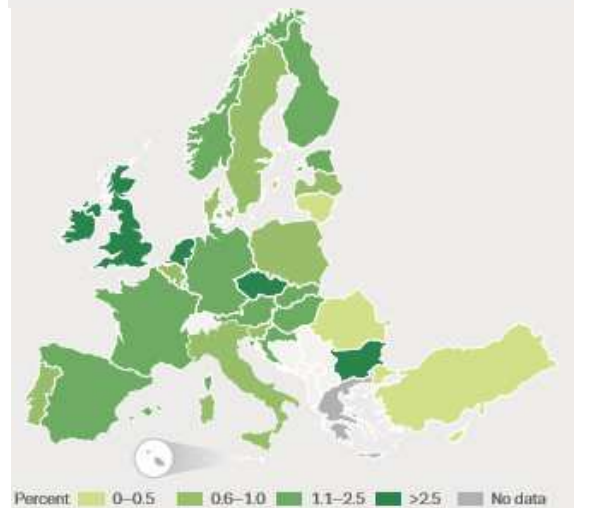
Last year prevalence of cocaine use among young adults (15–34):



Last year prevalence of amphetamines use among young adults (15–34):



Last year prevalence of MDMA use among young adults (15–34):



Source: EMCDDA, European Drug Report 2017.

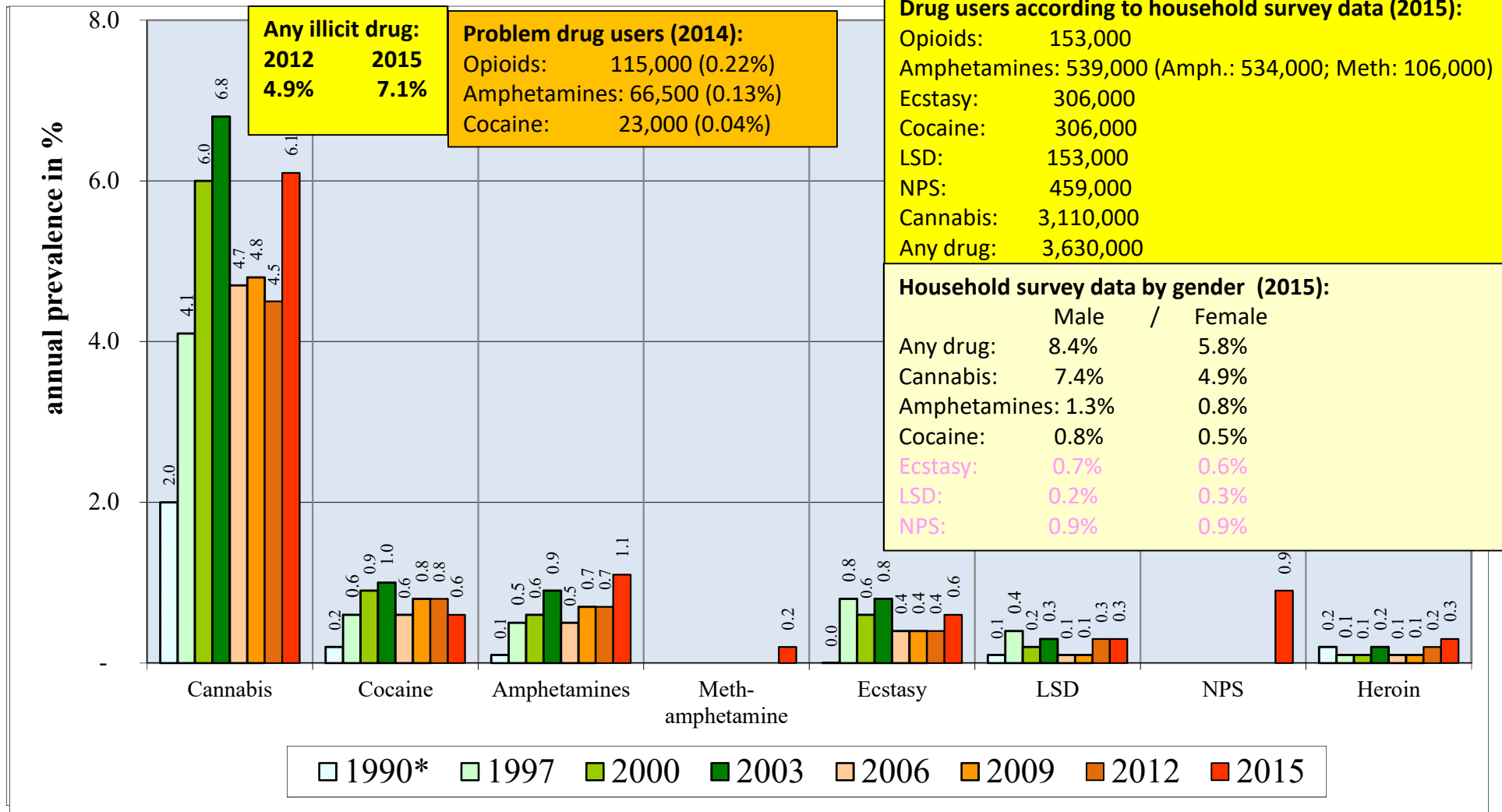


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Germany: annual prevalence of drug use in % of population age 18-64, 1990-2015



Sources: German Ministry of Health; EMCDDA; UNODC Annual Reports Questionnaire Data; SUCHT, Zeitschrift für Wissenschaft und Praxis, Vol. 62, Oct. 2016. Data for 1990 extrapolated from drug use reported among 18-24 year olds.

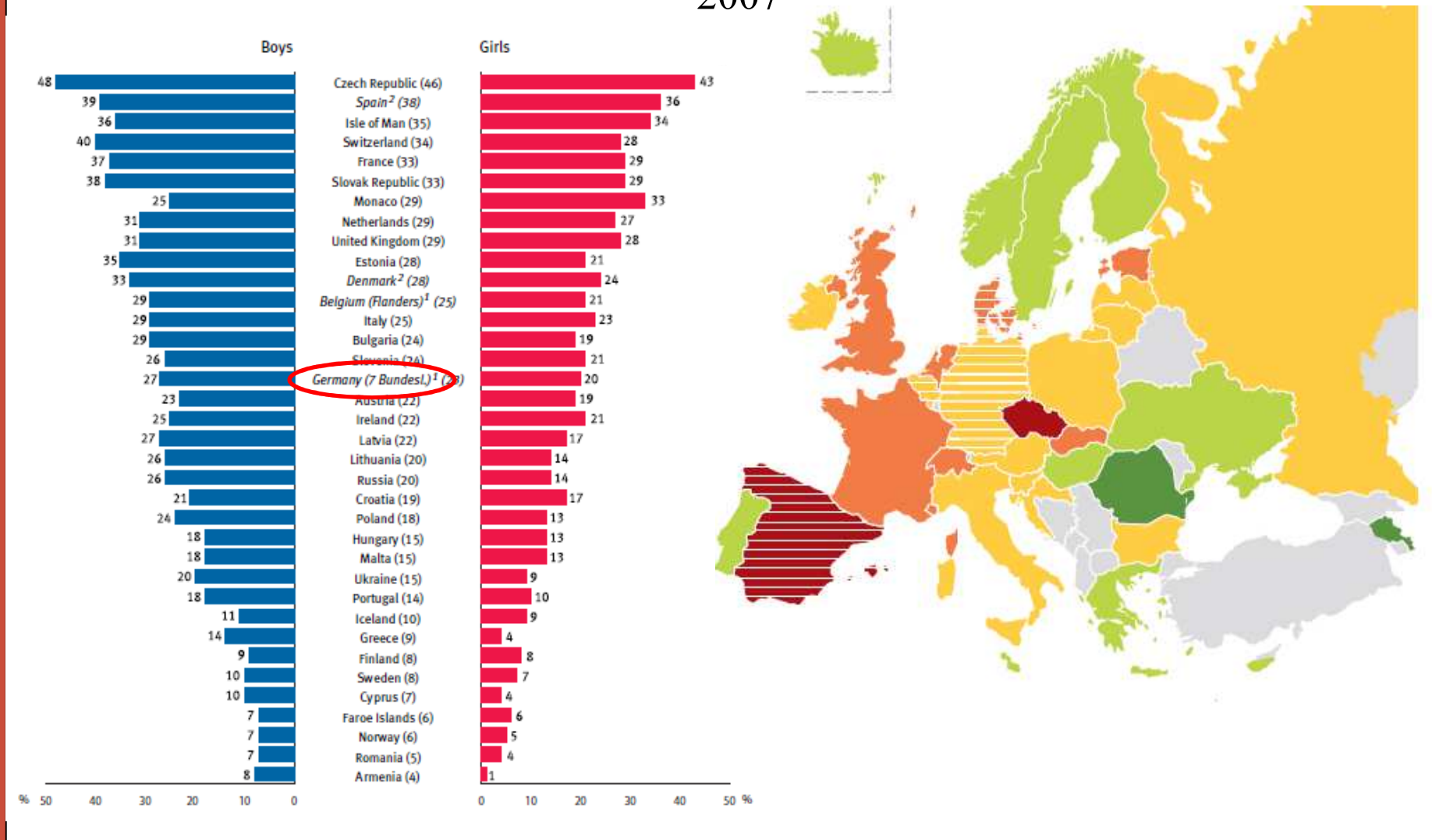


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Life-time prevalence of illicit drug use among 15-16 year old students in Europe, 2007



Source: Council of Europe, EMCDDA and CAN, The 2007 ESPAD Report., Stockholm 2009.

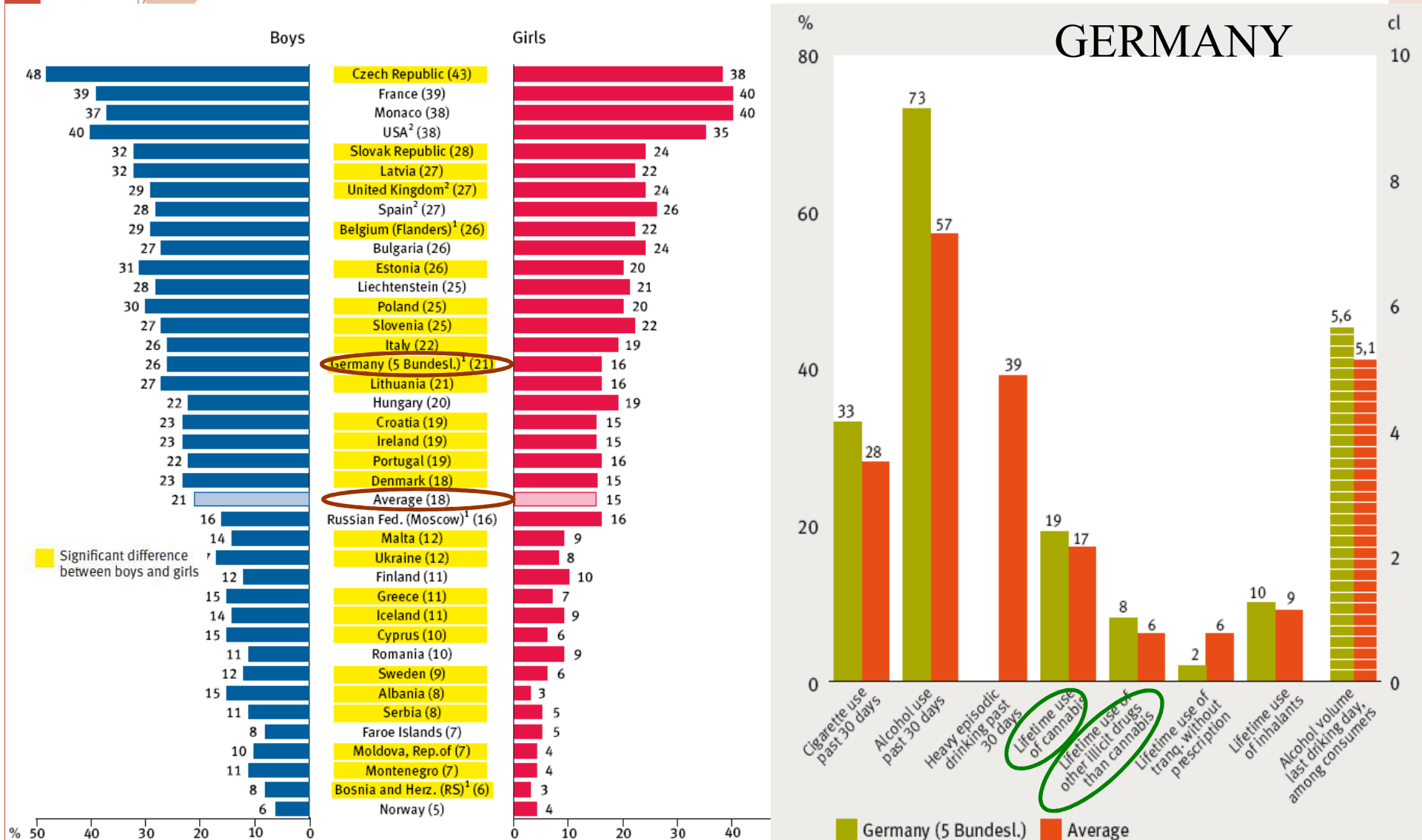


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Life-time use of any illicit drug among 15-16 year old students, 2011



Source: Council of Europe, *The 2011 ESPAD Report*, May 2012.



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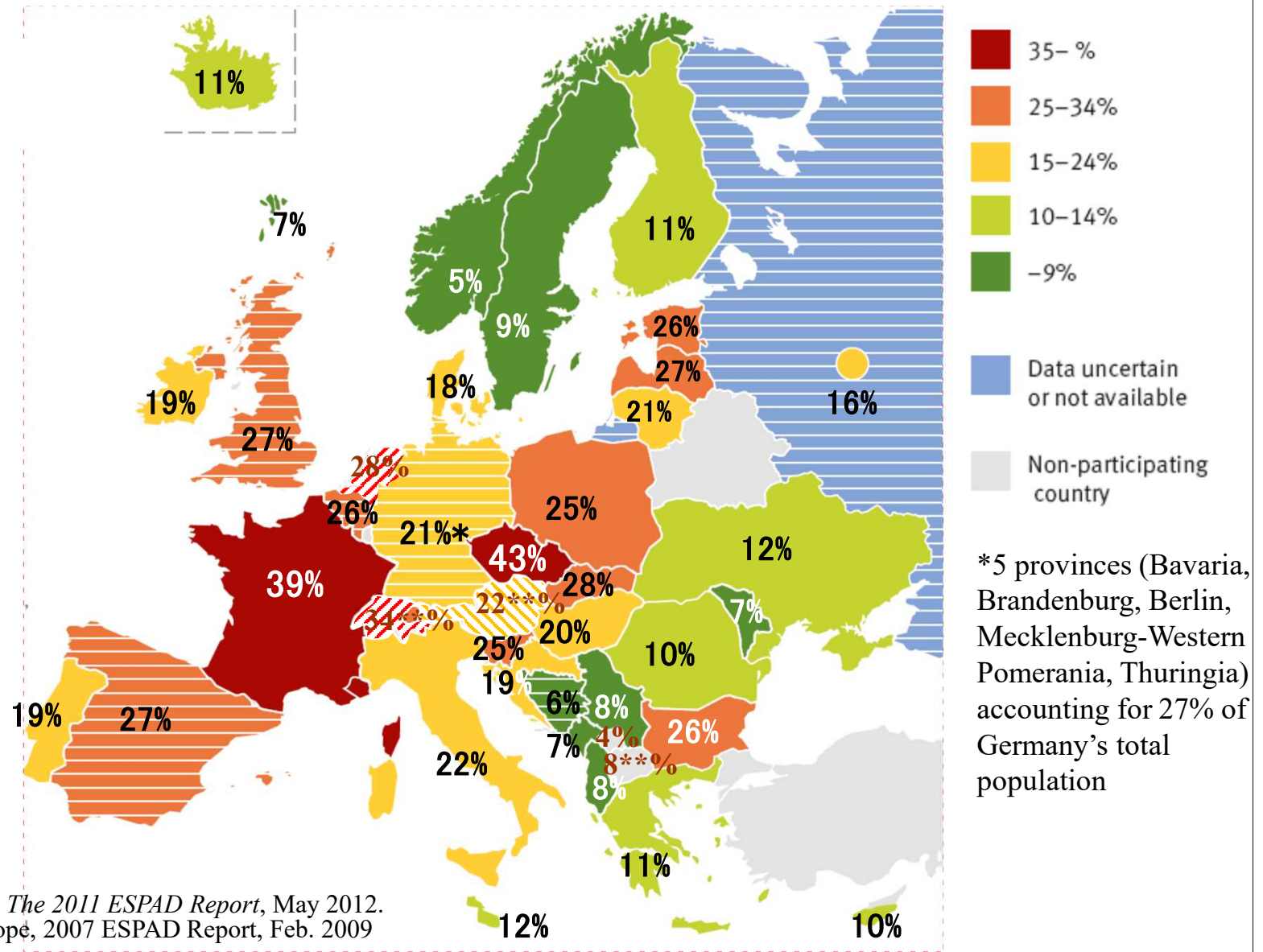
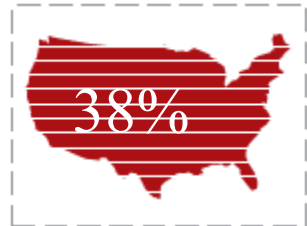


Life-time use of illicit drugs among 15-16 year old students in Europe and USA, 2011*

Europe:



USA:



Source: Council of Europe, *The 2011 ESPAD Report*, May 2012.

** Council of Europe, *2007 ESPAD Report*, Feb. 2009



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Life-time prevalence of illicit drug use among 15-16 year old students in Europe and in the USA, 2015

Czech Republic	37	35 + %
United States	35	25-34 %
France	32	15-24 %
Monaco	31	10-14 %
Liechtenstein	31	< 10 %
Bulgaria	30	
Italy	28	
Spain	28	
Slovakia	28	
Estonia	26	
Slovenia	26	
Poland	25	
Netherlands	23	
Croatia	22	
Austria	21	
Ireland	20	
Latvia	19	
Lithuania	19	
Belgium (Flanders)	18	
Portugal	16	
Georgia	15	
Malta	14	
Hungary	14	
Denmark	13	
Romania	11	
Greece	11	
Cyprus	10	
Ukraine	10	
Albania	10	
Montenegro	10	
Finland	9	
Iceland	8	
Sweden	8	
Norway	7	
Former Yugoslav Republic of Macedonia	7	
Faroes	6	
Moldova	6	

Bavaria

27.1 %

(up from

23.9% in 2011)

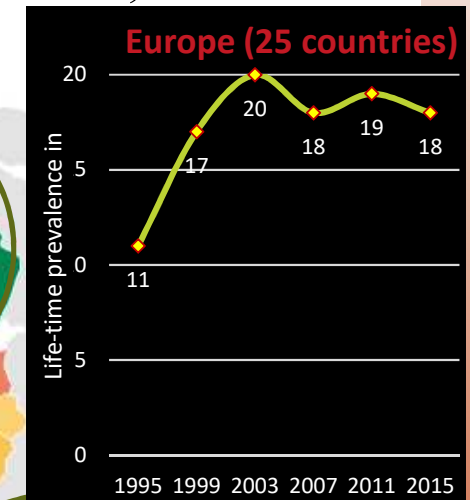
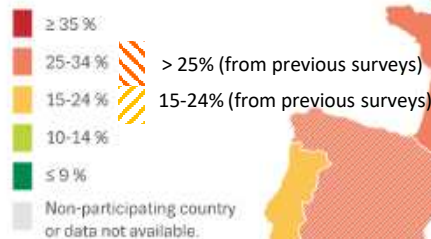
Germany
(2011)
21 %

European
average:
lifetime
18 %

annual: 14%

USA
lifetime
35%

annual: 28%



Source: EMCDDA and ESPAD, *ESPAD Report 2015*, Luxembourg 2016.

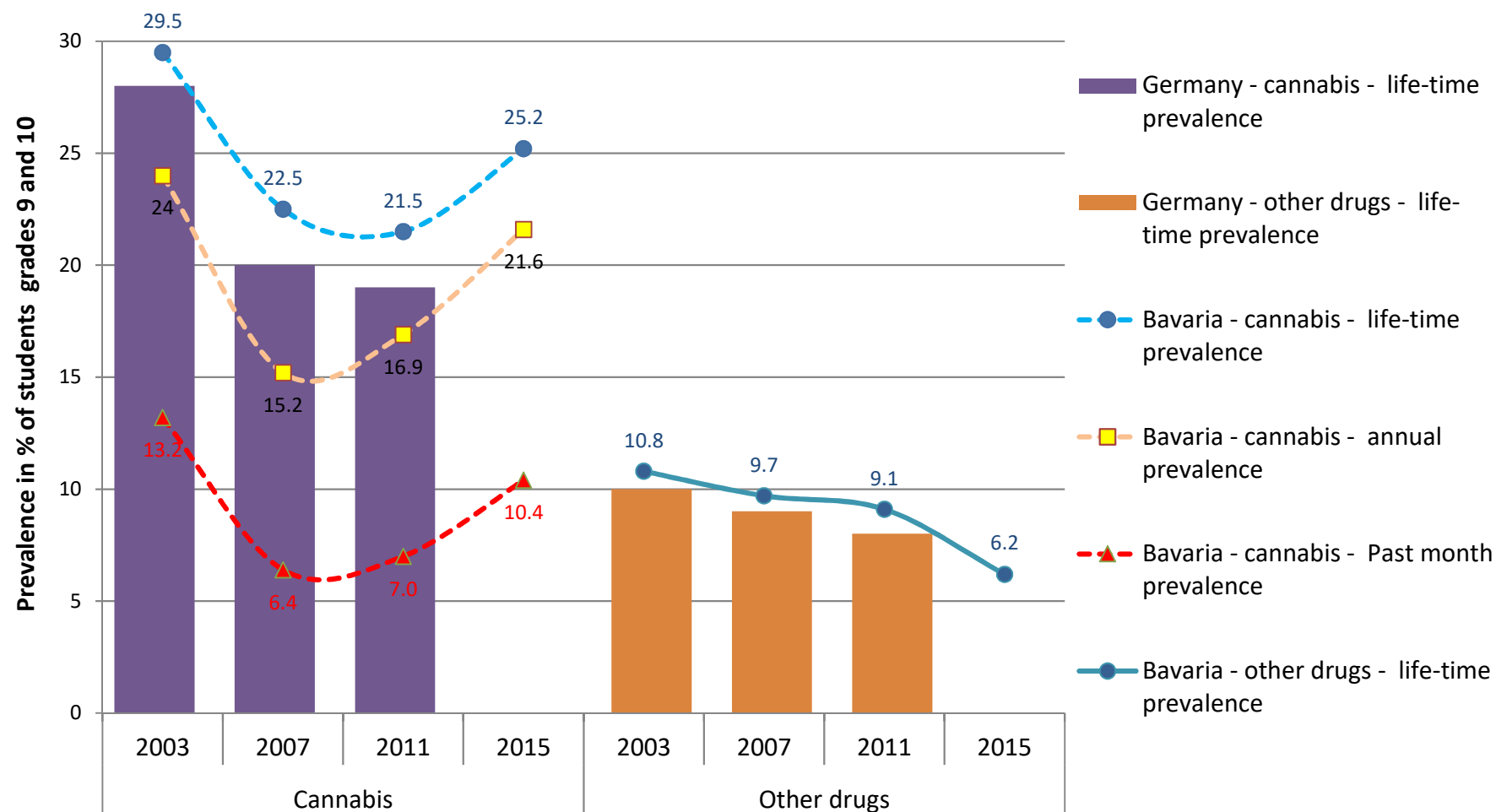


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Drug use among 15-16 year old students in Germany (9th and 10th grade)



Sources: Institut für Therapieforschung, *The 2015 European School Survey Project on Alcohol and other Drugs (ESPAD) Survey among pupils in grade 9 and 10 in Bavaria*, February 2016 and Council of Europe, *ESPAD 2011*.

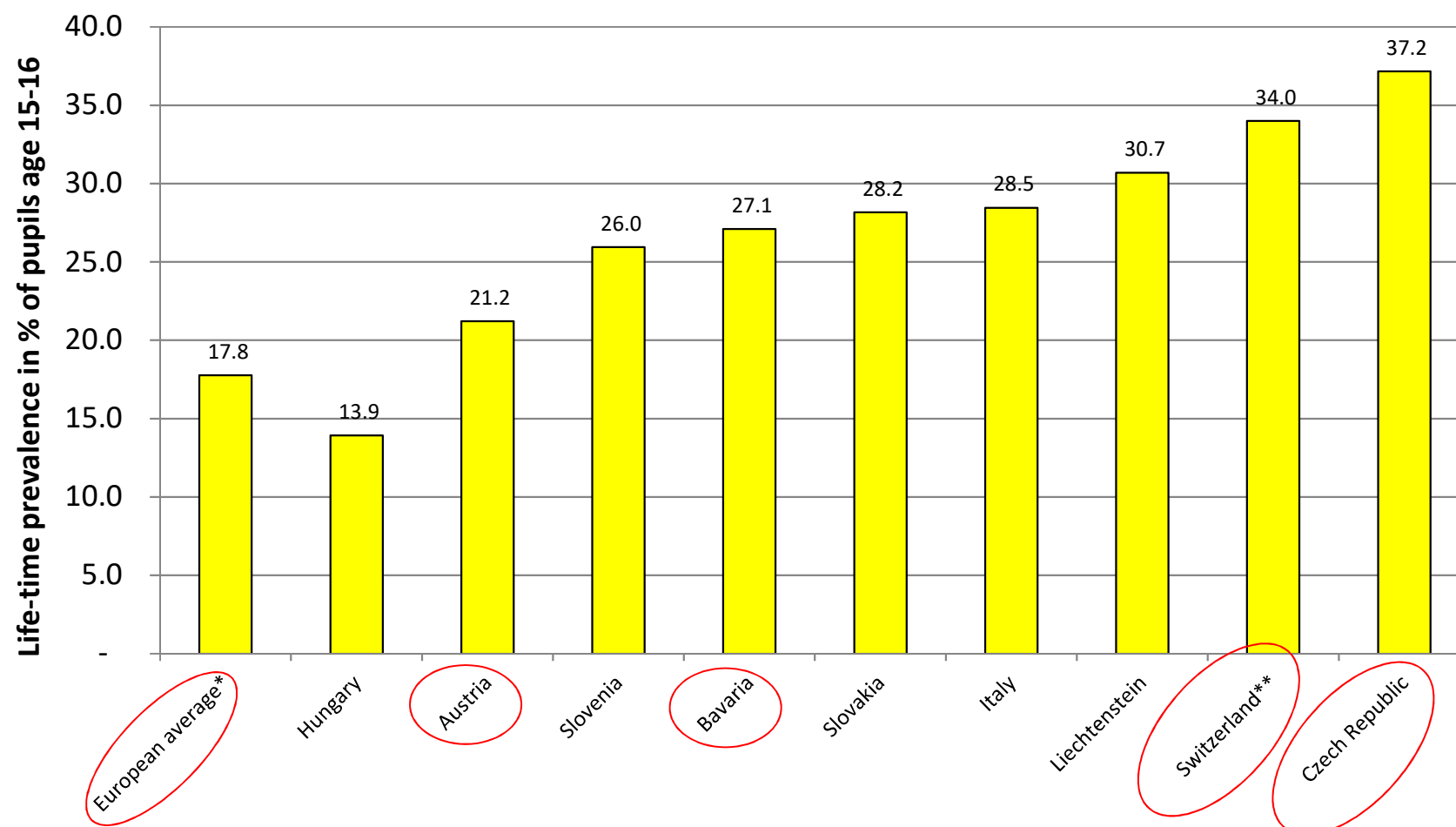


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Lifetime prevalence of drug use in Bavaria, Austria and neighbouring countries as a percentage of pupils aged 15-16 in 2015



*average of 34 European countries; **data for Switzerland refer to the year 2007

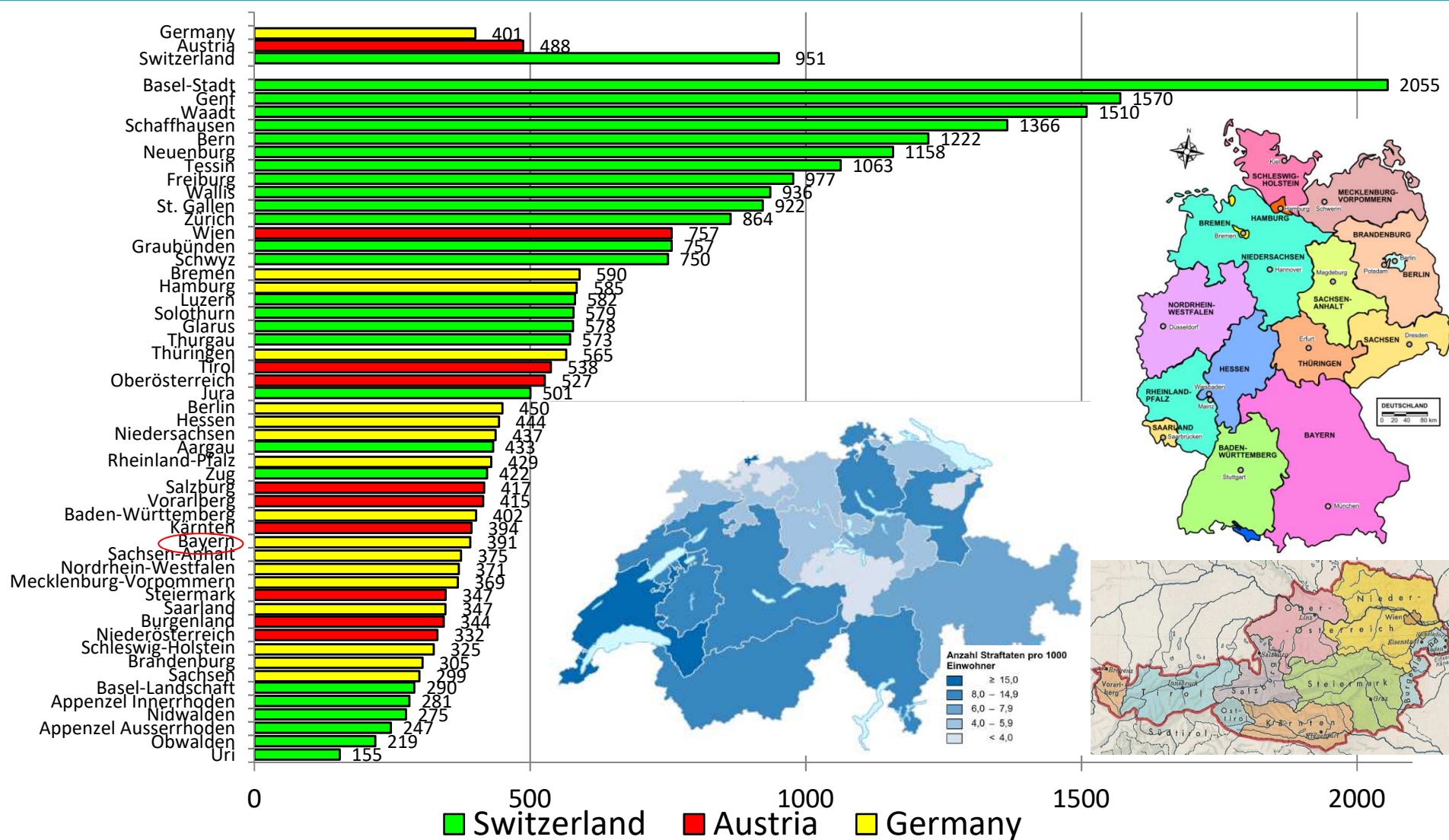
Source: Council of Europe/EMCDDA, Swedish Ministry of Health and Social Affairs, European School Survey Project on Alcohol and other Drugs (ESPAD), 2015.



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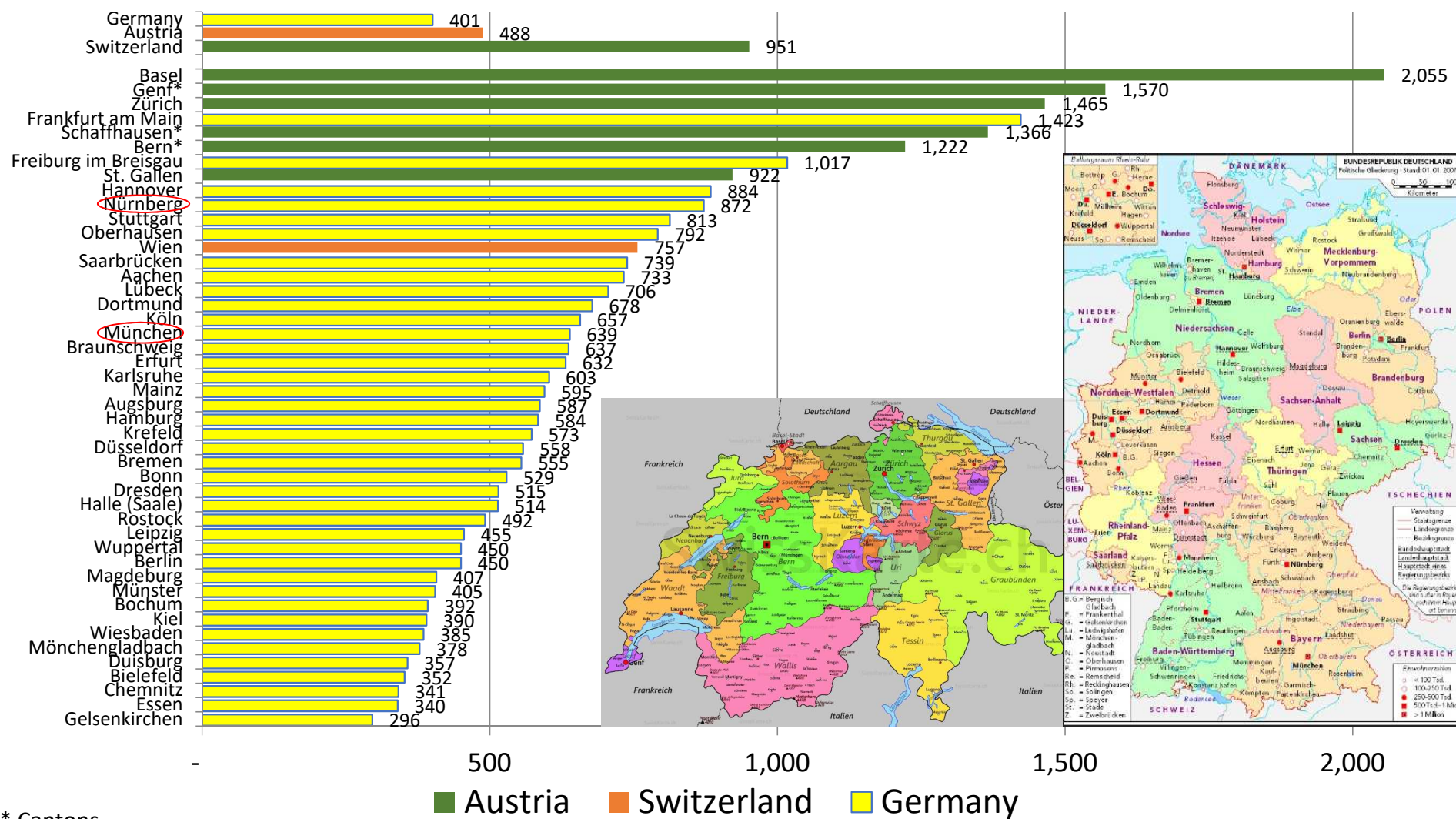
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Reported violations against the drug laws per 100,000 people in Germany, Austria and Switzerland in 2017



Sources: Austrian Ministry of Interior, German Bundeskriminalamt and Swiss Federal Office of Police

Reported violations against the drug laws per 100,000 people in selected cities of Germany, Austria and Switzerland in 2017



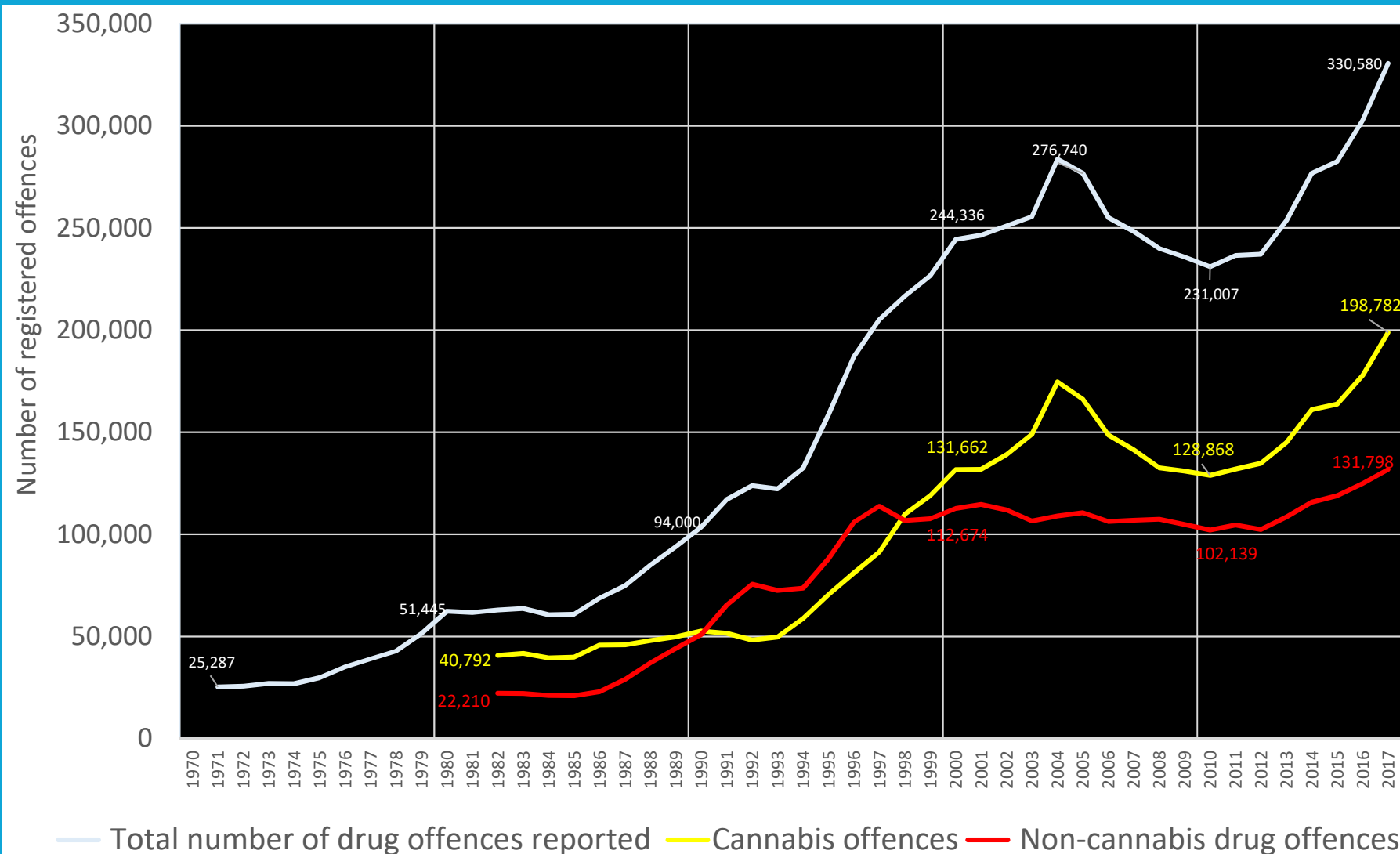
Sources: Austrian Ministry of Interior, German Bundeskriminalamt and Swiss Federal Office of Police



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Reported violation against the German Narcotics law, 1971-2017



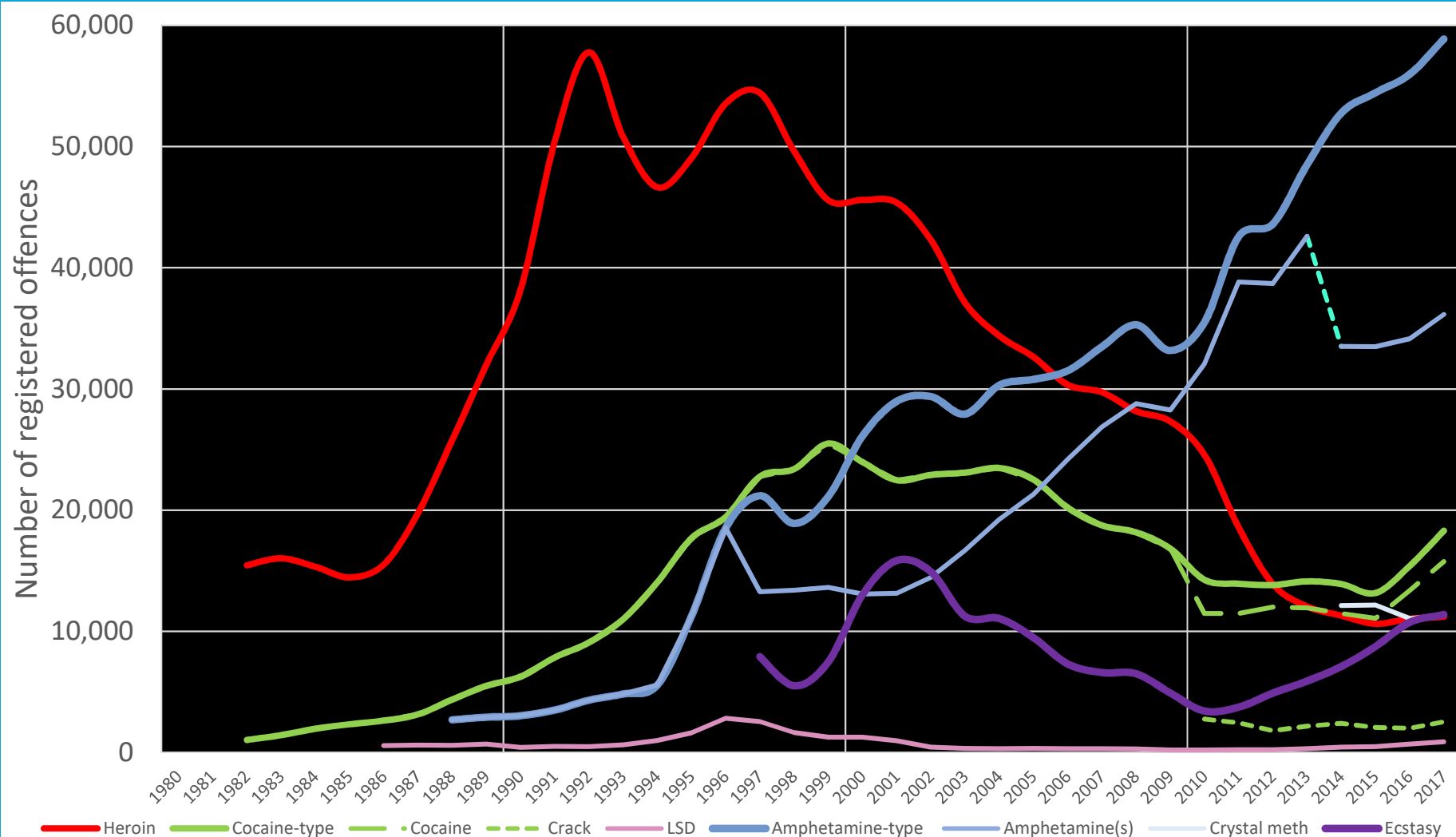
Source: Bundeskriminalamt, Rauschgiftkriminalität Bundeslagebild 2017 – Tabellenanhang (and previous years).



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Reported violation German Narcotics law, 1971-2017



Source: Bundeskriminalamt, Rauschgiftkriminalität Bundeslagebild 2017 – Tabellenanhang (and previous years).

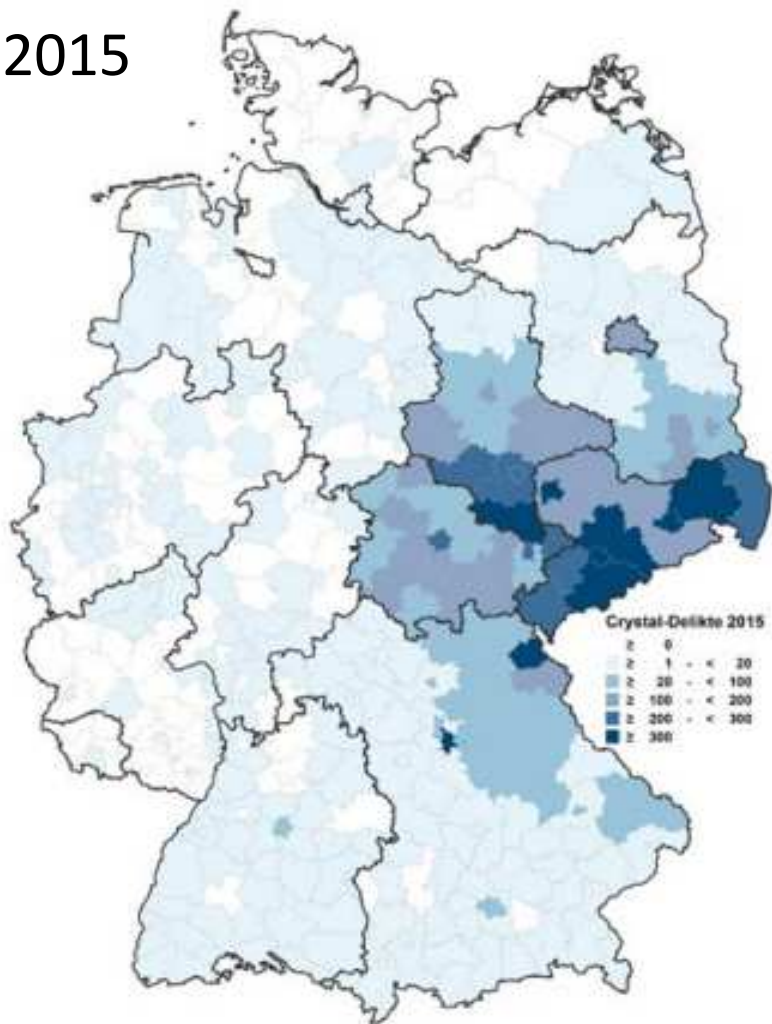


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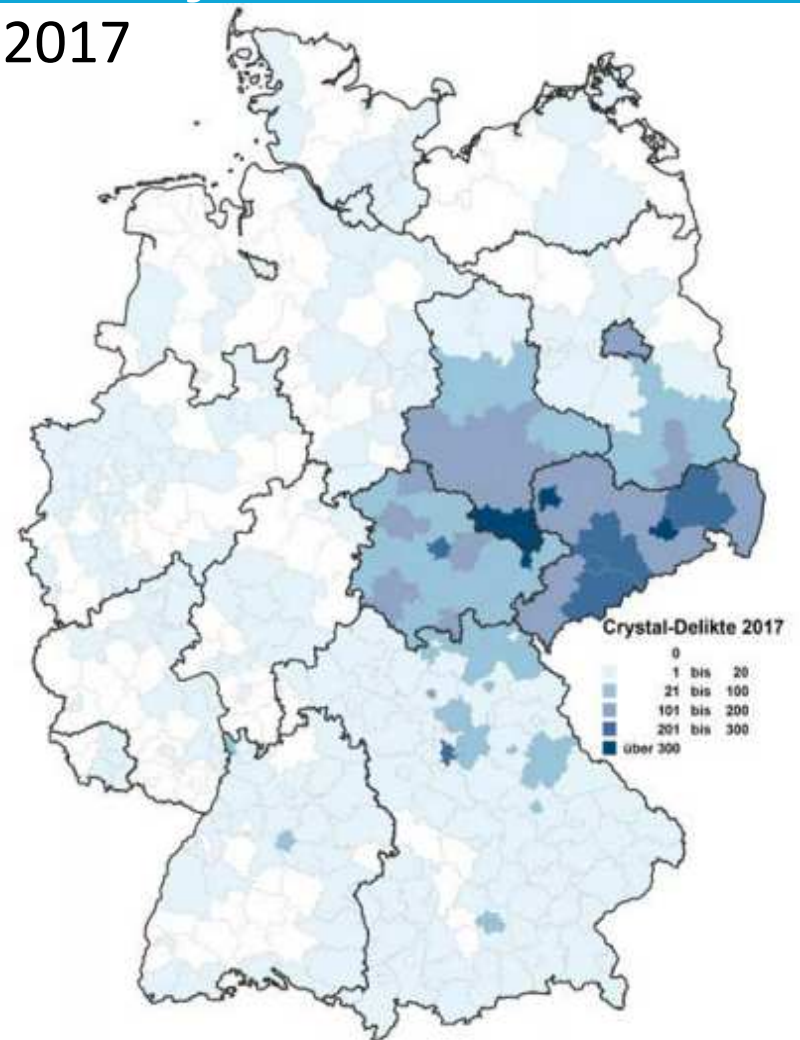
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Reported violations related to possession/trafficking of crystal methamphetamine in Germany in 2015 and 2017

2015



2017



Source: Bundeskriminalamt, Lagebild Rauschgift 2015 and 2017, Wiesbaden 2016 and 2018.



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Drug seizures in Germany, 2008-2017

	Heroin	Rohopium	Kokain	Crack*	Amphetamin* *	Ecstasy	Crystal**	LSD	Cannabisharz (Haschisch)	Cannabiskraut (Marihuana)
2008	502,8 kg	82,5 kg	1.068,6 kg	8,2 kg	1.279,0 kg	751.431 KE	4,2 kg	12.875 Trips	7.632,3 kg	8.932,2 kg
2009	758,4 kg	98,8 kg	1.707,0 kg	4,6 kg	1.375,5 kg	521.272 KE	7,2 kg	20.705 Trips	2.220,0 kg	4.298,0 kg
2010	474,3 kg	12,4 kg	3.030,8 kg	3,2 kg	1.176,9 kg	230.367 KE	26,8 kg	4.279 Trips	2.143,7 kg	4.874,7 kg
2011	497,8 kg	112,2 kg	1.940,6 kg	2,8 kg	1.368,3 kg	484.992 KE	40,0 kg	25.978 Trips	1.747,5 kg	3.957,4 kg
2012	241,7 kg	81,2 kg	1.258,4 kg	0,5 kg	1.120,6 kg	313.179 KE	75,2 kg	36.988 Trips	2.385,7 kg	4.942,0 kg
2013	270,2 kg	***293,6 kg	1.314,5 kg	0,4 kg	1.261,8 kg	480.839 KE	77,3 kg	35.823 Trips	1.769,7 kg	4.827,1 kg
2014	779,2 kg	15,4 kg	1.569,4 kg	0,5 kg	1.335,8 kg	702.439 KE	74,1 kg	28.596 Trips	1.747,6 kg	8.211,8 kg
2015	209,6 kg	95,8 kg	3.114,4 kg	0,4 kg	1.356,1 kg	967.410 KE	66,9 kg	61.991 Trips	1.598,9 kg	3.851,9 kg
2016	330,0 kg	60,6 kg	1.870,6 kg	0,1 kg	1.470,9 kg	2.218.050 KE	62,2 kg	35.933 Trips	1.874,4 kg	5.954,5 kg
2017	298,4 kg	49,8 kg	8.165,9 kg	0,3 kg	1.669,4 kg	693.668 KE	114,5kg	38.854 Trips	1.294,8 kg	7.731,2 kg

*, ** Siehe Anmerkungen unter Tabelle 2.1.

*** Die Sicherstellungsmenge für Rohopium beinhaltet eine Großsicherstellungseinzelmenge von 228 kg.



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Drug use related harm

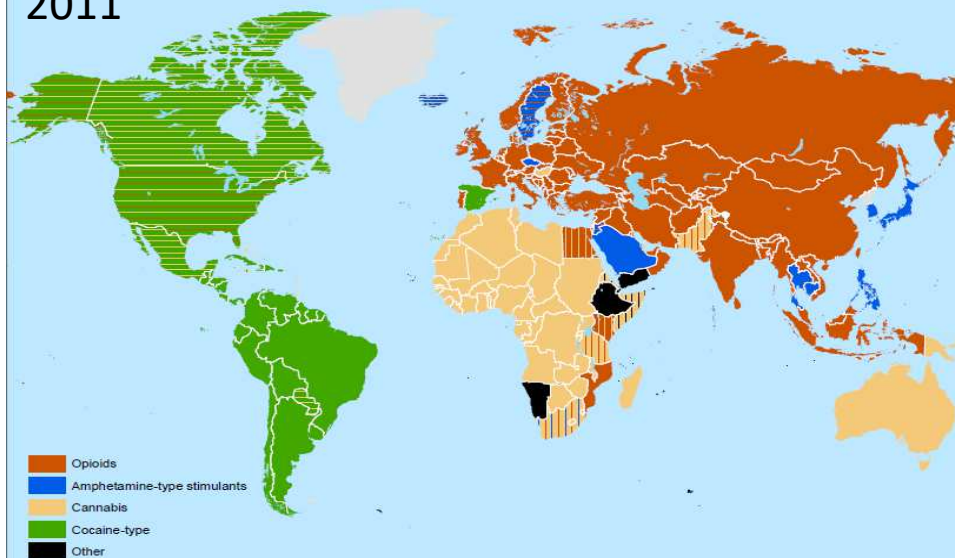


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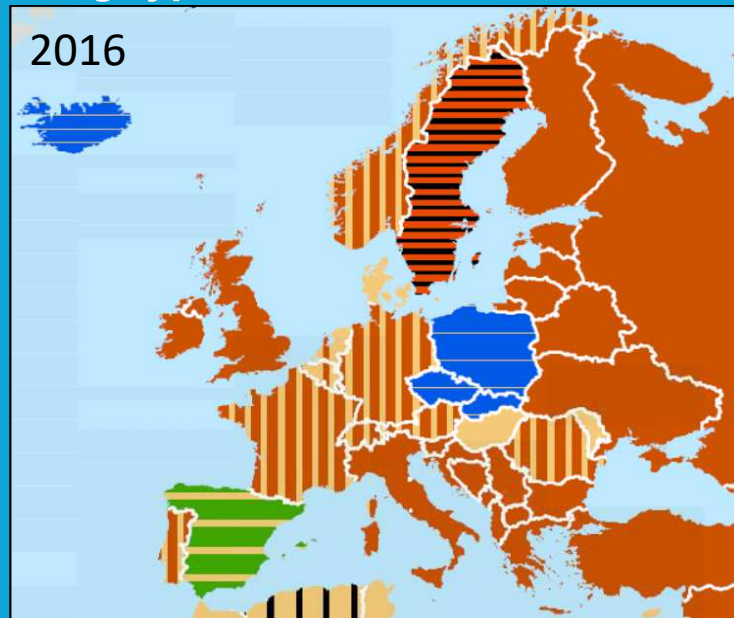
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Treatment demand – by primary drug-type

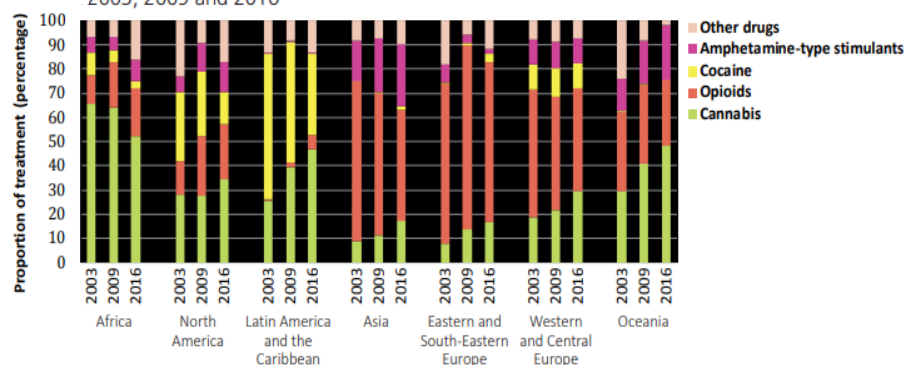
2011



2016

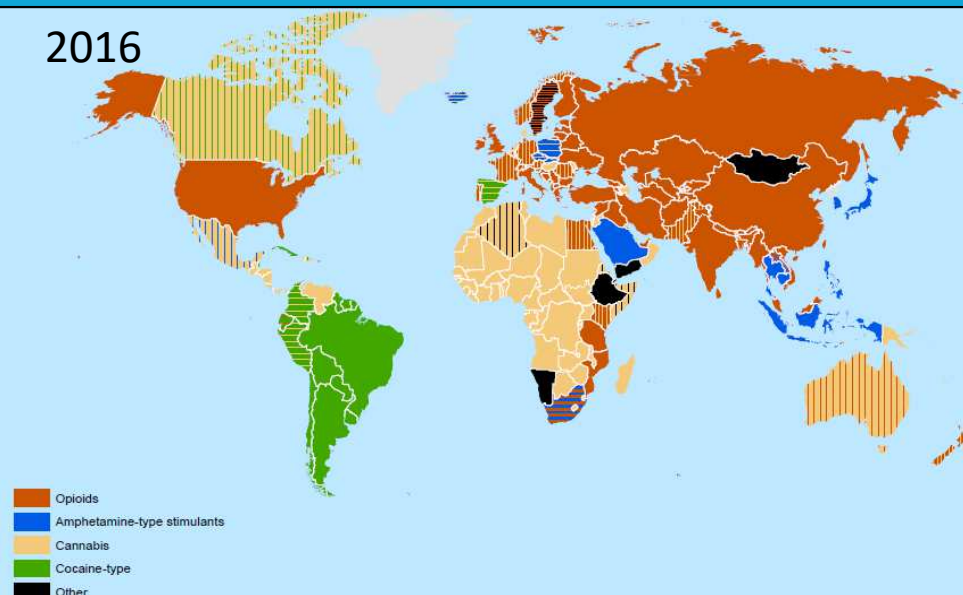


Trends in the proportion of primary drug of use in drug treatment admissions, by region, 2003, 2009 and 2016



Source: UNODC, responses to the annual report questionnaire.

2016



Source: UNODC, Annual Report questionnaire and other Government reports.



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Drug users entering specialized drug treatment in Germany

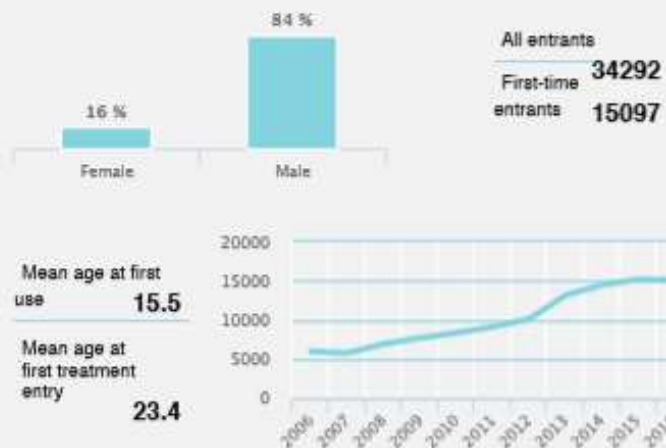
Treatment entrants

by primary drug



- Cannabis, 39 %
- Amphetamines, 17 %
- Cocaine, 7 %
- Heroin, 32 %
- Other, 5 %

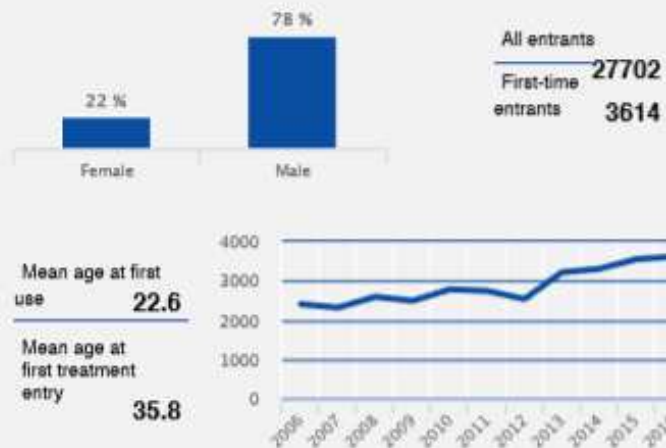
Cannabis users entering treatment



Cocaine users entering treatment



Opioids users entering treatment



Stimulants other than cocaine users entering treatment



Source: EMCDDA, Germany Drug Report 2018.



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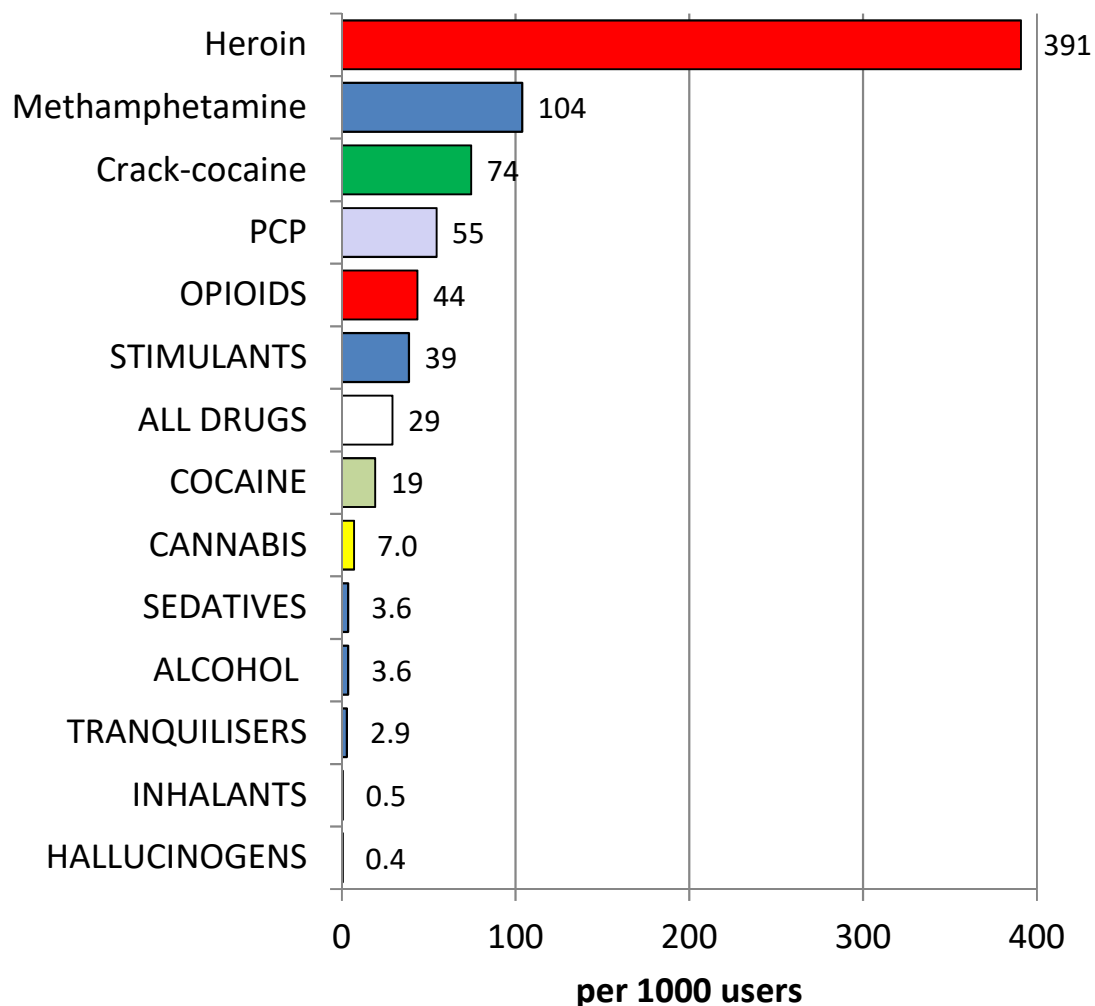
USA: Substance abuse and treatment, 2014

Risk:

Treatment admissions per 1000 annual users

		Treatment admissions in 2014
ALL SUBSTANCES		1,286,664
ALCOHOL		585,024
ALL DRUGS		1,286,664
	HEROIN	357,293
	CANNABIS	247,461
	STIMULANTS	143,659
	- Methamphetamine	135,039
	COCAINE	87,510
	- Crack cocaine	57,493

		Number of users, in thousand (2014), annual prevalence
ALCOHOL		162,251
ALL DRUGS		44,157
	CANNABIS	35,124
	COCAINE	4,553
	- Crack cocaine	773
	STIMULANTS	3,715
	- Methamphetamine	1,301
	HEROIN	914



Sources: SAMHSA, Treatment Episode Data Sets (TEDS) and SAMHSA, National Survey on Drug Use and Health



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Injecting drug use and HIV among people who inject drugs

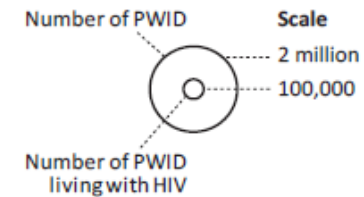
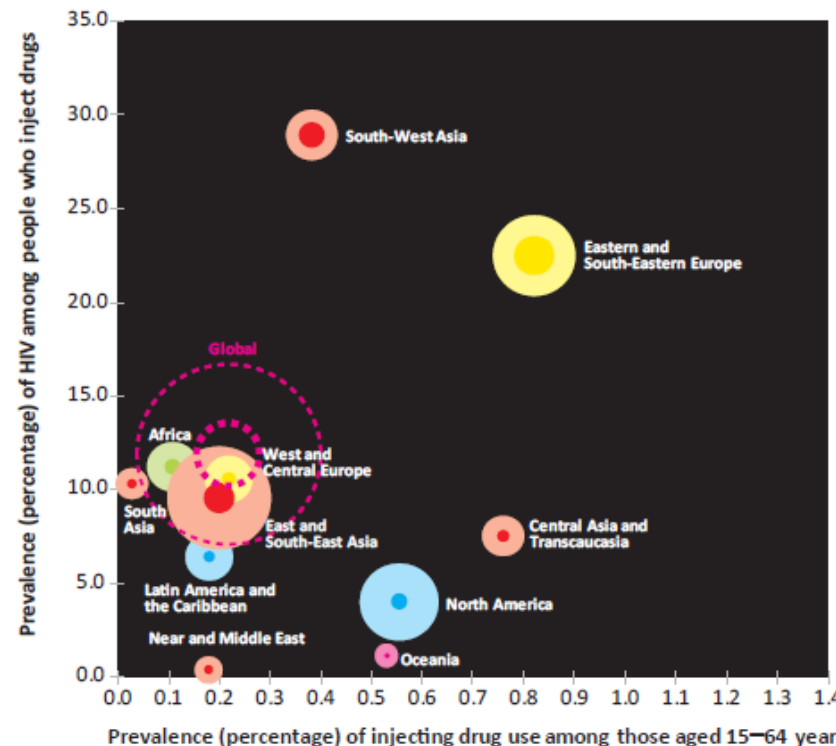
Germany

HIV diagnoses attributed to injecting



Source: ECDC

Regional patterns in injecting drug use and HIV among people who inject drugs, 2016



Problem drug user:
30.5 million or 0.6% of
global population aged 15-64
PWID: 11 million or 0.22% of
global population aged 15-64
HIV among PWID: 1.3 million =
11.8% of PWID;
HCV: 51.8% of PWID;
HBV: 7.5% of PWID

Source: UNODC, responses to the annual report questionnaire; progress reports of UNAIDS on the global AIDS response (various years); the former Reference Group to the United Nations on HIV and Injecting Drug Use; and published peer-reviewed articles and government reports.

Note: The outer circle represents the number of PWID, and the inner circle represents the number of PWID living with HIV. Regions and subregions are coloured: green (Africa), blue (Americas), orange (Asia), yellow (Europe) and pink (Oceania). Data presented for Oceania are for Australia and New Zealand only.



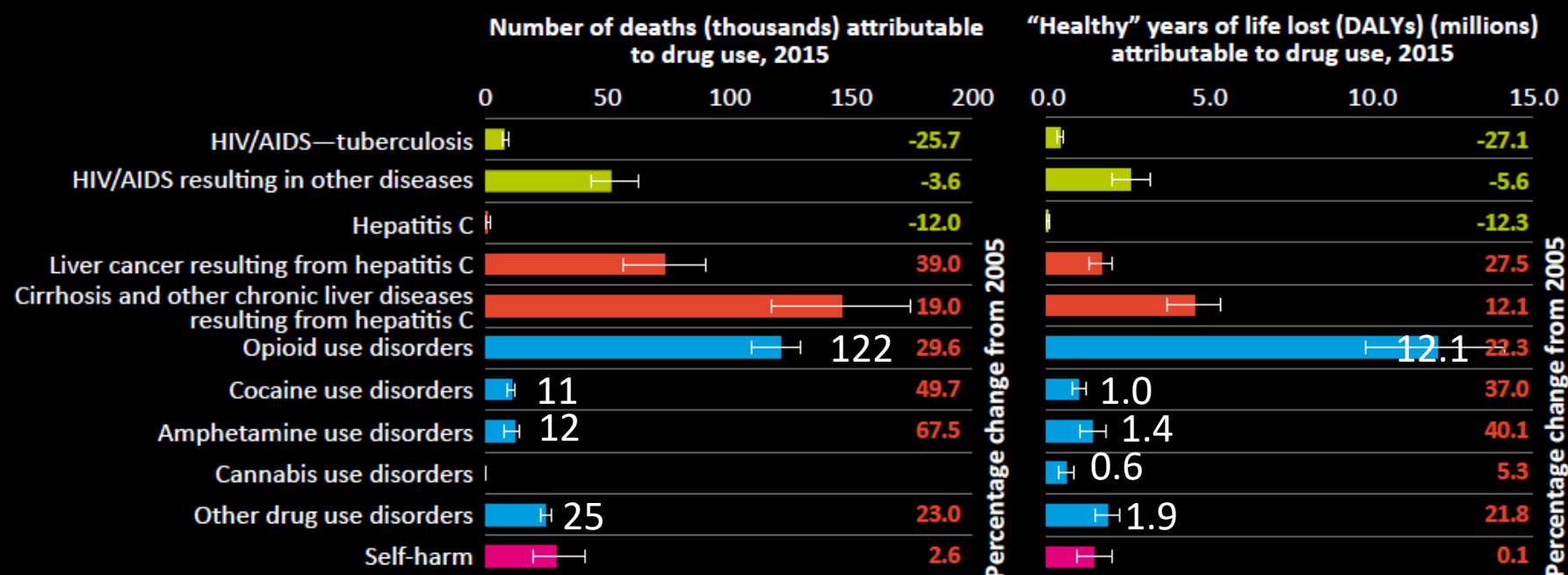
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Drug related deaths by drug type

Number of deaths and “healthy” years of life lost (DALYs) attributable to drug use, 2015



Source: “Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015”.

Notes: Error bars represent uncertainty intervals. Numbers given in charts are percentage changes from 2005.

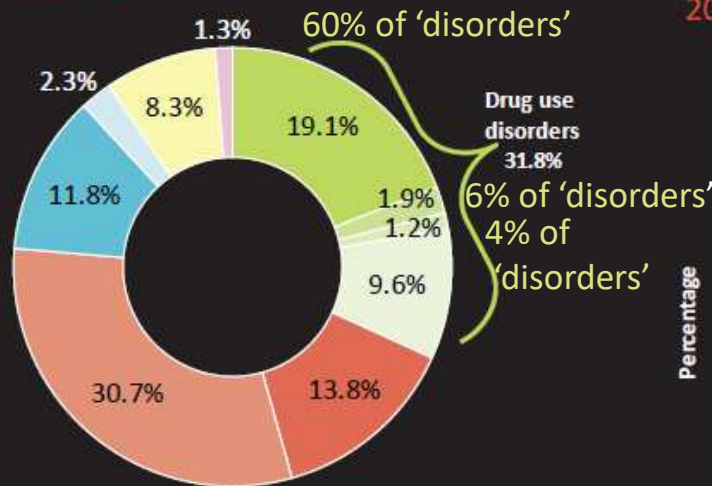


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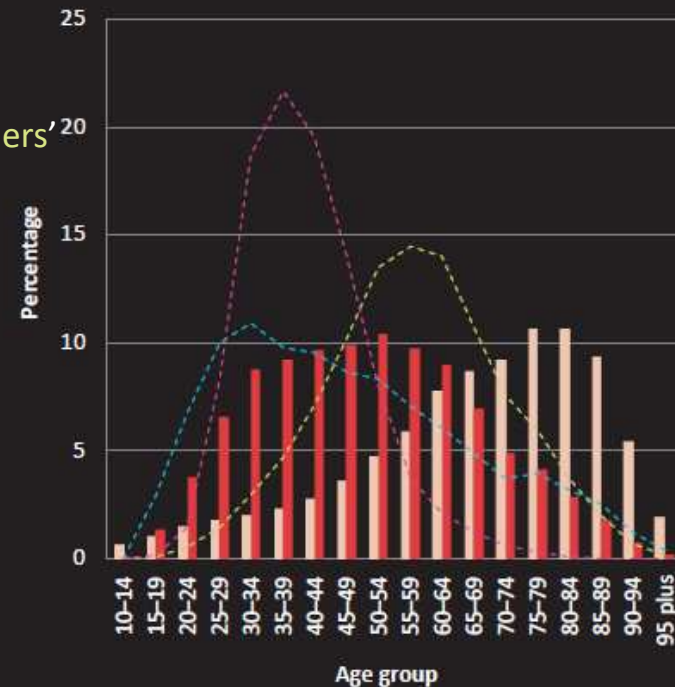
(a) Leading causes of deaths attributable to drug use, 2016



- Opioid use disorders
- Cocaine use disorders
- Amphetamine use disorders
- Other drug use disorders
- Hepatitis C, liver cancer
- Hepatitis C, cirrhosis and other chronic liver diseases
- HIV/AIDS resulting in other diseases
- HIV/AIDS - Tuberculosis
- Self-harm
- Other

Source: Emmanuela Gakidou and others, "Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016", *The Lancet*, vol. 390, No. 10100 (2017), pp. 1345–1422.

(b) Age distribution of deaths attributable to drug use compared to global deaths from all causes, 2016



- Global deaths, all causes
- Deaths related to drug use, all causes
- Deaths related to drug use disorders
- HCV attributed to drug use
- HIV/AIDS attributed to drug use

Source: Institute for Health Metrics and Evaluation, Global Burden of Disease Data.



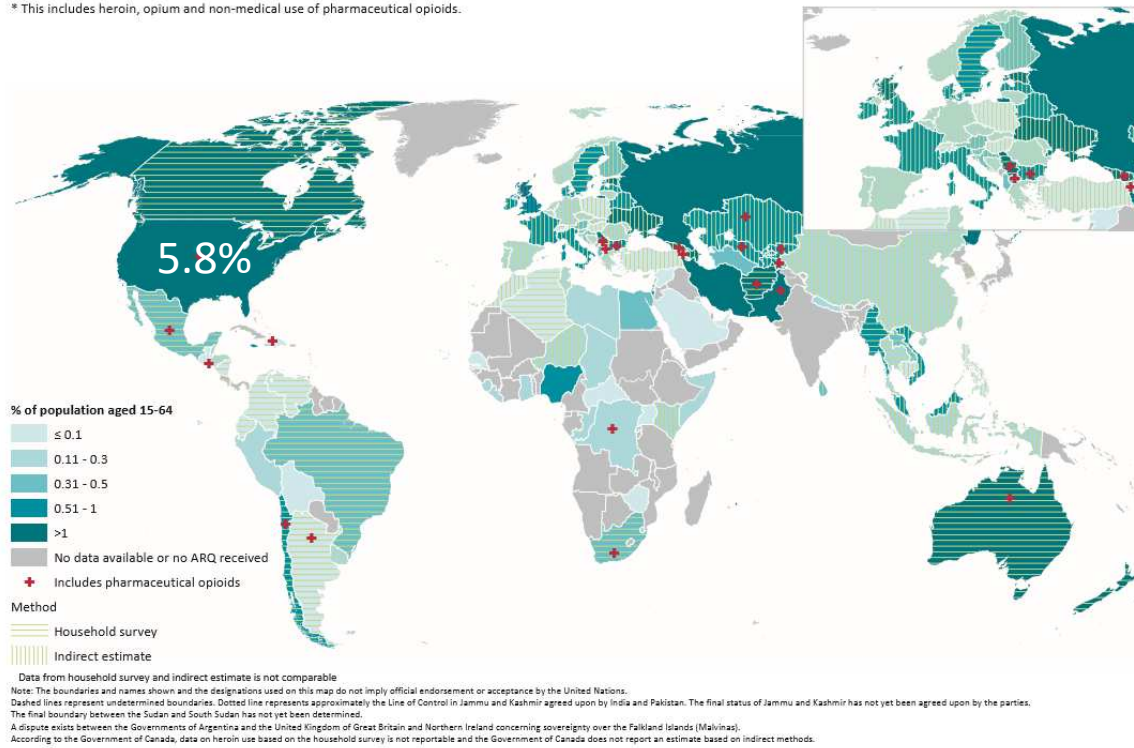
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Use of opioids in 2015 / 2016

Use of opioids* in 2

* This includes heroin, opium and non-medical use of pharmaceutical opioids.



Germany: 0.3%; Austria: 0.5%

High levels of opioid misuse in USA:

- prescription practices/incentives from pharmaceutical companies/access to health system
- smuggling of (illicit) opioids into the USA

Source: UNODC, World Drug Report 2018

Region or subregion	Opioids (opiates and prescription opioids)					
	Number (thousands)			Prevalence (percentage)		
	Best estimate	Lower	Upper	Best estimate	Lower	Upper
Africa	2,190	970	3,700	0.32	0.14	0.54
East Africa	-	-	-	-	-	-
North Africa	-	-	-	-	-	-
Southern Africa	-	-	-	-	-	-
West and Central Africa	-	-	-	-	-	-
Americas	14,330	12,660	17,100	2.16	1.90	2.57
Caribbean	-	-	-	-	-	-
Central America	-	-	-	-	-	-
North America	13,570	12,330	14,520	4.22	3.84	4.52
South America	580	250	2,160	0.20	0.09	0.76
Asia	13,590	9,390	19,340	0.46	0.32	0.65
Central Asia	540	480	590	0.93	0.83	1.03
East and South-East Asia	3,280	2,320	4,010	0.20	0.14	0.25
Near and Middle East/South-West Asia	-	-	-	-	-	-
South Asia	-	-	-	-	-	-
Europe	3,570	3,430	3,790	0.65	0.63	0.69
Eastern and South-Eastern Europe	1,750	1,670	1,840	0.78	0.74	0.81
Western and Central Europe	1,820	1,760	1,950	0.57	0.55	0.61
Oceania	580	550	610	2.24	2.13	2.37
Australia and New Zealand	560	550	570	2.95	2.90	2.99
Melanesia	-	-	-	-	-	-
Micronesia	-	-	-	-	-	-
Polynesia	-	-	-	-	-	-
GLOBAL ESTIMATE	34,260	27,010	44,540	0.70	0.55	0.91

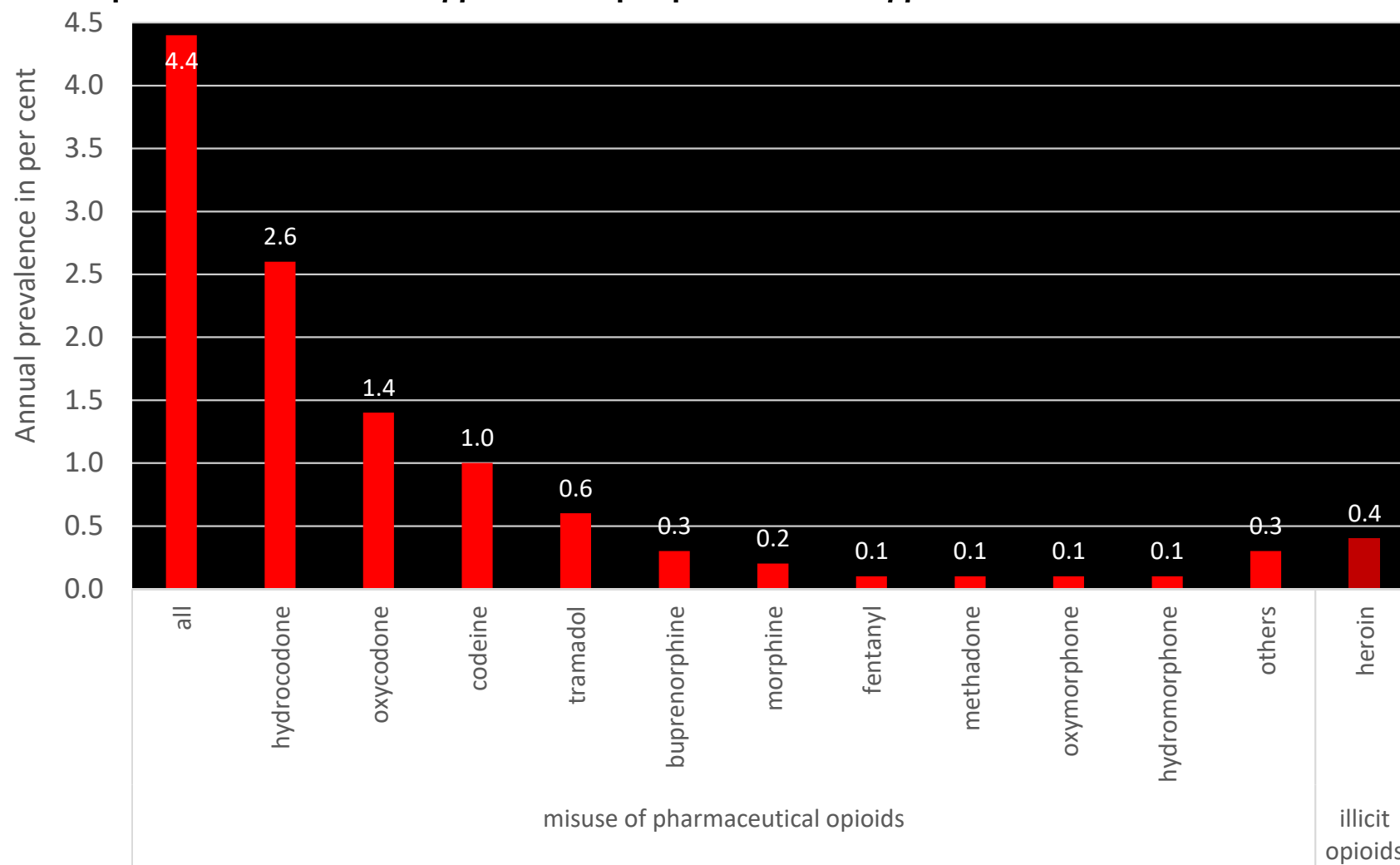


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Annual prevalence of opioid misuse in the USA in per cent of the general population aged 12 and older 2016



Source: Substance Abuse and Mental Health Administration

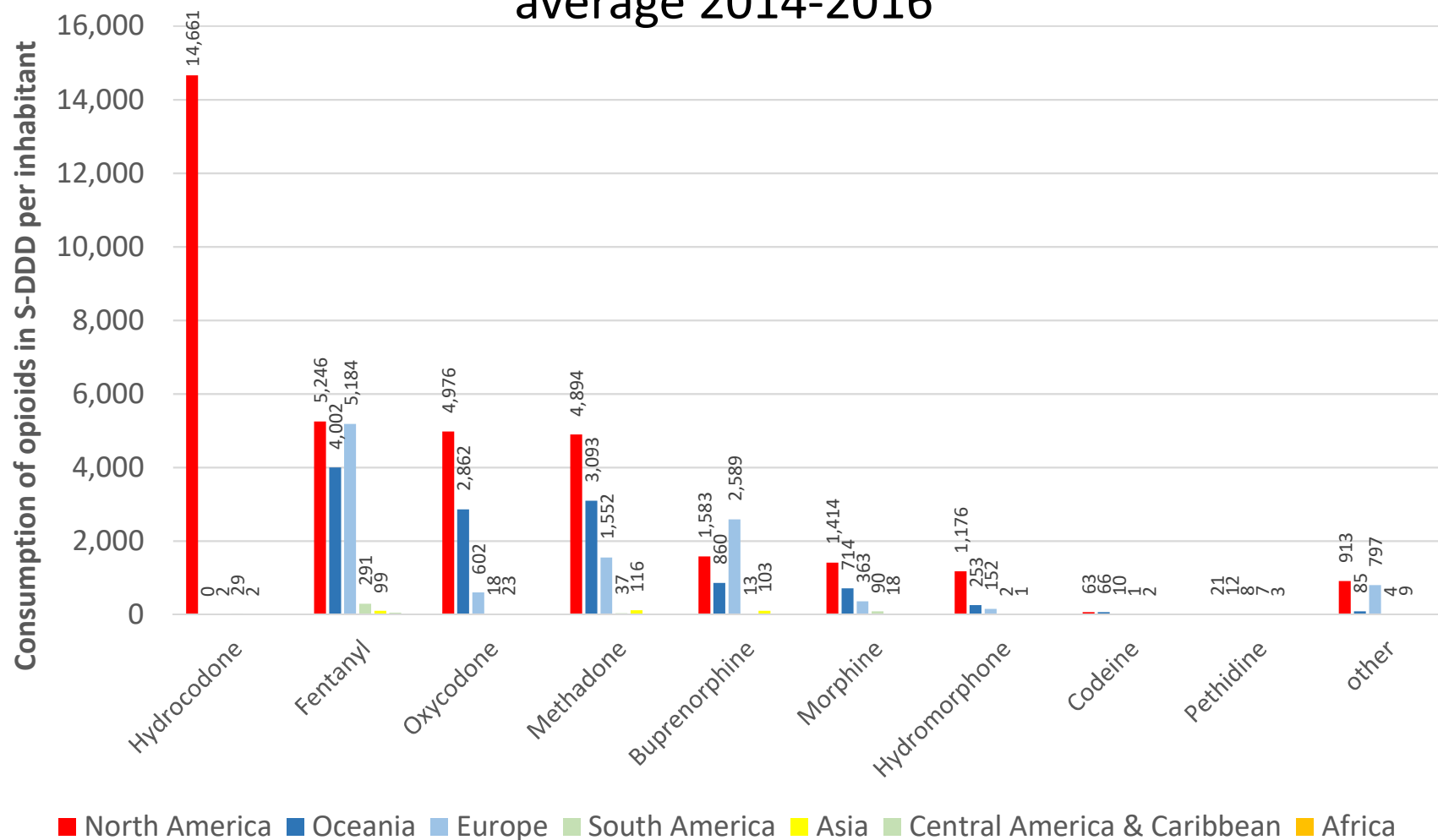


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(Licit) consumption or pharmaceutical opioids* per inhabitant in defined daily doses (DDD) for statistical purposes, average 2014-2016

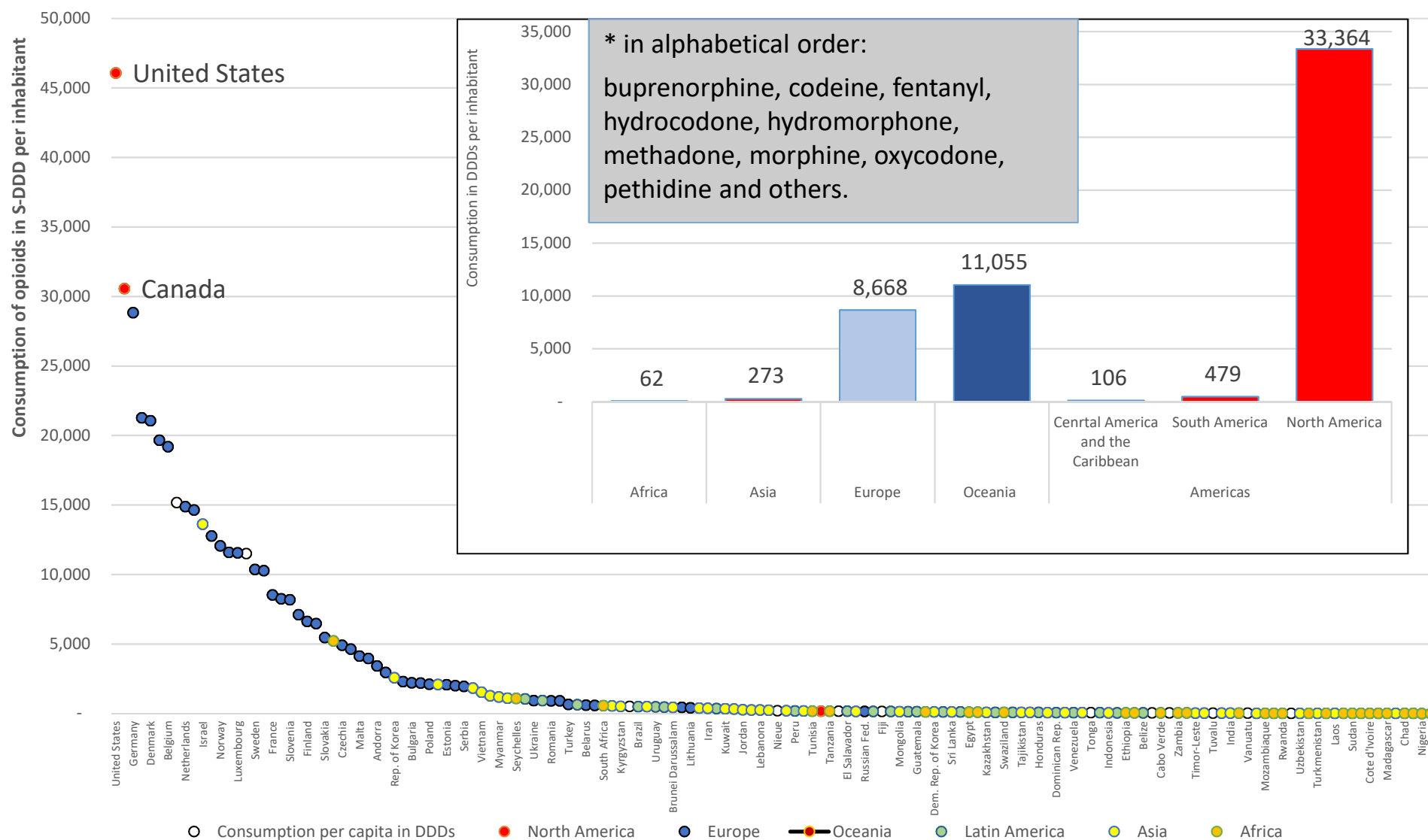




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(Licit) Consumption of opioids in S-DDDs per million inhabitants, average 2014-2016





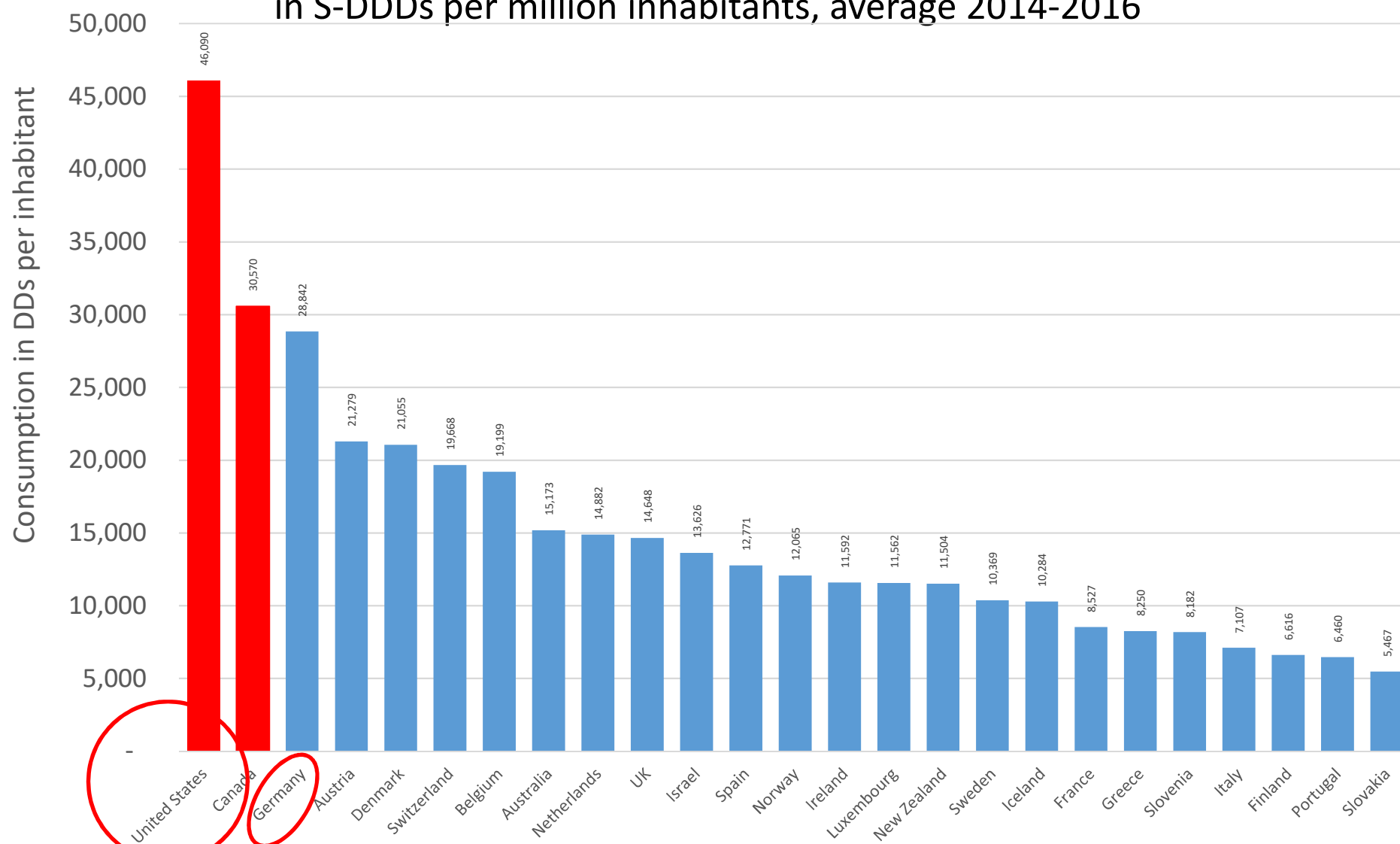
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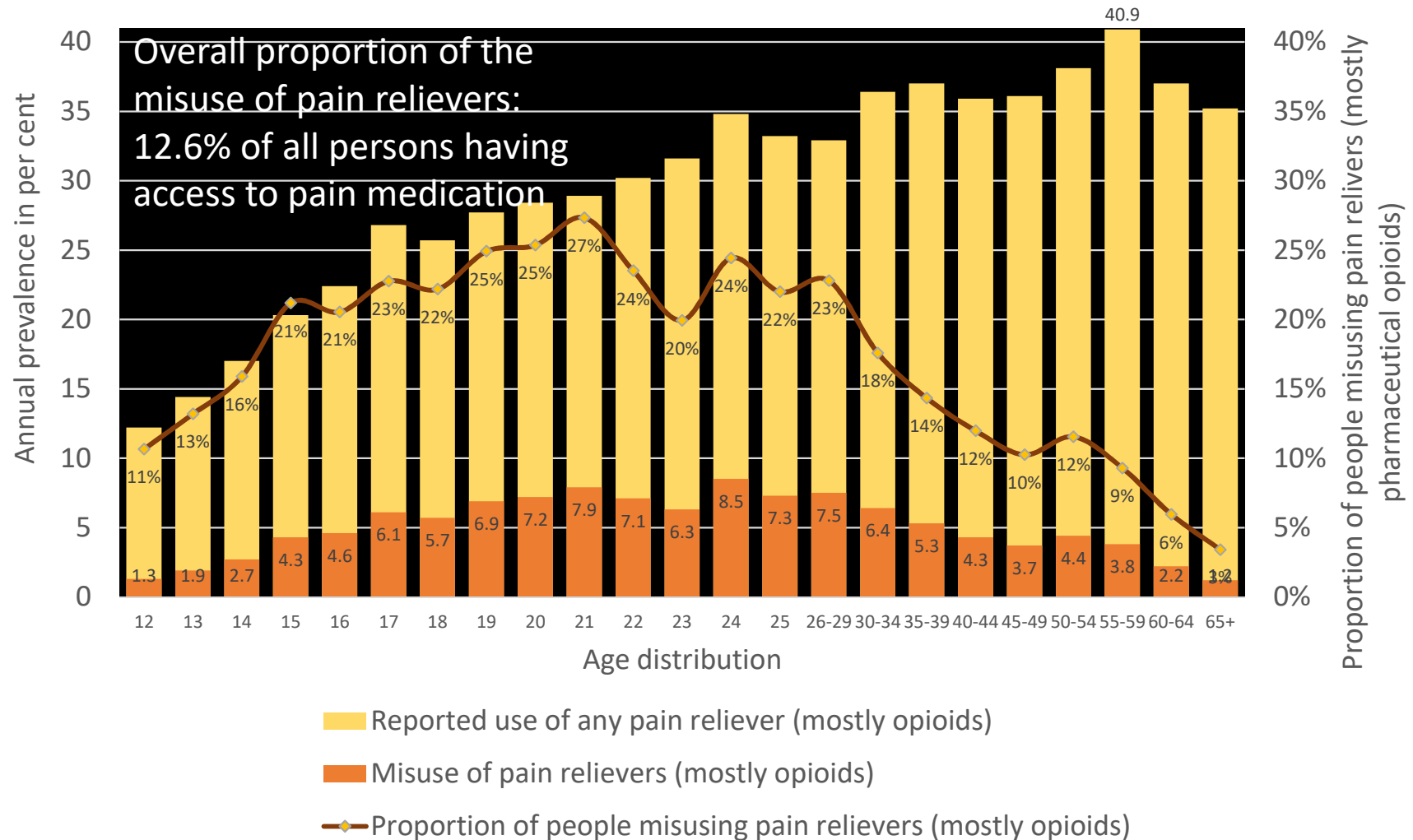
Countries with the highest levels of (licit) opioids consumption in S-DDDs per million inhabitants, average 2014-2016



Source: INCB, Narcotic Drugs 2017, p. 230.



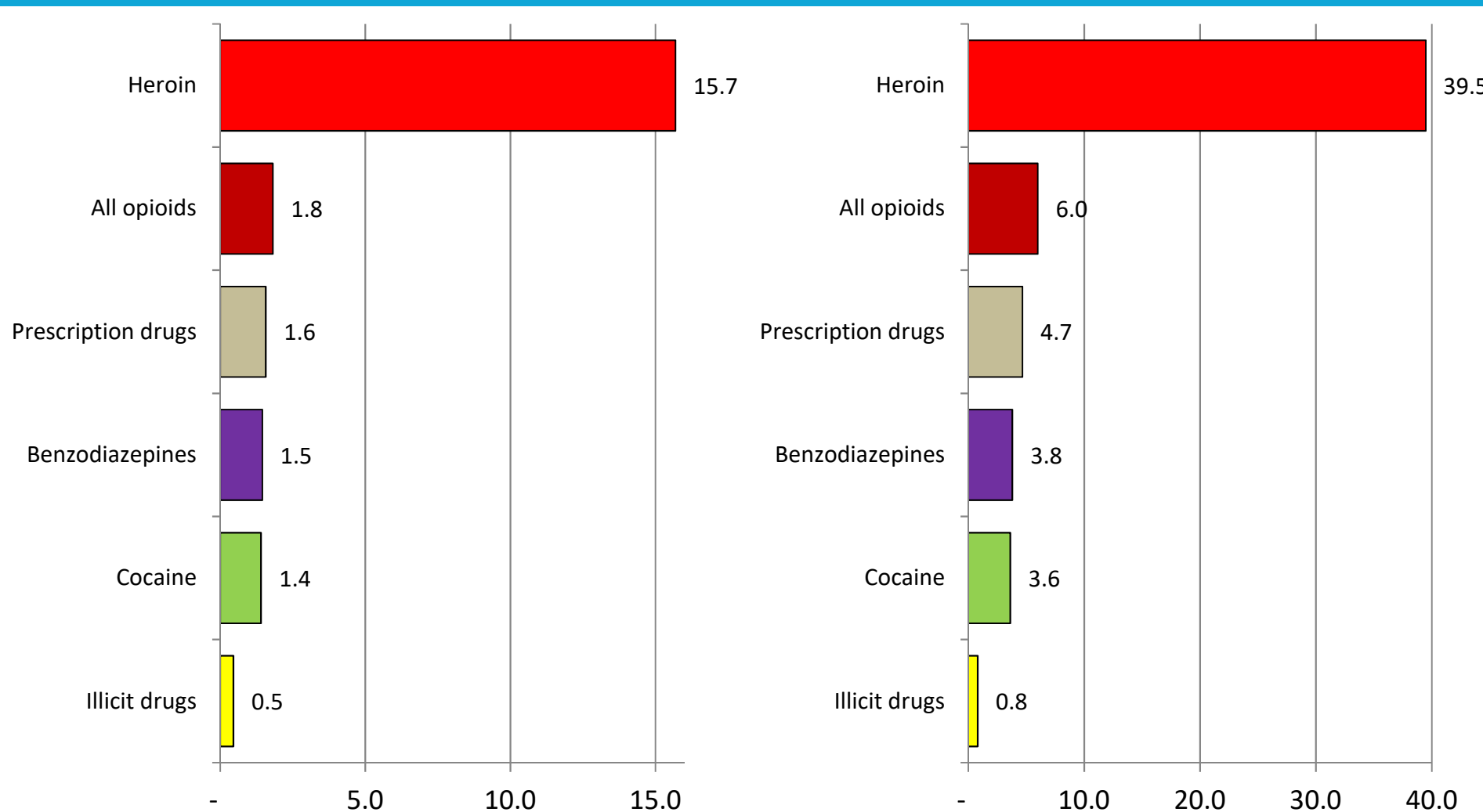
Age distribution of the use and the misuse of pharmaceutical opioids in the USA, 2016



USA: overdose deaths in 2015

among 1000 past year drug users

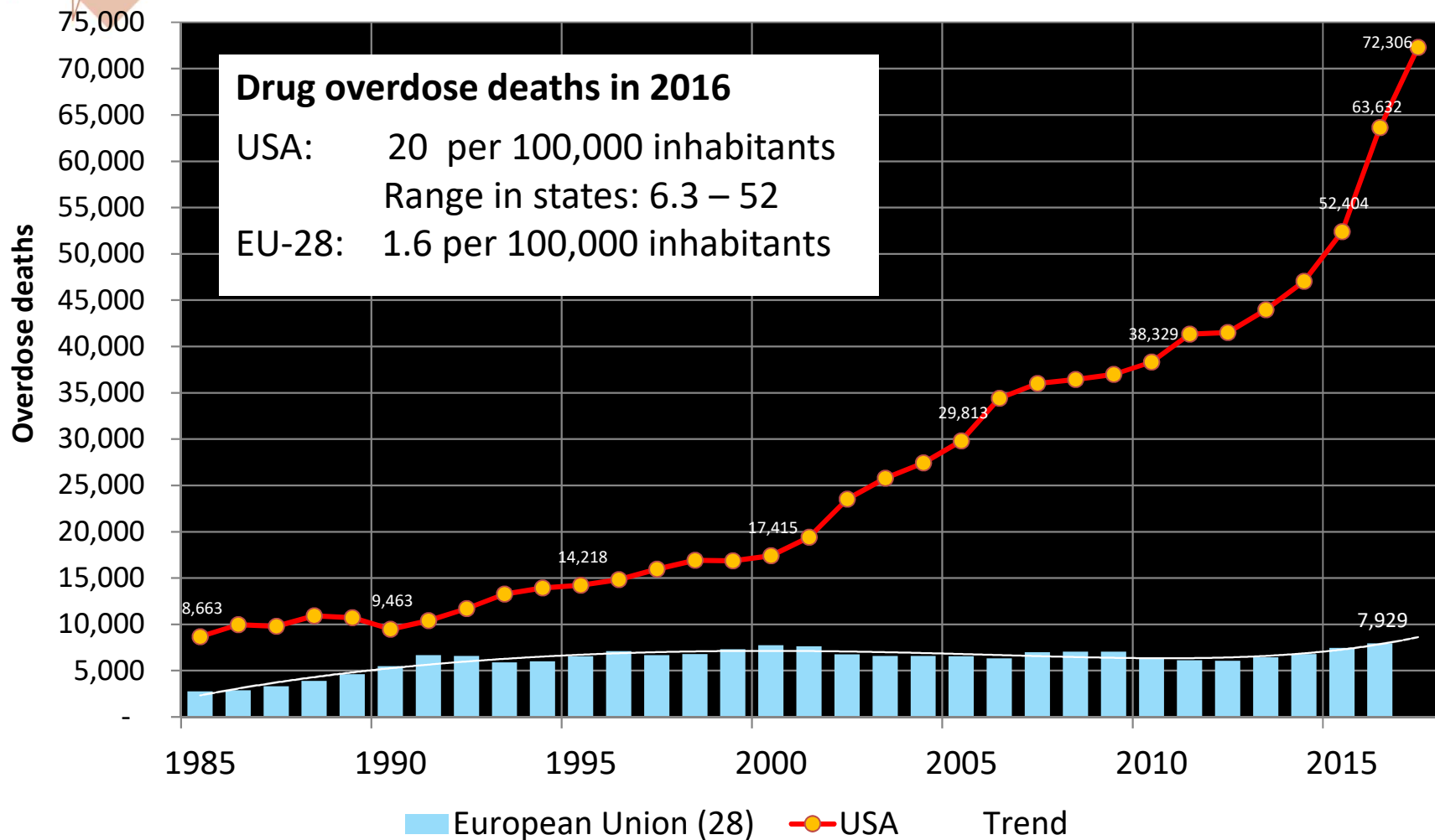
among 1000 past month drug users



Sources: SAMHSA, *Household Survey on Drug Use and Health 2015* and NIDA, *Overdose Death Rates*, March 2017.



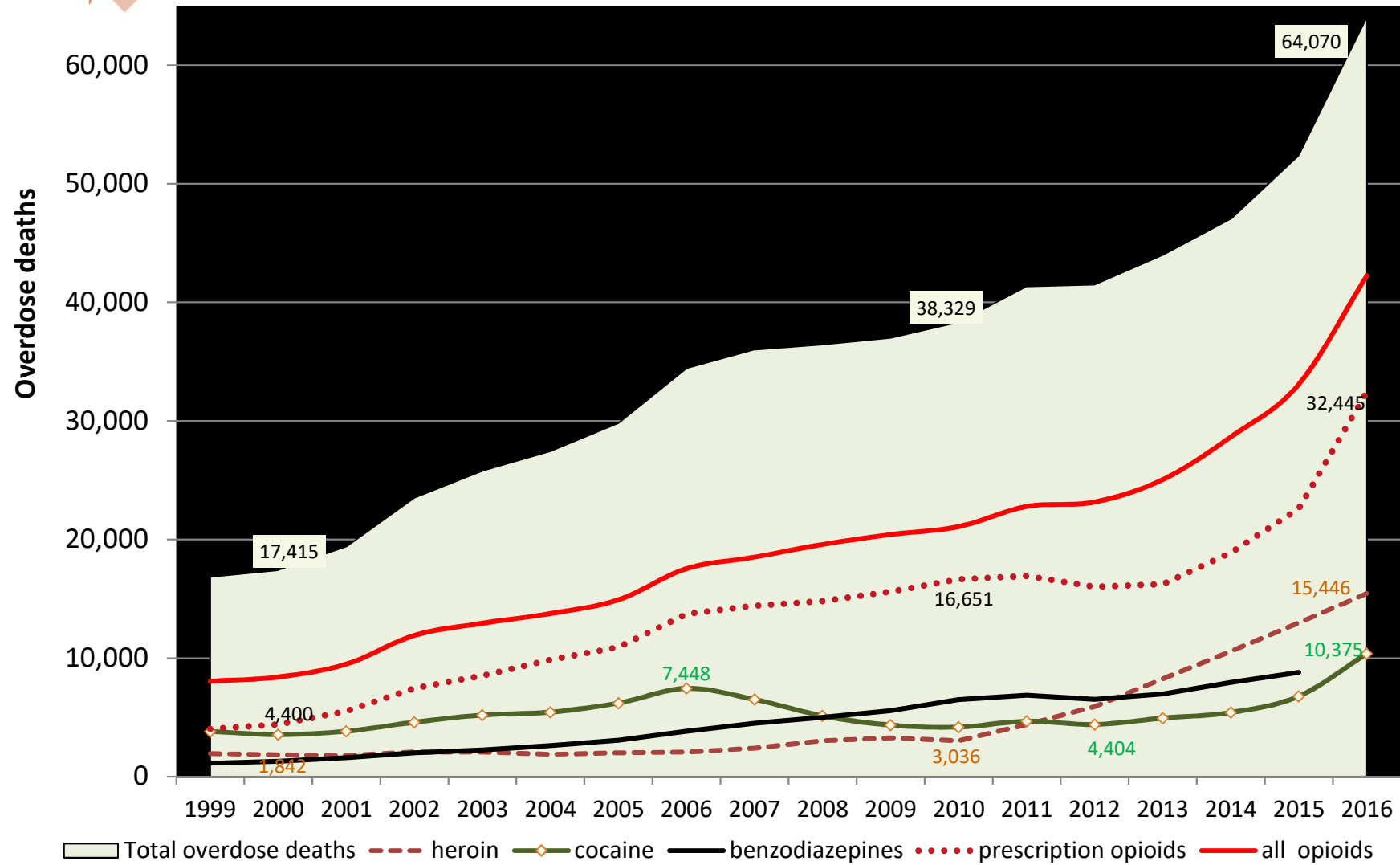
Drug overdose deaths: United States and European Union, 1985-2017



Sources: EMCDDA, UNODC, Annual Report Questionnaire data, ONDCP and National Institute on Drug Abuse, Overdose Death Rates, Rev. August 2018.



Overdose deaths in the USA, 1999-2016



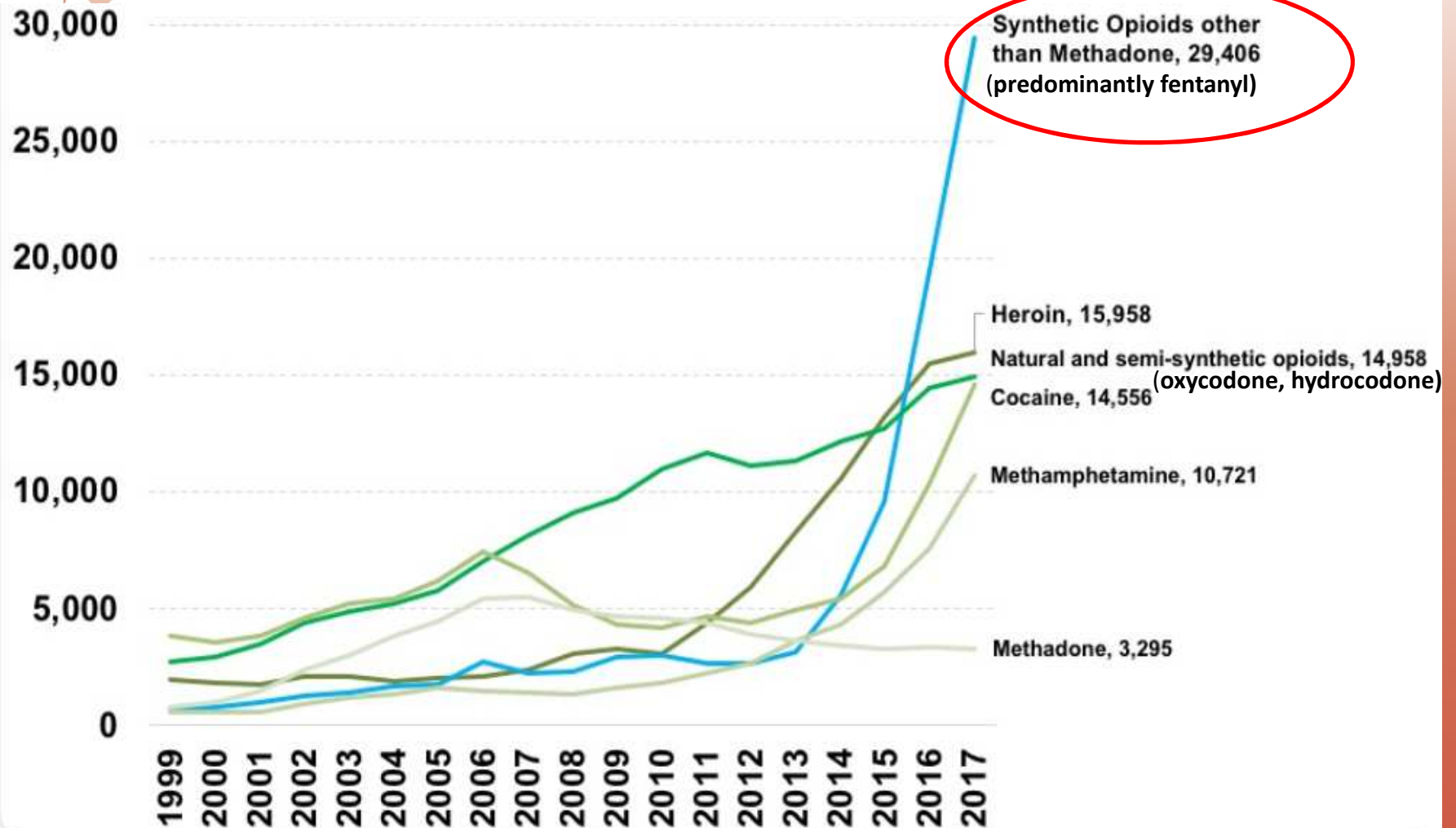


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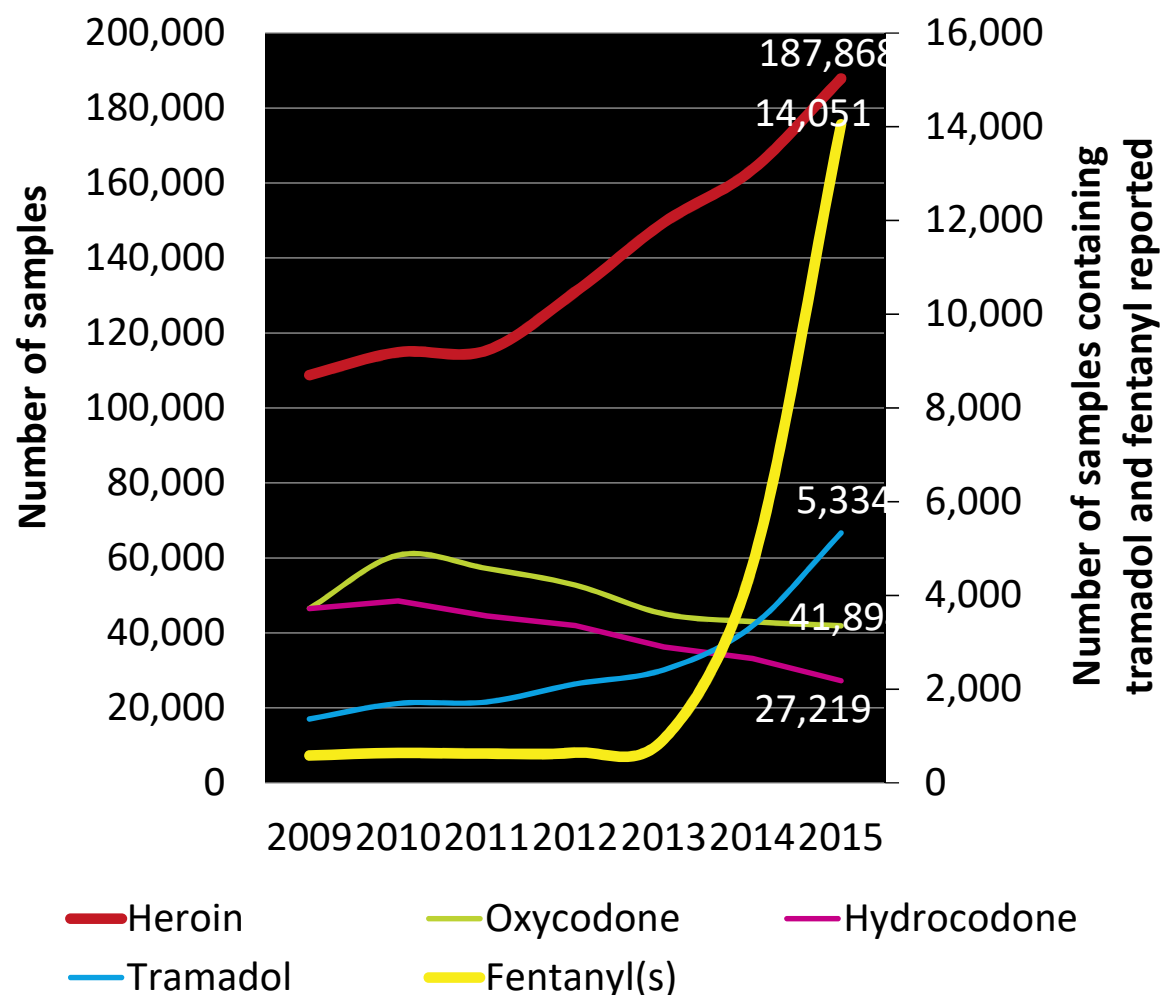


Overdose deaths in the USA by drug type, 1999-2017

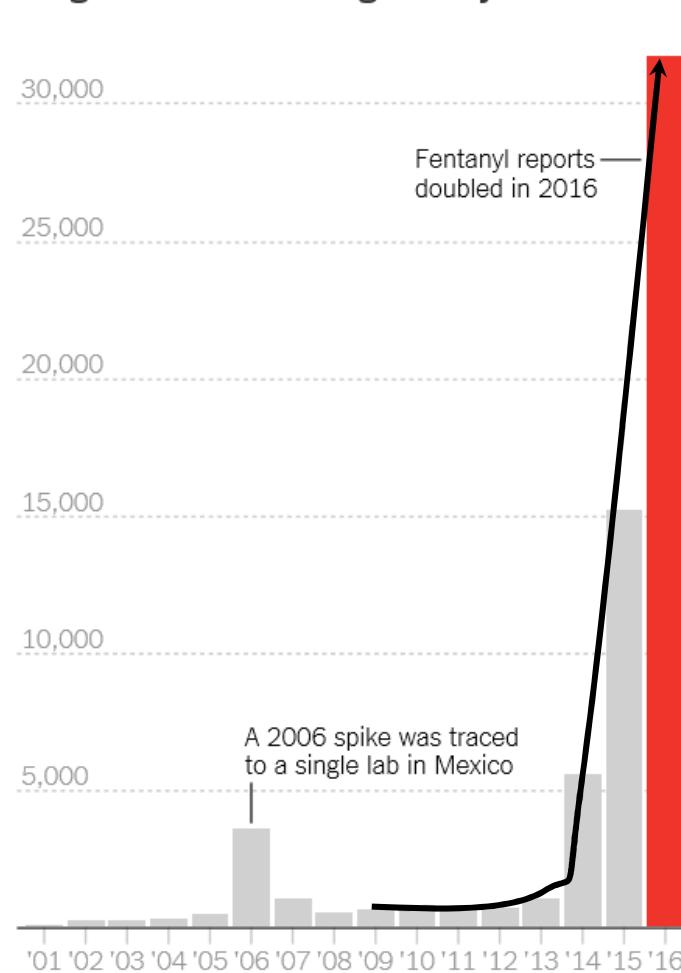


Source: Centers for Disease Control and Prevention, Drug Overdose deaths in the United States, 1999-2017, NCHS Data Brief, August 2018

Number of opioid samples submitted to and analysed by laboratories, by type of drug identified, United States, 2009-2016



Drug seizures containing fentanyl



Source: US Drug Enforcement Administration (DEA), National Forensic Laboratory Information System reports.

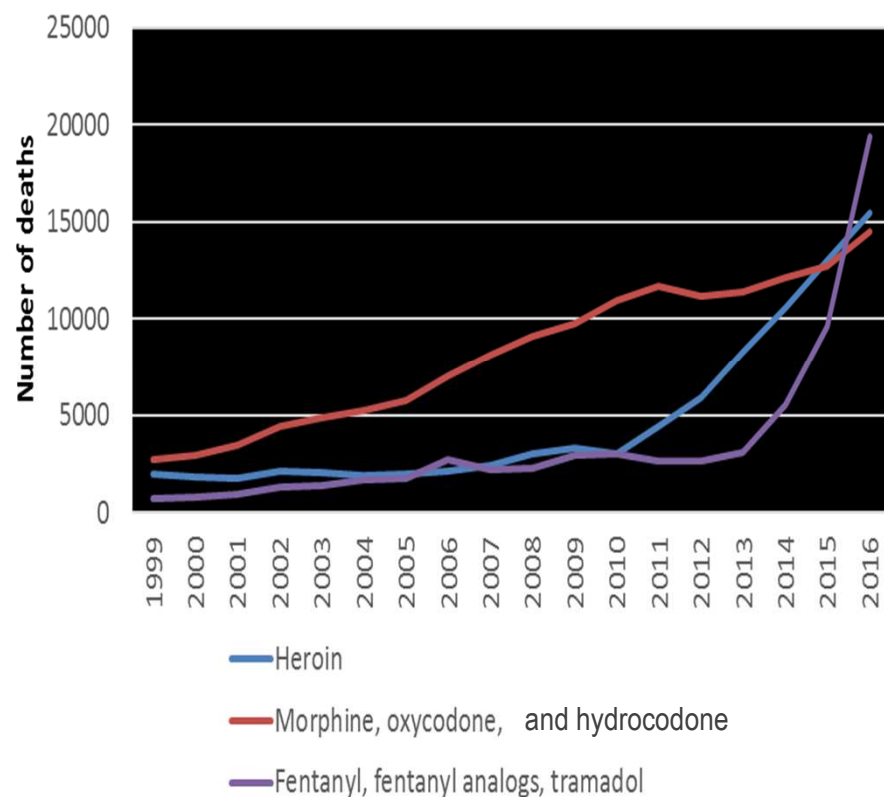


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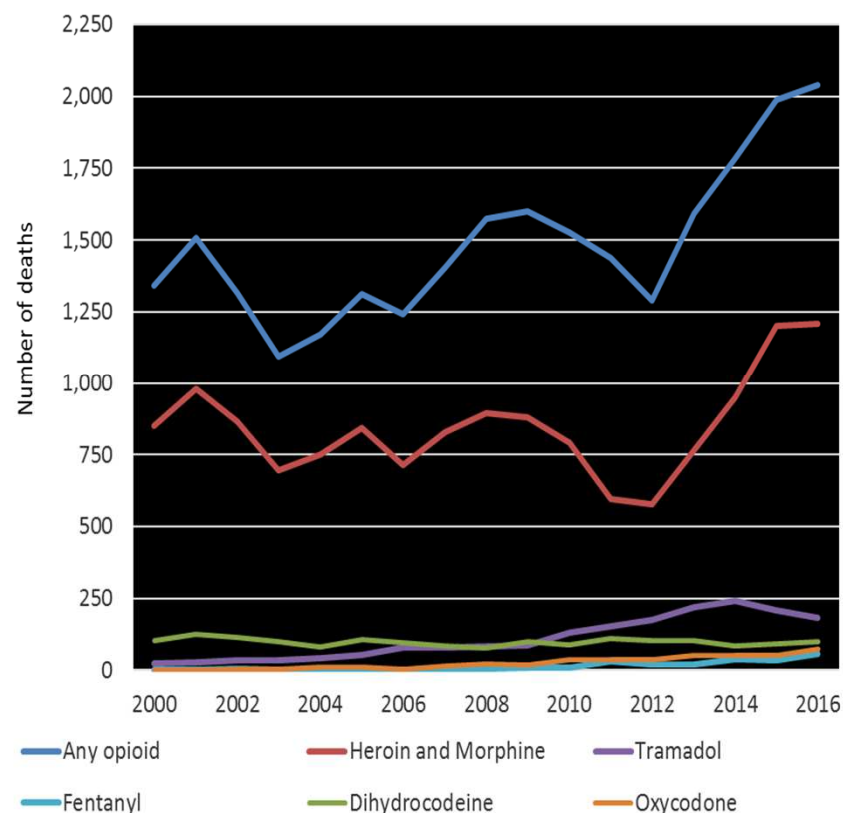
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Overdose deaths linked to the abuse of opioids in the United States and in the United Kingdom, 2000-2016

Opioid overdose deaths in United States



Opioid overdose deaths England and Wales



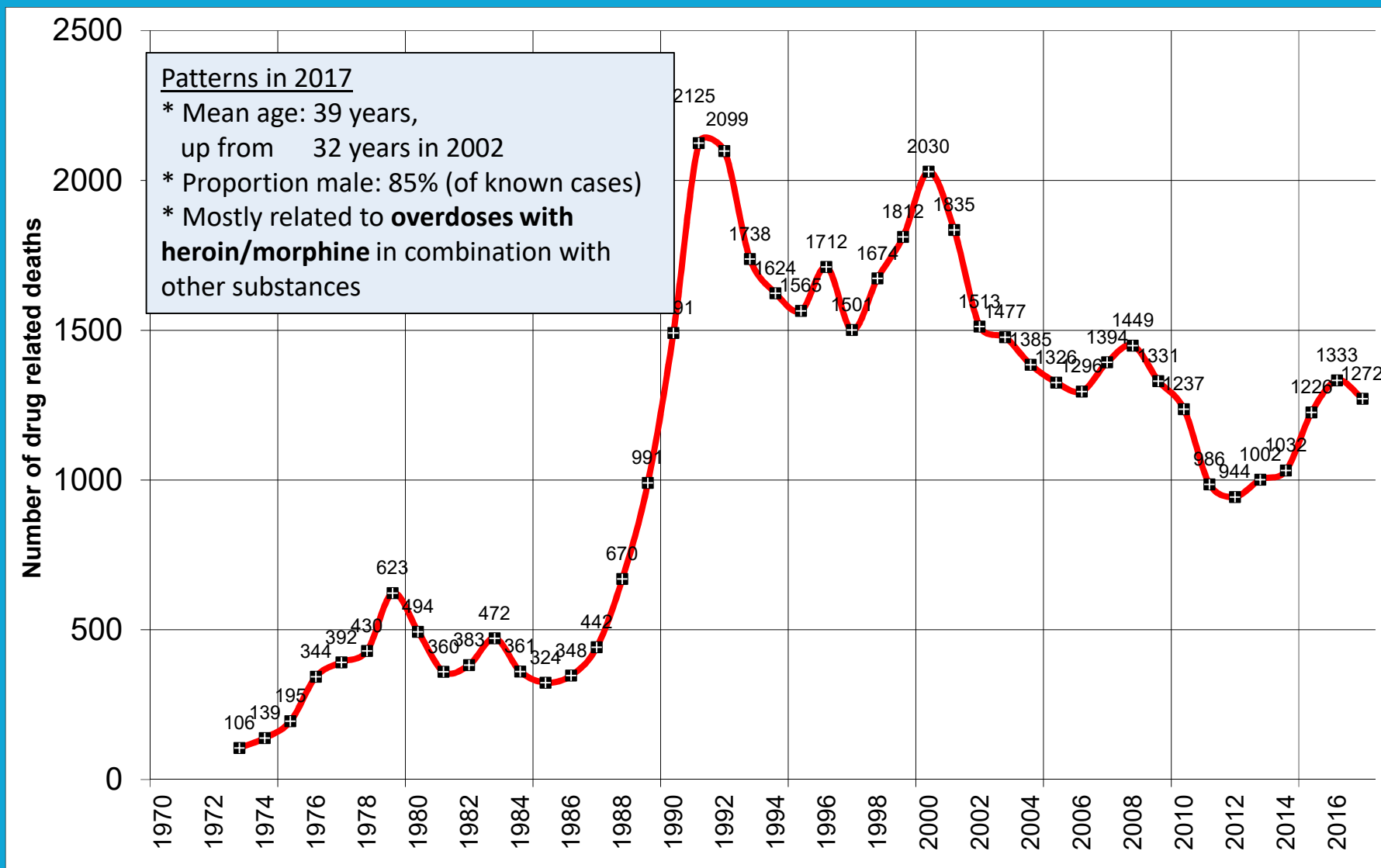
Source: UNODC, World Drug Report



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Drug related deaths in Germany: 1973 - 2017



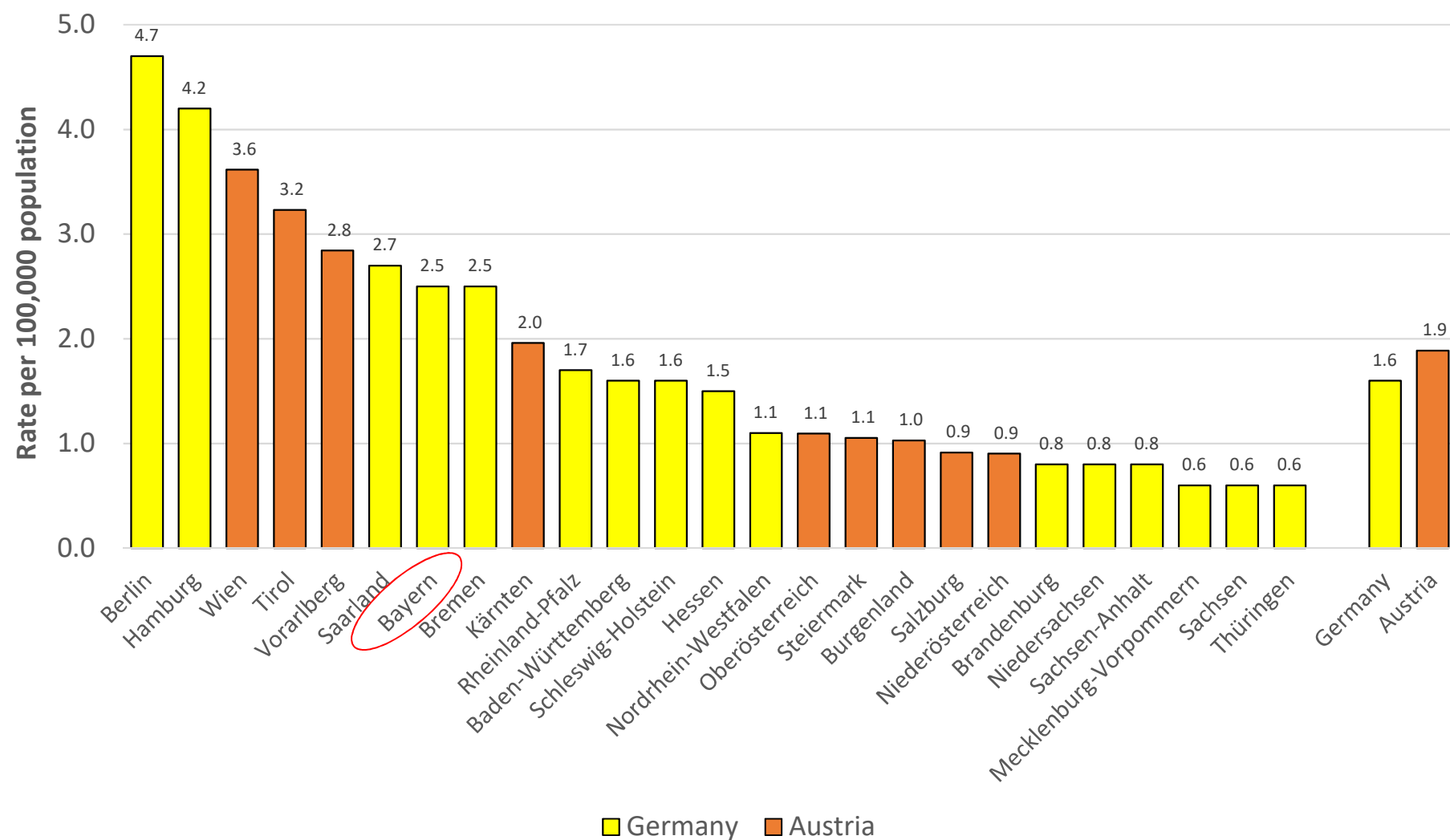
Source: Bundeskriminalamt, *Bundeslagebild Rauschgift 2017* (and previous years)



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Drug related deaths per province per 100,000 people in Austria and Germany, 2016



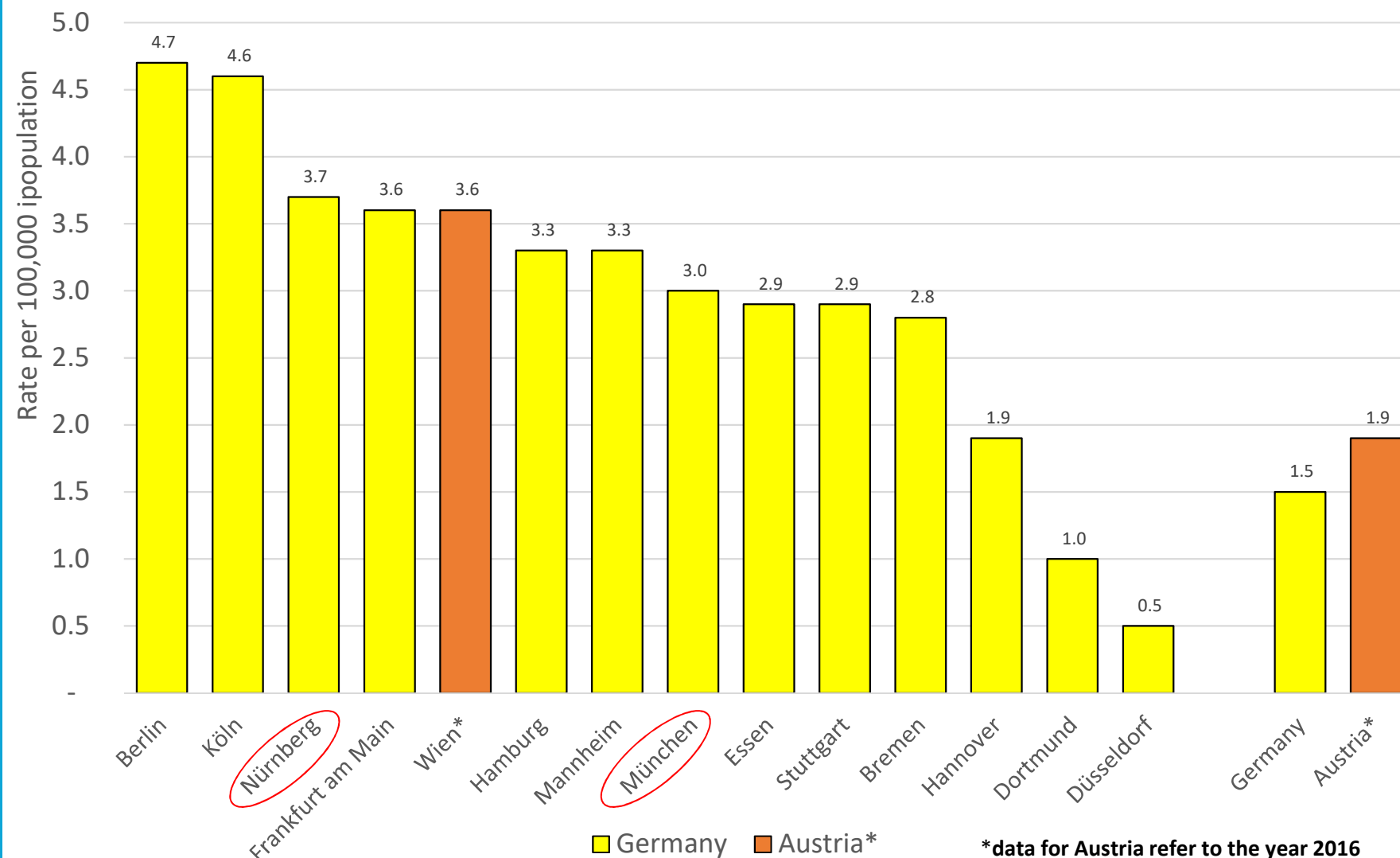
Sources: Bundeskriminalamt, *Bundeslagebild Rauschgift 2016* and Gesundheit Österreich, Epidemiologiebericht Sucht 2017, Annex.



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Drug related deaths per city per 100,000 people in Austria (2016) and Germany (2017)



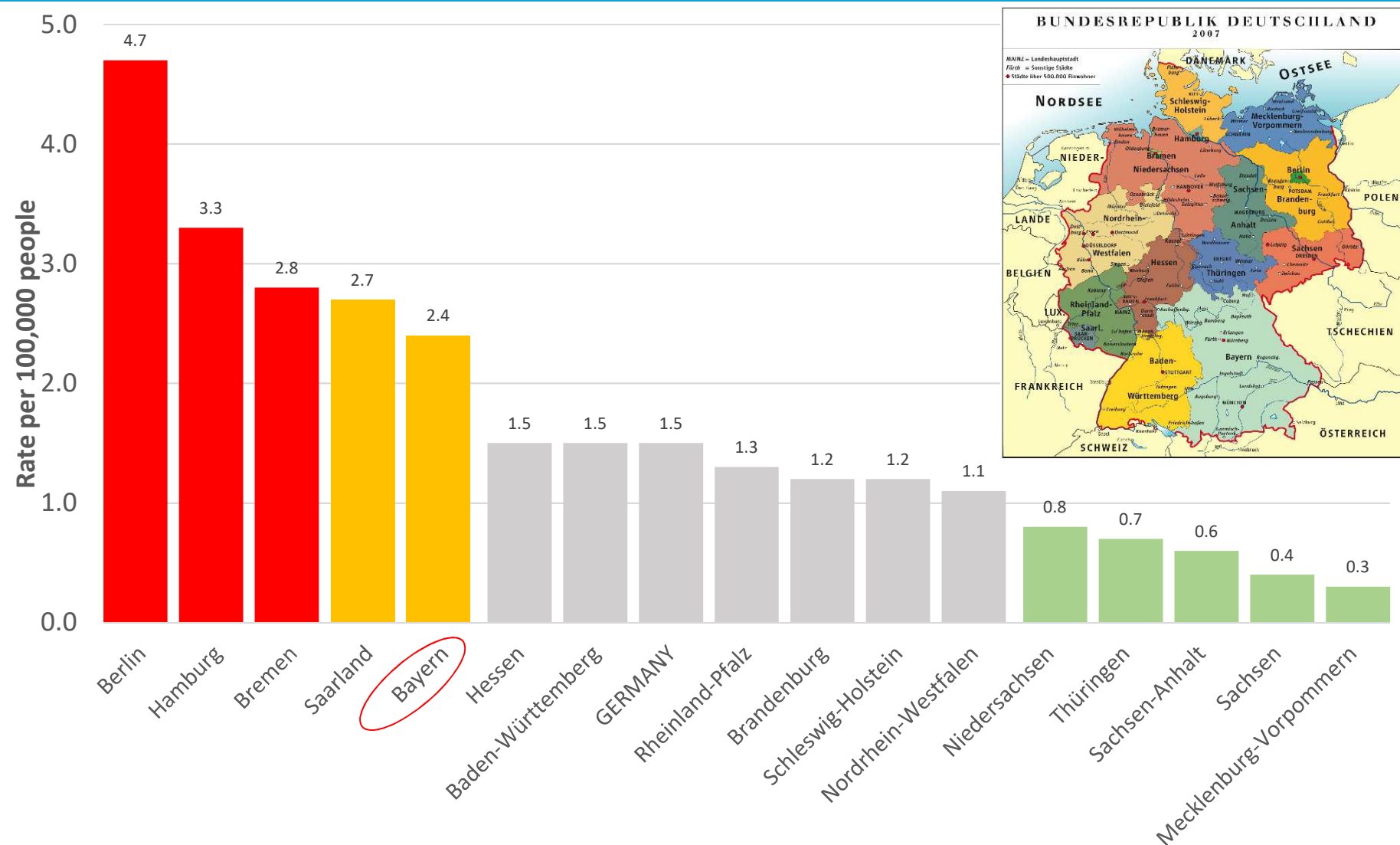
Source: Bundeskriminalamt, *Bundeslagebild Rauschgift 2017* (and previous years)



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Drug related deaths per province per 100,000 people in Germany, 2017



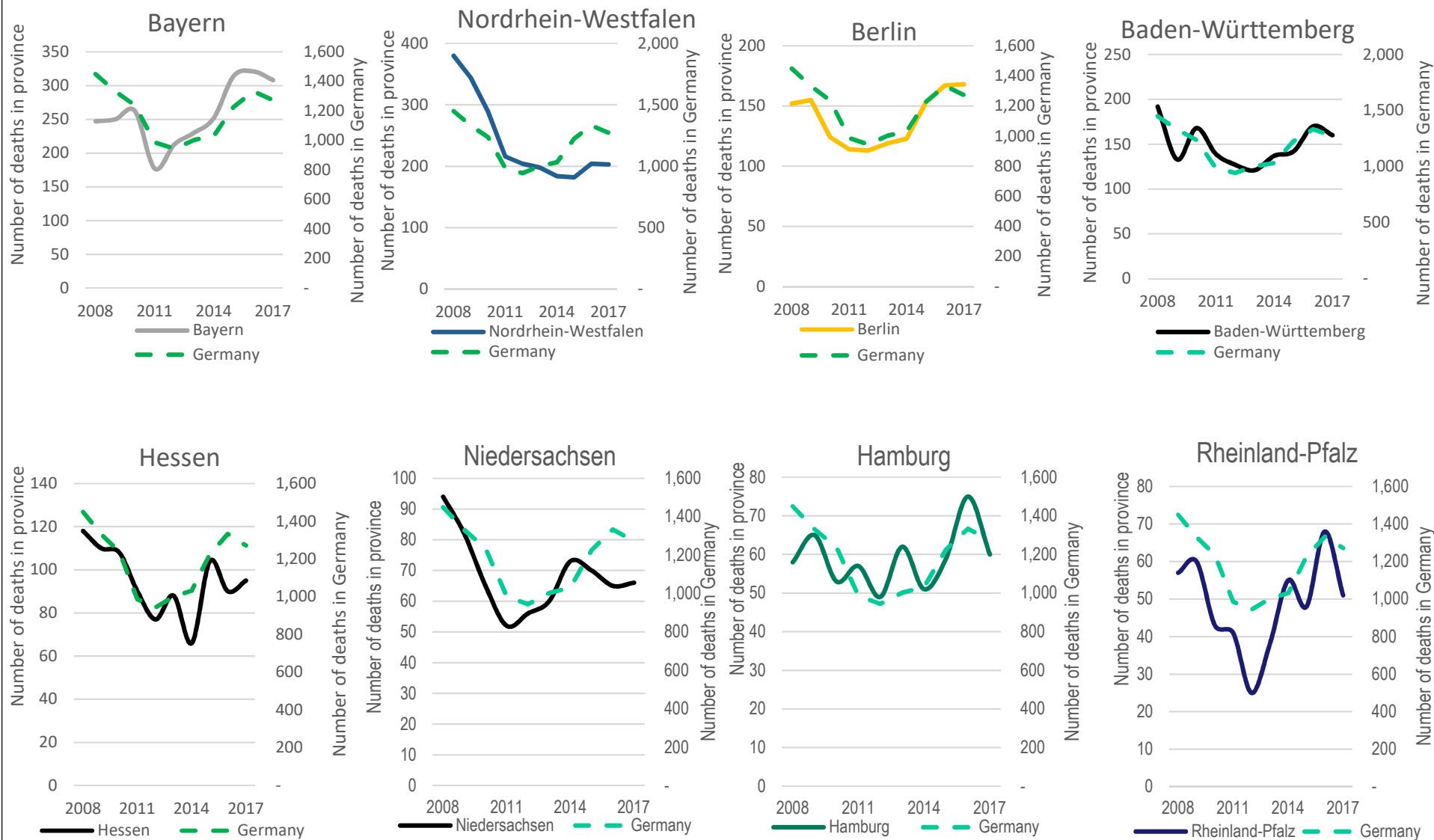
Source: Bundeskriminalamt, *Bundeslagebild Rauschgift 2017* (and previous years)



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a) Drug related deaths in Germany by province, sorted by totals in 2017



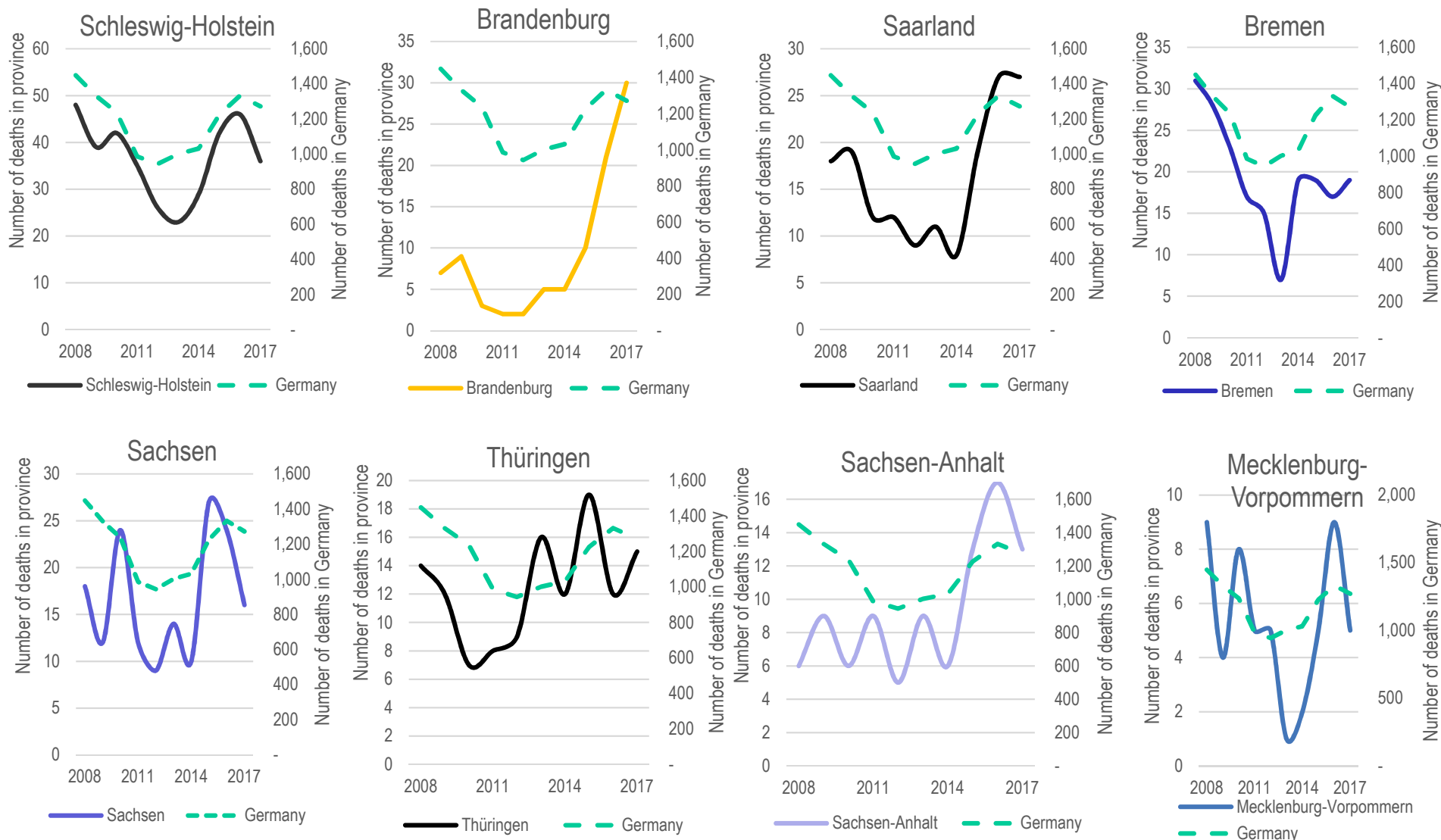
Source: Bundeskriminalamt, *Bundeslagebild Rauschgift 2017* (and previous years)



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b) Drug related deaths in Germany by province, sorted by totals in 2017



Source: Bundeskriminalamt, *Bundeslagebild Rauschgift 2017* (and previous years)



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**GLOBAL OVERVIEW OF
DRUG DEMAND AND SUPPLY**

Latest trends, cross-cutting issues

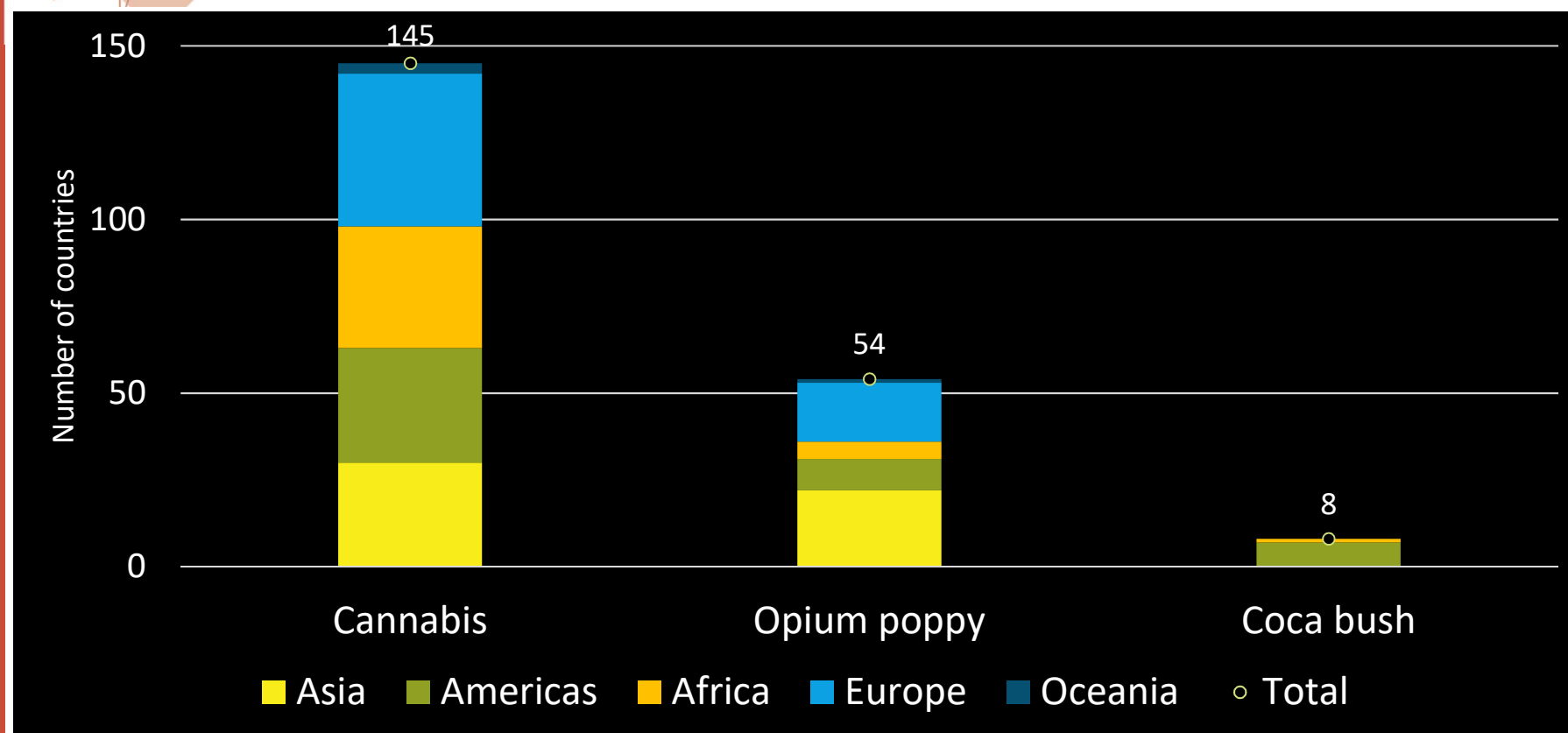
WORLD ∞
DRUG
REPORT 2011

2

SUPPLY



Number of countries reporting drug cultivation^a 2010-2016



^a Countries reporting cultivation, production and eradication of cannabis plants, opium poppy and coca bush, countries reporting seizures of cannabis plants, opium poppy plants and coca bush, and countries identified by other Member States as countries of origin for cannabis plants, opium poppy plants and coca leaf.

Source: UNODC, responses to the annual report questionnaire.



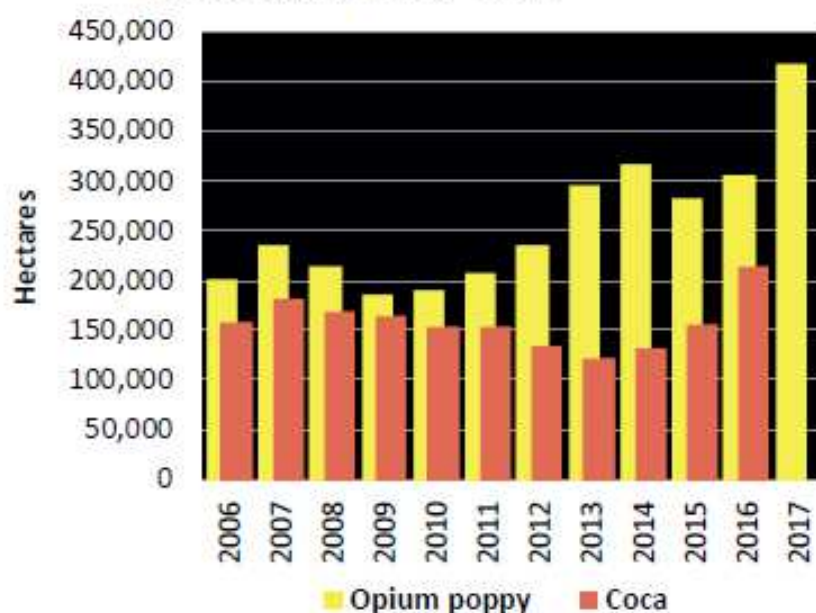
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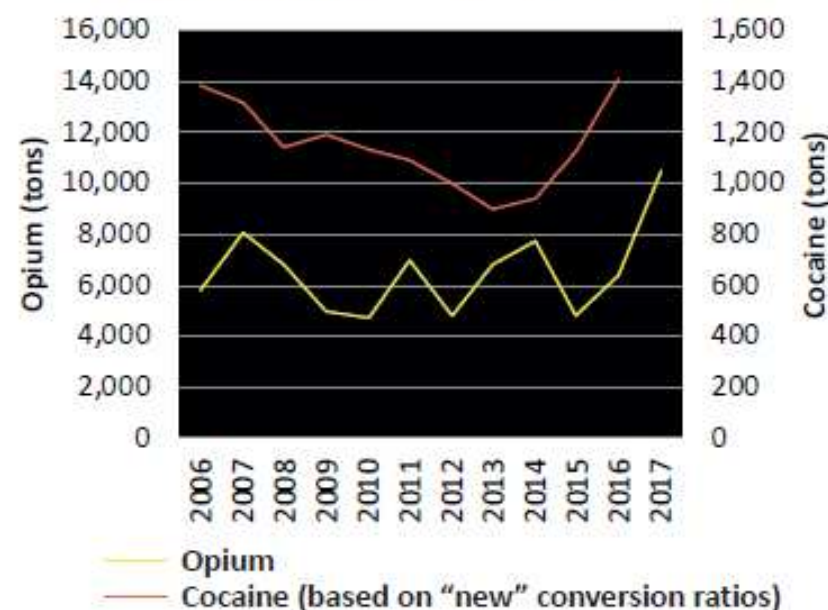
Cultivation and production

Total area under opium and coca cultivation, 2006–2017



Source: UNODC, coca and opium surveys in various countries; responses to the annual report questionnaire; and United States, Department of State, *International Narcotics Control Strategy Report*, various years.

Global opium production and cocaine manufacture, 2006–2017



Source: UNODC coca and opium surveys in various countries; responses to the annual report questionnaire; and United States, Department of State, *International Narcotics Control Strategy Report*, various years.

Note: Cocaine manufacture is expressed in terms of a hypothetical manufacturing output level of 100 per cent pure cocaine; actual cocaine manufacturing output, unadjusted for purity, is significantly higher. (More information on the "new" versus the "old" conversion ratios can be found in the online methodology section of this report.)

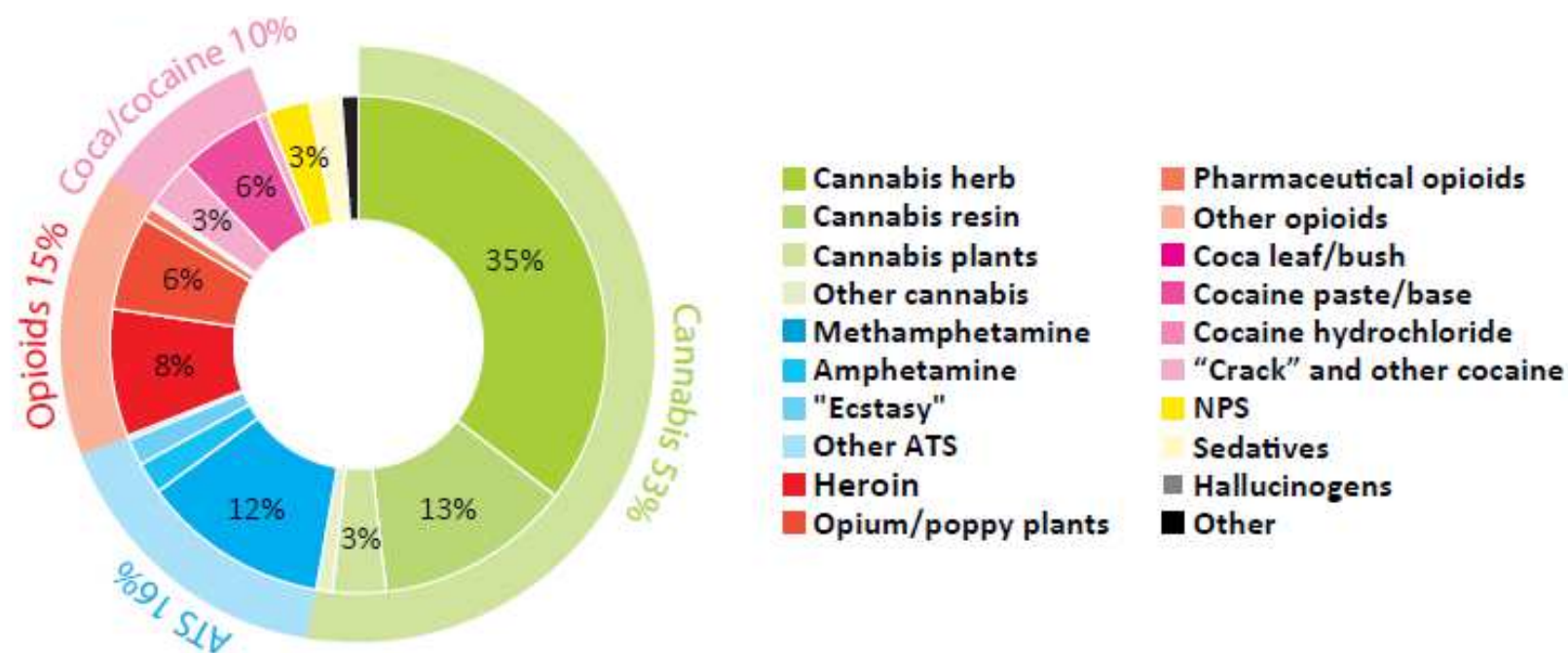


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Distribution of global number of drug seizure cases, 2015-2016 (2.5 million cases per year)



Source: UNODC, responses to the annual report questionnaire.

Note: The calculations are based on a breakdown of almost 5 million seizure cases reported to UNODC in the period 2015–2016 period. The data set includes 2.4 million seizures cases reported in 2015 and 2.5 million seizures cases in 2016. Seizure case information is based on information from 80 countries, including 65 countries reporting in 2015 and 69 countries reporting in 2016.

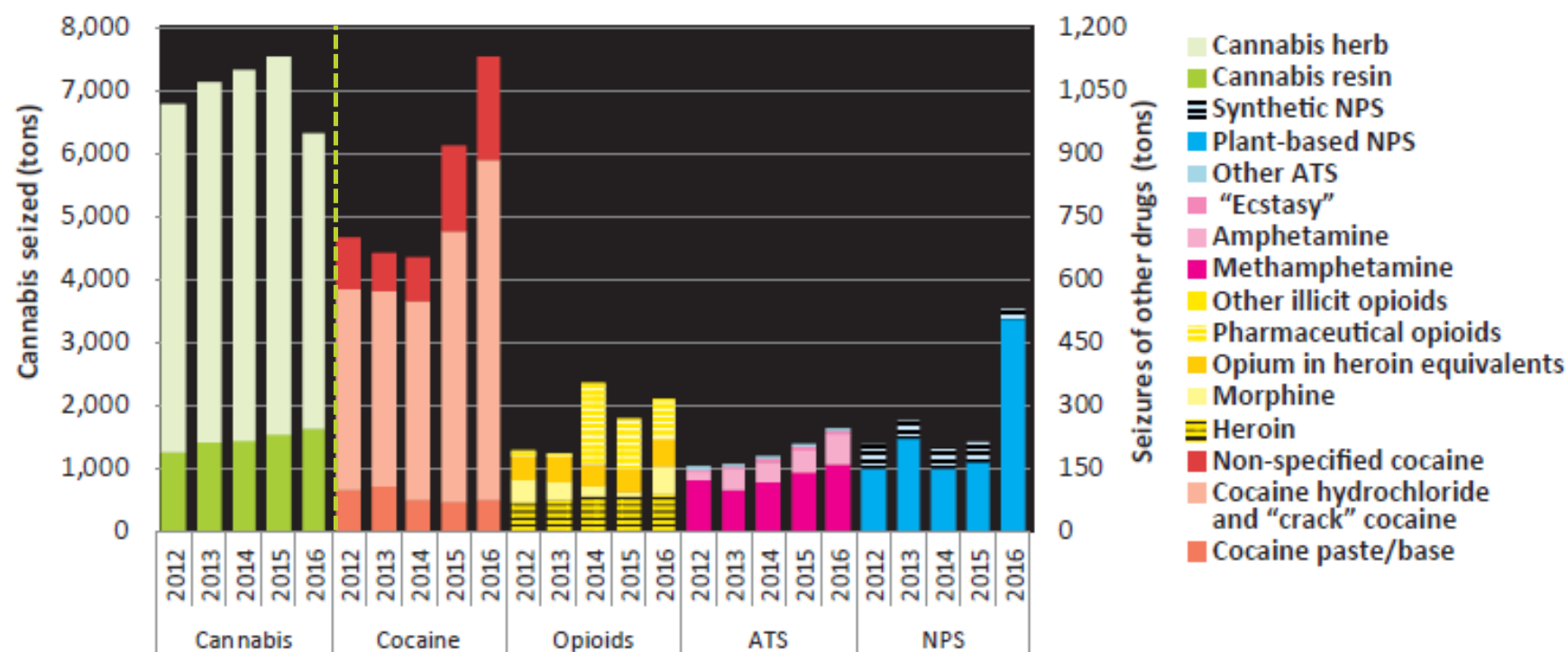


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Global quantities of selected drugs seized, 2012-2016



Source: UNODC, responses to the annual report questionnaire.

Note: A rate of 10:1 was used to transform seizures of opium into seizures expressed in heroin equivalents.



Drug trafficking and the “dark net”

Trafficking of drugs via the “dark net” typically consists of

- a person hiding his or her identity on the internet by using the TOR (“The Onion Router”),
- going to a trading platform using some dark-net search engines (e.g. “GRAMS”) to purchase the drugs;
- such drugs are typically purchased and payed for in bitcoins or other crypto-currencies (> 1,000) and
- are sent by post or private parcel services
- *Memo*: overall just 4-10% of the information on the inter is the ‘clear web’ or the ‘surface web’ which can be accessed via Internet browsers such as Google, Yahoo etc. The ‘hidden web’ (including the ‘dark net’) contains 90-96% of global information available on the Internet.
- All available information suggests that drug trafficking is the single most important illegal activity done via the ‘dark net’.



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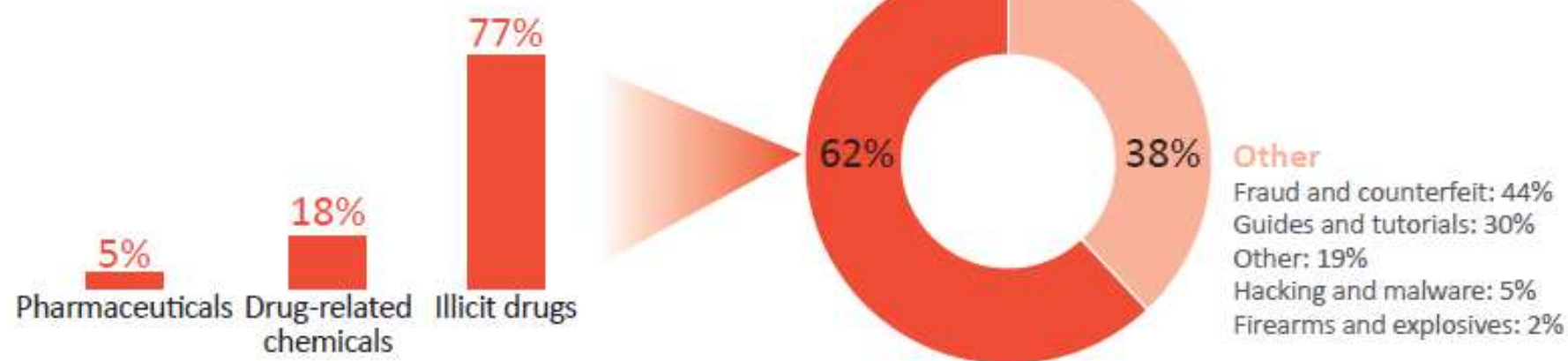
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Research

Darknet

Importance of drugs and drug-related chemicals for the darknet (based on listings on the main darknet markets)



Source: EMCDDA and Europol, Drugs and the darknet, November 2017, p. 15.

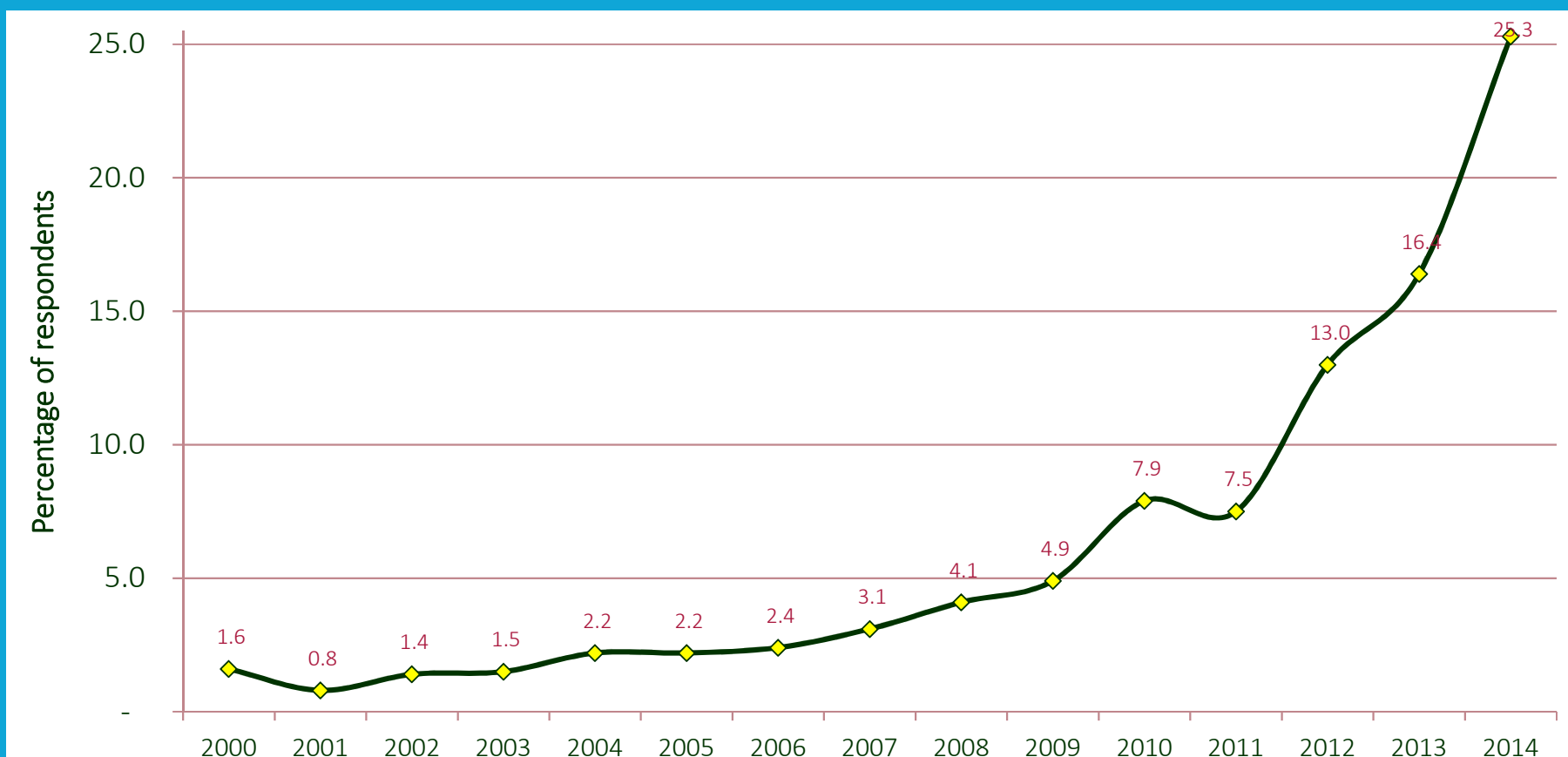
Note: Based on active listings data from AlphaBay, Dream Market, Hansa, TradeRoute and Valhalla darknet marketplaces, spanning from the launch of each marketplace to 21 August 2017 (or market closure).



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When did you first buy drugs online* (on conventional websites or via the “dark net”) ?



* Based on information from 11,750 respondents, i.e. 11.5 % of all respondents in the global November-December 2014 internet drug survey (102,000).

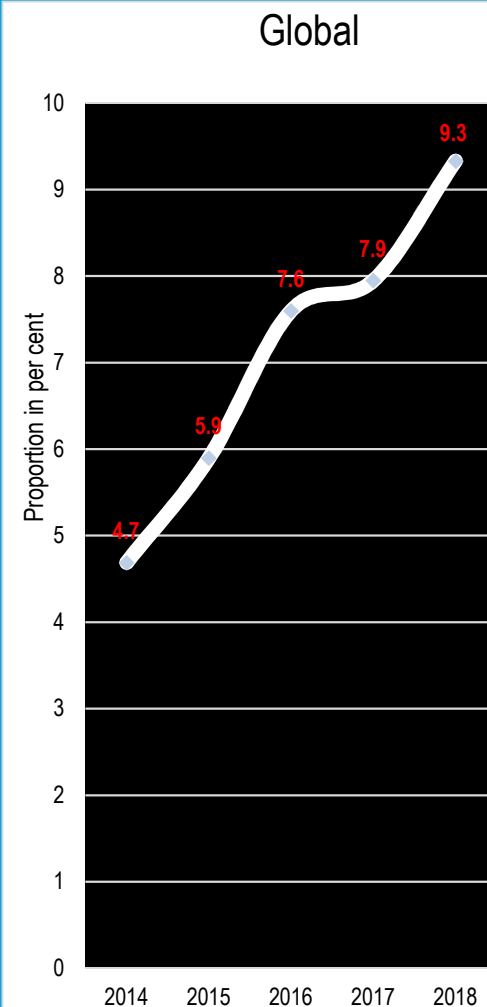
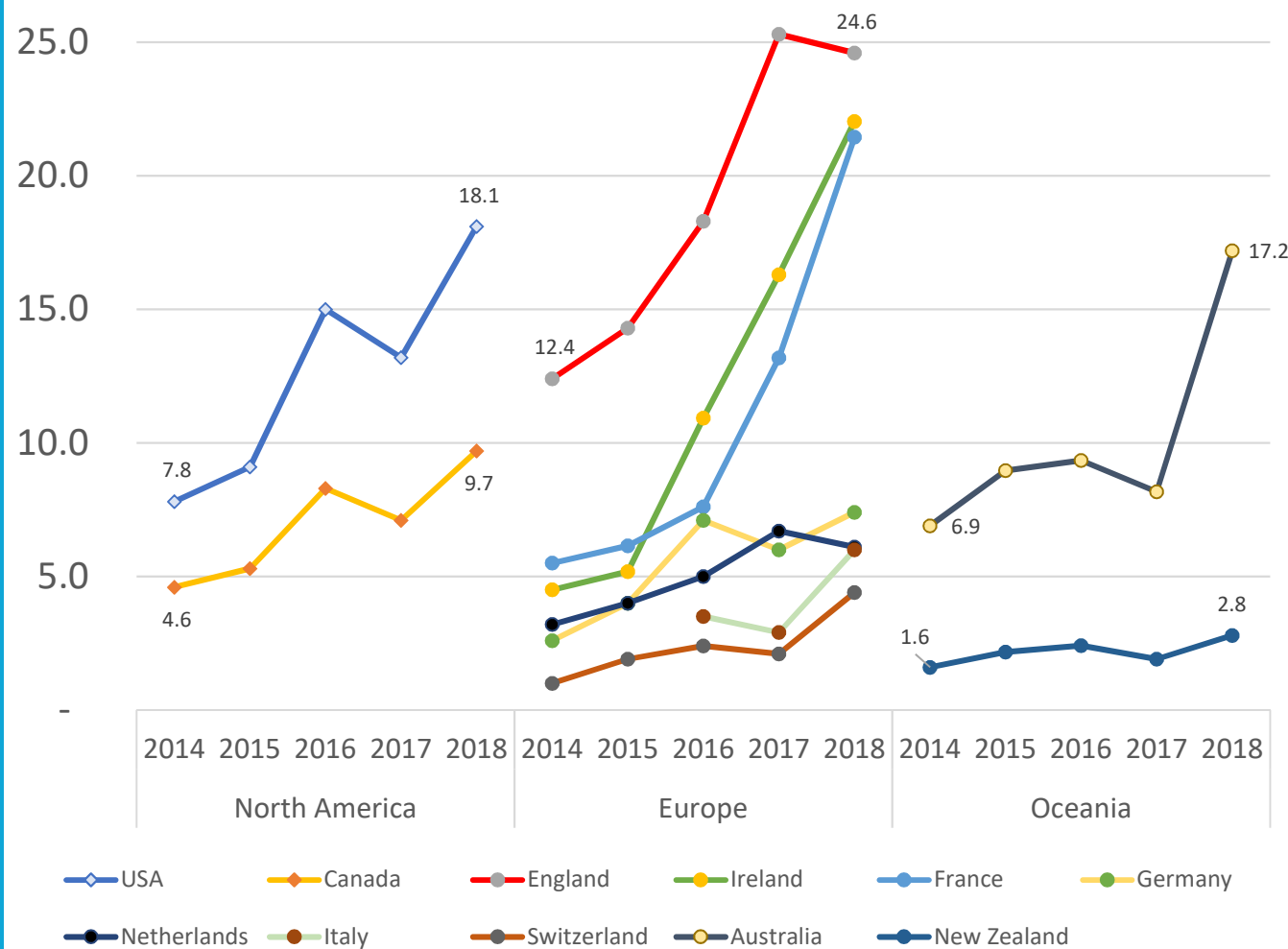
Source: Global Drug Survey 2015



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Proportion of internet using drug users purchasing their drugs via the darknet, selected countries, 2014 to 2018



Source: Global Drug Survey (GDS)

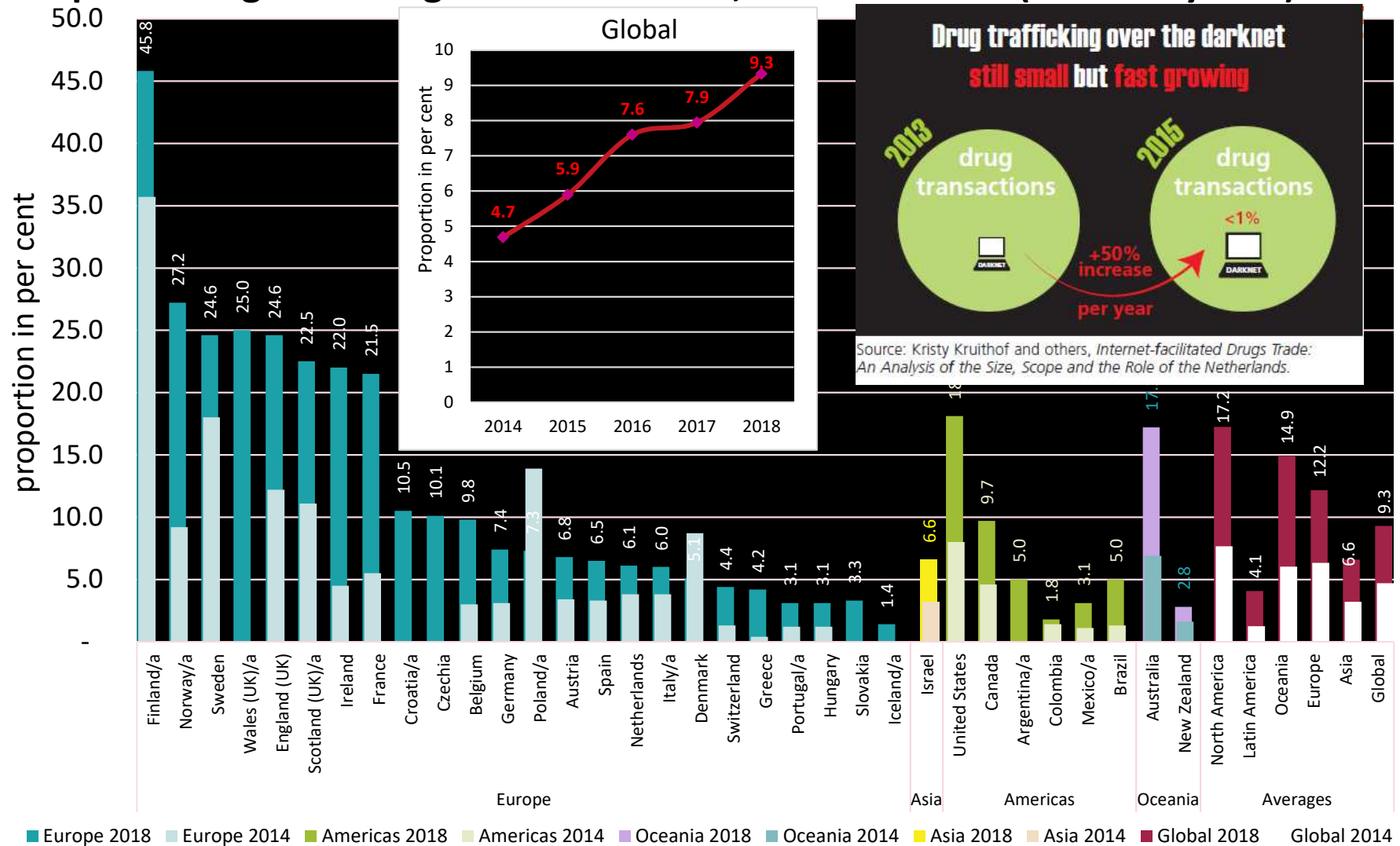


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Proportion of internet using drug users purchasing their drugs via the darknet, 2014 and 2018 (or latest year/a)



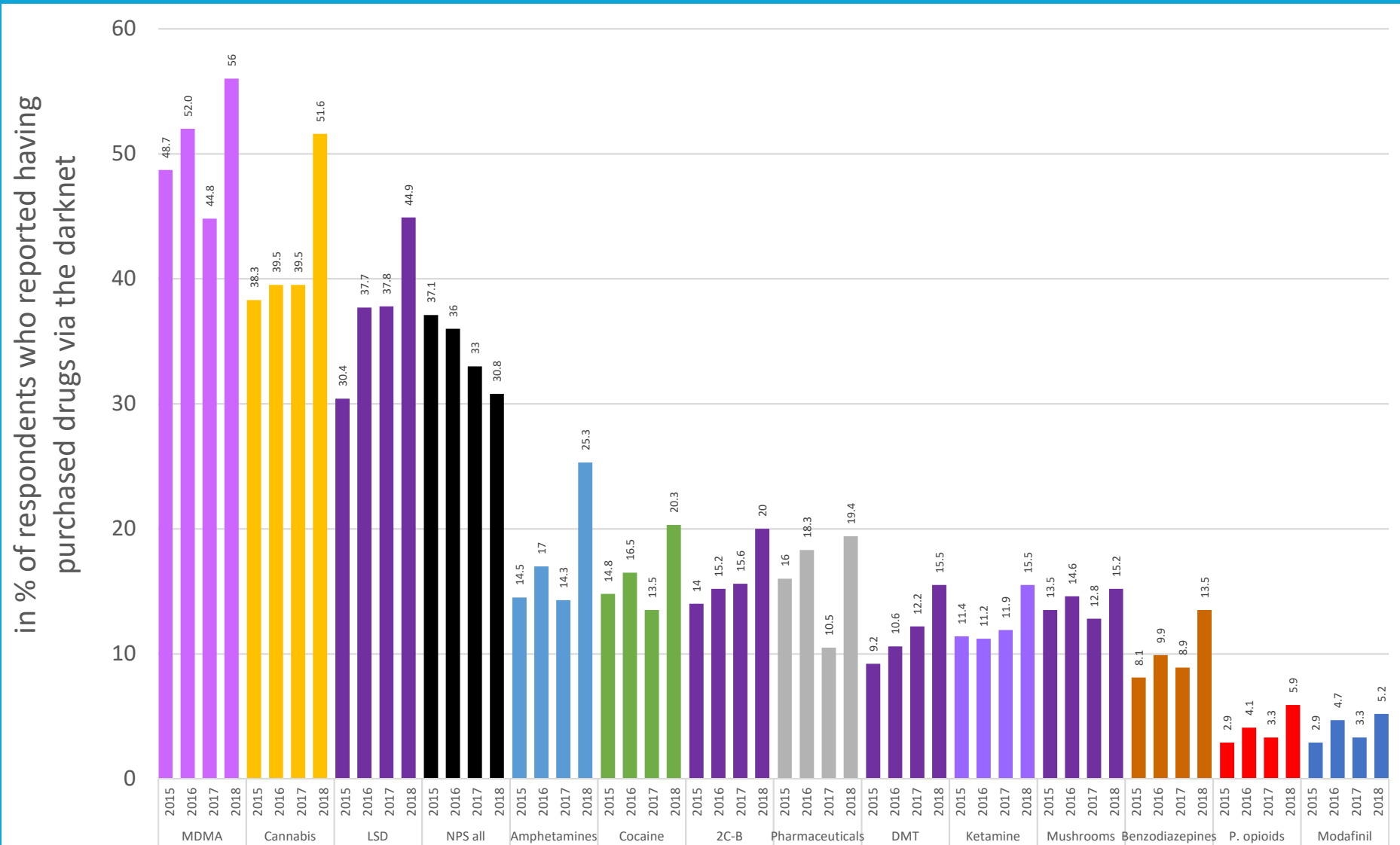
a/ Closest year available used instead of 2014 / 2018. Source: Global Drug Survey (GDS)



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Drug purchases via the darknet, 2014-2018, sorted by highest levels reported in 2018



Source: Global Drug Survey (GDS) 2018.



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EUROPE

Internet-facilitated drugs trade

An analysis of the size, scope and the role of the Netherlands

Kristy Kruithof, Judith Aldridge, David Décary-Héту, Megan Sim, Elma Dujso, Stijn Hoorens

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Key findings (based on 8 cryptomarkets monitored)

- The number of cryptomarket **drug vendors** more than **doubled** between Sept. 2013 and January 2016.
- Monthly drug related **revenues** (turnover) on cryptomarkets **more than doubled** between Sept 2013 (prior to the dismantling of Silk Road) and January 2016
- Total monthly revenue: \$14.2 - \$25 million (\$170-300 million / year)
- Drug related **transactions** in the cryptomarkets **tripled** over this period
- Number of **listings** for drugs has grown **5.5 times** over this period

- Cannabis, stimulants (cocaine, amphetamines) and ecstasy are responsible for 70 per cent of all revenues on cryptomarkets.
- Cannabis generated highest revenues, followed by stimulants, ecstasy-type and psychedelics; opioids only account for a rather small proportion.
- As compared to the overall drug market there is a predominance in cryptomarkets of drugs associated with recreational or 'party' use (**cannabis, ecstasy, psychedelics**).
- Lion's share of transactions on cryptomarkets **for less than \$100** though they generate only 18% of total revenues.
- Most vendors appear to be operating from the USA, (890), followed by the UK (338), Germany (225) and the Netherlands (225).
- Vendors in the Netherlands are specialized in ecstasy (half) and stimulants (a quarter of total sales).
- Given their role in production, Asian countries, such as China and India, may be a fertile breeding ground for online drug sales; past research revealed significant importance of China for wholesale cryptomarkets.
- Most drug shipments are intra-regional; most important overseas destinations (1.) USA; 2. (Oceania); (3.) Europe.
- English is the dominant language on cryptomarkets; however, trend towards more geographically localised markets
- Most vendors are relatively young (<40 years), well-educated and entrepreneurial males from Anglo-Saxon countries or Western Europe with strong IT skills.



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Estimated (conservative) retail value of the illicit drug market in the EU, 2013

Drug type	Annual (EUR)	Market share
Cocaine	€5.7bn	23%
Heroin	€6.8bn	28%
Amphetamines	€1.8bn	7%
Cannabis	€9.3bn	38%
Ecstasy	€0.7bn	3%
Total	€24.3bn	100%
Range:	€21-€31bn	

*Amphetamines and cocaine

\$32 bn per year
\$28-41 bn per year

Estimated retail value of the illicit drug market in the USA, 2010

	billion US\$	market share
Cannabis	41	38%
Cocaine	28	26%
Heroin	27	25%
Methamphetamine	13	12%
Total	109	100%
Range	69-171	
Other drugs	2 (in 2000)	<2%

0.1-0.2% of EU and US drug market

Estimated minimum past month revenues from eight crypto-markets, Jan. 2016

	Revenues in last month	%
Cannabis	\$4,436,803	31%
Stimulants*	\$3,461,023	24%
Ecstasy-type	\$2,262,850	16%
Prescription	\$2,185,147	15%
Psychedelics	\$1,020,059	7%
Opioids	\$751,021	5%
Other drugs	\$71,457	1%
	\$2,683	<1%
\$170 m per year	\$14,194,043	100%
\$300 m per year		
Upper boundary: \$25 million		

Source: RAND Europe.

Crypto-markets:

- Over-representation of **ecstasy**;
- Under-representation of **heroin**

Sources: EMCDDA, 'European Drug Report. Trends and developments,' Lisbon 2016 and ONDCP (based on RAND) What America's Users Spend on Illegal Drugs: 2000-2010, Feb. 2014.



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‘Comparative advantages’ of using the ‘darknet’

- Anonymity
- Less threat to personal safety or experiences of physical violence as users avoid direct contact with criminal actors;
- Products reported to be generally of ‘better quality’ (less variability) and are more readily available than ‘on the street’;
- • Perception of less danger of being caught by the authorities;

Drug users are thus, in general, ready to pay a *premium price* to buy drugs via the darknet.

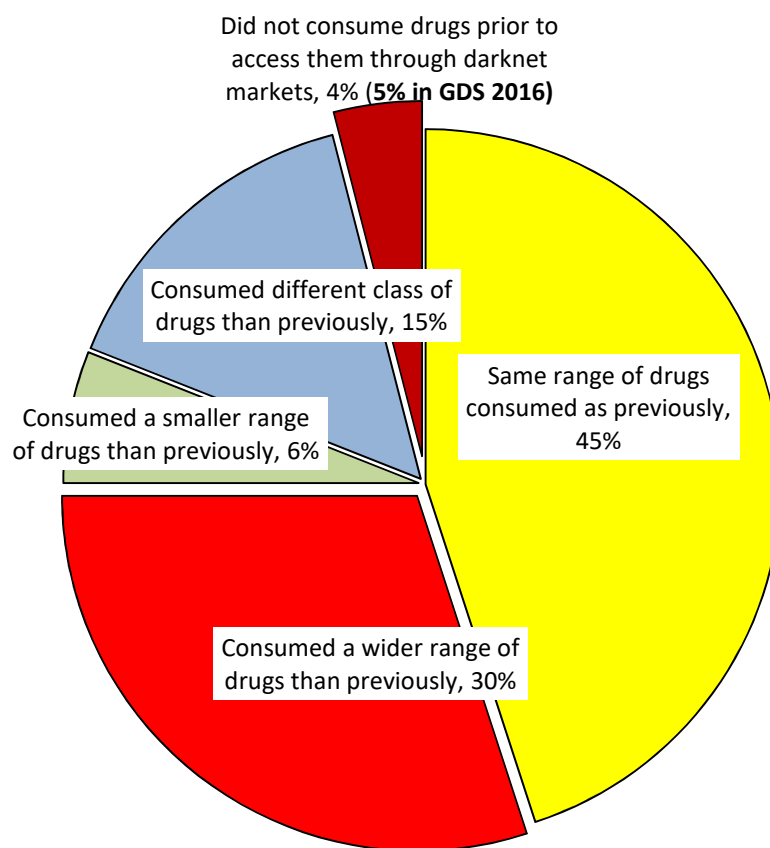
The findings also point to the potential of the darknet to attract new sections of society to experiment with drugs which are otherwise well integrated in society.



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Has accessing drugs through the 'dark net' markets affected the range of drugs consumed?



Source: Global Drug Survey 2015



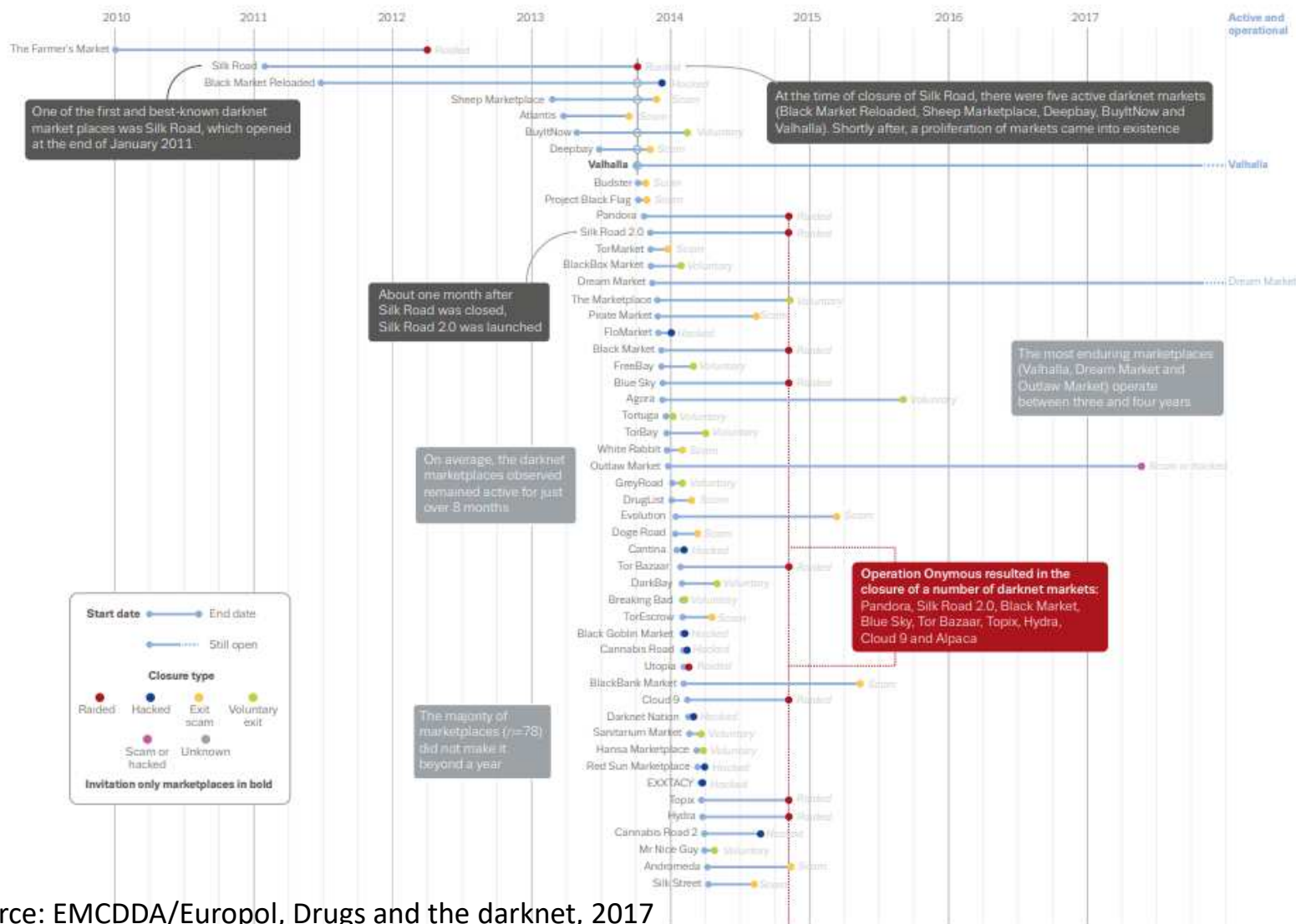
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Darknet markets, 2010 – 2017 (part I)

Darknet markets ecosystem

Lifetimes of a selection of over 100 global darknet markets offering drugs, sorted by when a market opened and categorised by how it closed



Source: EMCDDA/Europol, Drugs and the darknet, 2017



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Darknet markets, 2010 – 2017 (part II)

Darknet markets (103) remain active:

avg: <8 months

(most <1 year; longest: <4 years)

Reasons for closure (89 markets):

Exit scams: 35%

“Voluntary exits”: 27%

Law enforcement action: 17%

Hacking by
third parties: 12%

Consequences of closures

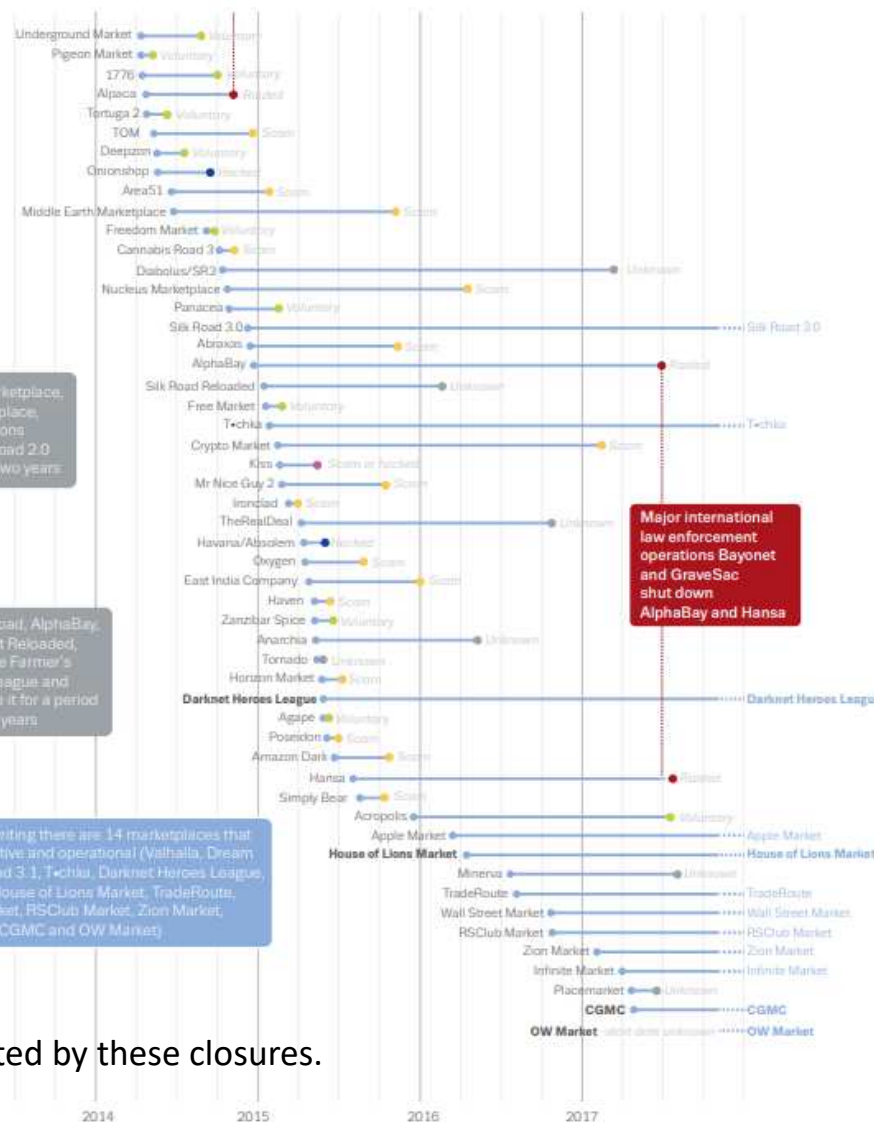
* Mainly shifts to next largest markets

The 2018 GDS, however, suggested that 9% of Internet users who used the darknet for drug purchases completely stopped its use following the shutdown of AlphaBay and Hansa in mid 2017;

15% used it less frequently;

19% applied operational security changes;

most (57%) did not consider themselves affected by these closures.



Sources: EMCDDA/Europol, Drugs and the darknet, 2017 and Global Drug Survey (GDS) 2018

Notes: A total of 103 darknet markets were identified along with key features. Start and end dates — the date of the first and last known sales/withdrawals (no start date could be determined for OW Market). Closure type — the reason for a market shut-down. Market status last checked on 28 June 2017 (except for AlphaBay and Hansa, for which data and information were updated to reflect closure on 4 July 2017 and 20 July 2017 respectively).

Sources: EMCDDA (2016a); DarkNet Stats (2017); DarkWebNews (2017); DeepDotWeb (2017); Gwern Archives (2017); Reddit (2017).



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Key challenges

- **Practical challenges**

- necessary technical equipment;
- availability of internet/darknet specialists who are also at ease with the language used in the drug fora

- **Legal challenges**

- (a) identification of responsible jurisdiction in case where the physical location of the seller or the buyer are not known;
- (b) systematically sharing of information in case investigations reveal that foreign jurisdictions would be concerned
- (c) problem of attribution of activities on darknet; use of under-cover agents to infiltrate such networks in case the law does not allow for an “*Agent Provocateur*”, and thus does not allow for engaging in under-cover purchases
- (d) the use of ‘malware’ to penetrate accounts and identify true IP addresses of the computers of drug sellers on the darknet; right to access computers from a distance (to block access to data or conduct surveillance)
- (e) instruments to prevent destruction of digital evidence as such evidence is vulnerable to destruction
- (f) ‘convince’ former vendors to give the authorities access to user accounts which are typically encrypted and password protected and contain the evidence of business activities on the darknet;
- (g) use of accounts of former drug vendors by under-cover agents to obtain the necessary credibility in the market;
- (h) right to verify whether parcels and letters contain drugs as this may violate the ‘secrecy of letters’;
- (i) possibilities of the authorities to effectively seize bitcoins and other virtual currencies in case of arrest of darknet traffickers and
- (j) possibilities to react fast and cooperate effectively among law enforcement agencies from various countries in a rapidly changing environment such as the darknet.



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MARKET ANALYSIS OF PLANT-BASED DRUGS

Opiates, cocaine, cannabis

WORLD
DRUG
REPORT 2017

3



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A. OPIOIDS

Global cultivation

change from previous year

↑ 37%

most recent estimate

418,000 ha

586,000 x



2017

Global seizures

change from previous year

↑ 100%
opium

↑ 10%
heroin

↑ 579%
morphine



658 tons
opium



91 tons
heroin



65 tons
morphine



2016

Global production

change from previous year

↑ 65%

10,500 tons of opium

9,100–9,400 tons
processed
into heroin

700–1,050 tons
of heroin
produced

1,100–1,400 tons
consumed as opium

2017

Global number of users

opioid users



34.3 million

opiate users



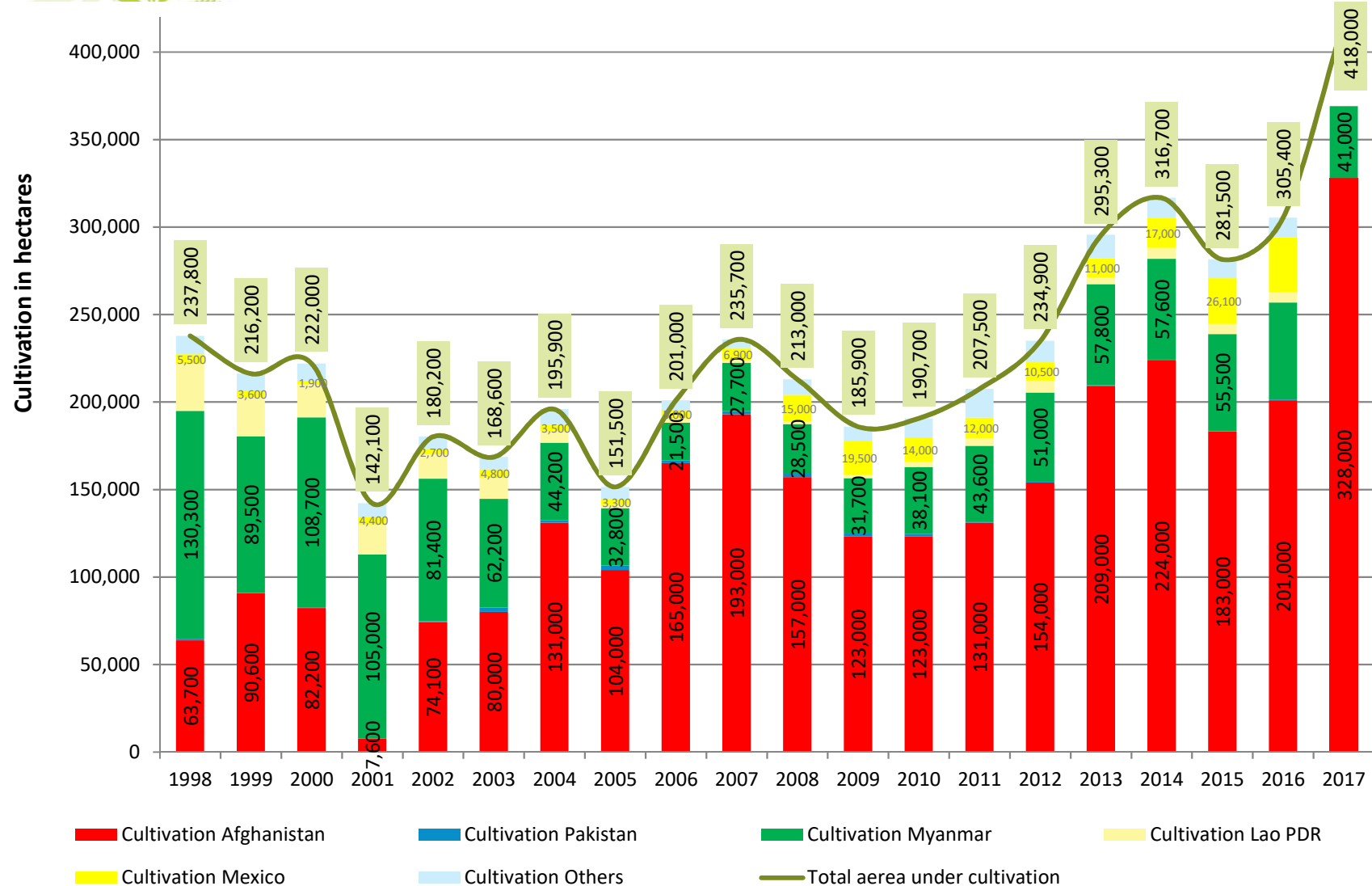
13.4 million

2016

Note: All data refer to 2016 except cultivation and production, which refer to 2017 (preliminary).



Global opium poppy cultivation, 1998-2017



Sources: UNODC calculations based on UNODC crop monitoring surveys and responses to the annual report questionnaire.



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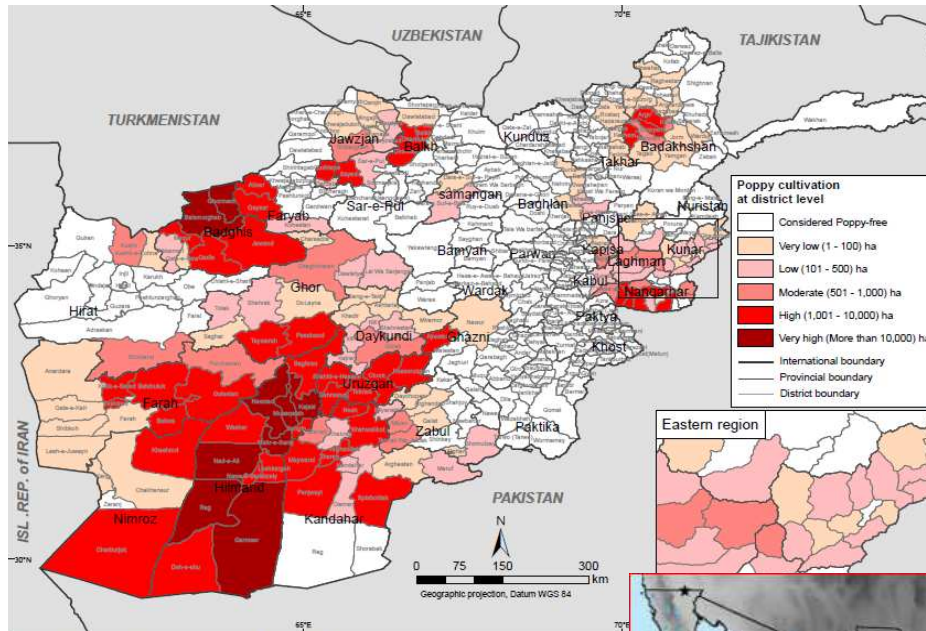
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Opium poppy cultivation, 2017

Afghanistan

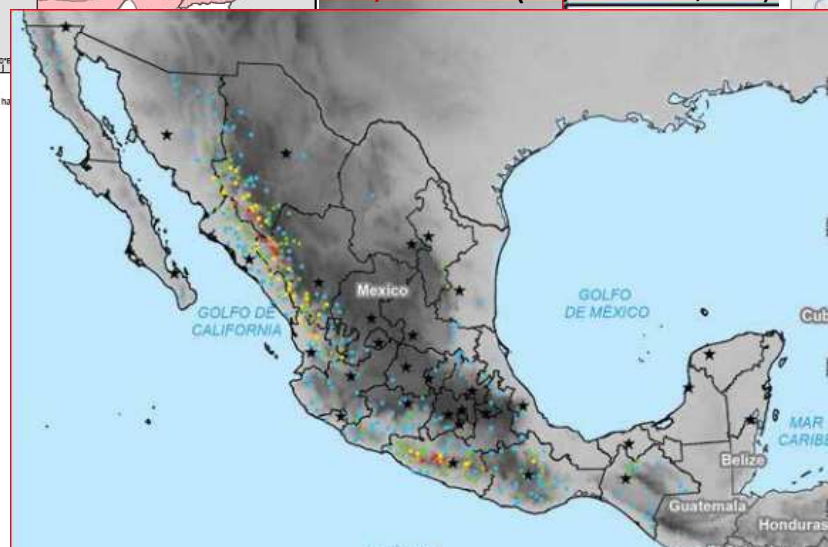
(328,000 ha; +63%*; 301,000-355,000 ha)



Helmand:	144,018;	44%	+ 79%
Kandahar:	28,010;	9%;	+37%
Badghis:	24,726;	8%;	n.a.
Faryab:	22,797	7%	n.a.
Uruzgan:	21,541;	7%;	+39%
Nangarhar:	18,976;	6%;	+32%
Farah:	12,846;	4%;	+41%
Balkh:	12,116;	4%;	+481%
Nimroz:	11,466;	3%;	+116%
Badakhshan:	8,311;	3%;	+32%
Rest:	23,499;	4%;	+140%

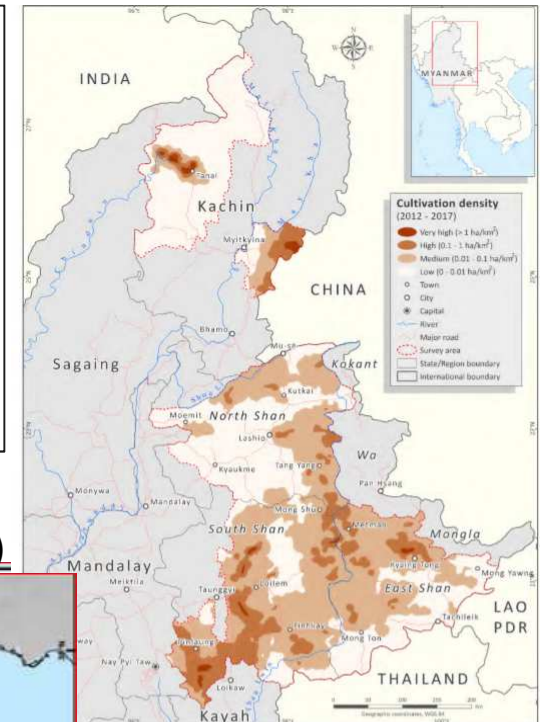
Mexico (2015)

26,100 ha (21,500 - 28,100)



Myanmar

(41,000 ha; -25%**; 30,200-51,900)



Opium in Mexico found in states of Sinaloa, Chihuahua, Durango, Nayarit, Jalisco, Michoacán, Guerrero, Oaxaca, Chiapas

Sources: UNODC, Opium Surveys in Afghanistan, Myanmar in 2017 and Mexico 2015.

*change as compared to 2016;



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Afghanistan – opium poppy cultivation in hectares, 2017

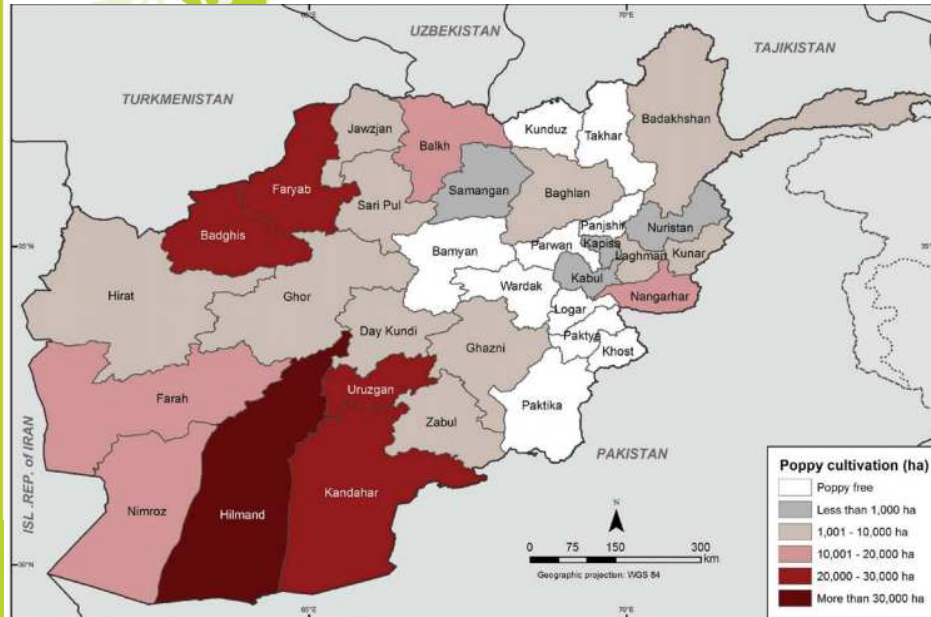
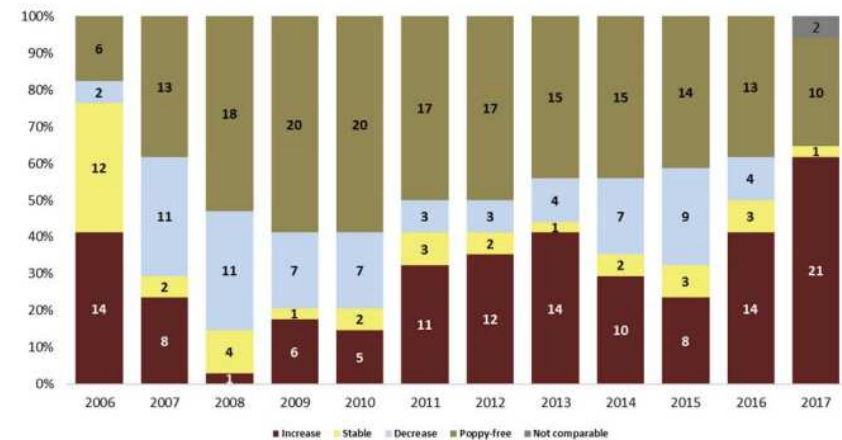
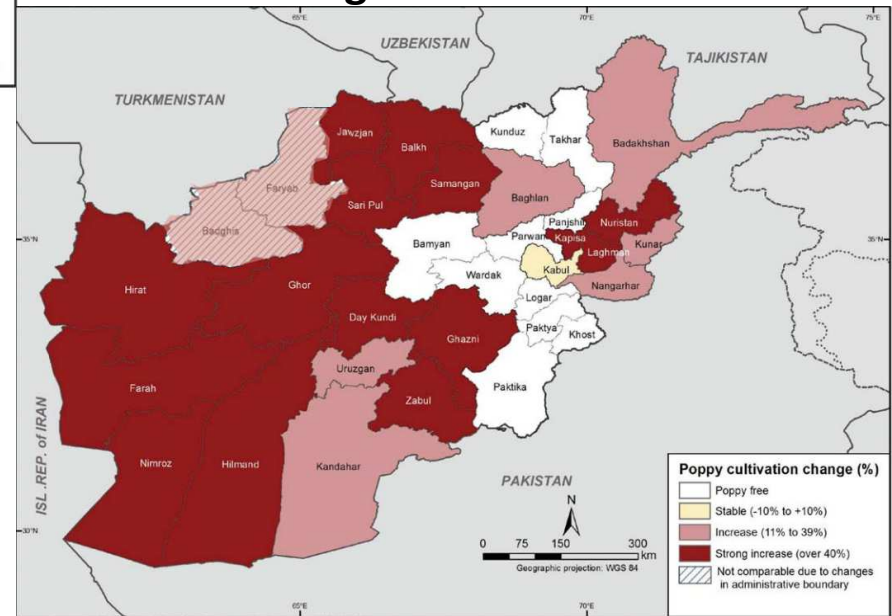


Figure 3: Number of provinces by opium poppy cultivation trends, 2006-2017¹¹



Change 2016 to 2017



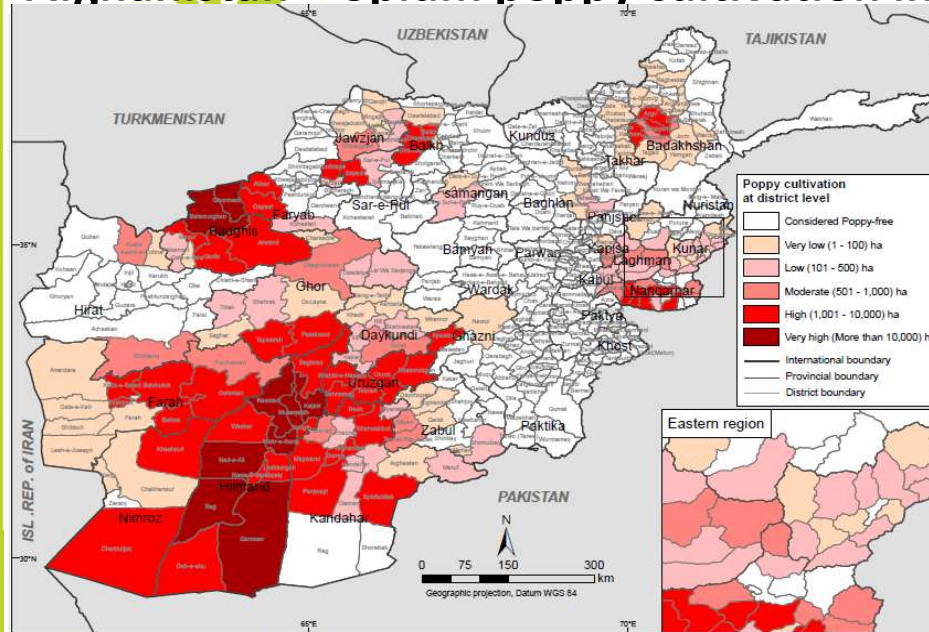
Province	2012	2013	2014	2015	2016	2017	Change 2016-2017	2017(ha) as % of total
Hilmand	75,176	100,693	103,240	86,443	80,273	144,018	79%	44%
Kandahar	24,341	28,335	33,713	21,020	20,475	28,010	37%	9%
Badghis*	2,363	3,596	5,721	12,391	35,234	24,723	25%	8%
Faryab*	PF	158	211	1,160	2,923	22,797		7%
Uruzgan	10,508	9,880	9,277	11,277	15,503	21,541	39%	7%
Nangarhar	3,151	15,719	18,227	10,016	14,344	18,976	32%	6%
Farah	27,733	24,492	27,513	21,106	9,101	12,846	41%	4%
Balkh	PF	410	PF	204	2,085	12,116	481%	4%
Nimroz	3,808	16,252	14,584	8,805	5,303	11,466	116%	3%
Badakhshan	1,927	2,374	4,204	4,056	6,298	8,311	32%	3%
Rest of the country	5,475	7,553	7,647	6,089	9,771	23,499	140%	7%
Rounded Total	154,000	209,000	224,000	183,000	201,000	328,000	63%	100%

In 2017, the provincial boundaries of Badghis (Western region) and Faryab (Northern region) were changed. Ghormach district, formerly part of Badghis province and a major opium poppy cultivating district, came in 2017 under the administration of the Governor of Faryab province. The changes in opium poppy cultivation in these two regions are affected by this change.

Source: UNODC and Ministry of Counter Narcotics, Afghanistan Opium Survey 2017



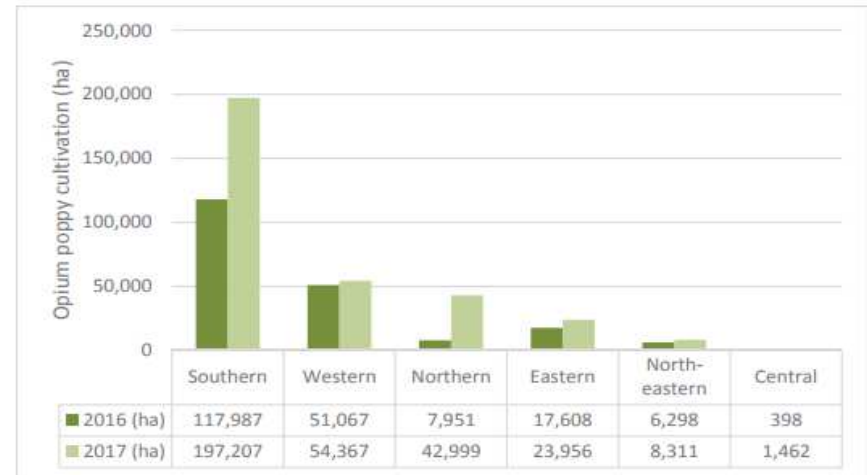
Afghanistan – opium poppy cultivation in hectares, 2017



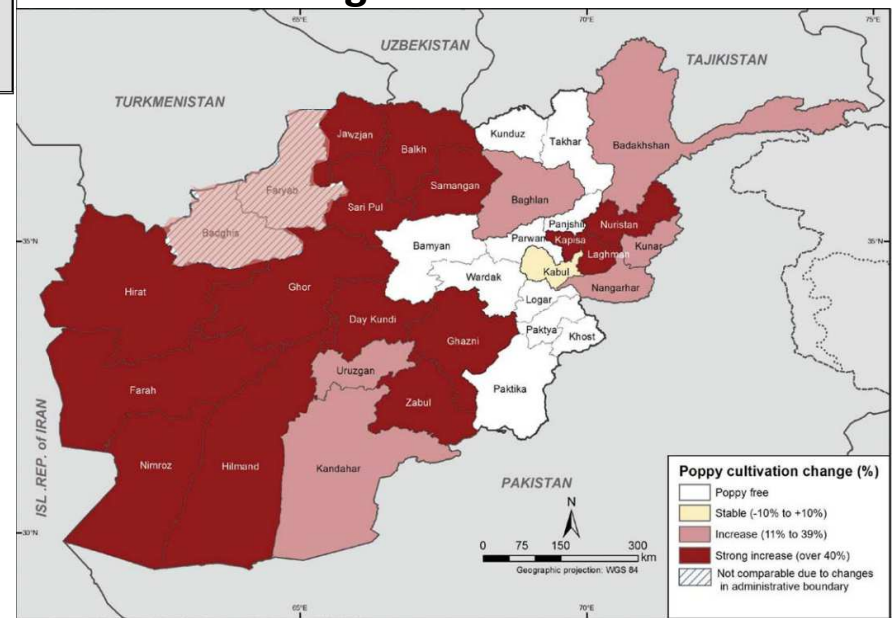
Source: Government of Afghanistan - National monitoring system implemented by UNODC/MCN
Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
The dotted line represents approximately the line of control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

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Change 2016 to 2017



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The dotted line represents approximately the line of control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

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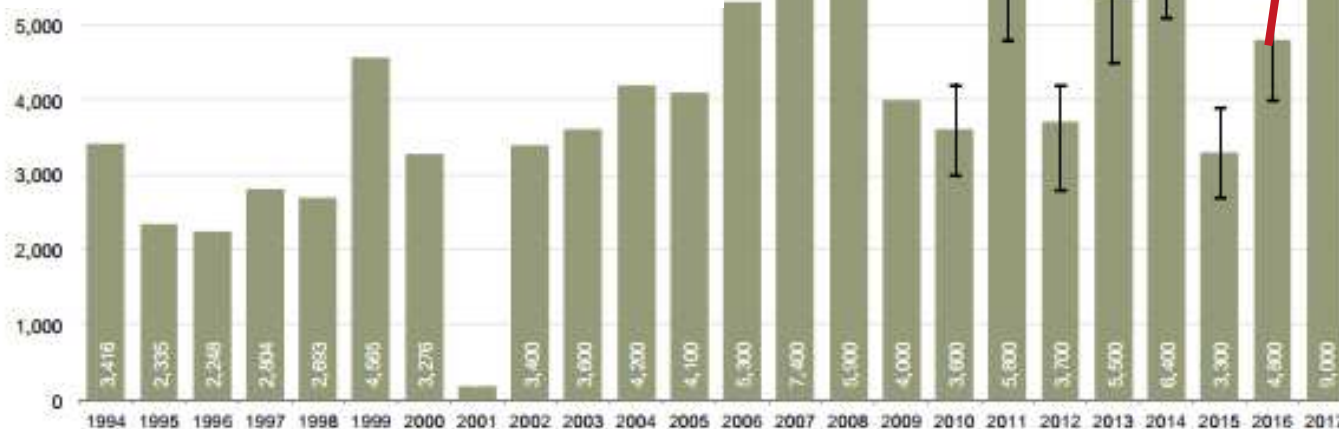
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Afghan opium production in tons, 1994-2017

Region	Production 2016 (tons)	Production 2017 (tons)	Change 2016-2017 (%)	2017 production as % of total
Central	18	64	+256%	0.7%
Eastern	571	837	+47%	9%
North-eastern	196	294	+50%	3%
Northern*	278	1,408	+406%	16%
Southern	2,591	5,158	+99%	57%
Western*	1,139	1,210	+6%	13%
Total (rounded)	4,800	9,000	+87%	100%

* Estimates of 2016 and 2017 are not directly comparable since Ghormach district, a major opium cultivating district formerly part of Badghis province (Western region) came in 2017 under the administration of the Governor of Faryab province.



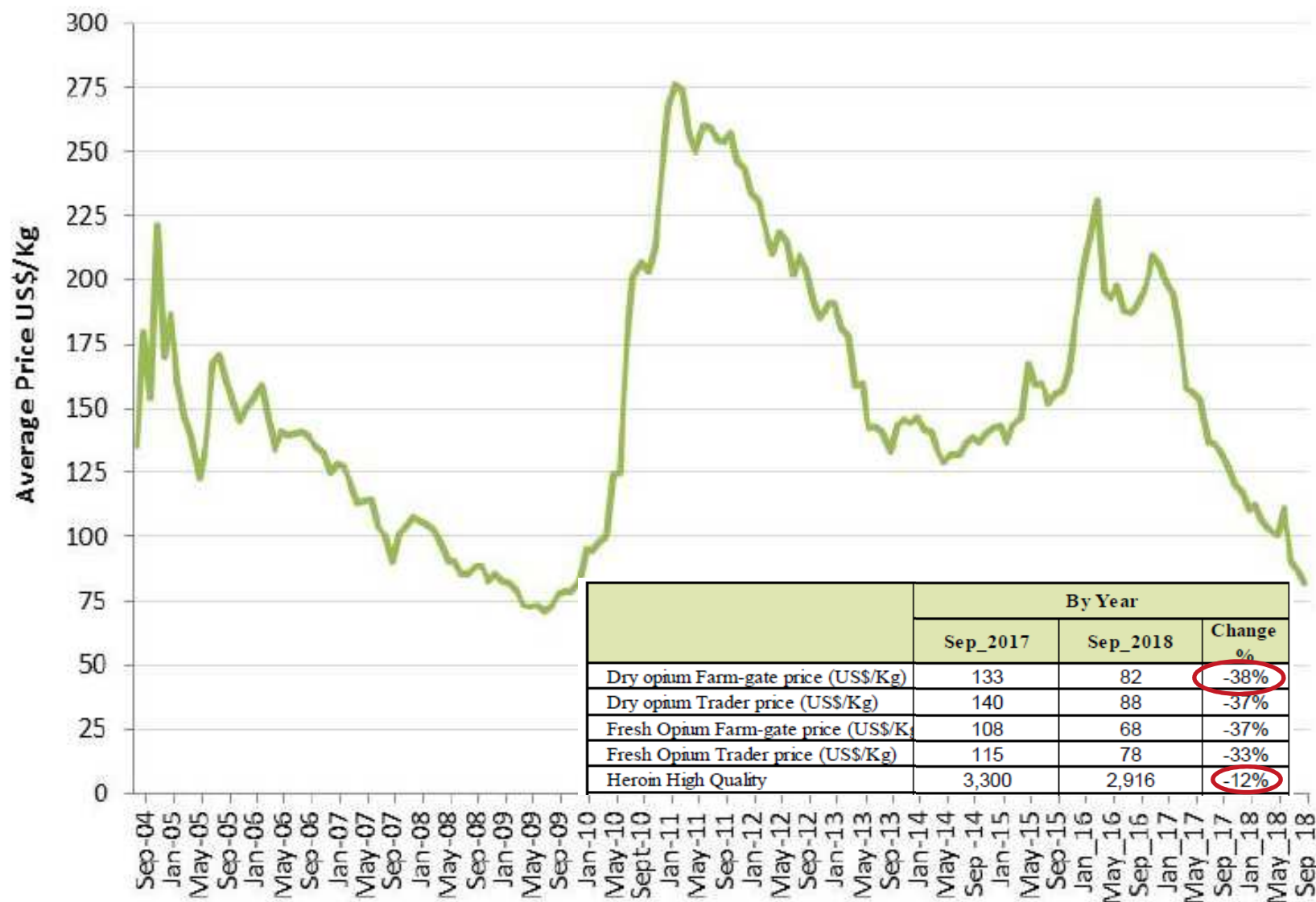
Sources: MCN/UNODC opium surveys, 1994-2017. The vertical lines represent the upper and lower bounds of the confidence interval of the estimates. Figures refer to oven-dry opium. Production figures for 2006 to 2009 have been revised in 2012; see MCN/UNODC Afghanistan opium survey 2012.

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National average price of dry opium at farm-gate level in Afghanistan, 2004-Sept. 2018



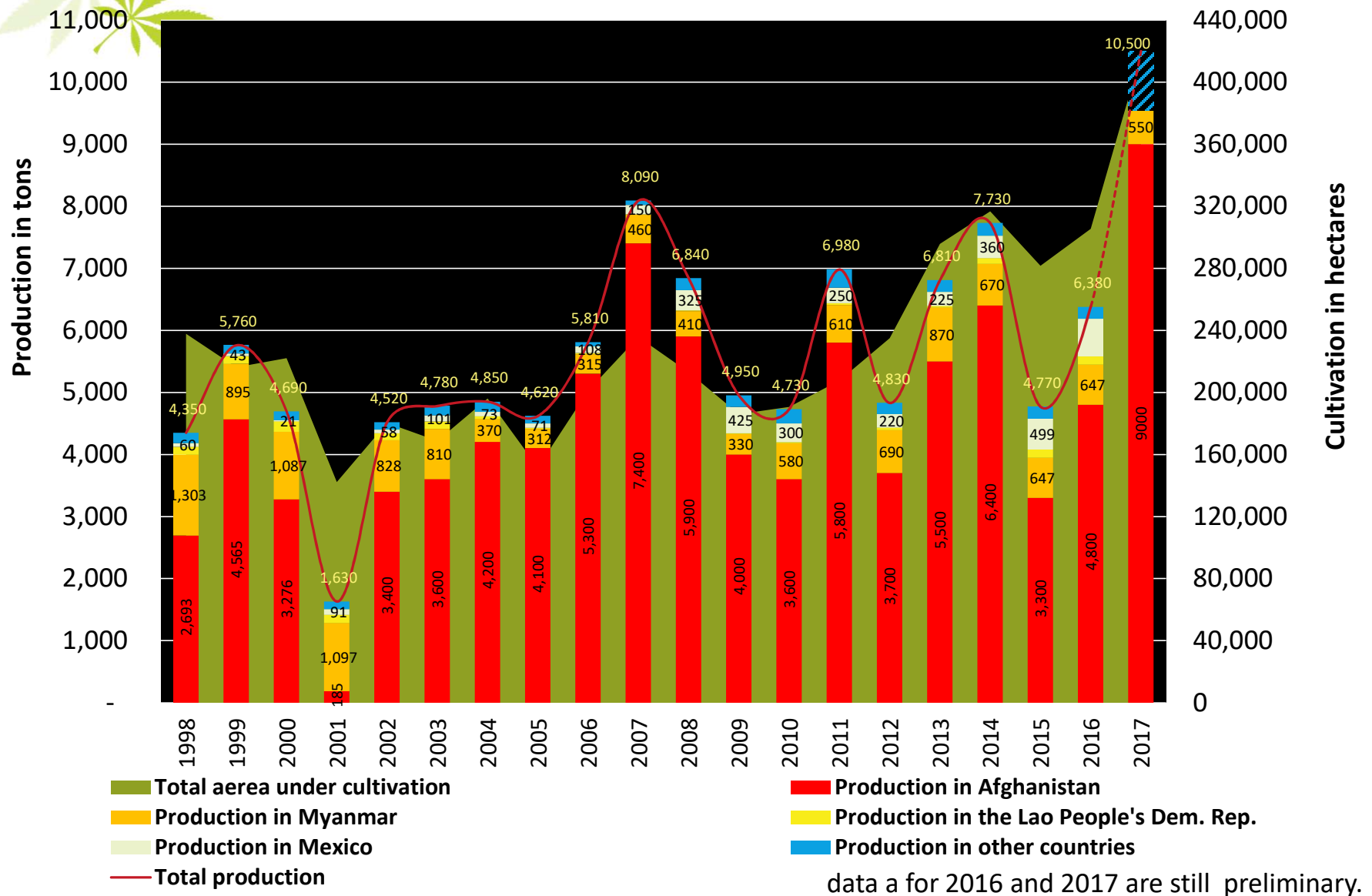
Source: Ministry of Counter Narcotics, Afghanistan and UNODC, *Afghanistan Price Monitoring Monthly Report*, Sept. 2018



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Global opium poppy cultivation and production of opium, 1998-2017



Sources: UNODC calculations based on crop monitoring surveys

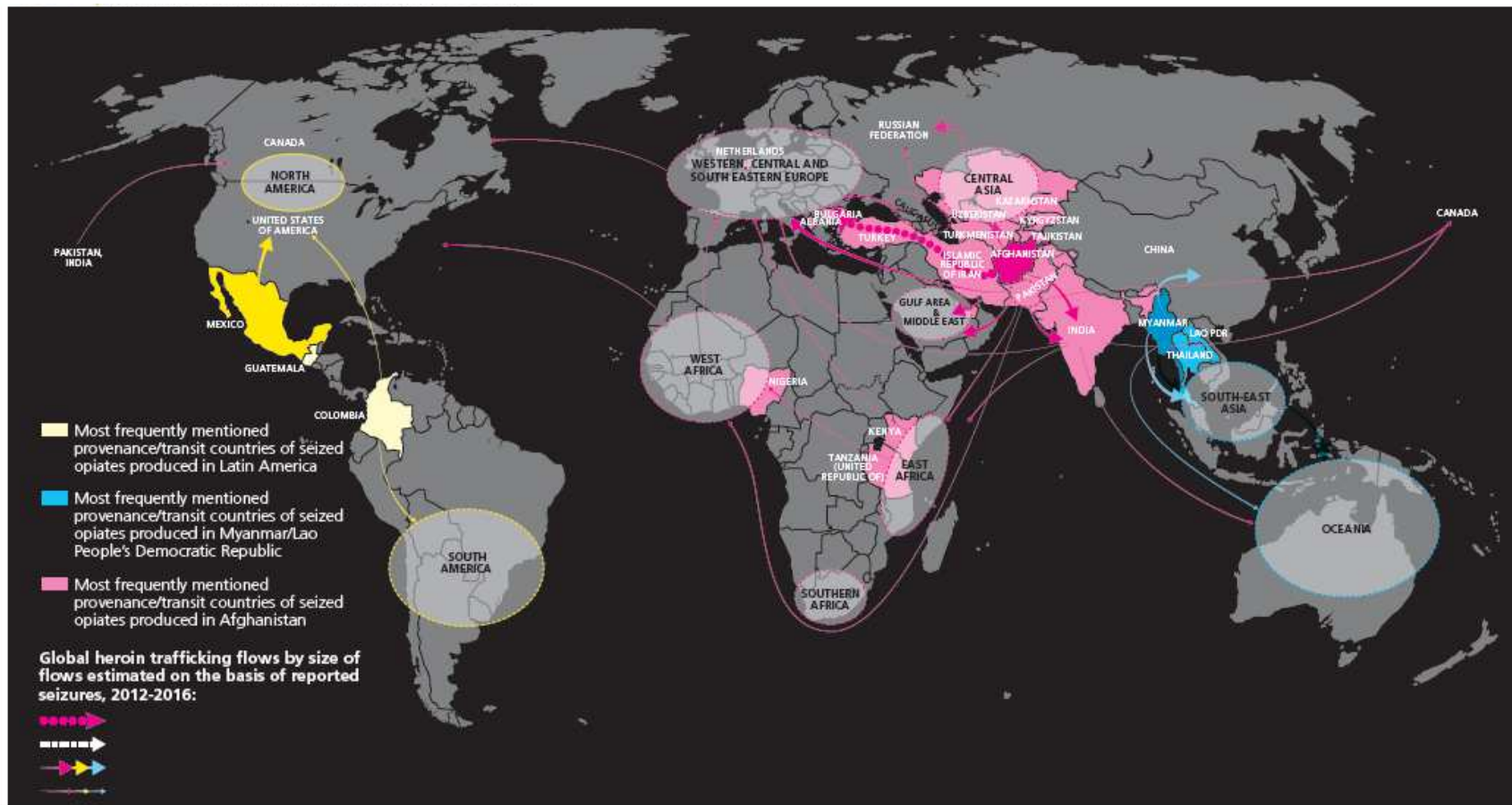


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Main heroin trafficking flows, 2012-2016



Sources: UNODC, responses to the annual report questionnaire and individual drug seizure database.

Notes: The size of the trafficking flow lines is based on the amount of heroin seized in a subregion and the number of mentions of countries from where the heroin has departed (including reports of "origin" and "transit") to a specific subregion over the period 2012–2016. A darker shade indicates that the country represents more than 50 per cent of heroin production in the region. The trafficking flows are determined on the basis of country of origin/departure, transit and destination of seized drugs as reported by Member States in the annual report questionnaire and individual drug seizure database: as such, they need to be considered as broadly indicative of existing trafficking routes while several secondary flows may not be reflected. Flow arrows represent the direction of trafficking: origins of the arrows indicate either the area of manufacture or the one of last provenance, end points of arrows indicate either the area of consumption or the one of next destination of trafficking.

The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations. Dashed lines represent undetermined boundaries. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

Source: UNODC elaboration based on responses to the annual reports questionnaire and individual drug seizures

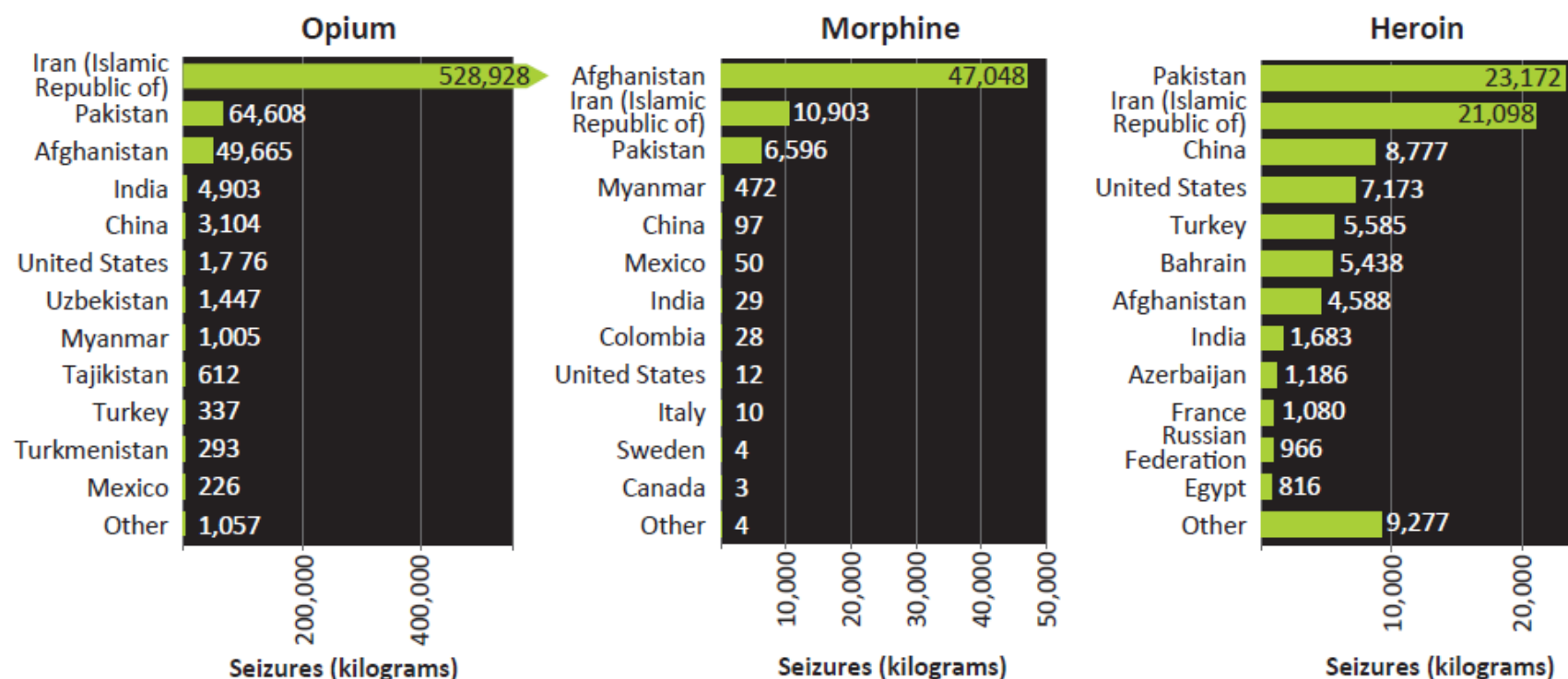
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Opiates seizures

Countries reporting largest quantities of opiates seized, 2016



Source: UNODC, responses to the annual report questionnaire; and government sources.



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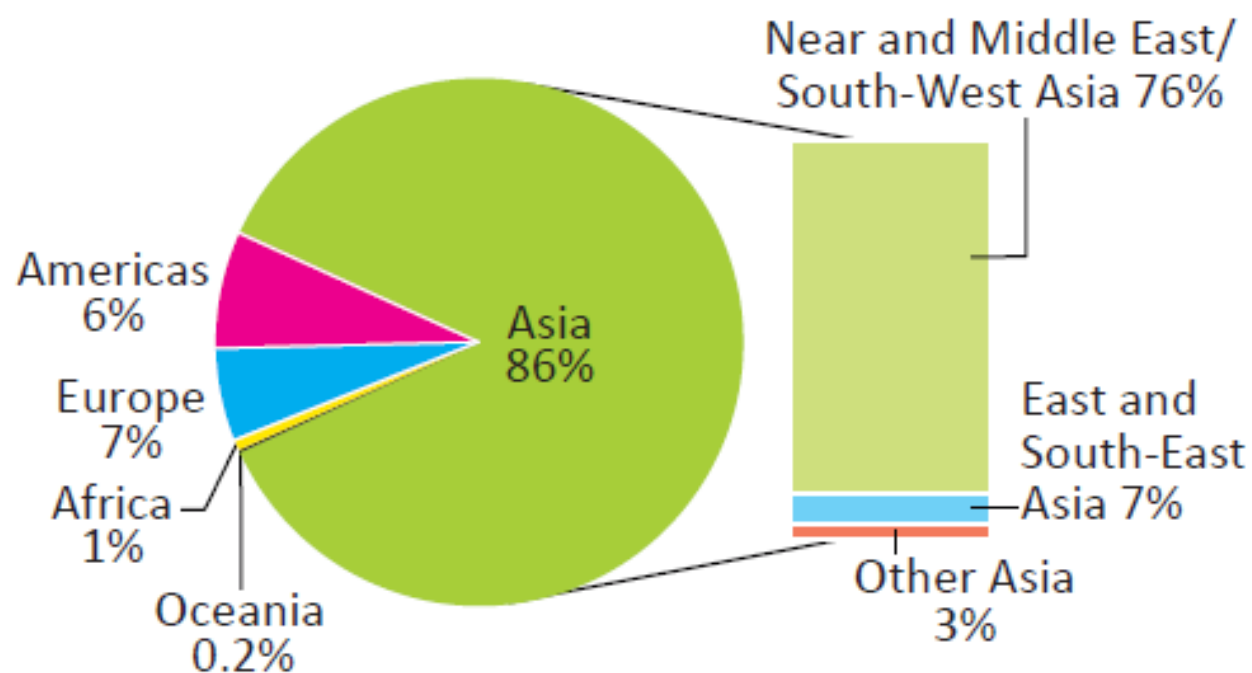
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Heroin and morphine seizures

Distribution of global quantities of
heroin and morphine seized in 2016
(N= 156 tons)



Source: UNODC, responses to the annual report questionnaire;
and government sources.

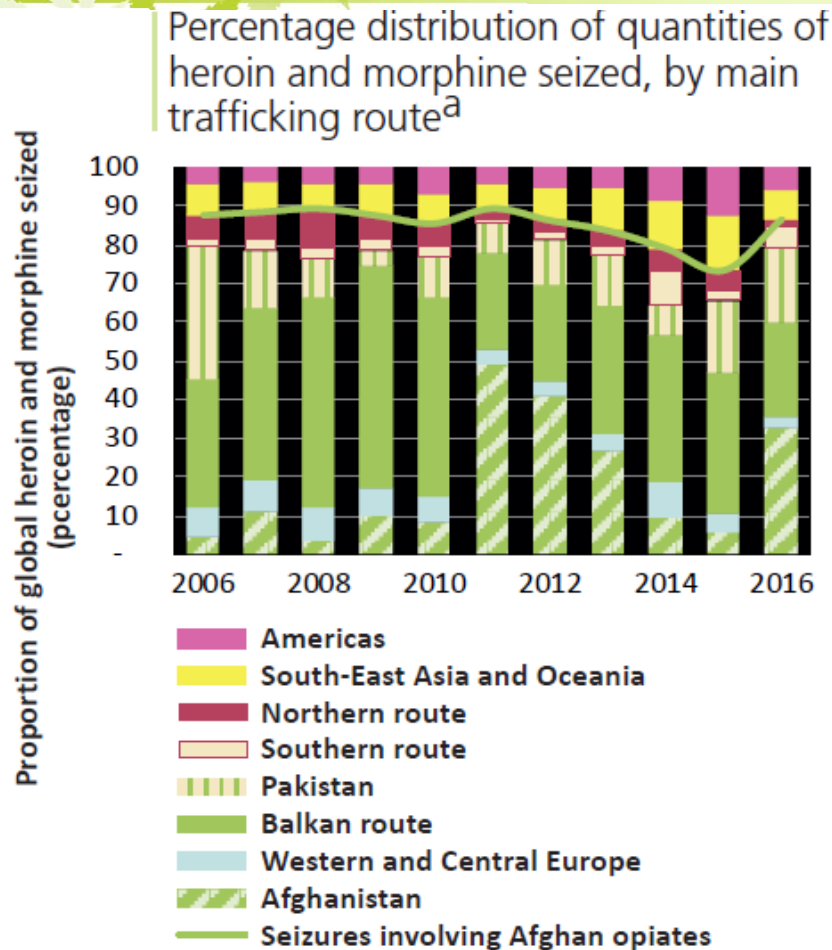


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Heroin and morphine seizures

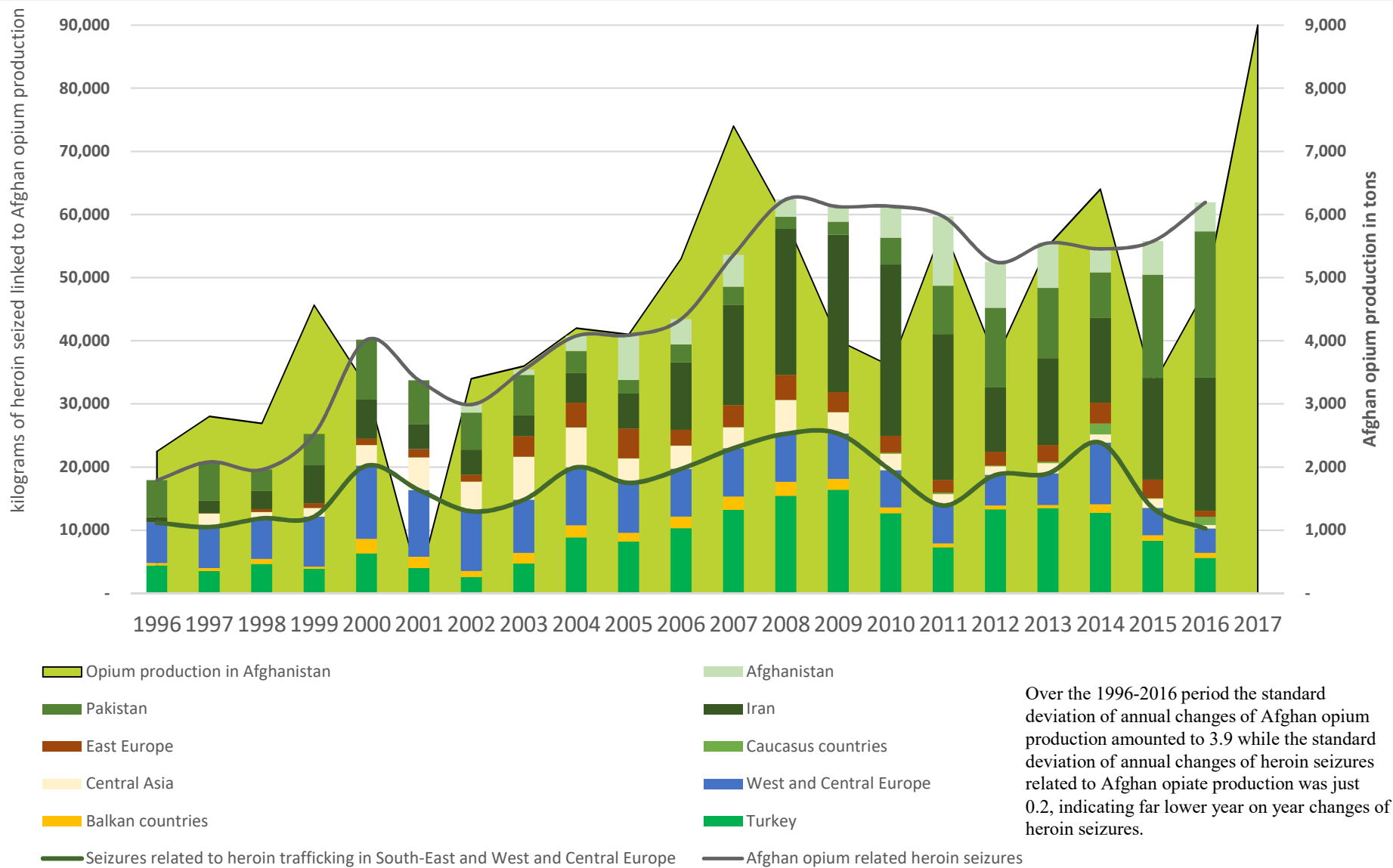


Source : UNODC, responses to the annual report questionnaire.

^a Balkan route: the Islamic Republic of Iran—South-Eastern Europe—Western and Central Europe; the southern route: South Asia—Gulf countries and other countries in the Near and Middle East—Africa; northern route: Central Asia and Transcaucasia—Eastern Europe.



Opium production in Afghanistan and related heroin seizures, 1996-2016/2017



Sources: UNODC, annual report questionnaire data and UNODC, Afghanistan Opium Survey 2017 and previous years.



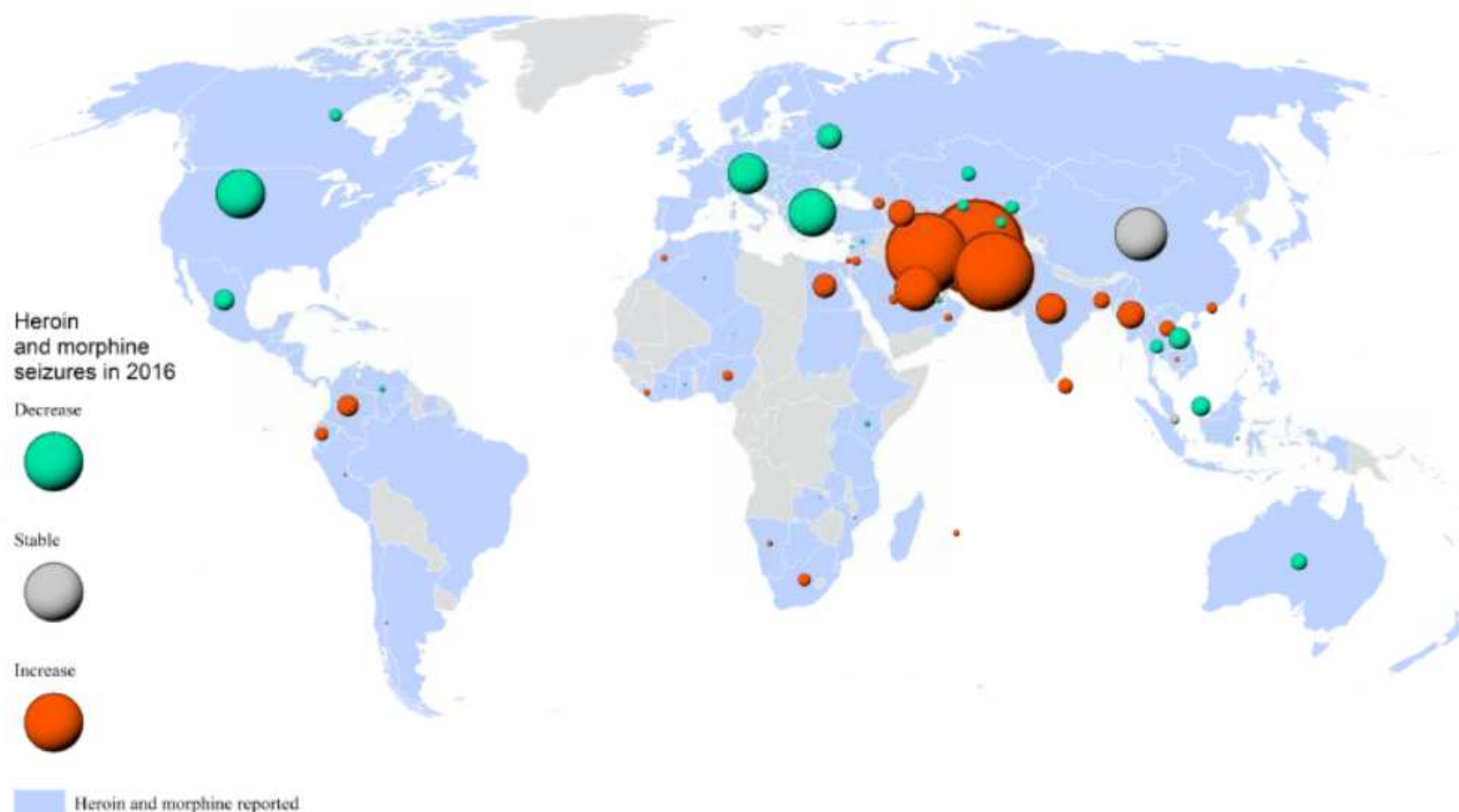
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Heroin and morphine seizures, 2016 (and seizures reported 2012-2016)



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

Source: UNODC, annual report questionnaire data.



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Significant individual heroin seizures, January 2016-December 2017*



*latest 500 seizure cases

Source: UNODC (AOTP) and Paris Pact, Drugs Monitoring Platform

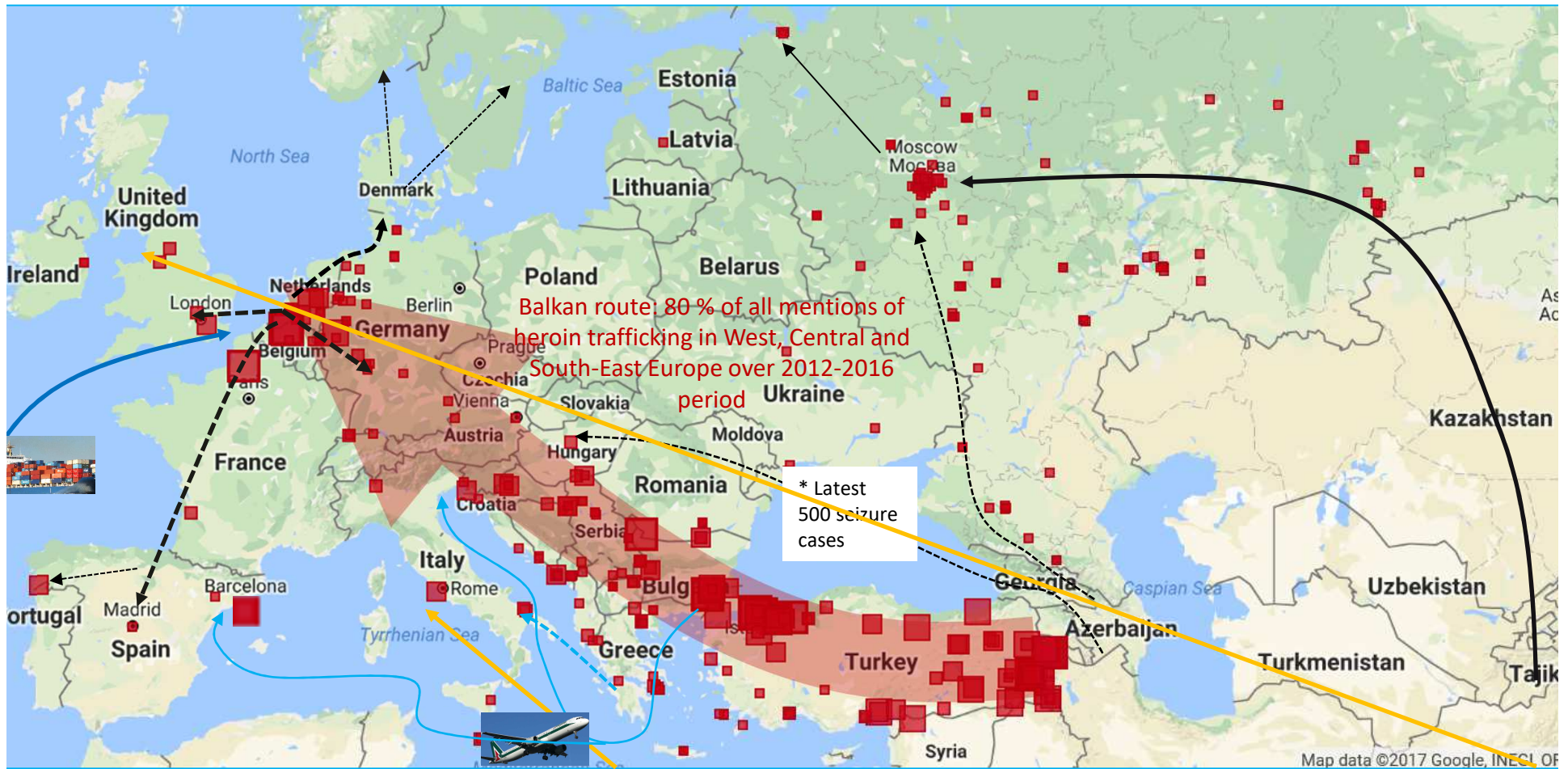


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Significant individual heroin seizures* in Europe, January 2016-December 2017



Source: UNODC (AOTP) and Paris Pact, Drugs Monitoring Platform (DMP).



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European Union

Opioids



High-risk opioid users **1.3 million**

Drug treatment requests

Principal drug in about
36 % of all drug
treatment requests
in the European Union



628 000 opioid users received
substitution treatment
in 2016

Fatal overdoses



Opioids are found in
84 % of fatal overdoses



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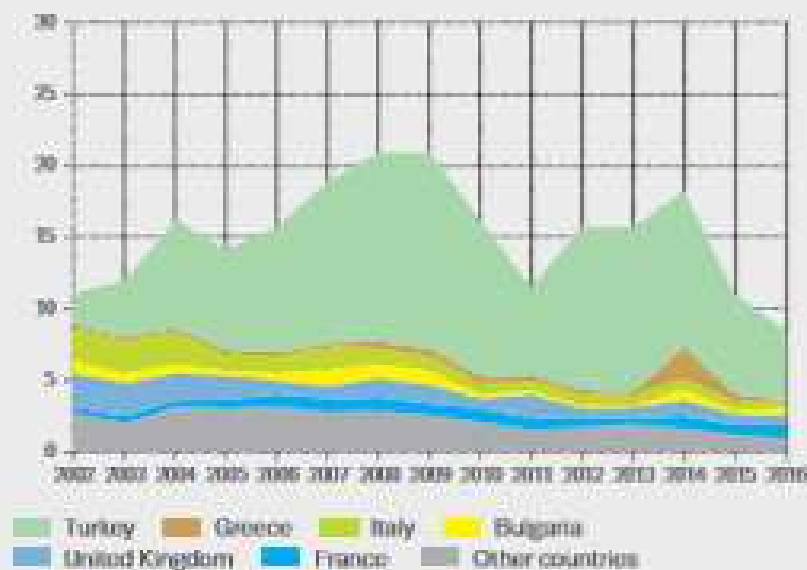
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Number of heroin seizures and quantity seized: trends and 2016 or most recent year

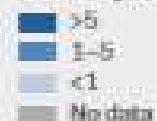
Number of seizures



Tonnes

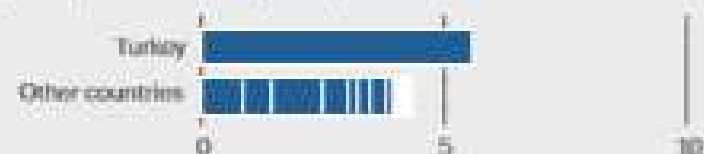


Number of heroin seizures (thousands)



NI: Number of seizures (thousands) for the 10 countries with highest values.

Quantity of heroin seized (tonnes)





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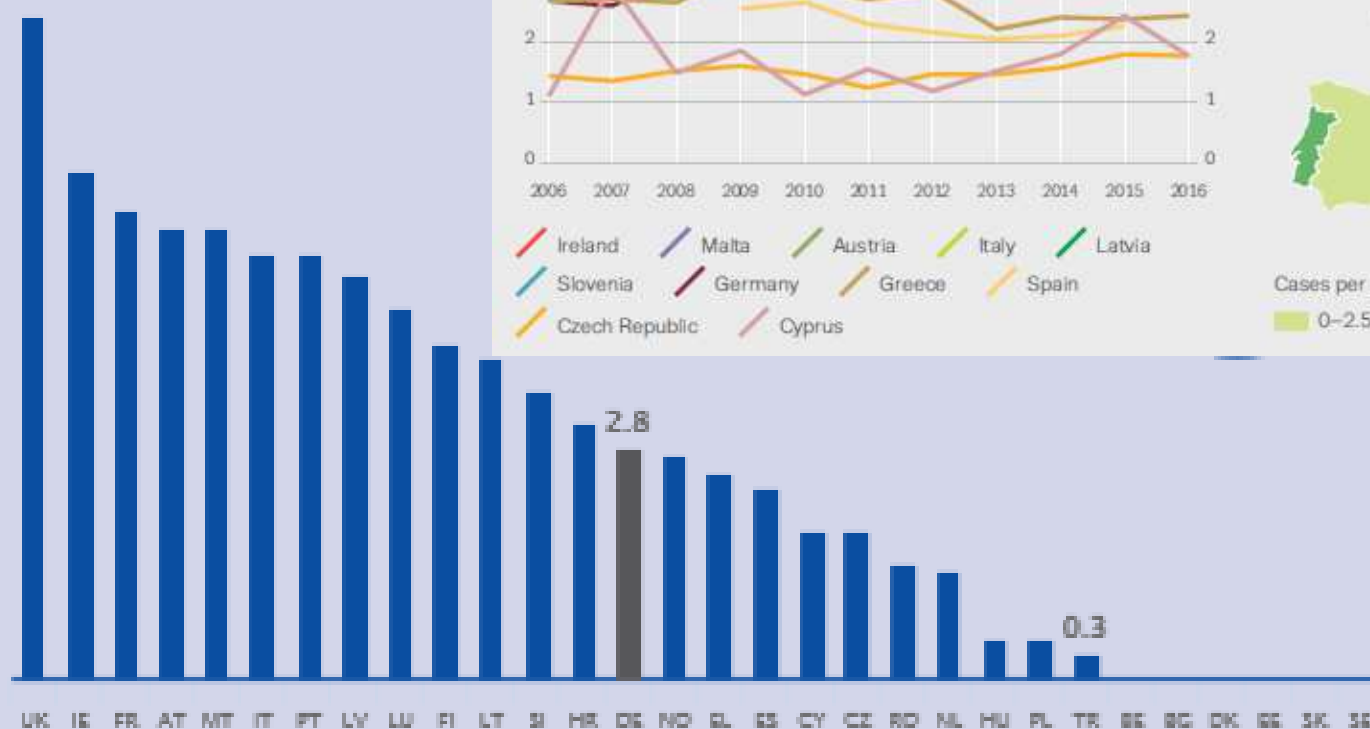
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Opioids

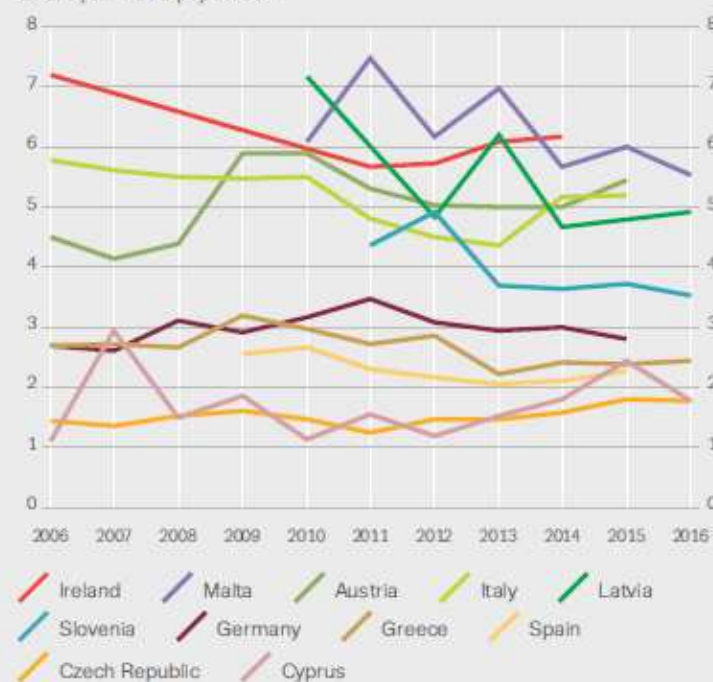
High-risk opioid use (rate/1 000)

8.1



National estimates of annual prevalence rate of high-risk opioid use: selected trends and most recent data

Cases per 1 000 population



Source: EMCDDA, European Drug Report 2018.



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HEROIN USERS ENTERING TREATMENT

Characteristics

20% 80%



23 Mean age at first use

34 Mean age at first treatment entry

28 200

First-time entrants

19%



117 200

Previously treated entrants

81%

NB: Apart from trends, data are for all treatment entrants with heroin as primary drug. Data for Germany Trends in first-time entrants are based on 25 countries. Only countries with data for at least 9 of the 11. Missing values are interpolated from adjacent years. Due to changes in the flow of data at national level,

Frequency of use in the last month

mean use 6 days per week



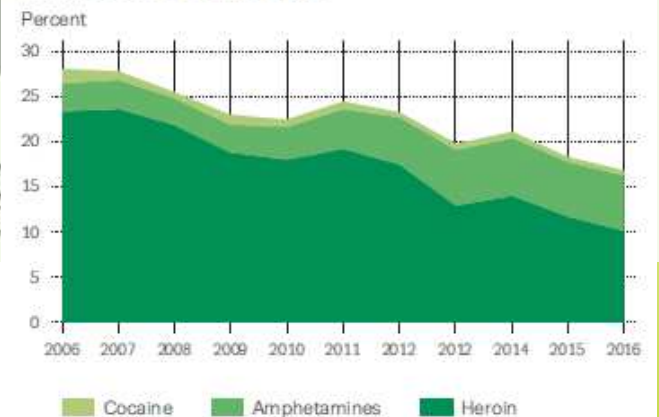
Route of administration



Trends in first-time entrants



Injecting among first-time treatment entrants with heroin, cocaine or amphetamines as primary drug: percentage reporting injecting as main route of administration



NB: Trends are based on the 21 countries with data for at least 9 of the 11 years.



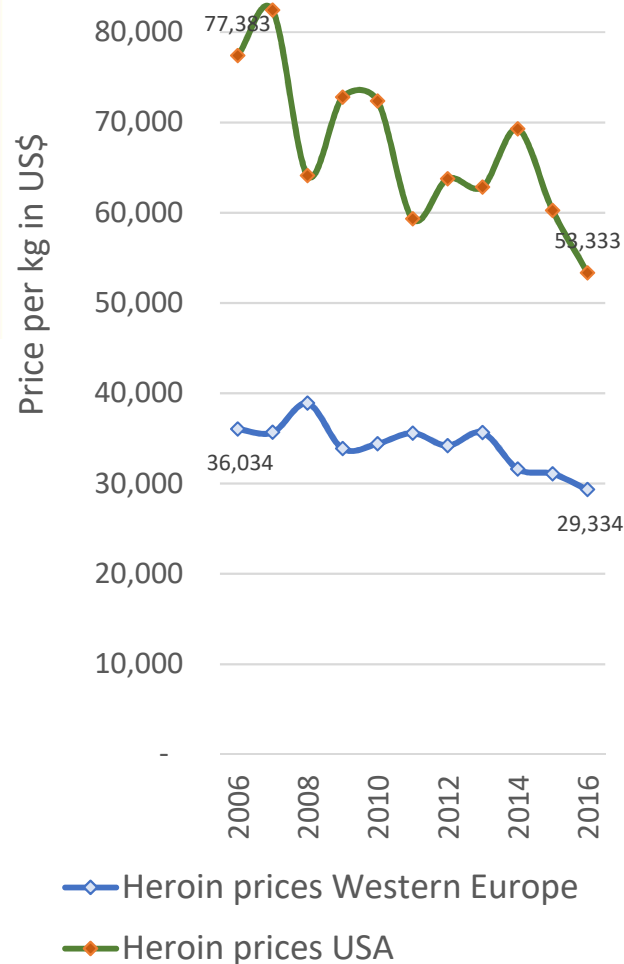
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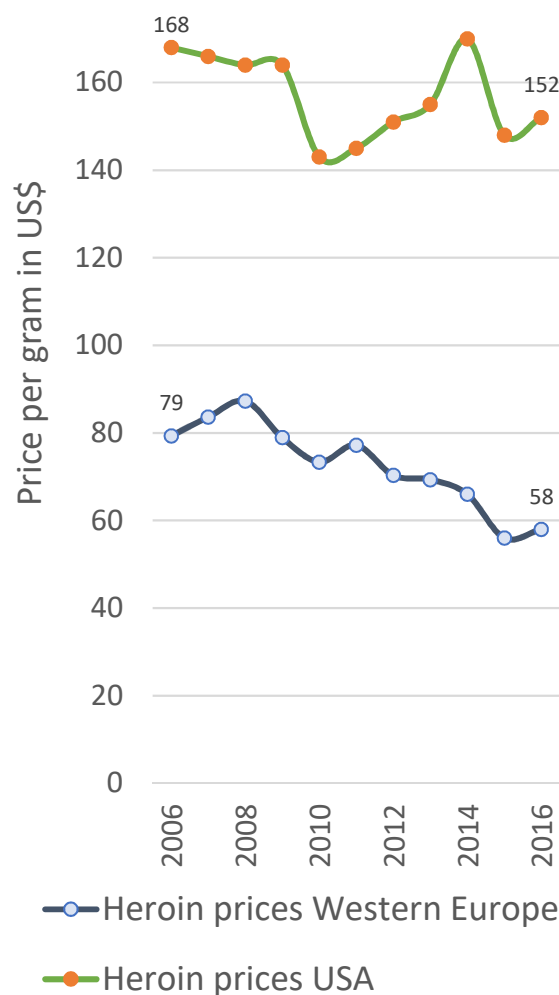


Heroin prices (not adjusted for purity) in the United States and Western Europe

Wholesale prices
(inflation adjusted)



Retail prices
(inflation adjusted)



Retail prices and purity
in the European Union



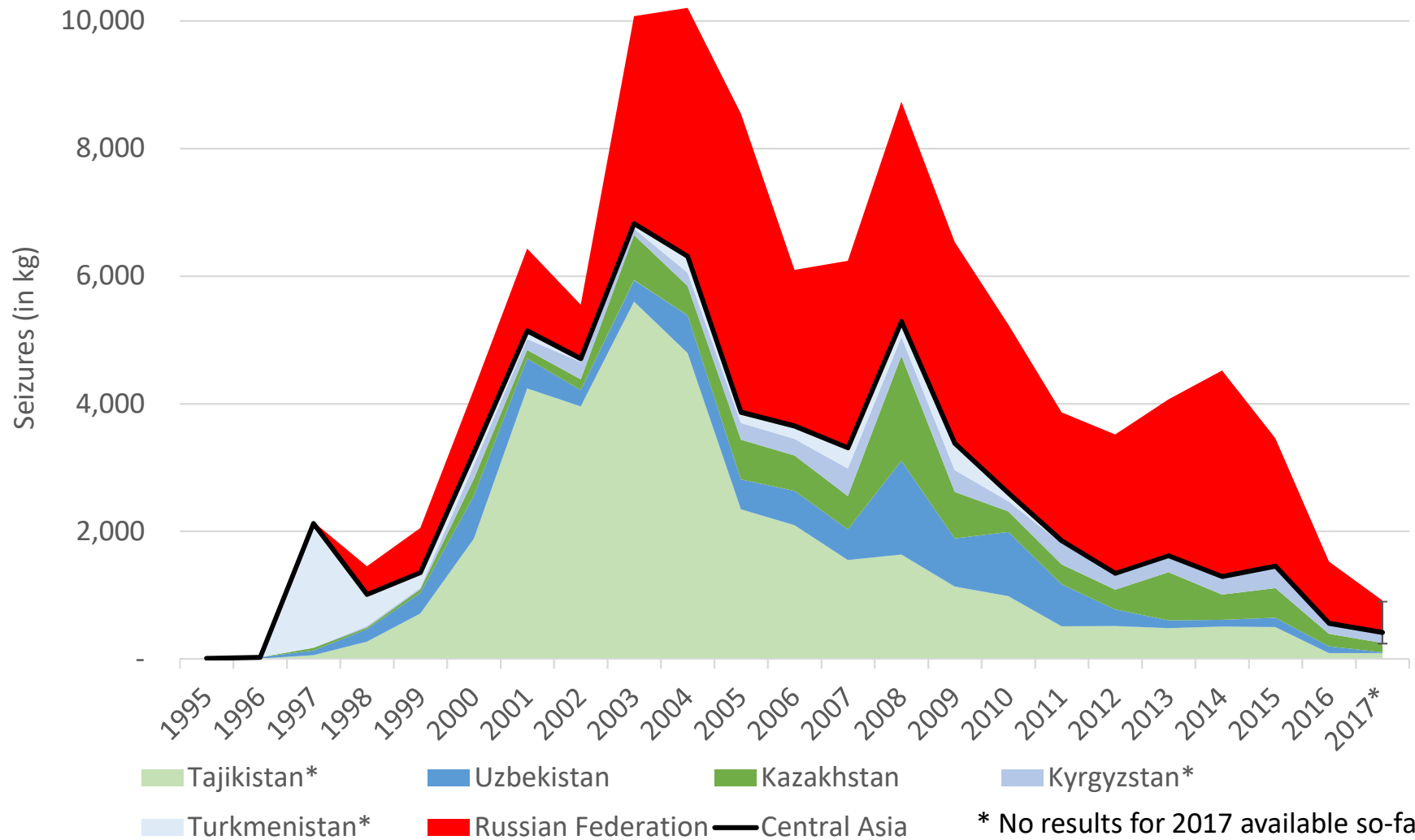
Source: EMCDDA,
European Drug Report
2018.



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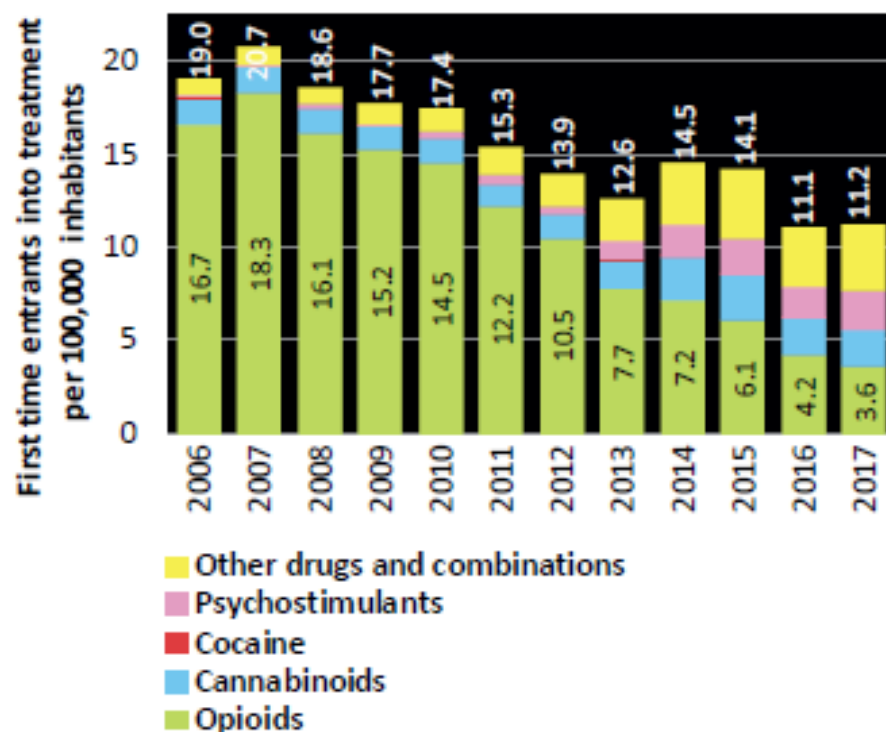
Heroin seizures in Central Asia and the Russian Federation, 1995-2017*



Source: UNODC, Annual Reports Questionnaire data.



FIG. 9 First time entrants into drug-related treatment per 100,000 inhabitants in the Russian Federation, by drug type, 2006–2017*



Source: "Basic Functioning Indicators of the Narcological Service of the Russian Federation". Set of statistical handbooks for 2008–2017, released by NRC on Addictions – branch of V.Serbsky NMRCPN.

*Data for 2017 are still preliminary.

Opiate use trends in the Russian Federation



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Significant individual heroin seizures* in the Americas, January 2016-August 2018



- *Latest 500 seizure cases.
- Source: UNODC (AOTP) and Paris Pact, Drugs Monitoring Platform (DMP).

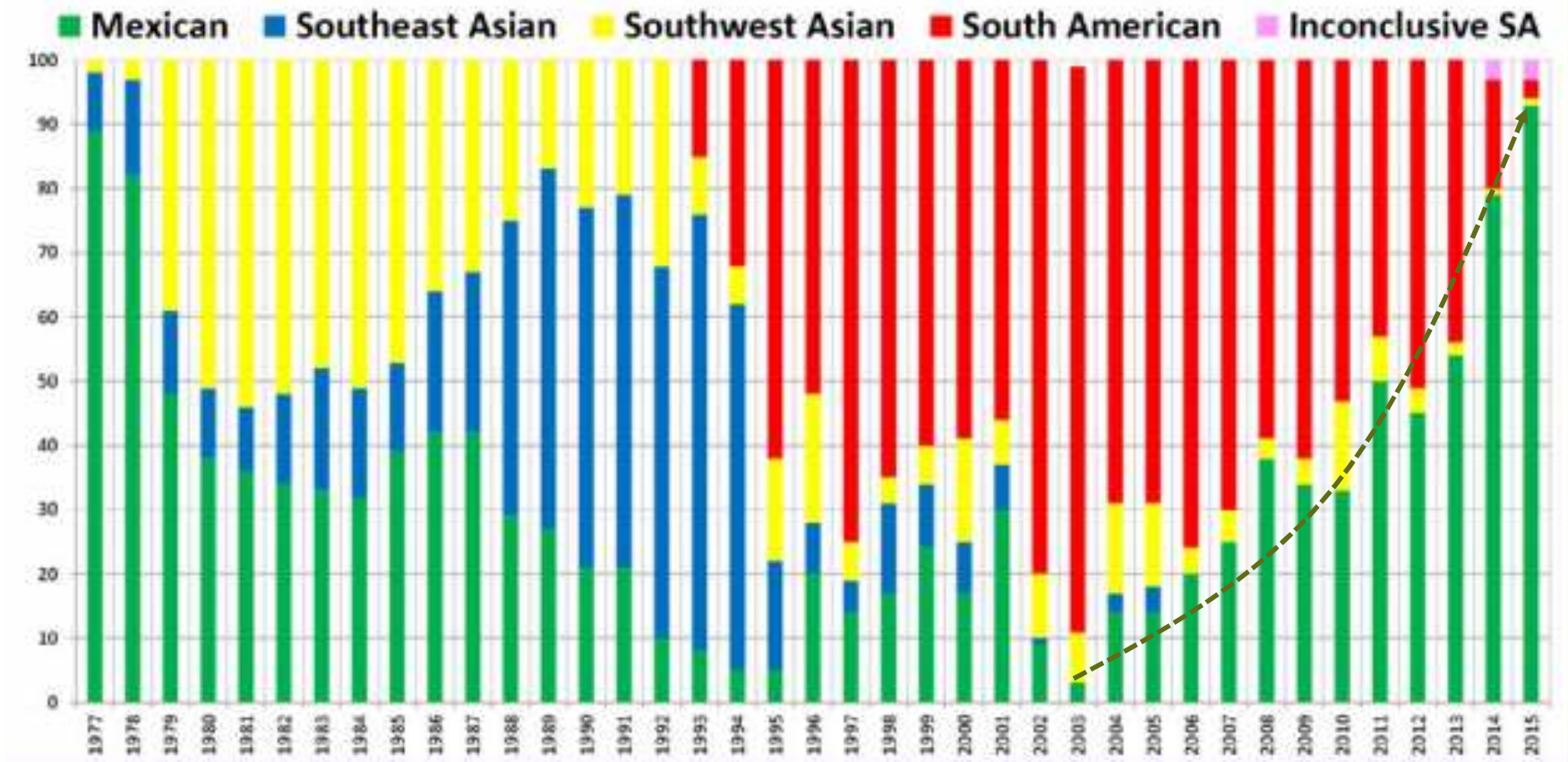


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Source of Origin for the United States Wholesale-Level Heroin Seizures, 1977-2015.



Source: DEA based on data obtained through the Heroin Signature Program (HSP)

Source: DEA, Drug Threat Assessment 2017



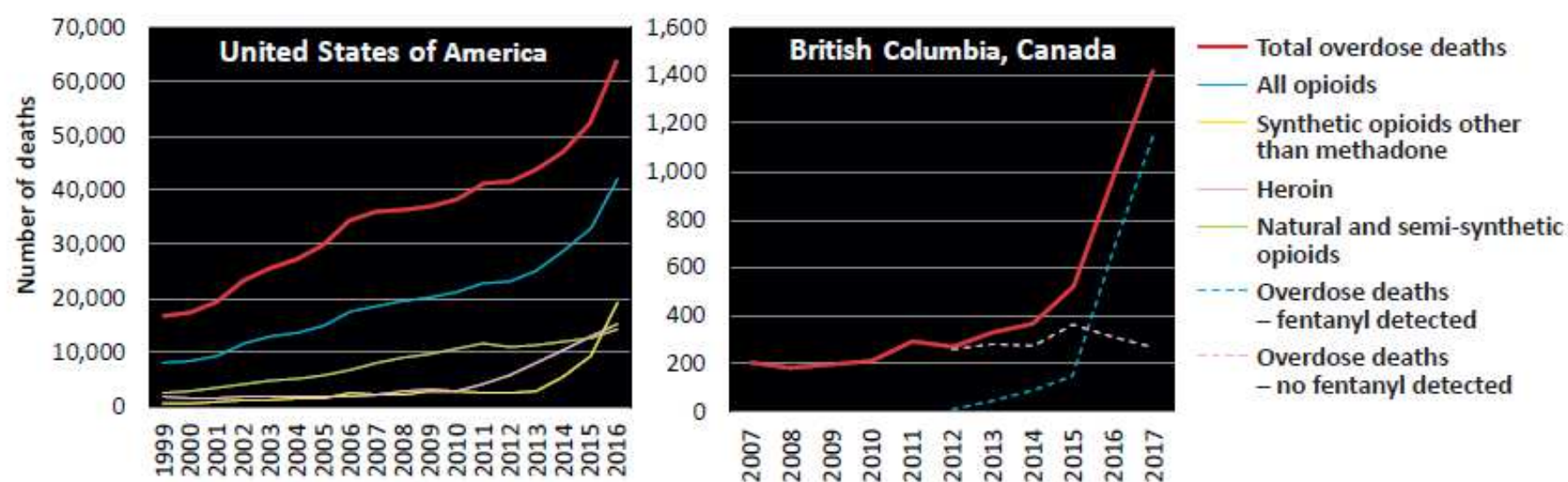
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Trends and patterns in drug related deaths

Overdose deaths from selected drugs in the United States and British Columbia, Canada



Source: For United States, see Holly Hedegaard, Margaret Warner and Arialdi M. Miniño, "Drug overdose deaths in the United States, 1999–2016", NCHS Data Brief, No. 294 (December 2017). For British Columbia, Canada, see British Columbia Coroners' Service, "Illicit drug overdose deaths in B.C., January 1, 2008–February 28, 2018" (Burnaby, British Columbia, Office of the Chief Coroner, 5 April 2018); and British Columbia Coroners' Service, "Fentanyl-detected illicit drug overdose deaths. January 1, 2012–December 31, 2017" (Burnaby, British Columbia, Office of the Chief Coroner, 31 January 2018).



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B. COCAINE

Global cultivation

change from previous year



298,000 x



2016

Global seizures

change from previous year



1,129
tons



cocaine purity as seized

2016

Global production

change from previous year



1,410 tons



pure
cocaine

2016

Global number of users

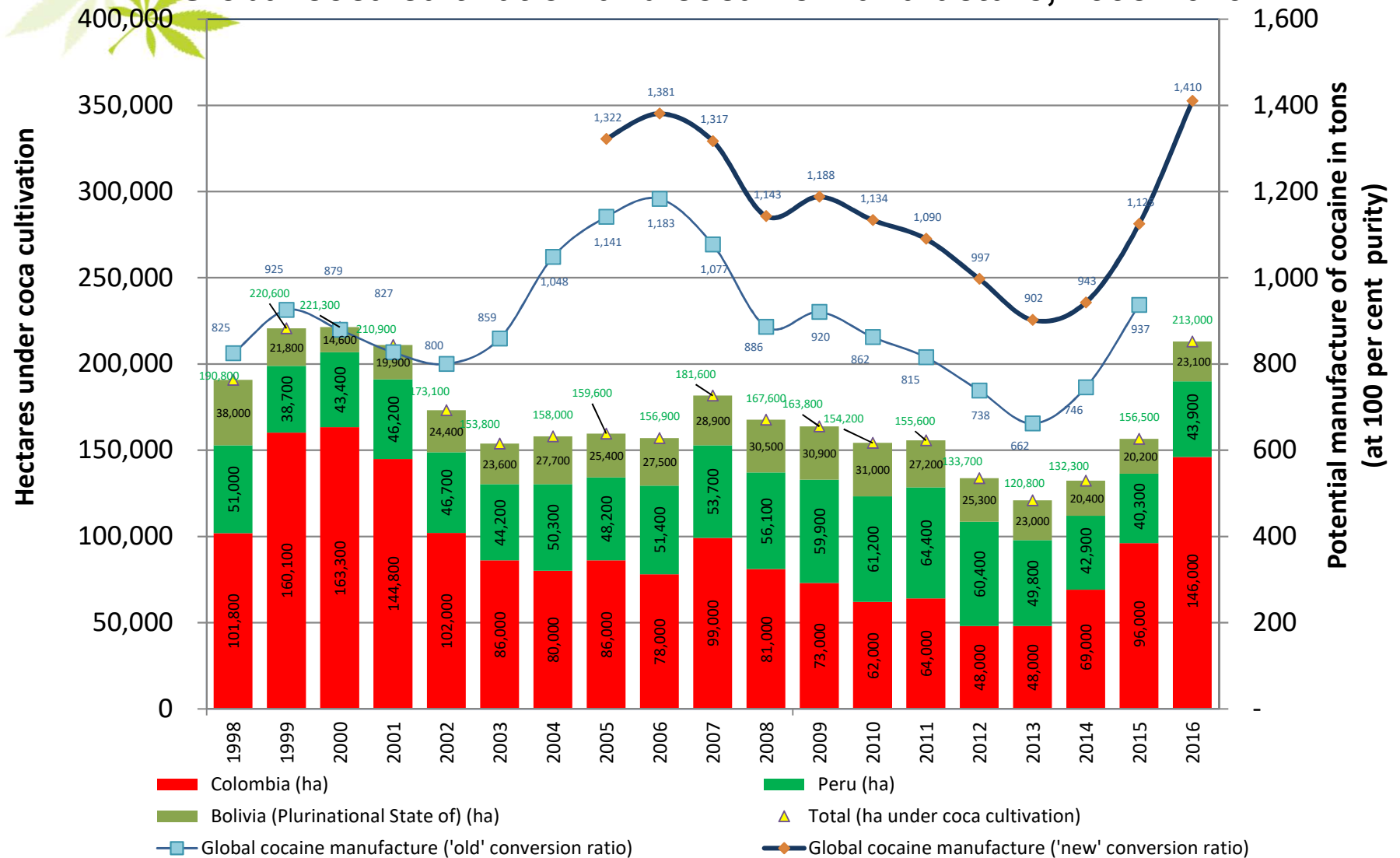


18.2 million

2016



Global coca cultivation and cocaine manufacture, 1998-2016



Source: UNODC coca cultivation surveys in Colombia, Peru and the Plurinational State of Bolivia

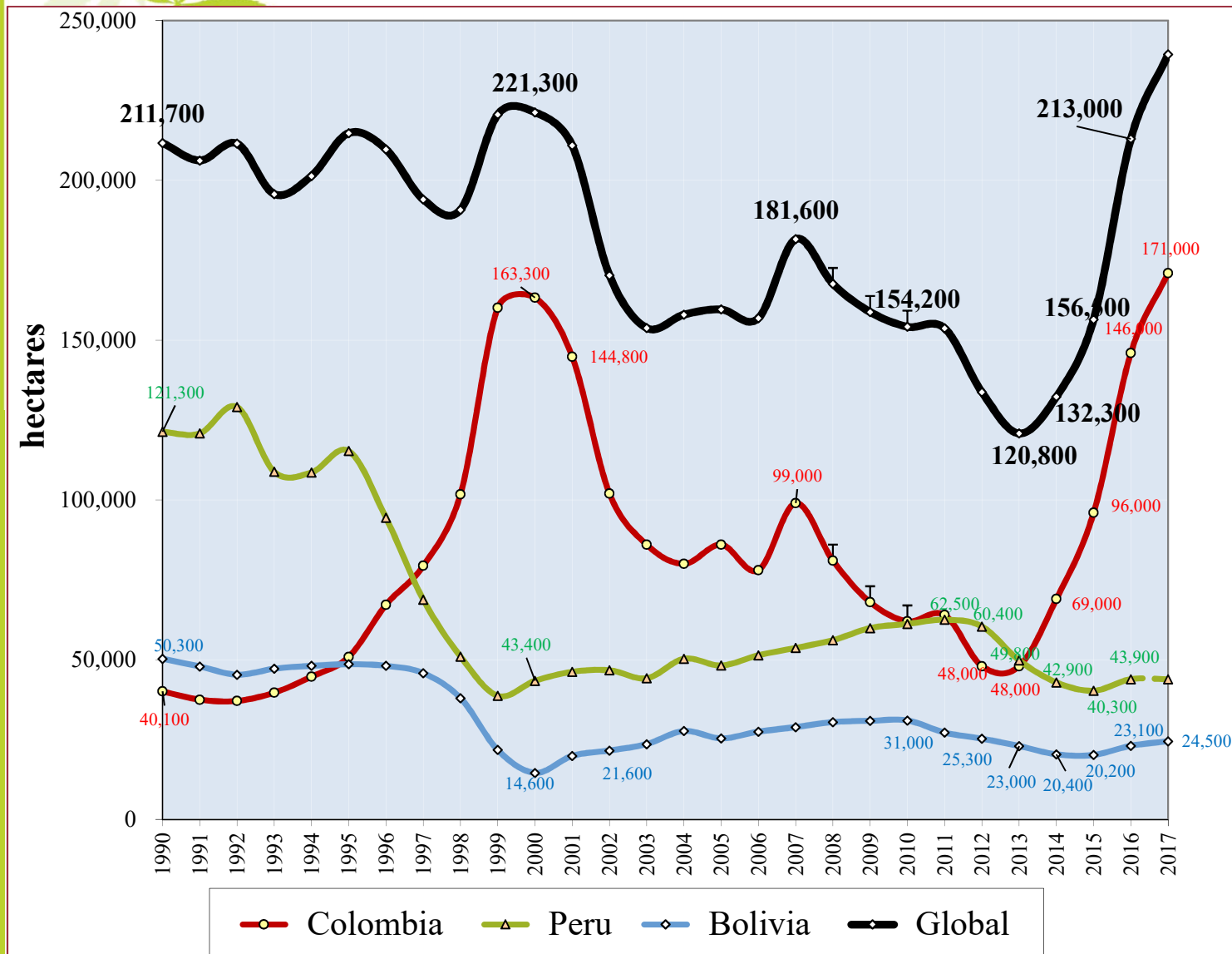


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Coca bush cultivation, 1990-2017



2016-2017

Colombia: +17%

Peru: ?

Bolivia: +6%

Global: +12%?

2013-2017

Colombia: +256%

Peru: -12%?

Bolivia: +7%

Global: +98%?

2000 - 2017

Colombia: +5%

Peru: +1%?

Bolivia: +68%

Global: +12%?

Sources: UNODC, Coca Surveys, Colombia, Peru and Bolivia (Plurinational State of) and US Department of State, INCSR (prior to 2000).



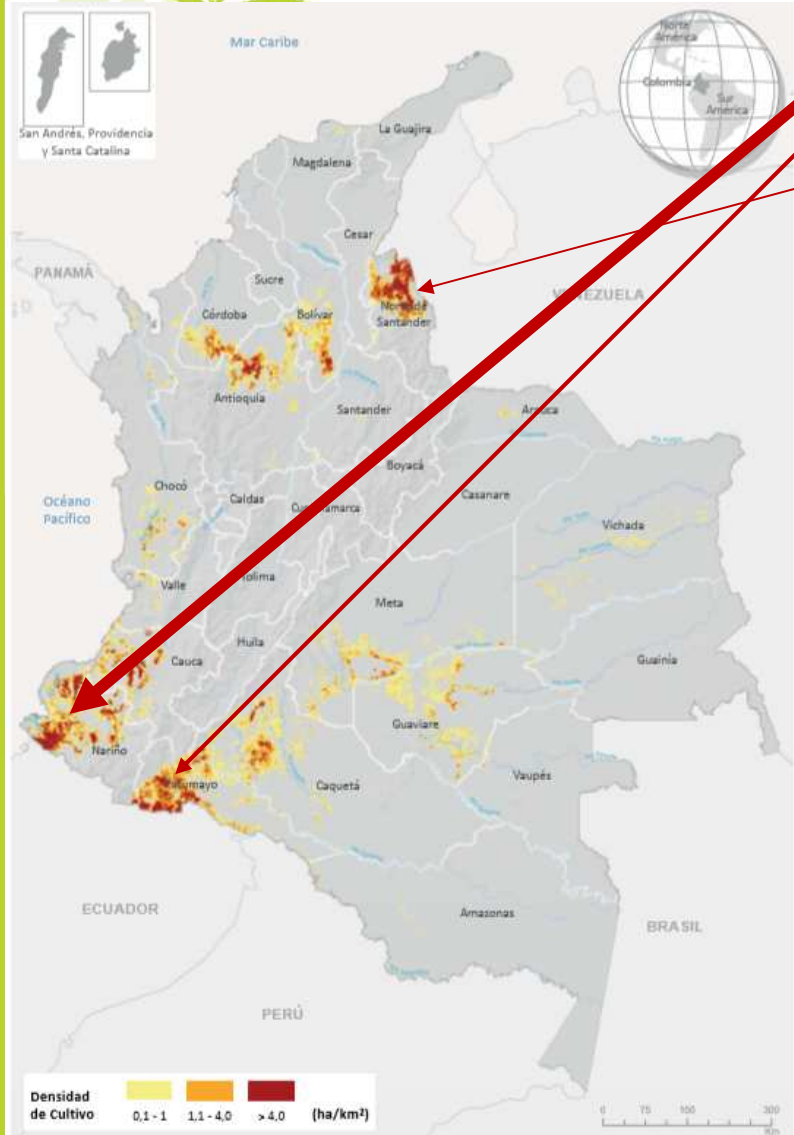
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Coca cultivation density – Colombia, 2017

Coca cultivation in hectares, Colombia, 2008- 2017



Departamento	Dic.-2008	Dic.-2009	Dic.-2010	Dic.-2011	Dic.-2012	Dic.-2013	Dic.-2014	Dic.-2015	Dic.-2016	Dic.-2017	%cambio 2016-2017	% del total 2017
Nariño	19.612	17.639	15.951	17.231	10.733	13.177	17.285	29.755	42.627	45.735	7	27
Putumayo	9.658	5.633	4.785	9.951	6.148	7.667	13.609	20.068	25.162	29.589	18	17
Norte de Santander	2.886	2.713	1.689	3.490	4.516	6.345	6.944	11.527	24.831	28.244	14	16
Cauca	5.422	6.597	5.908	6.066	4.325	3.326	6.389	8.660	12.595	15.960	27	9
Antioquia	6.095	3.985	2.578	3.327	3.695	4.322	6.542	7.712	9.343	13.681	55	8
Caquetá	4.303	5.096	5.350	3.104	2.725	991	2.293	2.402	8.855	11.793	26	7
Bolívar	5.847	8.660	5.701	6.839	3.851	4.725	5.658	5.423	6.838	6.179	51	4
Meta	5.525	4.469	3.008	3.040	2.599	2.898	5.042	5.002	5.454	5.577	2	3
Guaviare	6.629	6.346	3.324	2.207	1.968	925	1.565	1.044	4.094	4.923	-28	3
Córdoba	1.710	3.113	3.889	1.088	1.046	439	560	1.363	2.668	4.780	79	3
Chocó	2.794	1.789	3.158	2.511	3.429	1.661	1.741	1.489	1.803	2.611	45	2
Valle del Cauca	2.089	997	665	981	482	398	561	690	752	1.261	68	1
Vichada	3.174	3.228	2.743	2.264	1.242	713	511	683	699	653	-7	0,4
Amazonas	836	312	338	122	98	110	173	111	167	166	-1	0,1
Arauca	447	395	721	277	254	184	109	33	97	121	1.244	0,1
Vaupés	557	1.066	673	595	111	77	25	21	37	105	8	0,06
Guainía	625	169	121	46	37	37	9	7	35	31	41	0,02
Santander	1.791	0	0	0	13	13	10	32	25	30	-19	0,02
Cesar	5	606	446	318	301	81	66	37	22	24	-8	0,01
Boyacá	197	204	105	93	10	17	14	8	15	22	47	0,01
Magdalena	391	430	247	132	81	69	25	17	9	8	-77	0,005
La Guajira	160	186	46	46	16	8	0	0	0	2	n.a	
Caldas	187	182	134	16	10	6	0	0	0	0	n.a	
Cundinamarca	12	0	32	18	0	0	0	0	0	0	n.a	
Total	80.953	73.139	61.812	63.762	47.790	48.189	69.132	96.084	146.139	171.495	17	100,00

Source: UNODC, Colombia – Monitoreo de territorios afectados por cultivos ilícitos 2017, Septiembre 2018.

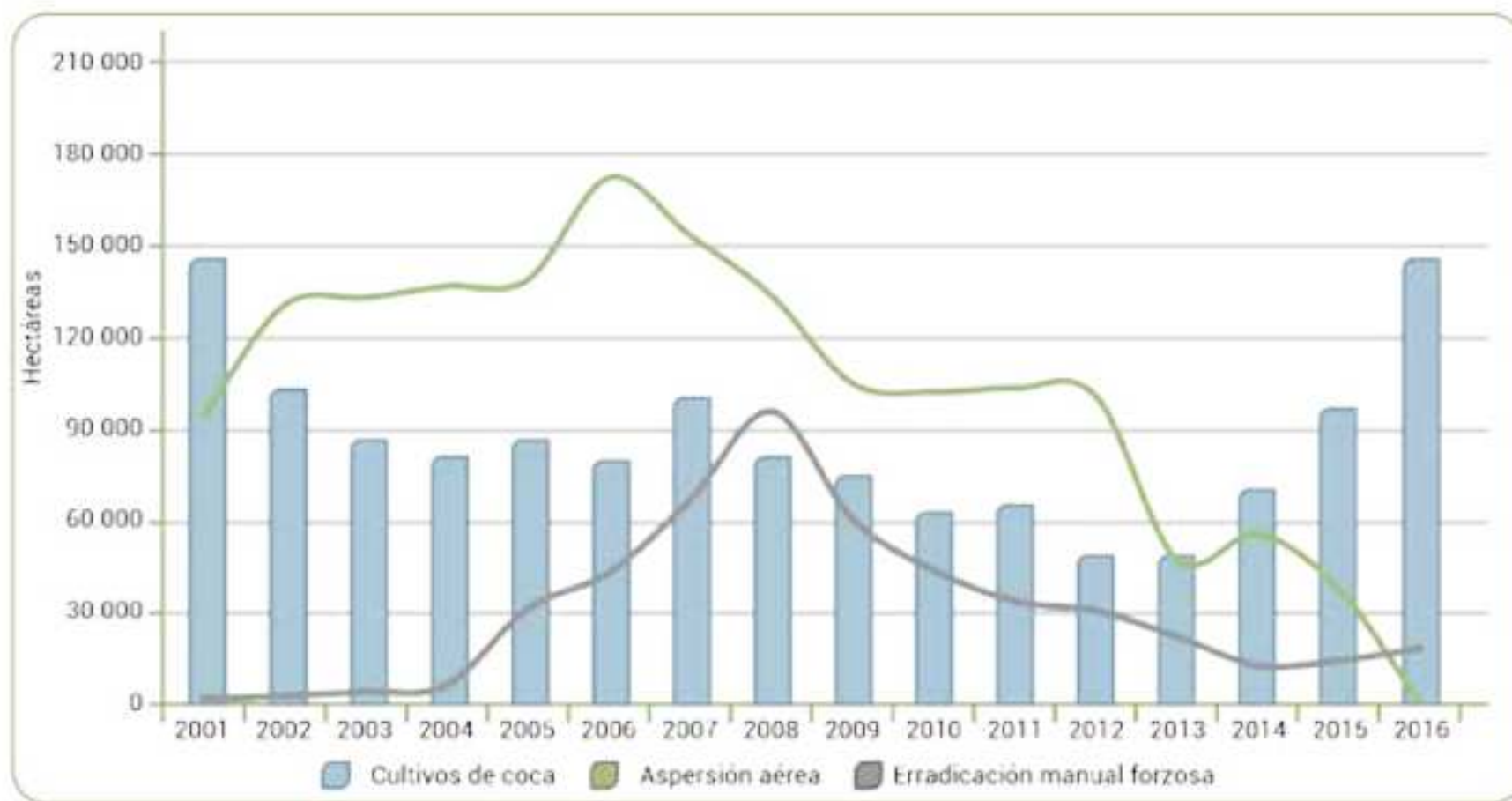


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Eradication in Colombia, 2001-2016



Gráfica 23. Comparación entre la dinámica de los cultivos de coca detectados, la aspersión aérea y la erradicación manual forzosa, 2001 - 2016.

Fuente: Observatorio de Drogas de Colombia, 2017 para erradicación manual forzosa y aspersión aérea.

Source: UNODC, Colombia – Monitoreo de territorios afectados por cultivos ilícitos 2016, Julio 2017.



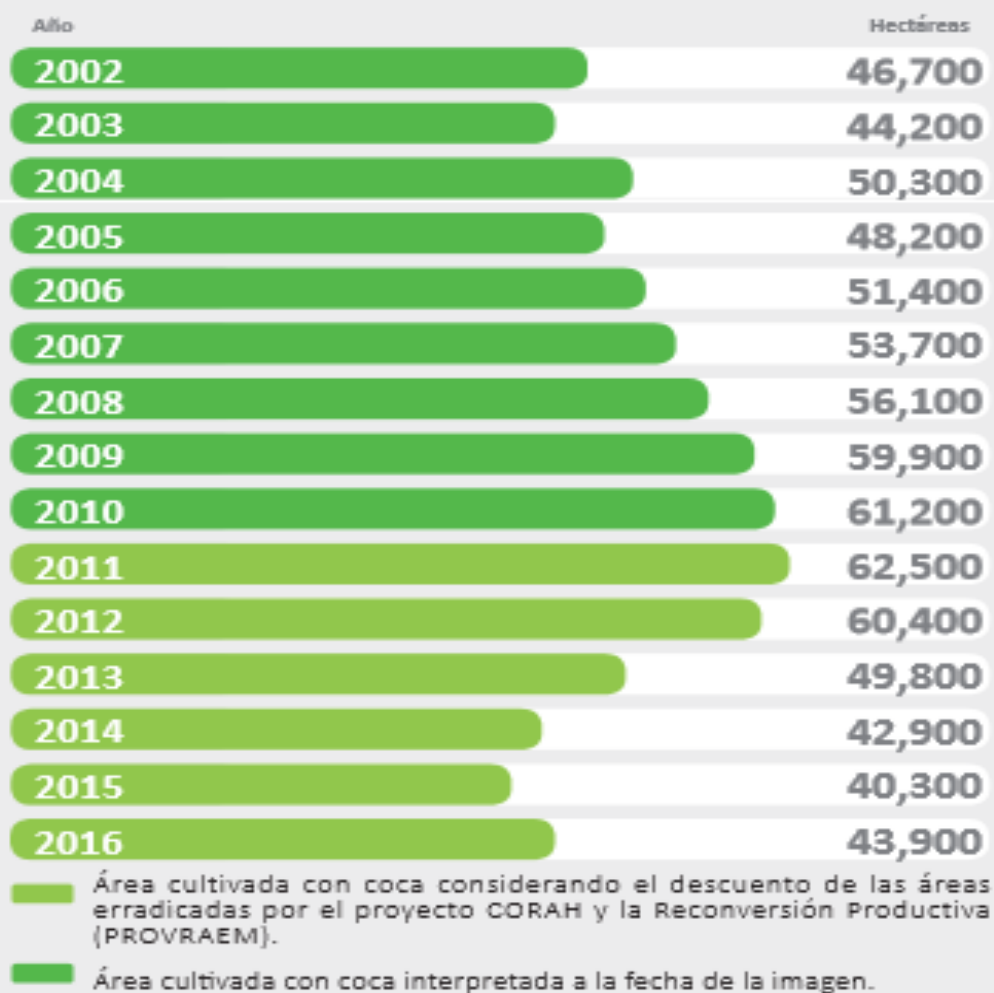
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Coca cultivation in Peru, 2016

Figura 5. Superficie cultivada con coca a nivel nacional 2002 – 2016

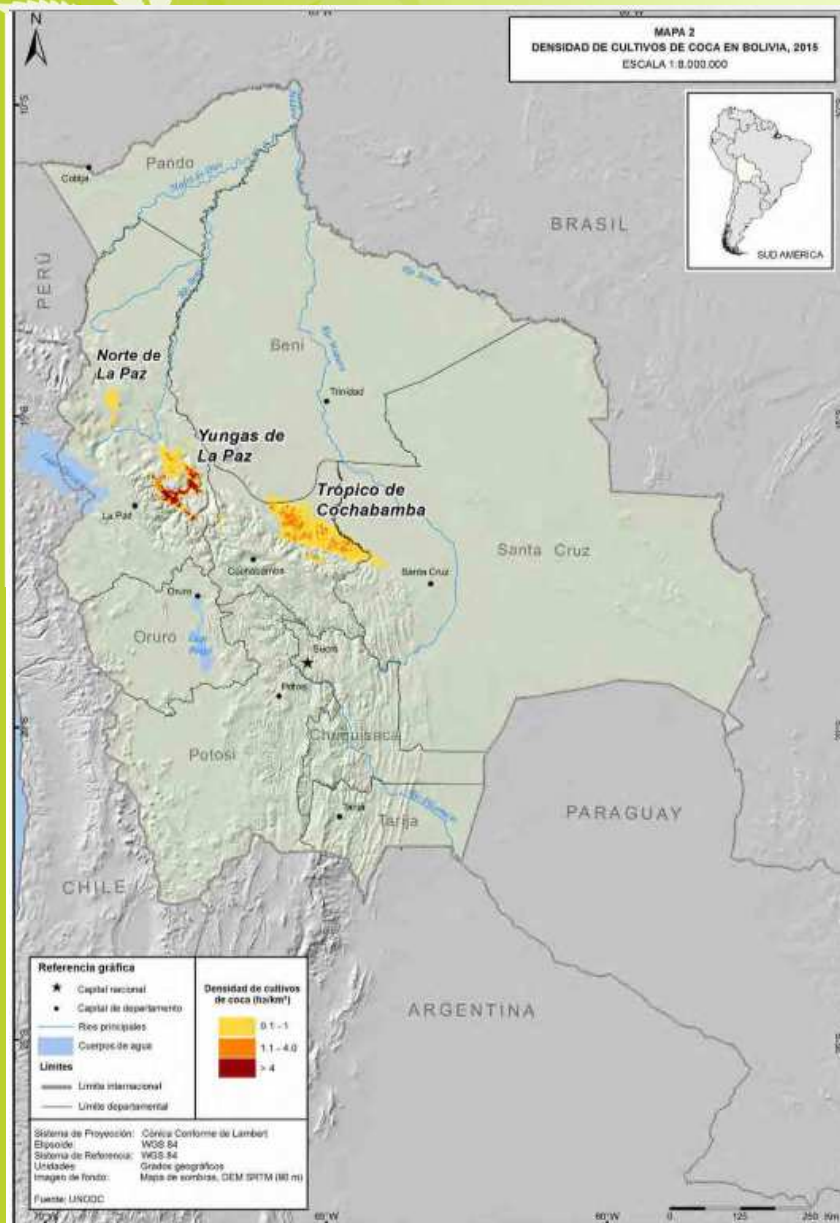


Fuente: UNODC- SIMCI

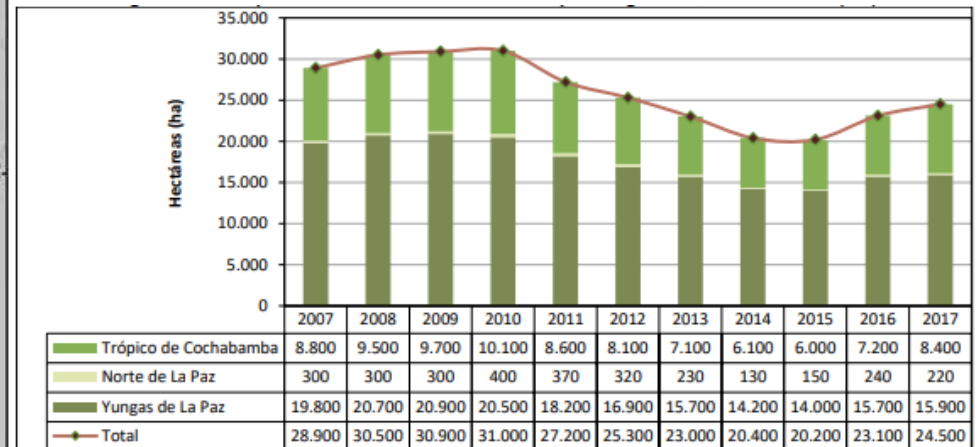


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Coca cultivation in the Plurinational State of Bolivia



Fuente: UNODC

Source: UNODC and Estado Plurinacional de Bolivia, Estado Plurinacional de Bolivia – Monitoreo de Cultivos de Coca 2017, Agosto 2018.

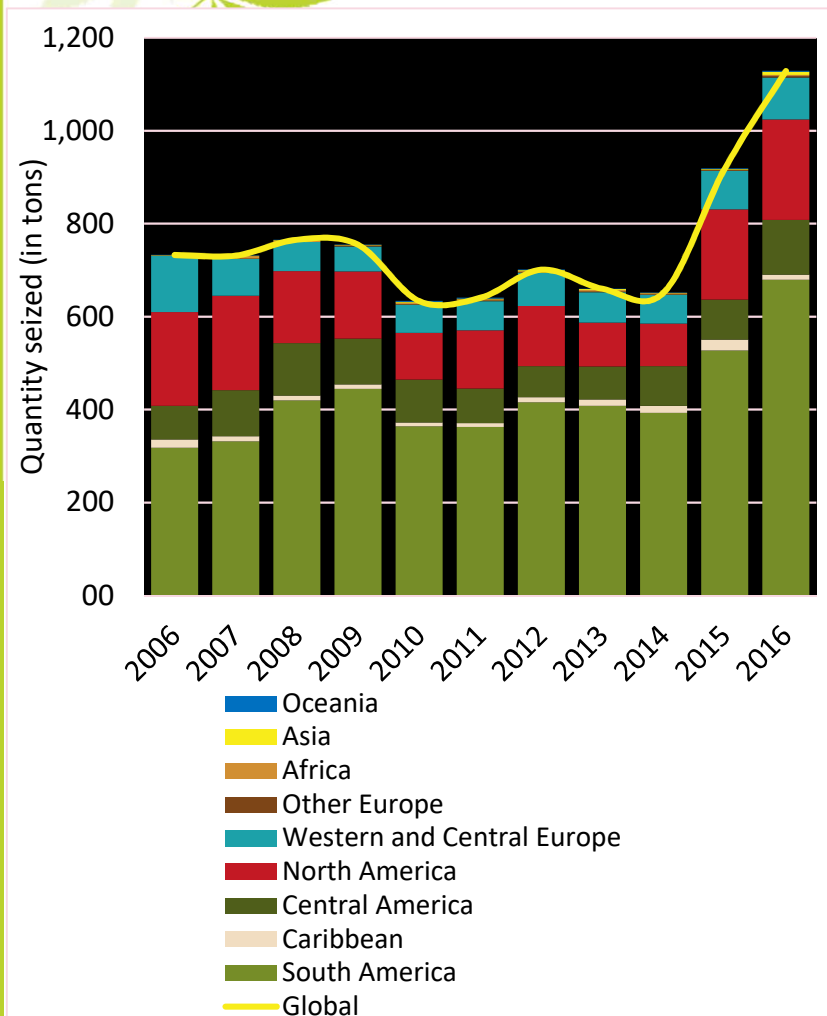


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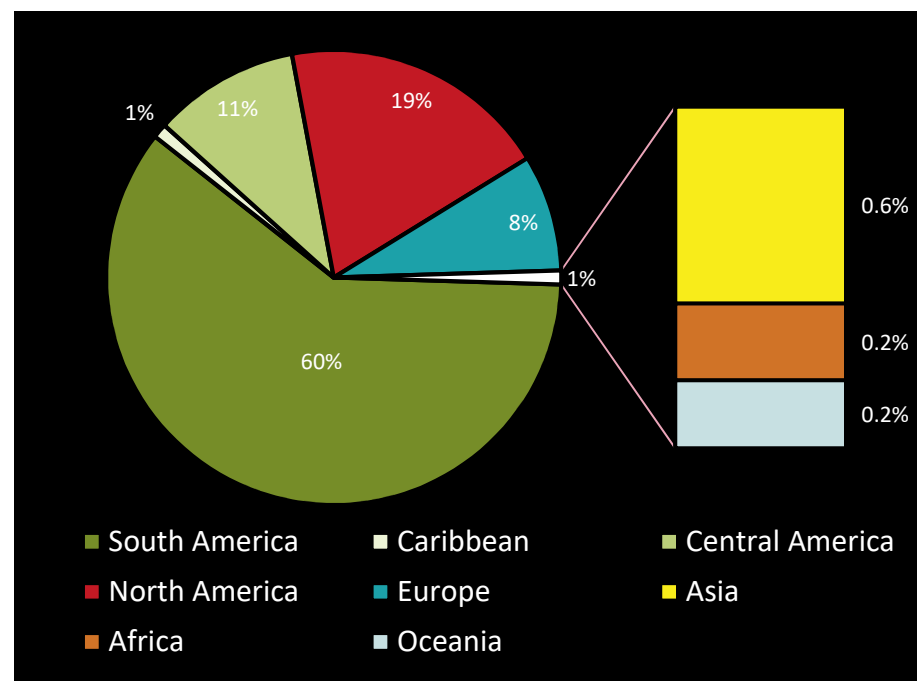
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Global quantities of cocaine seized,^a by region, 2006-2016



Cocaine seizures in 2016



^a Includes cocaine hydrochloride, coca paste and base, and “crack” cocaine; not adjusted for purity.

Source: UNODC, responses to the annual report questionnaire.

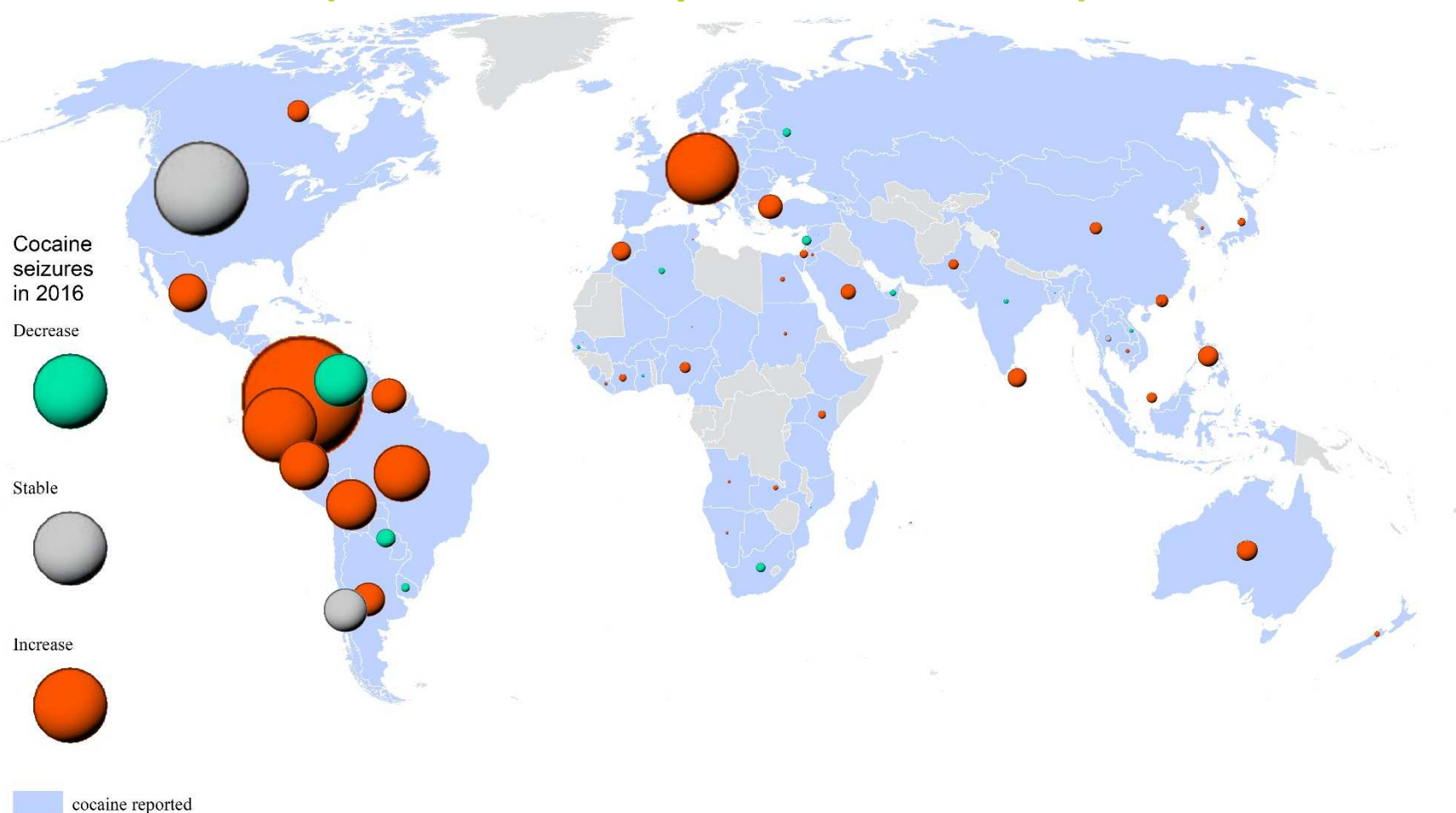


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Cocaine seizures, 2016 (and seizures reported 2012-2016)



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Source: UNODC, annual report questionnaire data.

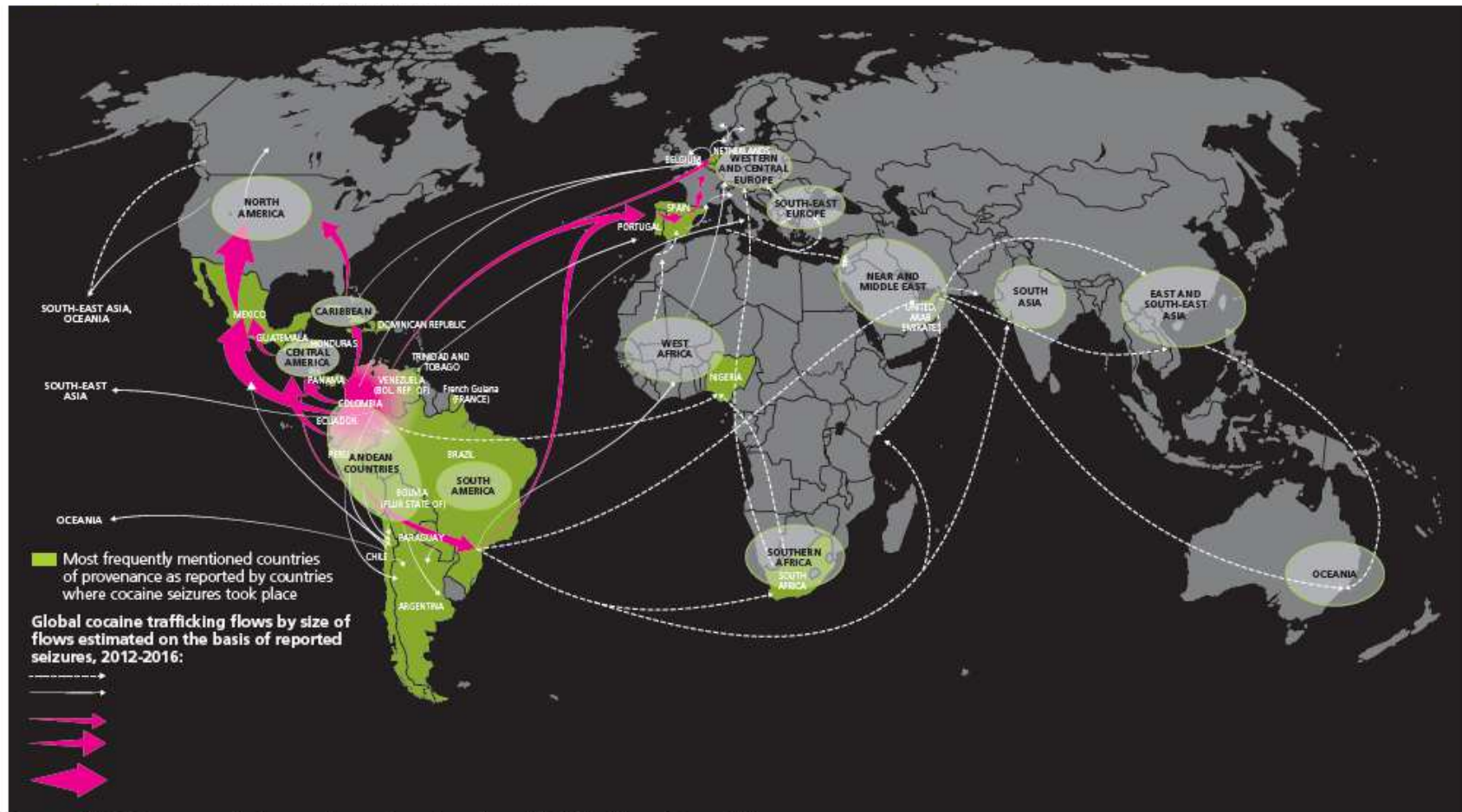


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Main cocaine trafficking flows, 2012-2016



Sources: UNODC, responses to the annual report questionnaire and individual drug seizure database.

Notes: The size of the trafficking flow lines is based on the amount of cocaine seized in a subregion and the number of mentions of countries from where the cocaine has departed (including reports of "origin" and "transit") to a specific subregion over the period 2012-2016. The trafficking flows are determined on the basis of country of origin/departure, transit and destination of seized drugs as reported by Member States in the annual report questionnaire and individual drug seizure database: as such, they need to be considered as broadly indicative of existing trafficking routes while several secondary flows may not be reflected. Flow arrows represent the direction of trafficking: origins of the arrows indicate either the area of manufacture or the one of last provenance, end points of arrows indicate either the area of consumption or the one of next destination of trafficking.

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Significant individual cocaine seizures, January 2016-August 2018*



*latest 500 cocaine seizure cases; Source: UNODC (AOTP) and Paris Pact, Drug Monitoring Platform (DMP).



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Significant individual cocaine seizures, January 2016-August 2018*



*latest 500 cocaine seizure cases; Source: UNODC (AOTP) and Paris Pact, Drug Monitoring Platform (DMP).

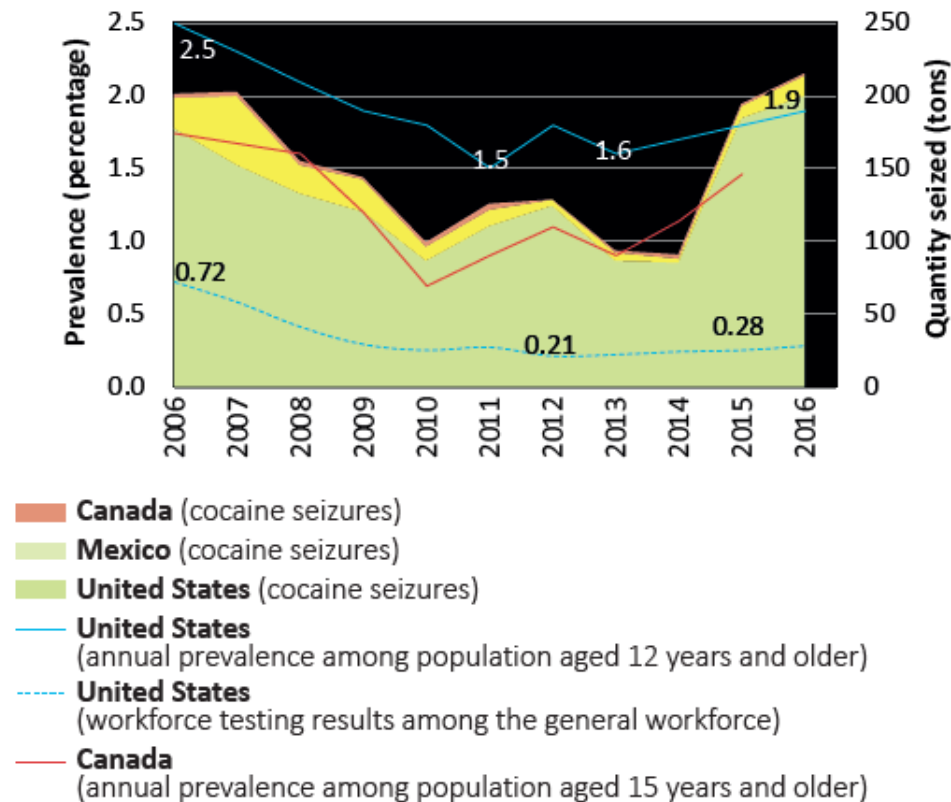


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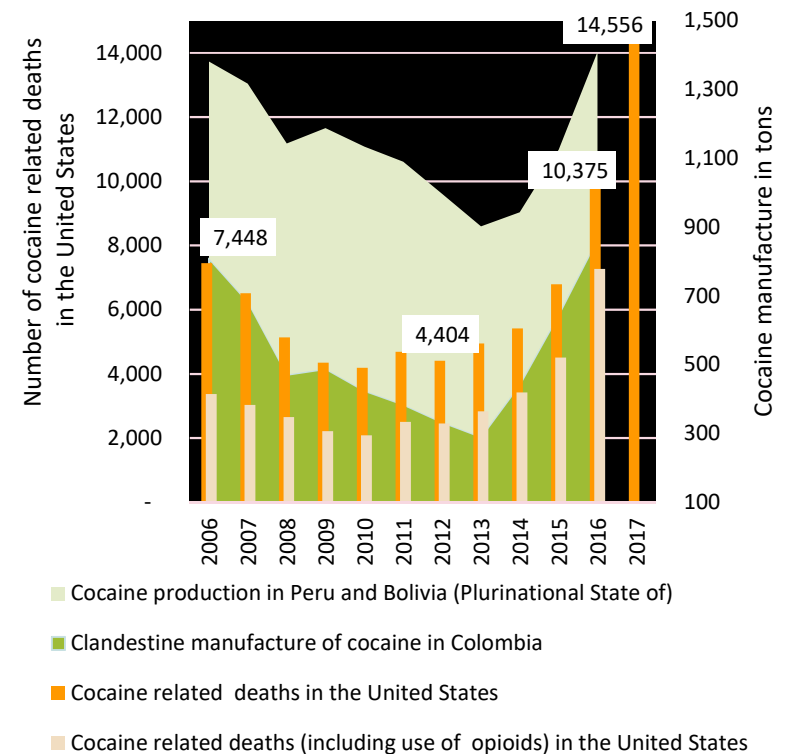
Seizures of cocaine in North America and annual prevalence of cocaine use in the United States and Canada, 2006–2016



Source: UNODC, annual report questionnaire data; Substance Abuse and Mental Health Services Administration of the United States, *National Household Survey on Drug Use and Health*; Quest Diagnostics; Quest Diagnostics Drug Testing Index for 2016 and previous years; Health Canada, Canadian Alcohol and Drug Use Monitoring Survey; and Statistics Canada, Canadian Tobacco, Alcohol and Drugs Survey, 2015.

Cocaine trends in North America

Global cocaine production and cocaine related deaths in the USA, 2006–2017



Sources: UNODC, Coca Surveys, Colombia, Peru and Bolivia (Plurinational State of) and Centers for Disease Control and Prevention, Drug Overdose deaths in the United States, NCHS Data Brief, August 2018.



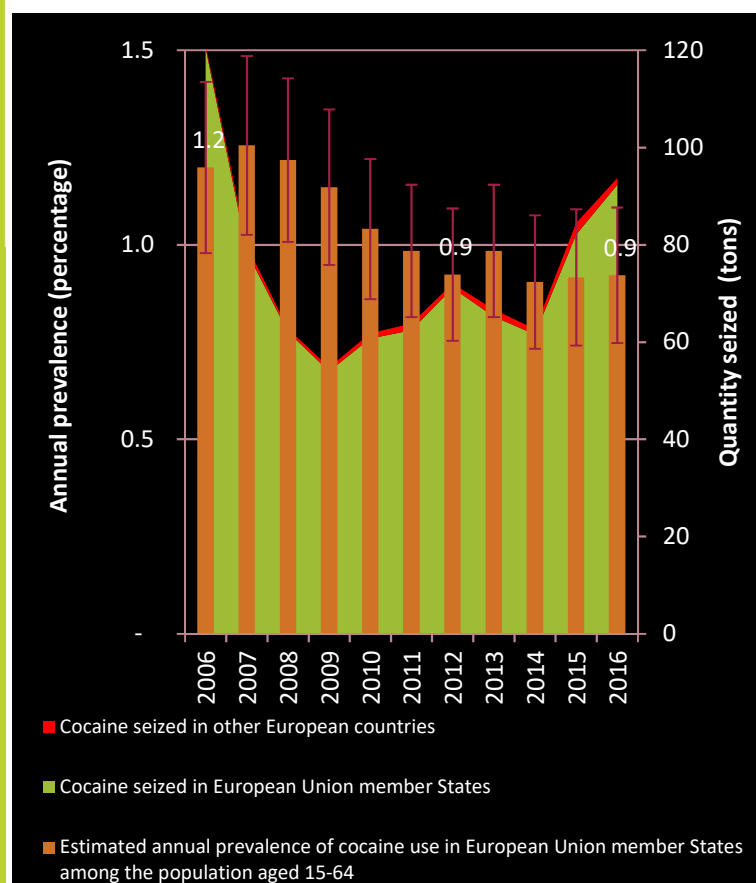
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Cocaine market: signs of expansion in Europe

Quantities of cocaine seized in Europe and annual prevalence of cocaine use in the European Union, 2006-2016



Changes in cocaine prices and purities in the European Union countries, 2006-2016



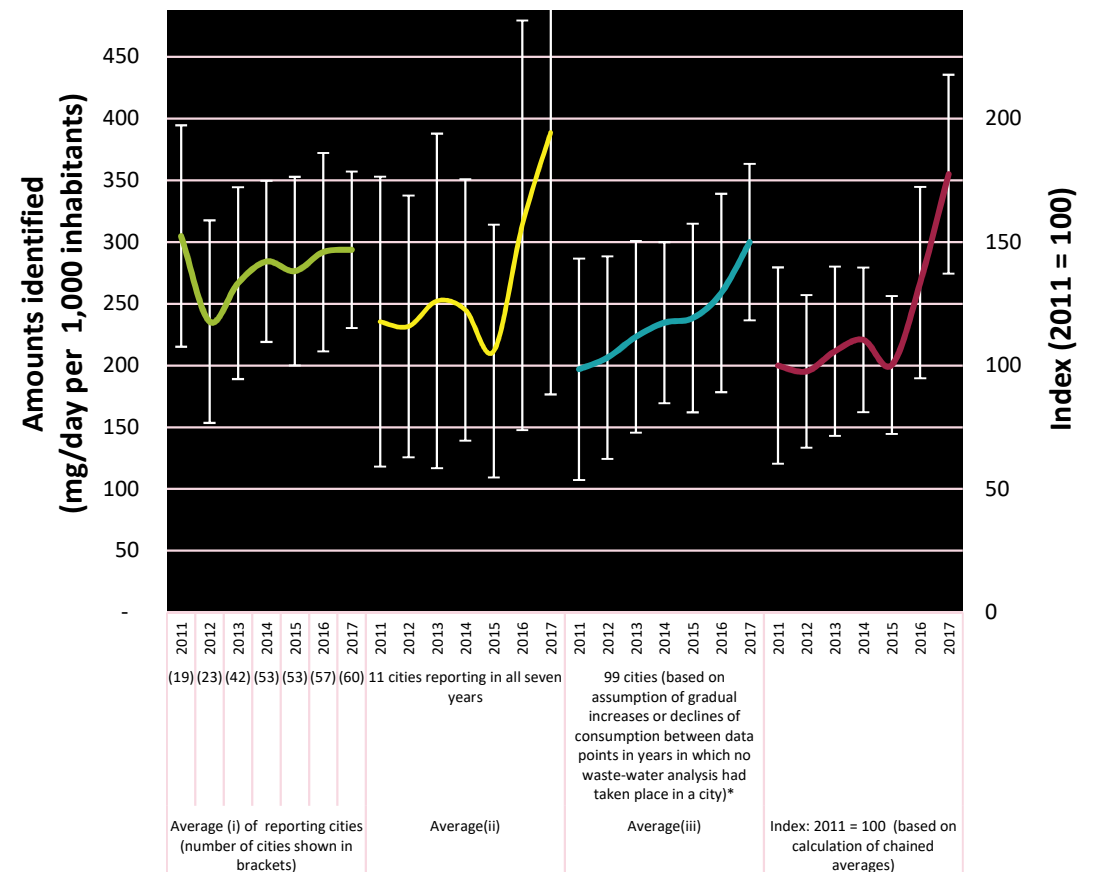
Sources: UNODC, annual reports questionnaire data and EMCDDA, 2018 European Drug Report.



Cocaine market: signs of expansion in Europe



Benzoylcegonine (cocaine metabolite) found in wastewater per 1,000 inhabitants in Europe (based on data from 99 European cities), 2011-2017





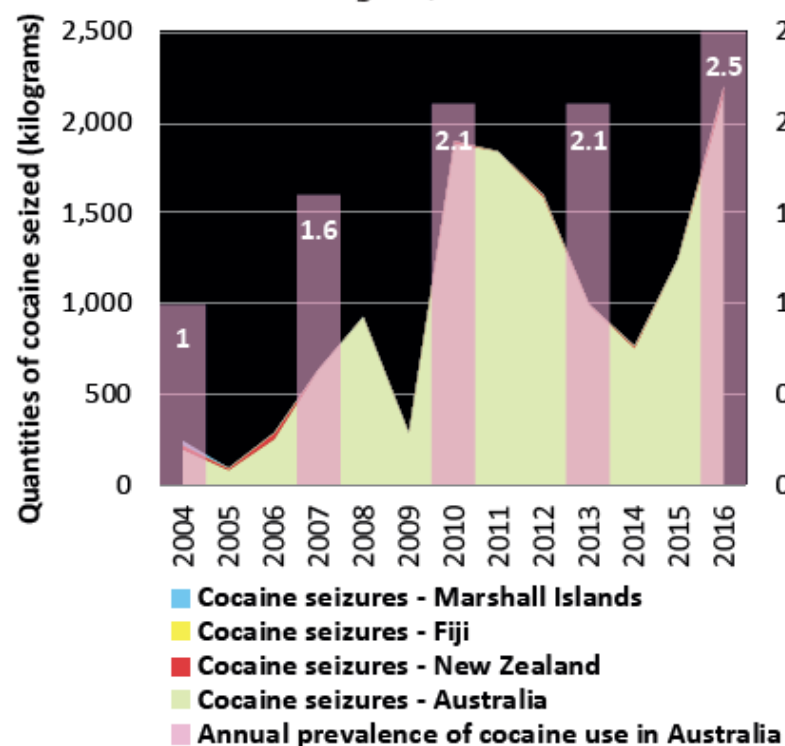
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Cocaine trends in Oceania

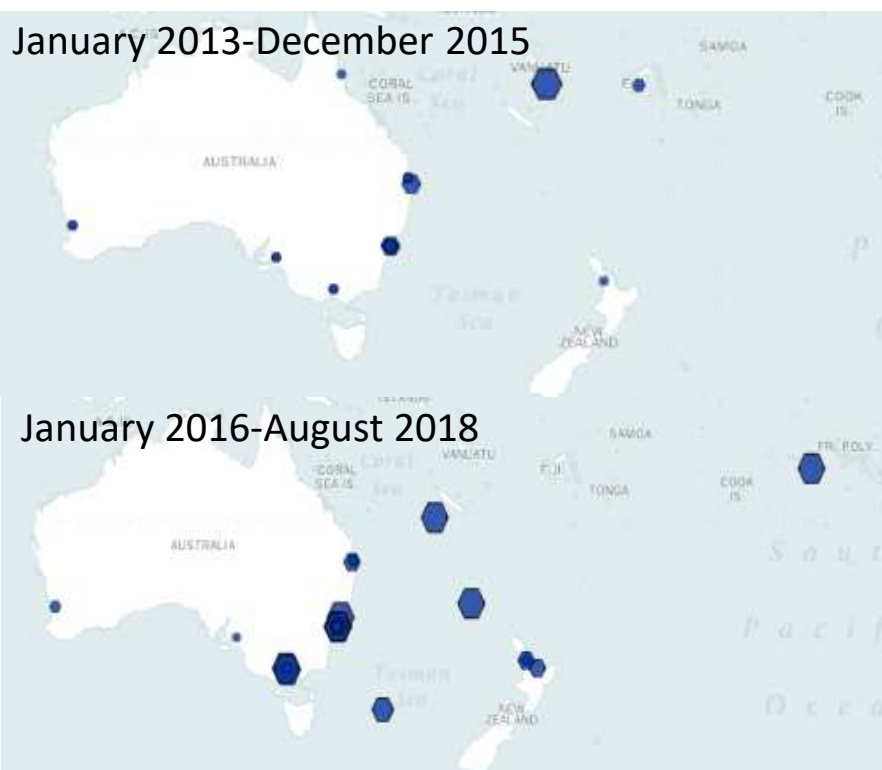
Annual prevalence of cocaine use in Australia and cocaine seizures in the Oceania region, 2004–2016



Source: UNODC, annual report questionnaire data; and Australian Institute of Health and Welfare, 2016 National Drug Strategy Household Survey.

Significant cocaine seizures in the Oceania region

January 2013–December 2015



January 2016–August 2018



Source: : UNODC (AOTP) and Paris Pact, Drug Monitoring Platform (DMP).



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D. SYNTHETIC DRUGS

Global seizures

change from previous year



12%

methamphetamine



37%

"ecstasy"



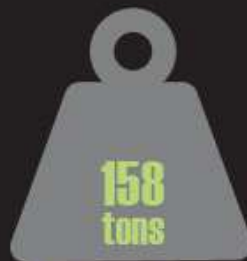
35%

amphetamine



63%

synthetic NPS



methamphetamine



amphetamine



"ecstasy"



synthetic NPS



2016

Global number of users

"ecstasy" users.....20.6 million



2016

users of amphetamines and prescription stimulants.....34.2 million



2016

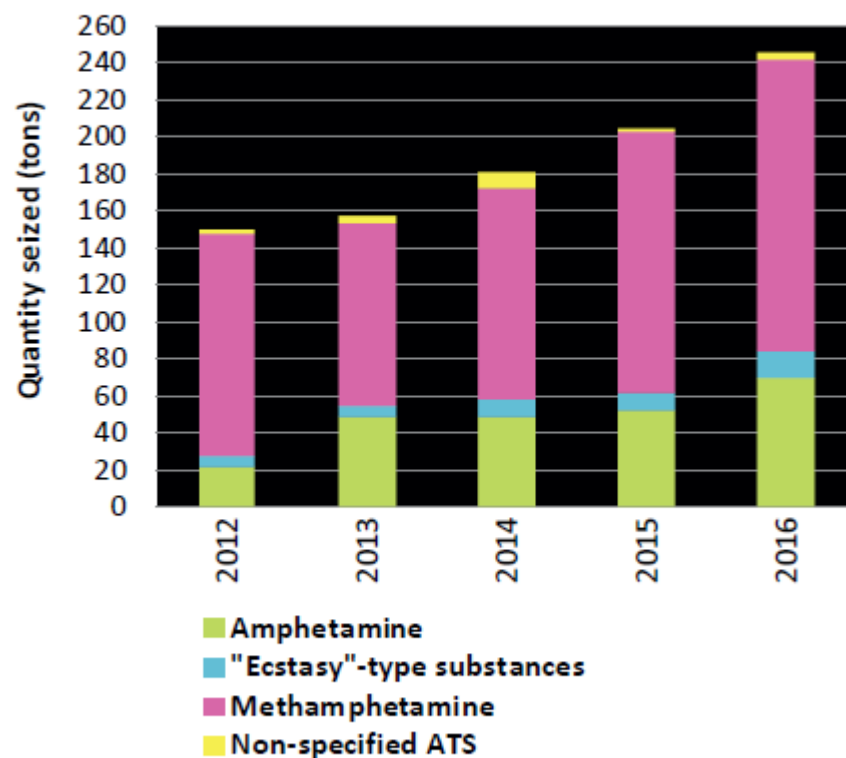


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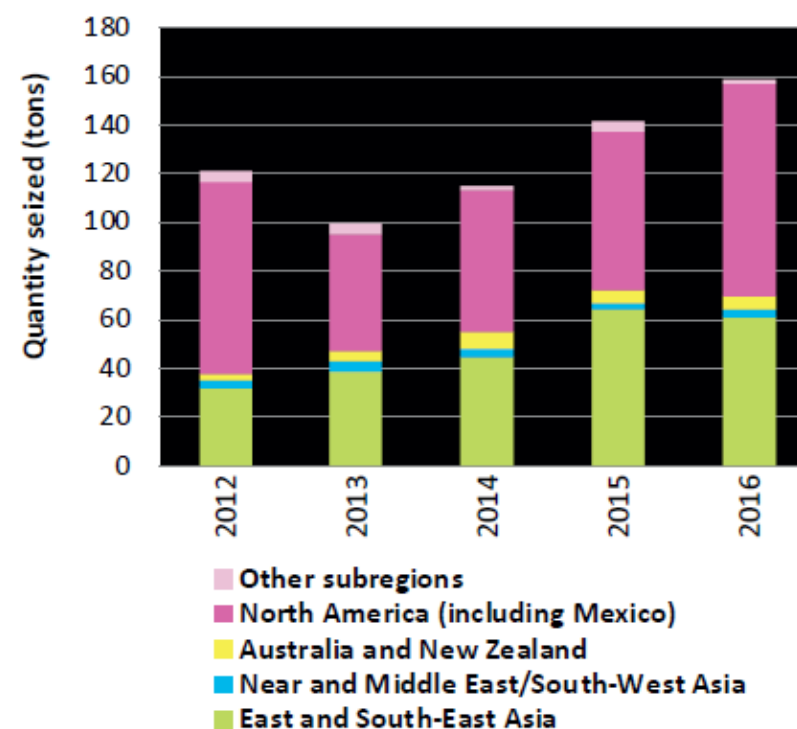
Quantities of amphetamine-type stimulants seized worldwide, by type, 2012–2016



Source: UNODC, responses to the annual report questionnaire, 2012–2016.

ATS seizures

Quantities of methamphetamine seized worldwide, by subregion, 2012–2016



Source: UNODC, responses to the annual report questionnaire, 2011–2016.

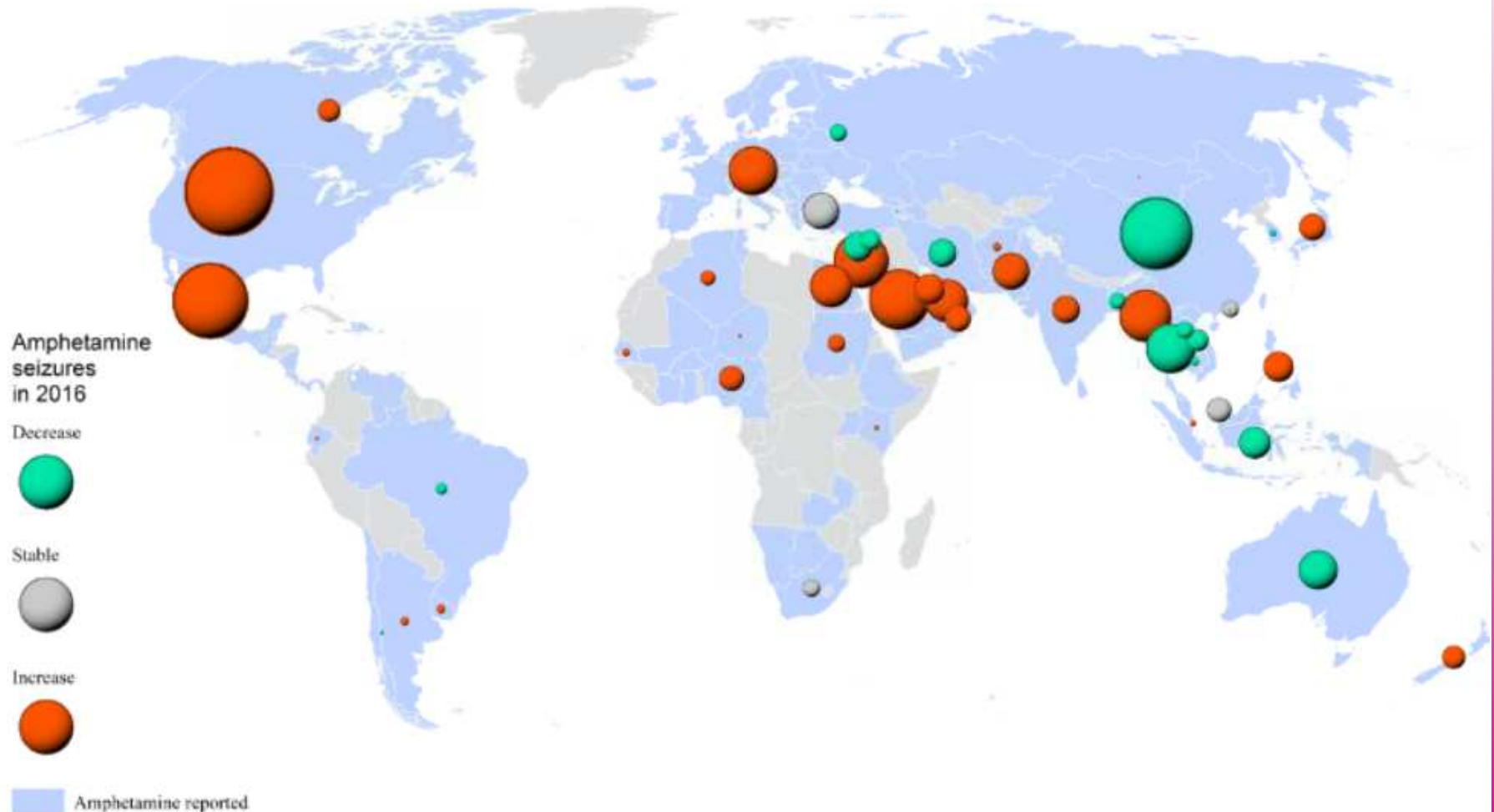


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Amphetamines seizures, 2016 (and seizures reported 2012-2016)



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Source: UNODC, annual report questionnaire data.

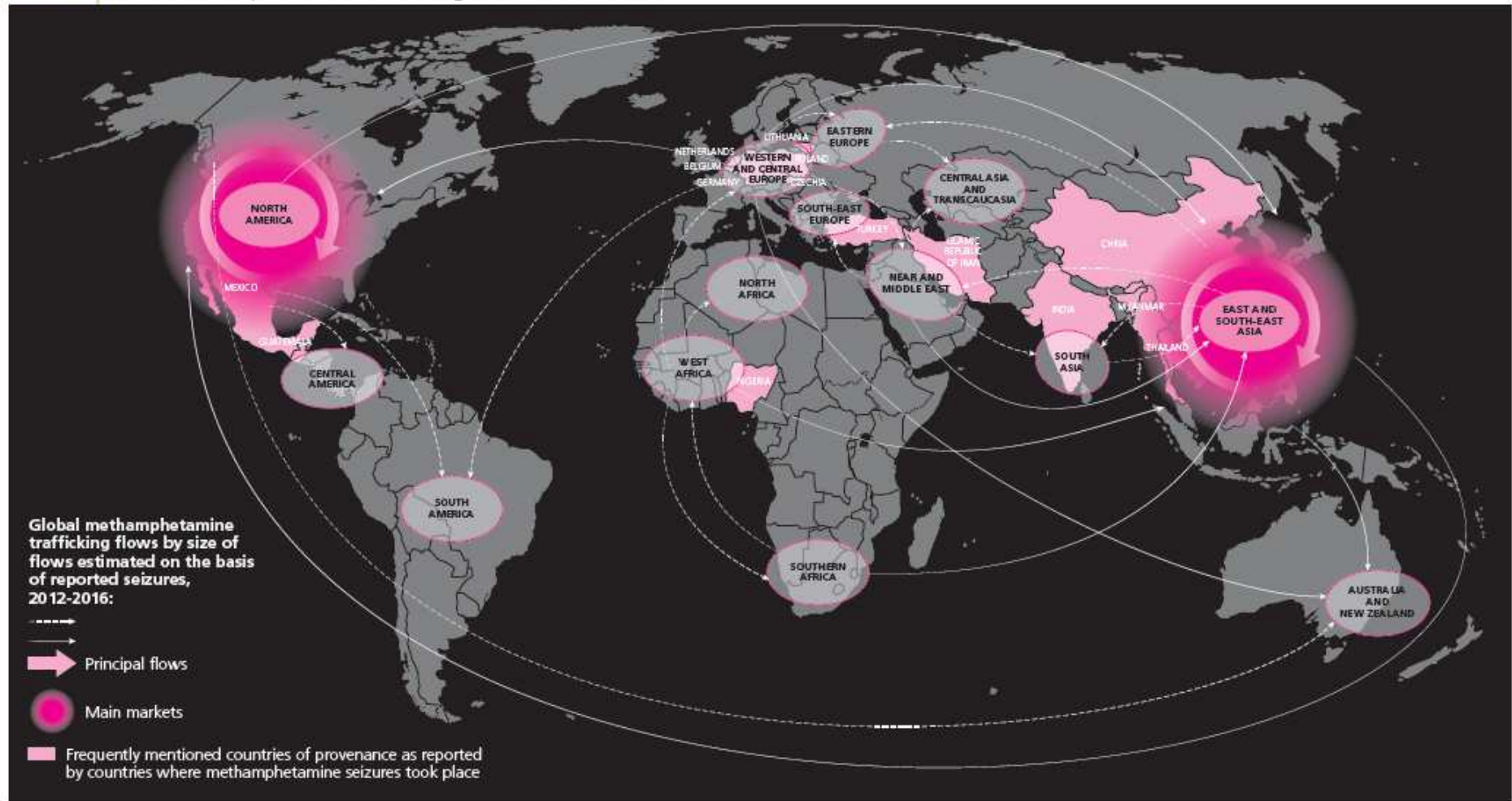


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MAP 1 | Main methamphetamine trafficking flows, 2012–2016



Sources: UNODC, responses to the annual report questionnaire and individual drug seizure database.

Notes: The size of the trafficking flow lines is based on the amount of methamphetamine seized in a subregion and the number of mentions of countries from where the methamphetamine has departed (including reports of "origin" and "transit") to a specific subregion over the period 2012–2016. The trafficking flows are determined on the basis of country of origin/departure, transit and destination of seized drugs as reported by Member States in the annual report questionnaire and individual drug seizure database: as such, they need to be considered as broadly indicative of existing trafficking routes while several secondary flows may not be reflected. Flow arrows represent the direction of trafficking: origins of the arrows indicate either the area of manufacture or the one of last provenance, end points of arrows indicate either the area of consumption or the one of next destination of trafficking.

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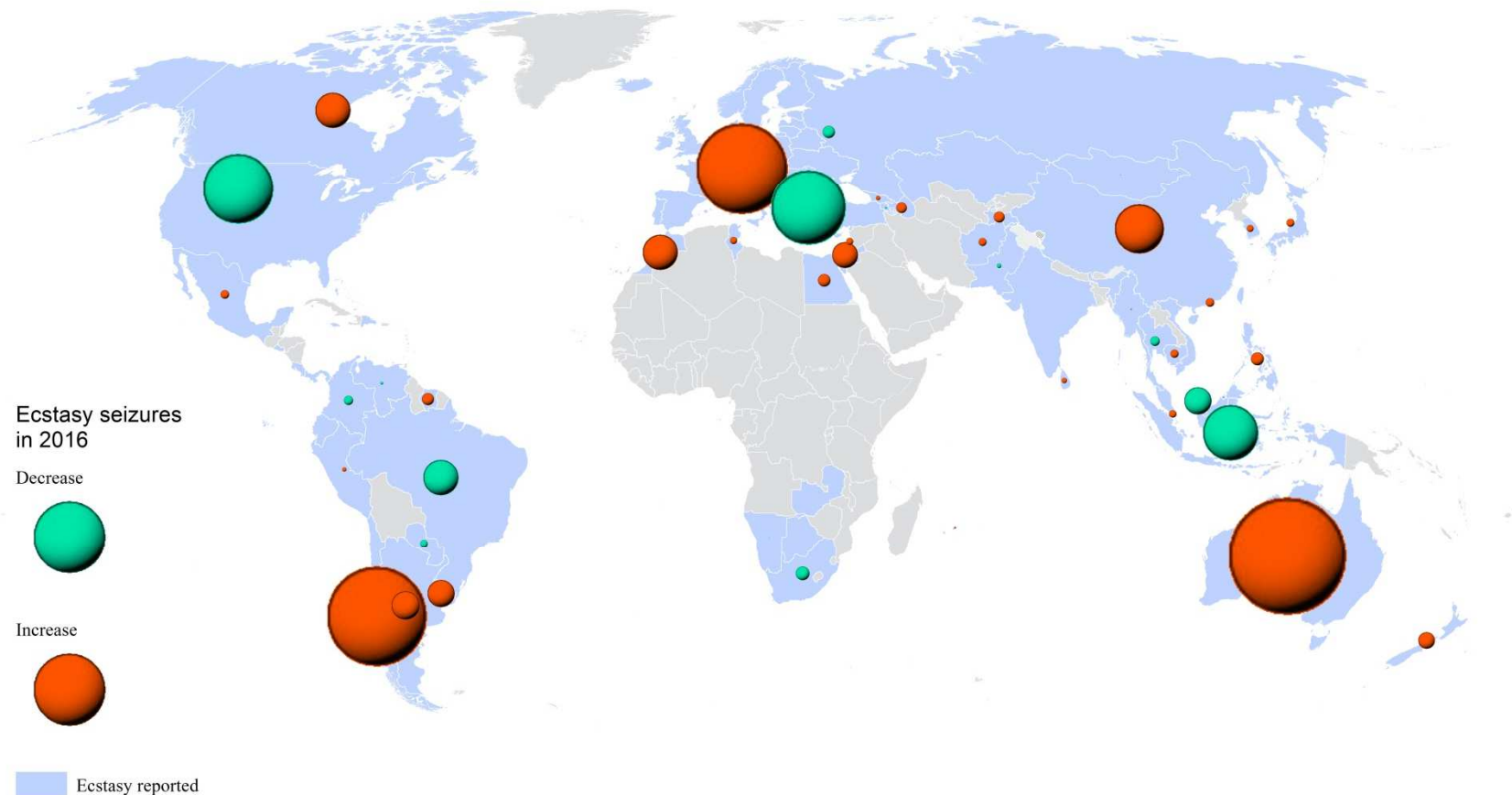


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Ecstasy seizures, 2016 (and seizures reported 2012-2016)



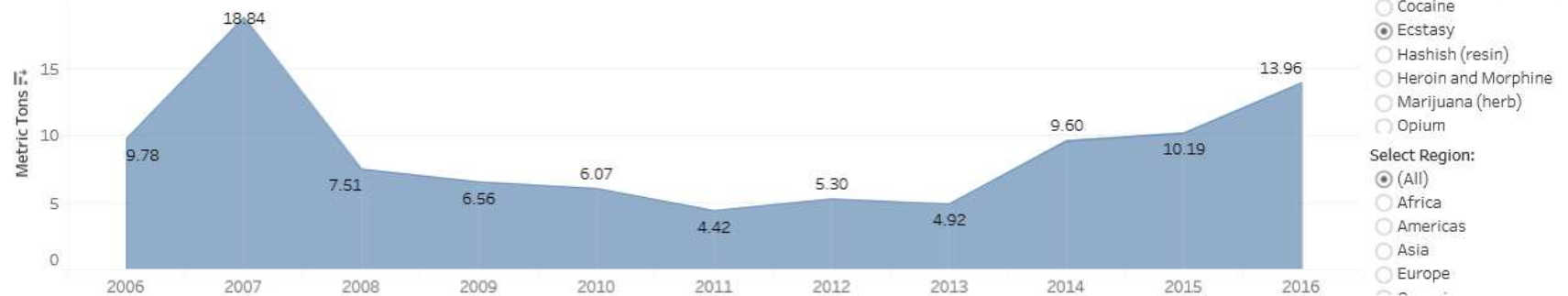
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

Source: UNODC, annual report questionnaire data.

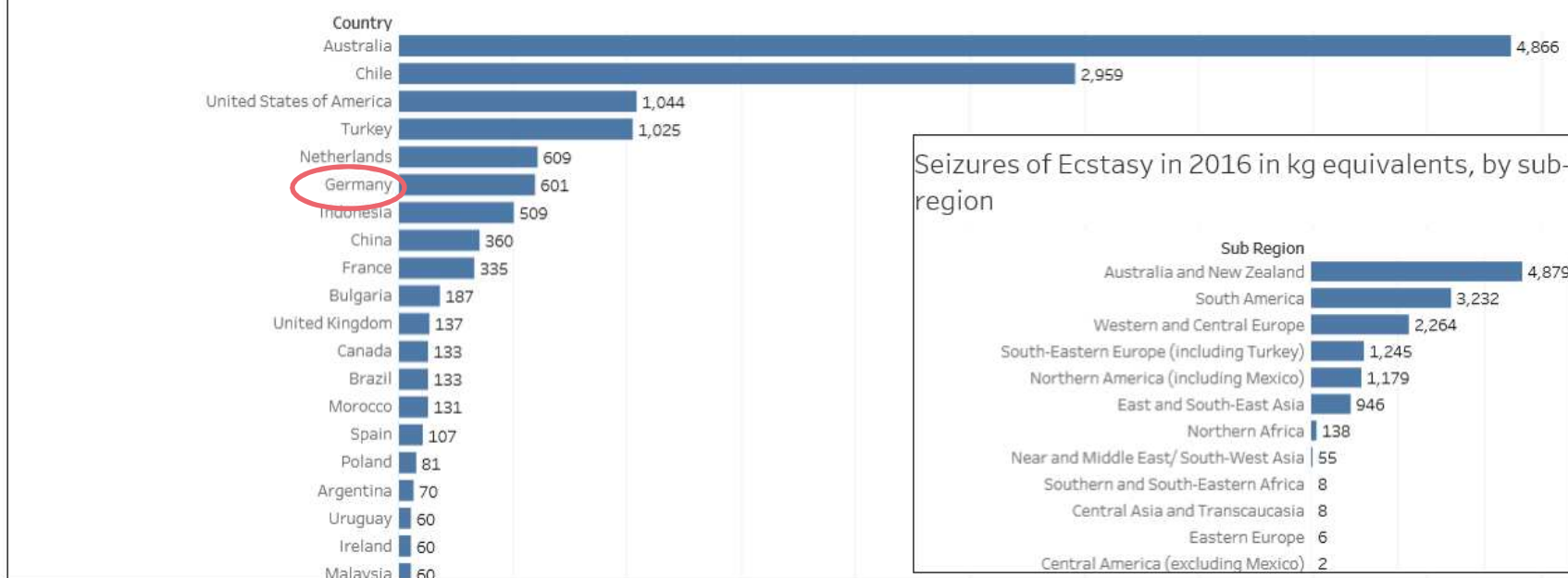


ECSTASY

Global seizures of Ecstasy 2006-2016



Seizures of Ecstasy in 2016 in kg equivalents, by country



Seizures of Ecstasy in 2016 in kg equivalents, by sub-region



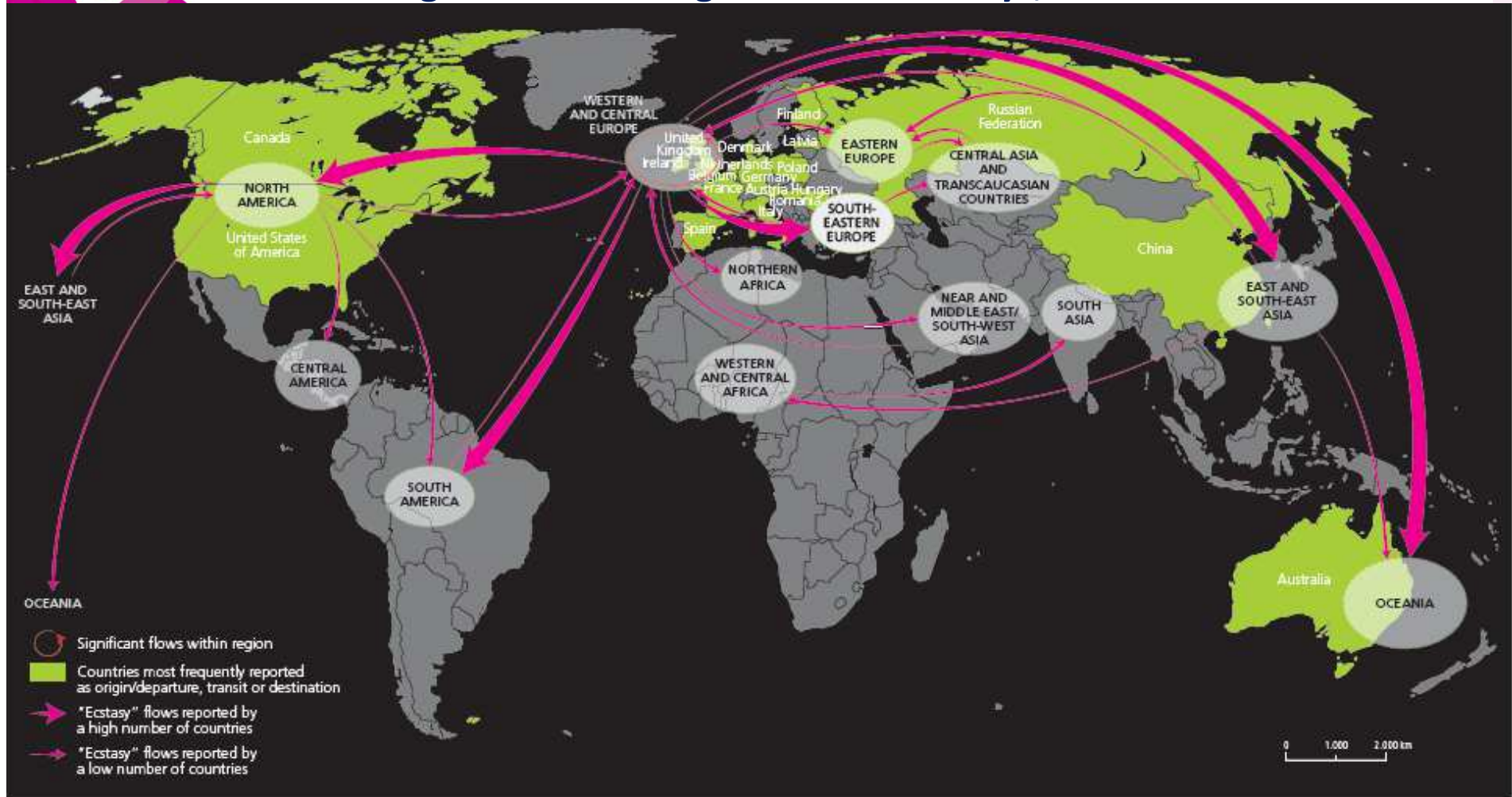


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Interregional trafficking flows of “ecstasy”, 2012-2015



Source: UNODC elaboration, based on responses to annual report questionnaire, 2012-2015.

Note: The origins of the flow arrows do not necessarily indicate the source/manufacture of "ecstasy". Flow arrows represent the direction of "ecstasy" trafficking and are not an indication of the quantity trafficked. The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations. Dashed lines represent undetermined boundaries. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined.

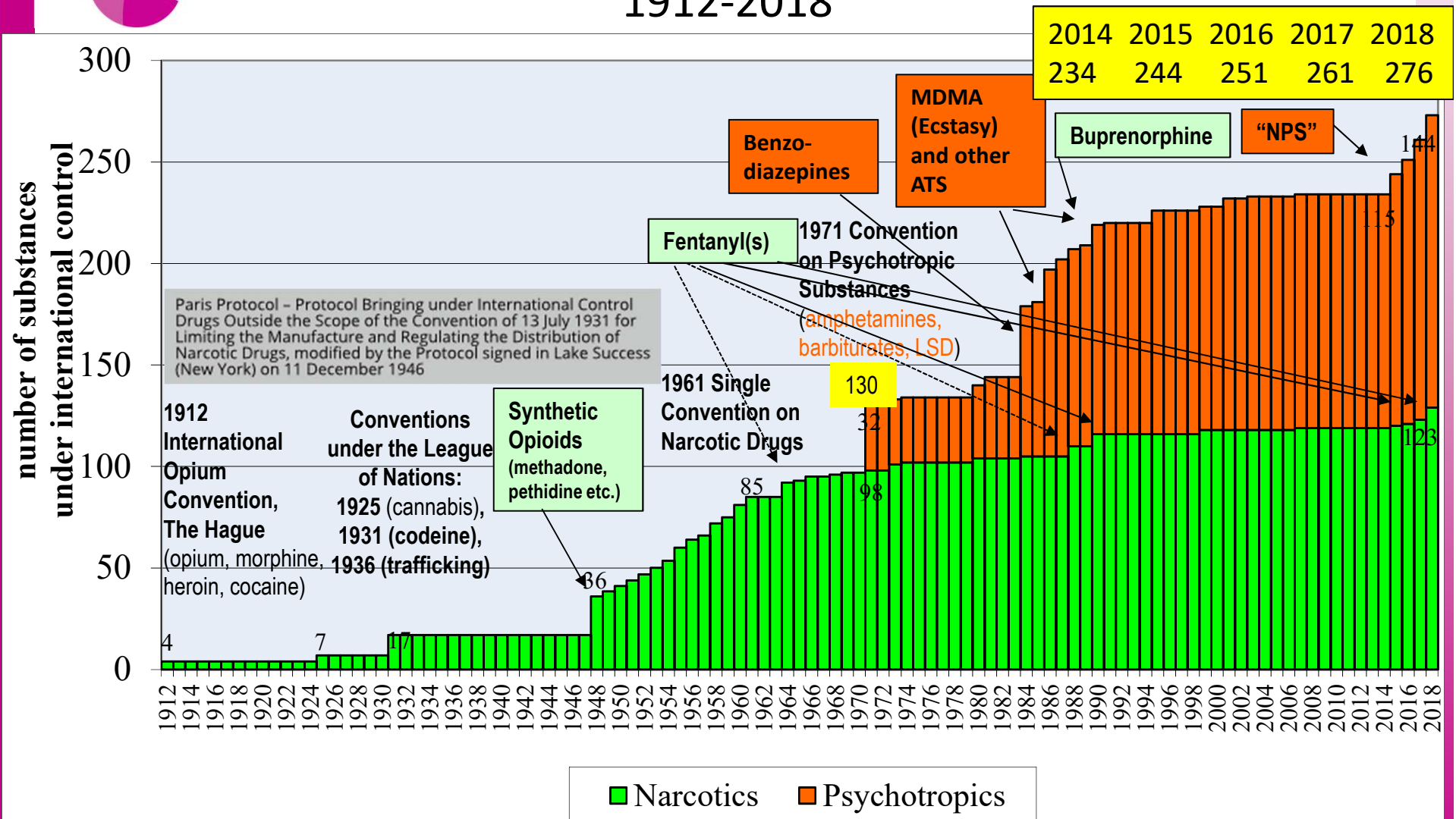


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Number of psychoactive substances under international control, 1912-2018



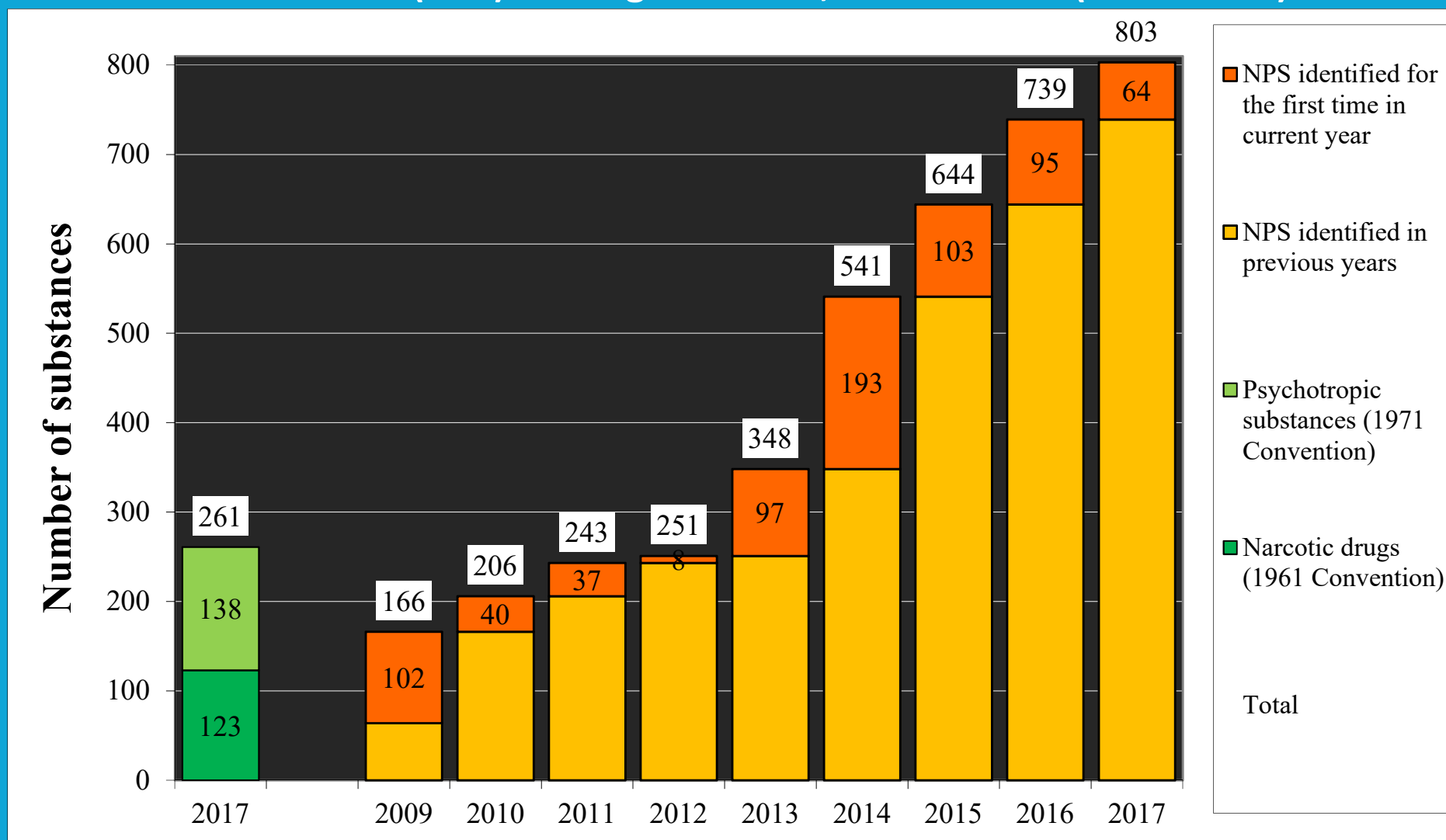
Source: UNODC, 2013 World Drug Report (updated).



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Number of internationally controlled drugs in 2017 and identified New Psychoactive Substances (NPS) at the global level, 2009 to 2017 (cumulative)



Sources: *Commission on Narcotic Drugs* and UNODC Early Warning Advisory on NPS (based on information submitted by Member States through surveys and submissions from laboratories participating in the International Collaborative Exercises (ICE) programme).



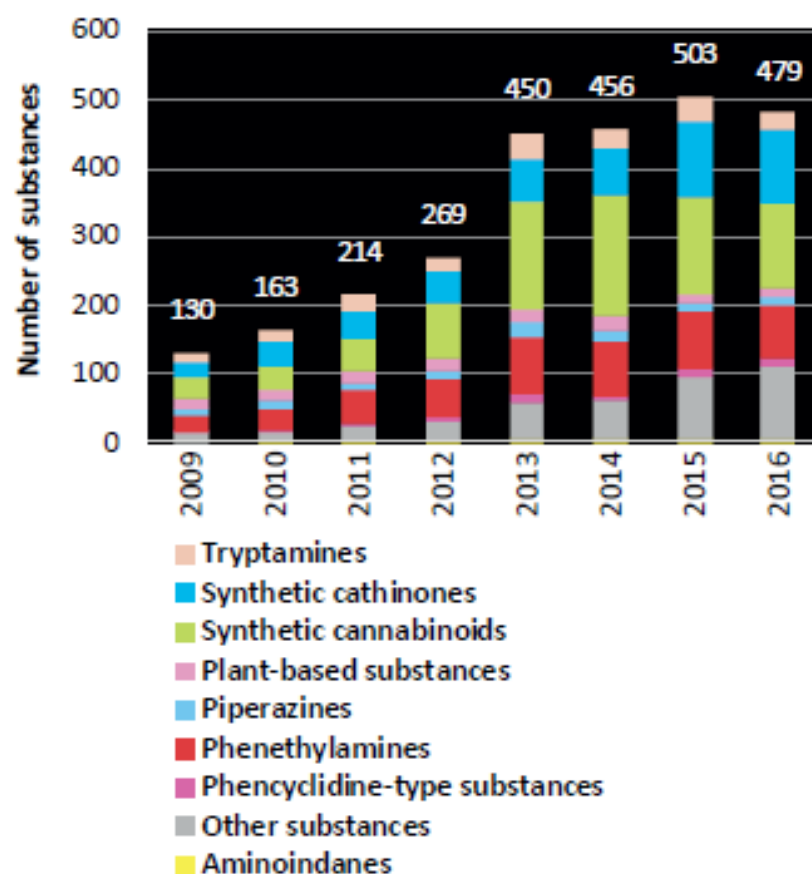
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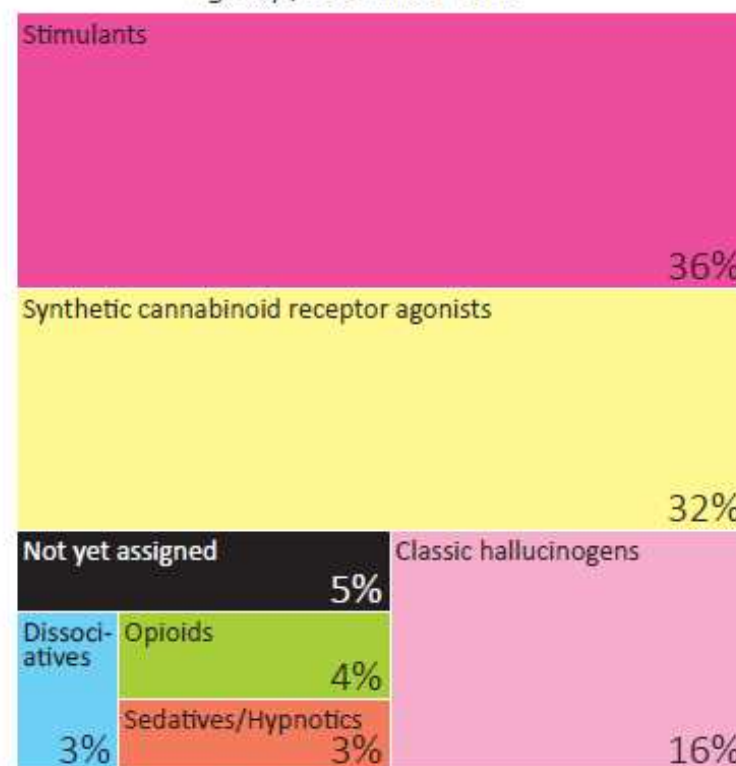
New Psychoactive Substances

Number of new psychoactive substances reported annually, 2009–2016



Source: UNODC, early warning advisory on new psychoactive substances.

Proportion of new psychoactive substances, by psychoactive effect group, December 2017



Source: UNODC, early warning advisory on new psychoactive substances.

Note: The analysis of the pharmacological effects comprises NPS registered up to December 2017. Plant-based substances were excluded from the analysis as they usually contain a large number of different substances, some of which may not have been known and whose effects and interactions are not fully understood.



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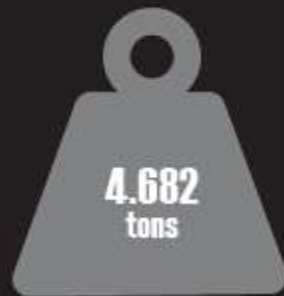
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C. CANNABIS

Global seizures change from previous year

↓ -1% herb
↑ 6% resin



cannabis herb



cannabis resin



2016

Global number of users



192.2 million



2016



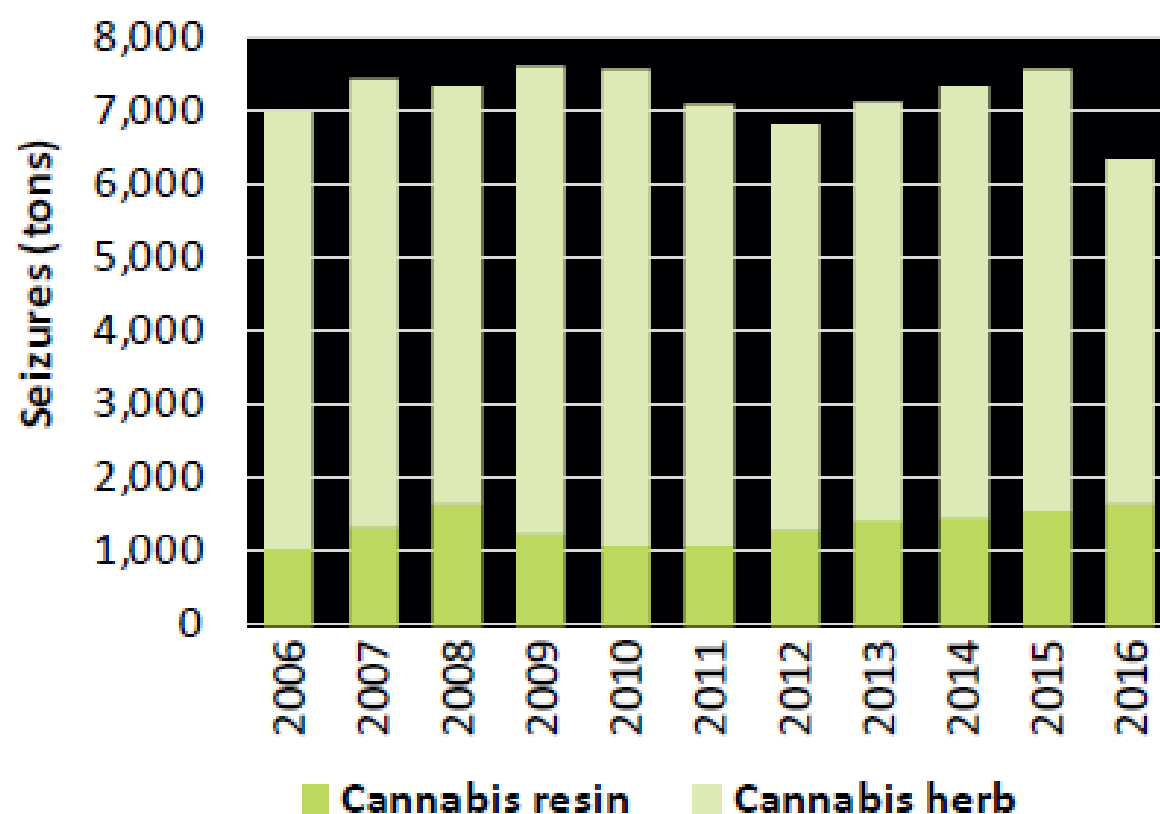
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Cannabis seizures

Global quantities of main cannabis products seized, 2006–2016



Source: UNODC, responses to the annual report questionnaire.



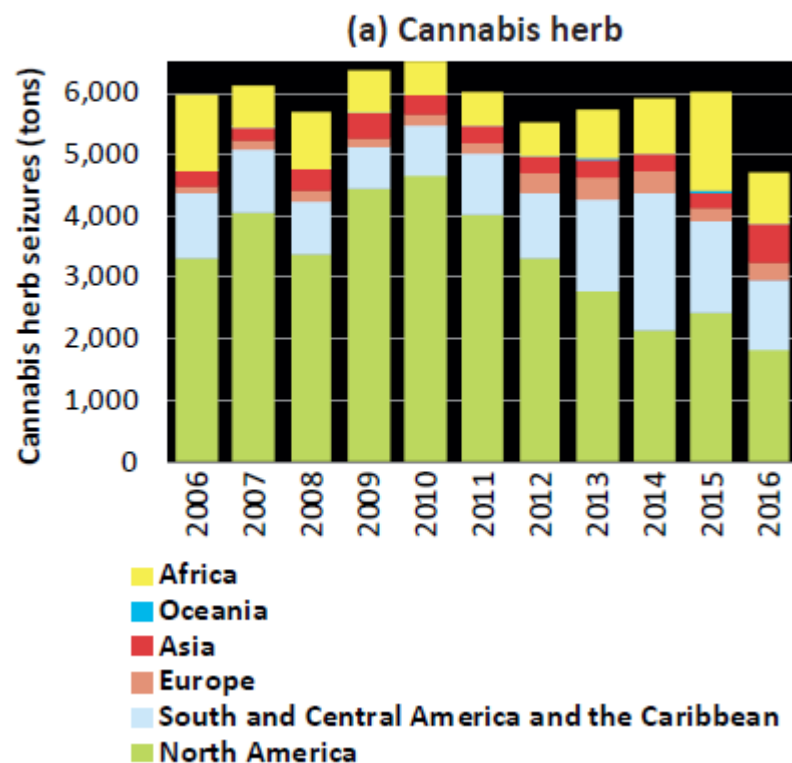
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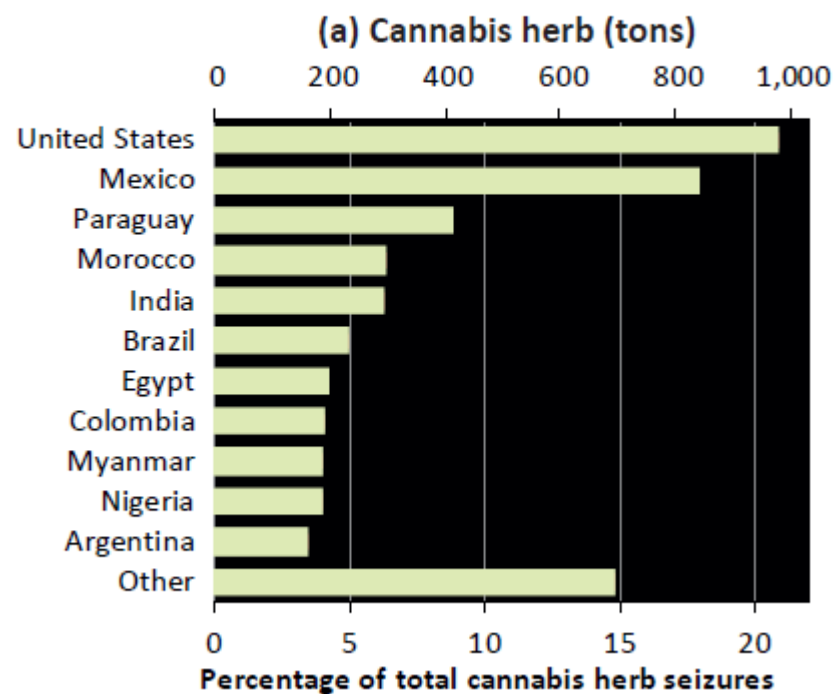


Cannabis herb seizures

Quantities of cannabis seized,
by region, 2006-2016



Quantities of cannabis seized,
by country, 2016



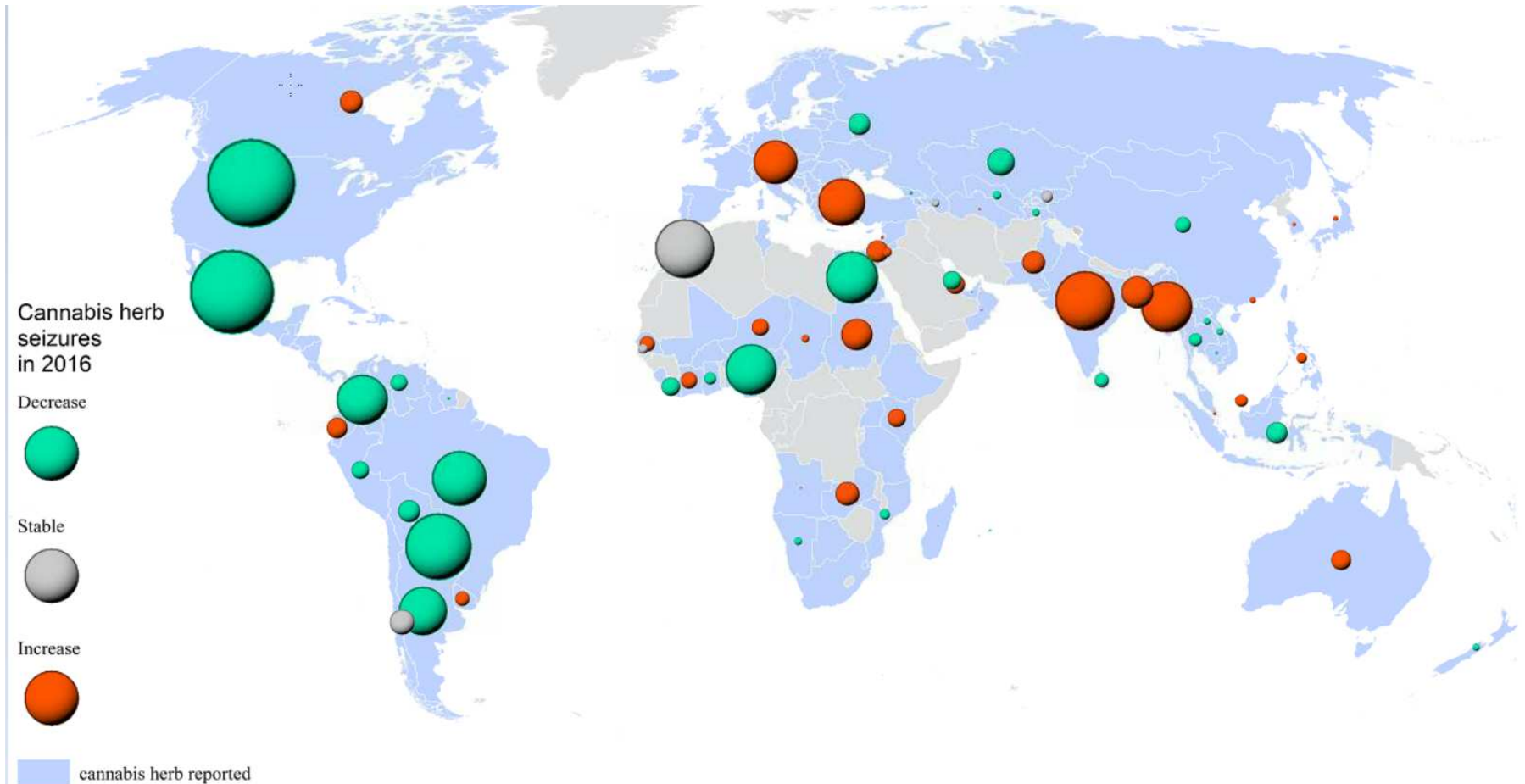


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Cannabis herb seizures, 2016 (and seizures reported 2012-2016)



Source: UNODC, annual report questionnaire data.



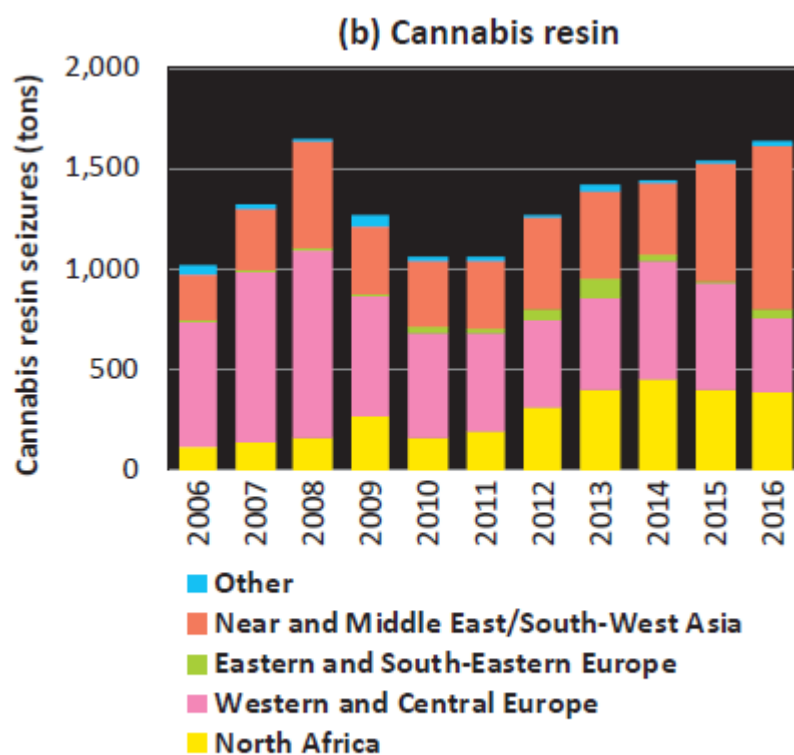
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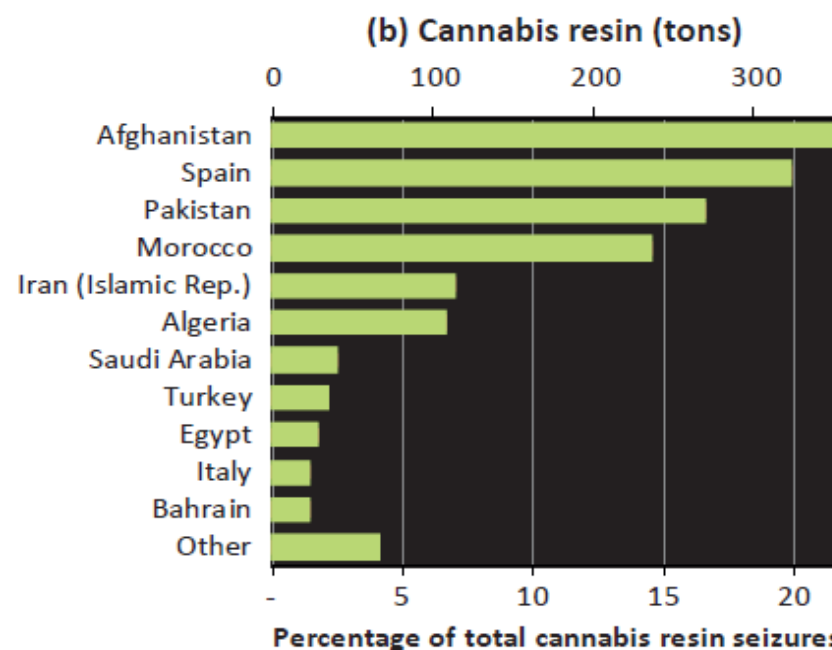
Cannabis resin seizures

Quantities of cannabis seized,
by region, 2006-2016



Source: UNODC, responses to the annual report questionnaire.

Quantities of cannabis seized.



Source: UNODC, responses to the annual report questionnaire.

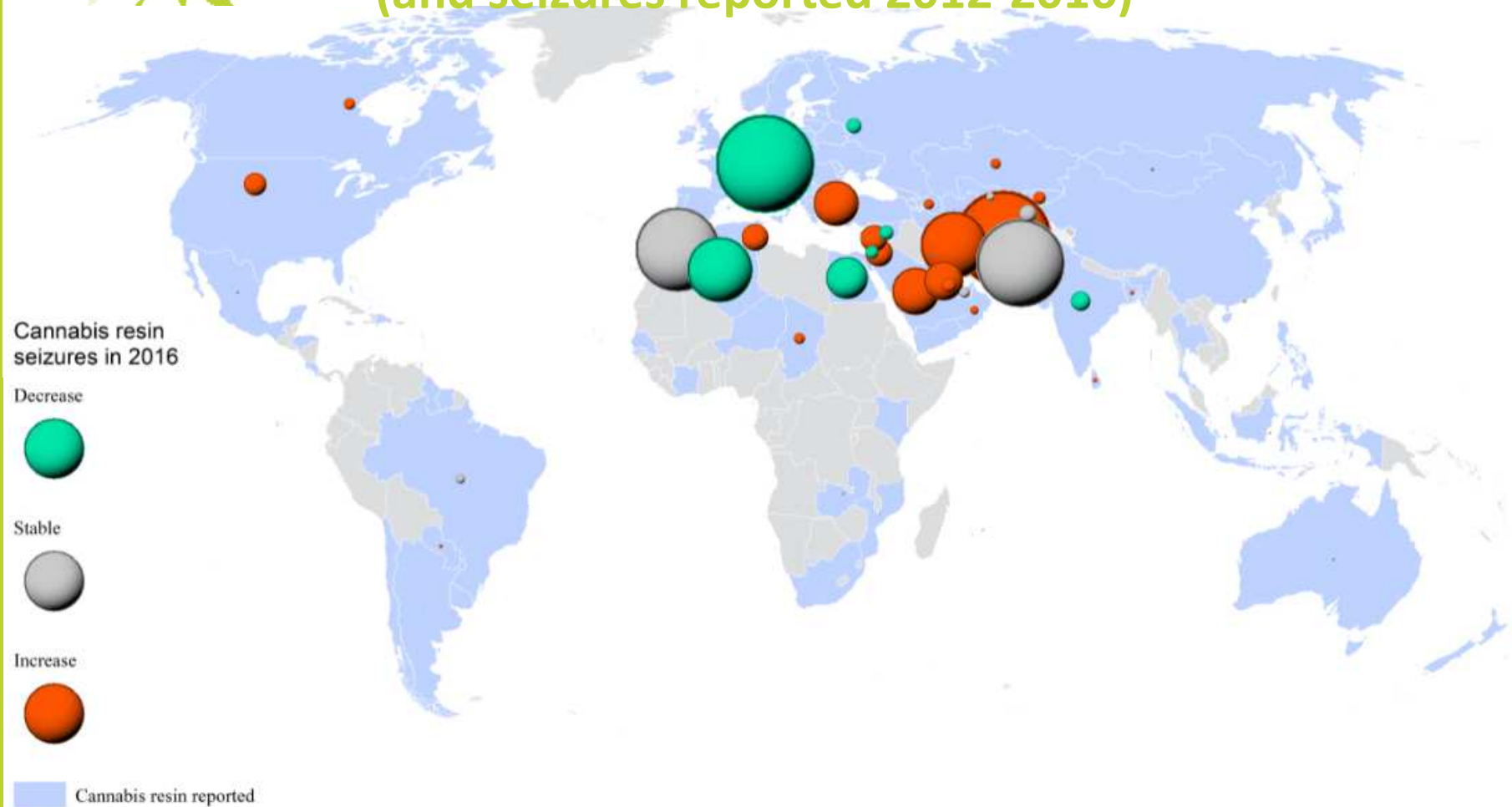


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Cannabis resin seizures, 2016 (and seizures reported 2012-2016)



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Source: UNODC, annual report questionnaire data.



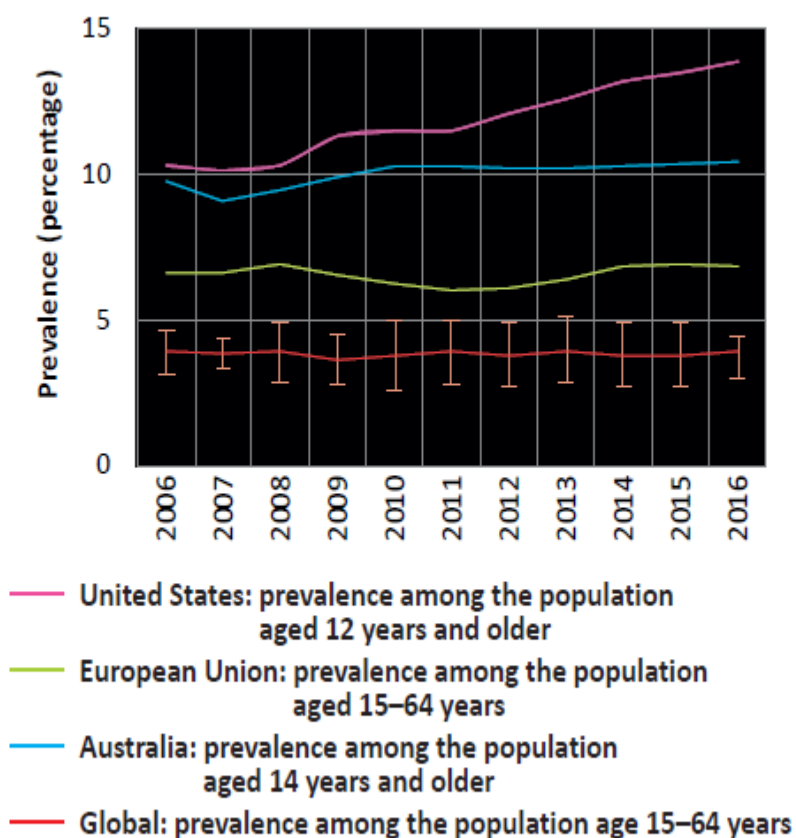
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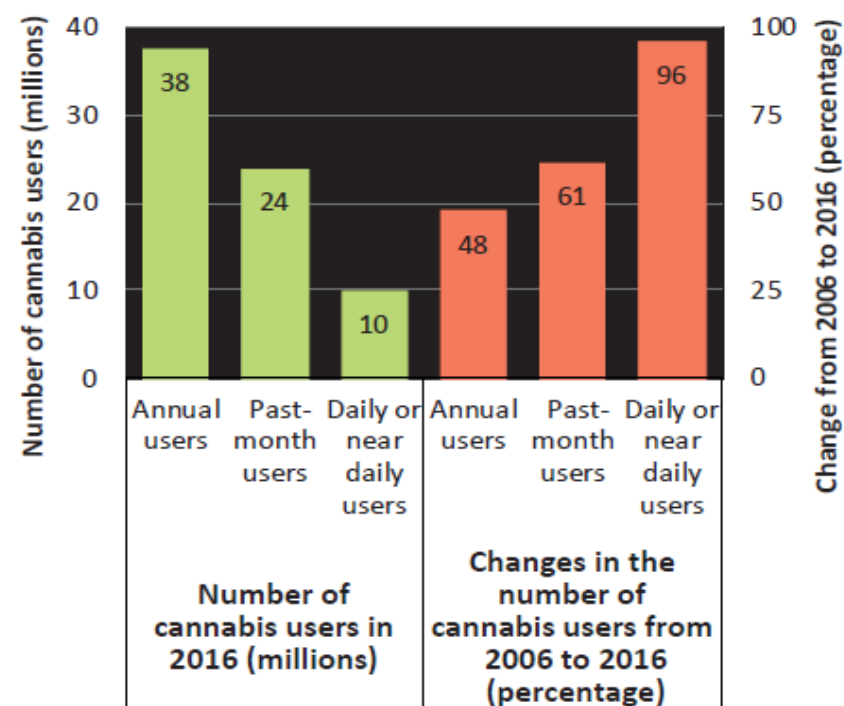
Cannabis use

Annual cannabis use in the United States, the European Union, Australia and at the global level, 2006–2016



Source: UNODC, responses to the annual report questionnaire, SAMHSA, EMCDDA and the Australian Institute of Health and Welfare.

Cannabis users in the United States, 2006–2016

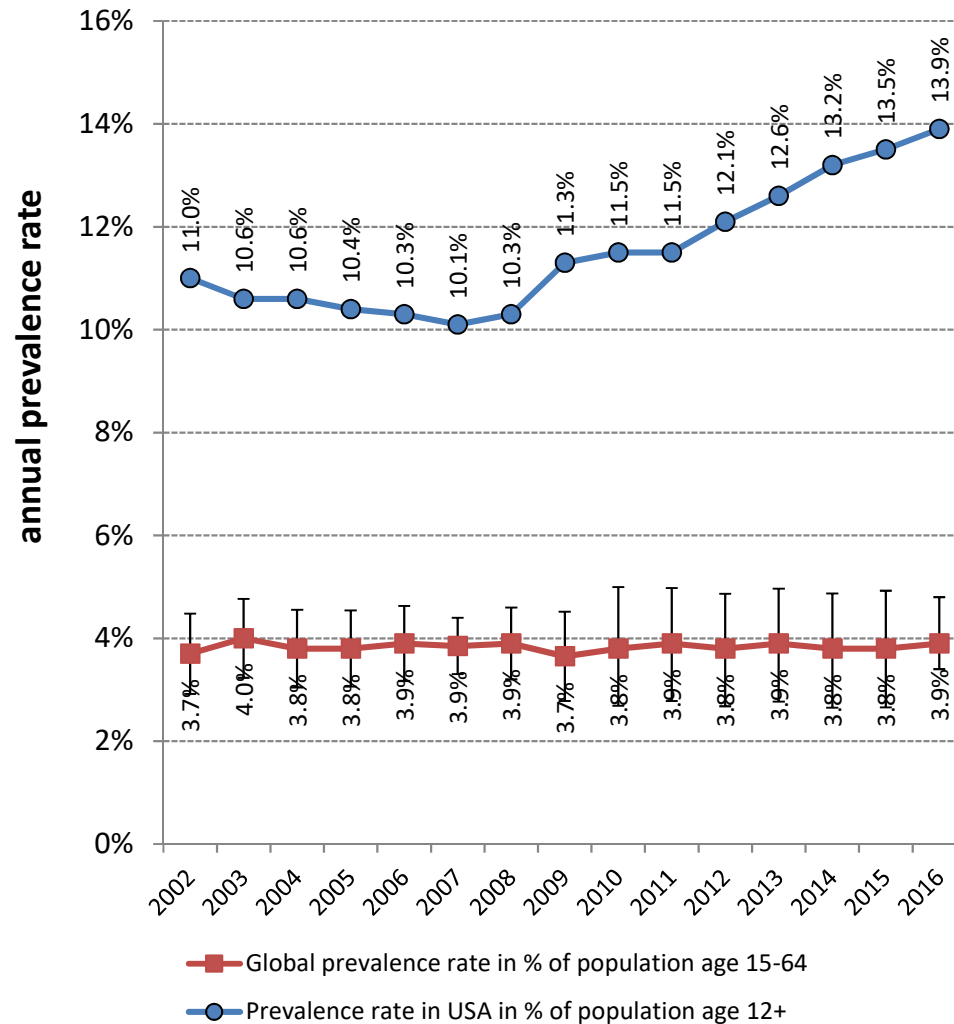


Source: United States, SAMHSA, Center for Behavioral Health Statistics and Quality, (Rockville, Maryland, September 2017).

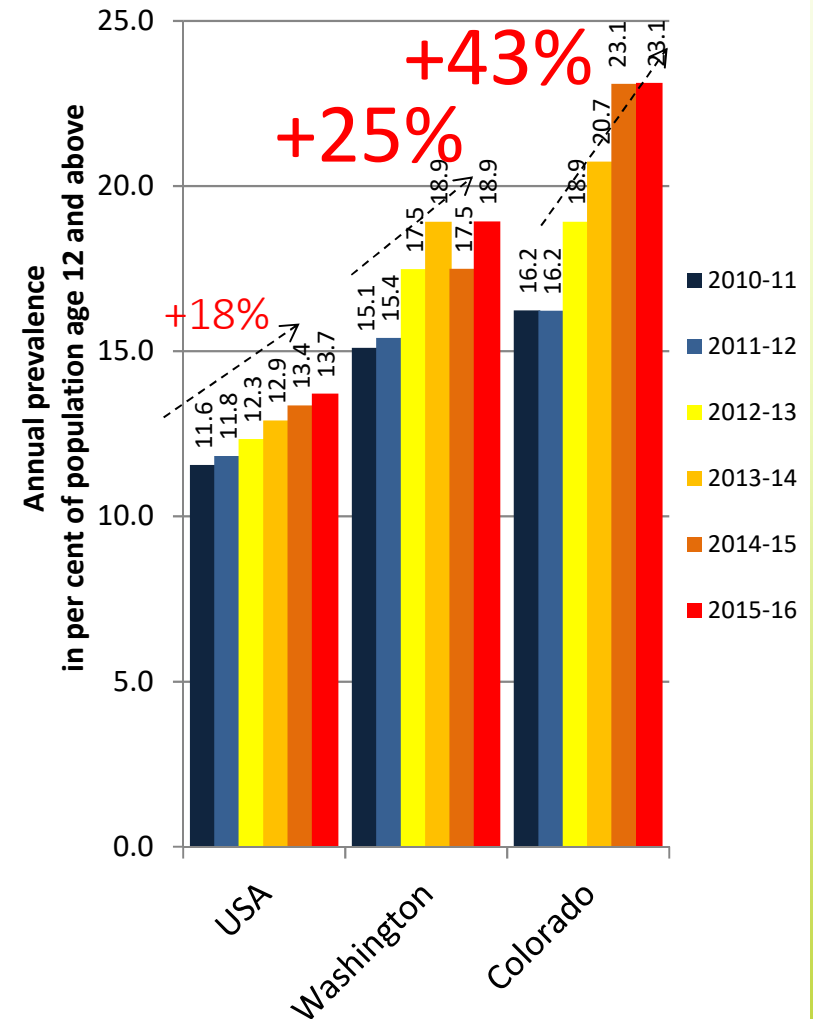


Annual prevalence rates of cannabis use

Global level and in the USA, 2002-2016



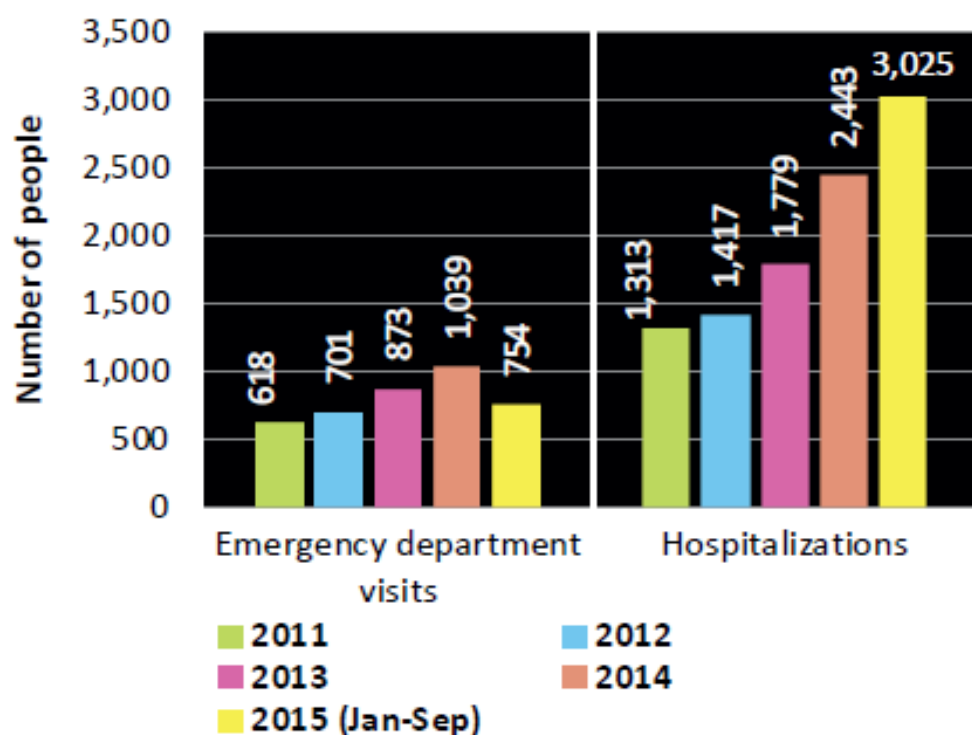
US average, Washington and Colorado
2011/12 - 2015/16 (age 12+)





Cannabis use and its health consequences in Colorado

Health-care utilization related to cannabis use in Colorado



Source: Colorado Department of Public Health and Environment, (Denver, United States, 2017).

Note: The 2015 data on emergency department visits and hospitalizations that are publicly available are for the period January–September only.



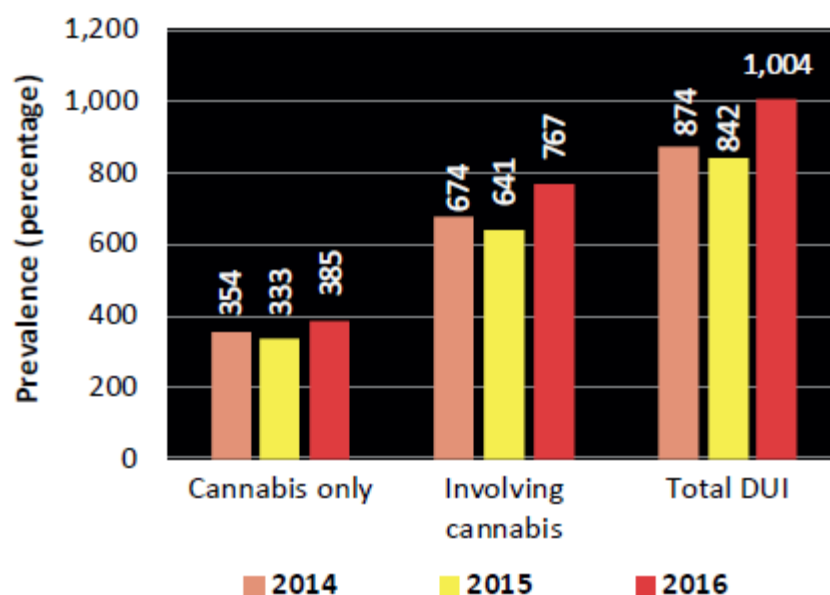
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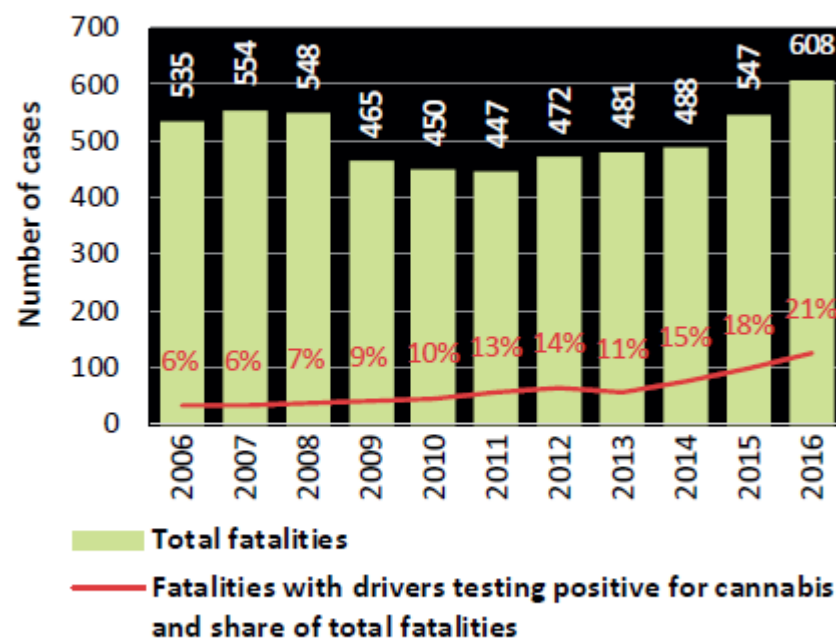
Cannabis use and driving in Colorado, United States

Driving under the influence of drugs in Colorado



Source: Data from the Colorado State Patrol, as reported through Rocky Mountain High Intensity Drug Trafficking Area, vol. 5 (October 2017).

Traffic deaths with one driver testing positive for cannabis in Colorado, United States



Source: Rocky Mountain High Intensity Drug Trafficking Area, vol. 5 (October 2017).



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Crime in Colorado, United States

Property and violent crimes in Colorado



Source: Colorado Bureau of Investigation as reported through Rocky Mountain High Intensity Drug Trafficking Area, , vol. 5 (October 2017).

**THANK YOU
FOR YOUR ATTENTION**



For more information:
<http://www.unodc.org/>

UNODC activities assisting Member States to reduce demand for drugs

Prevention (in parallel to ongoing monitoring and evaluation)

– Preventing drug use among youths

as well as HIV/AIDS and crime among young people through school and family skills training programmes in low and middle-income countries worldwide; this includes

- (i) evidence-based **family skills** training programs, targeting the whole family and offering skills-building for parents on monitoring and supervision of children's activities, communication and setting age appropriate limits and
- (ii) evidence-based drug education for children at **school**, based on the development **life-skills** that offer personal, social, resistance and communication skills as well as information about the effects of drugs

– Preventing drug use in the workplace

Promoting the health of employees by the development of policies against substance abuse in the workplace while assisting those with a drug dependence problem (based on close cooperation with employers and employees)

Guidelines: e.g. International Standards on Drug Use prevention (UNODC/WHO); UNESCO/ UNODC/ WHO Good Policy and Practice in Health Education: Education sector responses to the use of alcohol, tobacco and drugs

Treatment and Care (in close cooperation with the World Health Organisation)

Guidelines: WHO/UNODC Treatment and Care for people with drug use disorders in contact with the criminal justice

system – alternatives to conviction or punishment; WHO-UNODC Substance Use Disorder Treatment Facility Survey,

Draft for Field Testing; UNODC Treatnet Training Package; The S-O-S Initiative -Stop Overdose Safely - UNODC-WHO Multi-site Study on Community Management of Opioid Overdose, including emergency naloxone

UNODC activities assisting Member States to reduce drug supply

- Alternative Development
- Heads of National Law Enforcement Agency meetings (HONLEA)
- “Paris Pact Initiative” (2003+ incl. ADAM (“automated donor assistance mechanism”))
- Container Control Programme (with WCO) (since 2004)
- Airport Communication Programme (AIRCOP) (targeting drug couriers and cargo on flights from source countries (Latin America/Caribbean) to Africa and then to Europe; in cooperation with Interpol (I-24/7) and WCO (CENComm))
- UNODC technical assessments in law enforcement problem areas (frequent findings: weak border controls, lack of strategy, poor inter-agency cooperation, lack of technical equipment/ forensic support; lack of trained staff/specialist expertise in modern law enforcement methods, needs for legislative assistance, recovering proceeds from crime, corruption etc.)
- Law enforcement training (covert intelligence gathering, use of informants, intelligence-led enforcement, financial investigation, cyber crime / “darknet”, computer based training, crime scene investigation, forensic training)
- Witness protection – good practice (manual)
- Forensic support (capacity building; integration of scientific support to LE, judicial system and regulatory authorities)
- Anti-Money Laundering
- Promoting regional and inter-region law enforcement cooperation; controlled deliveries; creating networks and “networking the networks”
- Assisting member states in implementing the international drug, crime, corruption and terrorism conventions
- Firearms (e.g. assisting Member states to implement the Protocol and register firearms)
- Applied research (“understanding the dynamics of the illicit drug markets”) ; AOTP, SMART, Early Warning Advisory