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International Drug Policy Consortium

A global network promoting objective and open debate on drug policy

IDPC response to the UNODC 2011 World Drug Report

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As is now customary, 23 June saw the launch by the United Nations Office on Drugs and Crime (UNODC or *Office)* of the most recent version of its flagship publication, the *World Drug Report.*[1] This year the *Report* was launched at the UN headquarters in New York by Secretary-General Ban Ki-moon, the Executive Director of the UNODC, Yury Fedotov, President of the General Assembly, Joseph Deiiss and, perhaps reflecting a permanent shift in international drug control's geopolitical landscape, for the second year in a row the Director of the Russian Federation's Service for Drug Control, Victor Ivanov. This year's publication represents an impressive and wide-ranging set of data collated and analysed by the UNODC. With the absence of thematic chapters, a marked change to previous year's *Reports* is the noticeable lack of policy recommendations within the main text; a change in approach that may be a manifestation of Mr Fedotov's settling in period as Executive Director (ED) of the *Office*. For this reason, much of this response focuses on the global trends in production/manufacture, trafficking and consumption featuring in the 2011 *Report*.

Within many sectors, the *Report* suggests some market stabilisation; for example, in relation to global prevalence rates, the number of problem drug users, opium poppy cultivation in Afghanistan and global cannabis cultivation. In other areas, the *Report* signals some patterns of decline, principally in coca cultivation and cocaine production. That said, the data also reveals aspects of the global market that have grown. These include a slight increase in global opium poppy cultivation, but most significantly the growth of the Amphetamine Type Stimulant (ATS) market. As the detailed discussion of global trends (including regional comparisons) reveals, declines in the production and use of some drugs in some parts of the world often appear to be off-set by increases in the production and use of other drugs elsewhere; a phenomenon that combines production displacement, the so-called balloon effect, with substance displacement; a process that sees drug using populations switch from one substance to others. For example, in the United States, from cocaine to others including methamphetamine and prescription medicines. Another key theme running throughout the *Report* concerns continuing levels of uncertainty, an issue discussed in IDPC's response to last year's publication. As the UNODC's approach to compiling data sets becomes more transparent and nuanced – the continued use of ranges, the exclusion of unreliable or old figures and so on – levels of uncertainty increase; an issue that Member States themselves could do much to improve (See Box 1). While these issues will be discussed in more detail in the pages that follow, we begin with a critique of not only Mr Fedotov's contribution to the *Report*, but also a related review of his first year in post and the apparently increasing role of the Russian Federation within the UN drug control apparatus.

From Russia with love? The Preface, and a review of Mr Fedotov's first year

While Mr Fedotov's Preface lacks something of the rhetorical flourish that often characterised the writings of his immediate predecessor Antonio Maria Costa, his more stolid prose continues many of the same themes to have featured in recent *Reports*—most importantly

a continued commitment to the principles of health, human rights and development. This, and the fact that this year's Preface also lacks the barbed polemics in defence of the current drug control system that became a regular fixture in those authored by Mr Costa, is a very welcome change. However, echoing statements made at the Commission on Narcotic Drugs (CND) in March, Mr Fedotov does make the claim that the provisions of the 50-year old Single Convention on Narcotic Drugs "remain sound and highly relevant, as does its central focus on the protection of health" (p. 8-9). Overall, the 2011 *Report*, which as noted above does not include a thematic chapter, is primarily a presentation of assembled data on selected metrics of the "world drug problem", the contents of which are discussed in subsequent sections of this IDPC response.

The Preface, however, does contain a number of clumsy and misleading conceptualisations: for example, the statement that "drugs generate crime, street violence and other social problems that harm communities. In some regions, illicit drug use is contributing to the rapid spread of infectious diseases like HIV and hepatitis" (p. 8). It would be more accurate to say that the context in which drugs are distributed and used, and the ways in which this is structured by attitudes, beliefs and policies, shapes the nature and scale of crime, health and other social problems. To formulate the issue in the terms used by the Preface is to fall into the error of pharmacological determinism,[2] equivalent to the belief that alcohol alone causes one to become an alcoholic. It ignores all of the complexities, subtleties, interactions and choices that impact upon these processes. A similar point applies to the last sentence of the quoted passage, regarding drugs and HIV infection—a linkage that can be effectively disrupted by the provision of harm reduction services including needle and syringe exchange, substitution therapies and so forth. There is nothing inevitable in the connection.

The point brings us to a wider one, within which our discussion of the Preface is framed. This is the difficult question of the relationship between Mr Fedotov, in the first twelve months of his role as Executive Director of the UNODC, and the government of the Russian Federation, which he represented during a forty-year diplomatic career prior to taking up his current post.[3] As Executive Director of an important UN agency, Mr Fedotov is nominally independent of his country's government. However, concerns expressed by civil society organisations[4] when it first became clear that a Russian nominee was likely to be appointed, and elaborated upon by IDPC in various publications[5], appear to have been to some extent validated by a growing Russian profile within the UN drug control system.

As is widely recognised by NGOs, academics and clinicians involved in drug treatment, Russia's policies in relation to drugs run counter to both official UN policy and a powerful body of scientific evidence. For example, Russia's growing injecting drug use problem and the political inertia that fails to adequately confront it formed the topic of a recent report in the prestigious medical journal *The Lancet*.[6] Russian clinicians are forbidden by law from utilising Opiate Substitution Therapy (OST) involving methadone and buprenorphine, and their treatment system is overwhelmingly abstinence oriented. Moreover, Russian officials have repeatedly based critical appraisals of OST on inaccurate information,[7] while drug dependence treatment treatment in Russia remains a sub-division of a psychiatry developed under the Soviet regime, in which a totalitarian disrespect for individual rights is often implicit.[8] Recent discussion in the Russian parliament has centred on a new project of "total war on drugs", with drugs users to be offered a stark choice between prison and "forced treatment".[9] In sharp contrast to current Russian Federation policies and projected future strategy, the UNODC has repeatedly stressed its support for evidence based drug treatment, including OST,[10] has argued that the human rights of drug

users must be continuously respected and harm reduction services provided,[11] and rejected the use of procedures equivalent to torture in the name of treatment.[12]

In view of these discrepancies, IDPC was concerned to see Viktor Ivanov, head of Russia's Federal Drug Control Agency, given a prominent and authoritative platform at the launch of the 2011 *Report* on June 23rd, at which Mr Ivanov spoke for approximately 26 minutes. The launch of this flagship publication is a major event in the UN calendar, and is conducted in the full glare the world's media. It seems singularly odd to provide the Russian government, through one of its leading spokespeople, with access to such a platform for the dissemination of national policies which are in direct contradiction with many of those of the UNODC and the UN more broadly. The issue of nationality is not what concerns IDPC here. In 2009, the director of the US Office of National Drug Control Policy, Gil Kerlikowske, spoke at the presentation of the *Report*;[13] the difference was that Mr Kerlikowske's speech was in accordance with the principles to which the *Office* adheres, while Mr Ivanov's recent intervention was not.

At the launch of the 2011 *Report*, Mr Ivanov used the occasion to reiterate much of what he had already argued at the 54th CND.[14] His prime focus was on the threat posed by the cultivation of opium poppy in Afghanistan, and he urged the international community to upgrade the status of Afghan drug production in the UN Security Council to the level of "a threat to world peace and security". Such a move would enable a further militarisation of the global response to poppy cultivation and the production of opiates. He demanded an aggressive programme of crop destruction in Afghanistan, regardless of the lack of any alternative means of subsistence available to these farmers, drawing a retort from the Afghan delegate that the illicit drugs market is not the simple responsibility of Afghan farmers, but is related to patterns of global demand (For further discussion see Box 5).

During the press questions that followed the presentation, Mr Ivanov was questioned by Allan Clear of the Harm Reduction Coalition as to why, despite ample evidence of its medical effectiveness,[15] Russia refused to allow its clinicians to make use of OST; a line of questioning picking up on Mr Ivanov's statements at the CND in March concerning what he regarded as the ineffectiveness of methadone maintenance in particular.[16] In the context of the launch of a major UNODC publication, his reply was quite extraordinary. After describing the abstinence-based rehabilitation facilities upon which his government relies in its treatment endeavours, he went on to discuss methadone. The drug was, he told the room, "a chemical synthesized during the Second World War, on Hitler's orders, for the troops of the third Reich",[17] about which Russia was understandably cautious. There were, he continued, "quite a few European states who have rejected this approach", for which there is "no clinical evidence". He explained that the Russian state objected philosophically to replacing one addictive drug with another. Speaking of drug users, he alleged that: "They have this terrible kind of dependence that affects them on a mental level...These people need to be helped, helped to make a choice... To motivate, to prompt people...here we need legitimate methods...drug abusers (in other countries), they don't do anything—they are simply left alone, they don't go to these courses..." While it is historically accurate that the chemical that became known as methadone was first synthesised under the Third Reich,[18] the relevance of this fact is limited, and it appears to have been invoked for purposes which are obviously rhetorical. Certain of Mr Ivanov's other statements, such as that claiming that the use of methadone lacks a clinical evidence base, are entirely false, as is the implication that it is not a "legitimate" treatment.

These matters have been discussed here because, firstly, the circumstances in which the *Report* was launched are relevant to its reception, and secondly because of their bearing on the question of how Mr Fedotov has fared

during the first year of his Directorship of the UNODC. The fact that the Russian government is permitted to use such a prominent UN forum to try to justify its ineffective policies does not reflect well on the Executive Directorship of Mr Fedotov, particularly in the context of the civil society unease expressed (in reasoned and non-confrontational terms) at the beginning of his tenure. However, when searching for an explanation for Mr Ivanov's high profile at the launch event it should also not be forgotten that the Russian Federation has recently been injecting large amounts of financial support into the *Office*. A total of $7.5 million was contributed in 2010, much of it to the General Purpose Fund, a non-ring-fenced budget that allows the UNODC to direct funds according to its own priorities and as a result gives any donor state potential to influence the strategic direction of the *Office*.[19] A further $2 million is to be contributed annually starting in 2011. Mindful of the ongoing financial crisis it faces,[20] monetary support from the Russian government will certainly be welcomed by the *Office*, and no doubt signals, in the words of the UNODC press release, its commitment to "fighting the threats to international security" such as that represented by the illicit drug trade. It may also, however, be taken to signify the growing influence of the Russian Federation within the agency, and in the international drug control system generally.

When Mr Fedotov first assumed the role of ED, IDPC published an advocacy note[21] in which we elaborated what we believed should be his initial priorities. These were:

1. To promote human rights compliance in all drug control activities.

2. To prioritise HIV prevention within the activities of the UNODC.

3. To support the widespread development of effective and evidence based national drug dependence treatment systems.

4. To facilitate an open and objective policy debate.

5. To support the modernisation of drug legislation, and promote smarter law enforcement strategies.

6. To promote alternative livelihoods in areas of drug cultivation.

7. To ensure wider access to essential medicines within the global control regime.

8. To promote civil society engagement in the work of the UNODC, and amongst national governments.

Mr Fedotov's own listing of his immediate priorities were encouraging in that they contained considerable overlap with the above,[22] albeit with more emphasis on supply reduction through law enforcement (which is perhaps to be expected given the agency's mandate), and with establishing on a firmer footing the financial underpinning of the *Office*. Many of his public pronouncements during this year, the first of his tenure, have supported his original intention to take the UNODC forward with a strong emphasis on health, human rights and justice in drugs and crime policy. In this year's Preface, he reiterates that, "On the demand side there is growing recognition that we must draw a line between *criminals* (drug traffickers) and their *victims* (drug users), and that treatment for drug use offers a far more effective cure than punishment" (p.9). While the formulation is somewhat simplistic—after all, and as the main text of the *Report* alludes, the majority of drug users arguably need neither punishment nor treatment since their drug use is non-problematic to either themselves or the societies of which they are a part—this approach can be broadly welcomed, especially since the *Office* has maintained its stance that the employment of the term "treatment" should not be permitted to provide justification for human rights abuses.

Box 1 - Methodology: Holes in the map remain

The methodology section of this year's *Report* begins by noting the "considerable efforts" that have gone into improving the estimates in recent years. This drive for better data has been backed by the CND, where each of the last three years have seen resolutions on the topic,[23] and an expert group formed to update the Annual Reports Questionnaire (ARQ).[24] These efforts, it should be acknowledged, have met with some success, not least through the inclusion of health-related data in the *Report*, and the introduction of ranges in place of single-figure values, which go some way to conceding the tentative nature of many of the estimates.

However, deep-set problems remain, and the text itself acknowledges its limitations at the outset: "Nonetheless, challenges remain in making such estimates because of data gaps and the varying quality of the available data. One major problem is the irregularity and incompleteness in ARQ reporting by Member States" (p. 255). As always, though it supplements them with other sources of information, the 2011 *Report* is based primarily on the submission of ARQs. These were received from Member States between March and December 2010, and refer mainly to the illicit drug situation in 2009. The return of the questionnaires makes up what appears to be the most difficult link in the information chain for the UNODC. For this *Report*, the *Office* distributed ARQs to 195 countries and 15 territories. From these, it received 107 replies to Part 2 of its questionnaire (on Drug Consumption) and 106 replies to Part 3 (on the Illicit Supply of Drugs). The proportion of states returning the ARQs to the UNODC may be broken down by region as follows:

- Member states in Europe returned the highest percentage, with 80% of member states returning Part 2 and 88% Part 3.
- Member states in Asia returned 64% of questionnaires Part2, and 62% of Part 3.
- Member states in the Americas returned 59% of questionnaires Part 2, and 53% of Part 3.
- Member states in Africa returned 27% of questionnaires Part 2, and 25% Part 3
- Member states in Oceania returned 12% of questionnaires for Part 2, and 12% Part 3.

In general, 90% of responses to Part 3 (Drug Supply) were "substantially" completed, though the figure was only 53% for part 2 (Drug Abuse). "Substantially" completed means that over 50% of the questions were answered. In addition to these major omissions in data, in some geographical areas, ARQ consumption data were entirely lacking; they included most of the African continent, as well as China and India, countries with very large populations. It goes without saying that only when all ARQ returns improve can the UNODC reduce the levels of uncertainty currently inherent within the *Report*.

Additionally, Mr Fedotov has at times demonstrated a commendable candour, showing a willingness to confront unwelcome realities that was not always present in the public discourse of his predecessor. In the Preface, he notes that, while 2010 saw a significant decline in opium cultivation, this was due to pathologies affecting the poppy crop in Southern Afghanistan. He recognises, moreover, that, "...between 1998 and 2009, global production of opium rose almost 80 percent, which makes the 2010 decline less significant over the last decade" (p.8). Likewise, welcome is the Preface's acknowledgement that, "A lack of comprehensive data continues to obstruct our full understanding of the markets for illicit drugs. The gaps are more prominent in some regions, such as Africa and Asia, and also around new drugs and evolving consumption patterns" (p. 9).

On the other hand, the text contains some questionable claims, such as that the *World Drug Report* "documents developments in global drug markets and tries to explain the factors that drive them". The documentation provided by the *Report* is certainly considerable, and of considerable value, but its explanatory powers are limited. There is, in fact, little *attempt* at explanatory analysis in the publication, which is more of a mapping exercise built upon the foundations of quantitative data. The big questions, such as why citizens wish to consume this ever-expanding, globalising menu of mind and mood-altering substances is not discussed in the document, apart from in Mr Fedotov's characterisation of drug users as victims of criminal enterprise.

To summarise the issue of Mr Fedotov's first year at the helm of the UNODC, the conclusion is a mixed one. Acutely aware of the dilemmas posed by ongoing funding constraints, the Executive Director tenure thus far has in many ways been a positive one. For example, his repeated statements in support of health and human rights are welcome, and much of the work the agency continues to conduct on the ground is both valuable and worthwhile. However, the anxieties felt within much of civil society, and by a number of Member States, have been increased by an apparent expansion of Russian influence in the drug control system over the last year. The next period of Mr Fedotov's tenure will reveal more, and much will hinge on his readiness to moderate the growing influence of Russia, a country with manifestly ineffective drug policies that are in radical conflict with the express aims and objectives of the UNODC.

The global picture: Improving technical analysis revealing ongoing uncertainty

With the aim of providing a comprehensive yet accessible overview of the global picture, the following section synthesises data from the entire 2011 *Report* and is organised in terms of trends in production and manufacturing, trafficking and consumption of all the principle drug categories. A discussion of two emerging areas of concern, so-called legal highs and the non-medical use of prescription drugs can be found in Box 2. As noted above, the section also highlights many of the welcome features of the UNODC's improving analysis and reveals significant areas of ongoing uncertainty.

Production and Manufacturing Trends

In volume terms, cannabis, herb and then resin, remains the world's largest illicit drug product with a total area under cannabis cultivation estimated to be in the range of 200,000 - 641,800 ha (p. 189). Geographically, cannabis herb production remains widely dispersed as it is mostly produced for domestic or regional markets. As a result, and as noted by the UNODC in recent years, particularly in its 2009 *Report,* we are informed that "an estimation of total global production is fraught with difficulty" (p. 18). With indicators showing no significant changes since 2009, figures were not updated for this year's *Report* which presents the production of cannabis herb to be

in the range of 13,000 - 66,100 mt. Available data also shows that herb production exists across all continents and in most countries, with indoor production concentrated in what are called "developed countries" in North America, Oceania and Europe. Among this group, indoor production has increased in the latter region. Most countries in South America, Central America and the Caribbean also have significant levels of cannabis production. In 2009, 70% of global cannabis plant seizures, "as an indicator of cannabis eradication", occurred in the sub-region (p. 37). Despite the lack of "reliable trend information of cannabis herb production at the global level" the *Report* notes that seizures suggest some stability (p. 19).

In contrast to the much larger figure for cannabis herb, the production of resin is presented to be in the range of 2,220 - 9,900 mt and is far more geographically limited. Member state information suggests production is located mainly in Morocco – for markets in West and Central Europe and North Africa – and Afghanistan – for markets in neighbouring states in South West Asia as well as more locally. The *Report* highlights that Moroccan authorities say that production has declined and notes that the first Joint UNODC and Afghan Government surveys in 2009 "seems to show" a generally stable level in 2010 compared to a year earlier (p. 19). Afghanistan is the second most frequently mentioned source for resin, after Morocco, but interestingly cannabis production in Afghanistan is increasingly seen as competitor to opium as a lucrative crop.

While in previous *Reports* the issue of THC concentrations within cannabis was, arguably for political reasons, often presented in a somewhat sensationalistic fashion, the issue is dealt with in a sensible and matter-of-fact manner this year.[25] We are told that concentrations have increased, but that this process varies across countries and that the information presented is greatly dependent upon the data captured – that is to say, which member states monitor this aspect of cannabis seizures (pp. 191-2).

Cautiously admitting the existence of more readily available data on heroin and cocaine, due to more regular opium and coca surveys conducted by the UNODC and government concerned in the main producing areas, the *Report* notes that "…surveys showed clear declines over the 2007-2009 period. More precisely, this equates to a -21% decline for opium and a -13% decline for coca (p. 19).

Indeed, the global area under coca cultivation continued to "shrink", reaching a figure of 149,100 ha in 2010. This represents a fall of 18% from 2007 to 2010 with the *Report* noting that "The global area under coca cultivation in 2010 was a third lower than in 2000" (p. 20). Such a trend has much to do with reductions of cultivation in Colombia, although this was offset slightly by increases in Peru and Bolivia; the three countries accounting for close to 100% of coca leaf production. Again, injecting a welcome level of sophistication into the discussion, the authors are careful to note the existence of difficulties is cross-country comparisons due to the different methodologies employed in determining areas under cultivation (p. 99). Further evidence of a more nuanced approach to presenting data can be seen in the *Report*'s presentation of data in terms of fresh coca leaf, as well as sun dried and oven dried leafs. This is important due to the different trading and processing practices in different countries and the fact that the extraction of coca alkaloids is impacted by moisture content (p. 104). With all this in mind, the *Report* stresses that since 2007 cocaine production has shown a clear downward trend, also mainly due to declines in Colombia. Data shows that cocaine production fell by one sixth over the 2007-2010 period (p. 37 & 20). However, the historical record shows that coca cultivation data should be treated with considerable caution. For example, scholars have repeatedly drawn attention to the discrepancies between the cultivation data produced by the UN and the US, discrepancies which have sometimes reached enormous levels. For example, estimates of coca bush acreage in Colombia for 2007 varied between

99,000 hectares (UN figures) and 167,000 hectares (US figures).[26] Despite the use of satellite imagery in obtaining estimates and the aura of science that this lends to the data, they rest finally on human interpretation and are subject to the influence of cultural perspectives and values.

Recent downward trends in areas under opium poppy cultivation, however, did not continue in 2010. However, the *Report* is quick to extend the temporal frame and note that the global figure for 2010, "some" 195,700 ha, was "still some 12% lower than in 2000 and more than a quarter lower than in 1990". Perhaps unsurprisingly given its continuing instability and status as one of the world's top ten "failed states",[27] "Afghanistan continued to account for the bulk of the cultivation with some 123,000 ha – 63% of the global total" (p. 20). As Paoli et al point out, "After meeting some basic climatic and socioeconomic needs, the role of governments, particularly effective illegality, constitutes a major determining factor in the location of opium poppy cultivation".[28] Moreover, the *Report* notes, "There is a strong link between insecurity and the opiate trade in Afghanistan, as opiates constitute the main income source for anti-government elements like the Afghan Taliban" (p. 83). While Asian opium, that is to say from Afghanistan and Myanmar, declined from 98% of the global total in 2007 to 87% in 2010, it still dominates "the world opium and thus also the world heroin market" (p. 41.). Mexican opium, for example, accounted for only 5% of the world total in 2009 (p. 35).

In terms of production, the authors are confident enough in the data to state that opium output declined "strongly" in 2010; a change of -38% (p. 20). This represented a drop in global opium production to 4,860 mt in 2010 from 7,835 mt the year before (p. 16). This was seen to be due to a "massive decline in opium production in Afghanistan (-48%) linked to much lower yields as a consequence of various plant diseases that affected poppy plants" (p. 20). This natural rather than policy related decline, was to a limited degree offset by increases in Myanmar. Afghanistan remains the world largest opium producing country, accounting for 74% of global production in 2010 – although admittedly this was down from 88% in 2009 and 92% in 2007. Almost 95% of Afghan opium continues to be grown in southern provinces, including "Hilmand", Kandahar, Farh, Nimroz and Uruzgan; parts of the country that are also the location of heroin processing laboratories and Taliban activity (p. 71 & 83). Nonetheless, "Given the declines of opium production in Afghanistan," the *Report* points out, "global opium production declined by 45% between 2007 and 2010 (p. 20). Basing its forecast on the UNODC's *Winter rapid Assessment* in February 2011, Afghan production in 2011 is projected to undergo "a further small decline or at least a stabilization of overall poppy cultivation at the lower levels" (p. 45). We are told at a number of points in the *Report* that the cultivation trend in Afghanistan remains stable.

Concurrently, "potential" heroin manufacture (i.e. heroin that could have been manufactured from the opium produced minus the amounts of the opium consumed) is shown to have fallen from some 760 mt in 2007 to less than 400 mt in 2010. However, touching on a problematic issue discussed in previous *Reports*, the authors note that "These calculations…do not take into account the stock and inventory of opium". As the *Report* states "The entire amount of opium produced every year may not be either consumed or converted into heroin, however, as …opiate stockpiling may be occurring inside and outside of Afghanistan (p. 61). With this in mind, the *Report* states that based on consumption estimates and amounts seized "it is estimated that the 'heroin available in the market' (prior to seizures) was, on average around 430 mt per year over the 2002-2008 period and between 460 and 480 mt in 2009" (p. 20). While this is the case, if the huge stockpiles of opium and heroin sometimes suggested by the *Office* are indeed so extensive, it seems strange that the severe shortages of illicit heroin that have affected much of Europe (from the UK to the Russian Federation) over 2010 and 2011 were not

released in order to answer the urgent market demand, given that this must have represented a highly profitable opportunity. One can only speculate on such questions, but they may indicate that the levels of knowledge regarding the operations of the global opiate market in general are less full and less sophisticated than is often supposed.

Amphetamine Type Stimulants (ATS) refers to a group of synthetic drugs consisting of amphetamines-group substances (primarily amphetamine, methamphetamine and methcathinone) and ecstasy-group substances (MDMA and its analogues). As synthetics, the production of ATS is not constrained to a specific location like the opium poppy and the coca bush. In a similar fashion to cannabis production, however, ATS laboratories tend to be close to consumer markets. The *Report* highlights that there has been a spread of ATS manufacture over the past 20-years or so, with 60 member states reporting production activity within their borders. Although there were no new global ATS production estimates for 2009, available indicators suggest, "Global manufacture of ATS may have increased in 2009". Seizures increased by 16% in 2009 and the number of what the UNODC refers to as "laboratory incidents" rose by 26% on the previous year to some 10, 600 (p. 20).

In terms of geographic distribution, it is estimated that "Some 99% of methamphetamine laboratories worldwide (though mostly 'kitchen labs') are dismantled in North America, notably in the United States" (p. 35) and it is this trend within the US that is largely responsible for overall increases in ATS manufacture. Global seizures of main precursors for methamphetamine (ephedrine and pseudoephedrine) together more than doubled in 2009. However, conversely, the number of amphetamine and ecstasy labs dismantled globally was lower in 2009 than 2007 with seizures of the main precursors falling.

The data within the *Report* also reveals the importance of Europe as a key location for ecstasy in continued decline. According to seizure figures, in order of significance the Netherlands, Poland and Belgium remained centres of manufacture, although the clandestine manufacture of methamphetamine seems to be concentrated in the Czech Republic (p. 38). While European ATS manufacture is in decline, the *Report* points to the emergence of production in some African countries (p. 40), and highlights Asia, particularly the Philippines, China, Malaysia and Myanmar, as having a major role in the clandestine manufacture of ATS, notably methamphetamine. Since 2009, Iran also appears to have emerged as major location for clandestine manufacture of that drug.

Trends in Trafficking and Seizures

This year's *Report* reveals the trafficking flows for different drugs continuing to have distinct patterns:

- Most cannabis herb trafficking is intra-regional. Most is produced and consumed locally and does not leave country boundaries.

- Most of the resin produced in Morocco is destined for consumption in Western and Central Europe and North Africa and that produced in Afghanistan is destined mainly for neighbouring regions.

- Cocaine trafficking is both intra and inter regional.

- Cocaine is produced in three Andean countries (Colombia, Peru and Bolivia) and continues to be destined primarily for North America and Western and Central Europe, although the importance of the North American market continued to decline. The actual export volume from these Andean countries (after seizures and consumption in the region) is estimated to be 788 mt. Some shipments to Western and Central Europe go through African, particularly West African, countries yet "…a significant share

of the cocaine produced is also trafficked to the Southern Cone countries of South America for domestic consumption" (p. 21).

- Heroin trafficking is both intra and inter regional.

- Heroin produced in Afghanistan is consumed within the region and/or trafficked to Europe. Around 160 mt of Afghan heroin is estimated to have entered Pakistan in 2009, with the bulk final destination being Europe, South East Asia, South Asia and Africa. Some 145 mt is estimated to have been trafficked to Iran for local consumption and onward trafficking. Around 75-89 mt of heroin is estimated to have reached Western and Central Europe, with about 90 mt of Afghan heroin estimated to have been trafficked to countries in Central Asia, notably the Russian Federation. Production in Myanmar is mainly for market in South East Asia, with heroin produced in Mexico and Colombia mainly for US and local consumption.

- Amphetamine trafficking continues to be mainly intra regional, with precursor trafficking largely inter-regional in character

- Ecstasy trafficking has, traditionally, been intra-regional within Europe and inter-regional for other regions. In recent years, the importance of Europe has declined and production shifted to other regions, notably North America and South East Asia. Exports from these latter regions, however, remains very limited.

Working within these broad patterns, seizures of cannabis herb showed "a generally stable trend over 2007-2009 period". "In 2009", however, "cannabis herb seizures increased while resin seizures declined" (p. 21). Following a slight drop in 2008, in 2009 herb seizures returned to 2007 levels (6,022 mt) with North America accounting for 70% of global seizures. Resin seizures reached a record of 1,648 mt in 2008 and declined to 1,610 mt in 2009. Interestingly, most seizures in this case relate to cannabis resin in Europe – 48-9% of global total (p. 38). Although, this figure is in decline as the source of seizures shift away from Western and Central Europe, to source countries in North Africa (p. 193).

In relation to cocaine, the *Report* notes that despite strong increases over the 2000-2005 period, global cocaine seizures "fluctuated, but did not change significantly between 2005 and 2009". With seizures regarded as being "…generally stable over the period 2006-2009" "some 732 mt" of cocaine was intercepted in 2009 (p. 15). Within this context, the *Report* states that, "The high cocaine seizures indicate ongoing improvements in the cocaine interception rates, given falling cocaine production at the global level" (p. 21). As with cannabis, cocaine seizures since 2006 have also shifted towards source areas. Consequently, seizures have increased in South America away from consumer markets in North America and Western and Central Europe. Although declining in 2008 and 2009 as traffickers change tactics and move away from the region, as noted earlier Africa remains a transit point for South American cocaine with data suggesting some increase in local consumption. This is perhaps not surprising when, according to UNODC estimates, approximately 13% of the cocaine trafficked to meet demand in West and Central Europe transited West Africa in 2009 with up to a third of shipments paid in kind to local service providers (p. 125). Further, the *Report* notes that there are some indications that West African countries are being used to stockpile the drug. This belief is predicated on figures estimating that while 32 mt of cocaine leaves South America only 21 mt arrives in Europe (p. 40).

Opium seizures almost doubled between 2005 and 2009, while seizures of heroin and opium when taken together remained generally stable over same period. "This", the *Report* notes, "suggests the strong increase of opium production in Afghanistan (until 2007) led to increasing opium exports but was not translated

into an equally rapid expansion of heroin production at the global level". "Similarly," it continues, "the declines of Afghan opium production after 2007 did not lead to any declines of heroin and morphine trafficking – at least not until 2009" (p. 21).

Bucking this stabilisation trend, global seizures of ATS increased significantly (16%) in 2009, a pattern driven largely by the increase in seizures of methamphetamine. This rose by 40% to reach 31 mt. Ecstasy seizures, however, fell by more than two thirds between 2007 and 2009 with the UNODC reporting shortages in several markets. In relation to the methodology employed to measure the ATS market, again we see a refinement of approach. In this instance, this is to assist in comparisons across substance groups. This year the *Report* converts figures to gross weight terms instead of factual amounts of psychoactive substances contained in pills, since other substances are shown in gross weight terms. This explains why the volumes of ecstasy and amphetamines presented (kg equivalents) are higher than in previous years (p. 21).

Geographically, the *Report* describes Africa, especially West Africa, as a "region of concern with regard to the trafficking of ATS" (p. 17). This position is held despite the poor quality of the data received from countries within the region, in terms of both ATS and precursors. Despite considerable data-related uncertainty, the UNODC highlights that "Africa poses one of the greatest emerging threats" with regard to the trafficking of ATS, particularly in relation to methamphetamines from West Africa (p.166). In line with the patterns described above, the increasing size of the methamphetamine market in the United States was reflected in the seizure rates there, with seizures of MDMA also increasing in the US and Canada. In contrast, there were limited seizures in Central America, South America and the Caribbean, although trafficking has emerged here where there was previously none. The Near and Middle East and South West Asia also experienced a rise in ATS seizures, with increased seizures of methamphetamine taking place in Iran as well as the Asia Pacific region.

Trends in Consumption

Globally, the UNODC estimates that between 149 and 272 million people, or 3.3% to 6.1% of the population aged 15-64, used illicit substances at least once in the previous year. About half that number is estimated to have been current drug users, that is, those having used illicit drugs at least once during the past month prior to surveys. "Thus", the *Report* notes, "the use of psychoactive substances – for which the global control system is in place – continues to be substantially lower than the use of some legal psychoactive substances such as tobacco" (p. 22). However, the deployment of such a comparative frame, while perhaps useful in terms of comparing the relative scale of the use of a range of psychoactive substances, has little to say about the greater level of drug related harms associated with an illegal market; or for that matter the increasing prevalence of so-called "legal highs" and the non-medical use of prescription drugs (See Box 2). Harms relating to the illicit market are well-known, and include the risk of transmitting blood-borne virus infections linked to the restricted availability of injecting equipment; unknown purity levels of illicit drugs and their contamination by adulterants; storage and movement of illicit consignments in unhygienic circumstances (which are believed to have led to the presence in illicit heroin of anthrax bacilli), and so on. To these factors, resulting from the absence of quality controls on illicit drugs, may be added the general social and economic marginalisation of users, the reduction of life-opportunities and social engagement stemming from criminalisation, and numerous other problems that derive directly or indirectly from the illegal status of the drugs market. These factors, which are arguably of greater significance than the drugs themselves (considered purely as chemical substances), are excluded from simple comparisons made between "legal versus illegal drugs", alcohol compared to heroin, and so on.

Box 2 – The emergence of new drugs and increasing problems with prescription drugs

While the *Report* presents a global overview within which stabilisation of drug consumption is writ large, it also highlights that in recent years a number of new substances have entered and altered the form of the illicit market. These imitate either the pharmacological properties or chemical strictures of existing controlled substances such as amphetamines or ecstasy, and some contain unregulated substances, now commonly referred to as "legal highs". Prominent among them are piperazine derivatives, such as Benzylpiperazine (BZP) and mephadrone, also known as 4-methylmethcathinone (4-MMC). The *Report* also notes the diversification of the cannabis market with the introduction of synthetic cannabinoids, commonly known as "spice", that emulate the effect of using cannabis. The authors draw attention to the fact that substances like "spice" pose a "number of challenges to public health and law enforcement systems" (p. 27) and with none of the synthetic cannabinoids found in herbal products under control of the 1961 or 1971 conventions, highlight the variety of approaches followed by national governments. Some countries have approached the issue via "emergency scheduling" mechanisms. Others have started to experiment with "generic scheduling mechanisms" which automatically also put analogue substances under control while, illustrating the range of approaches to the emerging phenomenon, some authorities have started to bring the rapidly growing number of new substances under control via the "Medicine Act". This typically requires that medicinal products need to be properly tested before they can be sold to the general public (p. 27). The *Report*, unsurprisingly, does not explore the ramifications of such an approach to the current control framework, although it notes that "…the large number of products being marketed as cannabinoids also challenges the control measures taken by regulatory authorities in the Member States, the World Health Organisation, the International Narcotics Control Board and the Commission on Narcotic Drugs" (p. 175).

The apparent increase in the non-medical use of prescription drugs in a number of countries is also a counterpoint to the purported stabilising trend for "traditionally used drugs" (p. 27). The non-medical use of a range of prescription drugs (synthetic opioids, tranquilisers and sedatives or prescription stimulants) is reportedly a growing health problem in a range of countries, notably the United States. Here the use of "psychotherapeutics" ranked for some years second after cannabis, with an annual prevalence of 6.4% among the population aged 12 and above (p. 36). Evidence of use was also found in Asia with the practice also appearing widespread in Oceania. It is not regarded as major problem in Europe (p. 39), although inclusion of the phrase "so far" suggests that the UNODC believes the non-medical use of prescription drugs is likely to emerge as an issue of concern within the region.

Understanding of this phenomenon has been greatly improved through better data capture, with, as noted elsewhere in this response, the new ARQ approved by Member States in 2010 adding the category of "misuse of prescription opioids" to existing categories. The *Report* posits a number of explanations for increasing non-medica

The question refers back to that raised above: the problems arising from understanding drugs solely as pharmacological substances rather than ones deeply imprinted with social and cultural meanings.

Reminiscent of the UNODC's use of the containment narrative between 2007 and 2009, the well-worn if equally problematic comparison of the consumption of controlled drugs to licit drugs was no doubt re-presented in order to deflect some attention away from the *Report*'s position that overall, the "number of drug users appears to have increased over the last decade, from 180 to some 210 million people (range: 149-272 million)". As with some levels of drug production, however, in terms of prevalence rate, the proportion of drug users among the population aged 15-64, remained almost unchanged at around 5% (range 3.4%-6.2%) in 2009/2010. Similarly, "problem drug use"[29] appeared to remain relatively stable with estimates in the range of 15 to 39 million people, the equivalent to 0.3%-0.9% of the population aged 15-64. The *Report* claims that "A comparison of problem drug use since 2004/2005 shows a fairly stable trend" (p. 23).

Use of the qualifying adverb, however, disguises an important issue that IDPC has discussed in responses to previous *World Drug Reports*. As noted in the introduction to this response, at the same time that the UNODC suggests stabilisation, the increasing methodological sophistication of its *Reports* highlights the extent of current gaps in reliable data and thus simultaneously raises questions about the true state of the situation at a global level. As we will see throughout the following section, the creation of a realistic picture of global consumption is beset with problems concerning the availability of reliable, or in some instances any, data. This varies across regions and substances, but is particularly prominent in relation to the ATS group (for example see p. 24) and Africa and Asia. We are told, "Information on drug use in Africa is extremely limited, given the lack of scientific surveys in the region. The high level of uncertainty is reflected in the broad ranges around the best estimates (pp. 40-1)". Moreover, "Information on illicit drug use is only slightly better in Asia than in Africa, which also results in broad ranges around the best estimates" (p. 42). The *Report* also notes, "The total number of users for the individual categories …does not appear to have changed significantly over the last few years. All changes occurred well within the existing ranges. If there has been a general trend, it has been – for most drugs – towards a widening of existing ranges (that is, increases of the upper level and declines in the lower level of the estimates, reflecting greater uncertainty about the actual number of drug users. Some of this is a result of statistical good practice, whereby prevalence estimates older than 10 years are now not being used to estimate prevalence". The UNODC admits, however, that "Since a large number of countries in Africa and Asia do not have recent data on drug use, *the levels of uncertainty increase*" (Emphasis added) (p. 25).

With the concept of uncertainty kept firmly in mind, a breakdown of these broad figures by substance shows that cannabis remains by far the most widely used illicit drug. It is estimated that between 125 and 203 million people used the drug in 2009. This is equivalent to an annual prevalence rate of 2.8%-4.5% of the population aged 15-64 and is similar to last year's estimates. It is interesting to note, however, that this year's *Report* presents a typology of cannabis users (experimental, recreational and long-term chronic), an approach that implicitly suggests an appreciation that not all users experience problems with the drug (p. 178).

At a regional level, some increases in consumption were reported from the Americas, Africa and Asia in 2009, with figures stable in Western Europe and Oceania. Within North America, the highest levels of illicit drug use are related to cannabis, with the region containing about one fifth of all global cannabis users, a figure proportionately far above its share of the population. More specifically, "Following

years of decline, cannabis use increased again in 2009 in the United States" (p. 35) with the trend defined by the UNODC as a "resurgence" (p. 179). Cannabis is also the most prevalent drug in Europe with an annual prevalence rate of 5.2%-5.3% among the population aged 15-64. This equates to around 18% of the total cannabis population living in the region although, "Following years of significant increases, cannabis use appears to have stabilized in Europe" (p. 39), apart from Eastern Europe which showed increases in use (p. 182).

Within this context, the *Report* notes, "Over the past ten years, experts from an increasing number of countries have been reporting stable cannabis use trends" (p. 18). Nevertheless, consumption estimates do show a wider range than in previous years. This is partially the result of increases in cannabis use in the USA, Africa, South and Central America and Asia. However, as the UNODC alludes in the Executive Summary and openly admits within the denser technical sections later on in the *Report*, the wider range is also "…in part due to the uncertainty in the estimates as there are limited recent or reliable prevalence data available from many countries in Asia and Africa" (p. 175). These are clearly two regions with rapidly increasing populations, and hence potential drug users, including notably the world's two most populous countries: India and China. Any likely yet hidden increases here would certainly have a significant impact upon global prevalence figures – while data is severely limited, cannabis use is "perceived to be widespread" in Africa with expert opinion in most African countries believing that use is continuing to expand (p. 183), particularly in urban areas (p. 40-41). Estimated prevalence rates in Africa show the region to be the second highest in the world, with broad estimates (themselves a product of uncertainty) ranging between 3.8% and 10.4% of the population aged 15-64 or between 21.6 and 59.1 million people (p. 183).

Following cannabis, ATS "seems to be" (p. 25) the next most commonly used controlled drug, with amphetamines still the most prominent within the group. In 2009, the UNODC estimated that ATS were used by 14-56/7 million people, the equivalent to a prevalence rate ranging from 0.3% to 1.3% of the population aged 15-64. It is estimated that between 13.7 and 56.4 million people aged 15-64 used ATS in the past year (p. 127). The *Report* states that, "Global ATS use remained essentially stable in 2009" (p. 17). Repeating the reoccurring mantra running throughout the *Report*'s discussion of consumption figures, however, the UNODC points out that, "The broad ranges are mainly due to uncertainties regarding the extent of amphetamine consumption in the world's two most populous countries, China and India, as well as uncertainties regarding the spread of amphetamine use in Africa. The same applies for the broad ranges for ecstasy use (11-28 million people, or a prevalence rate ranging from 0.2-0.6% of the population aged 15-64)" (p. 25).

The *Report* shows that while there are mixed trends relating to different types of ATS, in regional terms the amphetamines-group is dominant in Africa (the limited data suggesting use by between 1.2 and 8 million people) (p. 133) and is the second most used drug type in Asia. In East and South East Asia the trend is upward, especially in relation to injecting methamphetamine and its associated negative health consequences. Oceania has a high prevalence for ATS, although use is declining in New Zealand and Australia. In Europe and Oceania, the ecstasy subgroup is more prevalent, while in North America both amphetamine and ecstasy use are increasing at a roughly equal pace. Within North America, ATS use increased in both the United States and Mexico, but declined in Canada. It was stable in both South America and Europe, although in the latter high levels of injecting were reported by authorities in the Czech Republic, Estonia, Latvia, Lithuania, Sweden and Finland.

The third most widely used group "appears to be" opioids, with an estimated range of 24-35 million people, equivalent to a prevalence rate of 0.5-0.8

Box 3 - Infectious diseases among injecting drug users

Drawing on data from the Reference Group to the UN on HIV and Injecting Drug Use, the *Report* notes that there are approximately 15.9 million (range 11.0-21.2 million) injecting drug users worldwide, with the largest numbers in China, the United States and the Russian Federation. These figures suggest that close to 60% of all "problem drug users" worldwide inject drugs, and that injecting drug users account for about 7.5% of all drug users worldwide (p. 30). Information compiled by the UNODC reveals that the global average prevalence of HIV among injecting drug users is estimated at 17.9%. This equates to 2.8 million people who inject drugs living with HIV. According to the Reference Group, there are large variations geographically in relation to HIV and injecting drug users with the highest rates in Latin America, Eastern Europe and South East Asia.

A new and welcome addition to this year's *Report* is its focus on the hepatitis C virus (HCV) and the hepatitis B virus (HBV). HCV poses significant health concerns, giving rise to considerable morbidity and mortality among drug users. It is a major cause of liver disease with potential for substantial ill-health effects and premature death. The *Report* reveals that HCV affects around 130-170 million people worldwide – 2.2-3.0% of the global population. In developed countries, injecting drug use is the main route for transmission of the virus with prevalence among injecting drug users at a global level at an alarmingly high 50.3% (range of 45.2-55.3%). 13 out of 51 countries reporting on the situation within their borders reported prevalence rates greater than 70%. Consequently, "Applying the estimated global average prevalence suggests that there are 8.0 (7.2-8.8) million injecting drug users worldwide who are also infected with HCV". Like HIV, most are "found among marginalized populations of drug users and those in prison settings" (p. 30). The *Report* also shows that an estimated 350 million people worldwide are chronically infected with HBV, a disease associated with severe health consequences such as cirrhosis and liver cancer. It is estimated that 22% of intravenous drug users are infected globally – the equivalent of around 3.5 million HBV infected drug users.

Within this context, IDPC welcomes the UNODC's call that, "In order to prevent all new HIV infections among people who use drugs by 2015, as outlined in the joint programme strategy of UNAIDS for 2011-2015, there is therefore a need for comprehensive, evidence-informed and human-rights-based programmes to be accessible to all people who inject drugs" (p. 31).

% of the population aged 15-64. (p. 25). The generic term applied to alkaloids from the opium poppy, their synthetic analogues and synthesized compounds[30] is "opioids". As reflected in treatment demand, the most problematic at the global level are the opiates- the various psychoactive substances derived from the opium poppy plant, notably opium and heroin. Remaining largely stable in 2009, about 12-21 million people are estimated to have consumed illicit opiates in 2009, equivalent to a prevalence rate ranging from 0.3.-0.5%. Most opiate related problematic use continues to be connected to heroin, with estimates in the range of 12-14 million users worldwide in 2009, consuming a total of some 375 mt of the drug (p. 15).

Regionally, the *Report* reveals opiates to be the most problematic drug in Asia, estimating that "more than half of the world's opiate using population lives in" the region (p. 43). Opiate prevalence rates are particularly high in the main producing regions as well as in some of their neighbouring countries (p. 43). Interestingly,

within Oceania, only the prevalence rate for opiates (0.2%) is below the global average, a situation the *Report* refers to as "a lasting result of the 'heroin drought' in 2001" (p. 44). While the term 'heroin shortage' might be more appropriate, more significantly such a statement fails to acknowledge that many problematic drug users may have altered drug use behaviour; another example of substance displacement.[31] The movement by drug users from one substance to another as a result of concentrated law enforcement efforts against their original drug of choice is a well-attested historical phenomenon, and one whose results are often for the worse. For example, the new legal prohibitions on opium use in early 20th century Asia drove many erstwhile opium consumers to begin injecting heroin and other potent opiates, which became relatively cheaper and easier to conceal.[32]

Another point worthy of attention concerns heroin use in Europe. "Despite stabilizing heroin consumption levels in Europe", the *Report* notes, "associated social and health problems are not diminishing" (p. 51) (See Box 3). In connection to heroin related deaths, more than two thirds of all cases are reported from 20 countries within the region (See Box 4). Mindful of the lack of reliable data, heroin use in Africa is perceived to be increasing with the 2009 annual prevalence of opiate use estimated to be between 0.2 and 0.6% of population aged 15-64 or 890,000-3.2 million people. Again, the UNODC stresses that the "...wide range reflects missing data from most parts of the continent", although the majority of African states reported an increase in use of opioids.

Box 4 - Deaths Associated with Illicit drug use

As with last year, the 2011 *Report* pays attention to drug related deaths, including fatal overdoses, suicide, accidents while under the influence of drugs, deaths among injecting drug and other drug users from infectious diseases such as HIV/AIDS, HCV transmitted through contaminated needles, or from medical conditions (organ failure) associated with long term drug use. Information reported to the UNODC often comprises different criteria and might include some or all of these categories (p. 261). Acknowledging that Member States report in different ways, the UNODC notes, "care should be taken in making country comparisons" (p. 261). The question of uncertainty, and the accompanying caution with which the data should be approached, is at acute levels in regard to this particular category. It is often impossible to weigh the different causal elements in a given death, which may be diverse. Classification as a drug-related death or otherwise may depend finally on the ways in which coroners interpret the evidence, which is often ambiguous.[33] For 2009, the UNODC compiled information based on data from ARQs, although as with other areas of concern there were problems with reporting, especially in relation to Africa. That said, it is estimated that globally there are between 104,000 and 263,000 deaths each year that are attributable to illicit drug use, or equivalently, that there are between 23.1 and 58.7 deaths per million of the population aged 15-64 due to illicit drug use. These figures more or less tally with those published by the World Health Organisation. As reported by Member States, approximately 50% of deaths are the result of fatal overdose; significantly, these deaths occur predominantly among a young age group.

Cocaine ranks fourth in terms of global prevalence, but importantly the data suggests that the drug is second only to heroin in relation to "negative health consequences". The "Harm associated with cocaine in terms of treatment demand, overdose cases, complications in health status due to poly-drug use among cocaine users and from adulterants in cocaine remain substantial in the major regions of consumption"(p. 85). Global consumption occupies an estimated range of between 14 and 21 million people, an equivalence to an annual prevalence rate ranging from 0.3 to 0.5% of the population aged 15-64 with the best reading of existing data and estimates suggesting that some 440 mt of pure cocaine was consumed in 2009 (p. 119). However, "Though the lower and upper bounds have widened somewhat, consumption essentially remains stable" (p. 16).

In geographic terms, South America, the Caribbean and Central America maintain a cocaine prevalence of above the global average and comprise about 17% of world's cocaine-using population (p. 37). After increases in use in both Australia and New Zealand, use of cocaine appears to be stabilising although it is the second most prevalent drug in Europe with 4.3-4.75 million users accounting for almost 30% of cocaine users worldwide (p. 39). Over the last decade the volume of cocaine consumed in Europe has doubled. There are some signs of stabilisation in the region, with high prevalence rates limited to the UK, Spain and Italy. With a lack of reliable data from both regions, use appears to be limited in Asia and Africa, although experts see increases in many countries (p. 86 & 97). Once again, the widening in ranges in relation to the consumption of cocaine reflects high levels of uncertainty, especially concerning data from West and Central Africa (p. 86).

North America remains significant for cocaine use with almost 37% of all users of the drug worldwide to be found there. Despite declines in recent years, North America still has the highest prevalence rate of any sub-region and is well above the global average (p. 36). At a national level, the largest market, despite significant declines in recent years, was still the United States with an estimated consumption of 1576 mt of cocaine, an equivalent of 36% of global consumption. We are informed that, "As compared to estimates in 1989, cocaine consumption in the United States seems to be now some 70% lower (range: -63% to -77%)". This is in part a result, the *Report* claims, of "the increase in treatment and success in prevention, while the latest decline over the 2006-2009 period was attributed more to reduced supply" (p. 119). This is a narrative espoused elsewhere in the publication, with for example the UNODC noting that a decline in the prevalence of cocaine use in the United States "coincided with a supply squeeze in the US cocaine market as less cocaine arrived via Mexico" (p. 87). While there maybe some validity in such a position, these statements prompt the statistical maxim that correlation does not necessarily imply causation. As discussed at length in IDPC's response to the *World Drug Report 2010*, research shows that the reduction in the size of the US cocaine market is likely to have been a product of many variables, including the natural lifecycle of a drug use epidemic.[34] Moreover, and reflecting the fluid nature of the global drug market, the UNODC acknowledges that, "The massive decline of the US cocaine market has been partly offset by a rise of cocaine use in new destination markets (mainly in areas with above average purchasing power) and countries caught in the transit flow" (p. 119): principally states in Europe, Africa and the Southern Cone. As such, even if the reduction in the cocaine market in the US can be attributed solely to particular policy decisions, the gross level of the global market remains largely unchanged – or, mindful of hidden populations, has possibly even grown – as consumption rates increase elsewhere. It must also be recalled that, although not explicitly highlighted, while cocaine use has declined in the US, the use of other drugs including cannabis, methamphetamine and prescription drugs (See Box 2) has increased. The US cocaine market consequently provides a classic example of the complex "push down-pop up" nature of illicit drug markets at both national and international levels.

Box 5 – Market values: Where is the value added and what are the implications for source country policy?

The estimated global value of illicit drug markets no longer retains the prominent position it has had in the past within UN publications like the *World Drug Report*.[35] A lack of discussion on the value of both the global ATS and cannabis markets suggests that uncertainties concerning their scale make meaningful calculations all but impossible. Nonetheless, considering the myriad negative implications associated with the enormous illicit revenues derived from the drug trade, where data is available market values are quite correctly given some attention within the 2011 *Report*. For example, the *Report* states that the value of the global cocaine market is currently lower than it was in the mid-1990s when prices were higher and the US market was stronger. In 1995 global market was worth some US$165 billion while in 2009 it had dropped to US$85 billion (range US$75-US$100 billion). Meanwhile, the global opium market was valued at US$68 billion in 2009, with around US$60 billion from Afghan opiates. What becomes clear from the data is that most profits from the trade in these drugs go to the traffickers rather than the farmers engaged in the cultivation of opium poppies and the coca bush. While a well-documented aspect of these illicit markets, this economic reality does have significant implications for source country oriented counter narcotic policies aiming to reduce consumption in consumer markets by raising the retail cost of drugs. Afghanistan is case in point.

The *Report,* drawing on data from the UNODC and Afghan Ministry of Counter Narcotics, *Afghan Opium Survey, 2009*, suggests that while Afghan framers are likely to have earned a not inconsiderable $440 million or so from the opium trade in 2010, Afghan traffickers and organised crime in the main countries of consumption "reap" the most profit – "almost US$2.2 billion" and "according to conservative estimates (with a 10% net profit margin)[36] US$7 billion respectively (p. 16, 46 & 83).[37]

As with other drugs produced away from the consumer market, among other factors the value of heroin tends to increase in line with the number of international borders crossed (p. 83). As such, the *Report* shows that although prices in Afghanistan increased in 2010, one gram costs less than US$4 while in Western and Central Europe users pay some US$40-100, in the US and Northern Europe US$170-200 and Australia, as much as US$230-370 per gram. Crucially, however, the *Report* also highlights the fact that heroin prices in consumer markets do not always correlate to opium prices in Afghanistan. For instance, despite a marked hike in Afghan opium prices between early 2000 and late 2002, a trend coinciding with the drop in opium production in 2001, the retail heroin price (Euros), did not increase in Western Europe. The *Report* offers a likely explanation in the following terms:

"In view of the large mark-up between prices in Afghanistan and Western Europe (the price per pure gram of heroin in Afghanistan is approximately 1% of the retail price in western Europe) one possible explanation for this is that the impact on the final price of price changes at the source is only cumulative rather than proportional, resulting in a non-discernable effect at the much higher order of magnitude of retail prices. For example an increase in the wholesale price of heroin in Afghanistan from US$2 to US$3 per gram (a spike of 50%) would bring about, if the impact is indeed cumulative, an increase of US$1 per gram in the final retail price, e.g. from US$70 to US$71 per gram (an increase of 1.4%). If the impact were proportional, a 50%

hike in the whole price of heroin in Afghanistan would lead to a similar hike in the final retain price, from US470 to US$105" (pp. 78-9).

Such a reading of the situation is very much in line with the findings of other policy analysts[38] and has serious implications in terms of the effectiveness of eradication programmes like those currently favoured in Afghanistan by the Russian Federation.[39] Without even taking into consideration the negative human rights consequences of such an approach,[40] the evidence suggests that crop eradication promises only a limited impact upon consumer markets. Further, as David Boyum and Peter Reuter point out, "If history is a guide, there appears to be one set of circumstances in which source-country control can produce a meaningful increase in retail prices and a drop in consumption. Cultivation levels are based on the expectation that a portion of crops will be wiped out, and when eradication destroys a much larger share of crop production than farmers anticipate, a genuine shortage can result". Yet, they continue, "Such a shortage lasts until traffickers find new sources of supply and farmers adapt by increasing the total land area cultivated and by scattering their plants in smaller, less accessible fields. In the interim (perhaps six months to three years), consumption falls, and prices rise as users compete for a diminished supply."[41]

That Myanmar appears to have gone someway to pick up the slack created by the recent decline in opium production in Afghanistan, however, suggests that the so-called balloon effect is already in operation at a global level. Consequently, while a geographic shift in production may recalibrate the market and increase retail price somewhat, it is likely that any ongoing Russian demand for heroin will still be serviced. Moreover, despite ongoing uncertainty regarding its size and location, the possible existence of stockpiled Afghan heroin also does much to suggest that eradication would not be the silver bullet for reducing Russian heroin use that some in Moscow apparently believe will be the case. All the evidence suggests that while politically and symbolically attractive, eradication is not only ineffective, but also counter-productive.[42] As a result, any aggressive counter-narcotic policies in Afghanistan would be better directed towards trafficking organisations rather than farmers who face a complex mix of individual life choices and would respond better to appropriate long-term alternative development strategies that are mainstreamed within broader national development programmes.[43]

Conclusions

Once again, there is a great deal to commend in this year's *World Drug Report.* As is now the norm, the UNODC has compiled an impressive and nuanced overview of the illicit global drug markets. The *Office* continues to improve upon the texture of the global picture presented through ever more sophisticated, as well as transparent, methodology – a process that as discussed above in many ways reveals a more challenging policy environment. With the occasional exceptions noted here, the *Report* in its entirety avoids previous politicisation and represents a largely objective work based upon the best available data. With this in mind, it is necessary to repeat two key points made in IDPC's response to the *Report* for 2010, both of which concern the obligations of Member States. First, it is increasingly clear that the maintenance and further development of capacity, essential for a better holistic understanding of the global situation, is only possible through dedicated and secure long-term funding for the work of

the UNODC in fulfilling all its mandated data collection and analysis responsibilities. Second, and particularly in light of the existence of the revised ARQ instigated by the CND and as such at the behest of Member States themselves, the UNODC's analytic capabilities are greatly inhibited when return and completion rates are so variable – an area of concern that raises difficult questions about improving national level data capture systems within many countries.

Mindful of these considerations – and echoing two interrelated themes running throughout recent *Reports* – the *World Drug Report 2011* highlights not only ongoing uncertainty about their true state, but where reliable data exists also the dynamic and complex nature of the global markets. Both of these are issues that the Executive Director acknowledges in his Preface. Consequently, within a fluid environment where apparent gains within one sector are seemingly offset by shifting patterns of production, trafficking and/or consumption in another, it is the hope of IDPC that Mr Fedotov will remain constant in his priority to safeguard health, human rights and justice in the work of the UNODC over the next year and beyond. Furthermore, and within the context of the Executive Director's largely unfulfilled claim of the *Report* to explain as well as to map the issues, IDPC encourages the UNODC to look further than the current domain of inquiry to investigate the factors that drive the global drug markets, including emergent areas of concern such as "legal highs" and the misuse of prescription drugs, and how consequently the 'world drug problem' might be better addressed. As the work of the *Office* improves our understanding of the global picture, one thing is clear; it is becoming harder to ignore serious questions concerning the ability of the current international framework to diminish significantly the illegal market.

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The International Drug Policy Consortium is a global network of non-government organisations and professional networks that specialise in issues related to illegal drug production and use. The Consortium aims to promote objective and open debate on the effectiveness, direction and content of drug policies at national and international level, and supports evidence-based policies that are effective in reducing drug-related harm. It produces occasional briefing papers, disseminates the reports of its member organisations about particular drug-related matters, and offers expert consultancy services to policy makers and officials around the world.

Endnotes

1 United Nations Office on Drugs and Crime (2011), *World Drug Report 2011*, http://www.idpc.net/publications/2006-world-drug-report [Accessed: 06.08.11]

2 For a discussion of these concepts, see: Bancroft, A. (2009), *Drugs, intoxication & society* (Cambridge: Polity)

3 http://www.unodc.org/unodc/en/eds-corner/biography.html [Accessed: 06.08.11]

4 Harm Reduction International (2010), *Russia must not be rewarded with key UN drug post, says HRI and HIV/AIDS activists,* http://www.ihra.net/contents/604 [Accessed: 06.08.11]

5 For example, see: International Drug Policy Consortium (2010), *Some initial priorities for Mr Fedotov, the new Executive Director of UNODC,* http://www.idpc.net/publications/idpc-advocacy-note-appointment-new-unodc-ed [Accessed: 06.08.11]

6 Holt, E. (2010), 'Russian injected drug use soars in the face of political inertia', *The Lancet,* **376**(9734):13-14, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)61041-0/fulltext [Accessed: 06.09.11]

7 Krasnov, V.N., *et al* (2005), 'Memorandum: Say no to methadone programs in the Russian Federation', *Meditsinskaia Gazeta* (Medical Gazette) http://www.soros.org/initiatives/health/focus/ihrd/news/methadone_2006/corrections_20060511.pdf [Accessed: 08.08.11]

8 Elovich, R. & Drucker, E. (2008), 'On drug treatments and social control: Russian narcology's great leap backwards', *Harm Reduction Journal*, **5**:23, http://www.harmreductionjournal.com/content/5/1/23 [Accessed: 06.08.11]

9 Parfitt, T. (8 June 2011), 'Russia defies growing consensus with declaration of 'total war on drugs', *The Guardian*, http://www.guardian.co.uk/world/2011/jun/08/russia-total-war-on-drugs [Accessed: 08.08.11]

10 World Health Organization, Joint United Nations Program on HIV and AIDS & United Nations Office on Drugs and Crime (2004), *Position Paper: Substitution maintenance therapy in the management of opioid dependence and HIV/AIDS prevention,* http://www.unodc.org/documents/hiv-aids/Position%20Paper%20sub.%20maint.%20therapy.pdf [Accessed: 06.08.11]

11 United Nations Office on Drugs and Crime (2008), *Reducing the adverse health and social consequences of drug abuse: A Comprehensive Approach,* http://www.unodc.org/documents/prevention/Reducing-adverse-consequences-drug-abuse.pdf [Accessed: 08.08.11]

12 United Nations Office on Drugs and Crime (2009), *From coercion to cohesion: Treating drug dependence through healthcare, not punishment,* http://www.unodc.org/docs/treatment/Coercion_Ebook.pdf [Accessed: 06.08.11]

13 United Nations Office on Drugs and Crime (17 June 2009), *Launch of World Drug Report 2009 to be webcast live on 24 June*, http://www.unodc.org/unodc/en/frontpage/2009/June/world-drug-report-2009-to-be-released-on-24-june.html [Accessed: 08.08.11]

14 Ivanov, V. (22 March 2011), *Speech at the 54th Session of the United Nations Commission on Narcotic Drugs, 2011*, http://fskn.infodesigner.ru/includes/periodics/events-main/2011/0322/024612122/detail.shtml [Accessed: 08.08.11]

15 See for example N. Hunt, M. Trace and D. Bewley-Taylor, *Reducing Drug Related Harms to Health: An Overview of the Global Evidence,* (Beckley, Oxon., UK: The Beckley Foundation Drug Policy Programme, Report 4, 2006).

16 See Harm Reduction Coalition Fact Sheet, *Demand Methadone in Russia*, http://www.harmreduction.org/section.php?id=52 [Accessed 20.09.11]

17 Ivanov, V. (2011), *Video of speech at presentation of 2011 World Drug Report*, http://www.unmultimedia.org/tv/webcast/2011/06/launch-of-world-drug-report-2011-of-the-unodc.html [Accessed: 08.08.11]

18 Gerlach, R. (2004), *A brief overview of the discovery of methadone,* http://www.indro-online.de/historymethadone.htm [Accessed: 08.08.11]

19 United Nations Office on Drugs and Crime (17 June 2009), Launch of World Drug Report 2009 to be webcast live on 24 June (2011), *Russian Federation pledges more than US$7 million to UNODC* http://www.unodc.org/unodc/en/press/releases/2011/January/russian-federation-pledges-more-than--seven-million-dollars-to-unodc.html [Accessed: 30.08.11] ; On this, see also: Thoumi, F. & Jensema, E. (2003), 'Drug policies and the funding of the United Nations Office on Drugs and Crime' In *Global Drug Policy: Building a New Framework*, (Paris: The Senlis Council), pp. 32-9 and Bewley-Taylor D. & Trace, M. (2006), *The funding of the United Nations Office on Drugs and Crime: An unfinished jigsaw,* (Beckley, Oxon, UK: The Beckley Foundation Drug Policy Programme, Report 11), www.beckley-foundation.org/pdf/Beckley_Report11.pdf [Accessed: 02.09.11]

20 International Drug Policy Consortium (2011), *The 2011 Commission on Narcotic Drugs: Report of proceedings,* pp. 19-20 http://www.idpc.net/sites/default/files/library/idpc-report-cnd-proceedings-document-2011.pdf [Accessed: 02.09.11]

21 International Drug Policy Consortium (2010), *Some initial priorities for Mr Fedotov, the New Executive Director of UNODC*, http://www.idpc.net/publications/idpc-advocacy-note-appointment-new-unodc-ed [Accessed: 06.08.11]

22 United Nations Office on Drugs and Crime (2010), *New UNODC Executive Director sets out immediate priorities*, http://www.unodc.org/unodc/en/frontpage/2010/September/new-unodc-ed-sets-out-immediate-priorities.html [Accessed: 08.08.11]

23 For the 54th CND of March 2011, see: *Resolution 54/9 , United Nations 2011 Report of the 54th CND* (Unedited copy). P. 22, http://www.unodc.org/documents/commissions/CND-session54/E2011_28_AdvanceVersion_distr2104.pdf [Accessed: 10.08.11]

24 http://www.unodc.org/unodc/en/data-and-analysis/working-group-on-data-collection.html [Accessed: 06.09.11]

25 For a discussion, see: International Drug Policy Consortium (2006), *The 2006 World Drug Report: Winning the war on drugs?,* p. 5 http://www.idpc.net/publications/2006-world-drug-report [Accessed: 10.08.11]

26 For example, see: Andean Information Network (2010), *The UNODC coca cultivation study shows minimal increase in coca crop: Sharply contrasts with US statistics,* http://ain-bolivia.org/2010/06/the-unodc-coca-cultivation-study-for-bolivia-shows-minimal-increase-in-coca-crop-sharply-contrasts-with-u-s-statistics-2/ [Accessed: 30.08.11] ; See also: European Monitoring Centre on Drugs and Drug Addiction (2010), *Cocaine: A European perspective in the global context,* p.10, http://eeas.europa.eu/us/events/symposium2011/docs/cocaine_eu_perspective_global_context_en.pdf [Accessed: 30.08.11]

27 See 'Failed States: The 2011 Index,' *Foreign Policy,* July/August 2011, **187**: 48

28 Paoli, L., Greenfield, V.A. & Reuter, P. (2009), *The world heroin market: Can supply be cut?* (Oxford University Press), p. 236

29 As the UNODC notes, 'While there is no established definition of problem drug users, they are usually defined by countries as those that regularly use illicit substances and can be considered dependent, and those who inject drugs', *World Drug Report 2011,* p. 23

30 Opium is produced by poppy plants and contains psychoactive substances including morphine, codeine, thebaine, papaverine and noscapine. Opium, along with its psychoactive constituents and their semi-synthetic derivatives (for example heroin which is derived from morphine) are described as opiates. Opioid is a generic term applied to two main sets of substances: opiates *and* synthetic substances (called synthetic opioids) with actions similar to those of morphine, especially in relation to pain relief. Synthetic opioids include fentanyl, methadone, buprenorphine and oxycodone. Data from member states traditionally included a generic category of opioid users and a sub-classification of heroin users, opium users and "other opiates". The new ARQ approved by the CND in 2010 includes generic opioid use and 3 sub- classifications (i) use of opiates (heroin and opium) (ii) non-medical use of prescription opioids (morphine, codeine and synthetic opioids such as methadone etc and (iii) use of other illicit opioids. While morphine and codeine are technically classified as opiates, these have now been placed under the sub-catagory of 'prescription opioids' for the purpose of data reporting to UNODC. (See: *World Drug Report 2011,* p. 49)

31 Degenhardt, L., Day, C., Hall, W. & Bewley-Taylor, D. (2007), *The Australian 'heroin shortage' six years on: What, if any, are the implications for drug policy?* (The Beckley Foundation Drug Policy Programme, Briefing Paper 12), pp. 4-5, http://www.beckleyfoundation.org/pdf/Beckley_BP12_AusHeroinShortage_EN.pdf [Accessed: 06.09.11]

32 See: Westermeyer, J. (1976), 'Pro-heroin effects of anti-opium laws in Asia', *Archives of General Psychiatry, 33*(9): 1135-1139, http://archpsyc.ama-assn.org/cgi/content/abstract/33/9/1135 [Accessed: 06.09.11] ; See also: Dikkotter, F., Laamann, L. & Zhou Xun (2002), 'Narcotic culture: A social history of drug consumption in China', *British Journal of Criminology*, **42**: 317-336, http://bjc.oxfordjournals.org/content/42/2/317.short [Accessed: 06.09.11]

33 For some of the difficulties arising in the construction of drug-related deaths data, see: http://www.tdpf.org.uk/MediaNews_FactResearchGuide_DrugRelatedDeaths.htm [Accessed: 30.08.11]

34 International Drug Policy Consortium (September 2010), *The World Drug Report 2010: A response from the International Drug Policy Consortium*, pp. 15-16, http://www.idpc.net/publications/2010-world-drug-report-response-from-idpc [Accessed: 30.08.11]

35 For example, see: United Nations Office on Drugs and Crime (2005), *2005 World Drug Report – Volume 1: Analysis,* pp. 123-143, http://www.unodc.org/pdf/WDR_2005/volume_1_web.pdf [Accessed: 06.09.2011]

36 The UNODC notes that "This is a minimum profit margin. It could be much higher, but needs to be studied in detail", *World Drug Report 2011*, p. 46, http://www.unodc.org/unodc/data-and-analysis/WDR.html [Accessed: 20.08.11]

37 As noted in the main text of this response, p. 46, while the picture remains unclear, what the UNODC refers to as "Local anti-government elements" and "criminal elements" also profit from the opium trade." *World Drug Report 2011*, http://www.unodc.org/unodc/data-and-analysis/WDR.html [Accessed: 20.08.11]

38 For example, see: Paoli, L., Greenfield, V.A. & Reuter, P. (2009), *The world heroin market: Can supply be cut?* (Oxford University Press); Passim, Boyum D. & Reuter, P. (2005), *An analytic assessment of US drug policy* (American Enterprise Institute for Public Policy Research), pp.72-3. Boyum & Reuter focus on the cocaine market but come to the same conclusions.

39 In an effort to portray it as more than a unilateral endeavour, Mr Ivanov often cites support for Russia's Rainbow-2 plan for the elimination of drug trafficking in Afghanistan from a range of European countries, particularly Italy (For example see: Dmitriyea, N. (2011), 'Russia, EU step up Afghan drug fight,' *The Voice of Russia,* http://english.ruvr.ru/2011/03/03/46887335.html. It is interesting to note that a key supporter of the approach is the Italian MEP, Mr Pino Arlacchi, former Executive Director of the UNODC's predecessor organisation the Office of Drug Control and Crime Prevention. When in post, Arlacchi had believed that eradication of drug crops would lead to the end of the '*World Drug Problem'* (see Bewley-Taylor, D. *forthcoming*)

40 See: Human Rights Watch, Open Society Foundations Public Health Program and Harm Reduction International (2010), *Human rights and drug policy: Crop eradication*, http://www2.ohchr.org/english/bodies/cescr/docs/ngos/IHRA_Colombia44.pdf [Accessed: 06.09.11]

41 Passim, Boyum D. & Reuter, P. (2005), *An analytic assessment of US drug policy* (American Enterprise Institute for Public Policy Research), pp. 72-73

42 See: International Drug Policy Consortium (March 2010), 'Promoting alternative livelihoods', In *IDPC Drug Policy Guide*, p. 102; International Drug Policy Consortium (September 2010), *The World Drug Report 2010: A response from the International Drug Policy Consortium*, p. 15, http://www.idpc.net/sites/default/files/library/WDR%20response%202010%20sept_0.pdf [Accessed: 06.09.11]

43 Byrd, W.A. & Buddenberg, D. (2006), *Afghanistan's drug industry, Functioning, dynamics and implications for counter-narcotic policy,* (New York: UNODC and World Bank), p. 6

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