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DRUG MARKET TRENDS: COCAINE AMPHETAMINE- TYPE STIMULANTS

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PREFACE

Drugs cost lives.

In an age when the speed of information can often outstrip the speed of verification, the COVID-19 pandemic has taught us that it is crucial to cut through the noise and focus on facts, a lesson that we must heed in order to protect societies from the impact of drugs.

Drug use killed almost half a million people in 2019, while drug use disorders resulted in 18 million years of healthy life lost, mostly due to opioids. Serious and often lethal illnesses are more common among drug users, particularly those who inject drugs, many of whom are living with HIV and Hepatitis C.

The illicit drug trade also continues to hold back economic and social development, while disproportionately impacting the most vulnerable and marginalized, and it constitutes a fundamental threat to security and stability in some parts of the world.

Despite the proven dangers, drug use persists and, in some contexts, proliferates. Over the past year, around 275 million people have used drugs, up by 22 per cent from 2010. By 2030, demographic factors project the number of people using drugs to rise by 11 per cent around the world, and as much as 40 per cent in Africa alone.

There is often a substantial disconnect between real risks and public perception. In some parts of the world for example, cannabis products have almost quadrupled in potency, and yet the percentage of adolescents who perceive cannabis as harmful has dropped by as much as 40 per cent, despite the evidence linking regular use to health problems, particularly in young people, and despite the correlation between potency and harm.

New psychoactive substances also continue to be a challenge, as markets witness the introduction of new drugs that are unpredictable and poorly understood. Regulatory and legislative steps have been successful in stemming the tide globally, but in low-income countries the problem is on the rise; between 2015 and 2019, South and Central America recorded a fivefold rise in the amount of new synthetic psychoactive substances seized, while seizures in Africa increased from minor to substantial amounts. Strong increases were also reported in South and Southwest Asia as well as the Near and Middle East.

Meanwhile, the COVID-19 crisis has pushed more than 100 million people into extreme poverty, and has greatly exacerbated

unemployment and inequalities, as the world lost 114 million jobs in 2020. In doing, so it has created conditions that leave more people susceptible to drug use and to engaging in illicit crop cultivation.

Furthermore, disparities in access to essential controlled medicines around the world continue to deny relief to patients in severe pain. In 2019, four standard doses of controlled pain medication were available every day for every one million inhabitants in West and Central Africa, in comparison to 32,000 doses in North America.

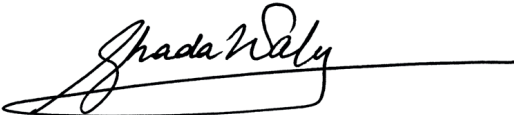
In parallel, drug traffickers have quickly recovered from the initial setback caused by lockdown restrictions and are operating at pre-pandemic levels once again. Access to drugs has also become simpler than ever with online sales, and major drug markets on the dark web are now worth some \$315 million annually. Contactless drug transactions, such as through the mail, are also on the rise, a trend possibly accelerated by the pandemic.

Communicating facts about drugs and promoting science-based interventions is an absolute necessity if we are to reduce demand and supply of drugs, while also facilitating access to controlled medicines for those in need. It is also the surest path to eliminating stigmatization and discrimination and providing adequate treatment, as seven in eight people who suffer from drug use disorders remain without appropriate care.

At the UN Office on Drugs and Crime we are dedicated to pursuing and promoting fact-driven, human rights-based approaches to drug control and treatment.

I am proud to present to you this World Drug Report, which embodies our commitment to raising awareness and combating misinformation.

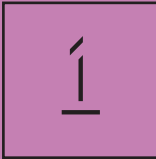
It is my hope that this report will inform policymakers, practitioners, and the general public on the facts of the world drug problem, and provide them with a powerful tool to share evidence and information, and in doing so help save and preserve lives.



Ghada Waly, Executive Director
United Nations Office on Drugs and Crime

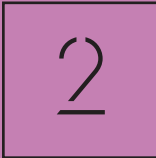
WORLD DRUG REPORT 2021

BOOKLET



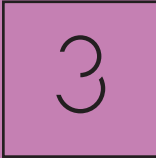
EXECUTIVE SUMMARY
POLICY IMPLICATIONS

BOOKLET



GLOBAL OVERVIEW OF DRUG
DEMAND AND DRUG SUPPLY

BOOKLET



DRUG MARKET TRENDS:
CANNABIS, OPIOIDS

BOOKLET



DRUG MARKET TRENDS:
COCAINE, AMPHETAMINE-TYPE STIMULANTS

BOOKLET



COVID-19 AND DRUGS:
IMPACT AND OUTLOOK

CONTENTS

PREFACE	3
EXPLANATORY NOTES	7
SCOPE OF THE BOOKLET	9
COCAINE	11
Cocaine supply	11
Demand for cocaine	35
AMPHETAMINE-TYPE STIMULANTS	47
Supply of amphetamine-type stimulants continues to be dominated by methamphetamine	47
Methamphetamine supply	49
Amphetamine supply	69
“Ecstasy” supply	73
Use of amphetamines	79
Use of “ecstasy”	87
ANNEX	95
GLOSSARY	99
REGIONAL GROUPINGS	101

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EXPLANATORY NOTES

The designations employed and the presentation of the material in the *World Drug Report* do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Countries and areas are referred to by the names that were in official use at the time the relevant data were collected.

Since there is some scientific and legal ambiguity about the distinctions between “drug use”, “drug misuse” and “drug abuse”, the neutral term “drug use” is used in the *World Drug Report*. The term “misuse” is used only to denote the non-medical use of prescription drugs.

All uses of the word “drug” and the term “drug use” in the *World Drug Report* refer to substances controlled under the international drug control conventions, and their non-medical use.

All analysis contained in the *World Drug Report* is based on the official data submitted by Member States to the UNODC through the annual report questionnaire unless indicated otherwise.

The data on population used in the *World Drug Report* are taken from: *World Population Prospects: The 2019 Revision* (United Nations, Department of Economic and Social Affairs, Population Division).

References to dollars (\$) are to United States dollars, unless otherwise stated.

References to tons are to metric tons, unless otherwise stated.

The following abbreviations have been used in the present booklet:

- alpha*-PVP *alpha*-pyrrolidinovalerophenone
- APAA *alpha*-phenylacetoacetamide
- APAAN *alpha*-phenylacetonitrile
- ATS amphetamine-type stimulants
- BMK benzyl methyl ketone
- 2C-B 2,5-dimethoxy-4-bromophenethylamine
- COVID-19 coronavirus disease
- Δ -9-THC *delta*-9-tetrahydrocannabinol
- DEVIDA National Commission for Development and Life without Drugs of Peru
- EAPA ethyl-*alpha*-phenylacetoacetate
- ECOWAS Economic Community of West African States
- EMCDDA European Monitoring Centre for Drugs and Drug Addiction
- Europol European Union Agency for Law Enforcement Cooperation
- FARC-EP Revolutionary Armed Forces of Colombia-People’s Army
- SMART Synthetics Monitoring: Analyses, Reporting and Trends
- ha hectares
- INCB International Narcotics Control Board
- MAPA methyl *alpha*-phenylacetoacetate
- MDA 3,4-Methylenedioxyamphetamine
- MDEA methylenedioxyethamphetamine
- MDMA 3,4-methylenedioxymethamphetamine
- 3,4-MDP-2-P 3,4-methylenedioxyphenyl-2-propanone
- MDPV 3,4-methylenedioxypropylone
- NPS new psychoactive substances
- P-2-P 1-phenyl-2-propanone
- PMA *para*-methoxy-*alpha*-methylphenethylamine
- PMMA *para*-methoxymethamphetamine
- PWID people who inject drugs
- SEDRONAR Secretariat for Comprehensive Drug Policies of Argentina
- UNODC United Nations Office on Drugs and Crime
- WCO World Customs Organization

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