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4 STIMULANTS

WORLD 2019 DRUG REPORT

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PREFACE

The findings of this year's *World Drug Report* fill in and further complicate the global picture of drug challenges, underscoring the need for broader international cooperation to advance balanced and integrated health and criminal justice responses to drug supply and demand.

With improved research and more precise data from India and Nigeria – both among the 10 most-populous countries in the world – we see that there are many more opioid users and people with drug use disorders than previously estimated. Globally, some 35 million people, up from an earlier estimate of 30.5 million, suffer from drug use disorders and require treatment services. The death toll is also higher: 585,000 people died as a result of drug use in 2017.

Prevention and treatment continue to fall far short of needs in many parts of the world. This is particularly true in prisons, where those incarcerated are especially vulnerable to drug use and face higher risks of HIV and hepatitis C transmission. This gap represents a major impediment to achieving the Sustainable Development Goals and fulfilling the international community's pledge to leave no one behind.

Synthetic opioids continue to pose a serious threat to health, with overdose deaths rising in North America and trafficking in fentanyl and its analogues expanding in Europe and elsewhere. The opioid crisis that has featured in far fewer headlines but that requires equally urgent international attention is the non-medical use of the painkiller tramadol, particularly in Africa. The amount of tramadol seized globally reached a record 125 tons in 2017; the limited data available indicate that the tramadol being used for non-medical purposes in Africa is being illicitly manufactured in South Asia and trafficked to the region, as well as to parts of the Middle East.

The response to the misuse of tramadol illustrates the difficulties faced by countries in balancing necessary access for medical purposes while curbing abuse – with limited resources and health-care systems that are already struggling to cope – and at the

same time clamping down on organized crime and trafficking.

Opium production and cocaine manufacture remain at record levels. The amounts intercepted are also higher than ever, with the amount of cocaine seized up 74 per cent over the past decade, compared with a 50 per cent rise in manufacture during the same period. This suggests that law enforcement efforts have become more effective and that strengthened international cooperation may be helping to increase interception rates.

The *World Drug Report 2019* also registers a decline in opiate trafficking from Afghanistan along the “northern” route through Central Asia to the Russian Federation. In 2008, some 10 per cent of the morphine and heroin intercepted globally was seized in countries along the northern route; by 2017 it had fallen to 1 per cent. This may be due in part to a shift in demand to synthetics in destination markets. The increased effectiveness of regional responses may also play a role.

Countries in central Asia, with the support of the United Nations Office on Drugs and Crime (UNODC), have committed considerable resources to strengthening regional cooperation through integrated UNODC country, regional and global programmes, as well as through platforms such as the Central Asian Regional Information and Coordination Centre, the Afghanistan–Kyrgyzstan–Tajikistan Initiative and the Triangular Initiative and its Joint Planning Cell. More research is needed, including to identify lessons learned and best practices that could inform further action.

International cooperation has also succeeded in checking the growth in new psychoactive substances. The Vienna-based Commission on Narcotic Drugs has acted swiftly in recent years to schedule the most harmful new psychoactive substances, and the UNODC early warning advisory has helped to keep the international community abreast of developments.

Political will and adequate funding remain prerequisites for success. Efforts by Colombia to reduce cocaine production following the 2016 peace deal

with the Revolutionary Armed Forces of Colombia (FARC) are a case in point. Alternative development initiatives have enabled farmers in central areas of the country previously under FARC control to abandon coca bush cultivation and join the licit economy. The result has been a drastic reduction in cocaine production. However, in other areas previously controlled by FARC, criminal groups have moved in to fill the vacuum and expand cultivation. Alternative development can succeed, but not without sustained attention and integration into broader development goals.

The successes identified amid the many, formidable problems that countries continue to face in grappling with drug supply and demand highlight that international cooperation works. The challenge before us is to make this cooperation work for more people.

International cooperation is based on agreed frameworks. Nearly every country in the world has reaffirmed its commitment to balanced, rights-based action based on the international drug control conventions. The most recent reaffirmation of that commitment is the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem, adopted at the ministerial segment of the sixty-second session of the Commission on Narcotic Drugs.

UNODC supports countries in putting their commitments into action through the application of international standards on the prevention and treatment of drug use disorders and HIV, as well as standards and norms on the administration of justice and the treatment of prisoners. We provide tailored technical assistance through our field offices and global programmes, and through toolkits and research.

I hope the *World Drug Report 2019* will shed further light on the world drug problem and inform international community responses. By working together and focusing attention and resources, we can help people get the services they need without discrimination, promote security and bring criminals to justice, safeguard health and achieve the Sustainable Development Goals.



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EXPLANATORY NOTES

The boundaries and names shown and the designations used on maps do not imply official endorsement or acceptance by the United Nations. A dotted line represents approximately the line of control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Disputed boundaries (China/India) are represented by cross-hatch owing to the difficulty of showing sufficient detail.

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.

All references to Kosovo in the *World Drug Report*, if any, should be understood to be in compliance with Security Council resolution 1244 (1999).

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 2017 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:

2CB	2,5-dimethoxy-4-bromophenethylamine
3-MMC	3-methylmethcathinone
4-FA	4-fluoroamphetamine
ATS	amphetamine-type stimulants
DAINAP	Drug Abuse Information Network for Asia and the Pacific
DEA	Drug Enforcement Administration of the United States
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
FARC-EP	Revolutionary Armed Forces of Colombia-People’s Army
GBL	<i>gamma</i> -butyrolactone
GHB	<i>gamma</i> -hydroxybutyrate
HCl	hydrochloride
INCB	International Narcotics Control Board
MDA	methylenedioxyamphetamine
MDEA	methylenedioxyethamphetamine
MDMA	3,4-methylenedioxyamphetamine
MDPV	methylenedioxypropylvalerone
MedSPAD	Mediterranean School Survey Project on Alcohol and other Drugs
MT-45	1-cyclohexyl-4-(1,2-diphenylethyl)piperazine
NPS	new psychoactive substances

- P-2-P phenyl-2-propanone
- PMA para-methoxyamphetamine
- PMMA para-methoxymethamphetamine
- PNIS National Comprehensive Programme for the Voluntary Substitution of Illicit Crops of Colombia
- SAMHSA Substance Abuse and Mental Health Services Administration
- SCORE Sewage Analysis CORE Group Europe
- SEDRONAR Ministry of Programming for the Prevention of Drug Addiction and Trafficking in Drugs
- SENDA National Service for the Prevention and Rehabilitation of Drug and Alcohol Use
- UNODC United Nations Office on Drugs and Crime

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