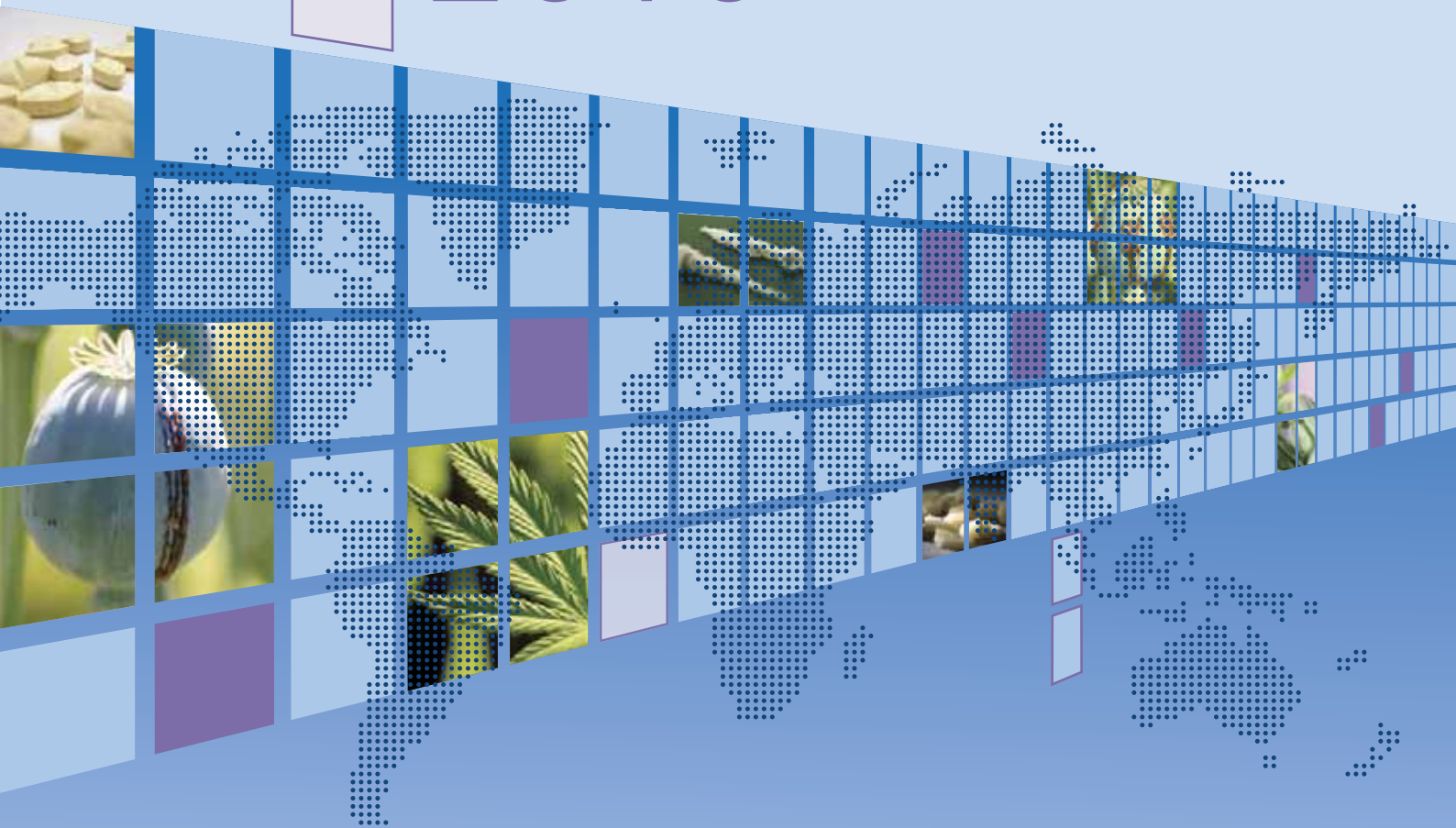




UNODC

United Nations Office on Drugs and Crime

WORLD DRUG REPORT 2010



UNITED NATIONS OFFICE ON DRUGS AND CRIME
Vienna

World Drug Report 2010



UNITED NATIONS
New York, 2010

Copyright © 2010, United Nations Office on Drugs and Crime (UNODC)
ISBN: 978-92-1-148256-0
United Nations Publication Sales No. E.10.XI.13

This publication may be reproduced in whole or in part and in any form for educational or non-profit purposes without special permission from the copyright holder, provided acknowledgement of the source is made. UNODC would appreciate receiving a copy of any publication that uses this publication as a source.

Suggested citation: UNODC, *World Drug Report 2010* (United Nations Publication, Sales No. E.10.XI.13).

No use of this publication may be made for resale or any other commercial purpose whatsoever without prior permission in writing from the United Nations Office on Drugs and Crime. Applications for such permission, with a statement of purpose and intent of the reproduction, should be addressed to UNODC, Policy Analysis and Research Branch.

DISCLAIMERS

This report has not been formally edited.

The contents of this publication do not necessarily reflect the views or policies of UNODC or contributory organizations and neither do they imply any endorsement.

The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of UNODC concerning the legal status of any country, territory or city or its authorities, or concerning the delimitation of its frontiers or boundaries.

Comments on the report are welcome and can be sent to:

Division for Policy Analysis and Public Affairs
United Nations Office on Drugs and Crime
PO Box 500
1400 Vienna
Austria
Tel: (+43) 1 26060 0
Fax: (+43) 1 26060 5827

E-mail: wdr@unodc.org

Website: www.unodc.org

ACKNOWLEDGEMENTS

Editorial and production team

The 2010 *World Drug Report* was produced under the supervision of Sandeep Chawla, Director, Division for Policy Analysis and Public Affairs.

Core team

Laboratory and Scientific Section

Justice Tettey
Beate Hammond
Matthew Nice
Barbara Remberg

Statistics and Surveys Section

Angela Me
Coen Bussink
Phil Davis
Kamran Niaz
Preethi Perera
Catherine Pysden
Martin Raithelhuber
Anousha Renner
Ali Saadeddin
Antoine Vella

Studies and Threat Analysis Section

Thibault le Pichon
Hakan Demirbüken
Raggie Johansen
Anja Korenblik
Suzanne Kunnen
Kristina Kuttinig
Ted Leggett
Hayder Mili
Thomas Pietschmann

The 2010 *World Drug Report* also benefited from the work and expertise of many other UNODC staff members in Vienna and around the world.

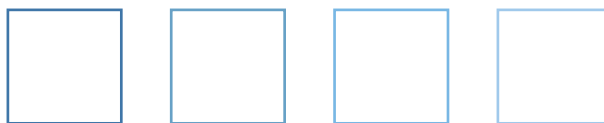
CONTENTS

Acknowledgements	1
Foreword	4
Introduction	7
Explanatory notes	8
Executive summary	11
1. TRANSNATIONAL DRUG MARKET ANALYSIS	
1.1 Introduction	31
1.2 The global heroin market	37
1.2.1 Dimensions	38
1.2.2 The 'Northern route' from Afghanistan to the Russian Federation	48
1.2.3 The 'Balkan route' from Afghanistan to West and Central Europe	53
1.2.4 The 'Southern route' from Afghanistan via Pakistan to the world	60
1.2.5 Implications for response	63
1.3 The global cocaine market	
1.3.1 Dimensions	65
1.3.2 Cocaine from the Andean region to North America	72
1.3.3 Cocaine from the Andean region to Europe	83
1.3.4 Implications for response	93
1.4 The global amphetamine-type stimulants market	
1.4.1 What are ATS?	95
1.4.2 Dimensions	96
1.4.3 The demand for ATS	100
1.4.4 Key ATS issues	107
1.4.5 Implications for response	118
2. DRUG STATISTICS AND TRENDS	
2.1 Understanding the extent and nature of drug use	123
2.2 Opium/heroin	
2.2.1 Production	137
2.2.2 Seizures	141
2.2.3 Prices	149
2.2.4 Consumption	152
2.3 Coca/cocaine	
2.3.1 Production	161
2.3.2 Seizures	166
2.3.3 Prices	170
2.3.4 Consumption	173
2.4 Cannabis	
2.4.1 Production	183
2.4.2 Seizures	188
2.4.3 Prices	191
2.4.4 Consumption	194
2.5 Amphetamine-type stimulants	
2.5.1 Manufacture	203
2.5.2 Seizures	207
2.5.3 Consumption	214

□ ■	3. THE DESTABILIZING INFLUENCE OF DRUG TRAFFICKING ON TRANSIT COUNTRIES: THE CASE OF COCAINE	
	3.1 Transit countries in South America	234
	3.2 Transit countries in the Caribbean	235
	3.3 Transit countries in Mesoamerica	237
	3.4 Transit countries in West Africa	242
	3.5 Conclusion	245
□ ■	4. STATISTICAL ANNEX	
	4.1 Production	
	4.1.1 Challenges in estimating the production of cocaine HCl	249
	4.1.2 Afghanistan	253
	4.1.3 Bolivia (Plurinational State of)	259
	4.1.4 Colombia	263
	4.1.5 Lao People's Democratic Republic	267
	4.1.6 Myanmar	269
	4.1.7 Peru	273
	4.2 Consumption	
	4.2.1 Annual prevalence	277
	4.2.1.1 Opiates	277
	4.2.1.2 Cocaine	282
	4.2.1.3 Cannabis	287
	4.2.1.4 Amphetamine-type stimulants (excluding ecstasy)	292
	4.2.1.5 Ecstasy	297
	4.2.2. Treatment demand	302
	4.2.2.1 Primary drugs of abuse among persons treated for drug problems in Africa	302
	4.2.2.2 Primary drugs of abuse among persons treated for drug problems in Americas	303
	4.2.2.3 Primary drugs of abuse among persons treated for drug problems in Asia	304
	4.2.2.4 Primary drugs of abuse among persons treated for drug problems in Europe	306
	4.2.2.5 Primary drugs of abuse among persons treated for drug problems in Oceania	307

For more *World Drug Report*-related material, including the **methodology** and detailed data on **drug seizures**, **prices** and **youth and school surveys**, please visit www.unodc.org/wdr.

FOREWORD



In the past decade, drug control has matured. Policy has become more responsive to the needs of those most seriously affected, along the whole chain of the drug industry – from poor farmers who cultivate it, to desperate addicts who consume it, as well as those caught in the cross-fire of the traffickers. Countries are learning from each others' experiences, and drawing on expertise from the international community.

Drug control is also increasingly taking a more balanced approach, focussed on development, security, justice and health to reduce supply and demand, and disrupting illicit flows. There is an understanding that in regions where illicit crops are grown, it is vital to eradicate poverty, not just drugs. There is a realization that underdevelopment makes countries vulnerable to drug trafficking, and other forms of organized crime: therefore development is part of drug control, and vice versa.

Most importantly, we have returned to the roots of drug control, placing health at the core of drug policy. By recognizing that drug addiction is a treatable health condition, we have developed scientific, yet compassionate, new ways to help those affected. Slowly, people are starting to realize that drug addicts should be sent to treatment, not to jail. And drug treatment is becoming part of mainstream healthcare.

Beware the side effects of complacency

This approach is paying off. The world's supply of the two main problem drugs – opiates and cocaine – has been declining over the last two years. The global area under opium cultivation has dropped by almost a quar-

ric dimensions of the drug economy; the world's biggest consumers of the poison (the rich countries) have imposed upon the poor (the main locations of supply and trafficking) the greatest damage.

But poor countries have other priorities and fewer resources. They are not in a position to absorb the consequences of increased drug use. As a result, there is now the risk of a public health disaster in developing countries that would enslave masses of humanity to the misery of drug dependence – another drama in lands already ravaged by so many tragedies. The warning lights are already flashing. Look at the boom in heroin consumption in Eastern Africa, or the explosion of cocaine use in West Africa or South America, or the surge in the production and abuse of synthetic drugs in the Middle East and South East Asia. We will not solve the world drugs problem by shifting consumption from the developed to the developing world.

Changing to other drugs

Furthermore, stabilization of the cocaine and heroin markets masks a growing problem of the misuse of prescription drugs in many parts of the world. And the global number of people using amphetamine-type stimulants (ATS) is likely to exceed the number of opiate and cocaine users combined. The ATS market is harder to track because of short trafficking routes (manufacturing usually takes place close to main consumer markets), and the fact that many of the raw materials are both legal and readily available. Furthermore, manufacturers are quick to market new products (like ketamine, Methadone and Spice) and exploit new markets. We

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_11336

