



**UNODC**  
United Nations Office on Drugs and Crime



# EXECUTIVE SUMMARY CONCLUSIONS AND POLICY IMPLICATIONS

WORLD  
DRUG  
REPORT 2017

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## PREFACE

I am proud to say that this year we are marking 20 years of the *World Drug Report*.

Over the past two decades, the United Nations Office on Drugs and Crime (UNODC) has been at the forefront of global research into complex areas of drug use and supply, supporting international cooperation and informing policy choices with the latest estimates, information on trends and analysis.

This year we are launching a new format, with the report available as five separate booklets: the executive summary, together with the report's conclusions and policy implications; a global overview of drug use and supply; a market analysis of plant-based drugs; a market analysis of synthetic drugs; and a thematic booklet on the links between drugs and organized crime, illicit financial flows, corruption and terrorism. We have done this in response to readers' needs and to improve user-friendliness, while maintaining the rigorous standards expected from the Office's flagship publication.

The 2017 report comes at a time when the international community has acted decisively to achieve consensus on a way forward for joint action.

The outcome document unanimously adopted at last year's special session of the General Assembly on the world drug problem contains more than 100 concrete recommendations for implementing balanced, comprehensive and integrated approaches to effectively addressing and countering the world drug problem.

Moreover, at its sixtieth session, in March 2017, the Commission on Narcotic Drugs adopted resolution 60/1, reinforcing commitment to implementing the outcome document and charting a course to the 2019 target date of the 2009 Political Declaration and Plan of Action on the world drug problem, as well as strengthening action towards the Plan of Action's agreed goals and targets.

As the *World Drug Report 2017* clearly shows, there is much work to be done to confront the many harms inflicted by drugs, to health, development, peace and security, in all regions of the world.

Globally, there are an estimated minimum of 190,000 — in most cases avoidable — premature deaths from drugs, the majority attributable to the use of opioids.

The terrible impact of drug use on health can also be seen in related cases of HIV, hepatitis and tuberculosis.

Much more needs to be done to ensure affordable access to effective scientific evidence-based prevention, treatment and care for the people who desperately need them, including those in prison settings. As just one example, this year's report highlights the need to accelerate accessibility to the treatment of hepatitis C, a disease whose negative health impact on people who use drugs is far greater than that of HIV/AIDS.

Recent attention has focused on the threats posed by methamphetamine and new psychoactive substances (NPS). However, as the report shows, the manufacture of both cocaine and opioids is increasing. These drugs remain serious concerns, and the opioid crisis shows little sign of stopping.

The *World Drug Report 2017* further looks at the links with other forms of organized crime, illicit financial flows, corruption and terrorism. It draws on the best available evidence and, most of all, highlights the fact that much more research needs to be carried out in these areas.

Corruption is the great enabler of organized crime, and opportunities for corruption exist at every stage of the drug supply chain. However, too little is known about how different types of corruption interact with drug markets.

The outcome document of the special session of the General Assembly on the world drug problem and

Security Council resolutions express concern about terrorist groups profiting from drug trafficking, among other forms of transnational organized crime.

It is well established that there are terrorists and non-State armed groups profiting from the drug trade — by some estimates, up to 85 per cent of opium poppy cultivation in Afghanistan is in territory under influence of the Taliban.

However, evidence on the organized crime-terrorism nexus remains patchy at best. Moreover, these links are not static. Relations between organized crime and terrorists groups are always evolving, much like drug markets themselves.

As we have seen with the NPS market, drug use, supply, trafficking routes and the substances themselves continue to shift and diversify at alarming speed.

Drugs continue to represent a major source of revenue for organized crime networks, but business models are changing, with criminals exploiting new technologies, such as the darknet, that are altering the nature of the illicit drug trade and the types of players involved, with looser, horizontal networks and smaller groups becoming more significant. New ways of delivering drugs further point to the need to involve other sectors such as postal services in the fight against drug trafficking.

Clearly, countries must be able to act and react to an ever-changing and formidable array of threats and problems. UNODC is fully engaged in strengthening responses, working closely with our United Nations partners and in line with the international drug control conventions, human rights instruments and the 2030 Agenda for Sustainable Development, which are themselves complementary and mutually reinforcing.

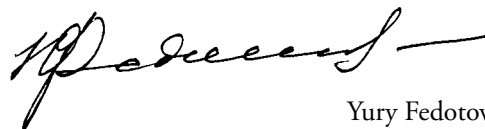
As the special session of the General Assembly and the recent session of the Commission on Narcotic Drugs have shown, the international community is equipped to respond swiftly and decisively to global drug-related challenges.

For example, in March, the Commission scheduled two precursors and an analogue to the scheduled drug fentanyl. This important step will make it harder for criminals to illicitly manufacture fentanyl and its analogues and, I hope, can help to stem the tragic increase in opioid overdoses in recent years.

However, there remains an enormous need for capacity-building and technical assistance, and funding continues to fall far short of political commitment. Further resources are urgently needed to help all Member States implement the recommendations contained in the outcome document of the special session of the General Assembly and achieve related targets under the Sustainable Development Goals.

The many evolving drug challenges also highlight the importance of prevention — science- and rights-based drug use prevention — but also prevention of crime, corruption, terrorism and violent extremism, in line with commitments under the conventions and United Nations standards and norms.

Finally, I ask all Governments to help us improve the evidence base for these reports. Areas such as the links between drugs, terrorism and insurgency clearly touch upon sensitive intelligence, and there are legitimate concerns about compromising sources, collection and operations. But if we want to effectively address drug challenges we need to strengthen international cooperation and information-sharing to the extent possible, to close the gaps and ensure that joint action is targeted, effective and timely.



Yury Fedotov  
Executive Director  
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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 terms “drug use” and “drug consumption” are used in the *World Drug Report*.

All uses of the word “drug” in the *World Drug Report* refer to substances under the control of the international drug control conventions.

All analysis contained in the *World Drug Report* is based on the official data submitted by Member States to the United Nations Office on Drugs and Crime through the annual report questionnaire unless indicated otherwise.

The data on population used in the *World Drug Report* are taken from: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2015 Revision*.

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

References to tons are to metric tons, unless otherwise stated. R stands for the correlation coefficient, used as measure of the strength of a statistical relationship between two or more variables, ranging from 0 to 1 in case of a positive correlation or from 0 to -1 in case of a negative correlation.







## EXECUTIVE SUMMARY

### Harm caused by drug use remains considerable

An estimated quarter of a billion people, or around 5 per cent of the global adult population, used drugs at least once in 2015. Even more worrisome is the fact that about 29.5 million of those drug users, or 0.6 per cent of the global adult population, suffer from drug use disorders. This means that their drug use is harmful to the point that they may experience drug dependence and require treatment.

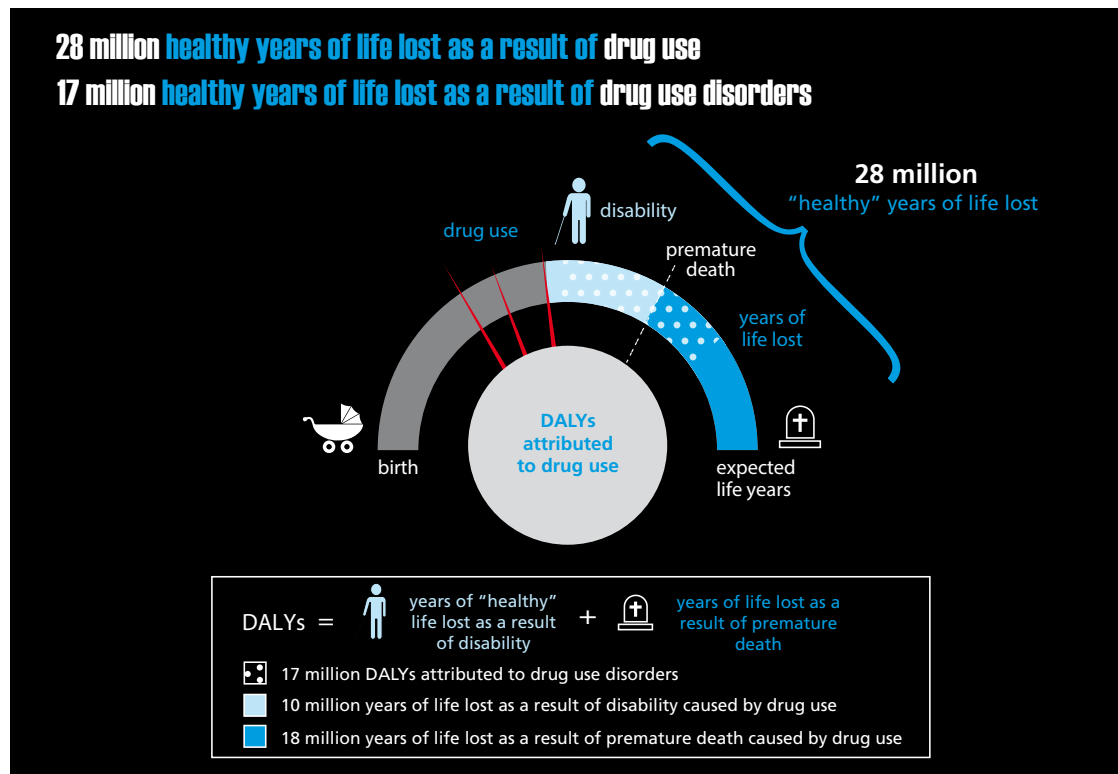
The magnitude of the harm caused by drug use is underlined by the estimated 28 million years of “healthy” life (disability-adjusted life years (DALYs)) lost worldwide in 2015 as a result of premature death and disability caused by drug use.

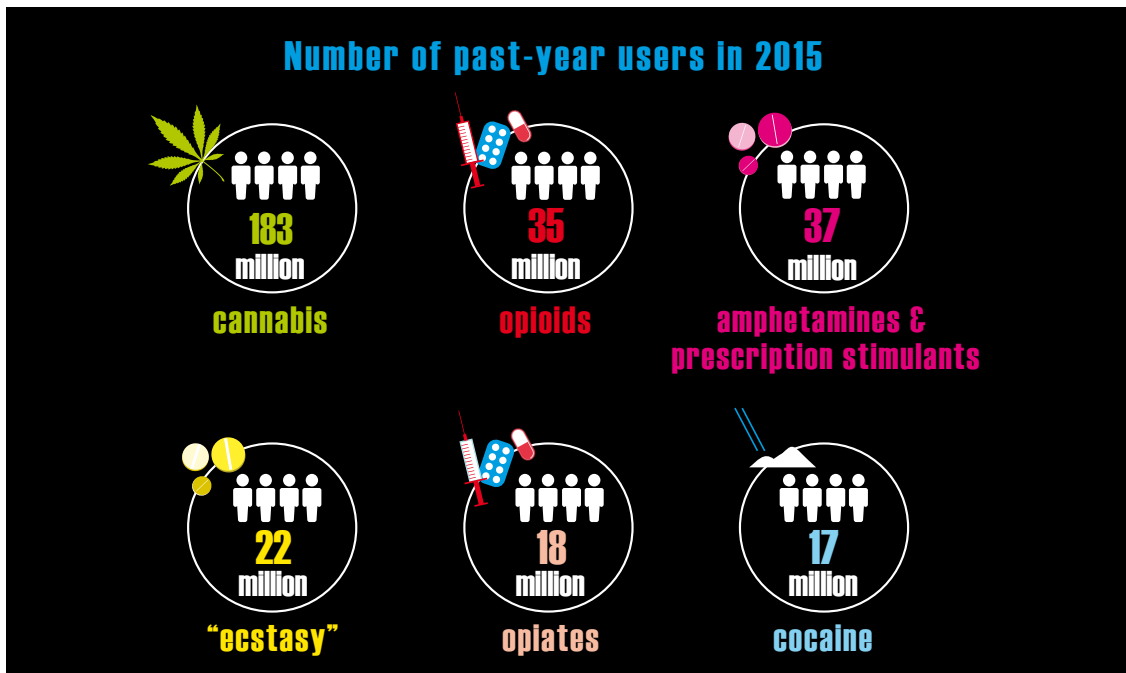
Of those years lost, 17 million were attributable solely to drug use disorders across all drug types. DALYs attributable to morbidity and mortality resulting from all causes of drug use have increased overall in the past decade.

Yet, with fewer than one in six persons with drug use disorders provided with treatment each year, the availability of and access to science-based services for the treatment of drug use disorders and related conditions remain limited.

### Opioids, the most harmful drug type

Opioids, including heroin, remain the most harmful drug type in health terms. The use of opioids is associated with the risk of fatal and non-fatal overdoses; the risk of acquiring infectious diseases (such





as HIV or hepatitis C) through unsafe injecting practices; and the risk of other medical and psychiatric co-morbidities.

The large number of premature deaths related to drugs are mostly avoidable. A significant proportion of those deaths is attributable to opioids. In addition, opioid use disorders account for the heaviest burden of disease attributable to drug use disorders: in 2015, almost 12 million DALYs, or 70 per cent of the global burden of disease attributable to drug use disorders, were attributable to opioids.

A problem in many countries, the harm caused by opioids is particularly evident in the United States of America. The misuse of pharmaceutical opioids, coupled with an increase in heroin and fentanyl use, has resulted in a combined and interrelated epidemic in the United States, as well as in an increase in morbidity and mortality related to opioids.

The United States accounts for approximately one quarter of the estimated number of drug-related deaths worldwide, including overdose deaths, which continue to rise. Mostly driven by opioids, overdose deaths in the United States more than tripled during the period 1999-2015, from 16,849 to 52,404 annually, and increased by 11.4 per cent in the past year

alone, to reach the highest level ever recorded. Indeed, far more people die from the misuse of opioids in the United States each year than from road traffic accidents or violence.

The emergence of derivatives of prescription medicines, classified as new psychoactive substances (NPS), particularly fentanyl analogues, has been associated with rising numbers of overdoses, including fatal overdoses, among opioid users. In recent years, several emergent synthetic opioids have been associated with increasing numbers of serious adverse events and deaths. The pills and powders containing synthetic opioids sold on the illicit market pose a threat to public health, a problem that is compounded by the variation in both the quantity and potency of their active components.

*Methamphetamine accounts for considerable harm*

Disorders related to the use of amphetamines account for a considerable share of the global burden of disease attributable to drug use disorders, second only to those related to the use of opioids. Available data show that, among amphetamines, methamphetamine represents the greatest global health threat. Methamphetamine use is spreading and an

increasing number of methamphetamine users are seeking treatment. In addition to the established and expanding market for methamphetamine in East and South-East Asia and Oceania, there are growing concerns about methamphetamine use in North America, South-West Asia and parts of Europe.

### *Cocaine use disorders increasing*

Although the number of cocaine users is decreasing or stabilizing in parts of Europe, wastewater analysis suggests that cocaine consumption in that region may be increasing. Following several years of decline, there are also indications of an increase in cocaine use in North America. Moreover, drug overdose cases involving cocaine increased markedly in the United States between 2012 and 2015. Much of that increase is linked, however, to the use of cocaine in combination with opioids. Globally, DALYs attributed to cocaine use disorders increased from 729,000 in 2005 to 999,000 in 2015.

### *New psychoactive substances potentially more lethal than other drugs, but market still relatively small*

Despite the large number of NPS present in drug markets, the overall size of the market for such substances is still relatively small when compared with other drug markets. However, one of the most troubling aspects of NPS is that users are unaware of the content and the dosage of the psychoactive substances contained in some NPS. This potentially exposes users of NPS to additional serious health risks. Little or no scientific information is available to determine the effects that these products may have and how best to counteract them.

A number of NPS have been implicated in fatalities, while the injecting of NPS with stimulant effects has been reported among high-risk groups of people who use drugs, further aggravating the health risks to which people in those groups are exposed.

### **Who suffers the heaviest burden of disease from drug use?**

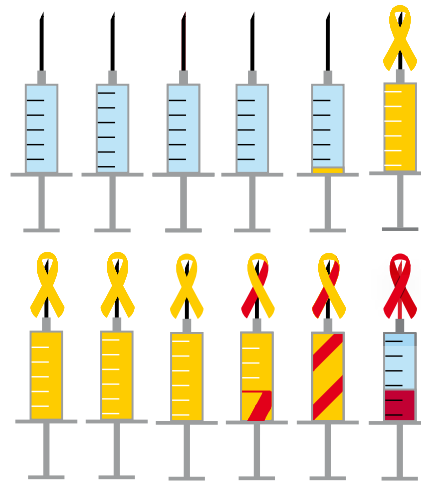
People who inject drugs (PWID) face some of the most severe health consequences associated with drug use. Almost 12 million people worldwide inject drugs, of whom one in eight (1.6 million) are living with HIV and more than half (6.1 million) are living with hepatitis C.

### *Hepatitis C causing greatest harm among people who use drugs*

Globally, the negative health consequences related to hepatitis C among people who use drugs are substantial. The number of deaths attributable to hepatitis C among people who use drugs is greater than from other causes of death related to drug use. Overall, more DALYs are lost as a result of hepatitis C than of HIV infection among people who use drugs. Most of those DALYs are the result of premature death, while the remainder are the result of years lived with disability.

Recent advances in the treatment of hepatitis C, using direct-acting antivirals, have created a new opportunity to reduce the heavy burden of the disease among people who use drugs. Nevertheless, accessibility remains poor for many of those in need, as such treatment options remain very expensive in most countries.

### **12 million people inject drugs**

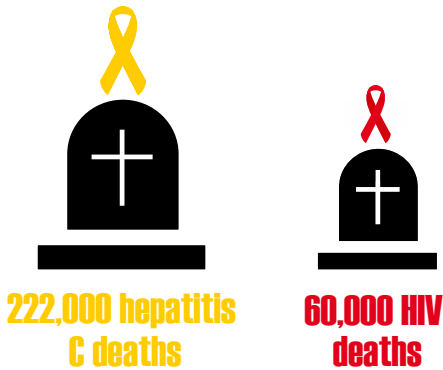


**1.6 million people who inject drugs are living with HIV**

**6.1 million are living with hepatitis C**

**1.3 million are living with both hepatitis C and HIV**

**Among people who use drugs, more die from hepatitis C than from HIV**



*People who use drugs particularly vulnerable to tuberculosis*

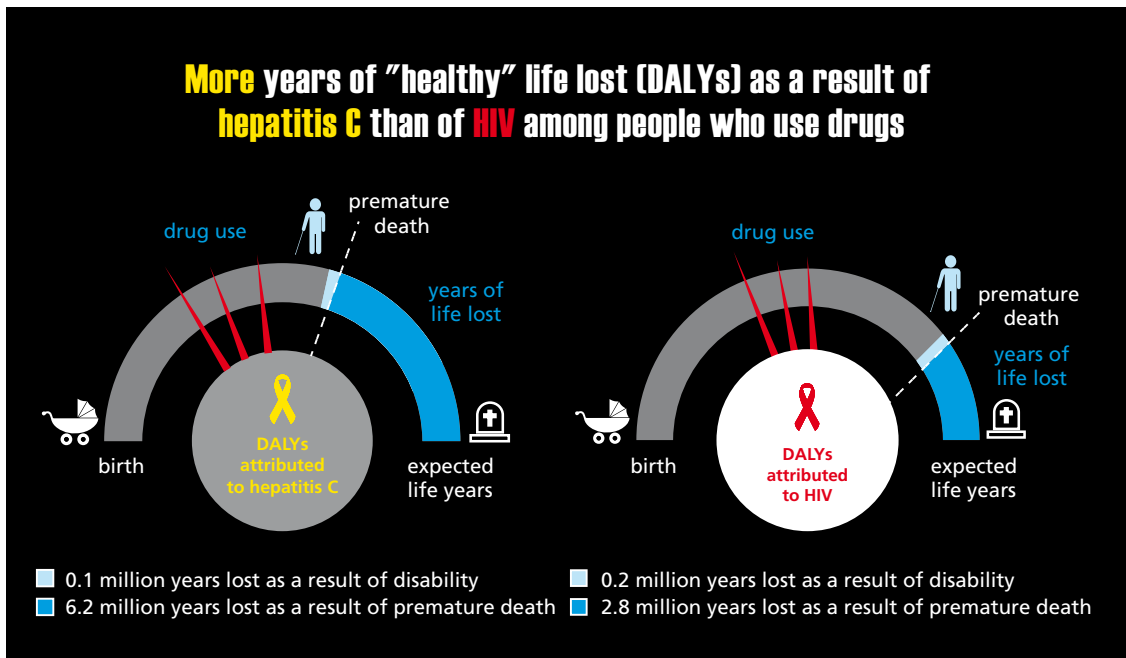
Tuberculosis is more prevalent among people who use drugs than in the general population. Based on the limited data available from studies in Europe, Asia and the Americas, the prevalence of tuberculosis among PWID is estimated at approximately 8 per cent. Meanwhile, the prevalence of tuberculosis in the general population at the global level is estimated at less than 0.2 per cent.

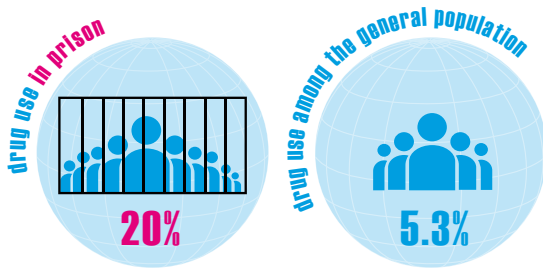
People who use drugs may have a particular need for interventions that prevent and treat tuberculosis. They may be disproportionately affected by the risk factors for the disease (such as poverty, malnutrition, infection with HIV and time spent in prison). Infection with HIV is one of the main reasons for the high prevalence of tuberculosis among PWID and tuberculosis is one of the leading causes of mortality among people who use drugs and are living with HIV.

Treatment of tuberculosis is particularly complex for people who use drugs as they may be living with multiple, co-existing infectious diseases (such as HIV and hepatitis C) and psychiatric and medical co-morbidities (such as depression and anxiety) in addition to drug dependency. Furthermore, many barriers to the prevention and treatment of tuberculosis are more difficult to surmount for people who use drugs than for the general population.

*Prison a high-risk environment for the spread of infectious diseases*

On any given day, approximately 10 million people are held in prison (including in pretrial detention) throughout the world. The number of people who pass through prison each year is, however, considerably higher.





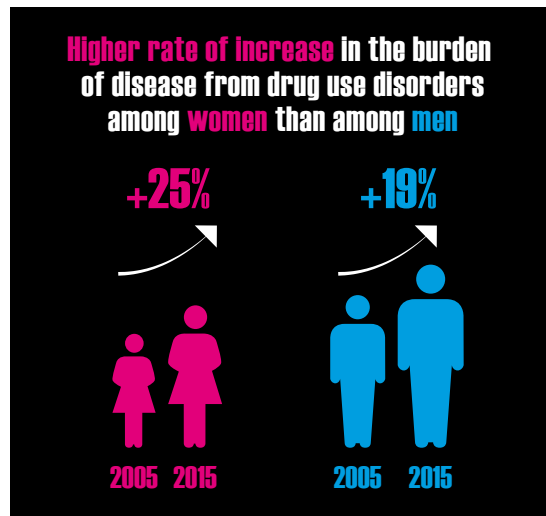
Drug use, including the use of heroin and injecting drug use, are commonplace in many prisons. One out of three prisoners has used an illicit substance at some time while incarcerated, with 16 per cent reporting current (past-month) use. Cannabis is by far the most commonly used drug in prison, while heroin ranks second. Approximately 10 per cent of prisoners report using heroin at some time while incarcerated, one third of whom report current (past-month) use within prison.

PWID who are incarcerated are placed in a high-risk environment for the spread of infectious diseases. Unsafe injecting practices help to spread HIV among PWID in prison populations and ultimately to the wider community. People who use drugs who are incarcerated are also placed at greater risk of tuberculosis.

#### *Higher rate of increase in the burden of disease from drug use disorders among women than among men*

At least twice as many men than women suffer from drug use disorders. However, once women have initiated substance use, in particular, use of alcohol, cannabis, opioids and cocaine, they tend to increase their rate of consumption more rapidly than men. As a result, women may progress more rapidly than men to drug use disorders. Women's access to treatment for drug use disorders is also more limited than men's.

In the past decade, the negative health impact of drug use has increased more rapidly among women than among men. The rate of increase in the number of DALYs attributed to drug use disorders in 2015, particularly opioid and cocaine use disorders, was greater among women (25 per cent and 40 per cent, respectively) than among men (17 per cent and 26 per cent, respectively).



#### **Drug market diversification**

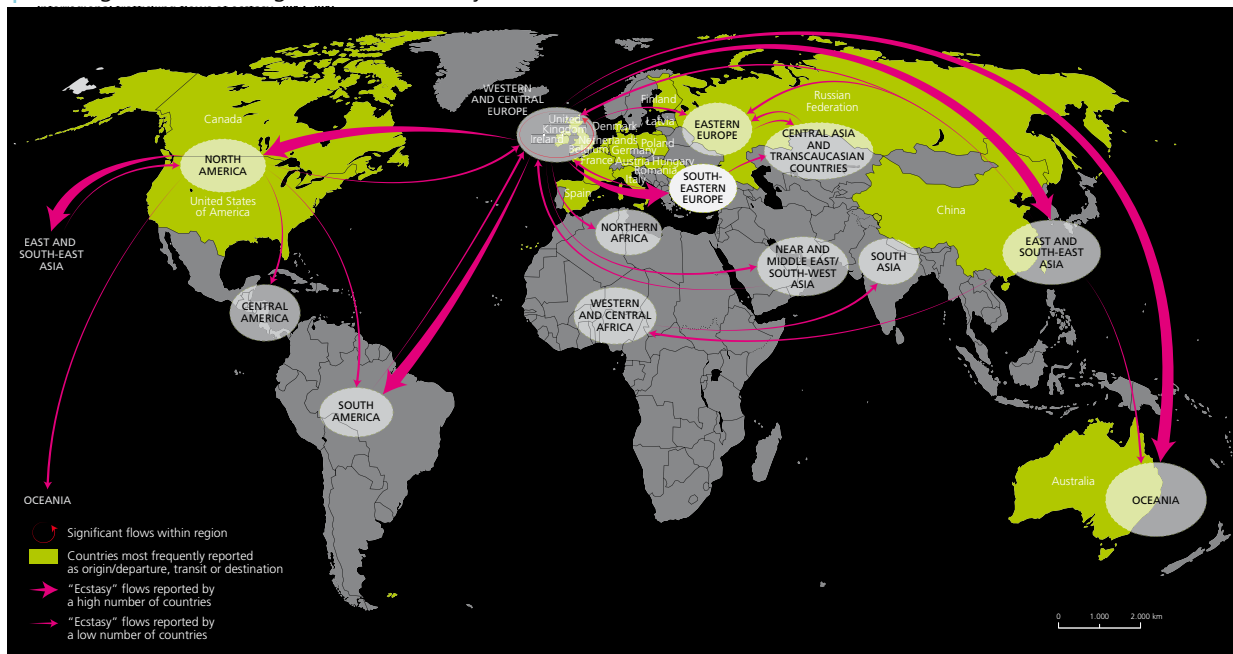
In recent years, the spectrum of substances available on the drug market has widened considerably, with the persistence of traditional drugs and the emergence of NPS every year. A characteristic of drug use patterns for many years, polydrug use is not a new phenomenon; however, it now poses an even greater risk because of the sheer number of substances on the market and the potential combinations that can be used.

#### *Opioid market in a constant state of change*

The opioid market is becoming more diversified: this is illustrated by the example of the United States, where the opioid market comprises a combination of internationally controlled substances, particularly heroin, and prescription medicines that are either diverted from the legal market or produced as counterfeit medicines on a large scale. These counterfeit medicines are made to look like pharmaceutical products while actually containing fentanyl and fentanyl analogues, as well as non-opioid substances such as derivatives of benzodiazepine and methylphenidate.

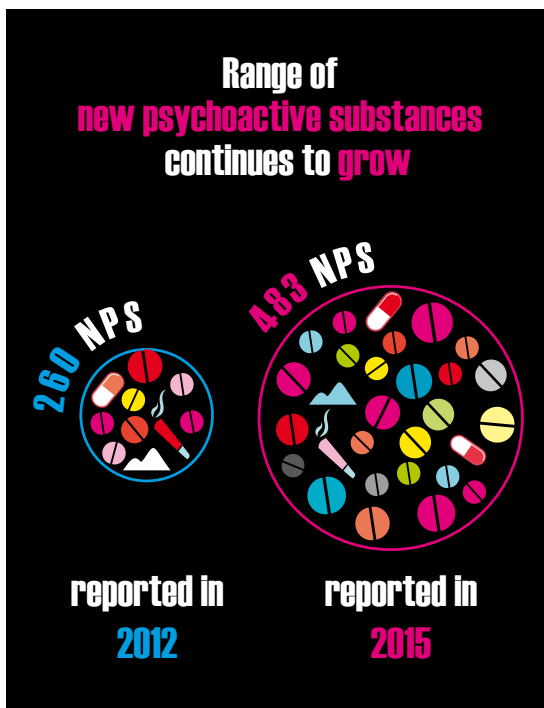
In many subregions, an increasingly complex relationship between the use of heroin and synthetic opioids is being observed. The illicit manufacture of opioids and the availability of numerous "research opioids", which were first synthesized in the 1970s and have structures distinct from those used in

Interregional trafficking flows of "ecstasy", 2012-2015



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

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



medical practice, are posing serious public health concerns. In particular, the use of a combination of different opioids and other psychoactive substances is causing many opioid-related deaths.

*New psychoactive substances continue to evolve, diversify and grow*

The NPS market continues to be very dynamic and is characterized by the emergence of large numbers of new substances belonging to diverse chemical groups. Between 2009 and 2016, 106 countries and territories reported the emergence of 739 different NPS to the United Nations Office on Drugs and Crime (UNODC).

Marketed in many different ways and forms, new substances often emerge quickly and disappear again, while some become used regularly among a small group of users. Several countries have reported NPS being sold under the name of controlled drugs such as "LSD" and "ecstasy". Often used for reasons similar to those for the use of traditional drugs, their easy availability and low prices have made certain



NPS highly attractive to some groups of drug users. A market for some NPS in their own right now appears to have been established.

A core group of over 80 NPS were reported every year during the period 2009-2015 and appear to have become established on the global market; a number of them have been placed under international control. On the other hand, about 60 NPS seem to have disappeared from the market since 2013. Problems in identifying them in a laboratory may be a factor, however, in the low level of reporting of these lesser-known substances.

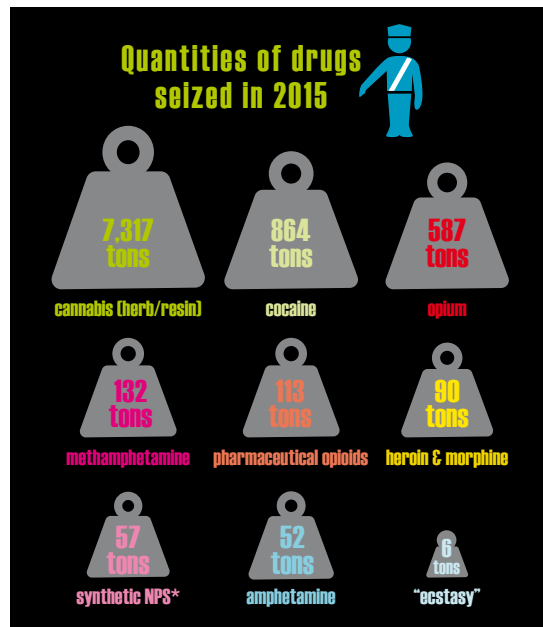
### *“Ecstasy” market becoming increasingly multifaceted*

While smaller than the market for methamphetamine, the “ecstasy” market has grown in complexity and the variety of “ecstasy” products available to drug users has increased. The three main types are: (a) “ecstasy” tablets containing little or no MDMA (3,4-methylenedioxyamphetamine); (b) “ecstasy” tablets with an extremely high content of MDMA; and (c) “ecstasy” sold in powder or crystal form, under different street names. “Ecstasy” tablets with a high MDMA content are of particular concern in Europe, where law enforcement entities have also discovered industrial-scale MDMA manufacturing facilities.

### *Crossover between plant-based and synthetic cannabinoids*

Synthetic cannabinoids are not simply synthetic versions of the substances occurring in herbal cannabis, as street names such as “synthetic cannabis” or “synthetic marijuana” may suggest. They are a diverse group of potent psychoactive compounds that are a substitute for natural cannabis, of which there are also many new products on the market. Despite the predominance of synthetic cannabinoids on the spectrum of NPS, users of cannabis have reported that they prefer natural cannabis. They perceive the use of synthetic cannabinoids to be associated with more overall negative effects than the use of natural cannabis.

There is growing recognition of the harm associated with intoxication resulting from the use of synthetic cannabinoids. While, in general, these health harms are not dissimilar to the intoxication caused by



\* 57 tons of which 34 tons represent seizures of GBL, ketamine and other medicines, see booklet 4.

natural cannabis, the use of products containing certain synthetic cannabinoids has been associated with severe adverse health events including hospitalisations and fatalities. It cannot be concluded, however, that the untoward or undesirable effects of synthetic cannabinoids will limit their uptake or use.

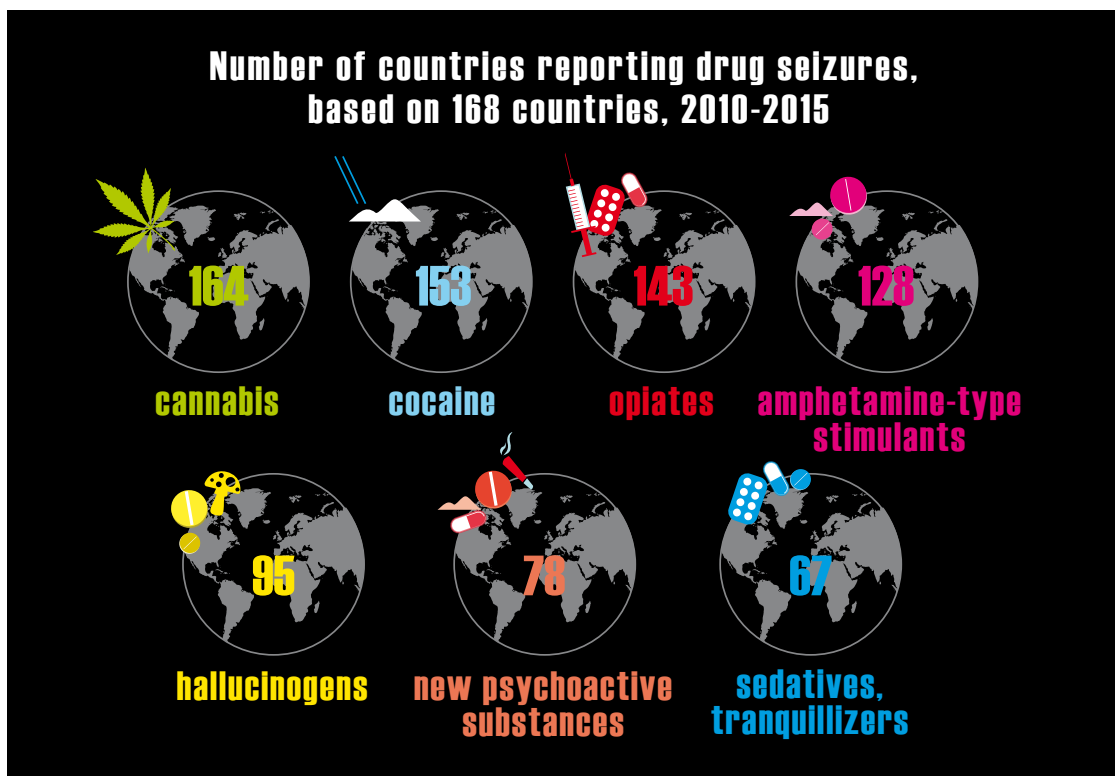
### **The drug market is thriving**

Overall, drug trafficking seems to have increased slightly in 2015 and some drug markets, particularly the cocaine and synthetic drugs markets, appear to be thriving.

### *Expansion of the cocaine market*

Data on drug production, trafficking and use point to an overall expansion of the market for cocaine worldwide. Following a long-term decline, coca bush cultivation increased by 30 per cent during the period 2013-2015, mainly as a result of increased cultivation in Colombia. Total global manufacture of pure cocaine hydrochloride reached 1,125 tons in 2015, representing an overall increase of 25 per cent over 2013.

Cocaine use appears to be increasing in the two largest markets, North America and Europe. The prevalence of use of cocaine among the general population and testing in the workforce suggest an



increase in cocaine use in the United States. In Europe, early signs of increases in cocaine consumption, based on wastewater analysis in selected cities, have been reported, with an increase of 30 per cent or more during the period 2011-2016.

The quantities of cocaine seized are also on the increase. Worldwide, they increased by 30 per cent to reach 864 tons (of varying purities) in 2015, the highest level ever reported. In North America, they increased by 40 per cent to reach 141 tons; in Europe, they increased by 35 per cent to reach 84 tons.

#### *Opium production on the increase*

In 2016, global opium production increased by one third compared with the previous year. Although there was also an increase in the size of the area under opium poppy cultivation, the major increase in opium production was primarily the result of an improvement in opium poppy yields in Afghanistan compared with the previous year. At 6,380 tons, however, total global opium production was still some 20 per cent lower than at its peak in 2014, and was close to the average reported in the past five years.

Seizures of both opium and heroin have remained quite stable at the global level in recent years, suggesting a smooth supply of heroin, irrespective of annual changes in opium production. The quantity of heroin seized in North America increased sharply in 2015. This went in parallel with reports of increasing heroin use and heroin-related deaths in that subregion.

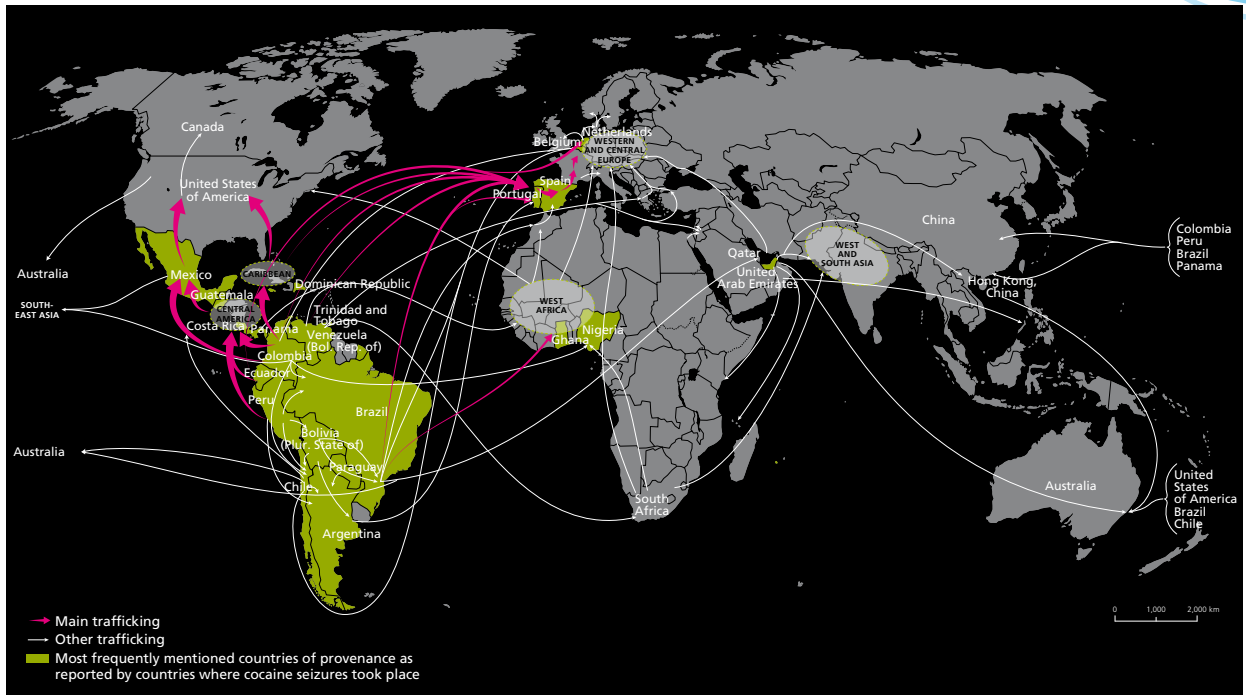
#### *Expanding market for synthetic drugs*

Unlike the manufacture of heroin and cocaine, the manufacture of synthetic drugs is not geographically constrained, as the process does not involve the extraction of active constituents from plants that have to be cultivated in certain conditions for them to grow. Yet any analysis of the synthetic drugs market is complicated by the fact that information on synthetic drug manufacture is limited, which prevents the estimation of the volume of such drugs being manufactured worldwide. Nevertheless, data on seizures and use suggest that the supply of synthetic drugs is expanding.

An increasing number of countries are reporting seizures of synthetic NPS, with over 20 tons seized



## Main cocaine trafficking flows, 2011-2015



Source: UNODC elaboration, based on responses to annual report questionnaire and individual drug seizure database.

Notes: The trafficking flows are determined on the basis of country of origin/departure, transit and destination of seized drugs as reported by Member States in the annual report questionnaire and individual drug seizure database: as such, they are to be considered as broadly indicative of existing trafficking routes while several secondary flows may not be reflected. Flow arrows represent the direction of trafficking: origins of the arrows indicate either the area of manufacture or the one of last provenance, end points of arrows indicate either the area of consumption or the one of next destination of trafficking. The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations. Dashed lines represent undetermined boundaries. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

in 2015. Seizures of amphetamine-type stimulants (ATS) doubled in the five years prior to 2015, to reach 191 tons in 2015. This was a result of sharp increases in the amounts of amphetamines seized, of which methamphetamine accounted for some 61-80 per cent annually during that period.

The expansion of the methamphetamine market in East and South-East Asia is visible in the, albeit scarce, information available on methamphetamine use and treatment for such use. In 2015, experts in several countries in the subregion reported a perceived increase in the use of both crystalline methamphetamine and methamphetamine tablets. They also considered methamphetamine to be the most commonly used drug in some of those countries. In the same year, people receiving treatment for methamphetamine use accounted for the largest

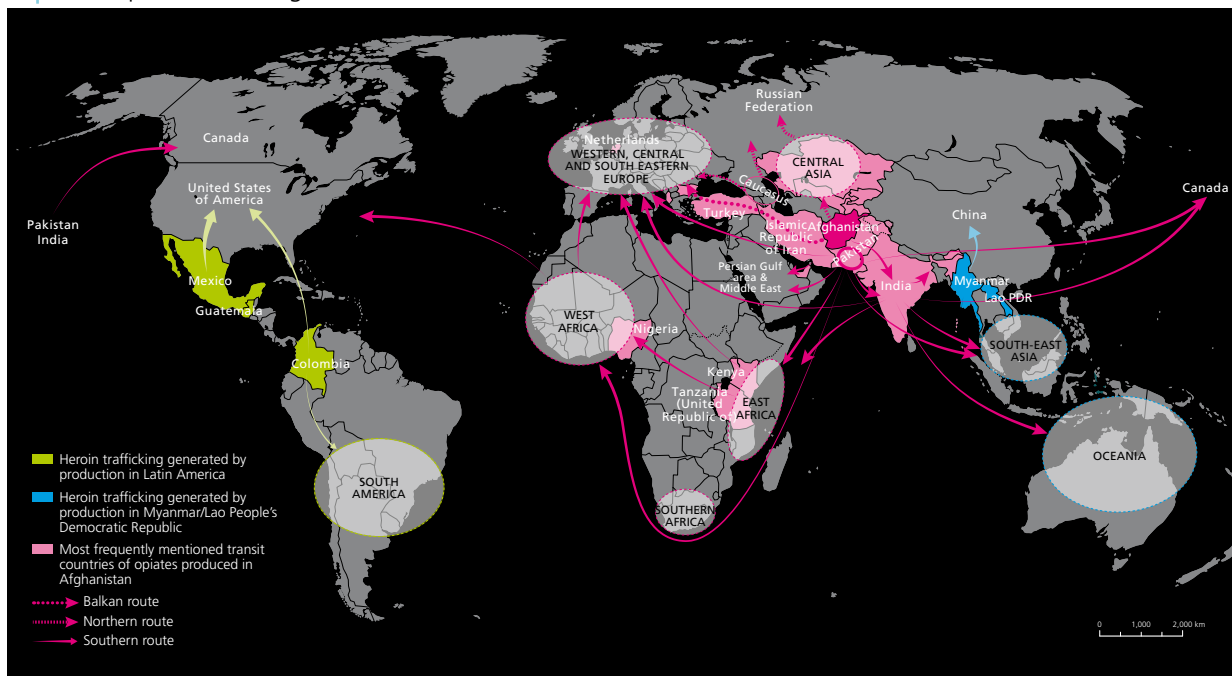
share of people treated for drug use in the majority of countries and territories in East and South-East Asia that reported on that indicator.

In Oceania, there has been an increase in both the quantities of methamphetamine seized and the prevalence of its use.

### Increasingly effective law enforcement

Reflecting improvements in international cooperation, law enforcement appears to be becoming increasingly effective. Evidence of this is the fact that the estimated global interception rate of cocaine increased to between 45 and 55 per cent in 2015, a record level. The estimated global interception rate of opiates also rose from between 9 and 13 per cent during the period 1980-1997 to between 23 and 32 per cent during the period 2009-2015.

## | Main opiate trafficking flows, 2011-2015



Sources: UNODC elaboration, based on responses to annual report questionnaire and individual drug seizure database.

Notes: The trafficking flows are determined on the basis of country of origin/departure, transit and destination of seized drugs as reported by Member States in the annual report questionnaire and individual drug seizure database: as such, they are to be considered as broadly indicative of existing trafficking routes while several secondary flows may not be reflected. Flow arrows represent the direction of trafficking: origins of the arrows indicate either the area of manufacture or the one of last provenance, end points of arrows indicate either the area of consumption or the one of next destination of trafficking. The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations. Dashed lines represent undetermined boundaries. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

## Flux in drug flows

Drug flows are in a constant state of flux. With the changes brought by globalization and the spread of new communication technologies, drug flows are characterized more than ever by rapid changes in trafficking routes, modi operandi and concealment methods.

### Growing importance of Caucasus branch of the Balkan route

With about 40 per cent of global heroin and morphine seizures in 2015 being made in countries on the so-called “Balkan route”, the route appears to remain the world’s principal opiate trafficking route. While overall quantities seized on the Balkan route declined in 2015, an alternative branch of the route, through the Caucasus countries, appears to have been gaining in importance in recent years.

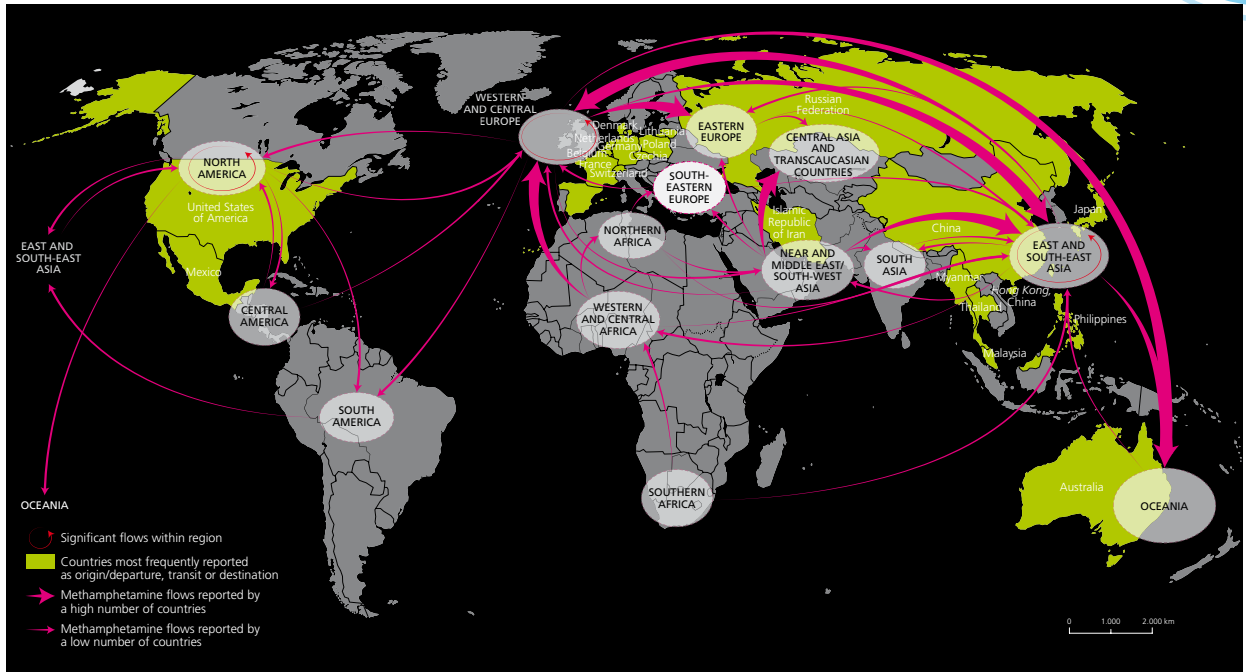
That route circumvents Turkey, where the recent increase in flows of refugees heading towards countries in the European Union may have pushed traffickers to seek other options.

Data show that quantities of heroin and morphine seized declined in Bulgaria, Greece and Turkey during the period 2014-2015 compared with the period 2012-2013. By contrast, the amounts intercepted on the trafficking route through Armenia, Azerbaijan and Georgia, and via the Black Sea to Ukraine and Romania, increased sharply between those two periods.

### Geographical shift in the methamphetamine market

A major geographical shift appears to have occurred in the methamphetamine market in the last five years. In 2015, the quantity of methamphetamine

## Interregional trafficking flows of methamphetamine, 2012-2015



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

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

intercepted in East and South-East Asia surpassed the quantity intercepted in North America for the first time, making East and South-East Asia the leading subregions for methamphetamine seizures worldwide. While this may be a reflection of an increase in the effectiveness of law enforcement in East and South-East Asia, methamphetamine trafficking routes appear to be increasingly connecting previously unconnected markets in various subregions. Of particular note is the large increase in methamphetamine seizures in China.

### Amphetamine trafficking expanding in Asia and Central America

In contrast to methamphetamine, amphetamine has been confined to fewer subregions, such as the Near and Middle East and Western and Central Europe. The quantities of amphetamine seized in 2015 point to a possible recent expansion of the amphetamine market in South-Eastern Europe, but this may be simply related to the large amphetamine market in

the neighbouring Near and Middle East. Quantities of amphetamine seized also sharply increased in Central America and South-West Asia.

### Cocaine trafficking expanding eastwards

Although still comparatively small overall, there are indications that cocaine markets in several countries in Asia continue to rise. Possible proof of this was a very large seizure (900 kg) of cocaine in Sri Lanka in 2016 and another of 500 kg in Djibouti in 2017, which was probably en route to Asia. That was the single largest cocaine seizure in East Africa since 2004.

Overall, in 2015, the quantities of cocaine intercepted in Asia increased by more than 40 per cent compared with the previous year, with increases reported across all subregions. The largest proportions of the total quantity of cocaine seized in Asia over the period 2010-2015 were seized in East and South-East Asia (56 per cent) and in the Near and Middle East (40 per cent).



The major increase in cannabis use in those jurisdictions started in 2008, in parallel with measures allowing the medical use of cannabis (although the cannabis products dispensed have not gone through the rigours of pharmaceutical product development), decreasing risk perceptions of harm from cannabis use and an ongoing debate around the legalization of the medical and recreational use of cannabis. Since the approval of legalization measures, the increasing trend in cannabis use in those jurisdictions has continued.

Yet while the increases in those jurisdictions are more marked than in states where such use has not been legalized, cannabis use has increased at the national level. The developments observed in the jurisdictions where the use of cannabis has been legalized (including the perception of risk of harm from cannabis use) appear to have affected the cannabis market and users' perceptions of cannabis nationwide. It has been observed that increases in cannabis use across the United States are disproportionately associated with adults with a low socioeconomic status who are regular and heavy users of cannabis.

### *Cannabis regulation in Uruguay*

In 2013, the Government of Uruguay approved legislation regulating the cultivation, production, dispensing and use of cannabis for recreational purposes. Since then, the Government has passed additional decrees and ordinances concerning the implementation of specific elements of the cannabis regulations. They include regulating the medical use of cannabis, the marketing and dispensation of cannabis for recreational use, including through pharmacies, and the registration of recreational cannabis users. However, the impact of the provisions regulating the recreational use of cannabis in Uruguay will be evident only after they have been fully implemented, and will require close monitoring over time.

### **Changing business models for drug trafficking and organized crime**

#### *Organized crime groups branch out*

Organized crime groups have widened their portfolio of illicit activities. New crime areas such as cybercrime and environmental crime have emerged. Fewer groups are exclusively dedicated to drug



Source: UNODC, adapted from Europol, *SOCTA 2017*.

trafficking, while more are also operating in other illicit sectors.

Almost two thirds of drug trafficking groups operating in countries in the European Union are involved in more than one crime area, according to research by the European Police Office (Europol), and that figure has been rising for years. Drug trafficking groups in Europe are frequently also involved in the counterfeiting of goods, trafficking in human beings, smuggling of migrants and trafficking in weapons.

#### *Continued importance of drugs to organized crime groups*

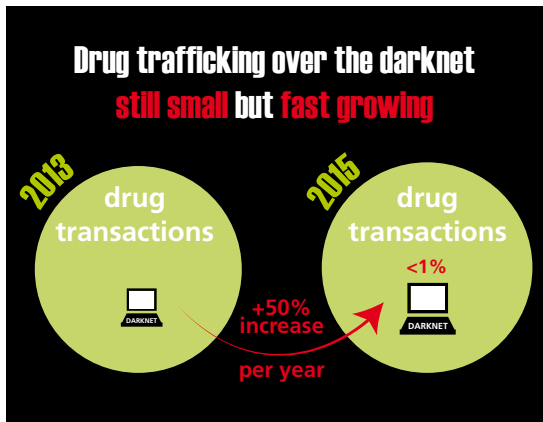
In 2014, transnational organized crime groups across the globe were estimated to have generated between approximately one fifth and one third of their revenues from drug sales.

Europol identified some 5,000 international organized crime groups operating in countries in the European Union in 2017, and estimated that more than one third were involved in drug trafficking. This makes drug trafficking more widespread across organized crime than organized property crime, smuggling of migrants, trafficking in human beings, excise fraud or any other illicit activity.

#### *Drug trafficking no longer the preserve of large criminal groups*

Groups with a strong hierarchical structure, such as those in Mexico and Japan, and to some extent in the Russian Federation, continue to be involved in the drug trade. Hierarchical, top-down organizations are still the most widespread type of organized crime group in Europe, according to Europol.





Kristy Kruihof and others, *Internet-facilitated Drugs Trade: An Analysis of the Size, Scope and the Role of the Netherlands*, Research Report Series (Santa Monica, California, Rand Corporation, 2016).

However, there is evidence that looser, horizontal networks are becoming increasingly significant. In 2017, Europol estimated that such networks accounted for 30-40 per cent of organized crime groups operating in countries in the European Union.

### Technology's role in creating relatively low-risk drug markets

The mobile communications revolution has offered new opportunities to traffickers. They no longer need personal contact with clients; instead, low-level “runners” can collect cash and dealers can let the customer know where to collect their drugs using messages sent over encrypted networks.

The darknet allows users to buy drugs with a cryptocurrency, such as bitcoin, and have their purchases

delivered to them in a concealed manner. Typical buyers are recreational users of cannabis, “ecstasy”, cocaine, hallucinogens and NPS. They are less likely to order heroin or methamphetamine. Although the darknet accounts for only a small percentage of drug sales, the market has been growing rapidly in recent years.

### Drug crime proceeds damage economies in the long term

*About 30 per cent of cocaine proceeds contributes to illicit financial flows*

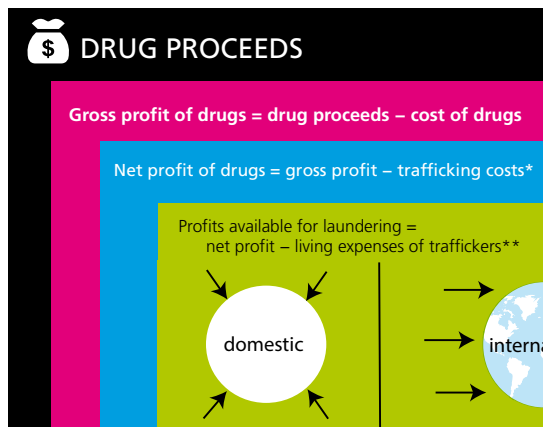
About 30 per cent of the proceeds of cocaine sales at the global level was laundered abroad in 2009, according to a model developed by UNODC. A 2016 study based on interviews with drug crime convicts in Italy came to a similar conclusion, suggesting that roughly one third of the money spent by cocaine users was being laundered across borders.

### Drug money can make countries poorer

In the short term, an inflow of drug money can boost investment and local gross domestic product. But the long-term effects tend to be negative, particularly when drug-related proceeds comprise a sizeable portion of the total economy of a community or a country. In this scenario, drug money has the potential to inflate property prices, distort export figures, create unfair competition, reinforce skewed income and wealth distributions and increase corruption. In the process, legitimate businesses, without access to illicit funds, may be squeezed out of the market and new legitimate investments may not take place.

The rise of an illicit economy helps to weaken the rule of law and facilitates corruption, which in turn reinforces the illicit drug sector.

Studies suggest that an injection of laundered money, including from illicit drug activities, is associated with reductions in overall annual economic growth rates, particularly in smaller and less developed countries. One estimate, based on a study of



\* Transportation costs, intermediaries, bribes, etc.  
 \*\* Living expenses, luxury goods, cars, etc.

= illicit financial flows related to drugs



17 countries of the Organization for Economic Cooperation and Development, suggests that a \$1 billion increase in money-laundering could reduce overall economic growth by between 0.03 and 0.06 percentage points.

### **Corruption facilitates illicit drug markets, which fuel corruption**

#### *Corruption exists all along the drug supply chain*

At each stage of the drug supply chain, there are opportunities for corruption. At the production level, farmers may bribe eradication teams, producers may bribe judges and police officers, and manufacturers may exploit workers in chemical companies in order to get hold of precursor chemicals. Further down the chain, traffickers bribe customs officials and take advantage of weaknesses in transport firms. At the consumer level, users can get drugs through corrupt doctors and pharmacists.

#### *Corruption, the illicit drug trade and poverty reinforce each other*

Corruption entrenches poverty by discouraging foreign investment, according to World Bank research. In a narco-economy, this is doubly true. Foreign firms, seeing the corrupted justice system and pervasive money-laundering that characterize narco-economies, are unlikely to make or increase investments.

Corruption also increases the level of income inequality, according to International Monetary Fund research. Higher levels of income inequality are known to encourage drug trafficking and corruption. In fact, the drug industry may perpetuate and exacerbate income inequality, which may in turn cause the expansion of drug production and trafficking.

### **Drug trade benefiting some terrorist, insurgent and non-State armed groups**

#### *United Nations-designated terrorist groups: Taliban continues to benefit*

The Taliban's involvement in the drug trade is well documented. It has taxed entities involved in illicit opiate production, manufacture and trafficking in

Afghanistan. Further, the Consolidated United Nations Security Council Sanctions List contains a number of Taliban leaders who are accused of direct involvement in drug trafficking.

UNODC estimated that non-State armed groups raised about \$150 million in 2016 from the Afghan illicit opiate trade in the form of taxes on the cultivation of opium poppy and trafficking in opiates. The overall drug-related income, however, may be higher still. The Security Council Committee established pursuant to resolution 1988 (2011) estimated the overall annual income of the Taliban at about \$400 million, half of which is likely to be derived from the illicit narcotics economy.

#### *Role of the Revolutionary Armed Forces of Colombia in the drug trade*

The involvement of the Revolutionary Armed Forces of Colombia (FARC) in the drug trade in Colombia goes back decades. At various times, they have provided security for coca crops, taxed the introduction of precursor chemicals and the use of landing strips, sold coca paste and become involved in the intraregional cocaine trade.

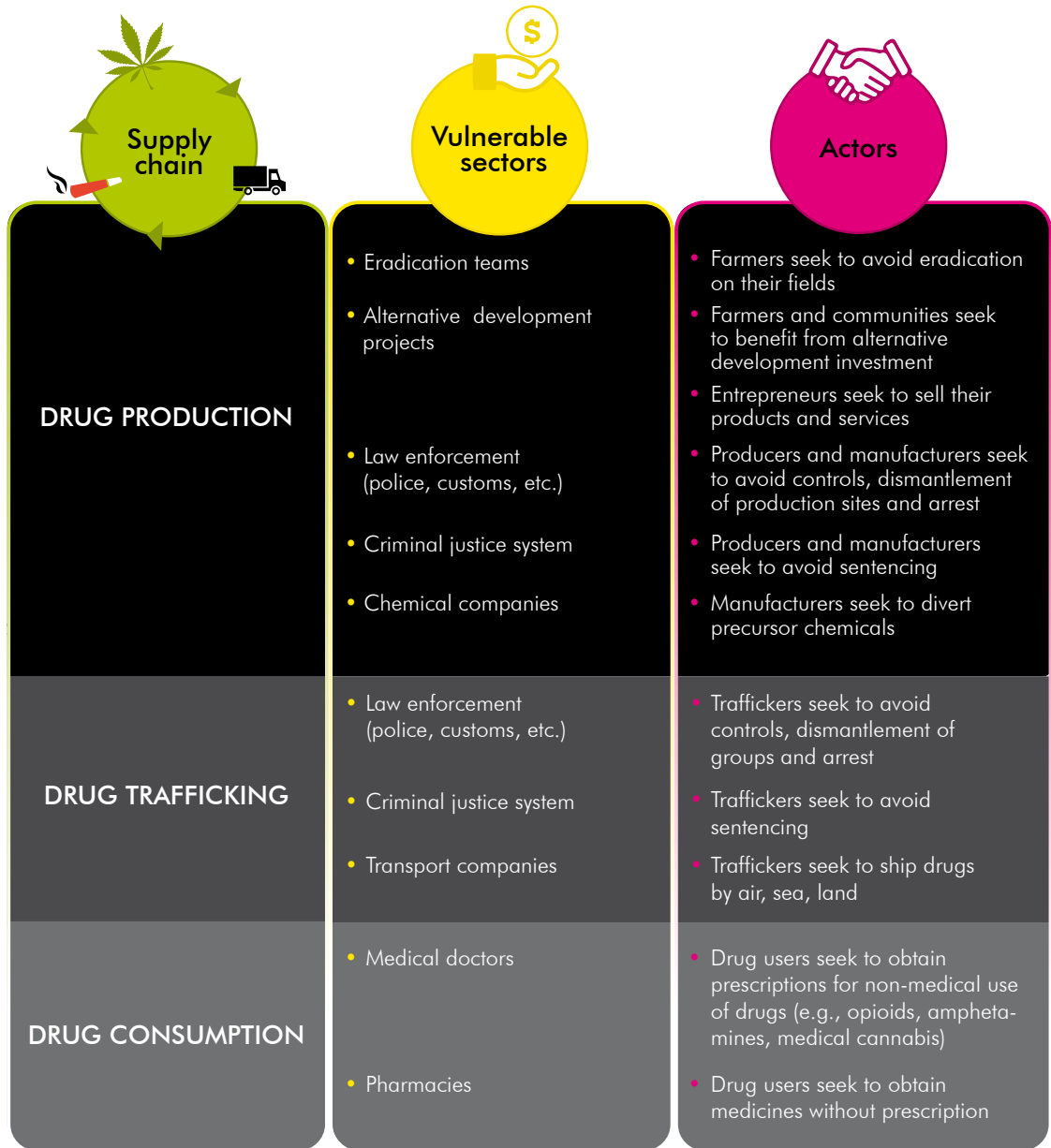
FARC agreed in 2016 to halt its involvement in the drug business after the peace agreement signed with the Government.

#### *Evidence implicating other groups is thin*

Media reports and some evidence from official sources link a number of other terrorist, insurgent and non-State armed groups to the drug trade. For example, media reports claim that Islamic State in Iraq and the Levant (ISIL) and other armed groups in Iraq and the Syrian Arab Republic produce and consume "captagon" tablets — typically amphetamine mixed with caffeine. The group operates in an area likely to be a manufacturing hub, according to seizure data, but no conclusive evidence has emerged so far, as other groups also operate in the same area.

Boko Haram has also reportedly helped drug traffickers to smuggle heroin and cocaine across West Africa. During the trial of Boko Haram members in Chad, the court of appeal heard that considerable quantities of psychotropic substances had been recovered and that Boko Haram members were regularly involved in the trafficking in and consumption

Sectors vulnerable to corruption in relation to drugs



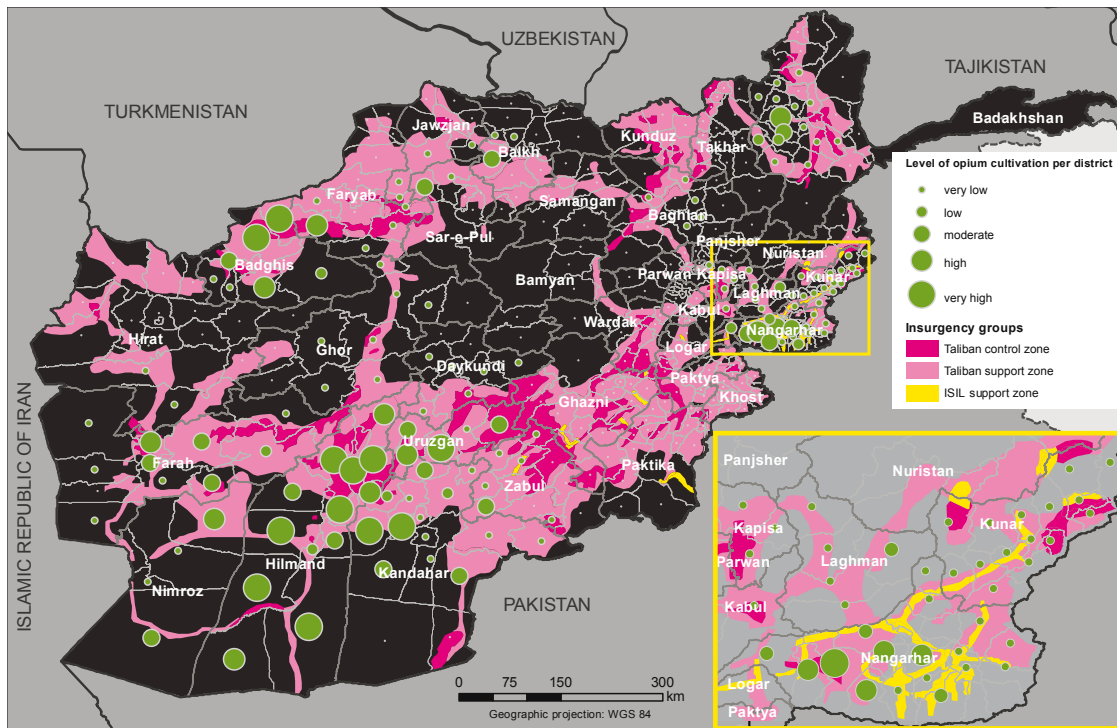
of those substances. Further north, some evidence suggests that Al-Qaida in the Islamic Maghreb has been involved in cannabis and cocaine trafficking, or at least in protecting traffickers, but that its overall income from the drug sector appears to have been rather modest.

*Income from drugs key for some terrorist, insurgent and non-State armed groups*

Much depends on the location of a particular group. Some have benefited from being based in areas where drug crops flourish. Groups that aspire to control large amounts of territory need huge financial resources, and have relied on organized crime and the illicit drug trade to fund their ambitions.



## Area under control of insurgent groups and area under opium poppy cultivation in Afghanistan, 2016



Source: MCN and UNODC, *Afghanistan Opium Survey 2016 – Cultivation and Production* (Vienna, 2016). Insurgency groups taken from the Institute for the Study of War, November 2016.

Note: the boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dashed lines represents undetermined boundaries. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The insurgency groups are mapped with different classes of confidence, which have been merged for the purpose of this map. Geographic projection: WGS 84.

### Just one revenue stream of many for most groups

Terrorist and other non-State armed groups are adept at tapping into multiple sources of revenue. If drug profits dry up, the groups may move into extortion, kidnapping for ransom, bank robberies, sale of natural resources or sale of cultural artefacts. However, groups aiming simply to stage shocking attacks on civilians can do so with negligible financial investment.

### Scarcity of reliable data on terrorism and corruption

#### Lack of understanding of the relationship between drugs and corruption

Many studies have focused on specific events or geographical areas; others have relied on perceptions

of corruption. While these approaches have certain strengths, they highlight a paucity of data on the links between drugs and corruption across countries. For example, while, intuitively, such a correlation is anticipated, in terms of research, little is known about the way that different types of corruption interact with drug markets and political structures; the way that corruption and violence coexist also needs further investigation.

#### Huge variation in estimates of finances of terrorist, insurgent and other non-State armed groups

Little reliable data exist for estimating the overall wealth of terrorist, insurgent and other non-State armed groups, making it tricky to estimate the importance of the drug trade. Forbes International attempted to compile a list, but the income of the

wealthiest 10 groups (around \$5 billion together) was highly skewed, ranging from \$25 million to \$2 billion per group.

*Limited evidence on drugs, terrorism and insurgency*

Much of the work in this area tracks a small number of groups, or builds on sources with an interest in emphasizing or diminishing certain links. Most information on terrorism is collected by intelligence agencies and is classified, meaning that researchers have to rely on media reports and studies issued by non-governmental organizations and think tanks.



## CONCLUSIONS AND POLICY IMPLICATIONS



*As opioids continue to cause the highest negative health impact related to drug use, preventing and treating opioid use remain a priority*

Seventy per cent of the global burden of disease caused by drug use disorders is attributable to opioid use. The following interventions remain key to the reduction of that burden: preventing drug use in families, schools and communities using science-based methods that are effective in addressing individual and environmental vulnerabilities; treatment and care of opioid use disorders; and prevention of their negative health consequences. In most countries with high levels of opioid use, this would include scaling up prevention of opioid overdose through community access to naloxone and long-term medication-assisted psychosocial treatment and care for opioid use disorders (comprising interventions such as cognitive behavioural therapy and contingency management).



*Scaling up prevention and treatment of drug use disorders to meet target 3.5 of the Sustainable Development Goals by 2030...*

Two years on from the adoption of target 3.5 of the Sustainable Development Goals, on strengthening the prevention and treatment of substance abuse, there is still no sign of improvement in the provision of drug treatment services — as few as one in six people in need of interventions have access to drug treatment. The availability and access to scientific evidence-based intervention for treatment of drug use disorders remains limited in many countries. Global standards developed by UNODC and the World Health Organization (WHO) on the treatment of drug use disorders need to be better integrated within health-care systems across all countries to ensure that the policies and interventions available are effective and based on scientific evidence.

In an environment where risk perceptions and social norms affect attitudes and behaviour towards the use of drugs such as cannabis, effective prevention strategies and interventions are needed more than ever. The UNODC *International Standards on Drug Use Prevention* provide scientific evidence for the interventions and policies that have been found to be effective and result in positive prevention outcomes. In the context of use of cannabis and other drugs by adults, interventions such as screening and brief interventions (SBI) address the harmful patterns of adult substance use and prevent progression to disorders.



*...leaving no one behind*

First and foremost, no one should be left behind in the delivery of prevention and treatment interventions. Interventions and services should be tailored to the specific needs of different population subgroups. Drug use by women, men who have sex with men and by many marginalized groups, including sex workers, often leads to them suffering a double stigmatization. Such groups require dedicated prevention and treatment services. In this context, it is worrying that some NPS have found a niche among vulnerable population groups such as the homeless, who are often not well covered by health services.

People who use drugs are overrepresented in prison populations in many countries, so it is also important to mainstream science-based drug prevention and treatment efforts and HIV prevention, treatment and care into national prison systems. The standard of care provided to those who are incarcerated should be equivalent to that received by those outside prison, with appropriate continuity of care between prison and the wider community (in line with the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)).



*Access to effective treatment for hepatitis C key to reducing the very heavy burden of disease among people who use drugs*

Hepatitis C has a substantially greater negative health impact on people who use drugs than HIV, and results in far more deaths and years of “healthy” life lost as a result of premature death and disability. Recent advances in the development of direct-acting antivirals have brought in a new era for the treatment of hepatitis C, but their high cost prevents many people from benefiting from them. To prevent hepatitis C infection and reinfection after treatment for those injecting opioids, access needs to be expanded to hepatitis C prevention and treatment. This includes affordable access to direct-acting antivirals, increased awareness and increased access to diagnosis, needle and syringe programmes, also featuring low dead-space syringes, and long term opioid agonist treatment. The role of the community in prevention and treatment response is a key factor in its effectiveness.



*Addressing the specific challenges and needs of people who use drugs and suffer from drug use disorders is integral to ending tuberculosis*

People who use drugs are at a greater risk of becoming infected with tuberculosis than those who do not, and people who inject drugs (PWID) and/or are living with HIV are disproportionately affected. They should therefore be considered a priority group for the prevention, diagnosis and treatment of tuberculosis. There is a need to engage people who use drugs with prevention and treatment services in order to cure tuberculosis, prevent the development of drug-resistant forms of the disease and prevent it spreading.

For people who use drugs, treatment for tuberculosis needs to be combined with prevention and treatment services for other infectious diseases, particularly HIV, as well as for drug dependence as a continuum of care within the health-care system. The co-location of services for tuberculosis with HIV services, needle and syringe programmes and drug treatment, including opioid substitution therapy, alongside a multidisciplinary approach to care

and management and closer collaboration between health, social welfare and prison authorities, could improve adherence to treatment and enhance health outcomes.



*Improvement of coverage of evidence-based prevention and treatment services is needed to stop the rising number of new HIV cases among people who inject drugs and to meet target 3 of the Sustainable Development Goals*

The target of reducing by 50 per cent HIV transmission among PWID by 2015, set in the 2011 Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, has not been met. New HIV infections among PWID climbed from 114,000 in 2011 to 152,000 in 2015; an increase of 33 per cent.

Renewed impetus is needed to achieve target 3.3 of the Sustainable Development Goals (ending the AIDS epidemic by 2030). Removing barriers and increasing access to and coverage of evidence-based prevention and treatment services, such as those recommended in the *WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*,<sup>1</sup> would help reduce the number of new cases of HIV among PWID.



*Alternatives to incarceration for possession, purchase, or cultivation for personal consumption and appropriate cases of a minor nature: an effective human rights-based criminal justice response and an effective policy for preventing the spread of infectious diseases*

People who use drugs may have a history of greater exposure to the risk factors for infectious diseases than people in the general population. In prison, people who use drugs are exposed to a high-risk environment for infectious diseases such as HIV, hepatitis C and tuberculosis. The use of drugs, including heroin, and unsafe injecting practices continue in many prisons. These factors contribute to the overall high prevalence and co-infection of

1 Geneva, WHO, 2009.

infectious diseases observed in many prison populations. Alternatives to incarceration for offences of a minor nature help reduce the spread and burden of infectious diseases in prisons, and ultimately within the wider community. The international drug control conventions give States parties the flexibility to adopt such an approach through referral from the criminal justice system to the treatment system.



*Continuous monitoring of the impact of new cannabis policies provides an important knowledge base for the international community*

It will take years to determine the long-term impact of regulations approved in Uruguay and in some jurisdictions in the United States of America allowing the production and sale of cannabis for recreational use. However, the regular monitoring of the public health and safety, criminal justice and other outcomes of those regulations will continue to provide valuable insights. It would be beneficial to the countries concerned, and to the international community in general, if jurisdictions and countries adopting new regulations were to establish systems to regularly monitor their impact across all areas of public health and criminal justice.



*Medical use of cannabis needs a scientific approach*

Research has shown that, notwithstanding the usefulness of some cannabinoids in the management of specific medical conditions, their use, particularly in the botanical form of herbal cannabis with unknown content and dosage, can be detrimental to health. To protect human health, it is therefore necessary that the principles of safety, quality and efficacy and the rigorous scientific testing and regulatory systems that apply to established medicines be applied also to cannabis-based medicines.



*Improving access to and availability of pharmaceutical opioids for medical use by addressing major impediments and putting in place adequate legal and regulatory frameworks*

Too many people lack access to pain medication. The implementation of the international drug

control conventions need not be an obstacle to the availability of such medication, as their aim is to ensure the availability of controlled substances for medical and scientific purposes while preventing their diversion and misuse. Legal and regulatory frameworks and clinical guidelines based on that balanced approach can help remove any obstacles and increase accessibility to pharmaceutical opioids while reducing the risk of their diversion. The various guidelines and discussion papers prepared by UNODC, INCB and WHO can be used as a resource for addressing these issues.



*Benefit of regional and international cooperation and its role in the fight against drug trafficking*

The increased interception rates observed for opiates and cocaine since the 1990s demonstrate that when countries engage in regional, interregional and international cooperation they achieve results. It is encouraging to see the international community maintaining its commitment to cross-border cooperation at the core of its efforts to address the drug problem, as reiterated in the outcome document of the special session of the General Assembly on the world drug problem held in 2016.

While interception rates are not available for synthetic drugs, the expanding market and trafficking routes for methamphetamine, in particular, require increased international cooperation in order to support countries with a limited capacity to detect and address the methamphetamine problem.



*Complexity of the synthetic drugs market requires enhanced forensic capacity*

The synthetic drugs market has never been so complex and widely spread. In particular, the range of substances on the market with stimulant effects, such as traditional amphetamine type-stimulants and NPS, is increasing. The rapid evolution of synthetic drugs requires forensic capacity with adequate equipment and human resources, together with new approaches to collecting data on drug use, as many users are often ignorant about the compound they are taking.





*Better understanding of the harm to health caused by new psychoactive substances requires a global information system on pharmacology and toxicology*

NPS are proliferating at an unprecedented rate and have been reported by over 100 countries and territories worldwide, but understanding what substances or subpopulation groups to prioritize when addressing the problem requires a global information system capable of assessing the health consequences of each substance. This necessitates the collection of more information on the pharmacology and toxicology of these substances and the management of their acute and chronic adverse effects. Early warning systems, risk communication strategies and the development of guidelines for the management of NPS-related adverse effects can contribute significantly to efforts to protect human health and welfare. In the meantime, health workers in emergency settings can and should be trained in the clinical management of incidents caused by those effects.



*Long-term and large-scale sustainable development interventions twinned with drug control strategies can reverse recent increases in opium poppy and coca bush cultivation*

Promoting sustainable development, with its fundamental elements of social, economic and environmental development, together with peace, justice and transparent institutions, remains the best response to helping farmers to abandon illicit drug cultivation. Only the strengthening of the rule of law, lasting peace and the provision of alternative sources of income can break the vicious circle of poverty, lack of security and illicit crop cultivation. The drivers of illicit drug cultivation are multifaceted and vary across and within countries. Research therefore continues to be instrumental in the understanding of the factors contributing to illicit crop cultivation, as highlighted in the outcome document of the special session of the General Assembly. That knowledge, together with continuous monitoring and impact assessment, is a prerequisite for the implementation of effective alternative development programmes.

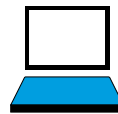
*With a new branch of the Balkan route gaining in importance, the Caucasus needs to be monitored for a possible increase in heroin trafficking*

The increased attention generated by the massive flow of migrants and refugees through the Balkan route may have pushed traffickers to smuggle heroin through a new branch of the route via countries in the Caucasus. The international community and the countries affected need to increase vigilance in order to prevent trafficking from spreading and to ensure that trade agreements, while undoubtedly beneficial to the economy of the region, do not facilitate the trafficking of heroin.



*Addressing illicit crop cultivation and drug trafficking can reduce the reach of some terrorist groups*

Although not all terrorist groups depend on drug profits, some do. Without the proceeds of drug production and trafficking, which make up almost half of the Taliban's annual income from all sources, the reach and impact of the Taliban would probably not be what it is today. In the case of terrorist groups and non-State armed groups heavily involved in drug production and/or trafficking, the fight against terrorism can only be effective if drug control is considered an integral part of the strategy.



*Technological change, including trafficking over the darknet, requires a new generation of law enforcement interventions*

Organized crime groups are quick to adapt their *modi operandi* and exploit advances in technology, from the use of semi-submersible vessels, drones and modern telecommunications equipment for trafficking to the use of the darknet for the purchase and sale of drugs. An effective response to these developments requires better equipped and trained police forces. The establishment of dedicated teams to conduct investigations into the darknet can help law enforcement agencies to develop highly specialized skills, but with continued technological advancement and the relevance of digital evidence to almost every crime, there is an urgent need to

mainstream online investigation and electronic evidence collection capability across all law enforcement agencies. This approach will ensure that highly trained, specialized cyberinvestigators can focus on the most appropriate, high-risk, challenging and impactful cases.



*Fighting drug trafficking as a fundamental factor in the achievement of Sustainable Development Goal 16; preventing organized crime groups diversifying their portfolios requires strategies that go beyond the reduction and elimination of single illicit markets*

Although they still represent between one fifth and one third of the total income from transnational organized crime, the importance of drugs in overall illicit activities is declining. Organized crime groups have become more agile in their structure and more versatile, moving opportunistically from one market to another and bypassing regulatory systems in order to make a profit. Addressing transnational organized crime therefore requires more effective and substantial long-term investment in individuals and communities. Areas affected by organized crime need to find alternative social and economic solutions that are supported by legitimate and transparent institutions and robust rule of law.

*Going after drug money as one of the most effective approaches to combating drug trafficking*

While the economic impact of drug proceeds and illicit financial flows may be too small to be really significant for the majority of countries, it can still have negative consequences for smaller economies, particularly in developing countries. Part of target 16.4 of the Sustainable Development Goals is to significantly reduce illicit financial flows. Drug profits are what drive traffickers, and identifying the flows related to those profits and the channels where they are invested and laundered can effectively counteract them. Strengthening international cooperation in combating money-laundering also helps to reduce or eliminate the potential negative economic and social consequences from the outset.



*Role of the United Nations Convention against Corruption in achieving target 16.5 of the Sustainable Development Goals (substantially reduce corruption and bribery in all their forms) and helping address the drug problem*

Corruption and drugs reinforce each other, with corruption facilitating the production of and trafficking in drugs, which, in turn, fuel corruption. Corruption occurs at all levels along the illicit drug supply chain, from production and trafficking to consumption, and affects a wide range of institutions: eradication teams, alternative development projects, law enforcement agencies, the criminal justice system and the health sector, as well as private companies, including chemical companies, pharmacies and transport companies. The United Nations Convention against Corruption provides the tools to break this vicious circle and its review mechanism can support countries in identifying practical steps to reduce corruption. Actions that have proved effective in reducing drug-related corruption include proper scrutiny of key personnel, anti-corruption training, the payment of a decent income to those vulnerable to corruption, rotation of officers in vulnerable units to avoid creating permanent links with organized crime groups, legal sanctions against corruption and the creation of an overall climate in which corruption is not tolerated, including systems to allow for the anonymous reporting of corruption and for witness protection.



*Strengthening the knowledge base of the drug problem by improving data, analysis and dissemination at the national, regional and international levels, including on the links between drugs and other issues*

The *World Drug Report* provides the best picture of the drug problem that can be assembled with the data and information available globally. The report provides ample evidence to guide the international community on key aspects of drug policy, but much remains unknown, even with regard to the basic indicators of drug use, particularly in Africa and Asia. Enhanced international cooperation to support

less developed countries in collecting data and sharing information can greatly improve both regional and global understanding of the drug problem. With the continuing shifts and changes in the multiple facets of the drug problem, the timely global monitoring of drug demand and supply has never been so crucial. While maintaining the coverage of basic drug issues, the international community also needs to respond to the calls contained in the outcome document of the special session of the General Assembly to collect data and undertake research on emerging issues such as NPS markets, illicit financial flows, the darknet and the links between drugs, terrorism, corruption and other forms of organized crime.





## GLOSSARY

*amphetamine-type stimulants* — a group of substances composed of synthetic stimulants that were placed under international control in the Convention on Psychotropic Substances of 1971 and are from the group of substances called amphetamines, which includes amphetamine, methamphetamine, methcathinone and the “ecstasy”-group substances (3,4-methylenedioxyamphetamine (MDMA) and its analogues).

*amphetamines* — a group of amphetamine-type stimulants that includes amphetamine and methamphetamine.

*annual prevalence* — the total number of people of a given age range who have used a given drug at least once in the past year, divided by the number of people of the given age range, and expressed as a percentage.

*coca paste (or coca base)* — an extract of the leaves of the coca bush. Purification of coca paste yields cocaine (base and hydrochloride).

*“crack” cocaine* — cocaine base obtained from cocaine hydrochloride through conversion processes to make it suitable for smoking.

*cocaine salt* — cocaine hydrochloride.

*new psychoactive substances* — substances of abuse, either in a pure form or a preparation, that are not controlled under the Single Convention on Narcotic Drugs of 1961 or the 1971 Convention, but that may pose a public health threat. In this context, the term “new” does not necessarily refer to new inventions but to substances that have recently become available.

*opiates* — a subset of opioids comprising the various products derived from the opium poppy plant, including opium, morphine and heroin.

*opioids* — a generic term applied to alkaloids from opium poppy (opiates), their synthetic analogues (mainly prescription or pharmaceutical opioids) and compounds synthesized in the body.

*problem drug users* — people who engage in the high-risk consumption of drugs; for example, people who inject drugs, people who use drugs on a daily basis and/or people diagnosed with drug use disorders (harmful use or drug dependence), based on clinical criteria as contained in the Diagnostic and Statistical Manual of Mental Disorders (fifth edition) of the American Psychiatric Association, or the International Classification of Diseases (tenth revision) of the World Health Organization.

*people who suffer from drug use disorders/people with drug use disorders* — a subset of people who use drugs. People with drug use disorders need treatment, health and social care and rehabilitation. Dependence is a drug use disorder.

*prevention of drug use and treatment of drug use disorders* — the aim of “prevention of drug use” is to prevent or delay the initiation of drug use, as well as the transition to drug use disorders. Once there is a drug use disorder, treatment, care and rehabilitation are needed.



## REGIONAL GROUPINGS

The World Drug Report uses a number of regional and subregional designations. These are not official designations, and are defined as follows:

- East Africa: Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Mauritius, Rwanda, Seychelles, Somalia, Uganda and United Republic of Tanzania
- North Africa: Algeria, Egypt, Libya, Morocco, South Sudan, Sudan and Tunisia
- Southern Africa: Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe
- West and Central Africa: Benin, Burkina Faso, Cameroon, Cabo Verde, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone and Togo
- Caribbean: Antigua and Barbuda, Bahamas, Barbados, Bermuda, Cuba, Dominica, Dominican Republic, Grenada, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines and Trinidad and Tobago
- Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama
- North America: Canada, Mexico and United States of America
- South America: Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname, Uruguay and Venezuela (Bolivarian Republic of)
- Central Asia and Transcaucasia: Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan
- East and South-East Asia: Brunei Darussalam, Cambodia, China, Democratic People's Republic of Korea, Indonesia, Japan, Lao People's Democratic Republic, Malaysia, Mongolia, Myanmar, Philippines, Republic of Korea, Singapore, Thailand, Timor-Leste and Viet Nam
- South-West Asia: Afghanistan, Iran (Islamic Republic of) and Pakistan
- Near and Middle East: Bahrain, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, State of Palestine, Syrian Arab Republic, United Arab Emirates and Yemen
- South Asia: Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka
- Eastern Europe: Belarus, Republic of Moldova, Russian Federation and Ukraine
- South-Eastern Europe: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, Romania, Serbia, the former Yugoslav Republic of Macedonia and Turkey
- Western and Central Europe: Andorra, Austria, Belgium, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Netherlands, Norway, Poland, Portugal, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland and United Kingdom of Great Britain and Northern Ireland
- Oceania: Australia, Fiji, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, New Zealand, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and small island territories



To celebrate 20 years since its inception, the *World Drug Report 2017* is presented in a new five-booklet format designed to improve reader friendliness while maintaining the wealth of information contained within.

Booklet 1 summarizes the content of the four subsequent substantive booklets and presents policy implications drawn from their findings. Booklet 2 deals with the supply, use and health consequences of drugs. Booklet 3 focuses on the cultivation, production and consumption of the three plant-based drugs (cocaine, opiates and cannabis) and on the impact of new cannabis policies. Booklet 4 provides an extended analysis of the global synthetic drugs market and contains the bulk of the analysis for the triennial global synthetic drugs assessment. Finally, Booklet 5 contains a discussion on the nexus between the drug problem, organized crime, illicit financial flows, corruption and terrorism.

Enhanced by this new format, the *World Drug Report 2017* is, as ever, aimed at improving the understanding of the world drug problem and contributing towards fostering greater international cooperation for countering its impact on health and security.

The statistical annex is published on the UNODC website:  
[www.unodc.org/wdr/2017](http://www.unodc.org/wdr/2017)



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