

## 1.5 Amphetamine-type stimulants

### 1.5.1 Summary trend / overview

There has been an overall stabilisation of the ATS market with notable contractions seen on both the supply and the demand sides. The market remains highly diversified (geographically and product-wise). It continues to be characterised by youthful consumers, a comparatively inexpensive final product, and low-overhead production which is fairly close to the consumer. Some of these characteristics differentiate it from the markets for opiates, cocaine and cannabis. The ATS market's heavy reliance on regulated precursor chemicals also define its characteristics, as well as its control. In the past this has been a vibrant, highly adaptive market. However, it appears that supply control and demand reduction measures have been effective in suppressing expansion.

The alarming increases in the production of ATS throughout the 1990s seem to have levelled off over the last few years. This is likely a result of recent efforts to monitor and improve precursor control.

The largest production areas for methamphetamine continue to be in South-East Asia, including Myanmar, China and the Philippines, and in North America. Traditionally, the majority of methamphetamine was produced in the USA, with the precursor chemicals smuggled into this country via Canada or Mexico. Improved controls in Canada and further tightening of controls in the USA has led to a decline in the number of clandestine laboratories operating within the United States and a shift of production across the border to Mexico. However, Mexico has now also improved its precursor control regime, prompting drug trafficking organizations to exploit other areas such as Central America and possibly Africa. In the Republic of South Africa, where methamphetamine is produced for the domestic market, both production and consumption have increased. The Oceania region, notably Australia and New Zealand, continue to be important producers and consumers of methamphetamine, but there are no indications that these drugs are exported.

Amphetamine production continues to be primarily located in Europe, notably in the Netherlands and Poland, followed by the Baltic region and Belgium. Amphetamine production also takes place in North America (notably in the USA) and in South-East Asia. Ecstasy production also continues to be largely concentrated in Europe, though the expansion of ecstasy production, in recent years, has

mainly taken place outside Europe, notably in North America and in East and South-East Asia.

Global seizures of ATS are dominated by seizures of methamphetamine. Over the 2000-2005 period, 49 per cent of ATS seizures were in the form of methamphetamine, 15 per cent in the form of amphetamine, and 14 per cent in the form of ecstasy; the rest (23 per cent) was not properly defined. The trend in recent years, however, has been towards rising proportions of amphetamine and falling proportions of methamphetamine, reflecting improved control over the two main methamphetamine precursors, ephedrine and pseudo-ephedrine. Taking amphetamine and methamphetamine together, about half of global seizures took place in East & South-East Asia in 2005, about a fifth took place in North America and another fifth in West and Central Europe. This distribution is consistent with that of previous years. In the case of ecstasy, 38 per cent of global seizures in 2005 took place in West and Central Europe, 27 per cent in the Oceania region, 20 per cent in North America and 9 per cent in East and South-East Asia.

Global demand for amphetamines (methamphetamine and amphetamine), which increased strongly in most parts of the world in the 1990's, is now showing signs of an overall stabilisation. With close to 25 million people, the global amphetamines consumer market is larger than the markets for cocaine or heroin. Between 15-16 million of these persons are thought to consume methamphetamine. Following the expansion of the consumer market throughout the 1990's, fuelled by rising demand in East and South-East Asia, Europe and North America, there have been consistent signs of slow down and stabilisation over the last few years.

A key element of this slowdown has been the downward trend in amphetamines use in North America. Methamphetamine consumption among high school students in the USA fell by more than 37 per cent over the 2002-2006 period. The rate was closer to 20 per cent for the rest of the population. There has also been a clear stabilisation of demand within Europe and Asia. Overall, 44 per cent of reporting countries recorded a stabilization of ATS consumption in 2005, up from 33 per cent in 2000, while the proportion of countries experiencing an increase fell from 55 per cent in 2000 to 45 per cent in 2005; 11 per cent of countries reported a decline in ATS use.

## 1.5.2 Production

### Global ATS production stabilizes at less than 500 mt

World ATS production appears to have stabilized at some 480 mt in 2005<sup>1</sup>. Total ATS production in 2005 (rounded figures) was composed of 110 mt of ecstasy and 370 mt of 'amphetamines' (including 290 mt of methamphetamine and 80 mt of amphetamine). The 2005 estimates for both methamphetamine and ecstasy are slightly lower than those for 2004 while the amphetamine estimate is higher.

The ATS production estimates are based on three sub-components: (i) seizures of ATS end products, (ii) seizures of ATS precursors and (iii) estimates of ATS users. Using the lowest and the highest estimates, actual ATS production could have amounted to any value between 360 and 880 mt in 2005. Propagation of error calculations narrows the range to between 410 and 560 mt.

Though the average production estimates for the years 2004 and 2005 are similar to those of previous years, the potential margins of error have widened, notably for the production of the amphetamines. This is a consequence of the fact that precursor seizures increased drastically while end-product seizures declined in 2004. The opposite was true for 2005.

The wide margins of error associated with estimating ATS production make trend analysis difficult. It is clear, however, that following a strong increase of ATS production in the 1990s, the situation appears to have stabilized in the last few years.

### ATS production is concentrated in North America, East & South-East Asia, Europe, Oceania and southern Africa

In recent years ATS production has been spreading in geographical terms. Existing concentrations of production have not been dispersed but new locations of production have been identified. Production continues to be concentrated in North America, East & South-East Asia, Europe, Oceania as well as – and this is a recent phenomenon – in South Africa. Most methamphetamine production continues to occur in North America and in East & South-East Asia. Concentration patterns have not changed for amphetamine, the production of which mainly takes place in Europe. Similarly, most ecstasy production takes place in Europe and in North America, though production has increasingly also been found in East and South-East Asia.

**Table 13: Production estimates of amphetamine-type stimulants, 2005**

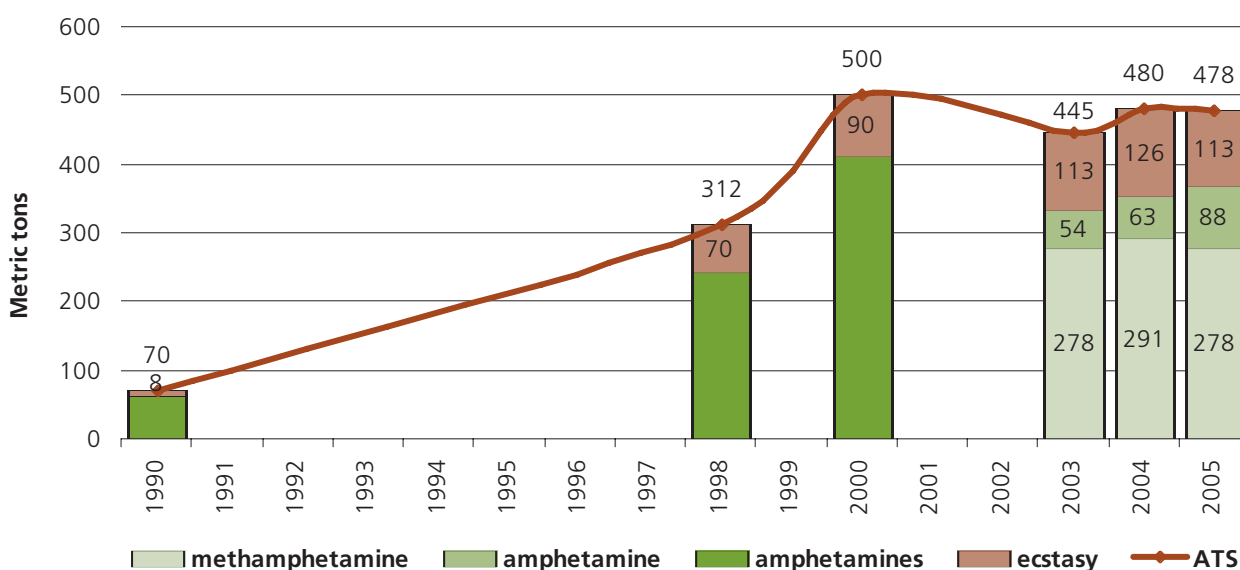
Based on	'Amphetamines' (methamphetamine, amphetamine)		Ecstasy		Total	
	Estimate	Range	Estimate	Range	Estimate	Range
Consumption	308	246 – 369	125	112 – 139	433	358 – 508
Drug seizures	307	282 – 332	80	66 – 94	387	348 – 426
Precursor seizures	483	322 – 690	132	88 – 189	615	410 – 879
<b>Average of all estimates</b>	<b>366</b>	<b>308 – 438*</b>	<b>113</b>	<b>95 – 132*</b>	<b>478</b>	<b>417 – 553*</b>
<b>Rounded estimates</b>	<b>370</b>	<b>310 – 440*</b>	<b>110</b>	<b>90 – 130*</b>	<b>480</b>	<b>410 – 560*</b>

\* Ranges calculated on the basis of 'propagation of error' statistics.

Maximum range of all results: 358 – 879 metric tons

Sources: UNODC estimates based on UNODC, Annual Reports Questionnaire Data / DELTA and INCB, 2006 *Precursors*, March 2007.

<sup>1</sup> Production of amphetamine-type stimulants (ATS) can only be estimated indirectly. A methodology to arrive at such estimates was first developed in UNODC's report *Ecstasy and Amphetamines - A Global Survey 2003* and is described in more detail in the Methodology Section.

**Fig. 100: Production estimates of amphetamine-type stimulants**

Sources: UNODC estimates based on UNODC, Annual Reports Questionnaire Data/DELTA, INCB, *2006 Precursors*, March 2007, UNODC, World Drug Report 2006 (and previous years) and UNODC, *Ecstasy and Amphetamines – Global Survey 2003*.

### Seizures of both laboratories and ATS precursors decline

The seizure and dismantling of laboratories is one of the key elements in the interdiction of ATS supply. In 2005, over 95 percent of ATS laboratories dismantled worldwide were producing methamphetamine. Labs producing amphetamine and ecstasy were negligible in comparison. Methamphetamine production is highly dispersed and it can be produced in sophisticated super-labs as well as in kitchen-labs. These small, easily improvised kitchen labs form the overwhelming proportion of dismantled methamphetamine labs. The global number of dismantled labs grew strongly, from some 550 in 1990 to a record high of 18,500 in 2004, and then fell to 13,400 in 2005. In line with ATS production estimates, the proportion of labs producing amphetamine rose while the proportion of labs producing ecstasy and methamphetamine fell.

A similar pattern can be observed for seizures of ATS precursors, which is another key element in curtailing supply.<sup>2</sup> Expressed in ATS weight equivalents, ATS precursor seizures rose from 5 mt in 1990 to a record high of 323 mt in 2004. In 2005, they fell back to 54 mt.

About half of the seized ATS precursors could have been used for the production of methamphetamine and a quarter each for the production of amphetamine and ecstasy.

Global seizures of ATS precursors in 2005 included:

- Ephedrine and pseudo-ephedrine, sufficient to produce some 28 mt of methamphetamine;
- P-2-P sufficient to produce around 1.5 mt of amphetamine, and phenyl acetic acid<sup>3</sup> sufficient to produce some 12 mt of amphetamine;
- 3,4-MDP-2-P (also known as PMK) sufficient to produce 10 mt of MDMA (ecstasy), piperonal sufficient to produce 2 mt of MDMA; and small quantities of safrole and isosafrole sufficient to produce some 11 kg of MDMA.<sup>4</sup>

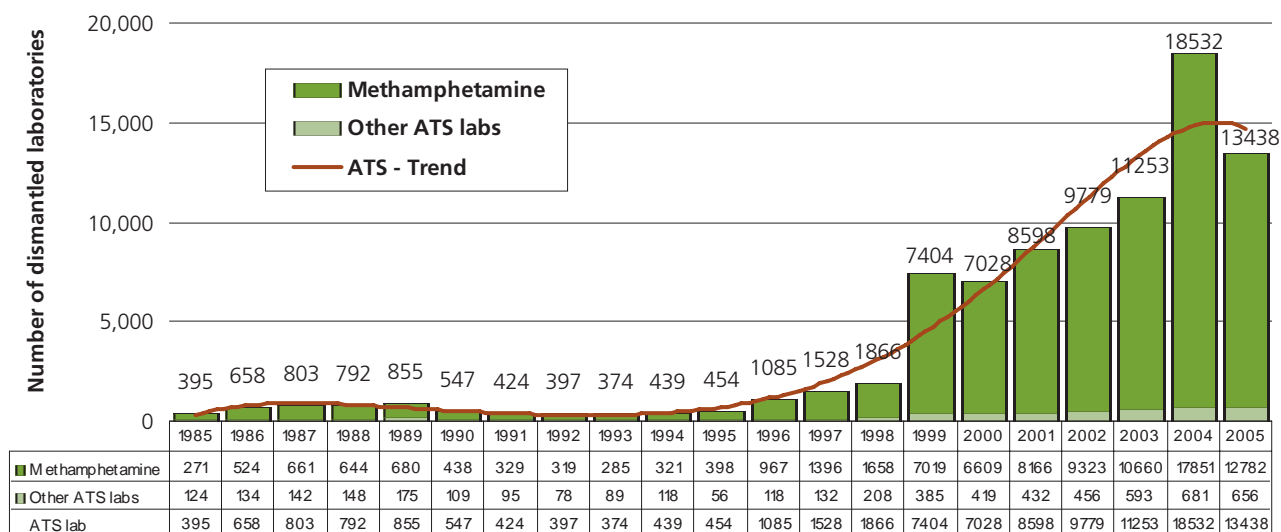
The strong decline of ATS precursor seizures in 2005 is linked to successes in precursor control, which works by preventing the diversion of chemicals into illicit manufacture. If suspicious precursor shipments are actually suspended or stopped, the amount of seizures will obviously go down. For instance, as a part of project PRISM (Precursors Required In Synthetic drug Manufacture), a task force involving several countries and international organizations, the International Narcotics Control

<sup>2</sup> Precursor seizure data, unless cited otherwise, have been taken from International Narcotics Control Board (INCB), *2006 Precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances*, New York 2007 (and previous years); hereafter cited as INCB, 2006 Precursors.

<sup>3</sup> P-2-P or 1-phenyl-2-propanone, also known as BMK, is typically used for the manufacture of amphetamine, but can be also used for methamphetamine; phenyl acetic acid is a precursor for the production of P-2-P and thus a 'pre-precursor' for the manufacture of amphetamine.

<sup>4</sup> Piperonal, safrole and isosafrole are all 'precursors' for the production of 3,4-MDP-2-P and thus 'pre-precursors' for the manufacture of MDMA.

Fig. 101: Number of dismantled ATS laboratories, 1985-2005



Source: UNODC, Annual Reports Questionnaire Data / DELTA.

Board (INCB), was informed of some 1,900 shipments involving ephedrine and pseudo-ephedrine between November 2004 and October 2005<sup>5</sup>. Between November 2005 and October 2006, over 2,200 shipments of ATS precursors were monitored. This resulted in 99 detailed investigations, including 40 cases involving 165 mt of ephedrine and pseudo-ephedrine that were interdicted or suspended.<sup>6</sup>

Precursor control is beginning to show results in squeezing the supply of raw material to illicit ATS labs. As a consequence, pre-precursors (such as ephedra-extracts) are increasingly being trafficked. In addition, new and rather unusual trafficking routes for precursor chemicals have developed in order to circumvent improved controls. The traffic in pseudo-ephedrine from Asia via the Democratic Republic of the Congo to North America<sup>7</sup> is thought to be one such route.

### Methamphetamine production goes down in the USA

There are strong indications that domestic methamphetamine production in the USA has been falling.<sup>8</sup>

This is reflected in the declining number of seized methamphetamine labs, from 17,199 in 2004 to 12,144 in 2005. Precursor control has also had a positive impact. Pseudo-ephedrine seizures in North America fell dramatically from a record 174.4 mt in 2004 to 0.6 mt in 2005. Ephedrine seizures also declined from 2.1 to 1.4 mt<sup>9</sup>. Expressed in ATS equivalents, the precursors seized in 2004 would have been sufficient to produce 118 mt of methamphetamine; those seized in 2005 would have been sufficient to produce only 1.3 mt.<sup>10</sup>

The USA also reduced the availability of over-the-counter (OTC) pharmaceutical preparations containing ATS precursors, notably pseudo-ephedrine. Similar controls in Canada (since 2003) reduced the flow of OTC preparations containing pseudo-ephedrine across the border. These efforts squeezed out large numbers of kitchen labs, and thus led to less US laboratory seizures in 2005 - a trend which appears to have continued in 2006.

Nonetheless, labs in the USA still accounted for 95 per cent of all dismantled methamphetamine labs world-

<sup>5</sup> INCB, 2006 *Precursors*.

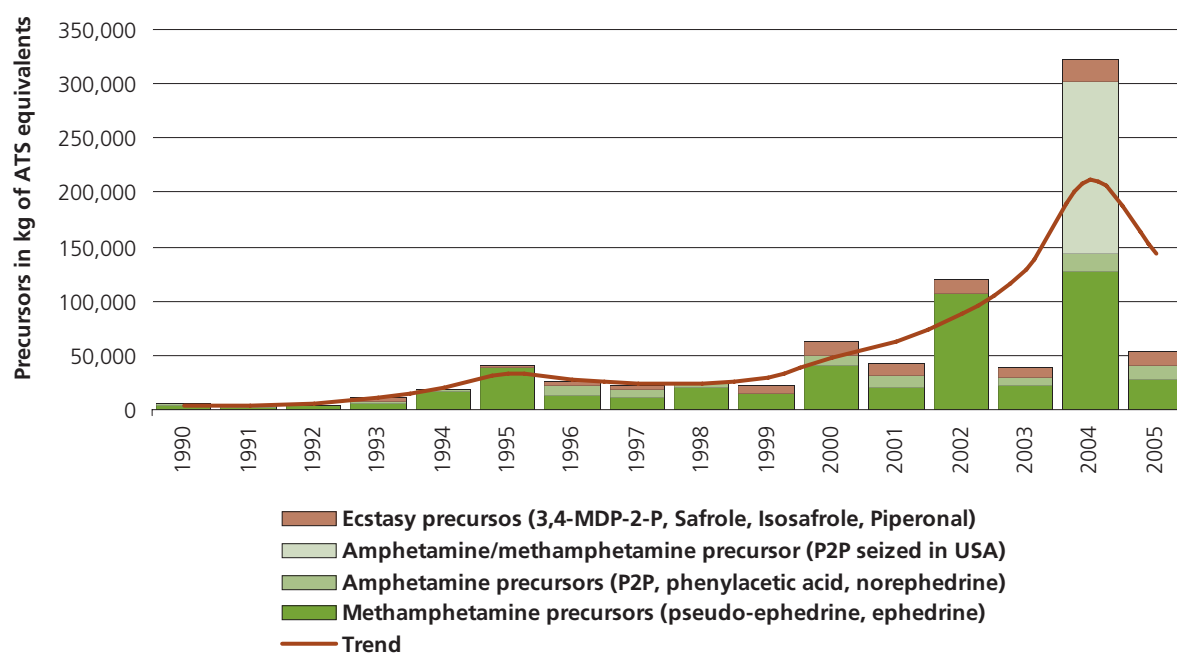
<sup>6</sup> 'Role of Project PRISM in countering synthetic drugs and their precursors', INCB presentation to the Conference "Europe-Asia Cooperation on Synthetic Drugs and their Precursors", Paris, 6-7 March 2007. These are substantial amounts. By comparison, total licit trade in ephedrine and pseudo-ephedrine is estimated at around 530 mt and 1,200 mt respectively. [Source: INCB, 2005 *Precursors*]. The 165 mt of interdicted/suspended shipments could have been used to produce 110 mt of methamphetamine. Were this to have ended up on the illicit market, it would have increased global methamphetamine production by some 40 per cent.

<sup>7</sup> INCB, 2006 *Precursors*.

<sup>8</sup> Office of National Drug Control Policy, Drug Facts - Methamphetamine; <http://www.whitehousedrugpolicy.gov/drugfact/methamphetamine/index.html>

<sup>9</sup> INCB, 2006 *Precursors*.

<sup>10</sup> Applying the higher production ratios used by the US authorities, reflecting higher levels of know-how and equipment than in many other parts of the world, the decline would be from a potential production capacity of 159 mt of methamphetamine in 2004 to 1.8 mt in 2005.

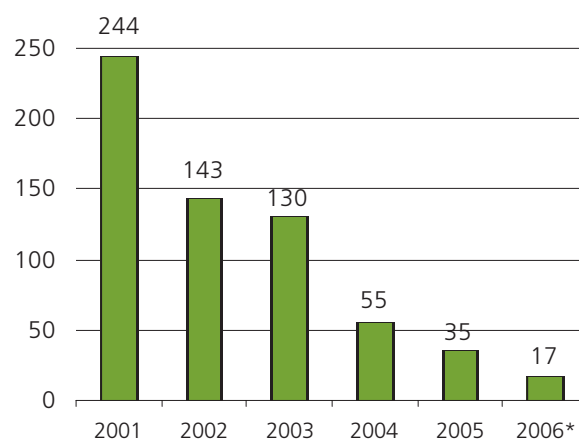
**Fig. 102: Global seizures of ATS precursors, expressed in kilograms of ATS equivalents**

Source: UNODC calculations based on INCB, *2006 Precursors*, March 2007.

wide in 2005. Similarly, from 2004 to 2005, seizures of ephedrine and pseudo-ephedrine in the USA accounted for 76 per cent of global methamphetamine precursor seizures.

Methamphetamine production, which used to be concentrated in the west and the southwest, has now spread across the USA, with clandestine methamphetamine labs dismantled in all 50 states in 2005. The number of super-labs<sup>11</sup> dismantled has, however, been falling, from 244 in 2001 to 35 in 2005. A further decline is expected for 2006. Most of the super-labs (30 out of 35) were operating in California.<sup>12</sup>

Taking North America as a whole, the declines in the USA were partly offset by rising production in a few super-labs in Mexico. The number of methamphetamine laboratories dismantled in Mexico rose from 10 in 2002 to 18 in 2004 and 34 in 2005. Until recently pseudo-ephedrine and ephedrine were fairly readily available in the country. The Mexican authorities, however, have recently taken measures to counter the diversion of the two chemicals. These efforts reduced the import of ephedrine and pseudo-ephedrine by 40 per cent in 2005 (to 133 mt), with a further reduction of almost 50 per cent (to about 70 mt) expected for 2006.<sup>13</sup>

**Fig. 103: Number of methamphetamine super-labs dismantled in the USA**

\* data for 2006 are not yet complete (up to early September)

Source: National Clandestine Laboratory Seizure System, quoted in National Drug Intelligence Centre, *National Drug Threat Assessment 2007*.

### ... remains a problem in East and South-East Asia ...

Although the number of methamphetamine labs dismantled in East and South-East Asia increased in 2005 to 49, it remains lower than the levels reached in 2001

<sup>11</sup> A super-lab is defined as a clandestine laboratory that is able to produce more than 5 kg of the substance in 24 hours (INCB, 2005 Precursors).

<sup>12</sup> National Drug Intelligence Centre, *National Drug Threat Assessment 2007*, Oct. 2006.

<sup>13</sup> National Drug Intelligence Centre, *National Drug Threat Assessment 2007*, Oct. 2006; According to data collected by the INCB, the decline was from 177.8 mt of pseudo-ephedrine in 2004 to 107.7 mt in 2005 and from 118 kg ephedrine in 2004 to 64 kg in 2005, which is also equivalent to an overall decline of about 40 per cent.

(63) or in 1999 (64). Over the last decade, methamphetamine lab seizures have been reported in many countries throughout East and South East Asia. In order of importance these are: China, Thailand, the Philippines, Myanmar, Taiwan Province of China, the Republic of Korea, Cambodia, Hong Kong SAR of China, Indonesia, Vietnam, and Malaysia. For the year 2005, the highest numbers of dismantled labs were reported from China (37), the Philippines (7), and Myanmar (2), followed by Indonesia, Hong Kong SAR of China and Vietnam (tableting machine).

The Democratic Republic of Korea also seems to manufacture methamphetamine. The Japanese authorities reported the dismantling of a North Korean trafficking syndicate, in May 2006, which was apparently working in close cooperation with Japanese criminal groups. Over the 1997-2002 period, approximately 40 per cent of all methamphetamine confiscated in large volume seizures in Japan, was believed to have originated in North Korea. This proportion has since declined significantly. According to Japanese authorities, since 2002, more than half of seized methamphetamine may have originated in China.<sup>14</sup>

One indirect measure of methamphetamine production is to analyze the number of times a country is identified, by the country making the seizure, as the origin of the seized drug. This information is normally furnished in the Annual Reports Questionnaire. Based on this method,<sup>15</sup> over the 2003-05 period the three largest methamphetamine producers in the region seem to be China, followed by Myanmar, the Philippines and 'other Asia'. This includes countries such as Indonesia, the Lao PDR and India, mainly producing for the local market.

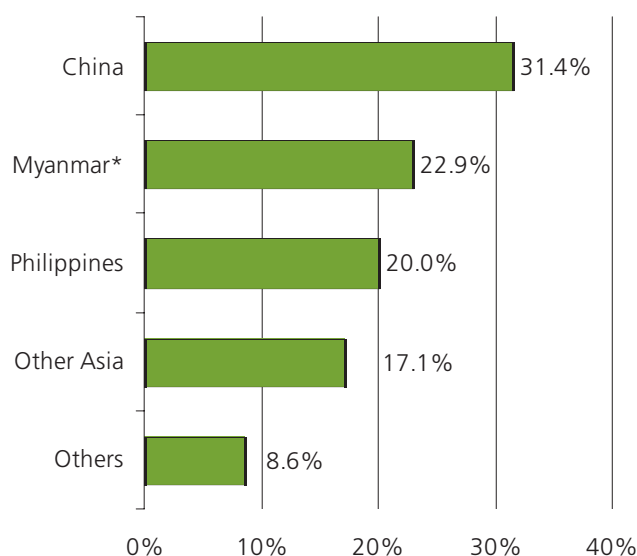
China reported dismantling 37 methamphetamine labs in 2005, and 51 labs in the first half of 2006. A third of the latter were in Guangdong province.<sup>16</sup> Indeed, most methamphetamine production in China seems to be taking place in the two southeastern provinces of Guangdong and Fujian. However, as controls in these provinces tighten, clandestine production is now spreading to many inland locations in provinces of central, southern and northern China.<sup>17</sup>

Methamphetamine production in Myanmar is mostly concentrated in the Shan State, which borders China

and Thailand, and is produced mainly for export to those countries. Thailand reports that most of the methamphetamine on its markets originates in Myanmar, and is trafficked across the border or via the Lao PDR and Cambodia. This trafficking route is thought to be growing. The strongest growth, however, is currently in methamphetamine destined for the Chinese market. For 2006 the Chinese authorities reported that 55 per cent (up from a third in 2005) of all of their methamphetamine seizures took place in Yunnan province. This suggests that methamphetamine produced in Myanmar is increasingly penetrating the Chinese market and partly offsetting the successes in dismantling illicit labs.<sup>18</sup>

Methamphetamine produced in the Philippines supplies both the domestic market and neighbouring countries. It has been concentrated for some time in the Metro Manila area. Determined efforts to dismantle clandestine labs led to a shortage of the drug and caused

**Fig. 104: Origin<sup>a</sup> of methamphetamine as reported by Asian countries, 2003-2005**



\* Number of times a country was identified by other Asian countries as a source country for methamphetamine production over the 2003-05 period, expressed as a proportion of all such reports obtained (N = 35) 'Origin' refers to the countries to which drug shipments could be traced back.

Source: UNODC, Annual Reports Questionnaire Data / DELTA.

<sup>14</sup> Presentation by Hiroto Yoshimura, Deputy Commissioner General of the National Police Agency of Japan, to the 50th Commission on Narcotic Drugs, Vienna, March 12-16, 2007.

<sup>15</sup> This information was obtained from 10 reporting Asian countries over the 2003-2005 period.

<sup>16</sup> Office of China National Narcotics Control Commission (NNCCC), The Current ATS Problem and Control Situation in the PRC, Sept. 20, 2006.

<sup>17</sup> Zhao Wanpeng (Deputy Director of International Cooperation Division, Narcotics Control Bureau, Ministry of Public Security, People's Republic of China) "Measures Implemented in China for the prevention of Illicit Production of Synthetic Drugs and their Precursors", Presentation at Conference "Europe-Asia Cooperation on Synthetic Drugs and their Precursors", Paris, 6-7 March 2007.

<sup>18</sup> *ibid.*



prices to more than double in Manila in 2006. Methamphetamine production is now increasingly found in other provinces, including in the region of Mindanao, which has been suffering from a local insurgency for years.<sup>19</sup>

A further, indirect indication of methamphetamine production can be derived from the geographical location of ephedrine and pseudo-ephedrine seizures. The largest such seizures in Asia over the 2004-2005 period were reported from China (which is also one of the main licit producers of ephedrine and pseudo-ephedrine), followed by the Philippines, Myanmar, Indonesia and India (another major licit producer of ephedrine and pseudo-ephedrine), and at far lower levels, Hong Kong SAR of China and Thailand. Taken together, the Asian countries accounted for 89 per cent of the world's ephedrine and pseudo-ephedrine seizures in 2005.<sup>20</sup>

#### ... shows signs of stabilization in Oceania ...

Following several years of massive increase, there are now the signs that domestic methamphetamine production in Oceania could be stabilizing. Several indicators from Australia point in this direction. A large majority of Australian methamphetamine users reported that availability had stabilized in 2005. For 2004/05, the Australian authorities dismantled 381 ATS labs, most of which were producing methamphetamine, up from 199 labs in 2000/01. Seizures of ephedrine, pseudo-ephedrine and P-2-P all rose in 2005. Methamphetamine prices increased by some 70 per cent between 2000 and 2005.<sup>21</sup> In 2006, monitoring and control of the sale of pharmaceutical preparations containing pseudo-ephedrine were improved. Amongst other measures, a computer system which permits pharmacists to track the purchases of pseudo-ephedrine products by their clients is now being implemented across the country. First evaluations of this system seem to suggest that it has contributed to a reduction in domestic methamphetamine production. Against this backdrop of stabilizing of domestic production, it appears that attempts are being made to import methamphetamine, including crystal-ice, from South-East Asia, notably from China.<sup>22</sup>

#### ... remains limited in Europe ...

Methamphetamine production in Europe continues to be limited to a few countries. For 2005 only the Czech Republic and the Republic of Moldova reported dismantling methamphetamine labs. Over the last decade, the Czech Republic, the Republic of Moldova and Slovakia have reported lab seizures consistently. Occasional lab seizures have been made in the Ukraine, Germany, the UK, Lithuania and Bulgaria. There are some indications that methamphetamine production might be taking place in the Russian Federation, though no lab seizure has been reported.<sup>23</sup>

The total number of dismantled labs in Europe shows, nonetheless, a clear upward trend, increasing from less than 20 in 1995 to 127 in 2000 and 310 in 2005. Because the majority of these are small kitchen labs, the actual production of methamphetamine is still limited. Although still tiny compared to amphetamine, the amount of methamphetamine seized in Europe rose more than four-fold between 2000 and 2005.

Europe as a whole accounted for about 6 per cent of global ephedrine seizures over the 2004-2005 period. Listed in order of importance, the following European countries reported seizures of methamphetamine precursors over the same period: the Czech Republic, Greece, the Russian Federation, the UK, Bulgaria, Germany, Iceland, Romania, Hungary, Slovakia, the Ukraine, France, Norway and Latvia. In 2006, EUROPOL noted increased export, transshipment and diversion of ephedrine and pseudo-ephedrine to the European Union.<sup>24</sup>

#### ... and is developing into a problem in southern Africa

Methamphetamine production is becoming a problem in South Africa. This is also reflected in demand indicators, notably in Cape Town. The number of dismantled methamphetamine labs has been rising steadily, from only 1 in 2002 to 4 in 2004 and 11 in 2005. Both ephedrine and pseudo-ephedrine, mainly originating in China, are now being seized in the country. Thus far there are no indications that methamphetamine is produced for export.

<sup>19</sup> U.S. Department of State, *2007 International Narcotics Control Strategy Report*, March 2007.

<sup>20</sup> INCB, *2006 Precursors*.

<sup>21</sup> UNODC calculation, based on NDARC, *Australian Drug Trend 2005, Findings from the Illicit Drug Reporting System (IDRS)*, NDARC Monograph No. 59, Sydney 2006. Prices weighted by reported methamphetamine offences.

<sup>22</sup> Australian Crime Commission (ACC), *Illicit Drug Data Report 2004-2005*, May 2006.

<sup>23</sup> The Russian Federation has only reported the seizure of amphetamine labs; many of these labs may, however, have produced methamphetamine. The main ATS precursors seized in Russia is ephedrine. This would point towards the production of methamphetamine (or methcathinone, locally known as ephedrone). In contrast, no seizures of P-2-P or of phenyl acetic acid, which could confirm the production of amphetamine in the country, were reported in recent years.

<sup>24</sup> EUROPOL, "Production and Trafficking of Synthetic Drugs and Precursors", The Hague, 1 March 2007.

### Global amphetamine production shows an upward trend

Global amphetamine production appears to be rising. The number of labs dismantled rose from 336 in 2000 to 499 in 2004 and 569 in 2005.<sup>25</sup> Amphetamine seizures rose four-fold between 2000 and 2005 and more than doubled from 2004 to 2005.

Most illicit amphetamine production continues to take place in Europe, which had 80 per cent of the 187 labs seized worldwide. Similarly, of a total of 24 countries reporting the dismantling of amphetamine labs between 2000 and 2005 period, 18 were in Europe. In 2005, the largest number of labs seized in Europe was reported from the Russian Federation (108),<sup>26</sup> followed by Poland (20), the Netherlands (8), Belgium (6), Germany (6), Lithuania (1) and Belarus (1). A year earlier, Bulgaria (7), Spain (2), Estonia (1) and Norway (1) had also reported the dismantling of amphetamine labs.

In the Russian Federation, seizures of ephedrine suggested that methamphetamine was the main ATS being produced. According to EUROPOL, however, the precursor BMK (or P-2-P, normally used to produce amphetamine) originating in Russia was identified in the European Union in 2004. These precursors were marked with 4-Tert-Butyl (the so-called TB-Factor) and their origin could thus be identified. They were traf-

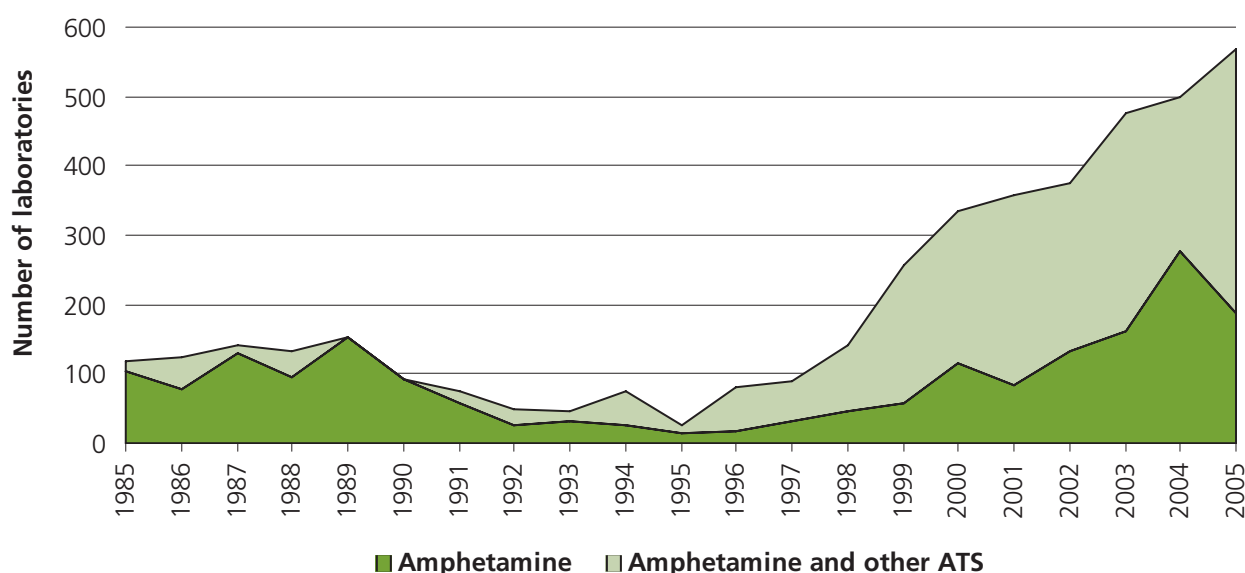
ficked from Russia via Latvia or Belarus, Lithuania, Poland and Germany to amphetamine production facilities in Belgium, the Netherlands and Poland. They appear to have increasingly replaced BMK from China.<sup>27</sup> Given the apparent availability of BMK in Russia, a significant number of the dismantled labs could indeed have produced amphetamine for the domestic market. There are no indications that amphetamine produced in Russia was exported.

Apart from the Russian Federation, the largest numbers of amphetamine labs dismantled over the 2000-2005 period were in Poland (91) and the Netherlands (60), followed by Germany (18), Bulgaria (15), Belgium (14) and the UK (12).

Outside Europe, the largest numbers of amphetamine labs seized in 2005 were reported from South Africa (28) and the USA (9). In previous years, lab seizures were also reported from Canada (22 in 2000), Indonesia (6 in 2003), Mexico (1 in 2003) and Chile (1 in 2002). In addition, a number of amphetamine labs are dismantled each year in Australia.

As discussed above in the case of methamphetamine, another indirect measure of production is the origin of amphetamine seizures, as identified ("mentioned") and reported by Member States. Europe as a whole accounts for 83 per cent of such mentions. On this basis, the largest amphetamine production seems to take place in

Fig. 105: Number of dismantled amphetamine laboratories reported to UNODC, 1985-2005



Source: UNODC, Annual Reports Questionnaire Data/DELTA.

<sup>25</sup> These figures include reports from countries which were not in a position to differentiate types of ATS labs

<sup>26</sup> As noted above, there are some indications that at least some of these laboratories may have actually produced methamphetamine.

<sup>27</sup> EUROPOL, "Production and Trafficking of Synthetic Drugs and Precursors", The Hague, 1 March 2007.



the Netherlands (24% of mentions), followed by Poland (15%) and Belgium (9%), followed by the Baltic region (Lithuania and Estonia), the Balkan region (Serbia & Montenegro, Bulgaria, Bosnia & Herzegovina) and Germany. Comparing these results with those of previous years, it looks as though the importance of the Netherlands, Belgium and Germany as amphetamine producers has been declining, and production has been shifting towards Eastern Europe.

Seizures of amphetamine precursor parallel the pattern mentioned above. Over the 2004-05 period most amphetamine precursor seizures (P-2-P) took place in the Netherlands (6,620 litres) and Poland (4,996 litres). The next largest seizures were reported by Germany (1,310 litres). Smaller quantities have been reported from Estonia (27 litres), Ireland (26 litres), Lithuania (24 litres), Belarus (18 litres) and Bulgaria (16 litres). If the period under investigation is extended, important P-2-P seizures were also reported from Belgium (4000 litres in 2001) and the UK (120 litres in 2002). Over the last five years the Netherlands reported the largest P-2-P seizures in Europe annually; but these seizures have been falling (from 18,238 litres in 2001 to 340 in 2005).

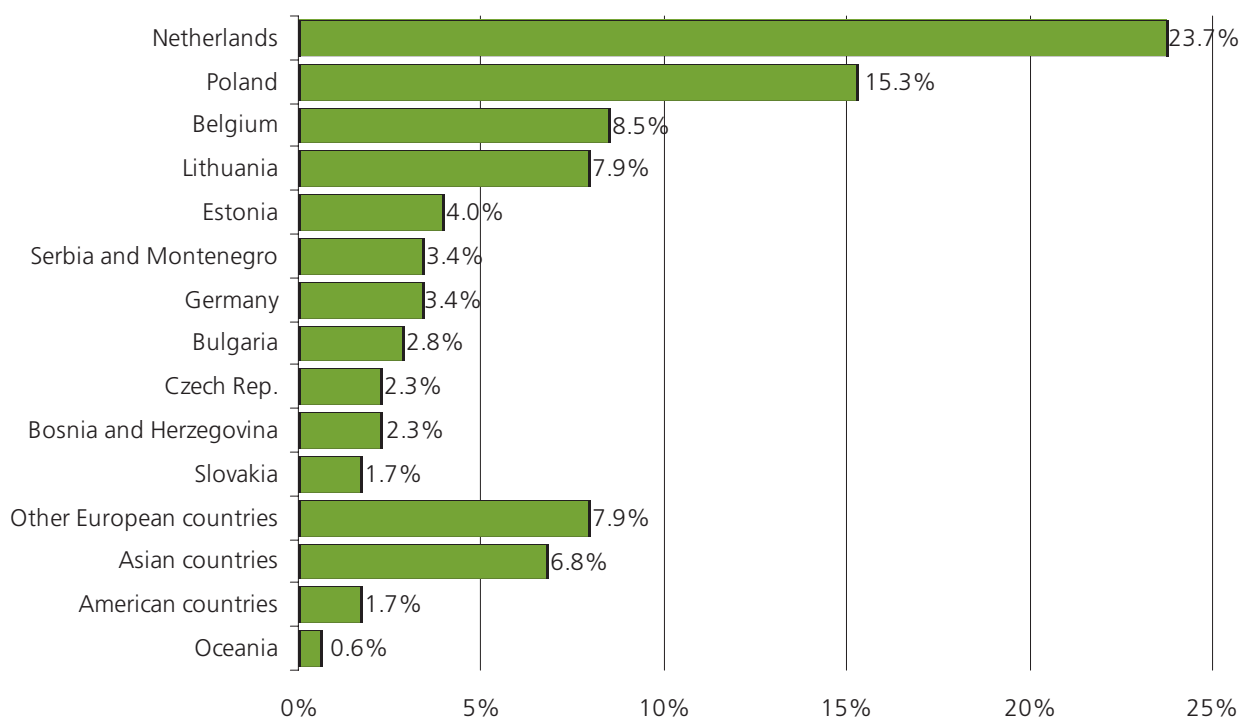
### Global ecstasy production falls – reflecting declines in Europe, the main production area

The number of ecstasy labs dismantled fell by 40 per cent in 2005 to just 52 labs, 20 per cent less than in 2000. Seizures of ecstasy precursors also fell by 40 per cent in 2005. In parallel, global ecstasy seizures fell by one third in 2005. All of this suggests that global ecstasy production, after strong increases in the 1990s, is now shrinking, primarily because of production falling in Europe.<sup>28</sup> Production in several other parts of the world, in contrast, continues expanding.

Over the 2000-2005 period (n = 379), 42 per cent of all ecstasy labs were dismantled in Europe, 41 per cent in the Americas, 8 per cent in Asia, 7 per cent in Oceania and 2 per cent in Africa. Since 2003, more labs have been dismantled in the Americas than in Europe, and ecstasy for domestic consumption in North America is increasingly being produced locally. Most US ecstasy seizures now take place along the Canadian border. The proportion of ecstasy smuggled out of Europe (traditionally from the Netherlands) to the USA, has declined in recent years. In parallel, there are also reports of increasing production of ecstasy in South-East Asia.

**Fig. 106: Origin of amphetamine, 2003-2005**

(Information based on 177 mentions on the origin of domestic amphetamine seizures from 38 countries over the 2003-05 period)



Source: UNODC, Annual Reports Questionnaire Data/DELTA.

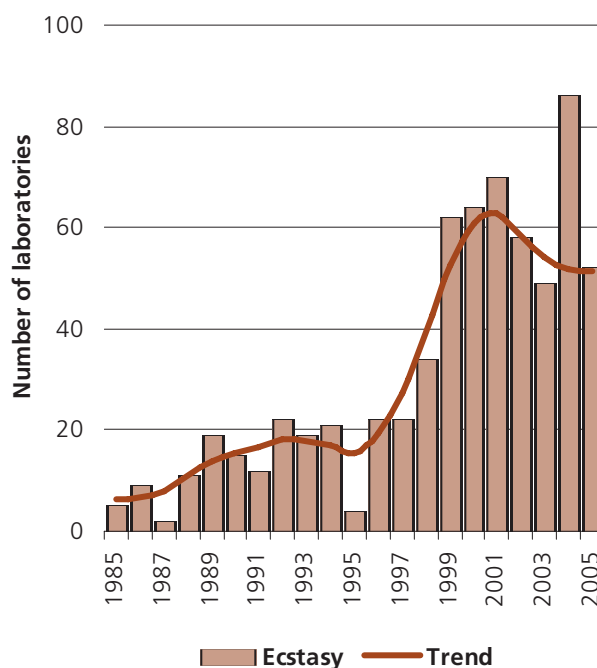
<sup>28</sup> The falling trend in Europe has been also identified by EUROPOL, "Production and Trafficking of Synthetic Drugs and Precursors", The Hague, 1 March 2007.

The largest numbers of ecstasy labs dismantled in 2005 were reported from Canada (19) and the USA (18), followed by the Netherlands (8) and Belgium (5). In addition, some ecstasy labs were dismantled in Australia, but were included under the category of ATS laboratories, with no detailed breakdown provided. Ecstasy labs were also seized in Indonesia and India in 2005.

Over the 2000-2005 period, the largest numbers of ecstasy labs were dismantled in the Netherlands (111), followed by the USA (83), Canada (71) and Belgium (26). Double-digit numbers of seized labs were reported from Australia, Indonesia and China. Five or more laboratories were dismantled in the UK, South Africa, Hong Kong SAR of China and Estonia. Non-European seizures of labs included New Zealand, Mexico, Argentina, Egypt, India and Malaysia.

In terms of the origin of ecstasy seizures reported (“mentioned”) by Member States, more than a third of the reporting countries (35%) continue to mention the Netherlands as the main source country (2003-05 period), followed by Belgium (9%). Europe as a whole accounts for 81 per cent of such mentions. There may be a statistical bias, however, as 60 per cent of the coun-

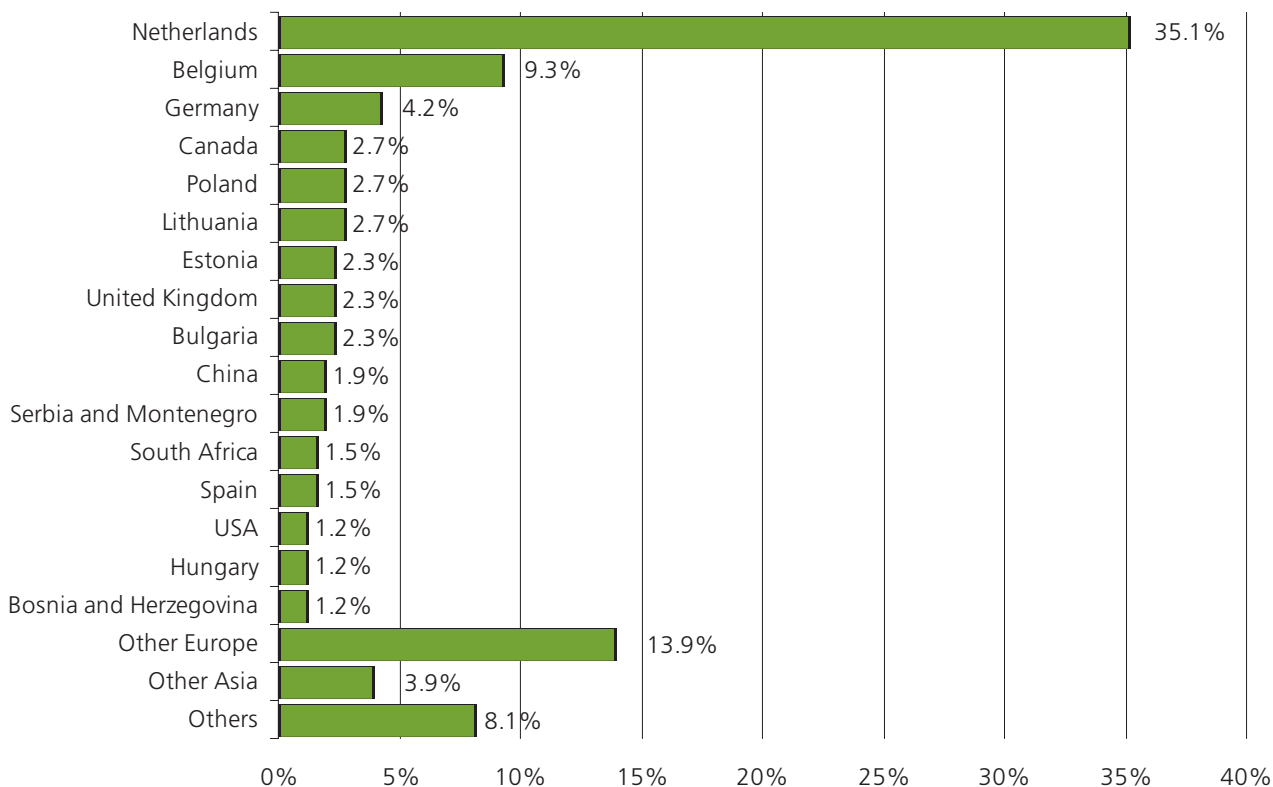
Fig. 108: Number of dismantled ‘ecstasy’ laboratories, reported to UNODC, 1985-2005



Source: UNODC, Annual Reports Questionnaire Data/DELTA.

Fig. 107: Origin of ecstasy, 2003-2005

(Information based on 259 mentions on the origin of domestic ecstasy seizures from 57 countries over the 2003-05 period)



Source: UNODC, Annual Reports Questionnaire Data.

tries<sup>29</sup> reporting on the origin of ecstasy were actually European countries (34 out of 57), which are more likely to cite other European countries as the source of ecstasy found on their markets. Country origin mentions suggest that the role of the Netherlands as the key production centre for ecstasy is declining in importance. While over the 2002-04 period, 39 per cent of all mentions referred to the Netherlands, this proportion fell to 32 per cent by 2005. Countries outside Europe which are frequently mentioned as sources of ecstasy include Canada, China, South Africa, USA as well as Hong Kong SAR of China.

European seizures of ecstasy precursors (expressed in potential ecstasy equivalents) accounted for 60 per cent of global ecstasy precursor seizures over the 2001-2005 period. By 2005, this proportion fell to 32 per cent, another indication that ecstasy production is falling. The largest ecstasy precursor seizures in Europe, mainly (3,4-MDP-2-P or PMK), have been reported from the Netherlands over the 2001-2005 period. However, this is declining, from almost 11,000 litres in 2001 to 1,762 litres in 2005. Dutch ecstasy production may therefore be going down. PMK is seized in other European countries, but seizures tend to be sporadic. The largest PMK seizures in 2004 were reported from Belgium (3,840 litres), and in 2005 from France (3,960 litres). The largest PMK seizures outside Europe have been reported from China (5,331 litres in 2004) and from Hong Kong SAR of China (3,356 litres in 2005).

Up until late 2004, large quantities of PMK were smuggled into major European Union ports such as Antwerp, Hamburg and Rotterdam. Greater cooperation between Chinese and European authorities appears to have reduced this flow. According to EUROPOL, illicit PMK prices rose in the European Union in 2005 and 2006, indicating an emerging shortage on the market. Ecstasy production at significant levels nonetheless continued. This has raised questions about the origin of ecstasy precursors in Europe. Some of them still appear to come from China, but a great variety of new routes have been identified, including overland by rail via Central & West Asia and East Europe, and by sea via Asia and Africa.<sup>30</sup>

### **ATS markets in Africa and South America are mainly supplied by diversions from licit trade**

ATS production continues to be limited in South America and in Africa. The main exception here is South Africa where ATS production, notably methamphetamine and methcathinone, has increased substantially in recent years. Between 1995 and 1999, South Africa used to report, on average, the dismantling of one lab per year. This figure increased to 27 labs in 2004 and 39 in 2005.

Though domestic production of ATS is limited in Africa and South America, drug use surveys conducted in the two regions show that ATS consumption is far from negligible. This means that the markets are supplied by ATS diverted from legitimate pharmaceutical trade. In fact, the defined daily dose per 1000 inhabitants for legally produced ATS in the Americas amounts to more than 10, as compared to rates between 1 and 2 in Europe and Asia.<sup>31</sup>

Countries in North Africa and the Near and Middle East are also affected by ATS that are apparently produced in the illicit sector, although the actual location of this production is not known. The best examples here are 'Maxiton Forte' and 'Captagon'. The former used to be a pharmaceutical preparation of dexafetamine, produced in France, but its production has long ceased. There are some indications that the 'Maxiton Forte' being sold on illicit markets in Egypt today could actually be methamphetamine, selling under the old brand name. However, the source of production is not known. In Saudi Arabia and its neighbouring countries, there is another ATS market for 'Captagon' (originally the trade name for fenetylline). 'Captagon', which nowadays is mainly amphetamine, is smuggled to the Near and Middle East usually via Bulgaria, Turkey, Syria and Jordan. The Turkish authorities reported increasing seizures of this substance in 2006.<sup>32</sup>

<sup>29</sup> The total number of countries providing information to UNODC over the 2000-2005 period was 190, of which 43 or 23 per cent were countries located in Europe. The total number of countries providing data on ecstasy seizures over the 2000-2005 period was 103, of which 42 were located in Europe (41%). A proportion of 60 per cent of countries reporting on the origin of ecstasy, being located in Europe, thus signals over-sampling.

<sup>30</sup> EUROPOL, *Production and Trafficking of Synthetic Drugs and Precursors*, The Hague, 1 March 2007.

<sup>31</sup> This refers to 'S-DDD' (defined daily doses for statistical purposes) per 1000 inhabitants for legally produced Schedule-IV stimulants; see INCB, *2006 Psychotropic Substances*.

<sup>32</sup> Ministry of Interior / Turkish National Police, Turkish Report on Drugs and Organized Crime 2006, March 2007.

### 1.5.3 Trafficking

#### ATS seizures are higher than a decade ago, but still lower than at the beginning of the new millennium

Trafficking in ATS end-products is still mainly intra-regional, while trafficking in the ATS precursors continues to be predominantly inter-regional.

Global ATS seizures increased again in 2005 to 43.4 mt but remained 11 per cent lower than in 2000, indicating a stabilisation of trafficking at the global level. A total of 104 countries and territories reported seizures of ATS to UNODC in 2005, a number similar to reports received in 2000 (99), although more than in 1995 (61) and 1985 (40).

#### Methamphetamine continues to account for the bulk of global ATS seizures

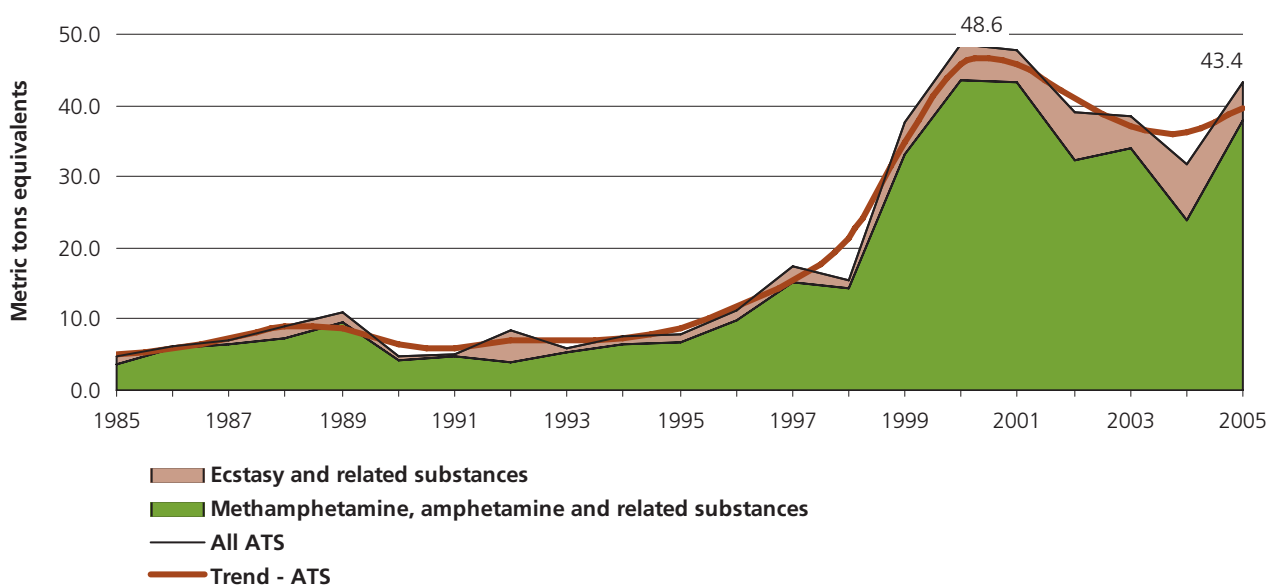
In 2005, as in previous years, most ATS seizures contained methamphetamine. Out of all ATS seizures

(N=43.4 mt), methamphetamine accounted for 40 per cent, amphetamine for 30 per cent and 'non-specified amphetamines'<sup>1</sup> for 18 per cent. The 'amphetamines' as a group, constituted 88 per cent of all ATS seizures, with ecstasy accounting for the remaining 12 per cent.

If the period examined were expanded to 2000-2005, the share of methamphetamine would account for 49 per cent, clearly ahead of 'non-defined amphetamines' (23 per cent), amphetamine (15 per cent) and ecstasy (14 per cent). (The category 'ecstasy seizures' comprises the whole ecstasy group, i.e. seizures of MDMA, MDA and MDME, though the bulk, more than 90 per cent of ecstasy seizures, comprise MDMA.)

While methamphetamine seizures increased in 2005, they still only reached half the level reported in 2000. Ecstasy seizures declined in 2005 and are now back to levels reported in 2000/01. In contrast, amphetamine

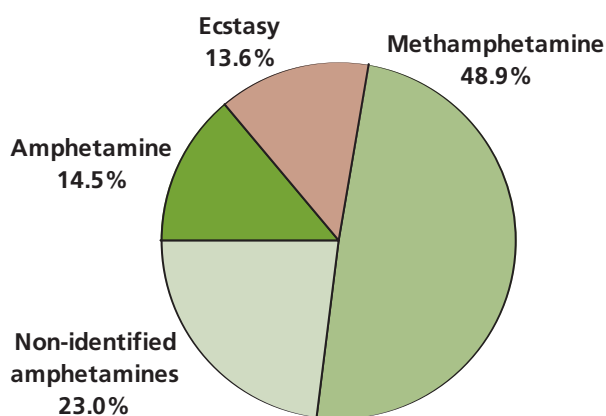
Fig. 109: Seizures\* of amphetamine-type stimulants (ATS), 1985-2005



\* Note: Seizures reported in kilograms, litres and units, where a unit (pill) of ecstasy was assumed to contain on average 100 mg of MDMA; a unit of amphetamine/ methamphetamine was assumed to contain 30 mg of amphetamine/methamphetamine; a litre was assumed to equal a kilogram. Until 1999 'other hallucinogens' are included in data for ecstasy, but the proportion of 'ecstasy' in the total seems to have exceeded 90 per cent in most years (2000-2005: 90 per cent-95 per cent)

Source: UNODC, Annual Report Questionnaire Data/DELTA.

<sup>1</sup> The category of 'not-defined ATS', 'non-defined amphetamines' or 'non-specified amphetamines' comprises stimulants where the authorities were not in a position to make the appropriate distinction or identification as well as seizures of substances such as Methcathinone (ephedrone), 'Captagon' (originally fenetylline, today probably amphetamine) and 'Maxiton Forte' (originally dexamfetamine, today likely to be identified as methamphetamine).

**Fig. 110: Breakdown of ATS seizures, by substance, 2000-2005 (N=34 tons p.a.)**

Source: UNODC, Annual Report Questionnaire Data / DELTA.

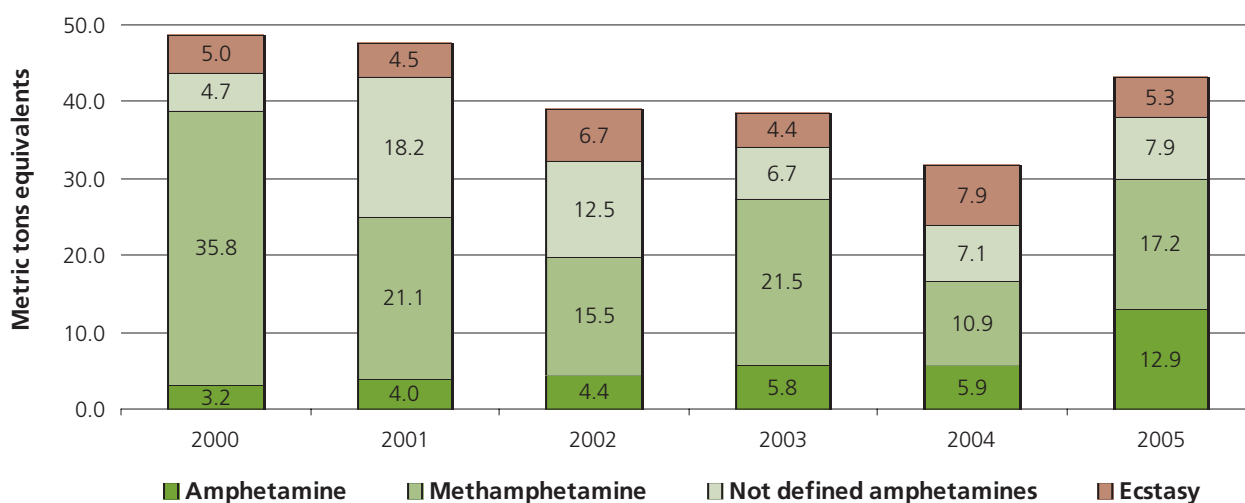
seizures have shown a clear upward trend from the late 1990s to 2005. The decline of 'non-identified amphetamines' between 2001 and 2005 reflects the lower seizures of 'Maxiton Forte' reported by Egypt. The increase in 2005 is due to higher 'Captagon' seizures reported by Saudi Arabia.

During the period 2004-05, the world's largest ATS seizures took place in East and South-East Asia (32 per cent), followed by West and Central Europe (25 per cent), and North America (18 per cent). Seizures in North Africa (6 per cent), mainly reflect 'Maxiton Forte' in Egypt. Similarly seizures in the Near and Middle East Region (6 per cent), are 'Captagon' tablets seized in Saudi Arabia and neighbouring countries.

If the 2005 data were considered in isolation, East and South-East Asia accounted for 38 per cent of global ATS seizures, West and Central Europe for 18 per cent, North America for 17 per cent and the Oceania region as well South-East Europe, North Africa and Sub-Saharan Africa for 4 per cent each.

The year on year increase of ATS seizures in 2005 was particularly pronounced in East and South-East Asia where they doubled and returned to levels reported in 2003. However, they still remained below the levels reported in 1999 and 2000. Stronger increases, albeit from lower levels, were reported from the Near and Middle-East region where ATS seizures showed a 9-fold increase in 2005, mainly reflecting large increases in 'Captagon' seizures in Saudi Arabia during 2005. In southern Africa and in West and Central Africa, ATS seizures rose 5-fold in 2005. The overall ATS seizure levels in Africa are still lower than levels reported in 2001/2002 due to Egypt's decrease in 'Maxiton Forte' seizures. ATS seizures in West and Central Europe declined in 2005.

The largest national ATS seizures in 2005 were reported from China (23 per cent), followed by the United States of America (14 per cent) and Saudi Arabia (8 per cent). China and the USA seized primarily methamphetamine, both produced locally or smuggled into the country from a direct neighbour (Myanmar and Mexico, respectively). Saudi Arabia seized primarily 'Captagon' tablets which had been shipped across several borders from South-East Europe. Other large ATS seizures in 2005 were reported by Taiwan province of China (7 per cent), the Netherlands (6 per cent), Thailand (5 per cent)

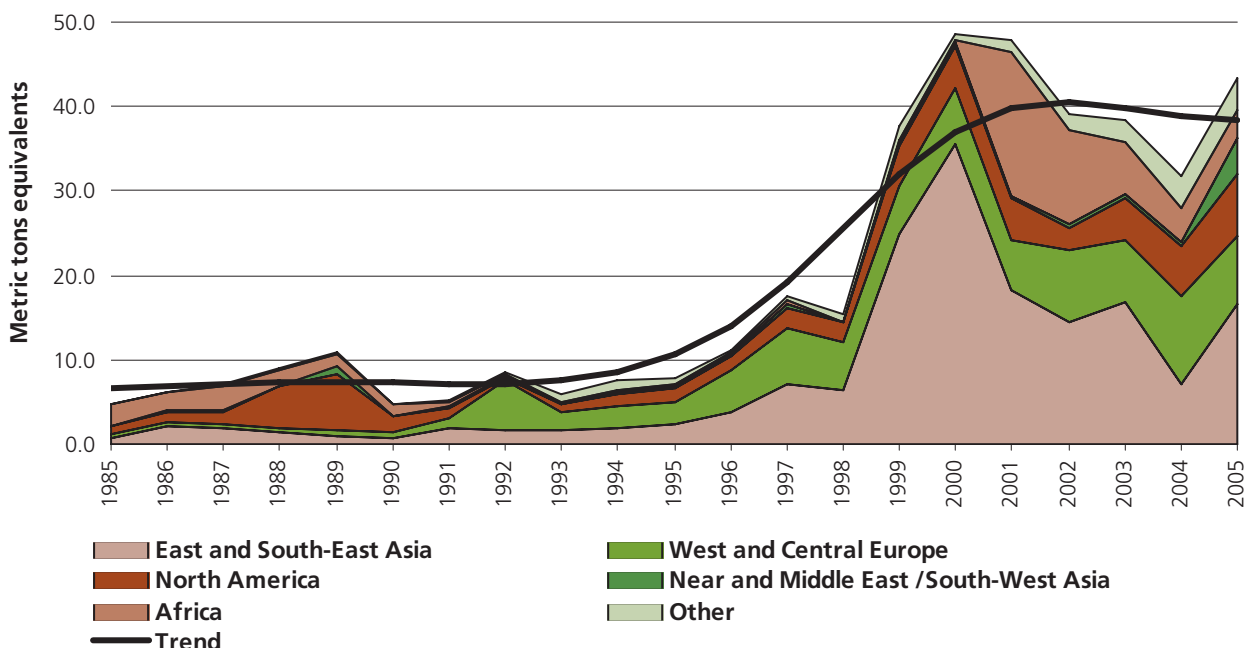
**Fig. 111: Seizures of ATS – by substance, 2000-2005**

\* Note: Seizures reported in kilograms, litres and units, where a unit (pill) of ecstasy was assumed to contain on average 100 mg of MDMA; a unit of amphetamine/ methamphetamine was assumed to contain 30 mg of amphetamine/methamphetamine; a litre was assumed to equal a kilogram.

Source: UNODC, Annual Report Questionnaire Data/DELTA.

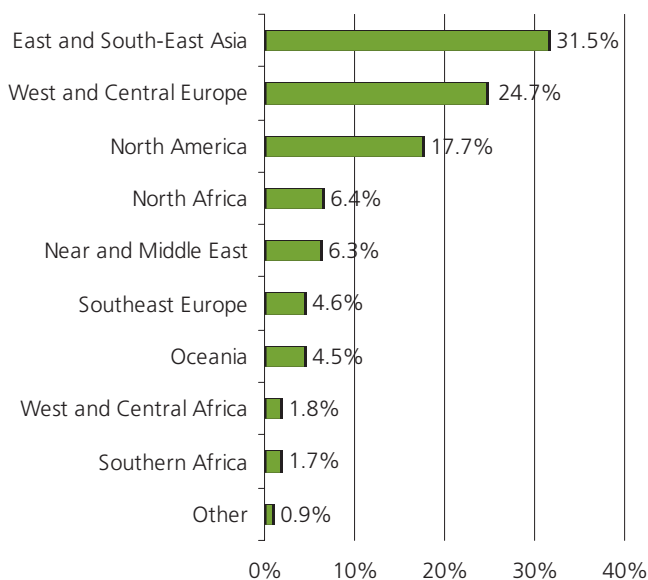


Fig. 112: Global ATS seizures, in metric ton equivalents, 1985-2005



Source: UNODC, Annual Report Questionnaire Data/DELTA.

Fig. 113: Distribution of global ATS seizures in metric ton equivalents, 2004-2005



Source: UNODC, Annual Reports Questionnaire Data/DELTA.

cent), the UK<sup>2</sup> (4 per cent), Australia (4 per cent), Egypt (3 per cent), Bulgaria (3 per cent), South Africa (2 per cent), Burkina Faso (2 per cent), Mexico (2 per cent) and Germany (2 per cent).

### Trafficking in methamphetamine

Although the trade appears to be spreading, the main methamphetamine trafficking destinations remain East and South-East Asia and North America.

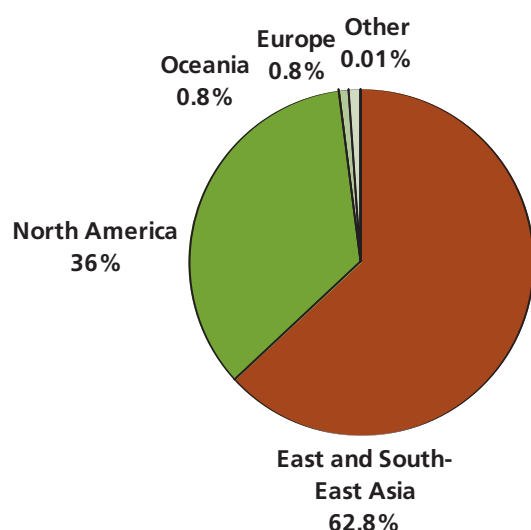
Although the overall amounts of methamphetamine seized in 2005 were substantially lower than in 2000, there is still an ongoing geographical spread of methamphetamine trafficking that warrants attention. In total, 51 countries reported methamphetamine seizures to UNODC in 2005, an increase from 43 countries in 2004 and 32 in 2000.

Sixty three per cent or 17 mt of global methamphetamine seizures continue to be reported from countries in East and South-East Asia; 36 per cent are seized by North American countries. In comparison to 2004, the proportion of East and South-East Asia in the global methamphetamine seizures increased from 58 per cent to 69 per cent, while North America declined from 38 per cent to 36 per cent. In 2005, methamphetamine seizures in the regions of Oceania and Europe, accounted for 0.8 per cent of global methamphetamine seizures respectively. While methamphetamine seizures in Europe remain very low, reflecting the limited availability of methamphetamine on the European market, an upward trend has become discernable. European

<sup>2</sup> Data for the UK reported in the 2005 ARQ refers to the calendar year 2005.

seizures of methamphetamine rose more than 4-fold over the 2000-05 period.

**Fig. 114: Regional breakdown of methamphetamine seizures in 2005 (N = 17.2 metric tons)**



Source: UNODC, Annual Reports Questionnaire Data/DELTA

According to reports to UNODC, the rest of the world accounted for a mere 0.02 per cent of the global methamphetamine seizures. However, if the 'Maxiton Forte' seized in Egypt were to be identified as methamphetamine and the ATS seized in South Africa were to constitute largely methamphetamine overall seizures would increase significantly. The North African proportion in global methamphetamine seizures would rise to 7 per cent, and South Africa to 5 per cent. Under these assumptions around 12 per cent of the global methamphetamine seizures could have taken place in Africa. Between 2005 and 2006 several shipments of ephedrine and pseudo-ephedrine were intercepted between Asia and Africa. While it is possible that they were destined for North America several of them could have equally been headed for Africa. In South Africa, ATS seizures have clearly shown an upward trend over the last few years. In contrast, in Egypt 'Maxiton Forte' seizures fell by more than 90 per cent over the 2001-2005 period, even though they increased again in 2006.

The largest methamphetamine seizures at the global level in 2005 were reported by China (6.8 mt, or 39 per cent), followed by the USA (5.1 mt, or 30 per cent) and Thailand (2.3 mt, or 14 per cent). The shift in the top seizure rankings over recent years reflects both the nature of the drug problem as well as national authorities' reaction to it. For example, China's reported doubling of its methamphetamine seizures in 2005, and subsequent maintenance of this level in 2006 indicates the Chinese authorities are taking the methampheta-

mine production, trafficking and abuse very seriously. In 2004 the world's largest methamphetamine seizures were reported by the USA, followed by China and Thailand. Previous to that, during most of the 1990s as well as in 2002 and 2003, Thailand had the world's highest methamphetamine seizures. Domestic production and large-scale trafficking of methamphetamine from neighbouring Myanmar had left the country with a large scale problem. Concerted government intervention in 2003 led to a shrinking of the market that has been substained.

The next largest of methamphetamine in 2005 were reported from Mexico (5 per cent), Taiwan Province of China (3 per cent), Indonesia (2.1 per cent), Myanmar (1.6 per cent), Hong-Kong SAR of China (1.5 per cent), Japan (0.7 per cent), Australia (0.7 per cent), the Philippines (0.7 per cent) and Canada (0.5 per cent). If the 'Maxiton Forte' seizures of Egypt and the ATS seizures of South Africa were added, the seizures in the latter two countries would have exceeded seizures made by Mexico.

#### **Methamphetamine trafficking remains predominantly intra-regional in East and South-East Asia**

Throughout the world, trafficking of methamphetamine remains largely intra-regional, with labs producing only for the domestic market or for neighbouring countries. While this also applies to South-East Asia, a few trends have surfaced in recent years which link South-East Asia with the Oceania region and North America.

Important trafficking routes in South-East Asia are:

- From Myanmar to China: trafficking along this route has increased. In 2006, the Chinese authorities reported some 55 per cent of their total methamphetamine seizures as having taken place in Yunnan province bordering Myanmar, a significant increase from 18 per cent in 2002.
- From Myanmar to Thailand: either directly (26 per cent in 2005) or indirectly via the Lao PDR (65 per cent) or Cambodia. Although traditionally only 'yaba' (methamphetamine tablets) originated in Myanmar, over the last few years 'ice' (crystal methamphetamine) has been reported as originating in Myanmar.
- From Myanmar to the north-eastern provinces of India and Bangladesh;
- From Myanmar via Thailand to Malaysia and Brunei Darussalam as final destinations.
- From China to Hong Kong SAR of China, the Philippines, Malaysia, Republic of Korea, Taiwan province of China and/or Japan.
- From Hong Kong SAR of China to Japan, Australia, New Zealand, Guam (USA), and Thailand.

- From the Philippines to the Republic of Korea, Malaysia, Brunei Darussalam, Taiwan province of China, Japan, Australia, New Zealand, the USA (including Guam), Canada and Spain (small quantities).
- From Thailand to Malaysia, Taiwan province of China, the Republic of Korea as well as to various other international markets, including the United Kingdom (small quantities).

In 2005, the authorities of the Republic of Korea reported that 70 per cent of the trafficked and seized methamphetamine originated from China, 22 per cent from the Philippines and 4 per cent from Canada. In addition, the USA was identified as a source country in both 2003 and 2004.<sup>3</sup>

Japan remains the most lucrative methamphetamine market in East and South-East Asia. Methamphetamine continues to be smuggled into Japan primarily from the People's Republic of China (more than 50 per cent of the identified seizures since 2002) as well as from a number of other countries in the region, including the Philippines, Taiwan province of China and Thailand (Myanmar). There have also been reports of methamphetamine shipments from Canada to Japan and occasionally even from the USA. In Japan, more than half of the drug trafficking importation and dealing is undertaken through the Japanese organized crime groups, called *Boryokudan*. In May 2006, the Japanese authorities dismantled a major North Korean drug trafficking syndicate which cooperated with the *Boryokudan*. This provided evidence that the Democratic People's Republic of Korea is another important source country for the methamphetamine found on the Japanese market. Immediately after the dismantling of this "network", methamphetamine retail prices increased markedly in Japan responding to the interruption in supply.<sup>4</sup>

#### Interregional trafficking of methamphetamine persists in North America

The bulk of methamphetamine-related trafficking in North America takes place within the USA and from Mexico to the USA. The export of methamphetamine produced in North America to other regions remains marginal (mostly linked to some trafficking of methamphetamine from Canada to Japan).

However, cross-national trafficking within the North American region is gaining importance. While there is some smuggling of methamphetamine from Canada to the USA, the most significant development of the methamphetamine trade in North America over the last few years has been intensified smuggling to the United States from Mexico. Methamphetamine is thought to be increasingly produced in super labs<sup>5</sup> in Mexico. According to the Mexican authorities, 99 per cent of the methamphetamine produced in Mexico is for subsequent export to the USA.

Between 2001 and 2004, the amounts of methamphetamine seized by the US authorities along the common south-west border with Mexico increased from 1.2 mt to 2.3 mt<sup>6</sup>, equivalent to 75 per cent of all reported US seizures in 2004, up from 41 per cent 2001. The increase followed successes in Canada and in the USA in tightening the control of precursor chemicals, leading to a decline in methamphetamine production within the USA. However, organized criminal groups in Mexico have partly filled this gap, notably in the mid-western states of the USA, where Mexican groups have taken over much of the methamphetamine business previously controlled by local independent traffickers. Mexican criminal groups have also introduced crystal methamphetamine into these regions.<sup>7</sup>

As previously mentioned, the Mexican authorities have taken decisive steps to reduce methamphetamine production and trafficking by drastically reducing the import of methamphetamine precursor chemicals.

#### The number of countries reporting seizures of methamphetamine increases

The number of countries outside the two main methamphetamine producing and trafficking regions (South-East Asia and North America) reporting seizures of methamphetamine increased from 15 in 2000, to 27 in 2004 and 34 in 2005, suggesting that methamphetamine trafficking is spreading in geographical terms. The European region reported a 4-fold increase in the number of methamphetamine seizures over the period 2000-2005, though the amounts seized in 2005 were lower than in 2004. The methamphetamine seizures reported from the Oceania region declined in 2004 and 2005. Demand data from Aus-

<sup>3</sup> UNODC, Annual Reports Questionnaire Data.

<sup>4</sup> National Police Agency, Oral Presentation by the Deputy Commissioner General, Hiroto Yoshimura, of the National Police Agency, to the 50th Session of the Commission on Narcotic Drugs, Vienna, 12-16 March 2007.

<sup>5</sup> A 'super lab' is defined by the US authorities as a clandestine laboratory which can produce more than 10 pounds (i.e. more than 5 kg) of methamphetamine over a production cycle (ONDPC, 2007 National Drug Control Strategy, Feb. 2007).

<sup>6</sup> ONDCP, Synthetic Drug Control Strategy, June 2006.

<sup>7</sup> National Drug Intelligence Centre, *National Drug Threat Assessment, 2007*, October 2006.

tralia also point to a stabilization of the market. Methamphetamine trafficking in Southern Africa continues to increase.

### Amphetamine trafficking continues to be concentrated in Europe – but seizures are rising sharply in East and South-East Asia

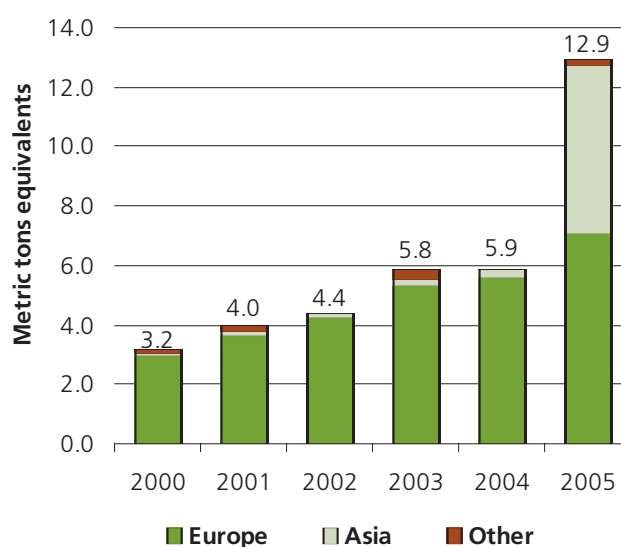
Amphetamine seizures increased in 2005 (from 5.8 mt in 2004 and 3.2 mt in 2000), to 12.9 mt. Most of this increase was due to a sharp rise in seizures in East and South-East Asia.

During the 2000-2005 period, some 80 per cent of global amphetamine seizures took place in Europe, mostly in West and Central Europe (68 per cent) and in South-East Europe (11 per cent). East and South-East Asia accounted for 15 per cent of global amphetamine seizures and the Near and Middle East for 2 per cent (excluding ‘Captagon’ seizures, which could also fall under the amphetamine category).

If data for 2005 were considered alone, the proportion of West and Central Europe falls to 45 per cent leaving 40 per cent of all amphetamine seizures as have been reported from countries in East and South-East Asia. While the latter region is known for methamphetamine production and trafficking, this large scale production and trafficking of amphetamine is more or less unprecedented. In 2005, the world’s largest amphetamine seizures were reported from China (2.8 mt) and from Taiwan province of China (2.4 mt). Amphetamine was also seized in the Netherlands (2 mt), the UK (1.4 mt in 2004), Bulgaria (1.1 mt), Germany (0.7 mt) and Poland (0.5 mt). It remains to be seen whether these huge amphetamine seizures in East Asia reflect a one time event in 2005 or whether they indicate the beginning of a more fundamental trend toward ATS product diversification taking advantage of the availability of different kinds of precursor chemicals. Reports of seizures of 258 kg of semi-processed amphetamine in Taiwan province of China over the first nine months of 2006<sup>8</sup>, would support this theory.

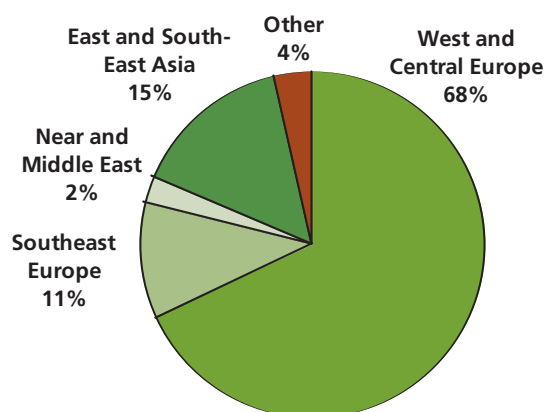
The proportion of West and Central Europe would fall further if the ATS tablet seizures of Saudi Arabia (111.5 million tablets reported by ICPO/INTERPOL) were included on the basis that such tablets typically contain amphetamine.<sup>9</sup>

**Fig. 115: Global amphetamine seizures, 2000-2005**



Source: UNODC, Annual Reports Questionnaire Data.

**Fig. 116: Distribution of amphetamine seizures, 2000-2005 (6 metric tons per year)**



Source: UNODC, Annual Reports Questionnaire Data / DELTA.

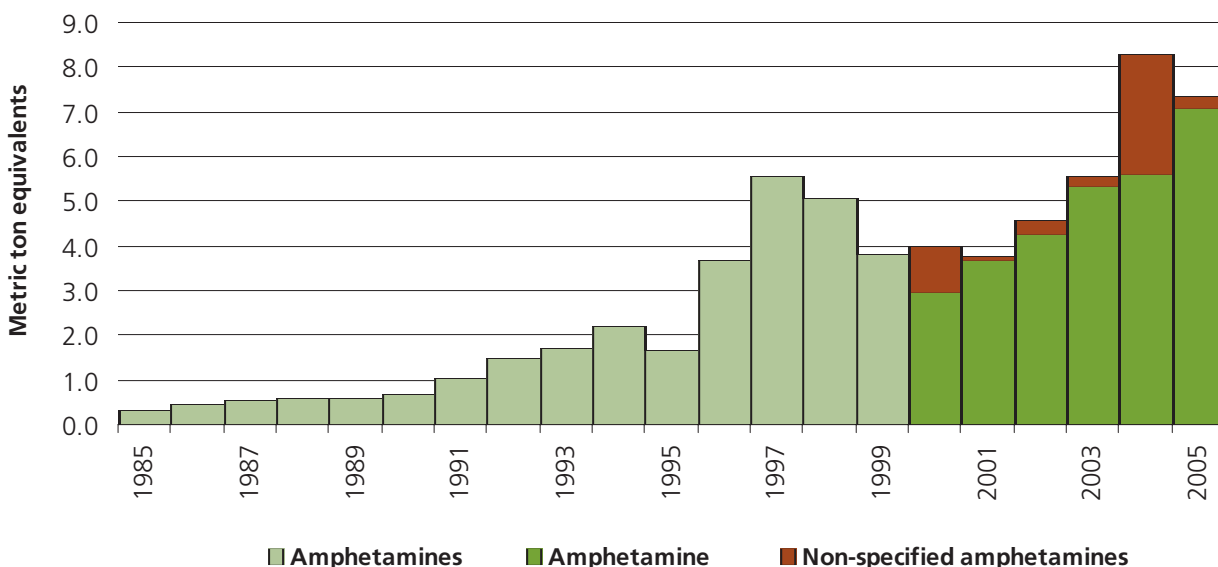
Assuming that such a tablet had an average amphetamine content of 30 mg<sup>10</sup>, the reported seizures would be equivalent to an amount equivalent to some 3.3 mt, higher than the amphetamine seizures reported from China. ‘Captagon’ tablets are typically produced in South East Europe (Bulgaria and, according to the Bulgarian authorities, also in Turkey) and are then trafficked by various Middle East groups to Syria, Jordan and Saudi Arabia.

<sup>8</sup> U.S. Department of State, *International Narcotics Control Strategy Report 2007*, March 2007.

<sup>9</sup> While ‘Captagon’ tablets analyzed by UNODC in the early 1990s still contained fenethyline, ‘Captagon’ tablets in later years contained typically amphetamine and caffeine, but not fenethyline. However, a number of other substances were found in some of the tablets, including quinine and theophylline. The Interpol data suggest that out of the total of 111.5 million tablets seized in 2006, 36 million were ‘Captagon’ tablets and the rest were amphetamine tablets.

<sup>10</sup> This is UNODC’s generally applied transformation ratio for all amphetamines, unless more precise information has been made available by member states.

**Fig. 117: Amphetamine seizures in Europe, 1985-2005**



\* in kilogram equivalents, assuming a dose/unit to be equivalent to 30 milligrams

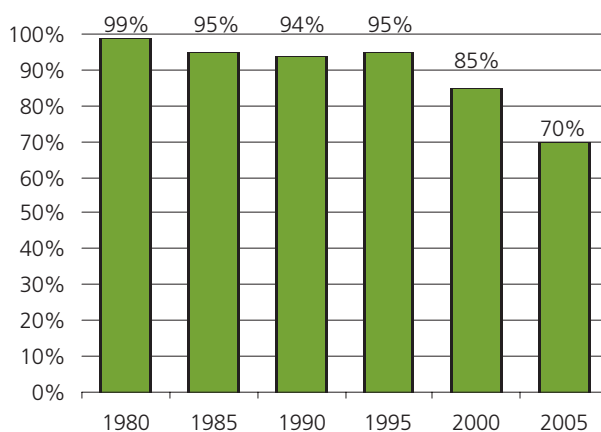
Source: UNODC, Annual Reports Questionnaire Data.

Because amphetamine production and trafficking has been traditionally concentrated in Europe, Europe’s amphetamine seizures (with the exception of data for 2005) serve as a good proxy for global amphetamine seizures. Europe’s amphetamine seizures increased between 1980 and 1997, before falling temporarily towards the end of the 1990s. Between 2000 and 2005, European amphetamine seizures picked up again and more than doubled. Overall trafficking of amphetamine in Europe (and, thus, indirectly of amphetamine trafficking at the global level) has increased over the last two decades, including over the 2000-2005 period.

If the ‘non-identified amphetamines’ are included in the analysis - in the case of Europe it can be assumed that the bulk of the substance registered under this heading were actually amphetamine - the overall increase over the last two decades as well as over the 2000-2005 period is even larger. However, such statistics also suggest that seizures of amphetamine are likely to have declined in 2005 as compared to 2004. This would be consistent with information on shortages of P-2-P, the main precursor for amphetamine production following the improvement in controls by the Chinese authorities. The limited availability of these precursor chemicals on the European market was reflected in rising prices and falling P-2-P seizures in 2005. P-2-P diverted from the Russian market<sup>11</sup> partly offset this and prevented any large-scale decline in European amphetamine production.

One remarkable trend within Europe has been the shift of production and trafficking in amphetamine from the old to the new EU member states, as well as to non-EU member states. Back in 1995, the EU-15 countries accounted for 95 per cent of all European amphetamine seizures, a share that declined to 85 per cent by the year 2000 and to 70 per cent by the year 2005.

**Fig. 118: Proportion of amphetamine seizures in EU-15 countries among all European amphetamine seizures**



\* in kilogram equivalents, assuming a dose/unit to be equivalent to 30 milligrams

Source: UNODC, Annual Reports Questionnaire Data.

<sup>11</sup> Europol, Synthetic Drugs and Precursors, presentation given by the Europol Drug Unit at the Europe-Asia Conference on Synthetic Drugs and their Precursors, Paris, 6-7 March 2007.



### Overall 'amphetamines' seizures remain concentrated in South-East Asia, North America and Europe

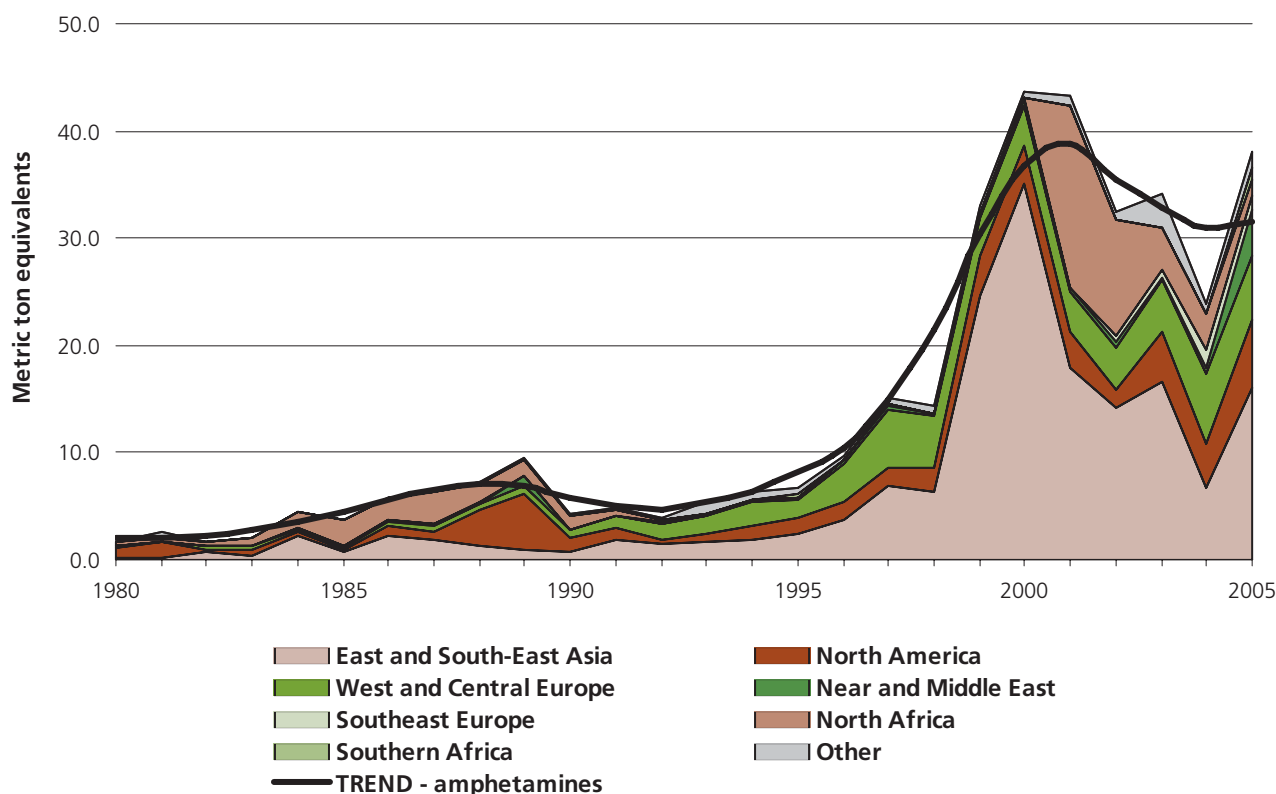
Because some countries are still having problems with the exact identification of the substances concerned, it is helpful to look at overall trends in sub-markets together, i.e. methamphetamine, amphetamine and non-identified amphetamines.

In this context, all available indicators, including seizure statistics, suggest that global trafficking in amphetamines increased strongly in the second half of the 1990s but remained relatively stable thereafter. Overall seizures fell over the 2000-2004 period, rose in 2005, but remain below the peak levels reported in 2000 and 2001.

South-East Asia continues to be the main market for such stimulants, accounting for 42 per cent of total seizures in 2005, followed by North America (17 %) and West and Central Europe (16 %). Other important regions include the Near and Middle East (11 %) and Africa (9 %). The proportion of seizures made in East and South-East Asia in 2005 was clearly higher than in 2004 (28 %), but remained below the average of the 2000-2005 period (49 %).

In comparison to the year 2000, amphetamines seizures declined in East and South-East Asia as well as in the Oceania region, South Asia, East Africa and in the Caribbean. Seizures increased in all other regions. When compared to 2004, amphetamines seizures declined in West and Central Europe, South-East Europe, North Africa, South-Asia and Central America, and rose in all other regions. The net result was an increase in global seizures in 2005 as compared to 2004, although global seizures remained some 13 per cent below the record levels of 2000.

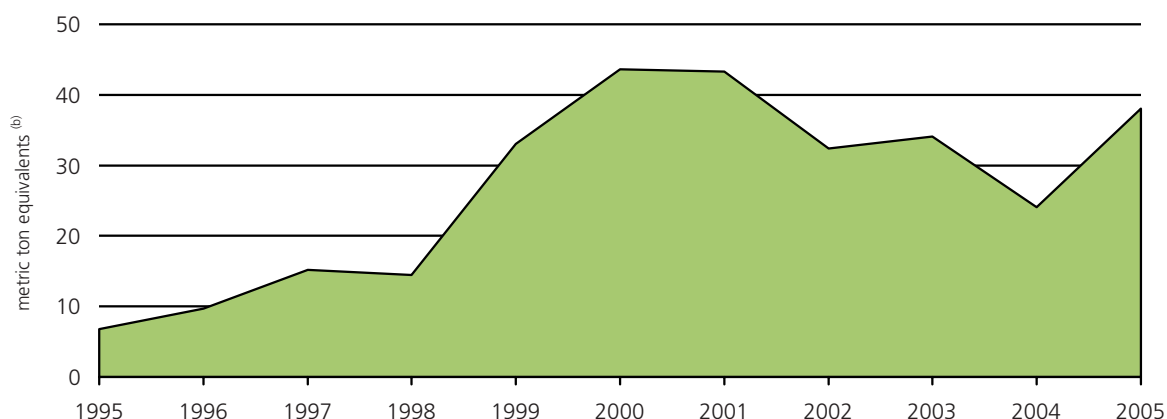
**Fig. 119: Global seizures\* of amphetamines – breakdown by region, 1980-2005**



\* in metric ton equivalents, assuming a dose/unit to be equivalent to 30 milligrams; 1 litre to be equivalent to 1 kilogram.

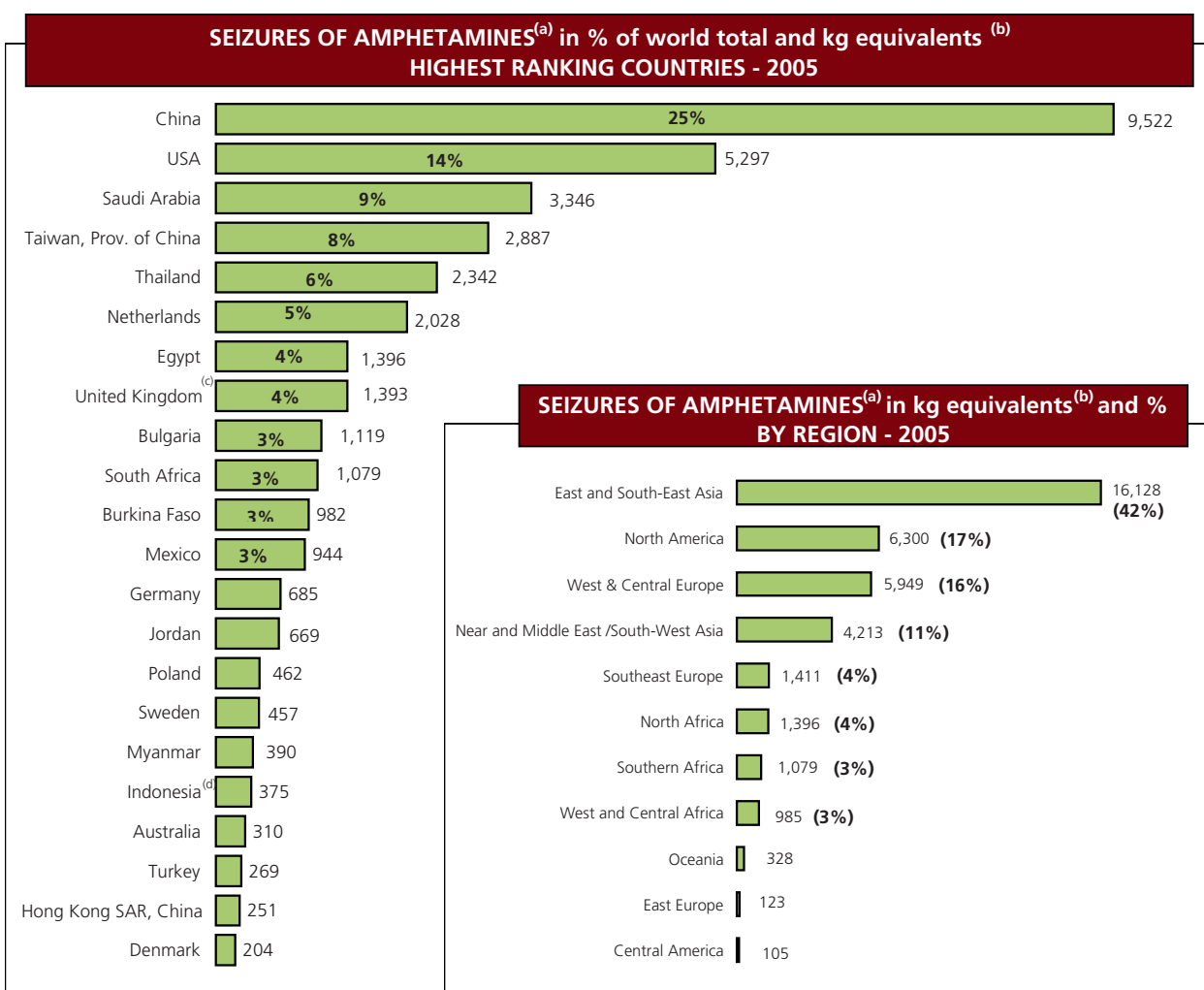
Source: UNODC, Annual Reports Questionnaire Data.

Fig. 120: Global seizures of amphetamines<sup>(a)</sup>, 1995 - 2005



(a) amphetamine, metamphetamine and related stimulants.  
 (b) 1 unit is assumed to be equivalent to 30 mg

Year	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Metric ton Equivalents	7	10	15	14	33	44	43	32	34	24	38



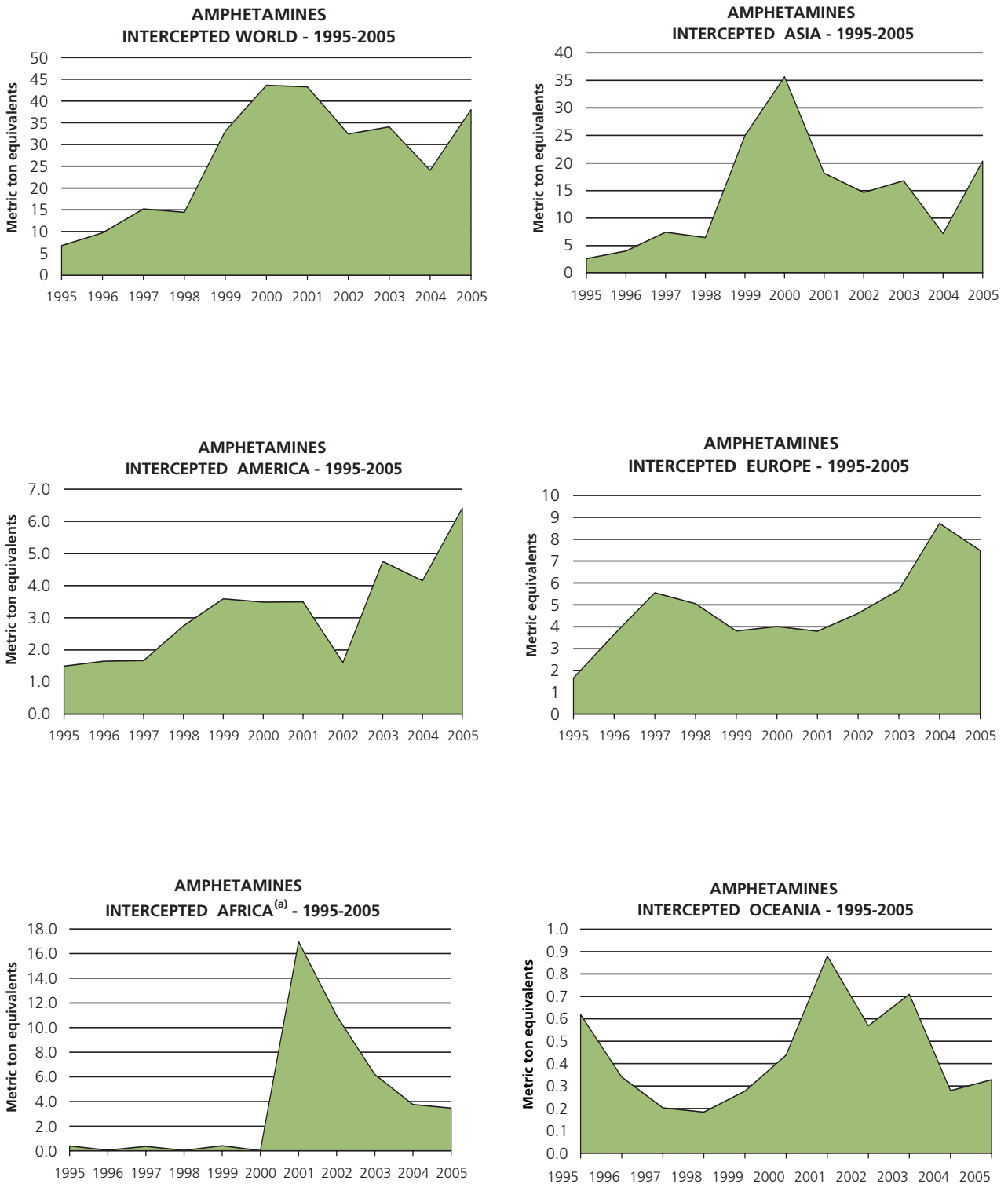
<sup>(a)</sup> amphetamine, methamphetamine and related stimulants

<sup>(b)</sup> 1 unit is assumed to be equal to 30 mg; 1 litre is assumed to be equal to 1 kg

<sup>(c)</sup> data refer to 2004

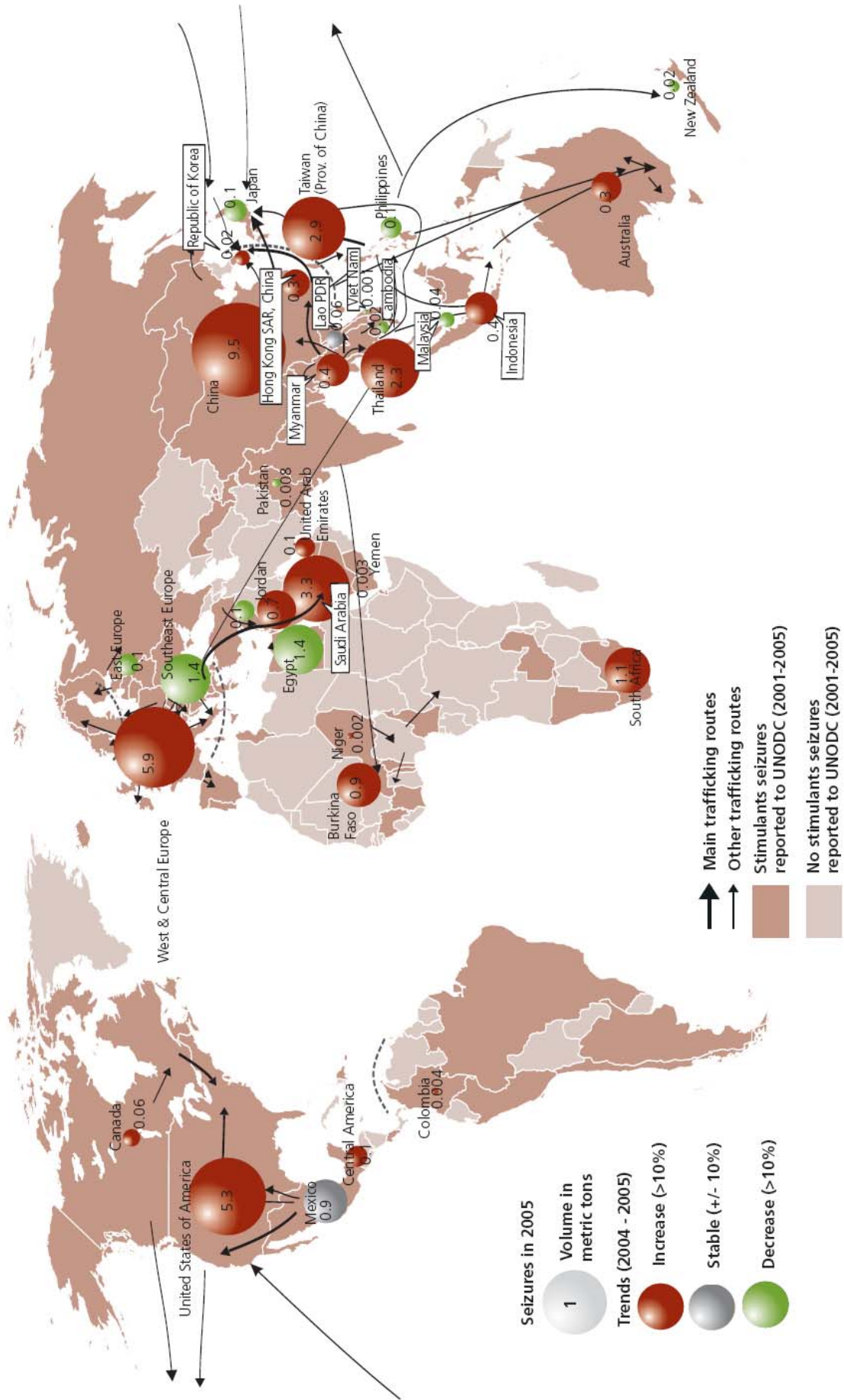
<sup>(d)</sup> total seizures reported by national as well as state & territory law enforcement agencies which may result in double counting.

**Fig. 121: Interception of amphetamines, 1995 - 2005**



(a) Increase in 2001 due to huge seizures of Maxiton Forte in Egypt (reported in litres); conversion rate used: 1 litre = 1 kg

Map 20: Trafficking in amphetamines, 2005 (countries reporting seizures\* of more than 1 kg)



\* Seizures as reported (street purity); units converted into weight equivalents (30mg per unit)

## Trafficking in Ecstasy

### Ecstasy seizures drop in 2005 and the share of Europe in global ecstasy trafficking declines

After increasing over the last decade, reported ecstasy seizures, which declined 33 per cent in 2005, are now back to the levels reported at the beginning of the millennium.

The largest seizures over the 2000-2005 period have been reported from the countries of West and Central Europe (54 %), followed by North America (21 %), the Oceania region (15 %) and East and South-East Asia (6 %).

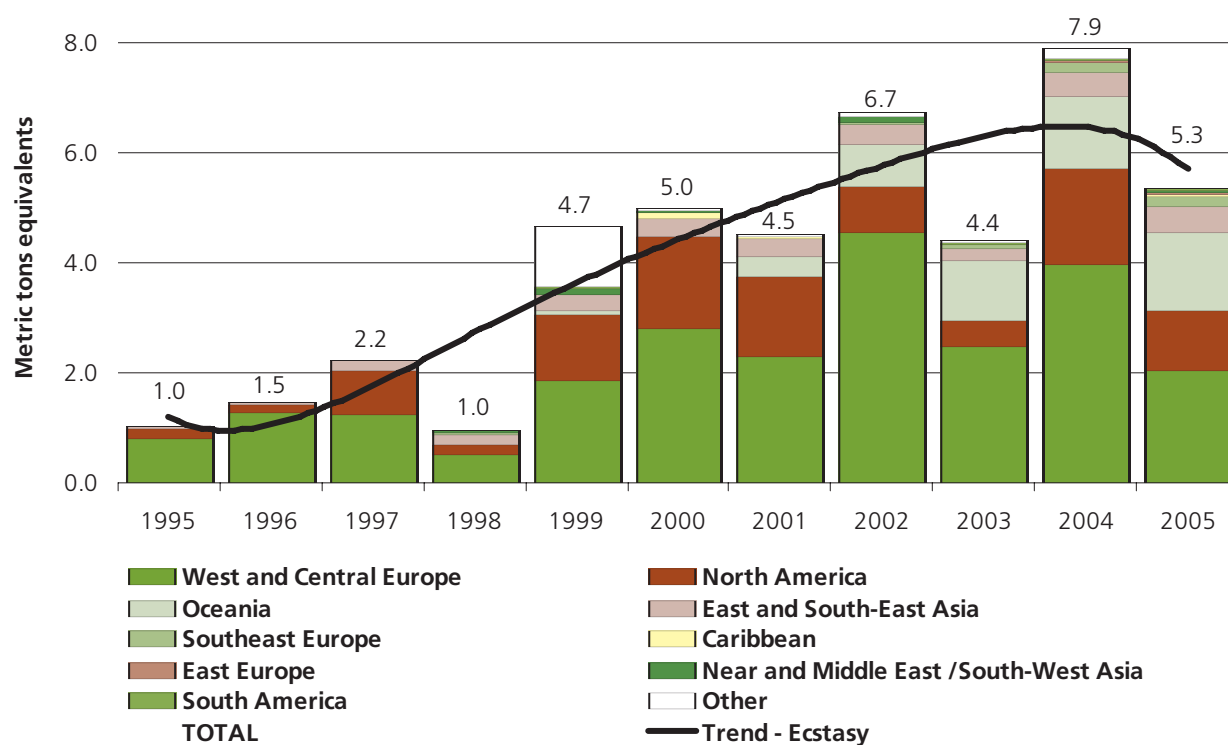
Although it has not affected the overall dominance of West and Central Europe in the ecstasy trade, the general trend has been towards an increase in ecstasy production, trafficking and abuse outside West and Central Europe. The share of West and Central Europe in global ecstasy seizures fell from 78 per cent in 1995, to 56 per cent in 2000 and 38 per cent in 2005. The next largest seizures in 2005 were registered by countries in the Oceania region (27 %), North America (20 %) and East and South-East Asia (9 %). For the second time, ecstasy seizures in the Oceania region exceeded those of North America.

While ecstasy trafficking decreased in West and Central Europe, it increased in East and South-East Europe. Nonetheless, ecstasy seizures for Europe as whole fell by 25 per cent over the 2000-2005 period. During the same period, even stronger declines of ecstasy seizures were reported from North America (minus 35 per cent), reflecting successful efforts to curtail the ecstasy trade and reduce consumption over the last few years. The strongest increases were registered by countries in the Oceania region and, to a lesser extent and from lower levels, by countries in South America and in East and South-East Asia.

**Although trafficking in ecstasy is both inter- and intra-regional, the latter is gaining in importance with production shifting to new markets**

Trafficking in ecstasy used to be intra-regional in Europe and inter-regional outside Europe, as Europe has been, and still is, where the main production for the illicit manufacture of MDMA is located. The main source countries identified for ecstasy production are still the Netherlands followed by Belgium. However, the importance of these and other European countries as source countries is declining. In parallel, ecstasy production outside Europe is increasing with the USA, Canada, Australia, China, Indonesia, Hong Kong SAR

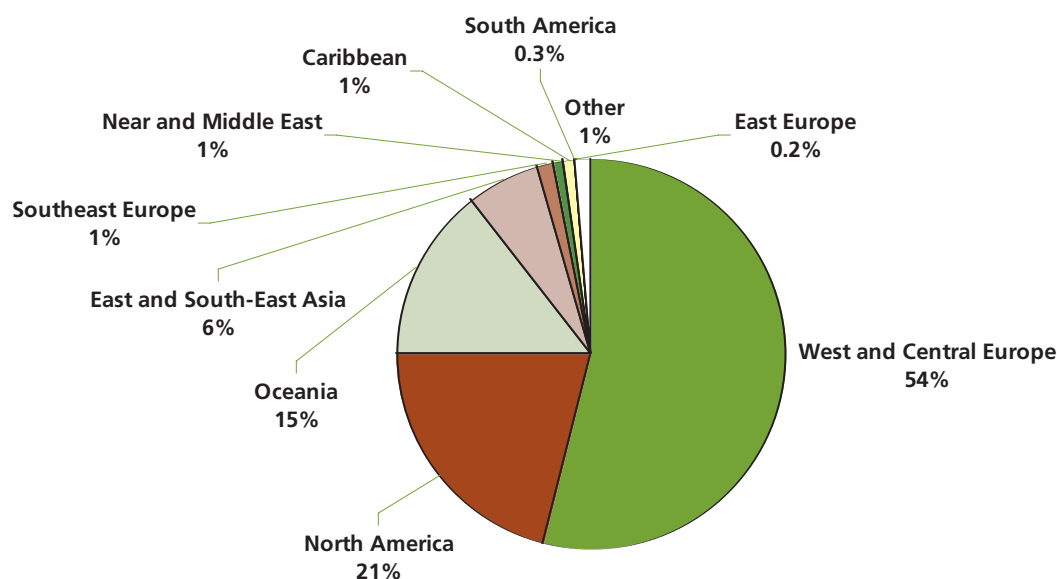
Fig. 122: Global ecstasy seizures, 1995-2005



\* Note: a pill of ecstasy was assumed to contain on average 100 mg of MDMA.

Source: UNODC, Annual Reports Questionnaire Data / DELTA.



**Fig. 123: Regional breakdown of ecstasy seizures, 2000-2005 (average annual seizures: 5.6 metric tons)**

\* Note: a pill of ecstasy was assumed to contain on average 100 mg of MDMA.

Source: UNODC, Annual Reports Questionnaire Data / DELTA.

of China, South-Africa, New Zealand, Mexico, Argentina, Egypt, India and Malaysia having been identified as ecstasy producing countries outside Europe.

The production of ecstasy in Europe is becoming ever more sophisticated, characterized by increased professionalism and efficiency in production. Trends such as the participation of more specialized staff, companies and facilitators<sup>12</sup>, have been identified. The subsequent distribution of ecstasy end products however, may be more ad hoc. It is thought to be undertaken by a large number of rather small drug trafficking groups of various nationalities. They typically purchase the ecstasy in the Netherlands, Belgium or other producing countries (the Baltic countries, Poland, Balkan region etc.) and then traffic the drugs to their respective home countries.<sup>13</sup>

Trafficking of ecstasy from Europe to North America and some other regions was controlled for many years by criminal groups of Israeli origin, sometimes with links to Russia, other European countries and the USA. Israeli citizens have been part of international ecstasy

trafficking networks in source, transit and distribution countries, and were found in locations in France, Spain, Germany, Denmark, Holland and Belgium, serving as brokers and transporters of ecstasy to the USA.<sup>14</sup> These trafficking groups operated mainly outside Israel, though in some instances, they were also involved in trafficking ecstasy from the Netherlands and Belgium to Israel. However, the importance of these trafficking rings was significantly reduced following the successful disruption of several of them over the last few years. This is now also reflected in US seizure statistics, as Israeli groups used to smuggle MDMA via east coast cities (such as New York, Newark or Miami) into the USA. Ecstasy seizures along the east coast have declined, while they clearly increased along the Canadian border. Such ecstasy is mainly distributed by Asian criminal groups (often ethnic Chinese or Vietnamese persons holding Canadian passports), who increasingly produce the ecstasy in Canada and smuggle the necessary chemicals into Canada from various Asian countries (typically China).<sup>15</sup> The Canadian authorities reported that as of 2005 already 85 per cent of the ecstasy seized was

<sup>12</sup> Europol, Synthetic Drugs and Precursors, presentation given by the Europol Drug Unit to the Europe-Asia Conference, Paris, 6-7 March 2007.

<sup>13</sup> Germany, for instance, reported that organized crime groups of non-German citizens account for 65 per cent of all organized crime activities in the narcotics trade; however, when it comes to synthetic drugs, notably ecstasy, local German groups dominate the scene (See Bundeskriminalamt, *Bundeslagebild Organisierte Kriminalität 2005*, Wiesbaden, June 2006). Similarly, Austria reports a strong concentration of foreign groups in drug trafficking, but when it comes to ecstasy, the situation is different. Most of it is bought by domestic Austrian groups in the Netherlands and then trafficked into the country (see Bundesministerium für Inneres, Bundeskriminalamt, *Suchtmittelkriminalität Jahresbericht 2006*, Wien 2007).

<sup>14</sup> US State Department, *International Narcotics Control Strategy Report*, March 2006.

<sup>15</sup> National Drug Intelligence Centre, *2007 National Drug Threat Assessment*, October 2006.

domestically produced and only 15 per cent came from Europe. At the same time, the Republic of Korea reported that a third of the ecstasy found on its market originated from Canada and two thirds from China.<sup>16</sup>

Criminal groups from the Dominican Republic have been involved in shipping ecstasy in significant quantities from Europe, often via Spain and the Caribbean, to the USA.<sup>17</sup> Some groups were also organized by European expatriates who lived in the Dominican Republic and hired European couriers to buy the drugs in the Netherlands and then traffic them to final destinations in the USA.<sup>18</sup> Nonetheless, the overall importance of these groups from the Dominican Republic appears to have declined following the dismantling of several such networks.

As the North American market has become more risky and competition from Asian groups more fierce, some Israeli criminal groups seem to have shifted their activities to smuggling ecstasy to the Oceania region.<sup>19</sup> Criminal British and Dutch groups have also been involved in these activities for many years. The main 'embarkation' countries in 2004/05 for shipments of ecstasy to Australia were mostly located in West and Central Europe (Italy, Poland, Belgium and the Netherlands), South-East Asia (Indonesia and Malaysia) and North America (Canada).<sup>20</sup> The importance of all of these transshipments may decline as domestic ecstasy production within the Oceania region increases.

The largest ecstasy seizures in 2005 were reported by Australia (27 %), followed by the USA (14 %), the Netherlands (12 %), the UK<sup>21</sup> (9 %), Canada (6 %), Belgium (5 %) and China (4 %).

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<sup>16</sup> UNODC, Annual Reports Questionnaire.

<sup>17</sup> UNODC, *World Drug Report 2006*, June 2006.

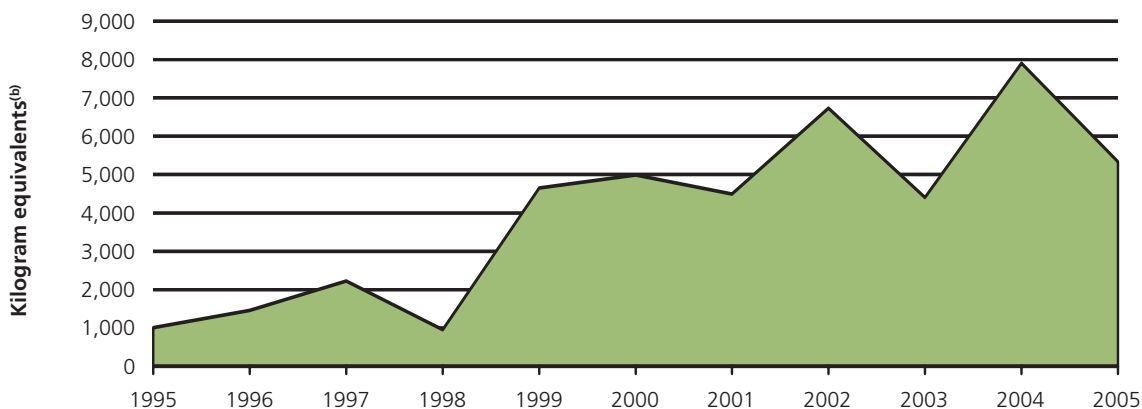
<sup>18</sup> US Drug Enforcement Agency (DEA), Press Release, 'Federal Jury Convicts Dominican Republic-Based Ecstasy Trafficker of Conspiracies to Distribute and Import Millions of Dollars of Ecstasy Pills', June 5, 2006.

<sup>19</sup> In April 2007, one such ecstasy trafficking ring, organized by an Israeli group, was dismantled in Australia (see ABC, 'AFP says \$37m ecstasy haul will reduce supply', April 23, 2007; Jerusalem Post, 'Israeli suspected in Ecstasy smuggling', April 23, 2007).

<sup>20</sup> Australian Crime Commission, *Illicit Drug Data Report 2004/05*, Canberra 2006.

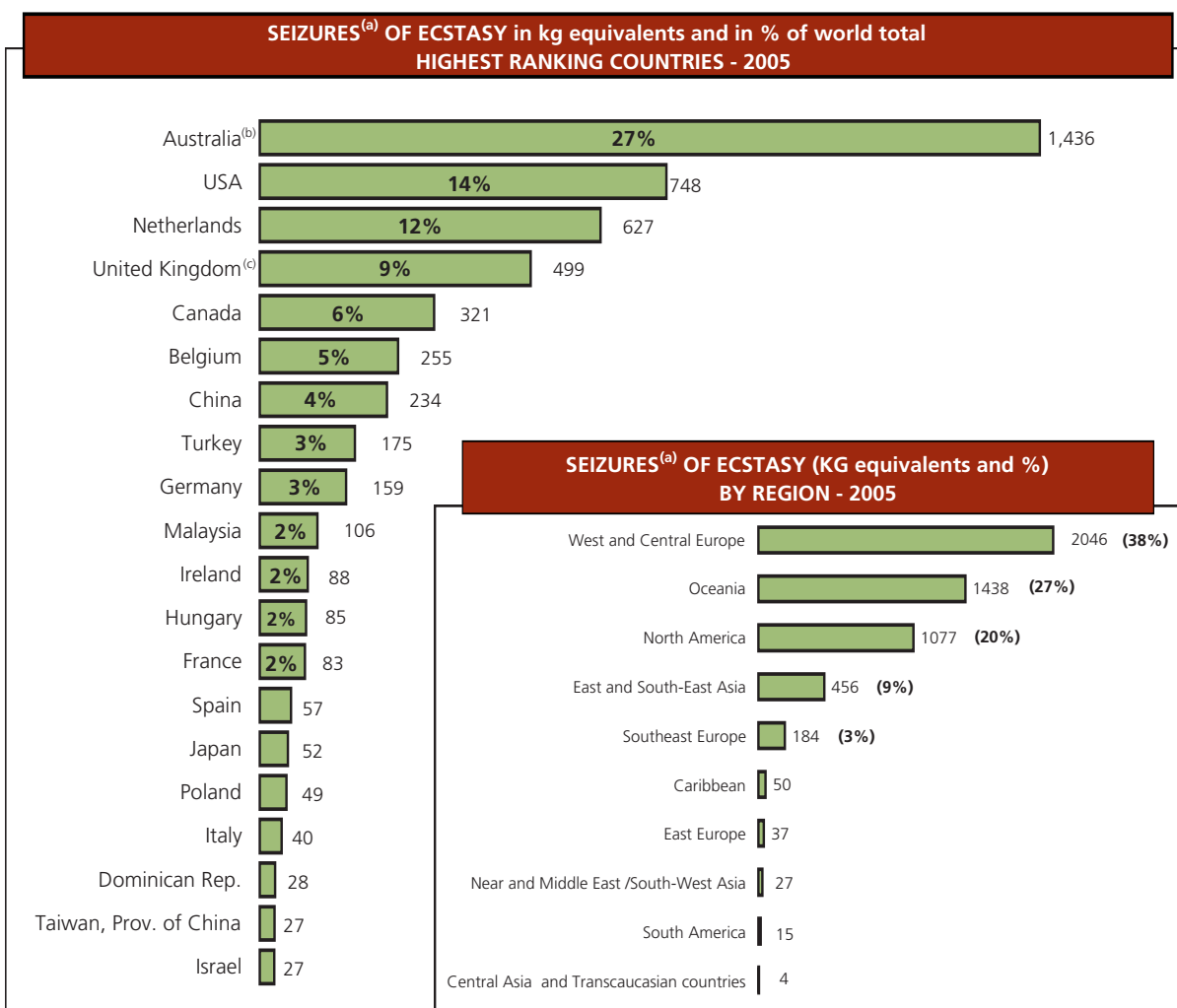
<sup>21</sup> Data for the UK refer to 2004; 2004 data are used as proxy for 2005 seizures.

Fig. 124: Global seizures of ecstasy<sup>(a)</sup>, 1995 - 2005



<sup>(a)</sup> Separate reporting of 'Ecstasy' seizures only started with the new ARQ. Before, Ecstasy seizures were included under the category of 'hallucinogens'. Trend data shown above refer to the broader category for 1995-1999 and for Ecstasy for 2000-2005. Over the 2000-2005 period, Ecstasy accounted for 93% of the broader category.

<sup>(b)</sup> 1 unit is assumed to be equivalent to 100mg of MDMA.

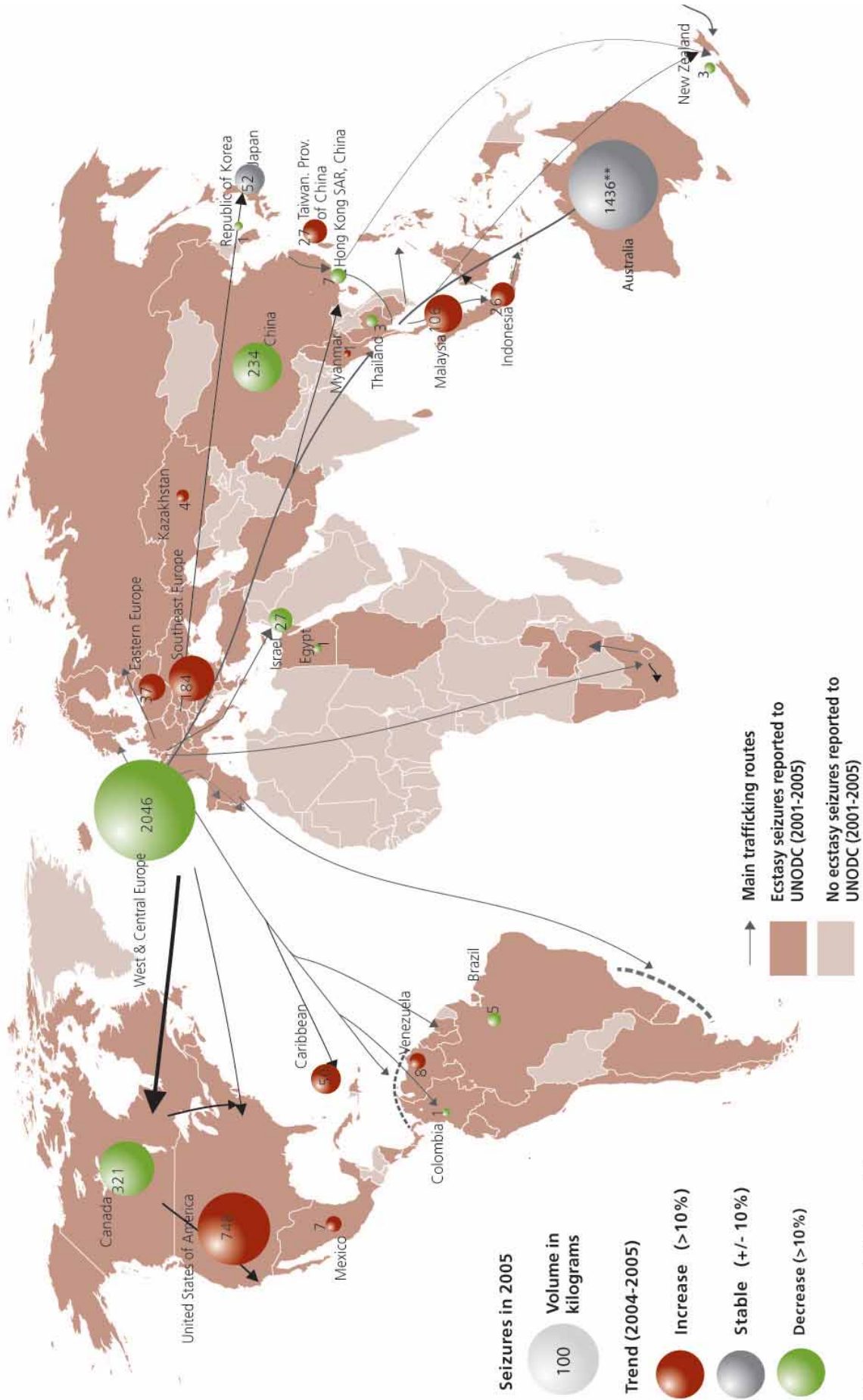


<sup>(a)</sup> Seizures as reported (street purity); units converted into weight equivalents (100mg / unit)

<sup>(b)</sup> total seizures reported by national as well as state & territory law enforcement agencies which may result in double counting.

<sup>(c)</sup> data refer to 2004.

Map 21: Trafficking in ecstasy, 2005 (countries reporting seizures\* of more than 1 kg)



\* Seizures as reported (street purity)

\*\* sum of seizures reported by national, State & Territory law enforcement agencies.

## 1.5.4 Abuse

### Amphetamines and related synthetic stimulants

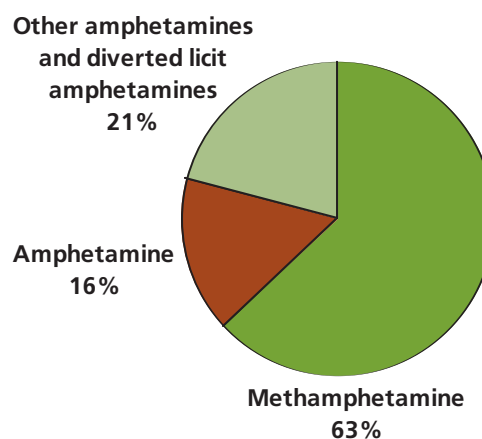
#### Methamphetamine consumption dominates ATS abuse at the global level

For 2005, UNODC estimates suggest that close to 25 million people in the world, or an equivalent of 0.6 per cent of the population aged 15-64, consume amphetamines. This is a higher number than those consuming cocaine or heroin. The total estimates have not changed much in comparison to 2004 or the beginning of the new millennium.

In terms of the actual substances used, only a tentative breakdown is possible as most countries do not differentiate in detail whether drug users take methamphetamine, amphetamine or other stimulants. However, Member States have repeatedly reported distinct regional characteristics to UNODC, which help establish reasonable orders of magnitude at the regional level. As an example, the information available suggests that amphetamines users in East and South-East Asia consume primarily methamphetamine while users in Europe take primarily amphetamine (with a few exceptions, notably the Czech Republic where methamphetamine is the preferred substance). Household surveys show that about half of the stimulant users in North America use methamphetamine. 'Captagon' use, which is widespread in the Near East, basically reflects the use of amphetamine (often in combination with caffeine). In contrast, users of amphetamines in South Africa and in North Africa, seem to lean more towards methamphetamine. In addition, information available indicates that in most parts of South America, Central America, the Caribbean, in western, central and eastern Africa as well as in some parts of southern Africa and Asia, the amphetamines markets consist primarily of various diverted pharmaceutical preparations.

UNODC statistics take all of this information into consideration and suggest that there are between 15 and 16 million methamphetamine users worldwide, i.e. a similar number as heroin or cocaine users at the global level. The number of amphetamine users is estimated to be lower, at around 4 million people. A further 5 million people are estimated to consume various diverted pharmaceutical preparations or other illegal stimulants, such as methcathinone. Again, it is important to recall that these are only tentative estimates based on information made available to UNODC by Member States. Furthermore, one should be aware that the actual numbers for the individual substances could be slightly higher as poly-drug use is known to be common, and could well extend to ATS consumption as well.<sup>1</sup>

**Fig. 125: Users of 'amphetamines' – tentative breakdown by substance (N = 24.8 million)**



**South-East Asia continues to be the world's largest amphetamines market, followed by North America and Europe**

Some 14 million people, or 55 per cent of the world's amphetamines users are estimated to live in Asia.<sup>2</sup> While

<sup>1</sup> For statistical reasons, this applies in particular to 'amphetamine' and to the category of 'other amphetamines and diverted amphetamines', but less for methamphetamine.

<sup>2</sup> The figure for Asia is slightly lower as compared to the estimate published a year earlier (15.2 million). The difference was mainly due to results from the national household survey from Indonesia, conducted in 2005 (See National Narcotics Board Indonesia, *National Survey of Illicit Drug Use and Trafficking among Household Groups in Indonesia, 2005*). The estimate, showing an annual prevalence rate of 0.2 per cent of methamphetamine use among the general population aged 10-60, turned out to be lower than previous estimates (see UNODC, *Patterns and Trends of Amphetamine-type Stimulants (ATS)*, Bangkok 2006).



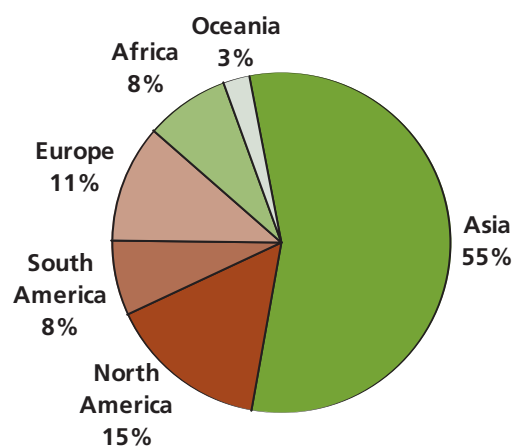
most are methamphetamine users in East and South-East Asia, this sub-region alone accounts for 97 per cent of all amphetamines use in Asia. The total number of amphetamines users in North America is estimated at around 3.8 million people<sup>3</sup> and in Europe at 2.8 million people, whereby North America would account for 15 per cent and Europe for 11 per cent of the total global figure.

The number of amphetamines users in Africa is estimated at 2.1 million and in South America (including the Caribbean and Central America) at 1.9 million people, each region accounting for some 8 per cent. About 0.6 million people use amphetamines in Oceania, which is 3 per cent of the world total.

For years, Thailand used to have the world's highest methamphetamine prevalence figures, but this changed following the market crack-down in 2003. Based on survey results in 2005, the highest prevalence rates worldwide are now found in the Philippines. This prompted the authorities in 2005 and 2006 to take

severe measures against domestic methamphetamine production and intensify prevention and treatment efforts. Although falling, the second highest prevalence rates have been reported from Australia.

**Fig. 126: Breakdown of amphetamines users by region (N = 24.8 million)**



**Table 14: Annual prevalence of amphetamines use, 2005 or latest year available**

	Number of users	In per cent of population 15-64 years
EUROPE	2,750,000	0.5
West and Central Europe	2,220,000	0.7
South-East Europe	180,000	0.2
Eastern Europe	350,000	0.2
AMERICAS	5,710,000	1.0
North America	3,790,000	1.3
South America	1,920,000	0.7
ASIA	13,700,000	0.5
OCEANIA	620,000	2.9
AFRICA	2,100,000	0.4
<b>GLOBAL</b>	<b>24,890,000</b>	<b>0.6</b>

■ Above global average

■ Around global average

■ Below global average

Sources: UNODC, Annual Reports Questionnaire data, Government reports, reports of regional bodies and UNODC estimates.

<sup>3</sup> This figure of 3.8 million is higher than the figure quoted in last year's *World Drug Report* (3.2 million). The difference is entirely due to methodological improvements. In fact, amphetamines use, including methamphetamine use, is showing a downward trend in the USA and thus in North America as a whole. A review of the accuracy of results obtained via the US household surveys found that questions of people's methamphetamine use under the heading of 'prescription drugs' (as had been done to date) leads to under-reporting. Many people, even when taking methamphetamine, do not associate their methamphetamine consumption with the use of a prescription drug, as the question dated back to the time when methamphetamine was still a prescription drug in the USA. However, over the years it ceased to be a diverted prescription drug and is now only produced in clandestine laboratories, the reason why the question has become misleading. In order to improve the accuracy of the results, people who had not replied positively to the use of methamphetamine as a prescription drug, were asked for a second time, and outside the context of prescription drugs, whether they had taken methamphetamine. Furthermore, some typical street names were added to the definition in the question: "Methamphetamine, also known as crank, ice, crystal meth, speed, glass, and many other names, is a stimulant that usually comes in crystal or powder forms. It can be smoked, snorted, swallowed or injected. Have you ever, even once, used methamphetamine?" This second question (which had not existed in the past) raised the annual prevalence rate of methamphetamine use among those aged 12 and above quite substantially, from 0.5 per cent (before the second question was added in 2005) to 0.8 per cent (after the second question was added in 2005). Hence, the total stimulants use increased from 1.1 per cent to 1.4 per cent in 2005. (See Substance Abuse and Mental Health Services Administration (SAMHSA). Results from the 2005 *National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-30, DHHS Publication No. SMA 06-4194). Rockville, MD, Sept. 2006; <http://www.oas.samhsa.gov/nsduh/2k5nsduh/AppB.htm#TabB-6>). UNODC now uses these higher figures for methamphetamine and stimulants use for the USA, which consequently also raised the figures for North America as a whole.



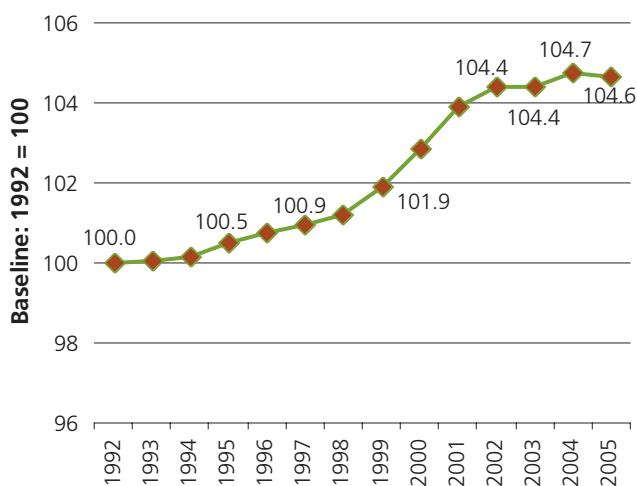
At the sub-regional level, the highest annual prevalence rates of amphetamines use are reported by the countries in the Oceania region (2.9 per cent), followed by North America (1.3 per cent), East and South-East Asia (0.9 per cent) and West and Central Europe (0.7 per cent). The average annual prevalence rate in Africa is estimated at 0.4 per cent. The highest prevalence rates in the Oceania region are reported by Australia, in Europe by the UK, Denmark and Estonia, in North America by the USA, in Central America by El Salvador, in South America by Brazil, and in Africa, at lower levels, by Nigeria (and some other West African countries), South Africa and Egypt.

Following increases in the 1990s, amphetamines use is now stabilizing at the global level...

Both the estimates of the total number of amphetamines users, as well as trend data provided by experts, suggest that amphetamines use has started to stabilize in recent years, following a strong increase in the 1990s.

Most of the increase in the 1990s was due to rapidly rising use of amphetamines in Asia, notably in East and South-East Asia. Increases in Europe and North America also contributed to the global rise of the 1990s, albeit to a lesser extent. The stabilization over the last few years is therefore a global phenomenon.

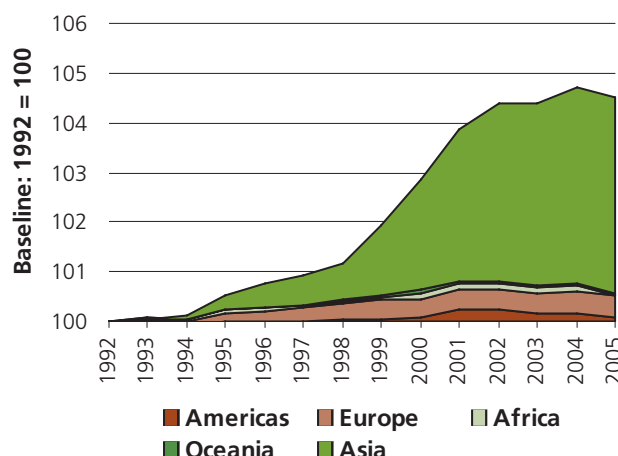
**Fig. 127: Amphetamines use trends\* as perceived by experts: 1992-2005**



\* Note: Trends as reported by national experts in response to UNODC's Annual Reports Questionnaire. Points allocated for trend data: 'strong increase' 2; 'some increase': 1; 'stable': 0; 'some decline' - 1; 'strong decline' -2. Reported drug use trends were weighted by the proportion of amphetamines users in a country expressed as a percentage of global amphetamine use. If all countries had reported 'some increase', the global trend line would have increased by one point each year and would have reached 113 by 2005.

Sources: UNODC, Annual Reports Questionnaire Data, UNODC Field Offices, UNODC's Drug Abuse Information Network for Asia and the Pacific (DAINAP), UNODC, Global Assessment Programme on Drug Abuse (GAP), Government reports, EMCDDA, CICAD, HONLEA reports and local studies.

**Fig. 128: Amphetamines use trends\* as perceived by experts: regional contribution to global change: 1992-2005**



Sources: UNODC, Annual Reports Questionnaire Data, UNODC Field Offices, UNODC's Drug Abuse Information Network for Asia and the Pacific (DAINAP), UNODC, Global Assessment Programme on Drug Abuse (GAP), Government reports, EMCDDA, CICAD, HONLEA reports and local studies.

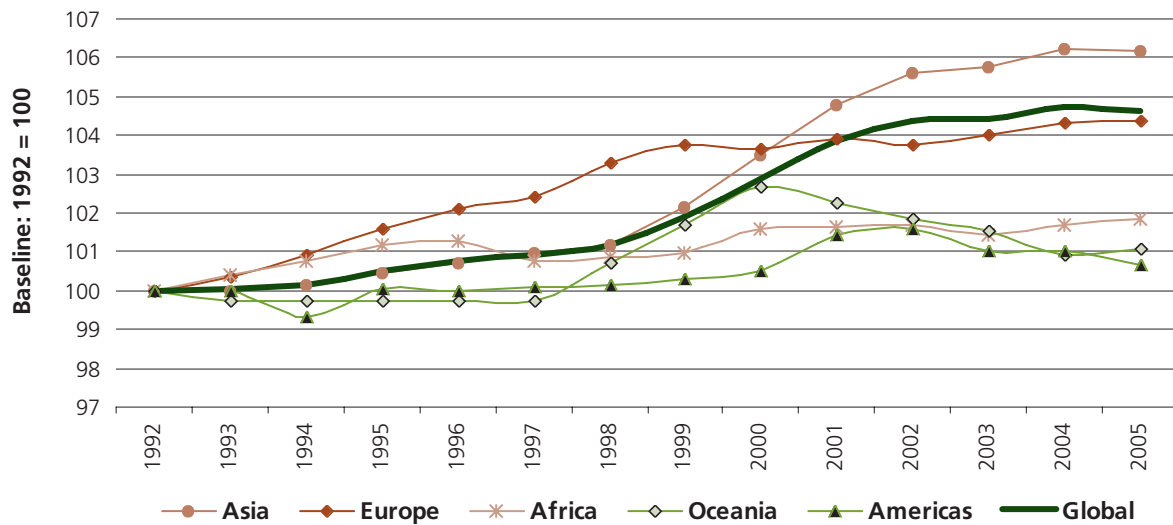
When analyzing changes in the individual regions during the period 1992-2005, trend data show that growth rates were highest in the Asia region and below average in all other regions. However, following strong increases in the 1990s, growth in the Asia region has come to a halt and the Oceania region and the Americas even experienced some declines in recent years. In Europe, while the amphetamines use grew above average in the 1990s, over the last years it has followed the global average and in fact always remained slightly below it. However, in Africa amphetamines use has grown in recent years, albeit from relatively low levels, and the overall increases during the 1992-2005 period have been clearly below the global average.

**Amphetamines use is falling in North America**

The most significant shift has been the downward trend of amphetamines use in North America, reflecting reports from the USA. This downward trend follows many years of continued spread of methamphetamine abuse in the USA, from the Pacific towards the rest of the country.

The downward trend among US students started around 1997 and became more pronounced after 2002. While the annual prevalence of amphetamines use (covering both methamphetamine and amphetamine use) among high school students declined over the 1997-2006 period by a third, the decline between 2002 and 2006 amounted to almost 30 per cent. Lower levels of use went hand in hand with reports of lower availability and a higher risk perception linked to the use of such substances.

**Fig. 129: Amphetamines use trends\* as perceived by experts – changes in regions, 1992-2005 (baseline: 1992=100)**



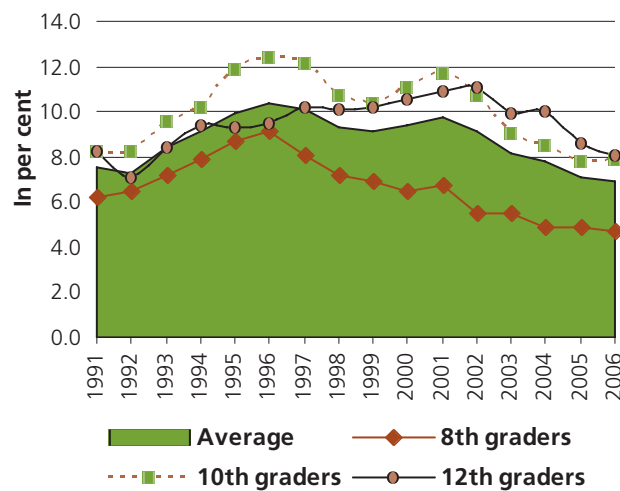
Sources: UNODC, Annual Reports Questionnaire Data, UNODC Field Offices, UNODC’s Drug Abuse Information Network for Asia and the Pacific (DAINAP), UNODC, Global Assessment Programme on Drug Abuse (GAP), Government reports, EMCDDA, CICAD, HONLEA reports and local studies.

The decline in methamphetamine consumption was even more pronounced among high school students in the USA, and fell by more than 37 per cent over the 2002-2006 period, or by 60 per cent between 1999 and 2006. Similar declines were also reported by high school students in Ontario, Canada (down 56 per cent between 1999 and 2005), clearly showing that raising risk awareness in combination with policies to reduce supply (mainly due to improved precursor controls) have had a positive impact.

The downward trend among the general population in the USA, as reflected in household survey data, began after 2002. Between 2002 and 2005 amphetamines use fell by more than 20 per cent, from an annual prevalence rate of 1.4 per cent in 2002 to 1.1 per cent among those aged 12 and above in 2005.

Meanwhile, workplace testing results had indicated an upward trend until 2004<sup>4</sup>, but a clear downward trend has been observed here as well since mid-2005. This was observed notably in the Pacific and in central western states where abuse levels were normally the highest. The overall proportion of those testing positive for amphetamines use among the US workforce declined by almost 20 per cent between 2004 and 2006, from 0.52 per cent in 2004 to 0.48 per cent in 2005 and 0.42 per cent in 2006.

**Fig. 130: Annual prevalence of amphetamines (methamphetamine/amphetamine) use among high-school students in the USA**



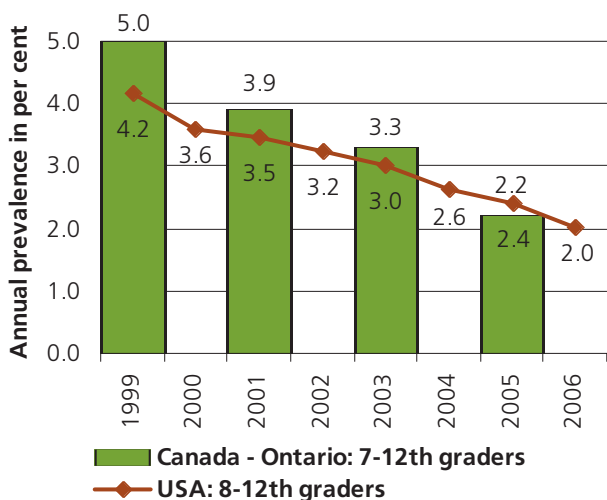
Source: NIDA, *Monitoring the Future, Overview of Key Findings in 2006*, Bethesda Maryland, May 2007.

Nevertheless, the positive trends reported from the USA and Canada have been partly offset by reports of rising methamphetamine abuse in Mexico. This seems to reflect growing methamphetamine production there and, although the bulk of the methamphetamine pro-

<sup>4</sup> The following reasons may have been responsible for why trends according to household survey data and drug testing data at the workplace differed for few years:

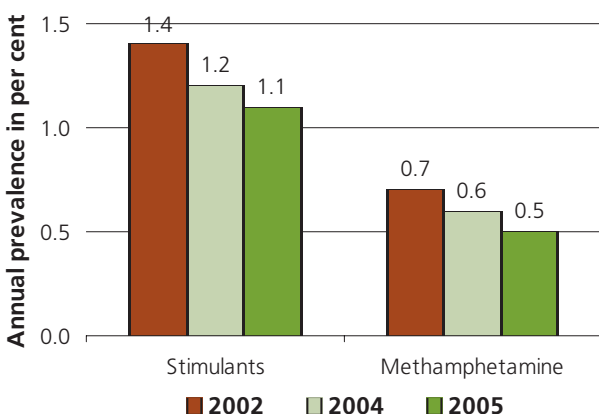
- there has been a clear expansion of drug testing across the USA which helped to improve the national coverage;
- the quality and reliability of drug tests has improved;
- a growing demand for labour, related to a strong growth of the US economy, enabled many people (including drug users) to join the workforce who in previous years may have remained unemployed.
- While this has improved the accuracy and reliability of current results, it may have made direct comparisons more difficult.

**Fig. 131: Annual prevalence of methamphetamine use among high school students in the USA and in Ontario (Canada), 1999-2006**



Sources: CAMH, *Drug Use among Ontario Students, 1997-2005*, Toronto 2005 and NIDA, *Monitoring the Future, Overview of Key Findings in 2006*, Bethesda Maryland, May 2007.

**Fig. 132: Annual prevalence of stimulants/methamphetamine use in the USA among the population age 12 and above**



Source: SAMHSA, *2005 National Survey on Drug Use and Health*, 2006 and previous years

duced in Mexico is destined for the US market, the small proportion remaining in the country has been sufficient to increase local availability, thereby fuelling domestic demand.

**... and has stabilized in Europe**

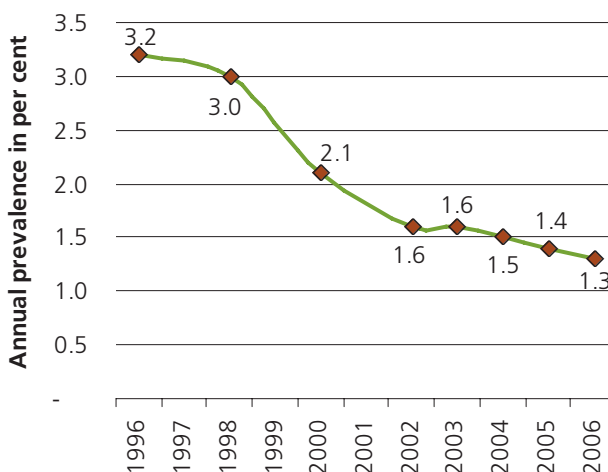
Following many years of significant increases, amphetamine use in Europe has now stabilized. In 2005, 19 European countries reported a stabilization of amphet-

amine use, 6 reported an increase and 6 reported a decrease in amphetamine use. Increases in amphetamine use are now concentrated in South-Eastern Europe, while most of Western Europe shows stable or falling levels of amphetamine use.

The most significant downward trend, starting in the mid-1990s, was reported from Europe's largest amphetamine market, the United Kingdom. The annual prevalence of amphetamine use in England and Wales fell from 3.2 per cent in 1996 to 1.4 per cent in 2005 and 1.3 per cent in 2006, a decline equivalent to about 60 per cent for the population aged 16-59. The increased prevention efforts as well as measures to limit supply seem to have been behind this success. According to a study by the EMCDDA, this was also made possible by the UK allocating the third largest expenditures per capita and percentage of GDP to fighting drug abuse among the countries of the European Union (after the Netherlands and Sweden)<sup>5</sup>. While this significant availability of funds to fight the drug problem showed positive results, some of the progress made in reducing amphetamines use in the UK was offset by rising levels of cocaine use. Nonetheless, the overall decline in amphetamine use over the last decade turned out to be stronger than the increase in cocaine.

Significant successes have been also achieved in Sweden, Europe's first ATS market which developed between the 1940s and the 1960s.<sup>6</sup> Life-time prevalence rates among

**Fig. 133: England and Wales: annual prevalence of amphetamine use among the general population, aged 16-59**



Source: Home Office, *Drug Misuse Declared: Findings from the 2005/06 British Crime Survey*, London, Oct. 2006.

<sup>5</sup> This includes expenditure on both the supply and the demand side. Drug related expenditure amounted to 68 in the UK or 0.35 per cent of GDP, more than twice the EU average (0.15 per cent). Higher levels have been only reported by the Netherlands (139 per capita or 0.66 per cent of GDP) and Sweden (107 per capita or 0.47 per cent of GDP). (See EMCDDA, *Public Expenditure on Drugs in the European Union, 2000-2004*).

<sup>6</sup> UNODC, *Sweden's successful Drug Policy: A Review of the Evidence*, (February 2007).

military recruits declined by more than 50 per cent between 2000 and 2005 and Sweden's amphetamine prevalence rates among the general population, which used to be some of the highest, are now among the lowest in Europe.

#### A trend towards stabilization is reported from Asia

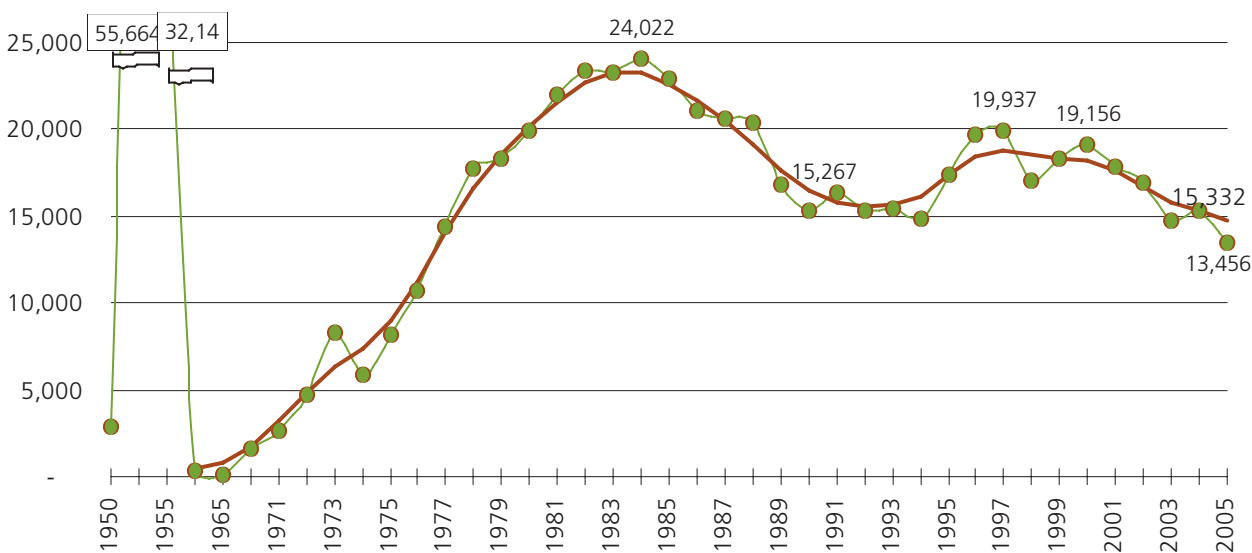
In 2005, the number of Asian countries reporting an increase in amphetamines use declined to 15, while the number of countries reporting stable or declining amphetamines use increased to 16. A year earlier, 20 Asian countries had reported an increase and only 12 countries saw a stable or declining trend. Once the reported trends are weighted by the amphetamines using population, the net result shows a (marginal) decline. This stabilization followed years of uninterrupted growth over the last decade in the Asia region.

Increases in amphetamines use are mainly reported by countries of western and southern Asia. In contrast, countries of East and South-East Asia, which account for the bulk of all amphetamines use in Asia, report a stabilization or even a marginal decline.<sup>7</sup>

Following strong increases in the 1970s, early 1980s and late 1990s, all data for Japan, Asia's most lucrative methamphetamine market, suggest that methamphetamine abuse stabilized or even declined slightly in recent years. The life-time prevalence rate of methamphetamine was reported to have amounted to 0.4 per cent of the population aged 15 and above in 2003, but fell to 0.3 per cent by 2005.

In 2005, a continued decline in methamphetamine abuse (methamphetamine pills or 'yaba') was reported by Thailand. This followed a forceful intervention by the Thai authorities in the market in 2003, which resulted in a decline in methamphetamine abuse, but unfortunately also in a significant number of casualties. The 2001 household survey showed that Thailand had a prevalence rate of 2.4 per cent of the population aged 12-65 and thus the world's most serious methamphetamine problem at the time, despite also having reported the world's largest ATS seizures for many years. In 2003, a subsequent household survey found far lower prevalence rates (0.2 per cent)<sup>8</sup>. However, these data may have been influenced by police operations, resulting in a likely underestimate as respondents were influenced by

**Fig. 134: Reported violations against the Stimulants Law in Japan, 1950-2005**



	1950	1954	1955	1960	1965	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Arrests	2,917	55,664	32,140	299	152	1,618	2,634	4,709	8,301	5,919	8,218	10,678	14,447	17,740	18,297	19,921	22,024	23,365	23,301	24,022	22,980	21,052	20,643	20,399	16,866	15,267	16,330	15,311	15,495	14,896	17,364	19,666	19,937	17,084	18,285	19,156	17,912	16,964	14,715	15,296	13,456
Trend				458	794	1,715	3,223	4,837	6,335	7,354	8,955	11,225	14,077	16,590	18,520	20,168	21,582	22,743	23,298	23,227	22,559	21,647	20,520	19,170	17,656	16,434	15,834	15,527	15,621	16,154	17,405	18,398	18,779	18,502	18,354	18,212	17,664	16,733	15,731	15,332	14,691

Sources: Ministry of Health and Social Welfare, National Police Agency of Japan and UNODC, Annual Reports Questionnaire Data.

<sup>7</sup> However, there are some differences in sources and in reporting to UNODC and this issue will be examined further in the future.

<sup>8</sup> UNODC (Regional Centre for East Asia and the Pacific), *Patterns and Trends of Amphetamine-type Stimulants (ATS) and Other Drugs of Abuse in East Asia and the Pacific 2005*, Bangkok 2006.

<sup>9</sup> This could be seen by a massive decline in reported life-time prevalence rates of methamphetamine use, from 7.8 per cent in 2001 to 2.4 per cent in 2003, which is not likely to reflect the reality as many people were afraid to admit that they were methamphetamine users at the time.

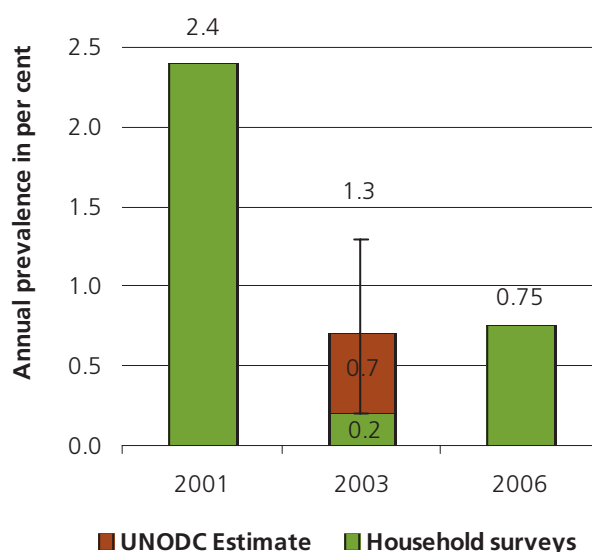
the then ongoing 'war on drugs'.<sup>9</sup> Taking all available information into account, UNODC estimated that the actual values were probably closer to 0.7 per cent,<sup>10</sup> which would still represent a significantly lower rate than what was reported in 2001. The upper limit of the UNODC estimate for 2003 was around 1.3 per cent (based on rapid assessment findings of changes in drug abuse in the first few months of the 'war on drugs'). A new household survey conducted in 2006 found an annual prevalence of 0.75 per cent, which appears more realistic.

There is no doubt that the methamphetamine situation in Thailand is far better today than it was at the peak of the methamphetamine epidemic in 2001. Whether the situation will continue to improve or not is less certain. Seizures of methamphetamine pills ('yaba') point to an ongoing reduction of trafficking, which could indirectly lead to an ongoing reduction of abuse. However, seizures of crystal methamphetamine are rising, albeit from low levels. The information derived from the demand for methamphetamine-related treatment is even more complex. In 2003, following the authorities' intervention on the methamphetamine market, there was a massive increase in demand for treatment which helped eliminate a large number of potential consumers from the market. The methamphetamine treatment demand then dropped to below average levels in 2004, as was to be expected, but increased again in 2005 before stabilizing in 2006. In the meantime, there is no other Asian country that devotes as many resources as Thailand does to the treatment of methamphetamine dependent persons.

Simultaneously, reports suggest that increased trafficking via the Lao PDR and Cambodia may have started to partly offset the declines in direct trafficking of methamphetamine from Myanmar into Thailand. Both the Lao PDR and Cambodia are already reporting rising levels of methamphetamine abuse as a consequence of increasing trafficking activities through their territories. Increases have also been reported from Vietnam.

In the Philippines, the latest national household surveys conducted between September 2004 and January 2005, of 12,000 people between ages of 10 and 44, are still being reviewed by the authorities and their results have yet to be officially released. However, preliminary results have been made available<sup>11</sup> to UNODC and would indicate that the Philippines could be facing an annual prevalence rate of methamphetamine use of

**Fig. 135: Thailand: annual prevalence of methamphetamine abuse, 2001-2006**



Sources: UNODC, Annual Reports Questionnaire Data; UNODC, *Patterns and Trends of Amphetamine-type Stimulants (ATS) and Other Drug of Abuse in East Asia and the Pacific 2005*, June 2006 and UNODC, Drug Abuse Information Network for Asia and the Pacific (DAINAP).

around 6 per cent of the population age 15-64.<sup>12</sup> These estimates suggest that the Philippines has currently the world's highest methamphetamine prevalence rate. Given the likely extent of the problem, as highlighted in the *World Drug Report 2006*, the Philippine authorities have intensified their fight against methamphetamine production, trafficking and abuse. For 2005, the Philippine authorities have reported methamphetamine abuse levels as stable.

A stable trend was also reported by Malaysia, Singapore and China. China appears as one of the world's largest methamphetamine markets, despite the methamphetamine prevalence rates of China being lower than in several of the other South-East Asian countries. The number of registered ATS users exceeded 50,000 in 2005 (6.7 per cent of all registered drug users in 2005)<sup>13</sup>, but this number is likely to constitute only a fraction of the total number of ATS users in that country. Although China has not undertaken any national drug-related household survey to date, it has an elaborate system of registering drug users which helps identify abuse patterns. As an example, the system revealed that ATS abuse differs quite substantially across China, with the highest percentage of registered drug abusers reported from the provinces of Heilongjian (80 per cent), Jilin (62 per cent) and Liaoning (30 per cent), i.e. provinces

<sup>10</sup> UNODC, *World Drug Report 2006*, June 2006.

<sup>11</sup> UNODC, *Patterns and Trends of Amphetamine-Type Stimulants (ATS) and Other Drugs of Abuse in East Asia and the Pacific 2005*.

<sup>12</sup> UNODC, *World Drug Report 2006*, June 2006, Vol. II.



of north-eastern China, close to the Democratic Republic of Korea. The proportion of ATS in north-eastern China accounted for 52 per cent of registered drug users in 2005 and thereby proportionally exceeds the levels of opiate users. Other provinces of importance for ATS abuse are Hunan province in south-eastern China (8 per cent), located next to Guangdong province (where the largest numbers of clandestine laboratories were found in recent years) as well as the provinces close to Shanghai along the East Chinese sea, Jiangsu province (7 per cent) and Zhejiang province (5 per cent).<sup>14</sup> The latter province borders Fujian province, another location of clandestine methamphetamine manufacture in China. However, in 2005, in contrast to previous years which had been characterized by rapidly growing ATS abuse, the Chinese authorities reported a stabilization of amphetamines use.

Authorities of Indonesia reported some decline of methamphetamine abuse to UNODC in their replies to the Annual Reports Questionnaire. This was in line with the results of the first national survey<sup>15</sup> conducted in Indonesia in 2005, which revealed a methamphetamine prevalence rate of 0.2 per cent among the population aged 15-64, which was lower than previous estimates had suggested.

#### Ongoing stabilization/decline in the Oceania region

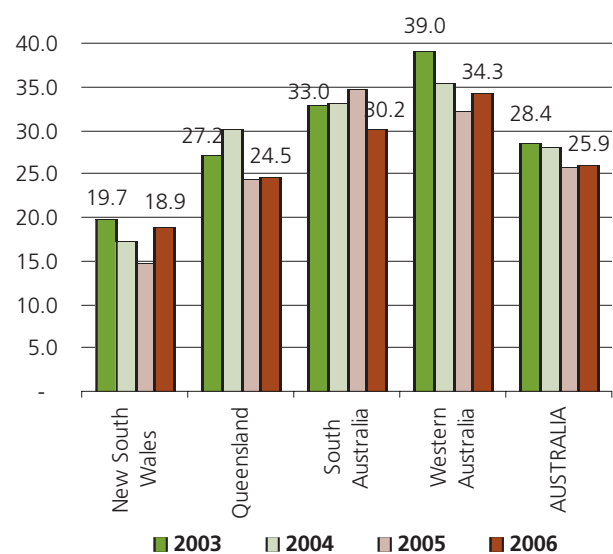
In Australia, household surveys have shown a gradual decline of methamphetamine use from an annual prevalence rate of 3.7 per cent of the population age 14 and above in 1998, to 3.4 per cent in 2001<sup>16</sup> and 3.2 per cent in 2004. Data collected through Australia's DUMA (Drug Use Monitoring in Australia) system, where arrestees in selected sites across the country are regularly tested (urine-analysis) for drug consumption within 48 hours after having entered custody, suggest that the trend towards a stabilization/moderate decline of methamphetamine use also continued in subsequent years. The proportion of the arrestees testing positive for methamphetamine declined slightly from 28.4 per cent in 2003 and 28.1 per cent in 2004 to 25.9 per cent in 2006. The decline has been most pronounced in Queensland (which traditionally has been the location of most dismantled methamphetamine laboratories), followed by sites in Western Australia and Southern

**Fig. 136: Australia: annual prevalence of amphetamines use among the population aged 14 and above**



Source: Australian Institute for Health and Welfare (AIHW), 2004 *National Drug Strategy - Household Survey 2004*, Canberra 2005.

**Fig. 137: Australia: Methamphetamine - drug use testing among arrestees in selected sites\*, 2003-06**



\* New South Wales: Bankstown and Parramatta (both Sydney)  
 Queensland: Southport and Brisbane  
 South Australia: Elizabeth and Adelaide  
 Western Australia: Perth  
 Australia: unweighted average of results from all sites

Source: Australian Institute of Criminology (AIC), Drug Use Monitoring in Australia (DUMA)

<sup>13</sup> Zhao Wanpeng (Deputy Director of International Cooperation Division, Narcotics Control Bureau, Ministry of Public Security) 'Measures Implemented in China for the prevention of Illicit Production of Synthetic Drugs and their Precursors', presentation to the Conference on Cooperation between Europe and Asia in the field of Synthetic Drugs and their Precursors, Paris 6-7 March 2007.

<sup>14</sup> National Surveillance Centre on Drug Abuse, National Institute on Drug Dependence, Peking University, 2005 Annual Report on Drug Abuse in China, Beijing 2006.

<sup>15</sup> National Narcotics Control Board, *National Survey of Illicit Drug Use and Trafficking among Household Groups in Indonesia, 2005*, Jakarta 2007.

<sup>16</sup> It must be noted though that a direct comparison of the 1998 and the 2001 household survey data in Australia could be potentially misleading as the underlying methodology for the surveys changed quite substantially during this period.



Australia. While the overall methamphetamine abuse appears to have stabilized, some data point to an increase in the use of ‘crystal ice’ as well as an increase in injecting methamphetamine.<sup>17</sup>

The stabilization of methamphetamine abuse in Australia, the largest country in the region, meant that the situation also stabilized de facto for the Oceania region as a whole. Nonetheless, individual countries showed opposing trends. For example New Zealand reported a continued rise in methamphetamine abuse in 2005, albeit from lower levels.

**Rising levels of abuse in southern Africa ...**

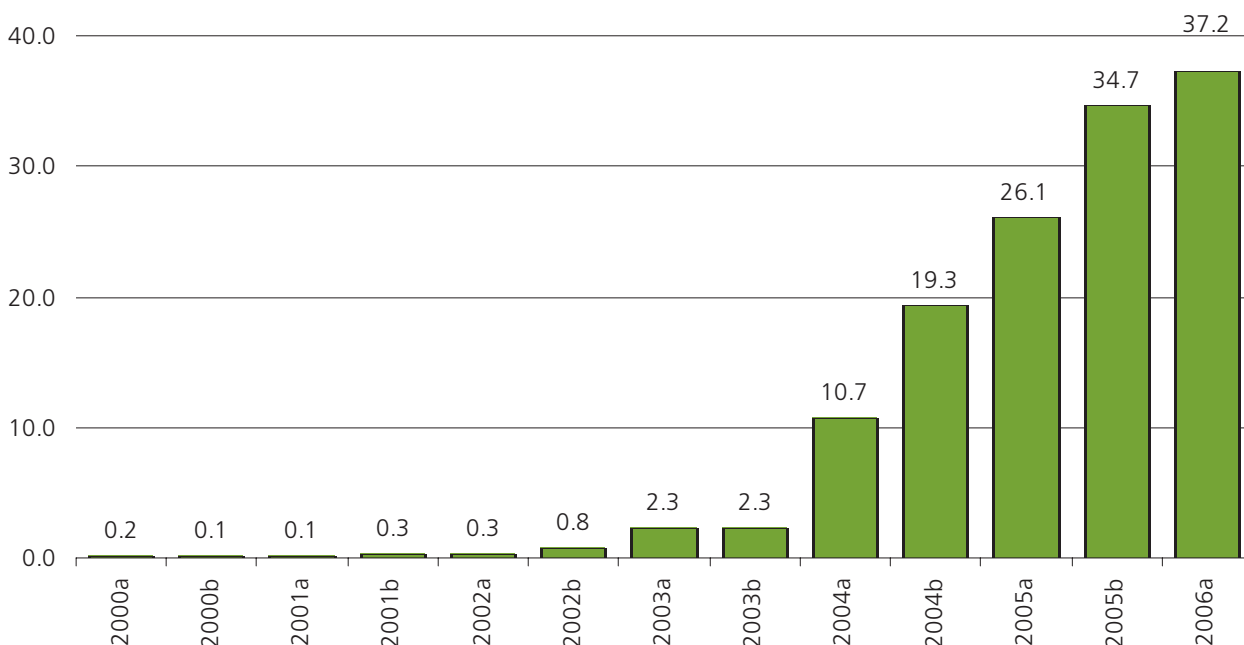
Although amphetamines use in Africa remained stable, abuse of methamphetamine is rapidly increasing in South Africa. In Cape Town, methamphetamine accounted for less than 1 per cent of all substance related treatment demand by the end of 2002, but this has risen since and over the first two quarters of 2006, the proportion amounted to 37 per cent. In other parts of the country, while abuse remains far lower, small increases could still be noted. For all the locations cov-

ered by SACENDU (Cape Town, Gauteng, Port Elisabeth, Durban, Mpulanga, and East London), the proportion of methamphetamine in total treatment demand reached 13.5 per cent over the first two quarters of 2006, an increase from less than 1 per cent in 2002.

**... and from South America**

Rising levels have also been reported from several countries of South America. Although 5 countries reported rising levels, and another 5 countries saw consumption levels stable, not a single country reported a decline in South America (including the Caribbean and Central America). Such rising levels of ATS use in South America are in line with reports of rising levels of legal ATS consumption over the last few years, which has facilitated diversion. The defined daily doses per 1000 inhabitants for legally produced Schedule-IV stimulants in the Americas amounted to more than 10 over the 2003-2005 period, up from levels around 7 over the 2000-2002 period, or rates between 1 and 2 currently in Europe or Asia.<sup>18</sup>

**Fig. 138: Cape Town (South Africa): proportion of methamphetamine as primary substance of abuse in treatment, 2000-2006**

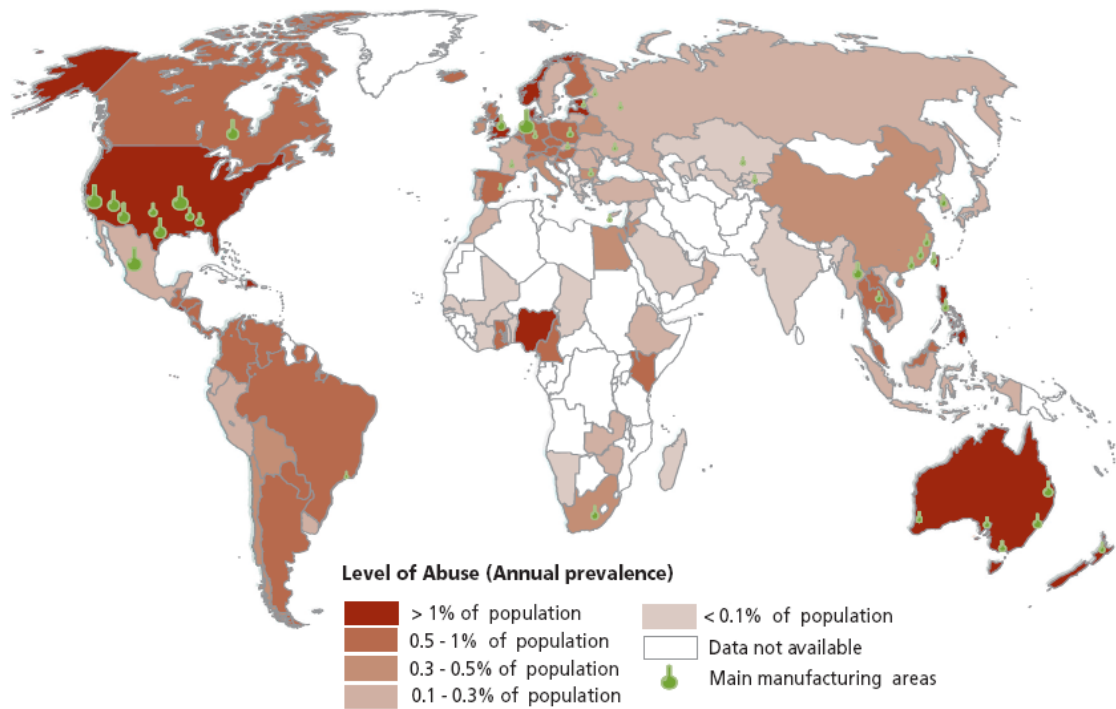


Source: SACENDU

<sup>17</sup> National Alcohol and Drugs Research Centre, University of New South Wales - presentation to UNODC, ‘Australian Drug Monitoring Systems: Overview of IDRS and EDRS’, May 2007.

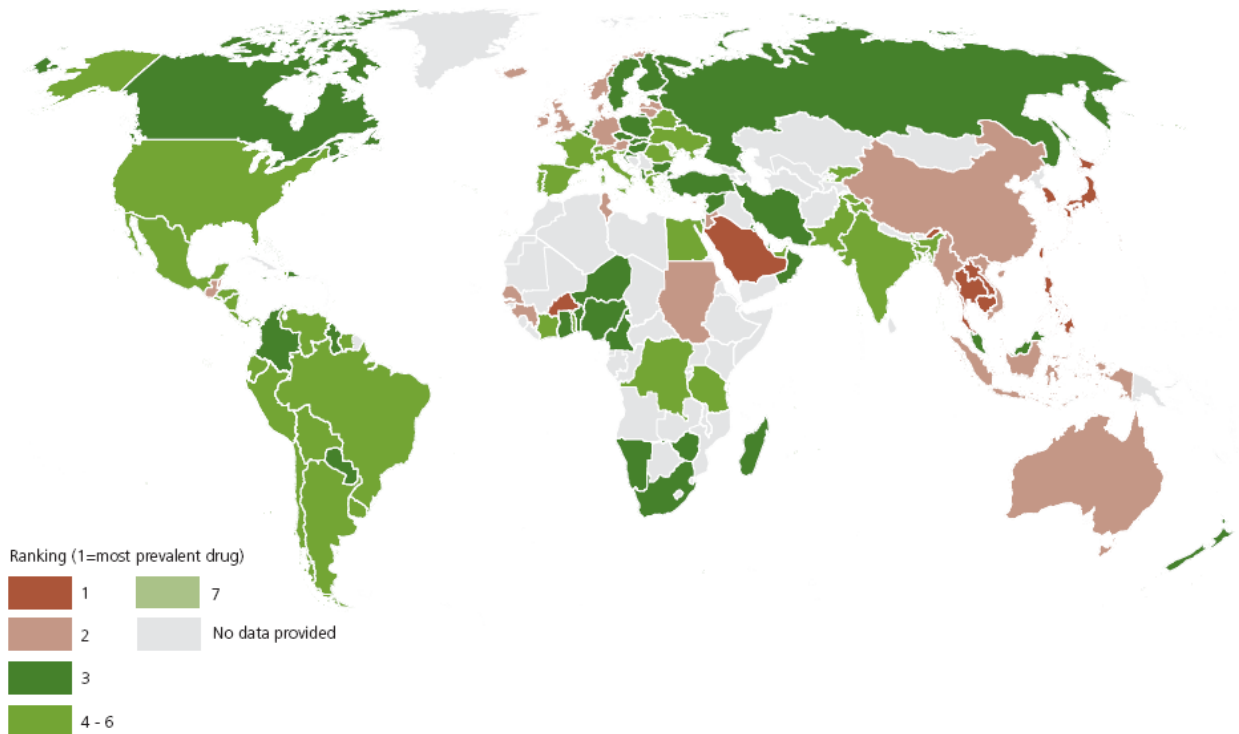
<sup>18</sup> INCB, 2006 *Psychotropic Substances*, New York 2007.

Map 22: Use of amphetamines in 2005/2006 (or latest year available)



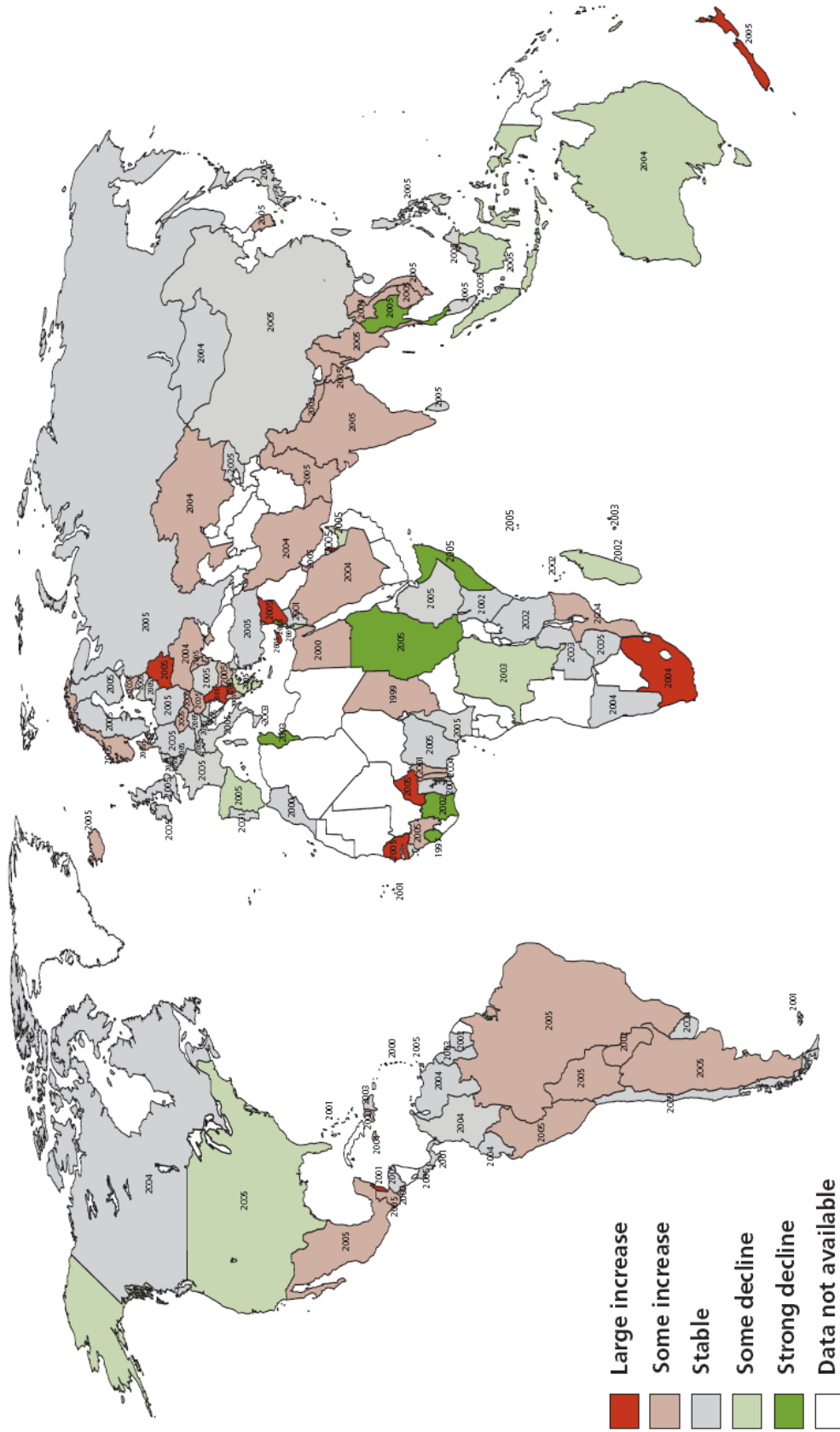
Sources: UNODC Annual Reports Questionnaires data/DELTA; Government Reports, US Department of State; European Monitoring Centre for Drugs and Drug Addiction (EMCDDA); Drug Abuse Information Network for Asia and the Pacific (DAINAP); UNODC Global Assessment Programme on Drug Abuse (GAP); Inter-American Drug Abuse Control Commission (CICAD).

Map 23: Ranking of amphetamine-type stimulants in order of prevalence in 2005 (or latest year available)



Sources: UNODC Annual Reports Questionnaires data, National Household Surveys on Drug Abuse, UNODC Rapid Assessment Studies, Council of Europe, ESPAD.

Map 24: Changes in the use of "amphetamines" (methamphetamines, amphetamine and related substances), 2005 (or latest year available)



Sources: UNODC Annual Reports Questionnaires data, UNODC (Regional Centre Bangkok) Epidemiology Trends in Drug Trends in Asia (Findings of the Asian Multicity Epidemiology Workgroup, National Household Surveys submitted to UNODC, United States Department of State (Bureau for International Narcotics and Law Enforcement Affairs) International Narcotics Control Strategy Report; Bundeskriminalamt (BKA) and other Law Enforcement Reports, UNODC Global Assessment Programme on Drug Abuse (GAP).

## Ecstasy

### Ecstasy continues to be concentrated in Western Europe and North America

Global ecstasy use is estimated to affect some 9 million people or 0.2 per cent of the population aged 15-64. There are more than 3 million ecstasy users in Europe, accounting for some 36 per cent of ecstasy users worldwide. About 90 per cent of them are located in West and Central Europe. The annual prevalence rate of ecstasy use is estimated at 0.9 per cent of the population aged 15-64 in West and Central Europe, exceeding the levels reported from North America (0.8 per cent). The lower levels of ecstasy use in North America reflect a decline in ecstasy use there over the last few years. While drug use trends of Western Europe are largely stable, ecstasy use in several East and South-East European countries continues to grow.

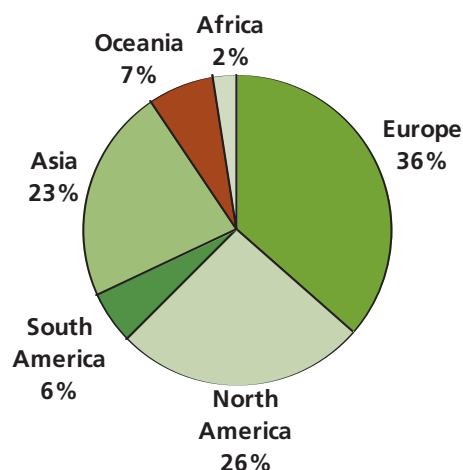
The prevalence rates are still higher in the Oceania region (3 per cent) and the ecstasy use in the Oceania region is reported to be continuing to increase. The ecstasy prevalence in Asia is still low (0.1 per cent), but notably East and South-East Asia have emerged as significant ecstasy markets over the last few years. In addition, some countries in South America have reported rising levels of ecstasy use.

### Global ecstasy consumption remains stable or declines slightly ...

Following years of massive increases in the 1990s, data

suggest that ecstasy consumption has stabilized at the global level over the last few years, or perhaps even marginally declined. This stabilization or slight decline is largely due to the significant decline reported from countries in North America.

**Fig. 139: Global distribution of ecstasy use in 2005 (total: 8.6 million people)**



Sources: Annual Reports Questionnaire data, Government reports, reports of regional bodies and UNODC estimates.

... reflecting a significant decline in North America ...

Following strong increases in the late 1990s, both school surveys and household surveys in Ontario, Canada, as well as in the USA, showed significant declines in the levels of ecstasy use since the beginning of the new mil-

**Table 15: Annual prevalence of ecstasy use, 2005 or latest year available**

	Number of users	In per cent of population 15-64 years
EUROPE	3,105,000	0.6
West and Central Europe	2,788,000	0.9
South-East Europe	201,000	0.2
Eastern Europe	116,000	0.1
AMERICAS	2,696,000	0.5
North America	2,214,000	0.8
South America	482,000	0.2
ASIA	1,940,000	0.1
OCEANIA	627,000	3.0
AFRICA	193,000	0.04
<b>GLOBAL</b>	<b>8,561,000</b>	<b>0.2</b>

■ Above global average

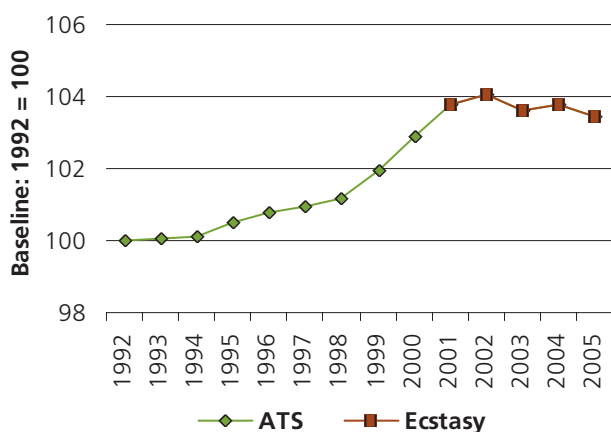
■ Around global average

■ Below global average

Sources: Annual Reports Questionnaire data, various Government reports, reports of regional Bodies and UNODC estimates.

lennium. General population surveys in the USA found a decline in the use of ecstasy from 1.3 per cent of the population aged 12 and above in 2002, to 0.8 per cent in 2005.

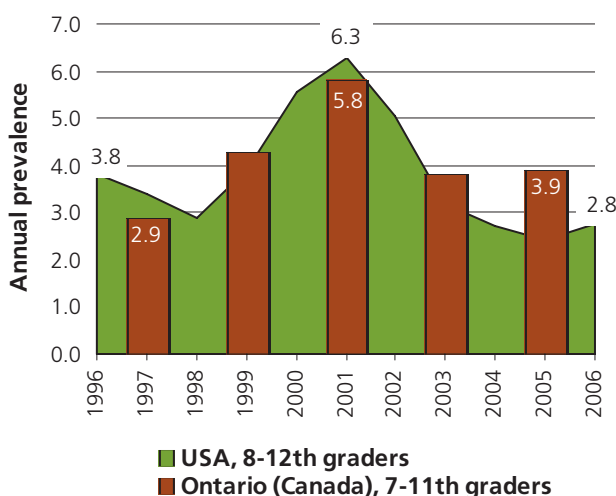
**Fig. 140: ATS/Ecstasy use trends\* as perceived by experts: 1992-2005**



\* Note: Trends as reported by national experts in response to UNODC's Annual Reports Questionnaire. Points allocated for trend data: 'strong increase' 2; 'some increase' 1; stable: 0; 'some decline' -1; 'strong decline' -2. Reported drug use trends were weighted by the proportion of ecstasy users in a country expressed as a percentage of global amphetamine use. If all countries had reported 'some increase', the global trend line would have increased by one point each year and would have reached 113 by 2005. Ecstasy trend data were collected systematically only as of 2000. As there are indications from a number of countries that ecstasy trends in the 1990s showed similar growth rates as ATS in general, the latter trends are shown in the graph for the period 1992-1999 and are thus used as a proxy for the likely ecstasy trends.

Sources: UNODC, Annual Reports Questionnaire Data, UNODC Field Offices, UNODC's Drug Abuse Information Network for Asia and the Pacific (DAINAP), UNODC, Global Assessment Programme on Drug Abuse (GAP), Government reports, EMCDDA, CICAD, HONLEA reports and local studies.

**Fig. 141: Ecstasy use among high school students in the USA and Canada**



Sources: NIDA, *Monitoring the Future – Overview of Key Findings 2006* and CAMH, *Drug Use among Ontario Students*, Toronto 2005

Ecstasy use data among high school students in the province of Ontario, Canada, showed a fall in annual prevalence levels by around one third between 2001 and 2005. In 2006, ecstasy use among US high school students was 55 per cent below the peak levels reported in 2001.

In 2006, this falling trend continued for 8<sup>th</sup> graders in the USA, though among 10<sup>th</sup> and 12<sup>th</sup> graders a small increase was again noted. Also in 2006, while availability was still perceived to be marginally declining, the risk perceptions, which had become ever more pronounced during the period 2001-2005, started to weaken again in 2006 but remained significantly higher (and availability far lower) than in 2001. Ecstasy use among US students also remained lower than a decade earlier.

... and stabilization/decline in large parts of Europe

While in the 1990s, most surveys conducted in Europe showed ever higher levels of ecstasy use, this has now changed to a general trend towards stabilization at the higher levels that were reached since. In all of Western Europe and several countries of Central Europe, prevalence data show a stabilization or even a decline in ecstasy use. This stabilization/decline can be linked to more prevention efforts and campaigns across Europe, which informed youth and young adults of the potential dangers of ecstasy consumption. Other contributing factors include a diminished popularity of the 'rave' culture as well as some successes in limiting the supply of ecstasy by making it more difficult for the operators of clandestine laboratories to obtain the necessary precursor chemicals.

**Fig. 142: Annual prevalence of ecstasy use in England and Wales, 1998-2006**

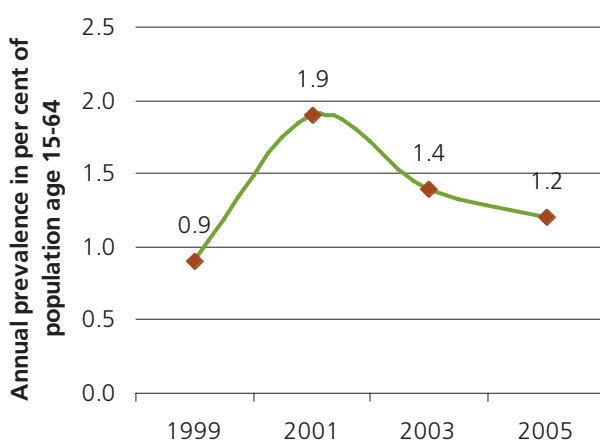


Source: Home Office, *Drug Misuse declared in the British Crime Survey*, 2005/06.

Some of the most impressive examples in this context are Spain, Europe's first ecstasy market that started to develop in the late 1980s, and the United Kingdom, which was for many years Europe's largest ecstasy market. Following massive increases in the 1990s (from just 1 per cent of the population aged 16-59 of England and Wales in 1994, to 2.2 per cent in 2002) annual prevalence rates of ecstasy use had again fallen to 1.6 per cent by 2006, i.e. by more than a quarter to approximately the same level as in 1998 (1.5 per cent). Similarly, household survey data for Spain showed increases in the 1990s and a decline by more than a third, from 1.9 per cent of the population aged 15-64 in 2001, to 1.2 per cent in 2005.

In contrast, in South-East Europe as well as Eastern Europe, ecstasy use rates were reported as continuing to rise (albeit rising from far lower levels). In 2005, all of the countries in Eastern and South-East Europe reporting to UNODC saw rising levels of ecstasy use.

**Fig. 143: Annual prevalence of ecstasy use in Spain, 1999-2005**

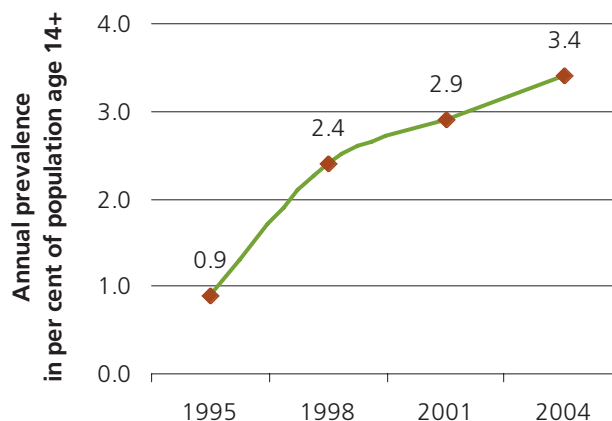


Sources: UNODC, Annual Reports Questionnaire Data and EMCDDA.

#### ... and in Asia ...

In 2005, following many years of continuing increases in ecstasy use, 8 Asian countries reported a stabilization and 5 saw a decline; only 4 countries reported an increase. In 2004, 10 countries reported an increase and only 2 a decline in ecstasy use. While these changes may be related to lowered imports from Europe, local production offset much of the import reduction.

**Fig. 144: Annual prevalence of ecstasy use in Australia, 1995-2004**



Source: AIHW, 2004 National Drug Strategy Household Survey, Canberra 2005.

... while significant increases in ecstasy use were reported from Oceania until 2005, first signs of stabilization emerged in 2006 ...

In Australia ecstasy use continued to rise in 2005. According to household survey data, ecstasy use rose in Australia from 0.9 per cent to 3.4 per cent of the general population by 2004, the world's highest level. This increase was in contrast to a general decline of drug use in that country over the last few years. Australia also reported the world's largest ecstasy seizures in 2005. Data collected through Australia's DUMA<sup>19</sup> (Drug Use Monitoring in Australia) system, suggest that the upward trend continued in 2005. The proportion of arrestees who tested positive for ecstasy increased from 0.5 per cent in 2000 to 2 per cent in 2004 and 2.5 per cent in 2005. However, data among arrestees for 2006 show first signs of a stabilization at the higher levels.

The Australian Ecstasy and Related Drugs reporting system (ERDS), which is based on interviews with regular ecstasy users, seems to confirm these results. The proportion of regular ecstasy users consuming more than a tablet per event declined in 2006 in New South Wales (from 84 per cent in 2004 to 70 per cent in 2006) and in Queensland (from 76 per cent in 2005 to 63 per cent in 2006), the two main ecstasy markets of the country. In Western Australia, South Australia, Northern Territory and Tasmania the opposite trends were observed. Therefore, in 2006, ecstasy use trends, among regular ecstasy users, appear to have stabilized for Australia on the whole. The median number of days ecstasy

<sup>19</sup> Under this system, arrestees in selected sites across the country are regularly tested (urine-analysis) for drug consumption within 48 hours of having entered custody.



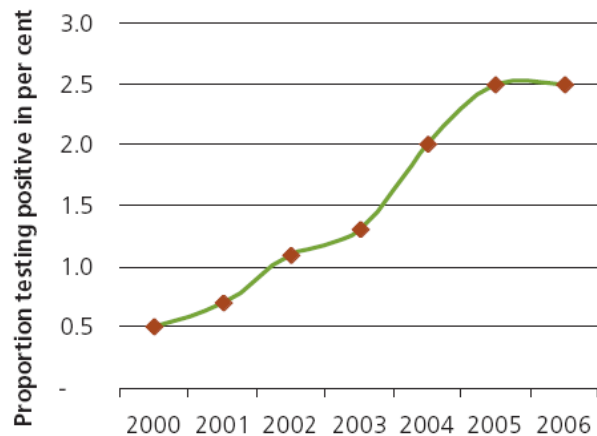
users consumed ecstasy tablets over the last six months also showed a stabilization, or even a small decline in 2006. Ecstasy prices remained stable in 2006 after having fallen in previous years, despite falling levels of ecstasy seizures in that year. The availability of ecstasy was not perceived to have increased, but to have remained stable despite falling seizures.<sup>20</sup> Therefore, in 2006, all indicators now point to a stabilization of the Australian ecstasy market, after having expanded strongly in previous years.

In New Zealand, authorities already saw a stabilization of the market in 2005.

... but increases are still reported from countries in South America

In the meantime, ecstasy use continued to increase in a number of developing countries as was the case in the countries of Central America and South America in particular. 5 countries in that region reported an increase, 3 saw a stabilization but not a single one reported a decline. Most of the ecstasy found in these markets continues to originate in Europe.

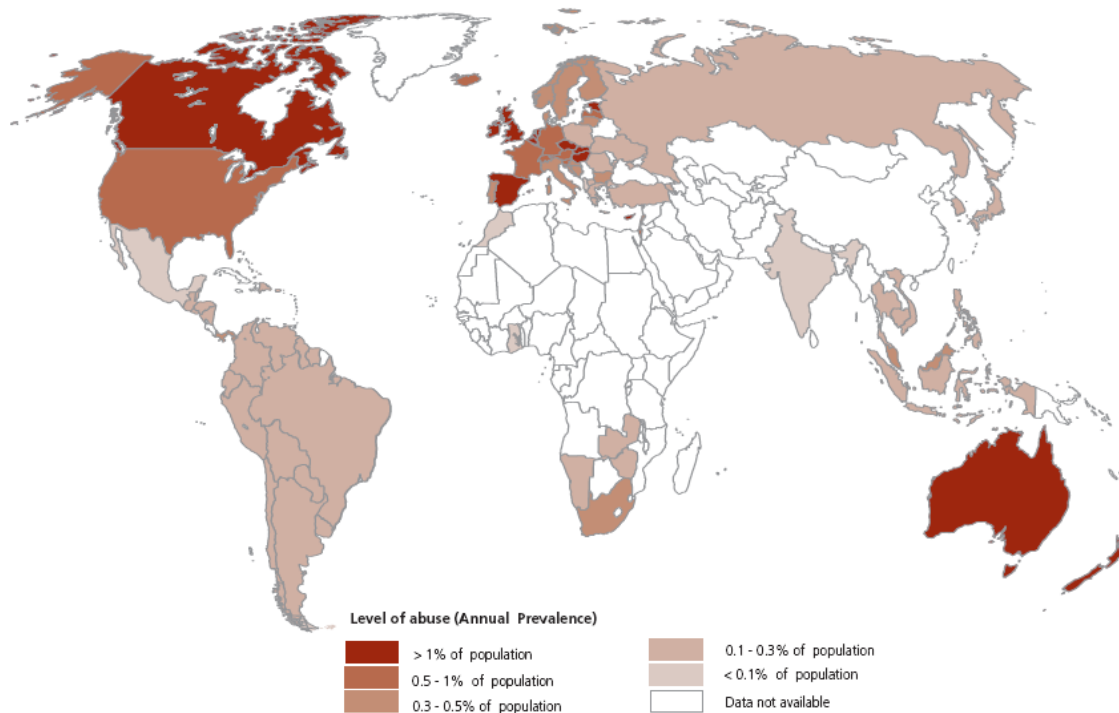
Fig. 145: Australia: Ecstasy use among arrestees in selected sites\*



\* New South Wales: Bankstown and Parramatta (both Sydney)  
 Queensland: Southport and Brisbane  
 South Australia: Elizabeth and Adelaide  
 Western Australia: Perth

Sources: Australian Institute of Criminology (AIC), *Drug Use Monitoring in Australia (DUMA)*, 2005 Annual Report on Drug Use among Police Detainees, Canberra 2006, and preliminary DUMA data for 2006.

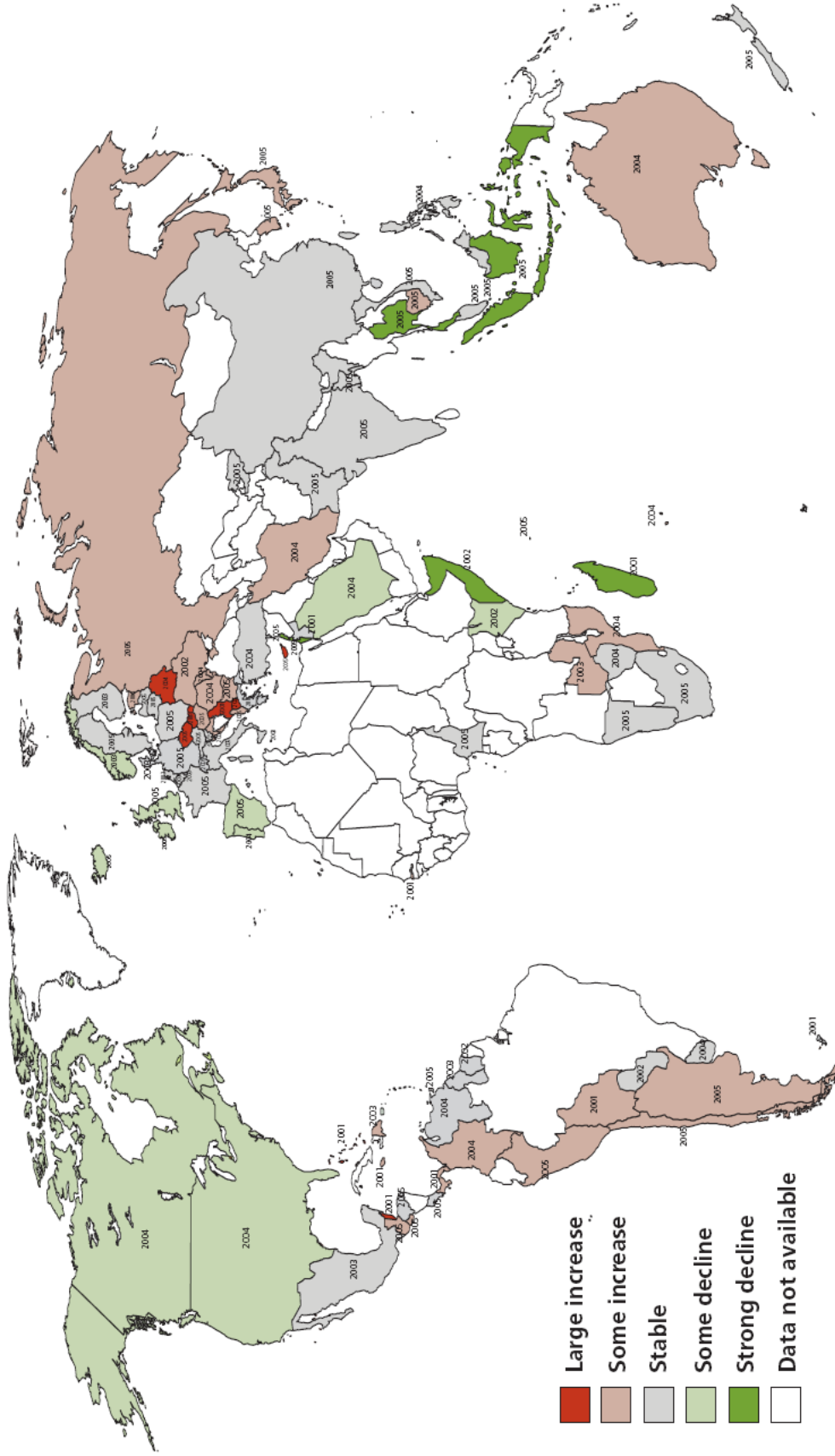
Map 25: Use of ecstasy in 2005 (or latest year available)



Sources: UNODC Annual Reports Questionnaires data/DELTA; Government Reports, US Department of State; European Monitoring Centre for Drugs and Drug Addiction (EMCDDA); Drug Abuse Information and the Pacific (DAINAP); UNODC Global Assessment Programme on Drug Abuse (GAP), Inter-American Drug Abuse Control Commission (CICAD).

<sup>20</sup> Ecstasy seizures, reported by the Australian Customs Service, declined from 2375 kg in the financial year of 2004/05, to 413 kg in the financial year of 2005/06. The number of ecstasy related seizures, made by the Australian Customs, declined from 169 to 135 (Australian Customs Services, 2006, reported in NDARC, *Australian Trends in Ecstasy and Related Drug Markets 2006*, Findings from the Ecstasy and Related Drugs Reporting System (EDRS), Sydney 2007).

Map 26: Changes in the use of ecstasy (MDA, MDEA, MDMA), 2005 (or latest year available)



Sources: UNODC Annual Reports Questionnaires data, National Household Surveys submitted to UNODC, United States Department of State (Bureau for International Narcotics and Law Enforcement Affairs) International Narcotics Control Strategy Report, Law Enforcement Reports, Reports from Epidemiological Networks.