

WORLD DRUG REPORT 2012

References to Argentina

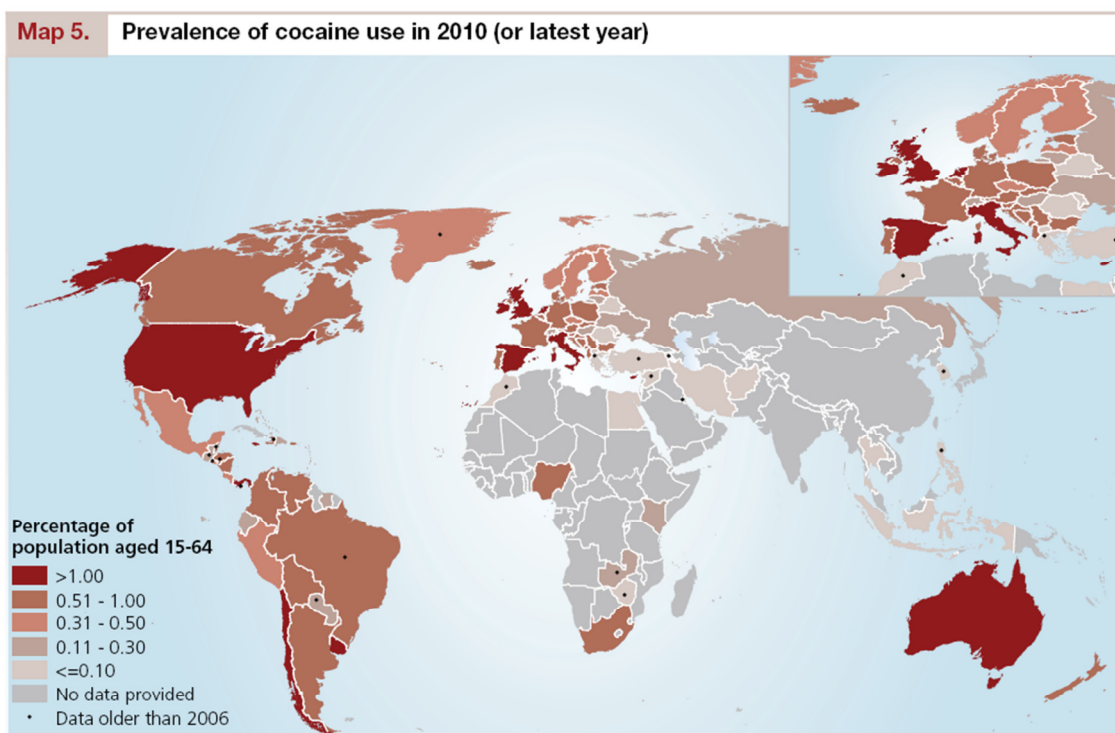
Part 1

RECENT STATISTICS AND TREND ANALYSIS OF ILLICIT DRUG MARKETS

A. EXTENT OF ILLICIT DRUG USE AND HEALTH CONSEQUENCES

The global picture

Cocaine



Source: UNODC estimates based on annual report questionnaire data and other official sources.

Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Dashed lines represent undetermined boundaries. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

In 2010, the regions with a high prevalence of cocaine use remained North America (1.6 per cent), Western and Central Europe (1.3 per cent) and Oceania (1.5-1.9 per cent) — the latter effectively reflecting its use in Australia and New Zealand. While global estimates of cocaine use have remained stable at 0.3-0.4 per cent of the population aged 15-64 (between 13 million and 19.5 million users), a substantial decrease was reported in North America and some countries in South America, with the annual prevalence of cocaine use in North America decreasing from 1.9 per cent in 2009 to 1.6 per cent in 2010. The overall average in South America decreased from 0.9 to 0.7 per cent in the same period, reflecting revised estimates in **Argentina** and a

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marked decline in Chile. There is a perceived increase in cocaine use in Brazil, but the lack of new data for that country prevents a better understanding of the impact on regional estimates. On the other hand, there was an increase in cocaine use reported in Oceania, from an estimated 1.4-1.7 per cent in 2009 to 1.5-1.9 per cent in 2010, essentially reflecting the increase in cocaine use in Australia, whereas cocaine use remained stable in Western and Central Europe. Pg. 11

Regional trends in illicit drug use

South America, Central America and the Caribbean

The prevalence of cocaine use in South America, Central America and the Caribbean remains high (0.7 per cent, 0.5 per cent and 0.7 per cent, respectively). In Central America, annual prevalence of ATS use has been reported to be higher than the global average, particularly in El Salvador (3.3 per cent), Belize (1.3 per cent), Costa Rica (1.3 per cent) and Panama (1.2 per cent). The misuse of pharmaceutical preparations containing opioids, stimulants and prescription stimulants also remains of concern in Central America and South America.

Concern over rising levels of the use of synthetic drugs such as “ecstasy” among South American youth also continues to grow, with prevalence of the use of stimulants (cocaine, amphetamine and “ecstasy”) among young people reported to be high, particularly in **Argentina**, Chile, Colombia and Uruguay (see table 3).

Several countries in South America, such as **Argentina**, El Salvador, Peru and Uruguay, have also reported the use of ketamine. Lifetime prevalence of ketamine use in **Argentina** and Uruguay is reported to be 0.3 per cent; however, many studies of drug use among the general population in the region do not include the use of ATS¹. According to information reported in **Argentina** and Chile in 2010, most drug use remained stable in **Argentina**, while in Chile there were declining trends in cocaine and cannabis use (see figure 9).

Table 3. Annual prevalence of the use of stimulants among young people in selected South American countries

	Stimulant			Age group	Year of estimate
	“Ecstasy”	Cocaine	ATS		
Argentina	2.0	2.9	2.0	15-16	2009
Chile	1.6	4.9	1.9	15-16	2009
Colombia	2.8	1.7	3.2	12-17	2005
Uruguay	-	2.6	1.2	13-17	2009

Source: UNODC, data from the annual report questionnaire (2010).

¹ For instance, the 2008 subregional collaborative study on drug use among the general population reports only the use of alcohol, tobacco, cannabis, and cocaine (United Nations Office on Drugs and Crime and Inter-American Drug Abuse Control Commission (CICAD), *Elementos Orientadores para las Políticas Públicas sobre Drogas en la Subregión: Primer Estudio Comparativo sobre Consumo de Drogas y Factores Asociados en Población de 15 a 64 Años* (Lima, April 2008)).

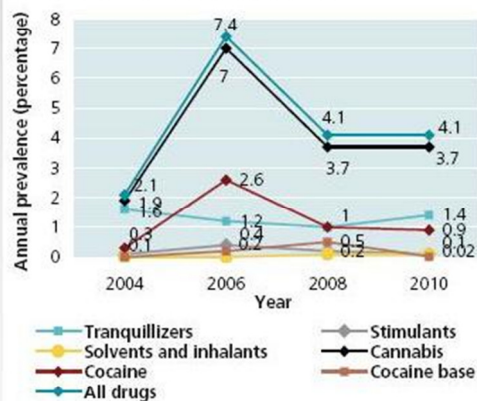
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In the Bolivarian Republic of Venezuela, data for 2011 show prevalence of cocaine use among the adult population to be 0.7 per cent, a small increase from the previous estimate of 0.6 per cent, while the prevalence of cannabis use is 1.7 per cent (an increase from the previous estimate of 0.9 per cent), opioid use is 0.03 per cent and ATS use is 0.5 per cent². While there are no recent data on illicit drug use in Brazil, experts perceived an increase in cocaine use in 2010.

In South America, the rate of drug-related deaths is estimated to be between 12.2 and 31.1 deaths per million population aged 15-64, well below the global average. Throughout the region, cocaine continues to be ranked the most lethal drug; however, it appears that in some countries in Central

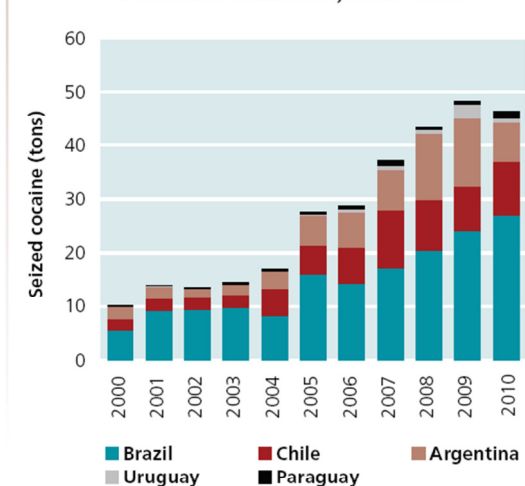
Fig. 9. Annual prevalence of drug use in Argentina and Chile

A. Argentina: annual prevalence of the use of tranquilizers, stimulants, solvents and inhalants, and cannabis, 2004-2010



Source: Argentina, Secretaría de Programación para la Prevención de la Drogadicción y Lucha contra el Narcotráfico (SEDRONAR), *Tendencia en el Consumo de Sustancias Psicoactivas en Argentina 2004-2010: Población de 16 a 65 Años* (June 2011); Chile, Consejo Nacional para el Control de Estupefacentes (CONACE), *Noveno Estudio Nacional de Drogas en Población General de Chile, 2010: Principales Resultados* (2010).

Fig. 30. Cocaine seizures in selected South American countries, 2000-2010



Source: Annual report questionnaire supplemented by other official sources.
Note: For Argentina, available data for 2010 were not directly comparable with data for previous years, as coverage does not include seizures by federal security forces in Argentina. Hence, total seizures for 2010 (for Argentina and consequently for all five of the countries) may be higher than shown in the figure.

America and the Caribbean, higher homicide rates are, in part, linked to organized crime and conflicts related to cocaine trafficking flows and cocaine markets. Pg. 20

C. COCAINE MARKET

Emerging and expanding markets

In **Argentina**, cocaine seizures rose almost eightfold between 2002 and 2009³ (see figure 30). Seizures in Chile peaked in 2007 and remained relatively high until 2010, and seizures more than doubled in Paraguay in 2010. However, survey data indicate that cocaine use in **Argentina** remained stable in 2010 in comparison with 2008, and cocaine use decreased in

² Bolivarian Republic of Venezuela, Oficina Nacional Antidrogas and Observatorio Venezolano de Drogas "Estudio Nacional de Drogas en Población General 2011".

³ Data available for 2010 were not comparable, as coverage does not include seizures by federal security forces in Argentina.

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Chile over the same period. Nevertheless, prevalence of cocaine use remains relatively high in both of those countries. Pg. 41

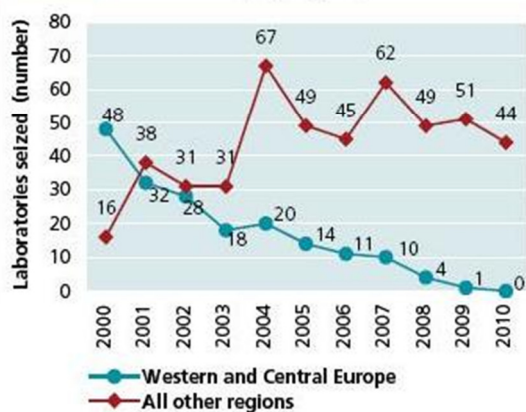
E. ILLICIT MARKET FOR AMPHETAMINE-TYPE STIMULANTS

“Ecstasy” markets shows signs of recovery

A decline in the number of “ecstasy” laboratories seized in 2010

The number of “ecstasy” laboratories seized worldwide declined from 52 in 2009 to 44 laboratories in 2010. Countries reporting “ecstasy” manufacture in 2010 (by number of laboratories seized) were Australia (17), Canada (13), Indonesia (12), Malaysia (1) and **Argentina** (1). Despite a decline in reported “ecstasy” manufacture, it is worth noting that some countries, such as Australia and Indonesia, reported an increase in the manufacturing capability or size of laboratories. Also of note is the fact that some countries, such as Canada, New Zealand and Turkey, reported incidences of possible poly-drug manufacture, in which “ecstasy” was also being manufactured in illicit methamphetamine laboratories. In Europe, despite increased seizures of the drug, no “ecstasy” laboratories were reported to UNODC as having been seized in 2010 (see figure 46). However, several “ecstasy” laboratories were discovered in 2011. Pg.55

Fig. 46. Number of seized “ecstasy”-group laboratories, by region, 2000-2010



Source: UNODC, Database for Estimates and Long-term Trend Analysis.

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Part 2

THE CONTEMPORARY DRUG PROBLEM: CHARACTERISTICS, PATTERNS AND DRIVING FACTORS

A. WHAT ARE THE FUNDAMENTAL CHARACTERISTICS OF THE CONTEMPORARY ILLICIT DRUG PROBLEM

The main dimensions of the contemporary drug problem

Prevalence, age distribution, gender gap and market value

In most developing countries, the gender gaps are even more pronounced. Surveys conducted in Brazil in 2005⁴ and **Argentina** in 2010, for instance, showed prevalence rates of female drug use that were some two thirds lower than the corresponding male rates among the general population. Pg. 60

Use of tobacco is clearly above average in Eastern Europe, East and South-East Asia and, to a lesser extent, in South Asia, the **Southern Cone** countries of South America, the Maghreb countries and Western and Central Europe. Below average rates are found in sub-Saharan Africa, Oceania and North America⁵. While tobacco use seems to have continued to increase in developing countries, it has been declining in the developed countries, notably in North America and Oceania. In the United States, for example, current tobacco use fell from a peak of 42 per cent of adults in 1965 to 19 per cent in 2011⁶. Pg.61

B. HOW HAVE THE PATTERNS OF THE DRUG PROBLEM SHIFTED OVER TIME

Shifts in the transnational opiate and cocaine markets

Consumption: from old to new markets

Cocaine

Cocaine use also increased in South America, notably in Brazil and other countries that are part of **the Southern Cone**, from the mid-1990s to about 2005. Since 2006, the overall trend has been less clear. Pg. 78

⁴ F. I. Bastos, N. Bertoni and M. A. Hacker, "Drug and alcohol use: main findings of a national survey, Brazil 2005", *Revista de Saúde Pública*, vol. 42, Suppl. 1 (2008), pp. 109-117.

⁵ World Health Organization, *WHO Report on the Global Tobacco Epidemic: Implementing Smoke-free Environments* (Geneva, 2009).

⁶ Centers for Disease Control and Prevention, National Health Interview Survey, 2011 and previous years. Available from www.cdc.gov/nchs/nhis.htm.

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The evolution of trafficking routes

Cocaine

Bolivia (Plurinational State of) and Peru have become important sources of cocaine for the illicit markets in Brazil and the **Southern Cone** countries of South America. Some of the cocaine shipped to Brazil is subsequently smuggled into Africa (mostly Western and Southern Africa), with Europe as its final destination. Because of linguistic affinities with Brazil and some African countries, Portugal emerged as a significant trans-shipment area for cocaine, notably during the period 2004-2007. The West African route appears to have become less active in recent years, however. Pg.79

Emerging patterns of illicit drug use

Poly-drug use

National surveys on the extent of poly-drug use are still rare. One method of generating a rough estimate of the problem is to add up the number of users of individual drugs (those responding “yes” to the question “Have you used a specified illicit drug (cannabis, cocaine, “ecstasy” etc.) over the past 12 months?”) and compare the total with the overall number of drug users (“have you used any illicit drug over the past 12 months?”). For a diverse group of 15 countries⁷, the total number of users of five drugs (cannabis, amphetamines, “ecstasy”, cocaine and opiates) exceeded the overall number of illicit drug users by, on average, about 20 per cent, based on UNODC calculations. For countries with highly diversified illicit drug markets, such as the United Kingdom and the United States, the figure was greater than 40 per cent. Adding other drug categories, such as hallucinogens, tranquillizers and sedatives, yields a figure of some 60 per cent for the United States⁸, which shows that polydrug use is very common there. Pg.81

Non-medical use of prescription drugs

Stimulants

The third class of frequently misused prescription drugs is stimulants. The medical use of stimulants has decreased in recent years, though they are still prescribed for the treatment of attention deficit disorder and narcolepsy. In addition to the risk of dependency, non-medical use of stimulants may lead to heartbeat irregularities, elevated body temperature or even cardiovascular failure and seizures. A number of drug use surveys have indicated that prescription stimulants are frequently misused

⁷ **Argentina**, Australia, Bolivia (Plurinational State of), Brazil, Canada, Chile, Germany, Indonesia, Italy, Mexico, Peru, the Philippines, Spain, the United Kingdom and the United States (UNODC, data from the annual report questionnaire and national drug survey reports).

⁸ Substance Abuse and Mental Health Services Administration, *Results from the 2010 National Survey on Drug Use and Health: Detailed Tables*.

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in the Americas. The use of prescription drugs well above the global average over the period 2007-2009 was reported by the following countries (listed in order of magnitude): the United States, **Argentina**, Brazil, Mexico and Chile⁹. In South America, in particular, stimulant use is often linked to weight loss efforts. The problem is not confined to that region, however, as countries in all major regions have reported relatively high levels of consumption of stimulants.

Injecting drug use in new areas

Over the past decade, injecting drug use appears to have remained relatively stable. Most countries report that a high proportion of heroin users inject the drug, although the prevalence of injection of any illicit drug differs substantially between countries. In the country with the world's largest illicit drug market, the United States, almost half of heroin users, 13.5 per cent of methamphetamine users and 2.5 per cent of cocaine users report injecting their drug of choice¹⁰. Similar proportions are found in the United Kingdom, another country with a mature and diversified illicit drug market, as well as in many other European countries. Some countries, such as **Argentina**, Malaysia, the Netherlands and Spain, report low levels of injecting drug use, though it is most common among heroin users in those countries. On the other end of the scale, Belarus, France and New Zealand report high levels of injecting drug use, in particular among heroin users. Some countries report injecting drug use as being limited largely to heroin users; examples include China, Kyrgyzstan, Lebanon, Myanmar and the Russian Federation. Pg.83

C. WHICH FACTORS SHAPE THE EVOLUTION OF THE PROBLEM

What are the key observable drivers of long-term trends?

Socioeconomic drivers

Over the past few decades, the availability of disposable income, notably among the younger generation in developed countries, has increased significantly, thus facilitating the growth of drug consumption. Levels of illicit drug use are generally higher in developed countries, where disposable income is high. This effect can sometimes be seen within regions, subregions or even countries. In North America, drug use is higher in Canada and the United States, where disposable income is higher than in Mexico. In South America, drug use is higher in the **Southern Cone** countries, which have higher levels of disposable income than the rest of the continent. Within the largest South American country, Brazil, drug use is more widespread in the relatively more affluent south than in the rest of the country. Similarly, in Europe,

⁹ *Psychotropic Substances: Statistics for 2009—Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and VI of the Convention on Psychotropic Substances of 1971* (United Nations publication, Sales No. T.11.XI.3). (An International Narcotics Control Board technical report.)

¹⁰ UNODC, dados do inquérito do relatório anual.

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overall drug use is higher in Western Europe, where disposable income is higher than in Eastern or South-Eastern Europe. Pg. 87

Several countries also report that unemployed persons are more likely to be involved in drug trafficking than those in formal employment. In Poland, for instance, 30 per cent of the people arrested for drug trafficking were unemployed in 2009, compared with a general unemployment rate of 8.2 per cent that year. In Italy, 38 per cent of arrested drug traffickers were unemployed in 2009, whereas the unemployment rate was 7.8 per cent. Similarly, in **Argentina**, 54 per cent of all arrested drug traffickers with known employment status were unemployed in 2009. The unemployment rate was 8.6 per cent in that country¹¹. Pg.88

D. CONCLUSION

Another significant characteristic of illicit drug use is the disproportionate representation of males among the user population. Prevalence of illicit drug use among females is only about two thirds of the prevalence among males in the United States and about half in Europe. In some developing countries, including **Argentina** and Brazil, illicit drug use among females is about one third as high as among males, while in other countries, such as India, Indonesia, Pakistan and the Philippines, it is only a tenth.

Global production of cocaine increased strongly in the 1980s and the 1990s but stabilized over the past decade, and the amounts available on the illicit market appear to have declined. Significant declines in cocaine consumption in North America have been offset in part by rising consumption levels in Europe and South America, though recent data for South America also show a decline in several countries of the **Southern Cone**. Pg. 97

¹¹ UNODC, dados do inquérito do relatório anual.