

Main points emerging from the 2020 WDR

RAB

1. The global drug market is **expanding**, an increasing number of people use drugs and an increasing supply of drugs is reaching distribution.
 - a. Description of the increase:
 - i. almost 30% (exact figure 28%) more persons used drugs in 2018 than in 2009 (from 210 ml to 269).
 - ii. Cocaine production reached its highest level in 2018 at 1,723 tons (double the amount produced in 2014)
 - iii. Global opium production, estimated at 7,600 tons in 2019, has decreased since its pick in 2017, but it still represents one of the high picks. The abundance of opiates in the global market is reflected in the steep decline of the opium price in Afghanistan (37% decline between 2018 and 2019)
 - iv. While it is not possible to estimate the total production of amphetamines (ATS), seizures of ATS have quadrupled between 2009 and 2018, with the largest increase in methamphetamine (sevenfold). While seizures alone are not an indication of increased supply, when triangulated with demand and price data it is clear that the increase in seizures signals a great expansion of the global ATS market ¹
 - b. Why the expansion?
 - i. Population growth partially explain the increase. Population has grown by about 10 per cent between 2009-2018. But there are other factors that can explain the increase, one been the rate of urbanization as drug use is higher in urban areas.
 - c. The impact of the expansion is visible in the increased number of persons who died because of drug use: in 2017, 585,000 died in relation to drug use, a quarter more than in 2008
2. The global market is more **complex** than a decade ago challenging government responses to the drug problem
 - a. The illegal and the legal markets of drugs is less clear. While in the past heroin dominated the non medical use of opioids, the illicit opioid markets in many countries have become more diversified with pharmaceutical opioids started to cover a substantial part of the illicit opioids market. The challenge is most acute in developing countries where the informality of the pharmaceutical markets makes it more difficult to control the non-medical use of substances. ²

¹ this is particularly clear in the largest methamphetamine markets in the US where methamphetamine prevalence increased almost 40% between 2016-2018 and in East and South East Asia where almost 10 ml persons used ATS, mainly methamphetamine, in 2018, and where there was a large drop in methamphetamine price, in Thailand for example the cost of a methamphetamine tablet dropped by 70% between 2011-2019.

² There are no global estimates that can compare the use of heroin with the non medical use of pharmaceutical opioids, the estimated number of opioids users globally is 58 million that includes 30 million opiate users (mainly heroin). Moreover, the only scientific data available in Africa for Nigeria show that 4.7 per cent of the population 15-64 there misused pharmaceutical opioids, with one out of five becoming dependent. The non medical use of cough syrup was also prevalent with about 2.4 per cent

- b. Increased number and combination of substances in the market. There are now 950 NPS in the market compared to 282 psychoactive substances under international control at the end of 2019. While not all NPS develop their own market, many are mixed with other substances making drug use more harmful (some of these substances are highly potent and the user is often unaware of the combinations s/he is consuming), public health responses less targeted (as doctors in emergency rooms for example don't know what to look for) and law enforcement less efficient (testing for single substances requires more sophisticated equipment)
 - c. The use of precursors is in a continued flux, with traffickers adapting to new controls and looking for alternatives not only using chemicals that are less controlled but also chemicals that are specifically designed to circumvent control (designer precursors)
 - d. There has been a general trend on increasing fragmentation of groups with the emergence of more groups and looser networks which are more difficult to be detected and are more subject to be more specialized in specific activities related to drug trafficking (no data available on this)
3. Some of the future **threats** that the report highlights:
- a. Two of the global dynamics that have at least partially driven the drug market expansion, population growth and urbanization, are projected to develop further in the coming years so if new efforts are not put in place to curb the drug problem, the drug market is likely to continue to expand
 - b. Synthetic opioids. Opioids have always been the most harmful group of substances (responsible for example for 66% of global overdose deaths in 2017), but the most recent opioid crisis in North America (related to fentanyl) and in West, Central and North Africa (related to tramadol) have shown the potential threat of these substances for public health and security.³ Both fentanyl and tramadol are more accessible and cheaper than heroin and have the potential to displace it creating enormous profits for drug trafficking organizations and a larger public health toll. In comparison to heroin, substances such as fentanyl and tramadol can be manufactured everywhere, are more affordable to their users⁴ and are highly more profitable for traffickers.⁵
 - c. The private sector likely to advocate for private business interest over public health interest
 - i. Large tobacco and alcohol corporations are investing in the cannabis industry. Such developments raise concern that revenue and profits are likely to dictate the course of the cannabis industry rather than public health
 - ii. Aggressive advertisement of the pharma industry has been partially responsible for the increase of opioid users in North America starting in 1999. While having access to pain medication is of outmost importance, the global community should also prevent aggressive advertising and promotion by the private sector that may lead to irrational prescribing practices and use of pain medication

³ overdose deaths attributed to opioids in the US for example increased 2.5-fold from 2007 to 2018 (reaching in 2018 47,000 deaths) since potent opioids such as fentanyl have entered the market.

⁴ a daily use of tramadol in Nigeria for example costs \$3.60, while heroin costs \$10

⁵ For example, it costs \$1,400-3,500 to synthesize 1 kg of fentanyl and it can bring a return in the US of \$1-1.5 ml, while 1 kg of heroin costs 5,000-7,000 in Colombia and can be sold at retail price in the US at \$400,000.

- d. Drug use is increasing more in developing countries than in developed countries where less resources are available to address the drug problem. This uneven increase in drug use between developing and developed countries can be partially explained by the fact that population grows faster in developing countries, although there is also an overall increased prevalence of drug use in developing countries. The lack of data for Africa makes it difficult to quantify the increase, but qualitative reporting from developing and developed countries clearly show a higher speed of drug use increase in developing than in developed countries. With drug use been significantly higher among the young populations, the larger share of young people in developing countries, together with a faster degree of urbanization can be some of the drivers of this unequal change between developing and developed countries
4. From words to action. While the report shows that the drug problem is bigger and more complex today than one or two decades ago, and despite the many declarations agreed at international level to resolve the problem, **the actual response of the international community is weaker** today than what it was before. In a context where development assistance has increased 2.5-fold, disbursements by donors dedicated to drug control fell between 2000-2017 by almost 90%. Not much progress can also be observed in terms of service delivery globally. Still only one out of eight persons with drug use disorder has access to drug treatment. While data on this indicator remains weak, progress can be observed only in an handful of countries.
5. **Women.** While more men than women use drugs, women have distinct challenges in drug related matters:
 - a. They have more limited access to treatment than men (1/3 drug users is a woman but only 1/5 of persons in treatment is a woman)
 - b. More than men, women can suffer as a result of the partner's addiction and its consequences
 - c. More men (88%) than women are arrested for drug-related offences, however, women faced more challenges in the criminal justice system: higher level of stigma (since women are seeing as contravening the traditional roles of mothers and care givers) that continues when women go out of prison; women who are in prison for drug related offences often suffer from substance use disorder, psychiatric disorders and a history of physical and sexual abuse.
6. **Vulnerable groups.**
 - a. Those who live in the less developed countries have considerably lower access to pain medications than those who live in rich countries. 90% of global pharmaceutical opioids are available for medical consumption in high income countries, home to 12% of the total population (or 88% per cent of the global population who live in low and middle income countries consume 10% of all pharmaceutical opioids for medical use).
 - b. Higher socioeconomic groups have a greater propensity to initiate drug use than lower socioeconomic groups, but it is the people in the lower socio-economic groups that are more likely to progress from drug use to drug use disorder and therefore pay the highest price of drug use initiation. There are no global estimates that can illustrate this point. The analysis emerges from few countries where the patten is quite consistent. For example: in Colombia the prevalence of cannabis use was

highest among the higher social economic class (at 3.5%), while the prevalence of cannabis dependent users was highest among the lowest socio-economic class (at 2.1%)

- c. The development of drug use disorders is influenced by factors that are often beyond the control of an individual. Socio-economic inequality, as well as poverty, limited education and marginalization increase the risk of developing drug use disorder and exacerbate its consequences. The 35.6 ml of persons with drug use disorders are not to be stigmatized as they are often trapped into a vicious cycle of socioeconomic disadvantage increasing the risk of unemployment, poverty and homelessness, often outside of their individual choice. Genetic and environmental characteristics (such as family, peer dynamics, and adverse life events) also influence the vulnerability to drug use disorder
- d. Ethnic minorities and immigrants, sexually diverse groups, people displaced because of armed conflicts or disasters are disproportionately affected by the drug use disorders or face problems in accessing treatment services. For example, cannabis use disorders are 20-50 per cent more common among indigenous people than among Caucasian in Canada and the United States.
- e. Among the population aged 15-64, peak levels of drug use are seen among the youth. Globally the prevalence of cannabis among adolescents aged 15-16 (4.7%) is higher than among the general population (3.9%). Particularly high level of cannabis use among the 15-16 years old are in Oceania (17.8%), the Americas (12.1%), and Europe (11.7%). Drug use among young persons is particularly worrisome since adolescence and early adulthood is a time of physical and psychological development, with changes still occurring in the brain.

7. Latest trends

- a. In Afghanistan a large production of methamphetamine is quickly emerging, using the plant ephedra as precursor that naturally grows in the country
- b. Methamphetamine market rapidly expanding in Iraq
- c. With the rapid change of the drug market in the Russian Federation related to the emergence of synthetic drugs and the shrinking of the heroin market, trafficking of heroin through Central Asia for the Russian market has drastically reduced, but the region is emerging as a transit route for heroin trafficked from Afghanistan to Western and Central Europe
- d. Large cocaine seizures in Western and North Africa point to a continuing and possibly expanding role of the region as transit of cocaine from Andean countries to Europe