

## References to Uruguay

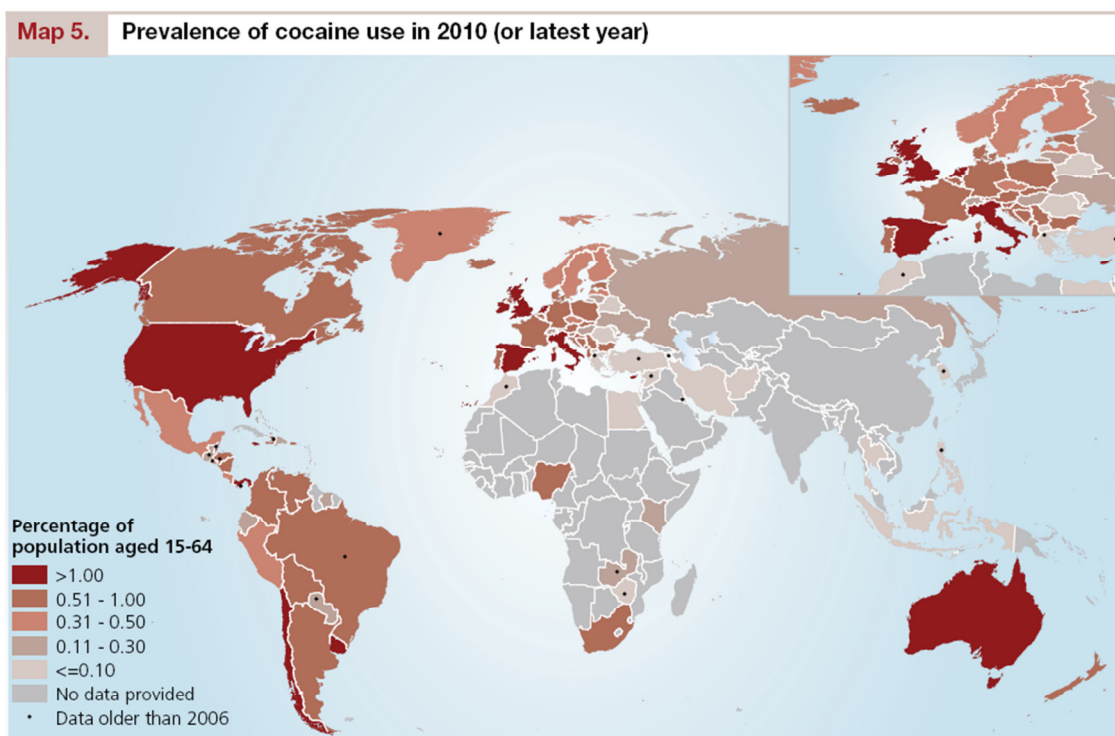
### Part 1

#### 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.

### 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

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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.

**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).

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 ATS<sup>1</sup>. 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. 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 cent<sup>2</sup>. 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 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

<sup>1</sup> 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)).

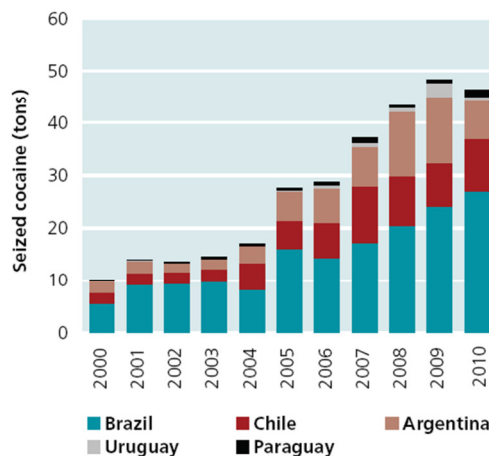
<sup>2</sup> Bolivarian Republic of Venezuela, Oficina Nacional Antidrogas and Observatorio Venezolano de Drogas "Estudio Nacional de Drogas en Población General 2011".

## C. COCAINE MARKET

### Emerging and expanding markets

Seizure data and limited information on demand for treatment services also point to a possible increase in illicit demand for cocaine in countries with an already significant population of cocaine users (see figure 30). Pg.40

**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.

## 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

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 America<sup>3</sup>. 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 2011<sup>4</sup>. Pg.61

<sup>3</sup> World Health Organization, *WHO Report on the Global Tobacco Epidemic: Implementing Smoke-free Environments* (Geneva, 2009).

<sup>4</sup> Centers for Disease Control and Prevention, National Health Interview Survey, 2011 and previous years. Available from [www.cdc.gov/nchs/nhis.htm](http://www.cdc.gov/nchs/nhis.htm).

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## 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

#### 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

#### Non-medical use of prescription drugs

##### *Central nervous system depressants*

Central nervous system depressants are usually prescribed as sedatives or anxiolytics (for the treatment of anxiety disorders). Benzodiazepines are currently the main substances of concern in this class of drugs, having largely replaced barbiturates (both are used as anxiolytics and sedative-hypnotics) because barbiturates carry a higher risk of lethal overdose. These drugs have a high rate of representation in drug-related deaths (second only to opioids) and they are misused in many countries. The countries that report the highest per capita consumption of benzodiazepines — regardless of whether for sedative, anxiolytic or anti-epileptic purposes — are (in order of magnitude) Belgium, **Uruguay**, Portugal and Serbia<sup>5</sup>. Some of the commonly misused benzodiazepines are flunitrazepam (marketed as Rohypnol<sup>6</sup>, used as a sedative) and diazepam (marketed as Valium, used as an anxiolytic). Pg.82

<sup>5</sup> *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.)

<sup>6</sup> Also referred to as a “date rape” drug.

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

## D. CONCLUSION

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