Projections: strongest growth in low-income countries, notably in Africa

**FIG. 1** Projected change in the size of the population aged 15–64, by region and by income group, 2030 compared with 2018


**FIG. 2** Estimated number of people who had used drugs in the past year in 2018 and projected number in 2030, solely as a result of population growth, by region

Source: UNODC estimates, based on responses to the annual report questionnaire; and United Nations, Department of Economic and Social Affairs, Population Division, World Urbanization Prospects: The 2018 Revision (United Nations publication, 2019).

Note: Based on World Bank income groups.
Drug treatment

**FIG. 10** Trends in the primary drug of concern in people in treatment for drug use disorders, by region, 2010, 2014 and 2019

Proportion of all drug treatments (percentage)

- **Cannabis**
- **Opioids**
- **Cocaine**
- **Amphetamine-type stimulants**
- **Other drugs**

Source: UNODC, responses to the annual report questionnaire.
Cannabis is produced in almost all countries worldwide.

In the period 2010–2019, the cultivation of cannabis plant was reported to UNODC either through direct indicators (such as the cultivation or eradication of cannabis plants and the dismantlement of cannabis-producing sites) or indirect indicators (such as the seizure of cannabis plants and the origin of cannabis seizures as reported by other Member States) by 151 countries, covering 97 per cent of the global population.
Proportion of Africa in global cannabis herb seizures: 21.4% in 2019
Proportion of Africa in global population: 17% in 2019
Proportion of Africa in global cannabis resin seizures: 29.7% in 2019
Proportion of Africa in global population: 17% in 2019
CANNABIS resin seizures

**FIG. 9**
Quantities of cannabis resin seized in countries reporting the largest total seizures, 2019

<table>
<thead>
<tr>
<th>Country</th>
<th>Tons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spain</td>
<td>350</td>
</tr>
<tr>
<td>Morocco</td>
<td>300</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>250</td>
</tr>
<tr>
<td>Pakistan</td>
<td>200</td>
</tr>
<tr>
<td>Islamic Republic of Iran</td>
<td>150</td>
</tr>
<tr>
<td>France</td>
<td>100</td>
</tr>
<tr>
<td>Algeria</td>
<td>50</td>
</tr>
<tr>
<td>Egypt</td>
<td>50</td>
</tr>
<tr>
<td>Turkey</td>
<td>50</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>25</td>
</tr>
<tr>
<td>Italy</td>
<td>25</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
</tr>
</tbody>
</table>

**FIG. 10**
Main countries of origin of cannabis resin, as reported by Member States, 2015–2019

- Morocco
- Afghanistan
- Pakistan
- Lebanon
- Islamic Republic of Iran
- Albania
- Kyrgyzstan
- Spain
- Netherlands
- Nepal
- India
- Other countries of Central Asia

Number of times mentioned as country of origin by reporting countries

Source: UNODC, responses to the annual report questionnaire.

Note: Figures are based on data from 71 countries providing such information to UNODC in the period 2015–2019. The category of "Other countries in Central Asia" refers mainly to Kazakhstan and Tajikistan. Not all countries identified as "countries of origin" by other countries have been necessarily source countries of cannabis resin; some of these countries may have been significant transit countries from where the cannabis resin departed. Not all countries identified "as countries of origin" by other countries have been necessarily source countries of cannabis resin; some of these countries may have been significant transit countries from where the cannabis resin departed.
While cannabis trafficking and use affect all regions worldwide, other drug issues pose additional threats in different geographical locations.
MAP 1  Main opiate trafficking flows, 2015–2019

The size of the route is based on the total amount seized on that route, according to the information on trafficking routes provided by Member States in the annual report questionnaire, individual drug seizures and other official documents, over the 2015–2019 period. The routes are determined on the basis of reported country of departure/origin and destination in those sources. As such, they need to be considered as broadly indicative of existing trafficking routes while several secondary routes may not be reflected. Route arrows represent the direction of trafficking; origins of the arrows indicate either the area of departure or the one of last provenance, and points of arrows indicate either the area of consumption or the one of next destination of trafficking. Therefore, the trafficking origin may not reflect the country in which the substance was produced.

MAP 2  Main countries identified as source and transit of heroin shipments, as described by reported seizures, 2015–2019

* A darker shade indicates a larger amount of heroin being seized with the country as source/destination of the shipment, according to the information on trafficking routes provided by Member States in the annual report questionnaire, individual drug seizures and other official documents, over the 2015–2019 period. The source may not reflect the country in which the substance was produced. The main countries mentioned as source or transit were identified on the basis of both the number of times they were identified by other Member States as departure/transit of seizures, and the annual average amount that these seizures represent during the 2015–2019 period.

Source: UNODC elaboration.

FIG. 6  Geographical distribution of global quantities of heroin and morphine seized, 2019

Source: UNODC, responses to the annual report questionnaire.

Note: Total of 121 tons of heroin and morphine seized in 2019.
**OPIOIDS**

**Supply of other opioids**

**Fig. 2** Global quantities of pharmaceutical opioids seized and geographical distribution, 2015–2019

**Fig. 1** Global quantities of pharmaceutical opioids seized, 2009–2019

Source: UNODC, responses to the annual report questionnaire.

Notes: The data refer to seizures of opioids reported by Member States to UNODC in the annual report questionnaire under the category “pharmaceutical opioids.” Not all of these substances, however, are necessarily intended for medical use in humans; some are also used in veterinary medicine. Among the fentanyl analogues approved as pharmaceutical drugs for human use are alfentanil, fentanyl, remifentanil and sufentanil. One (carfentanil) is approved for veterinary use. Some Member States also report substances (such as furanylfentanyl) that are, in general, not approved for medical use.
**FIG. 5**

Global quantities of tramadol seized, by region, 2010–2019

**Annual quantities seized, 2010–2019**

<table>
<thead>
<tr>
<th>Year</th>
<th>West and Central Africa</th>
<th>North Africa</th>
<th>Near and Middle East/South-West Asia</th>
<th>South Asia</th>
<th>Other Asia</th>
<th>Europe</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2011</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2012</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2013</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2014</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2015</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2016</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2017</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2018</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2019</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Average quantities seized over 2015–2019**

- Other: 0.001%
- Europe: 2%
- Asia: 3%
- North Africa: 7%
- West and Central Africa: 88%

Source: UNODC, responses to the annual report questionnaire.
Nigeria: non-medical use of pharmaceutical opioids: mainly tramadol, and to lesser extent codeine or morphine; The pharmaceutical opioids reported in drug treatment included tramadol, codeine, and, to a lesser extent, pentazocine; Cough syrups contain mostly codeine or dextromethorphan.
Fig. 60: Amounts of opioids under international control (excluding preparations) available for medical consumption, by subregion, 2019

Fig. 3: Trends in the availability of opioids under international control (excluding preparations) for medical consumption, by region and subregion, 2015–2019


Notes: S-DDDs refer to “defined daily doses for statistical purposes.” As defined by INCB, S-DDDs are “technical units of measurement” for the purposes of statistical analysis and are not recommended daily prescription doses; actual doses may differ based on treatments required and medical practices. Details of S-DDDs used for these calculations are provided in the methodological annex to the present report. Regions and subregions are those designated by UNODC in the World Drug Report; they may differ partly from those used by INCB in its publications.

High-availability subregions

Low-availability regions/subregions

UNODC Research
FIG. 66 Amounts of methadone and buprenorphine available for medical consumption, by region and subregion, 2019


Notes: S-DDDs refer to “defined daily doses for statistical purposes”. As defined by INCB, S-DDDs are “technical units of measurement” for the purposes of statistical analysis and are not recommended daily prescription doses, actual doses may differ based on treatments required and medical practices. Details of S-DDDs used for these calculations are provided in the methodological annex to the present report.
MAP 6 Main cocaine trafficking flows, as described by reported seizures, 2015–2019

The size of the route is based on the total amount seized on that route, according to the information on trafficking routes provided by Member States in the annual report questionnaire, individual drug seizures and other official documents, over the 2015–2019 period. The routes are determined on the basis of reported country of departure/transit and destination in these sources. As such, they need to be considered as broadly indicative of exiting trafficking routes while several secondary routes may not be reflected. Route arrows represent the direction of trafficking, origins of the arrows indicate either the area of the one of last provenance, and points of arrows indicate either the area of consumption or the area of next destination of trafficking. Therefore, the trafficking origin may not reflect the country in which substance was produced.

MAP 7 Main countries identified as source and transit locations of cocaine shipments, as described by reported seizures, 2015–2019

A darker shade indicates a larger amount of cocaine being seized with the country as source/transit of the shipment, according to the information on trafficking routes provided by Member States in the annual report questionnaire, individual drug seizures and other official documents, over the 2015–2019 period. The source may not reflect the country in which the substance was produced. The main countries mentioned as source or transit were identified on the basis of both the number of times they were identified by other Member States as departure/transit of seizures, and the annual average amount that these seizures represent during the 2015–2019 period.

Breakdown by region

- South America: 53%
- Central America: 10%
- North America: 19%
- Western and Central Europe: 15%
- Eastern and South-Eastern Europe: 0.4%
- Asia: 1.3%
- Africa: 0.9%
- Oceania: 0.1%
- Other: 2.3%

Source: UNODC elaboration.
Proportion of Africa in global ATS seizures: 8.7% in 2019

Source: UNODC, responses to the annual report questionnaire.
Proportion of Africa in global methamphetamine seizures: 0.2% in 2019
Proportion of Africa in global amphetamine seizures: 11.1% in 2019

Notes: Projected totals are estimated assuming no change in the quantities of amphetamine seized by countries not reporting to UNODC in 2017 and/or 2018. The trafficking trends index is based on qualitative information on trends in amphetamine trafficking reported by Member States. The trend line is calculated on the basis of the number of countries reporting increases minus the number of countries reporting decreases (2 points for “large increase”, 1 point for “some increase”, 0 points for “stable”, -1 point for “some decrease” and -2 points for “large decrease”).

Source: UNODC, responses to the annual report questionnaire.
FIG. 21 Quantities of “ecstasy” seized, by region and reported trends in “ecstasy” trafficking, 1998–2019

FIG. 22 Regional distribution of the quantities of “ecstasy” seized, 2015–2019

Source: UNODC, responses to the annual report questionnaire.

Note: The trafficking trends index is based on qualitative information on trends in “ecstasy” trafficking reported by Member States. The trend line is calculated on the basis of the number of countries reporting increases minus the number of countries reporting decreases (2 points for “large increase”, 1 point for “some increase”, 0 points for “stable”, -1 point for “some decrease” and -2 points for “large decrease”).
**“Ecstasy” supply**

**Fig. 23** Quantities of “ecstasy” seized, 2019

- United States (26%)
- Turkey (15%)
- Australia (11%)
- Netherlands (5%)
- New Zealand (5%)
- United Kingdom (4%)
- Indonesia (4%)
- Russian Federation (3%)
- Spain (3%)
- Poland (2%)
- Belgium (2%)
- France (2%)
- Lithuania (2%)
- Morocco (2%)
- Malaysia (1%)
- Other countries (14%)

**Fig. 24** Main countries of origin and of departure of “ecstasy”, 2015–2019

- Netherlands (38%) in pink
- Belgium (11%) in purple
- Germany (9%) in green
- Spain (5%) in blue
- Malaysia (3%) in orange
- United Kingdom (3%) in yellow
- China (2%) in dark blue
- France (2%) in cyan
- United States of America (2%) in light blue
- Bulgaria (1%) in light green
- Brazil (1%) in pinkish red
- Czechia (1%) in dark red
- Colombia (1%) in brown
- Other countries (21%) in grey

Source: UNODC, responses to the annual report questionnaire.

Note: The percentage refers to the share of each country of the global quantity of “ecstasy” seized.
For more detail:
World Drug Report 2021