

World Drug Report 2021

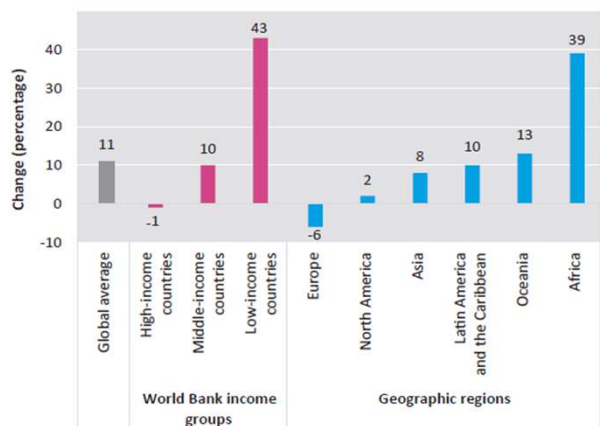
Focus on Africa



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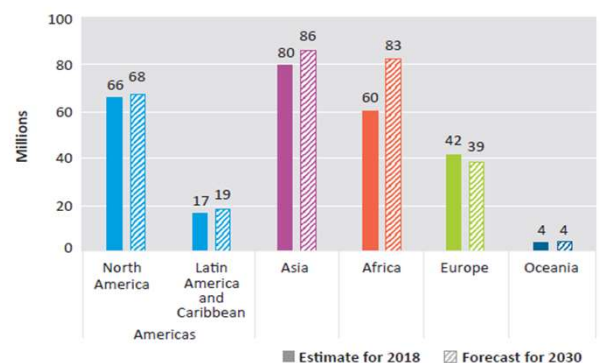
Projections: strongest growth in low-income countries, notably in Africa

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



Source: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: Revision 2019* (United Nations publication, 2019).

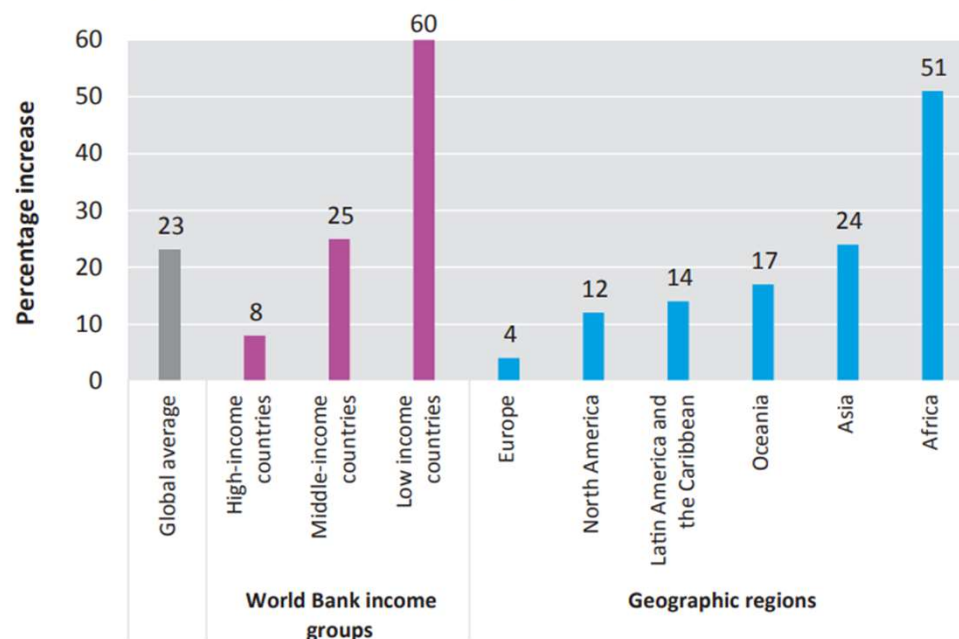
FIG. 2 Estimated number of people who had used drugs in the past year in 2018 and projected number in 2030, solely as a result of population growth, by region



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

Note: The 2030 estimates reflect solely the changes in population size by region based on regional projections for the total population aged 15–64 for 2030. They assume no change in drug use; i.e., they assume that the prevalence of drug use in 2018 will remain unchanged by 2030.

FIG. 10 Projected changes in the size of the urban population, by income group and by region, 1998–2030

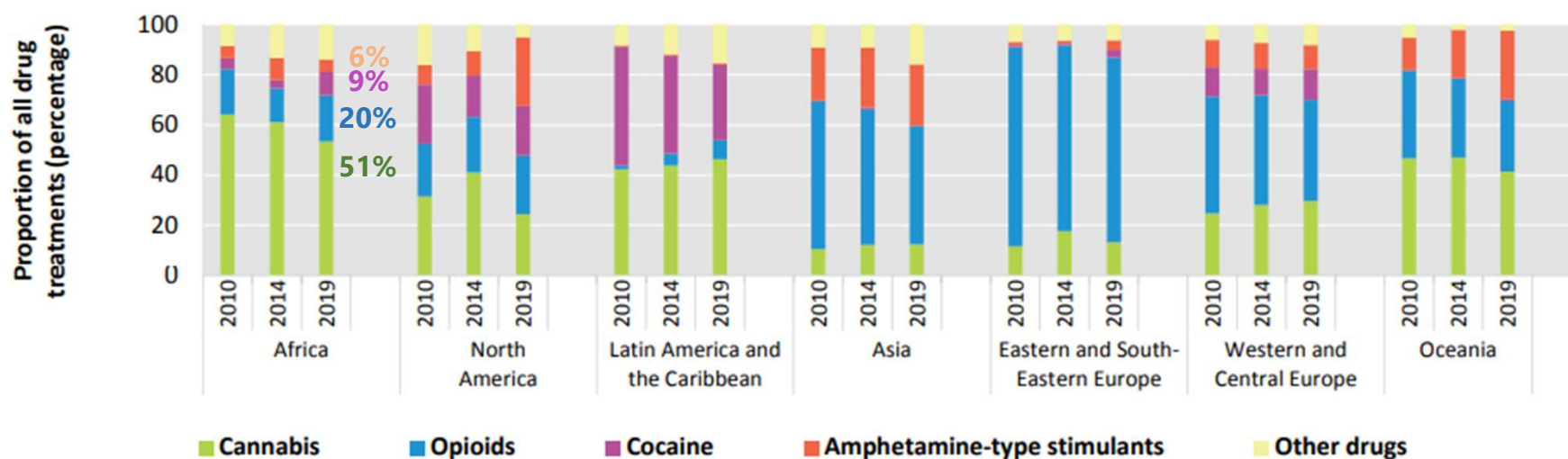


Source: United Nations, Department of Economic and Social Affairs, *World Urbanization Prospects: The 2018 Revision* (United Nations publication, 2019).

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



Source: UNODC, responses to the annual report questionnaire.

Countries with a significant area under cannabis cultivation in comparison with other countries in the same region or subregion

> Americas

North America: Mexico, the United States of America and Canada

South America: Paraguay, Brazil and Colombia

Central America: Guatemala, Costa Rica and Honduras

Caribbean: Jamaica and Trinidad and Tobago

> Africa

Morocco, Egypt, South Africa, Nigeria, Eswatini and Ghana

> Europe

Western and Central Europe: the Netherlands, Spain, Czechia and Switzerland

South-Eastern Europe: Albania, Turkey and Romania

Eastern Europe: the Russian Federation and Ukraine

> Asia

Near and Middle East/South-West Asia: Afghanistan, Lebanon and Pakistan

Central Asia: Kyrgyzstan and Kazakhstan

Transcaucasia: Azerbaijan and Armenia

South Asia: India and Nepal

South-East Asia: the Philippines, the Lao People's Democratic Republic, Thailand and Indonesia

> Oceania

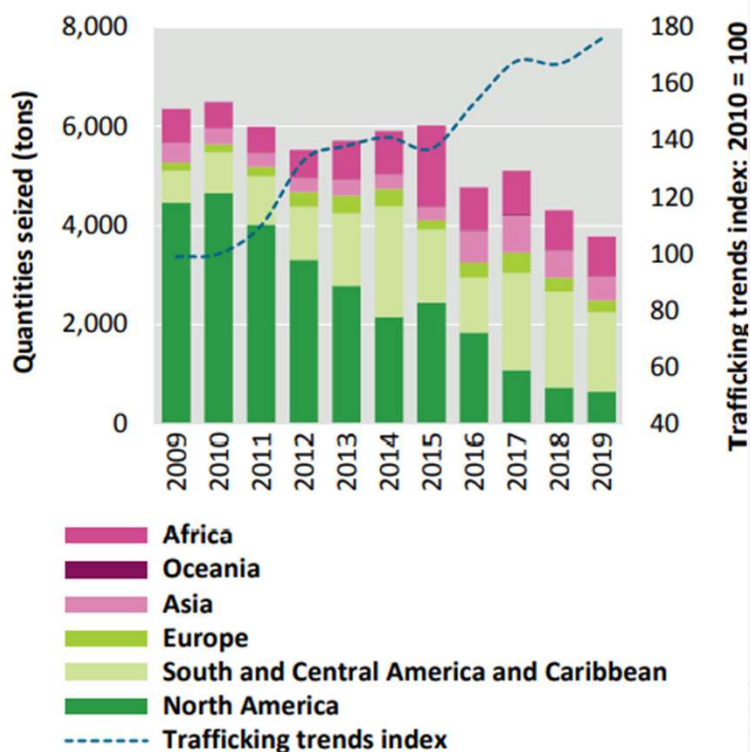
Australia and New Zealand

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**.

CANNABIS herb seizures

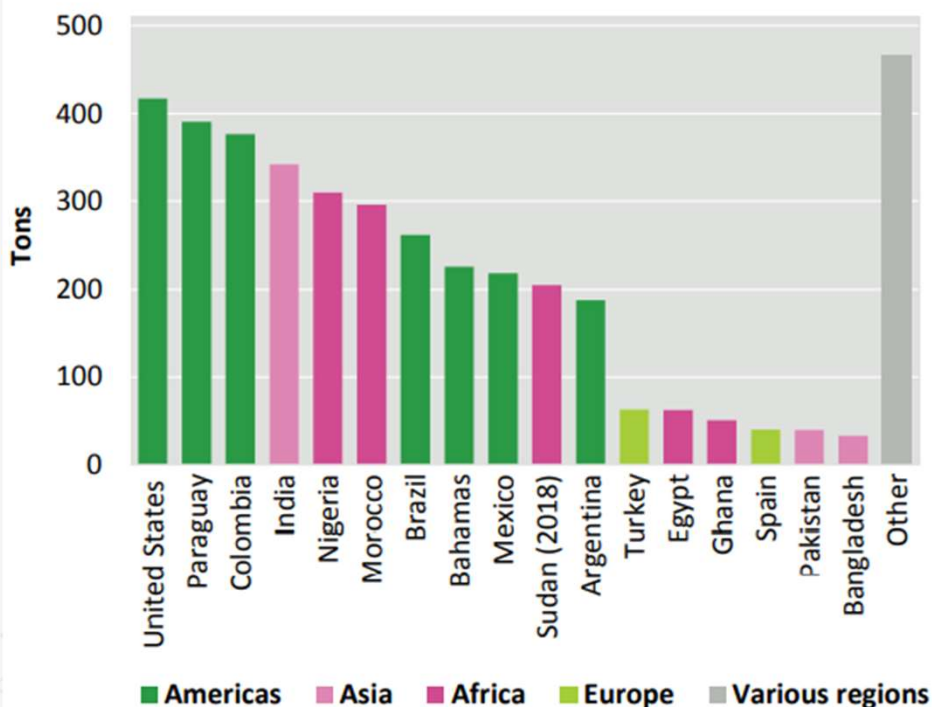
FIG. 6 Quantities of cannabis herb seized and reported trends in cannabis herb trafficking, 2009–2019



Source: UNODC, responses to the annual report questionnaire.

Note: The trafficking trends index is based on qualitative information on trends in cannabis herb 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"; -2 points for "large decrease").

FIG. 7 Quantities of cannabis herb seized, by country, 2019



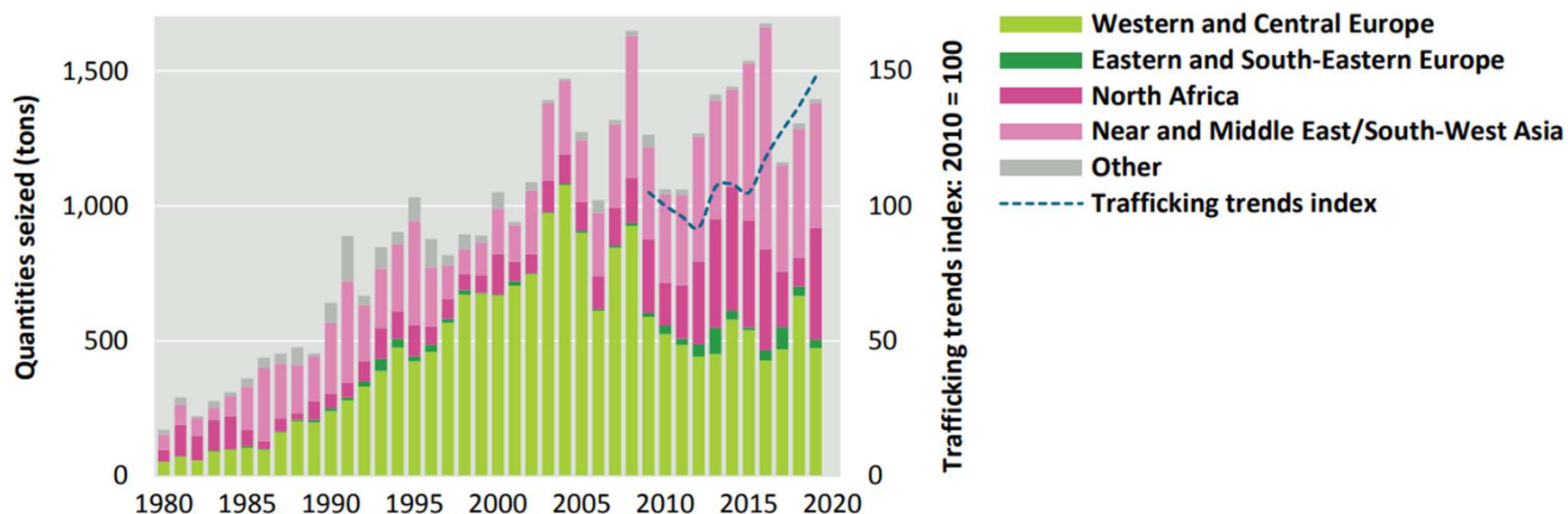
Source: UNODC, responses to the annual report questionnaire.

Note: No seizure data provided for 2019 by Sudan; data refer to 2018.

Proportion of Africa in global cannabis herb seizures: 21.4% in 2019
Proportion of Africa in global population: 17% in 2019

CANNABIS resin seizures

FIG. 8 Quantities of cannabis resin seized and reported trends in cannabis trafficking, 2009–2019



Source: UNODC, responses to the annual report questionnaire.

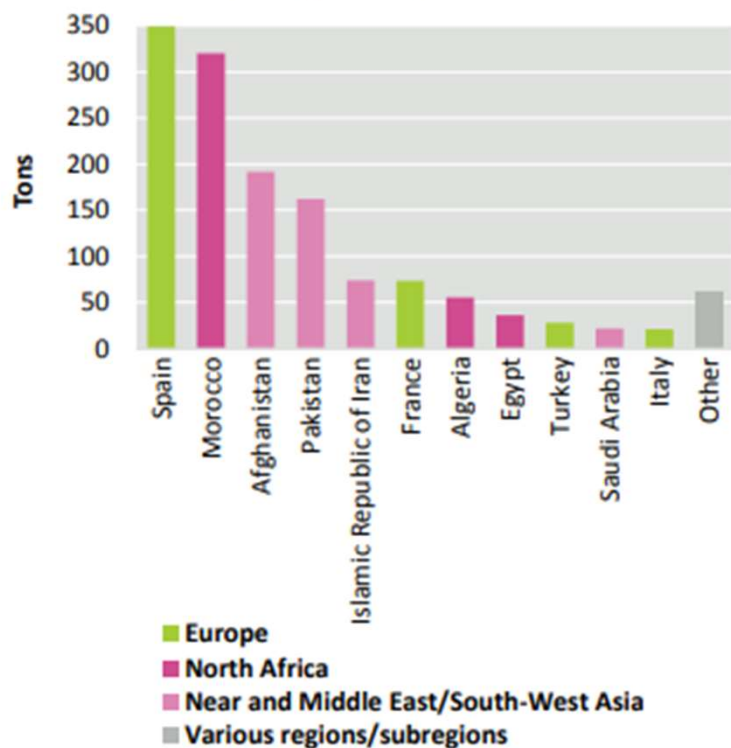
Note: The trafficking trends index is based on qualitative information on trends in cannabis resin trafficking reported by Member States. The trend line is calculated on the basis of the number of countries reporting increases minus the number of countries reporting decreases (2 points for “large increase”,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

Proportion of Africa in global cannabis resin seizures: 29.7% in 2019

Proportion of Africa in global population: 17% in 2019

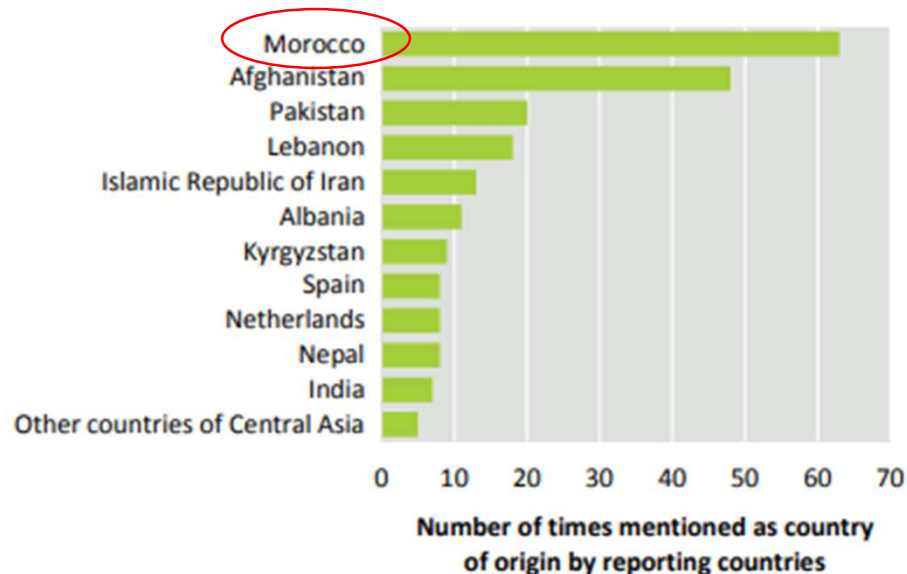
CANNABIS resin seizures

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



Source: UNODC, responses to the annual report questionnaire.

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



Source: UNODC, responses to the annual report questionnaire.

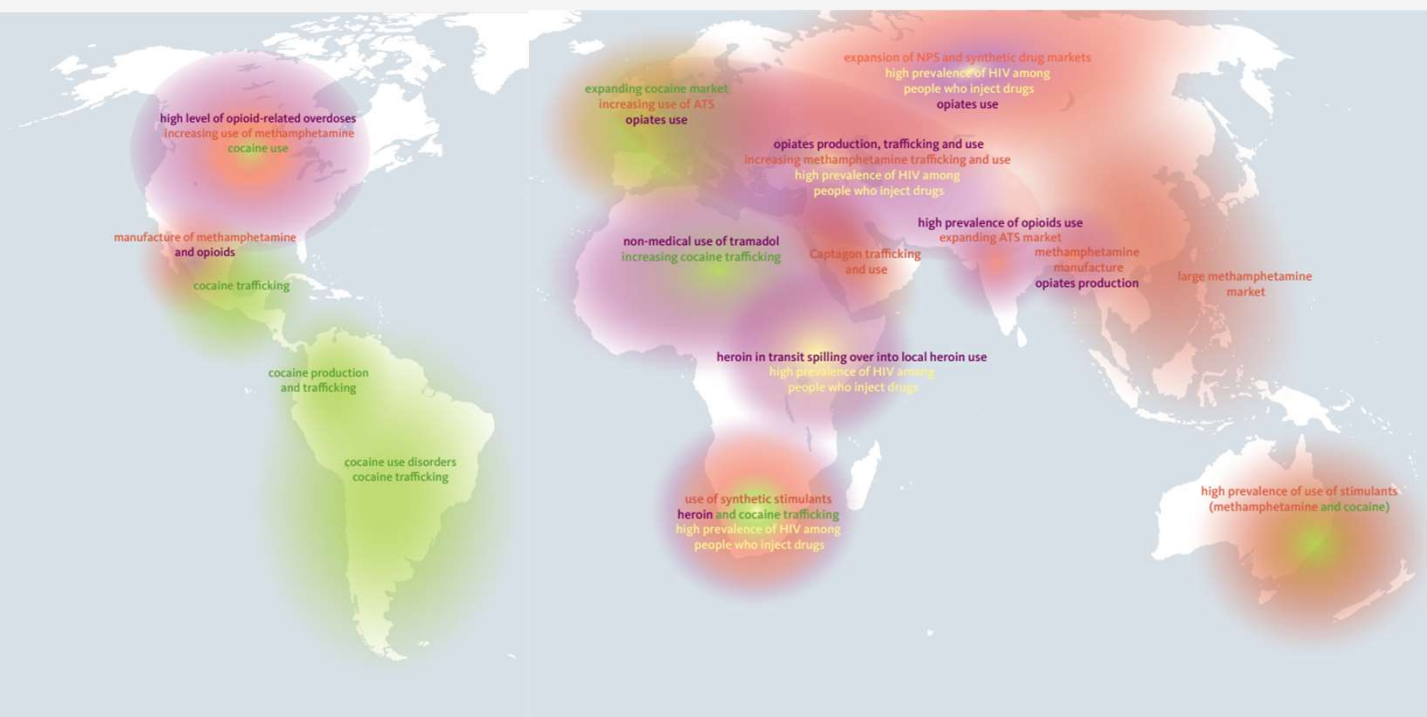
Note: Figures are based on data from 71 countries providing such information to UNODC in the period 2015–2019. The category of “Other countries in Central Asia” refers mainly to Kazakhstan and Tajikistan. Not all countries identified as “countries of origin” by other countries have been necessarily source 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.

THE WORLD DRUG PROBLEM

COMMON CHALLENGE, LOCAL DYNAMICS

While cannabis trafficking and use affect all regions worldwide, other drug issues pose additional threats in different geographical locations.

- Cocaine
- Opioids/Opiates
- Amphetamine-type stimulants (ATS)
- HIV among PWID



OPIOIDS

Supply of opiates

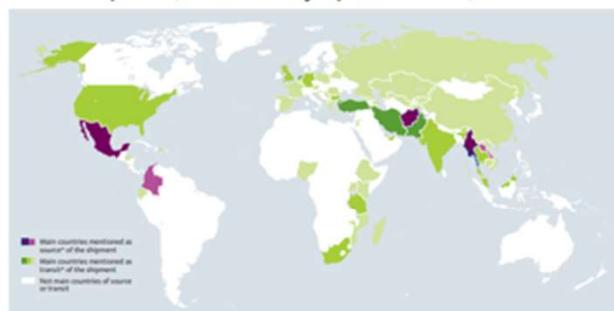
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MAP 1 Main opiate trafficking flows, 2015–2019



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/transit and destination in these 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, end 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.

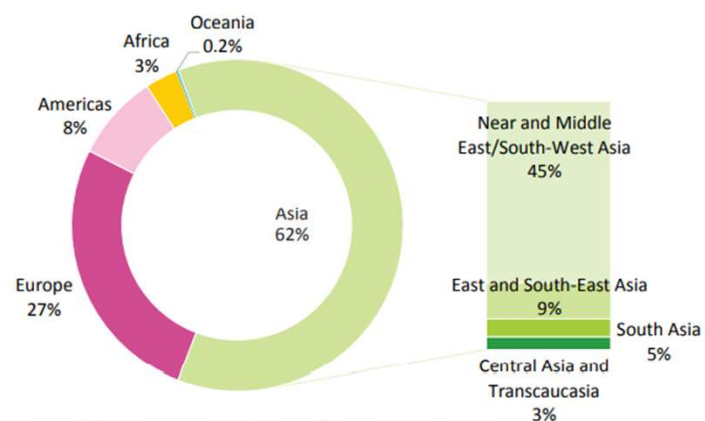
MAP 2 Main countries identified as source and transit of heroin shipments, as described by reported seizures, 2015–2019



* 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.

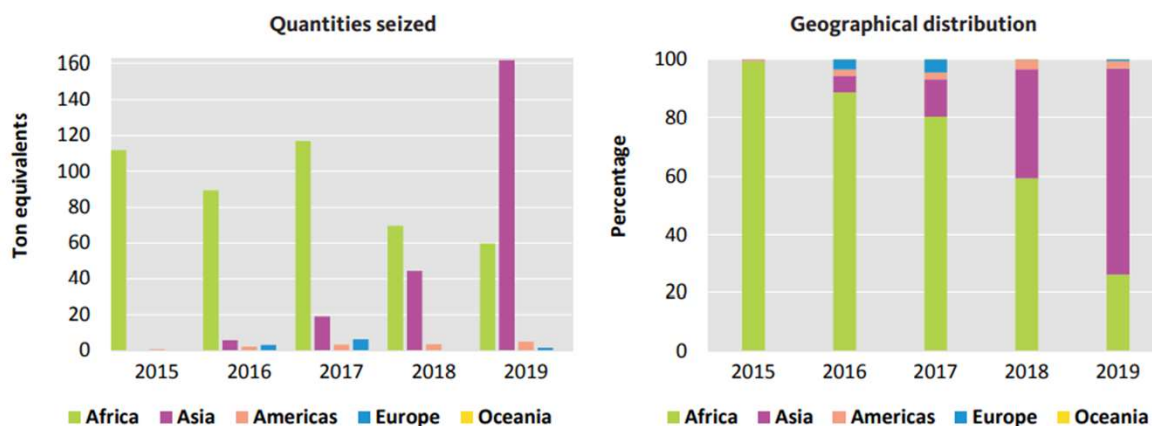
Note: Total of 121 tons of heroin and morphine seized in 2019.

OPIOIDS

Supply of other opioids

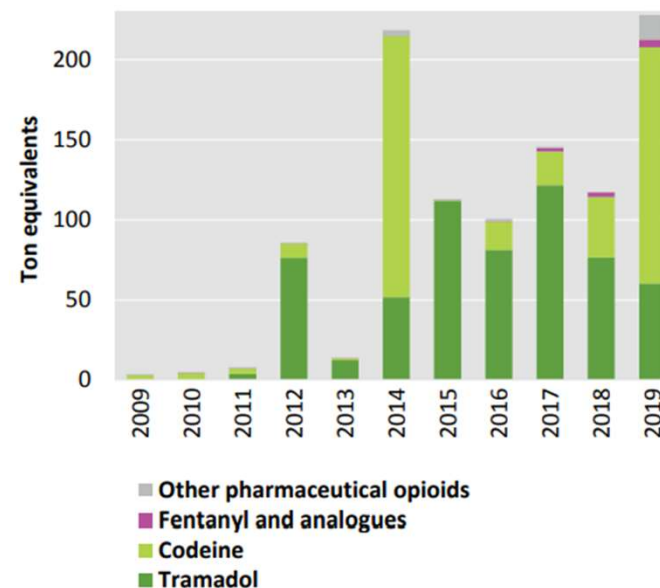
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FIG. 2 Global quantities of pharmaceutical opioids seized and geographical distribution, 2015–2019



Source: UNODC, responses to the annual report questionnaire.

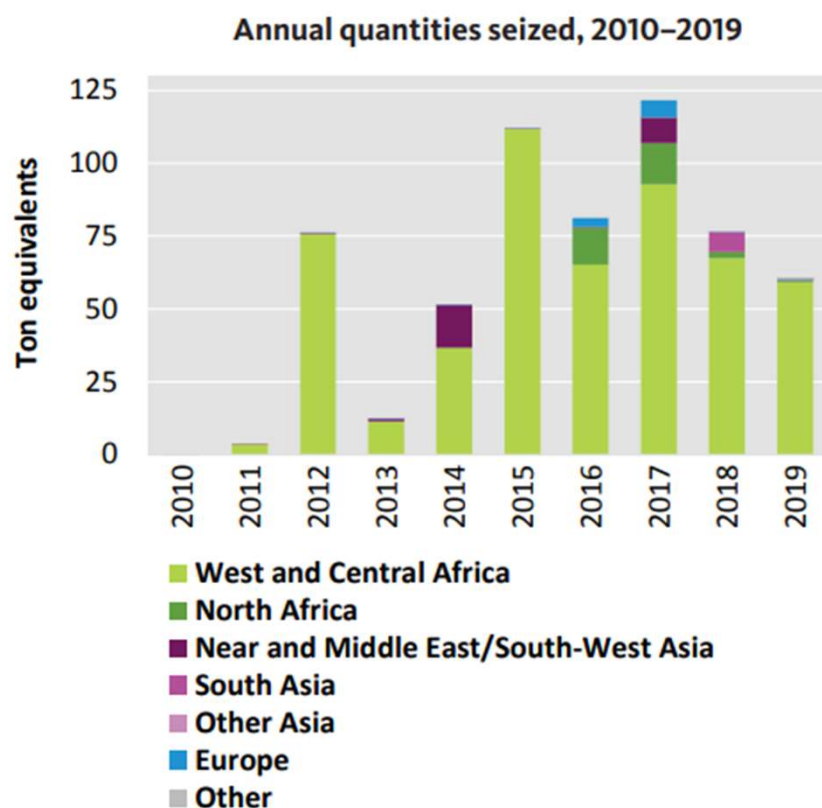
FIG. 1 Global quantities of pharmaceutical opioids seized, 2009–2019



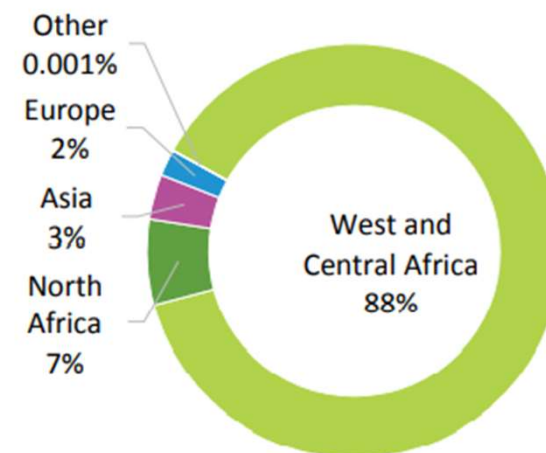
Source: UNODC, responses to the annual report questionnaire.

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, remifentanyl and sufentanyl. One (carfentanyl) 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



Average quantities seized over 2015–2019



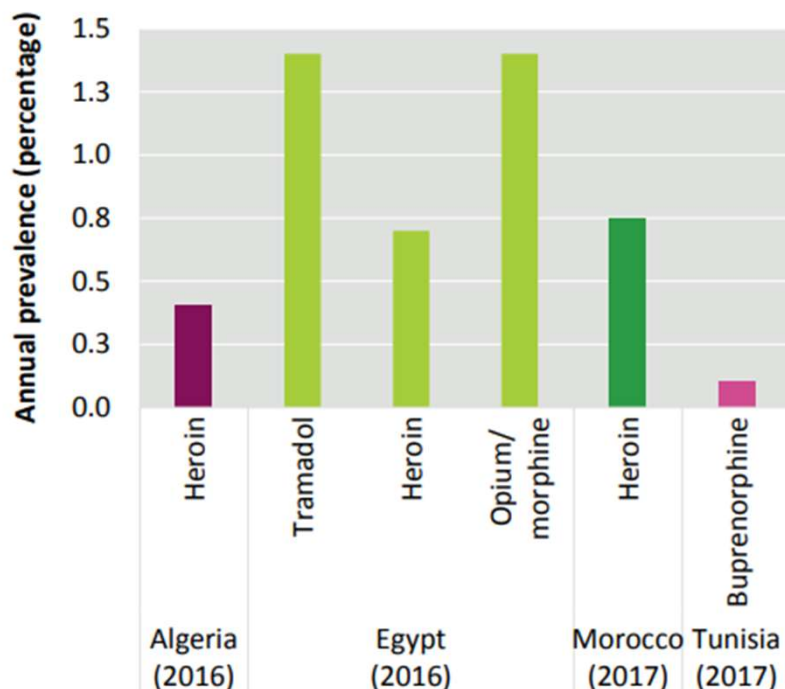
Source: UNODC, responses to the annual report questionnaire.

OPIOIDS

demand in Africa

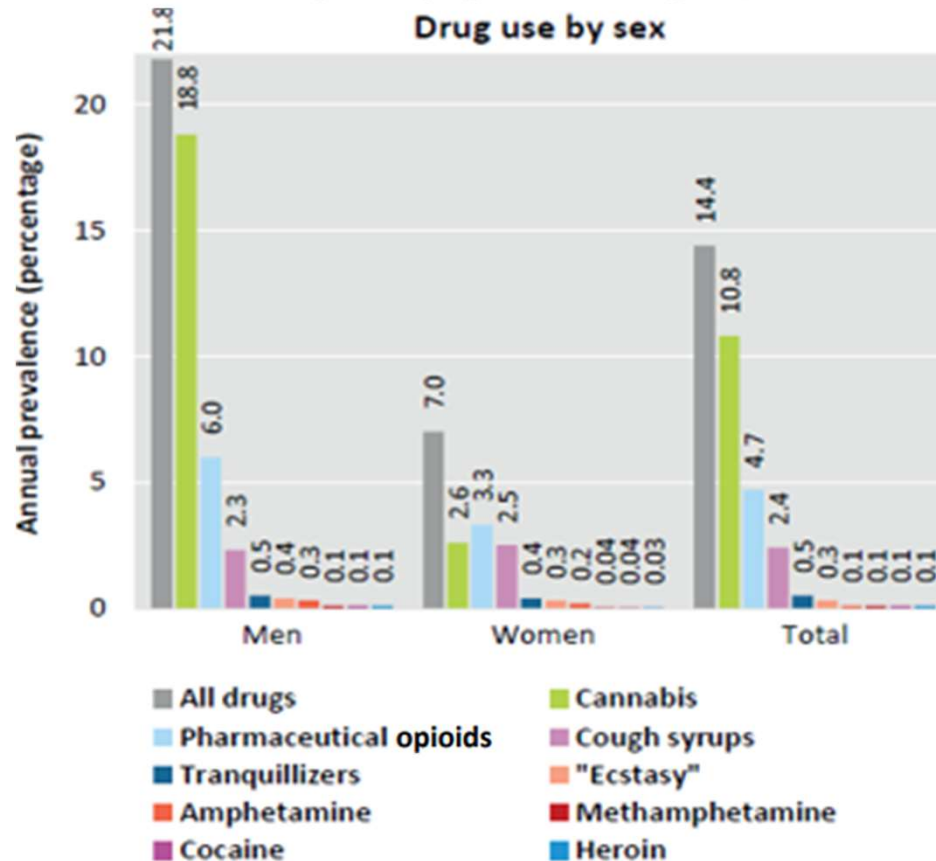
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FIG. 6 Opioid use among adolescents (aged 15–17), selected countries in North Africa



Source: Council of Europe, Pompidou Group, Mediterranean School Survey Project on Alcohol and other drugs (MedSPAD) reports for Algeria, Egypt, Morocco and Tunisia.

FIG. 4 Drug use, by age and sex, Nigeria, 2018



Source: UNODC and Nigeria, *Drug Use in Nigeria 2018* (Vienna, 2019).

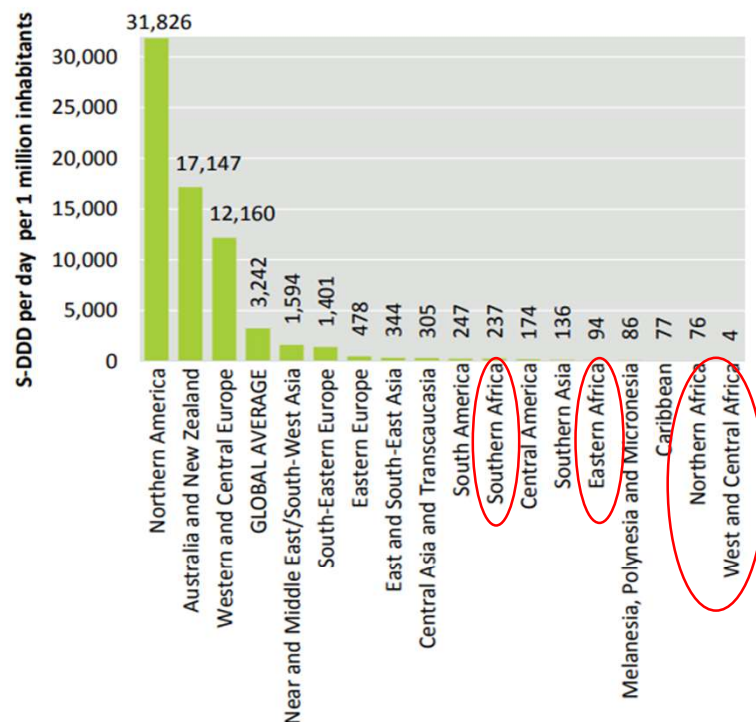
Nigeria: non-medical use of **pharmaceutical opioids**: mainly **tramadol**, and to lesser extent codeine or morphine; The pharmaceutical opioids reported in drug treatment included tramadol, codeine, and, to a lesser extent, pentazocine; **Cough syrups** contain mostly **codeine** or **dextromethorphan**.

OPIOIDS

Access to pharmaceutical opioids for pain management

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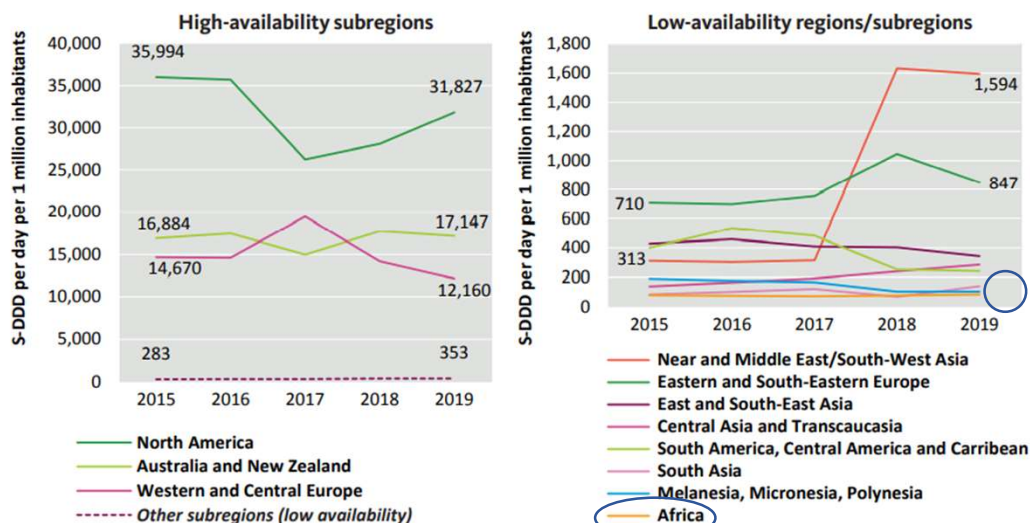
FIG. 60 Amounts of opioids under international control (excluding preparations) available for medical consumption, by sub-region, 2019



Sources: UNODC calculations based on the following INCB reports: *Narcotic Drugs: Estimated World Requirements for 2021 – Statistics for 2019* (E/INCB/2020/2); and *Psychotropic Substances: Statistics for 2019 – Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV of the Convention on Psychotropic Substance of 1971* (E/INCB/2020/3).

Note: S-DDD refers 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.

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



Sources: UNODC calculations based on the following INCB reports: *Narcotic Drugs: Estimated World Requirements for 2021 – Statistics for 2019* (E/INCB/2020/2), and previous years; and *Psychotropic Substances: Statistics for 2019 – Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV of the Convention on Psychotropic Substance of 1971* (E/INCB/2020/3), and previous years.

Notes: S-DDDs refers 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; extrapolation techniques have been used in case of missing data.

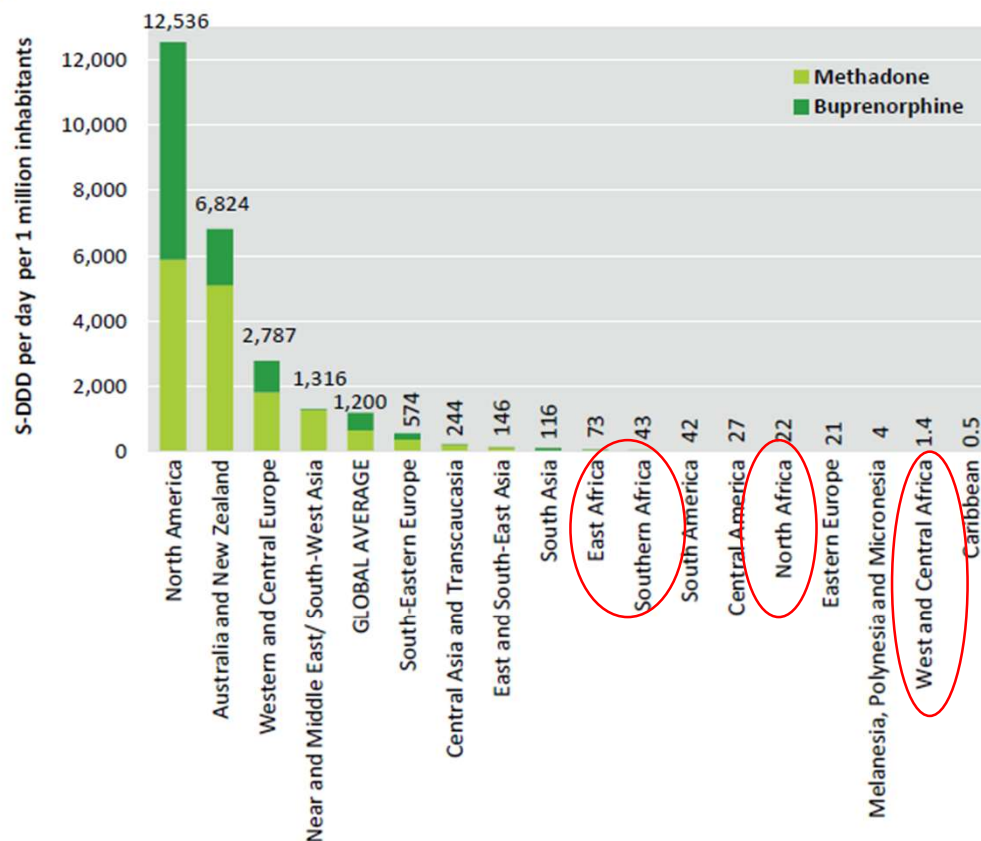
“High availability subregions” include subregions with per capita availability of opioids for medical purposes that is above the global average, i.e., North America, Western and Central Europe, Australia and New Zealand.

“Low-availability regions and subregions” include regions and subregions with per capita availability of opioids for medical purposes that is below the global average, i.e., Africa, Asia, Eastern Europe, South-Eastern Europe, the Caribbean, Central America, South America, Melanesia, Micronesia and Polynesia, i.e., all regions and subregions except North America, Western and Central Europe, and Australia and New Zealand.

OPIOIDS

Access to pharmaceutical opioids for pain management

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



Sources: UNODC calculations based on the following INCB reports: *Narcotic Drugs: Estimated World Requirements for 2021 – Statistics for 2019* (E/INCB/2020/2); and *Psychotropic Substances: Statistics for 2019 – Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV of the Convention on Psychotropic Substance of 1971* (E/INCB/2020/3).

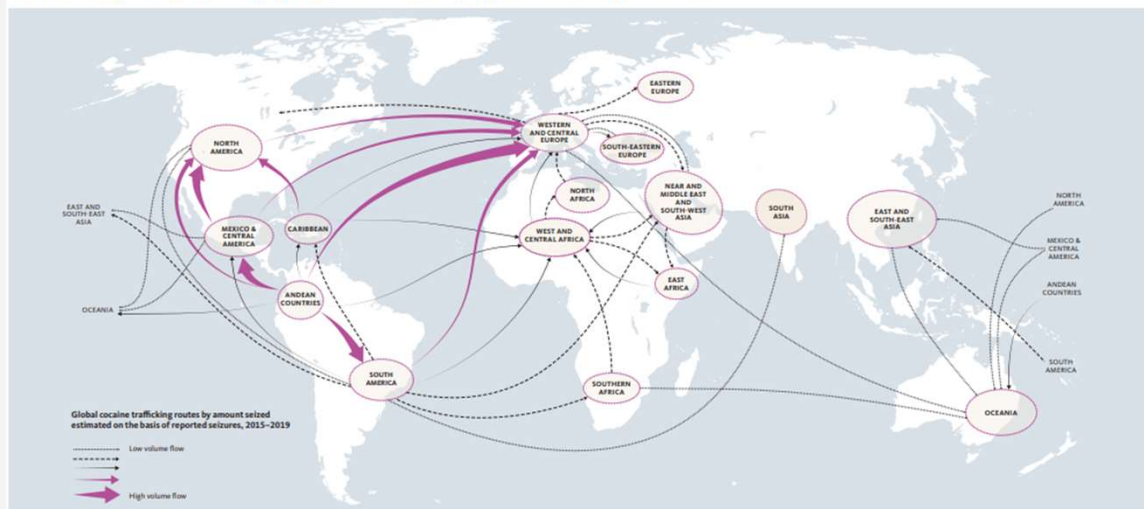
Notes: S-DDD refers to “defined daily doses for statistical purposes”. As defined by INCB, S-DDDs are “technical units of measurement” for the purposes of statistical analysis and are not recommended daily prescription doses; actual doses may differ based on treatments required and medical practices. Details of S-DDDs used for these calculations are provided in the methodological annex to the present report.

COCAINE

Cocaine supply

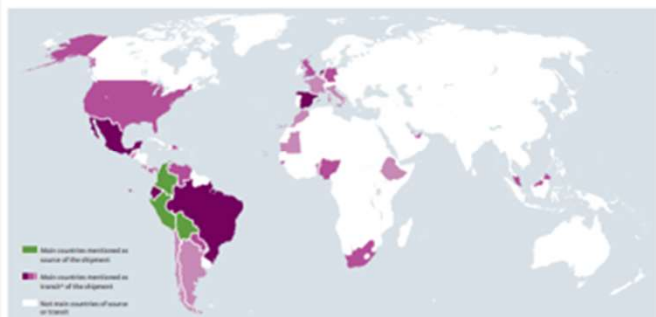
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MAP 6 Main cocaine trafficking flows, as described by reported seizures, 2015–2019



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 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 the one of last provenance, end 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.

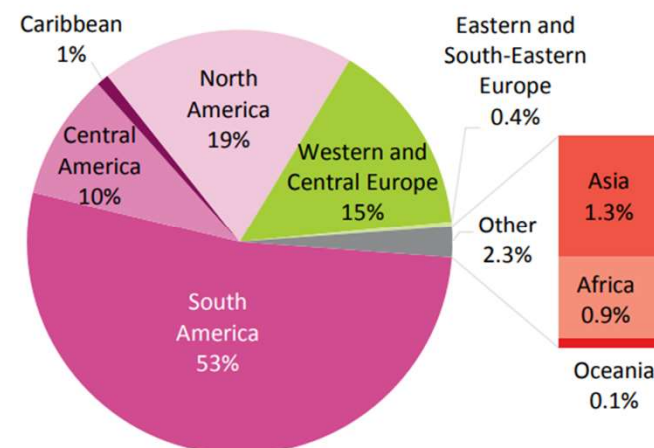
MAP 7 Main countries identified as source and transit locations of cocaine shipments, as described by reported seizures, 2015–2019



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.

Source: UNODC elaboration.

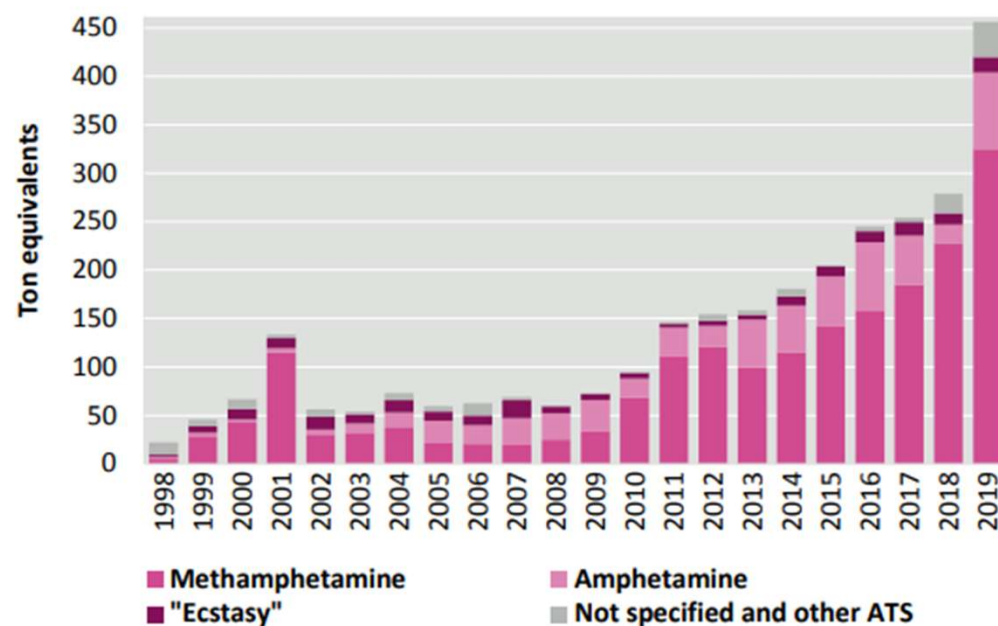
Breakdown by region



AMPHETAMINE-TYPE STIMULANTS

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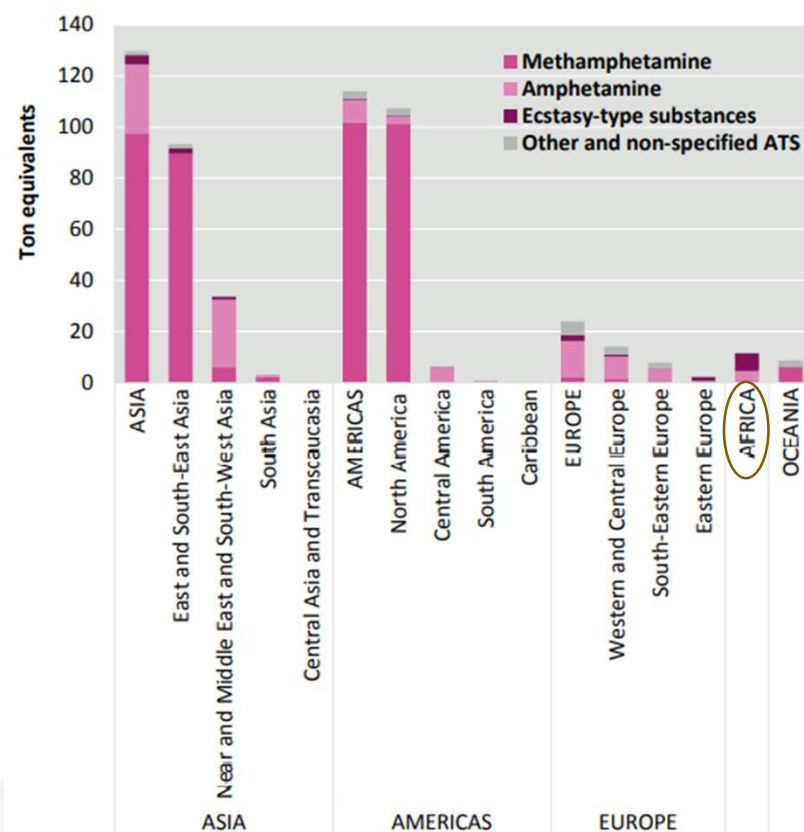
FIG. 1 Global quantities of amphetamine-type stimulants seized, 1998–2019



Source: UNODC, responses to the annual report questionnaire.

Proportion of Africa in global ATS seizures:
8.7% in 2019

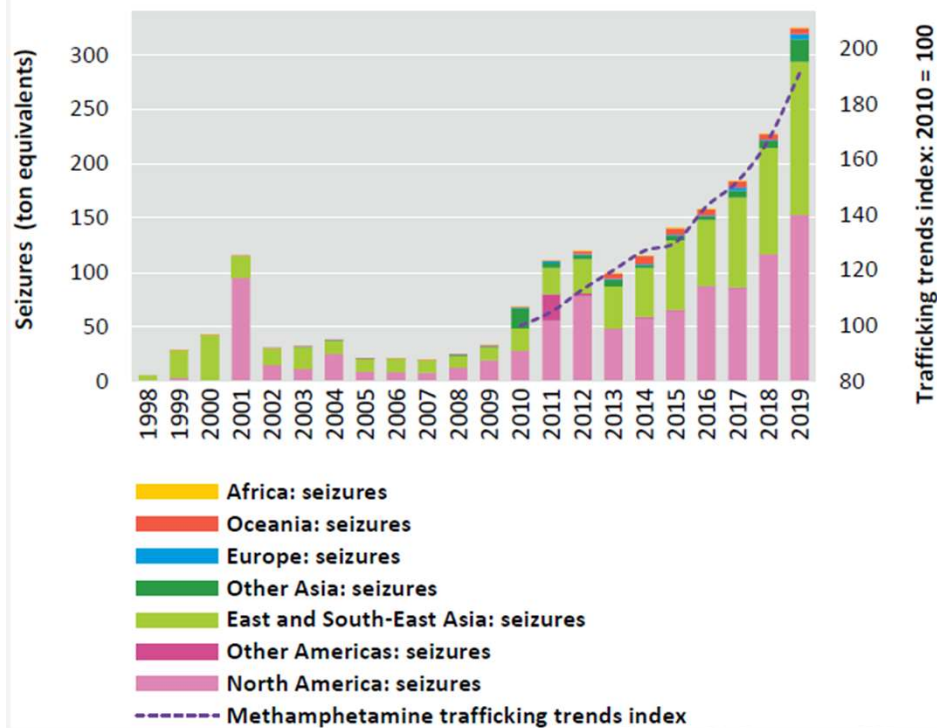
FIG. 2 Average annual quantities of amphetamine-type stimulants seized, by region and subregion, 2015–2019



Source: UNODC, responses to the annual report questionnaire.

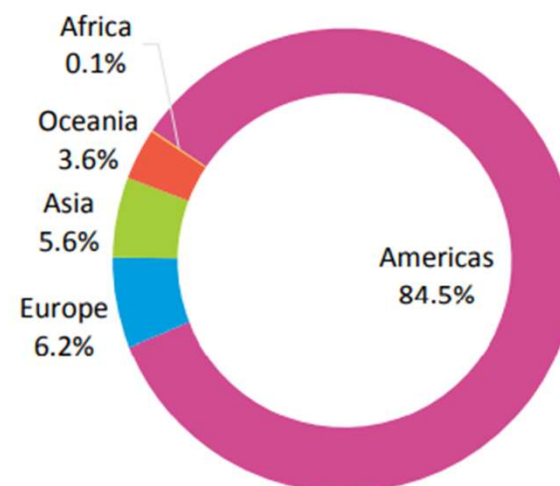
Methamphetamine supply

FIG. 9 Quantities of methamphetamine seized and reported trends in methamphetamine trafficking, 1998–2019



Proportion of Africa in global methamphetamine seizures: 0.2% in 2019

FIG. 6 Distribution of detected methamphetamine laboratories, 2015–2019

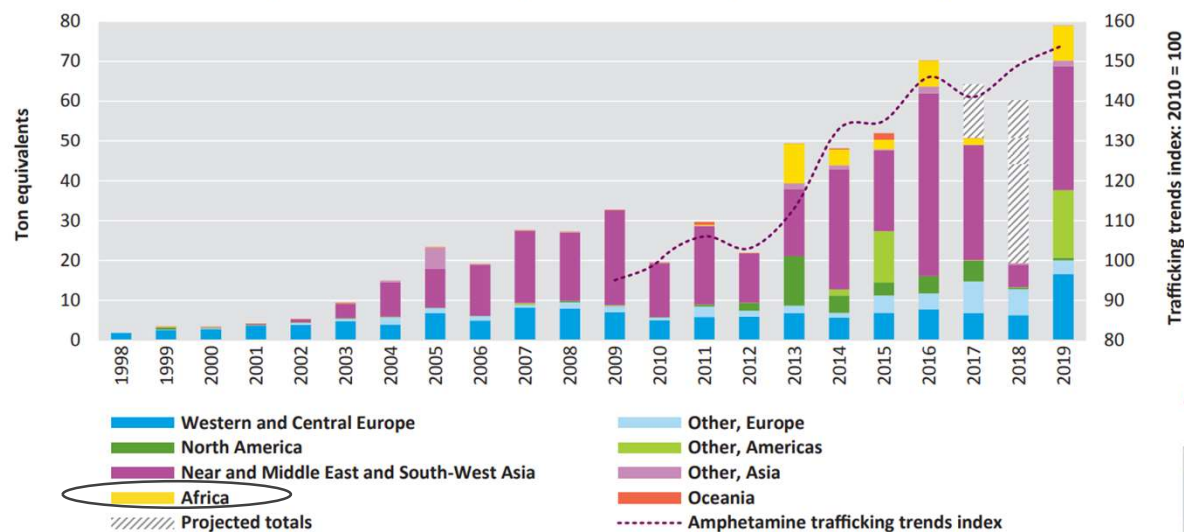


Source: UNODC, responses to the annual report questionnaire.

Note: The total number of detected methamphetamine laboratories over the period 2015–2019 amounted to 22,657. This category, as defined in the UNODC annual report questionnaire, includes laboratories where methamphetamine was manufactured (including “kitchen laboratories”), as well as laboratories where the refining, tabletting, cutting and packaging took place, sites where the equipment or the chemicals required for the manufacture of methamphetamine were stored and sites where equipment, packaging or the chemical waste related to the manufacture of methamphetamine was dumped.

Amphetamine supply

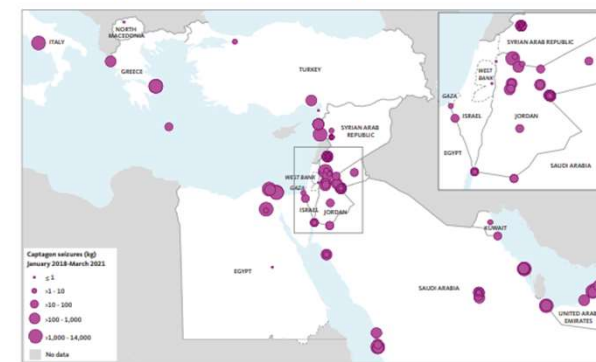
FIG. 18 Quantities of amphetamine seized and reported trends in amphetamine trafficking, 1998–2019



Source: UNODC, responses to the annual report questionnaire.

Proportion of Africa in global amphetamine seizures: 11.1% in 2019

MAP 4 Significant individual seizures of "captagon" tablets, Near and Middle East, January 2018–March 2021



Source: UNODC, Drugs Monitoring Platform.

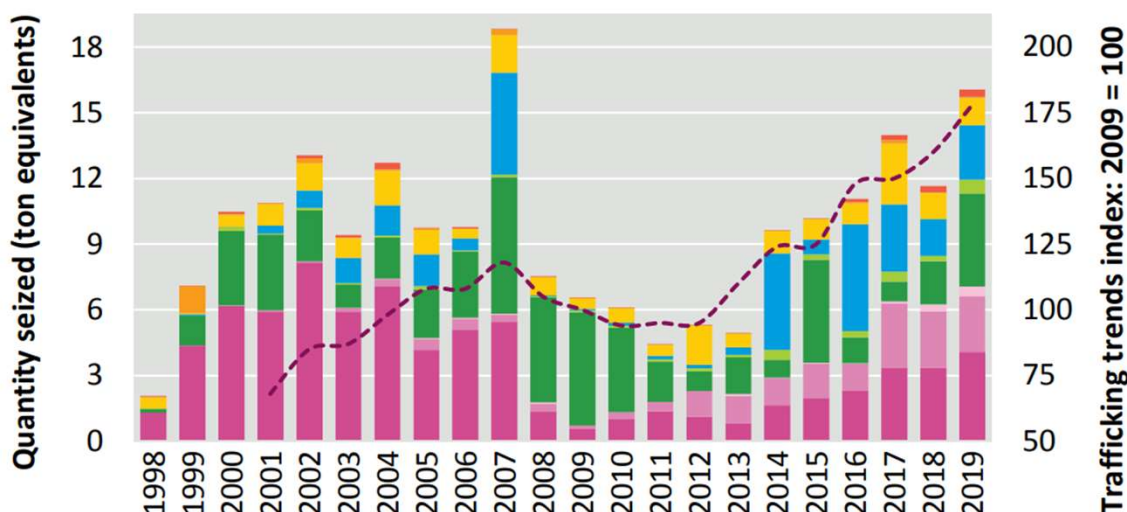
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

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").

"Ecstasy" supply

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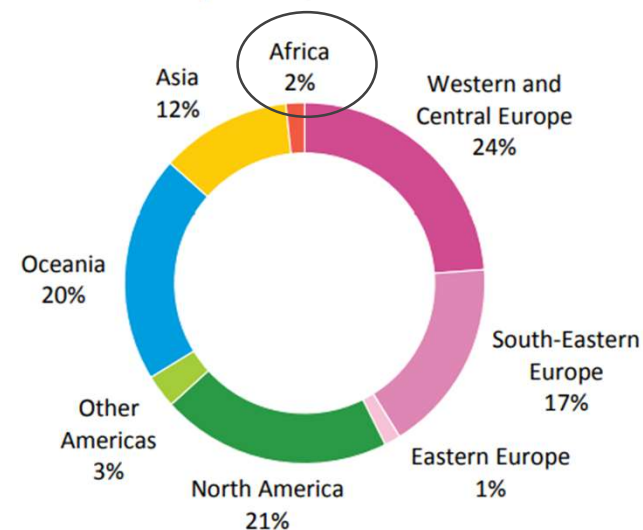
FIG. 21 Quantities of "ecstasy" seized, by region and reported trends in "ecstasy" trafficking, 1998–2019



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").

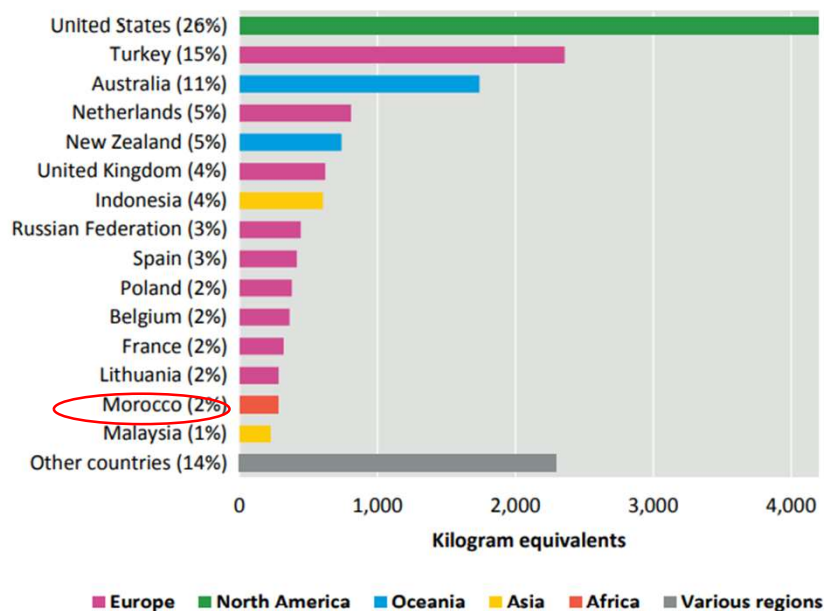
FIG. 22 Regional distribution of the quantities of "ecstasy" seized, 2015–2019



Source: UNODC, responses to the annual report questionnaire.

"Ecstasy" supply

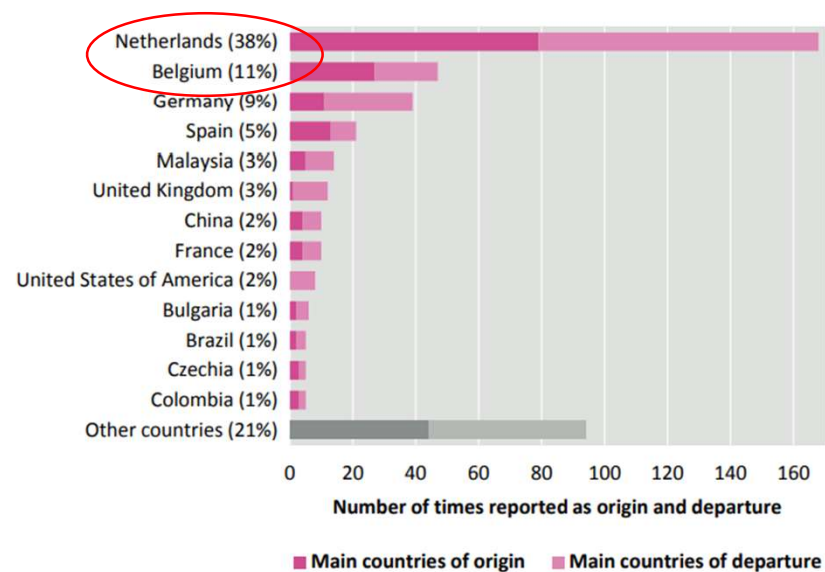
FIG. 23 Quantities of "ecstasy" seized, 2019



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.

FIG. 24 Main countries of origin and of departure of "ecstasy", 2015–2019



Source: UNODC, responses to the annual report questionnaire.

Note: The percentage refers to the share of each country of all the mentions of countries of origin and departure for "ecstasy" at the global level.

For more detail: World Drug Report 2021



<https://www.unodc.org/unodc/en/data-and-analysis/wdr2021.html>