Das internationale Drogenkontrollsystem und internationale, regionale und nationale Drogentrends

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Drug Research Section,
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The United Nations Office on Drugs and Crime (UNODC) is responsible for the United Nations activities in the fight against *illicit drugs* • international crime (organized crime, trafficking in human beings), corruption and *terrorism* and assists Member States in these efforts.

**Goal:** Towards security and justice for all – making the world safer from drugs, crime and terrorism

UNODC has approximately 1,500 staff members or 2,300 employees worldwide of which some 650 are located at its headquarters in Vienna. UNODC relies on voluntary contributions, mainly from governments, for 90 per cent of its budget (some US$ 300 million per year).

The **three pillars of the UNODC work** are:

- **Research and analytical work** to increase knowledge and understanding of drugs and crime issues and expand the evidence-base for policy and operational decisions;
- **Normative work** to assist States in the ratification and implementation of the international treaties, the development of domestic legislation on drugs, crime and terrorism, and the provision of secretariat and substantive services to the treaty-based and governing bodies; and
- **Field-based technical cooperation** projects to enhance the capacity of Member States to counteract illicit drugs, crime and terrorism (drugs: supply reduction: alternative development, law enforcement, forensic labs; demand reduction: prevention, treatment; money laundering)
Opium flows from British-India into China, 1650-1880

1650: Dutch East Indian company opium exports to China
1683: First wide-scale opium addiction in Amoy, Formosa (Taiwan)
1729: First imperial opium import ban by China
1773: British East India Company monopoly in opium trade
1820: British East India Company began losing grip on monopoly
1839-42: First Opium War
1856-60: Second Opium War
1858: Legalisation in Treaty of Tientsin

First Opium War, 1839-42
Domestic opium production in China, 1836-1906

INTERNATIONAL DRUG CONTROL

1909 Shanghai Conference
13 nations; forum known as Opium Commission,
led to

1912 International Opium Convention (The Hague); officially entered into force 1915.
Governed shipment of narcotic drugs, i.e. control of transport of drugs which
were used for medical purposes

1920 LEAGUE OF NATIONS DRUG CONTROL
Product subject to control were related to opium poppy, coca bush and cannabis

1920 Establishment of “Advisory Committee on Traffic in Opium and Other
Dangerous Drugs” to assist the League’s Council

Under the League’s auspices, 3 new Conventions were passed:

1925 Convention, which went into force in 1928:
- Introduction of a statistical control system,
- Introduction of a system of import certificates and export authorizations for the
licit international trade in narcotic drugs
- “Permanent Central Narcotics Board” of independent experts (as compared
INCB) formed to supervise statistical control system

1931 Convention, which entered into force in 1933
“Convention for Limiting the Manufacture and Regulating the Distribution of
Narcotic Drugs”
- Aimed at limiting manufacture of drugs to amounts needed for medical and
scientific purposes
- Establishment of a Drug Supervisory Body, to monitor operation of the system
(compare CND)

1936 Convention, which went into force in 1939
“Convention for the Suppression of the Illicit Traffic in Dangerous Drugs”
- Severe punishment for illicit drug traffickers

In addition, there were also international agreements, signed in 1925 and 1931 to suppress
opium smoking.

1946 UNITED NATIONS DRUG CONTROL

1946 Protocol, entered into force in 1947
Legally transferred the drug control functions exercised by the League of Nations to
the United Nations

The functions of the League’s “Advisory Committee” were transferred to the United
Nations “Commission on Narcotic Drugs” (CND), established in 1946 under the
Economic and Social Council (ECOSOC).

1948 Protocol, entered into force in 1949
brought a large number of synthetic drugs (“man-made substances”) under
international control

1953 Opium Protocol, entered into force in 1963
Protocol for Limiting the Cultivation of the Poppy Plant, the Production of,
International and Wholesale Trade in and Use of Opium, signed in New York.
- Aimed at limiting opium use and trade to medical and scientific needs,
- Eliminated legal over-production through stock control
- Only 7 countries (Bulgaria, Greece, India, Iran, Turkey, USSR and
Yugoslavia) were authorized to produce opium for export
- The Permanent Central Board (now the INCB) was empowered with
supervisory and enforcement responsibilities; Board has right to impose
embargo on importation and exportation of opium

1961 Single Convention on Narcotic Drugs, entered into force in 1964
- Consolidation of earlier drug control treaties (for opium, coca bush and cannabis)
- Streamlining the control mechanism
- The Permanent Central Board and the Drug Supervisory Body became
The International Narcotics Control Board (INCB)
- It also prohibits opium smoking, coca leaf chewing - transition period

1972 Protocol amending the Single Convention, entered into force in 1972
- Stronger emphasis on treatment and rehabilitation, social integration as
alternatives to imprisonment for abusers
- INCB is given a key role in ensuring a balance between supply and demand of
narcotic drugs for medical and scientific purposes

1971 Convention on Psychotropic Substances, entered into force in 1976
- Amphetamine-type substances, sedative hypnotic agents, hallucinogens
- Particularly LSD (lysergic acid diethylamide), mescaline, amphetamines, and
sedative hypnotics, such as barbiturates
- 4 separate “schedules”
- Schedule 1, those which are completely prohibited
- Convention also regulates inspection of stocks, records, laboratory premises
- Responsibility: CND, INCB

1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances,
entered into force in 1990
- Money laundering (confinement of proceeds)
- Extradition of major drug traffickers
- Cooperation in demand reduction
- Parties: 184

1998 Special Session of the General Assembly devoted to Countering the Drug Problem
- Political Declaration, Guiding Principles of Drug Demand Reduction; Action Plans
- Political Declaration and Plan of Action (target date: 2019)
- Parties: 183

2000 Special Session of General Assembly

2016 Parties: 188
1st International Opium Conference, Shanghai, 1909
Egypt: “I earnestly beg all the delegates to give this question [hashish] their best attention, for I know the mentality of Oriental peoples, and I am afraid that it will be said that the question was not dealt with because it did not affect the safety of Europeans….”

The 1925 International Opium Convention banned exportation of Indian hemp to countries that prohibited its use.

Importing countries were required to issue certificates approving the importation, stating that the shipment was to be used "exclusively for medical or scientific purposes".
This "Drug Summit" was to assess the international drug problem, and develop a forward-looking strategy for the 21st century by focusing on six crucial issues: **demand reduction** (incl. “harm reduction” - “reducing the adverse consequences of drug abuse”), alternative development; amphetamine-type stimulants; precursor chemicals (“know your customer”); money-laundering; and judicial cooperation.
Global opium production in metric tons, 1906/1907 – 2015*

Memo:
World population:
1906: 1.75 billion
2015: 7.35 billion

Note: The transformation of poppy straw into opium equivalents is tentative. A transformation ratio of around 7 kg of opium for 100 kg of poppy straw was applied, derived from average morphine output from poppy straw of 0.7% at the global level (2006-2012) and an average opium morphine content of 10% at the global level (2006-2013). Annual specific results were applied for data over the 2006-2014 period. Poppy straw figures for 2015 are still preliminary. Average 2006-2014 ratios (7.6 kg of opium for 100 kg poppy straw and 9.3 kg of morphine for 100 kg of opium) were used as proxies for 2015.

FIG. 28 | Trends in the global interception rate for opiates, 1980-2014

Source: Calculations based on responses to the annual report questionnaire and UNODC opium poppy cultivation surveys.

Note: For details of the calculation methods see the online methodology section of the present report.
Estimates of opiate use among the total population 1907/08 and 2006

Estimates of annual prevalence of opiate, cocaine and ATS use at the global level, 1907/08 and 2006/07

Persons using drugs: 246 million (162-329 m); 5.2% (3.4-7%)
Problem drug users: 27 million (15.7-39 m); 0.6% (0.3-0.8%)
Persons treated: < 5 million

Source: UNODC, Annual Report questionnaire and other Government reports.
Importance of the illicit drug sector in the economy of developed countries

The drug market in 21 EU countries, 1995-2015

- Drug purchases as a percentage of GDP (21 EU countries)
- Drug purchases as a percentage of GDP in Austria
- Drug purchases in 21 EU countries in current Euros
- Drug purchases in 21 EU countries in constant Euros

The drug market in USA and Europe

- Consumer expenditure on drugs in 2015 in % of total consumer expenditure:
  - Ireland: 1.1%
  - Spain: 0.9%
  - UK: 0.6%
  - Austria: 0.2%
  - Finland: 0.1%
  - Sweden: 0.1%

Sources: ONDCP, EUROSTAT. EU-21 = EU-28 less Germany, France, Italy, Poland, Netherlands, Malta.
Drug production
Areas under global illicit opium poppy and coca cultivation (hectares), 1998-2015

Sources: UNODC, Coca and Opium Surveys (various countries), UNODC, annual report questionnaire data and United States State Department, International Narcotics Control Strategy Reports.
Global production of opium and cocaine (tons), 1998-2015

Sources: UNODC, Coca and Opium Surveys (various countries), UNODC, annual report questionnaire data and US State Department, International Narcotics Control Strategy Reports.
Coca bush cultivation, 1990-2015

Sources: UNODC, Coca Surveys, Colombia, Peru and Bolivia (Plurinational State of) and US Department of State, INCSR (prior to 2000).
Cultivation (in hectares) and production of opium (in tons), 1998-2015*

Source: UNODC calculations based on UNODC illicit crop monitoring surveys and UNODC, Annual Report Questionnaire Data.
Figure 2: Potential opium production in Afghanistan, 1994-2016 (tons)

Sources: UNODC/MCN opium surveys, 1994-2016. Figures refer to oven-dry opium. The vertical lines represent the upper and lower bounds of the 95% confidence interval.

Source: UNODC/MCN, Afghanistan Opium Survey 2016, October 2016
Summary of recent trends in drug production, 2009 – 2014* / 15**

- **Opium**: rather stable
- **Heroin**: rather stable
- **Cocaine**: some decline
- **Cannabis**: rather stable
  - resin: rather stable
  - herb: rather stable
- **Amphetamines**: increase
- **Ecstasy**: decline
- **'New psychoactive substances'**: strong increase
Number of psychoactive substances under international control, 1912-2016

Number of internationally controlled drugs in 2015 and identified New Psychoactive Substances (NPS) at the global level, 2009 to 2015 (cumulative)

Sources: Commission on Narcotic Drugs and UNODC Early Warning Advisory on NPS (based on information submitted by Member States through surveys and submissions from laboratories participating in the International Collaborative Exercises (ICE) programme.)
Lifetime prevalence of New Psychoactive Substances (NPS) among youths (age 15-24) in the European Union

<table>
<thead>
<tr>
<th>Changes 2011-2014:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase:</td>
<td>18 EU countries (64% of EU countries)</td>
</tr>
<tr>
<td>Stable</td>
<td>8 EU countries (29% of EU countries)</td>
</tr>
<tr>
<td>Decline:</td>
<td>1 EU country (4% of EU countries)</td>
</tr>
<tr>
<td>Data not available</td>
<td>1 EU country</td>
</tr>
</tbody>
</table>

Prevalence in 2014

- Life-time prevalence:
  - EU: 8%
  - Austria: 7%

- Annual prevalence:
  - EU: 4%
  - Austria: 2%

- Past month prevalence:
  - EU: 1%
  - Austria: <1%

Sources: European Commission, Eurobarometer
Drug trafficking
Aggregate seizures of heroin and morphine, 2014
Weight in ton equivalents. The present map includes data from countries and territories for which official seizure data are available and amount to more than 10 kg. The seizure data are presented as reported (no adjustment made for purity).

Source: UNODC annual report questionnaire data, supplemented by 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.
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 determined.
A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).
* The vast majority of seizures of heroin and morphine are reported to UNODC by weight. Whenever the availability of information allows, seizures expressed in other units are converted to weight; in particular 1 litre is assumed to have a weight of 1 kg.
For more details please refer to the methodology section of the World Drug Report.
Identified branches of heroin trafficking from Turkey to Western Europe

Heroin trafficking to West and Central Europe, 2014-2016

Sources: UNODC, ARQ 2014 and 2015 and individual drug seizures 2014 and 2015.
Seizures of cocaine, 2014
Weight in ton equivalents*.
The present map includes data from countries and territories for which official seizure data are available and amount to more than 10 kg.

Source: UNODC annual report questionnaire data, supplemented by 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.
Dashed lines represent undetermined boundaries. Dotted lines represent, 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 Sudan and South Sudan has not yet been determined.
A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).
* Seizures as reported (no adjustments made for purity). Includes cocaine salts, crack cocaine, coca paste/cocaine base and non-specified cocaine. The vast majority of seizures of cocaine are reported to UNODC by weight.
** Available data for 2012 were incomplete and therefore not comparable to 2013 data.
Main trafficking flows of cocaine

Source: UNODC, responses to annual report questionnaire and individual drug seizure database.

Notes: The trafficking routes represented on this map should be considered broadly indicative and based on data analyses rather than definitive route outlines. Such analyses are based on data related to official drug seizures along the trafficking route as well as official country reports and responses to annual report questionnaires. Routes may deviate to other countries that lie along the routes and there are numerous secondary flows that may not be reflected. The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations. Dashed lines represent undetermined boundaries. The 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 Sudan and South Sudan has not yet been determined.
Seizures of major drug-types at global level, 1998-2014 (Index: 1998 = 100)

Source: UNODC, Annual Reports Questionnaire Data.
Seizures of ATS (excluding “ecstasy”-type substances), 2014
Weight in ton equivalents*.
The present map includes data from countries and territories for which official seizure data are available and amount to more than 10 kg.

Source: UNODC annual report questionnaire data, supplemented by 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.
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 Sudan and South Sudan has not yet been determined.
A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).
* This quantity reflects the bulk weight of seizures of amphetamine-type stimulants (excluding “ecstasy”-type substances) (amphetamine, methamphetamine, non-specified ATS, prescription stimulants and other stimulants), with no adjustment for purity. Seizures of amphetamine, methamphetamine and non-specified ATS reported in tablets or similar units are converted using assumed bulk tablet weights between 90mg and 300mg, depending on the region and specific drug type and based on information currently available to UNODC. The conversion factors are listed in the methodology section of the World Drug Report. Seizures reported by volume are converted assuming 1 litre has a mass of 1 kg.
MAP 3 | Major Captagon seizure cases in the Middle East reported in the media, March 2014-November 2015

Source: Based on seizures reported in media reports available in December 2015.

Note: Arrows may not represent actual routes. Destination countries reported may not be the intended final destination of the shipment. The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations. Dashed lines represent undetermined boundaries. The 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 Sudan and South Sudan has not yet been determined. Destination country may not be final destination of seized shipment. Arrows represent individual case, not routes or flows.
Seizures of “ecstasy”-type substances, 2014

Weight in kilogram equivalents*

The present map includes data from countries and territories for which official seizure data are available and amount to more than 1 kg.

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Source: UNODC annual report questionnaire data, supplemented by 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. 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 determined. The final boundary between the Sudan and South Sudan has not yet been determined.

A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

* This quantity reflects the bulk weight of “ecstasy”-type substances seizures, with no adjustment for purity. Seizures of “ecstasy”-type substances reported in tablets or similar units are converted using assumed bulk tablet weights between 200mg and 300mg, depending on the region and based on information currently available to UNODC. The conversion factors are listed in methodology section of the World Drug Report 2011. Seizures reported by volume are converted assuming 1 litre has a mass of 1 kg.
Globally reported drug seizure cases in 2014 (N = 2.2 million)

Marijuana: 39%
Hashish: 11%
Other cannabis: 4%
Methamphetamine: 11%
Amphetamine: 3%
Ecstasy: 2%
Other ATS: 1%
Heroin: 10%
Other opioids: 2%
Cocaine salts: 6%
Cocaine base/paste: 5%
Other coca: 1%
NPS: 3%
Sedatives and tranquilizers: 1%
Others: 1%

Source: UNODC, Annual Reports Questionnaire
Seizures of marijuana (cannabis herb), 2014
Weight in ton equivalents*.

The present map includes data from countries and territories for which official seizure data are available and amount to more than 100 kg.

Source: UNODC annual report questionnaire data, supplemented by 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. 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 Sudan and South Sudan has not yet been determined.

A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

* The vast majority of seizures of marijuana (cannabis herb) are reported to UNODC by weight. Whenever the availability of information allows, seizures expressed in other units are converted to weight; in particular 1 litre is assumed to have a weight of 1kg.

For more details please refer to the methodology section of the World Drug Report.
Seizures of hashish (cannabis resin), 2014

Weight in ton equivalents*. The present map includes data from countries and territories for which official seizure data are available and amount to more than 10 kg.

Trend 2013-2014

- Increase (>10%)
- Stable (+/- 10%)
- Decrease (>10%)
- No comparable data available for previous year

Source: UNODC annual report questionnaire data, supplemented by 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.
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 Sudan and the South Sudan has not yet been determined.
A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).
* The vast majority of seizures of hashish (cannabis resin) are reported to UNODC by weight. Whenever the availability of information allows, seizures expressed in other units are converted to weight; in particular, 1 litre is assumed to have a weight of 1 kg. For more details please refer to the Methodology section of the World Drug Report.
Reported violations against the drug laws per 100,000 people in Austria, Germany and Switzerland in 2015

Sources: Austrian Ministry of Interior, German Bundeskriminalamt and Swiss Federal Office of Police
Violations against the drug laws in Austria by citizenship, 2015 (N = 32,907)

- Austria: 66%
- Foreigners: 34%

Proportion of foreigners in total population:
- Austria: 13.8%
- Vienna: 26.3%
- Tyrol: 13.6%

<table>
<thead>
<tr>
<th>Fremde</th>
<th>Inländer</th>
<th>Bundesland</th>
<th>Anteil Fremde in %</th>
</tr>
</thead>
<tbody>
<tr>
<td>5223</td>
<td>4926</td>
<td>Wien</td>
<td>51.5%</td>
</tr>
<tr>
<td>1427</td>
<td>2116</td>
<td>Tirol</td>
<td>40.3%</td>
</tr>
<tr>
<td>540</td>
<td>1172</td>
<td>Salzburg</td>
<td>31.5%</td>
</tr>
<tr>
<td>756</td>
<td>2007</td>
<td>Steiermark</td>
<td>27.4%</td>
</tr>
<tr>
<td>305</td>
<td>959</td>
<td>Vorarlberg</td>
<td>24.1%</td>
</tr>
<tr>
<td>1159</td>
<td>3834</td>
<td>Oberösterreich</td>
<td>23.2%</td>
</tr>
<tr>
<td>778</td>
<td>3168</td>
<td>Niederösterreich</td>
<td>19.7%</td>
</tr>
<tr>
<td>216</td>
<td>1368</td>
<td>Kärnten</td>
<td>13.6%</td>
</tr>
<tr>
<td>106</td>
<td>746</td>
<td>Burgenland</td>
<td>12.4%</td>
</tr>
</tbody>
</table>

Violations against the drug laws in Austria by citizenship, 2006-2015

Drug consumption
Illicit drug use at the global level, late 1990s to 2014

Source: UNODC, responses to annual report questionnaire.

Note: estimates are based on past year use for persons aged 15-64.
Annual prevalence of illicit drug use at the global level among the population aged 15-64, 2009 - 2014

All drug use: 5.2%
Range: 3.3%-7.1%

Problem drug use: 0.6%
Range: 0.4%-0.9%

Source: UNODC, response to annual report questionnaire.
Annual prevalence of illicit drug use at the global level among the population aged 15-64, 2015 or latest year available

Annual prevalence of cannabis use among the general population

Germany, 2003-2015

Austria, 2004-2015

Sources: Gesundheit Österreich, Bevölkerungserhebung zu Substanzgebrauch 2015 (and previous years), IFES, Sucht-Monitoring Wien, 2015 (and previous years); Institut für Therapieforschung (IFT), Der Epidemiologische Suchtsurvey 2015 (and previous years).
Cannabis use in Austria among the general population, pupils and youths, 2004-2015

Life time prevalence in 2015: 23.6%

Prevalence reported in household surveys among general population, age 15-64

Prevalence among pupils and youths

Sources: Gesundheit Österreich, Bevölkerungserhebung zu Substanzgebrauch 2015 (and previous years), European Commission, Flash Eurobarometer, No. 401, 330, 158, 172; Council of Europe/EMCDDA, ESPAD 2015 (and previous years).
Annual prevalence of drug use in Austria, in percent of population age 15-64, 2004-2015

Source: Gesundheit Österreich, Bevölkerungserhebung zu Substanzgebrauch 2015 and previous years.
Development of cannabis use among the general population age 15+ in Vienna and in Austria

Prevalence of cannabis use among the general population age 15+

Vienna - life-time prevalence
Vienna - last three years prevalence
Vienna - last month prevalence
Austria - life-time prevalence
Austria - annual prevalence
Austria - past month prevalence

Sources: Gesundheit Österreich, Bevölkerungserhebung zu Substanzgebrauch 2015 (and previous years), IFES, Sucht-Monitoring Wien, 2015 (and previous years).
Austria: Reported cannabis related violations, 1985-2015

Data for 2015
in % of total per 100,000 people

- Austria: 100% 314
- Vienna: 29% 430
- Upper Austria: 16% 292
- Tyrol: 14% 516
- Lower Austria: 13% 215
- Styria: 11% 248
- Carinthia: 5% 236
- Vorarlberg: 4% 305
- Burgenland: 3% 282

Sources: Ministry of Interior.
Austria: amphetamines reported violations, 2005-2015

Proportion of Upper Austria in reported violations against the drug law in 2015:

- All drugs: 16%
- Amphetamine: 28%
- Methamphetamine: 48%

Life-time prevalence (in % of population age 15-64) in 2015:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Upper Austria</th>
<th>Austria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamine</td>
<td>2.3%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>0.5%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

Annual prevalence (in % of population age 15-64) in 2015:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Upper Austria</th>
<th>Austria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamine</td>
<td>0.6%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>0.3%</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

Sources: Austria, Ministry of Interior. (Bundeskriminalamt), Gesundheit Österreich ; Institut Sucht Prävention.
Austria: Selected Illicit Drugs
Reported violations against the Narcotics Control Act, 1985-2015

Source: Austria, Ministry of Interior.
Persons treated for drug abuse in Austria in 2015

AUSTRIA: Drug related death cases, 1970-2015

Data for 2015:
Average age of death: 33
Sex: male: 74.5%; female 25.5%
Substances found:
Opioids: 92%; including
- heroin and morphine: 78%
- codeine, buprenorphine: 25%
- methadone: 16%
Psychotropic medicaments: 82% (mostly benzodiazepines)
Alcohol: 37%
Cocaine: 22%
ATS (amphetamine, ecstasy, methamphetamine): 11%
By province, per 100,000 people age 15-64:
Vorarlberg: 5.9; Vienna: 5.8; Tyrol: 2.8
AUSTRIA – average: 2.6
Carinthia: 2.4; Lower Austria: 1.9; Burgenland: 1.6
Styria: 1.1; Upper Austria: 0.8; Salzburg: 0.6

Sources: UNODC, Annual Reports Questionnaire Data, Ministry of Interior, ÖBIG, Gesundheit Österreich.
Estimates of the number of problem opioids users in Austria, by region

Source: Gesundheit Österreich, Epidemiologiebericht Sucht 2016.
Prevalence of problem opioid use among population age 15-64

Austria, 2015

<table>
<thead>
<tr>
<th>Country</th>
<th>Prevalence in % of population age 15-64</th>
</tr>
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<tbody>
<tr>
<td>Russia, 2012</td>
<td>1.44</td>
</tr>
<tr>
<td>Ukraine, 2012</td>
<td>1.05</td>
</tr>
<tr>
<td>Estonia, 2008</td>
<td>0.81</td>
</tr>
<tr>
<td>UK, 2010-11</td>
<td>0.81</td>
</tr>
<tr>
<td>Luxembourg, 2007</td>
<td>0.59</td>
</tr>
<tr>
<td>Belarus, 2011</td>
<td>0.59</td>
</tr>
<tr>
<td>EUROPE average, 2014</td>
<td>0.58</td>
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<tr>
<td>Malta, 2014</td>
<td>0.57</td>
</tr>
<tr>
<td>Austria, 2015</td>
<td>0.55</td>
</tr>
<tr>
<td>Denmark, 2009</td>
<td>0.52</td>
</tr>
<tr>
<td>France, 2013/2014</td>
<td>0.52</td>
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<tr>
<td>Italy, 2014</td>
<td>0.52</td>
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<tr>
<td>Bulgaria, 2011</td>
<td>0.50</td>
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<tr>
<td>Portugal, 2012</td>
<td>0.49</td>
</tr>
<tr>
<td>Latvia, 2014</td>
<td>0.47</td>
</tr>
<tr>
<td>Switzerland, 2011</td>
<td>0.43</td>
</tr>
<tr>
<td>Finland, 2012</td>
<td>0.41</td>
</tr>
<tr>
<td>Sweden, 2013</td>
<td>0.41</td>
</tr>
<tr>
<td>FYR Macedonia, 2005</td>
<td>0.40</td>
</tr>
<tr>
<td>Slovenia, 2013</td>
<td>0.37</td>
</tr>
<tr>
<td>Croatia, 2010</td>
<td>0.36</td>
</tr>
<tr>
<td>Bosnia &amp; Herzegovina, 2009</td>
<td>0.30</td>
</tr>
<tr>
<td>Germany, 2013</td>
<td>0.30</td>
</tr>
<tr>
<td>Norway, 2013</td>
<td>0.27</td>
</tr>
<tr>
<td>Greece, 2014</td>
<td>0.24</td>
</tr>
<tr>
<td>Lithuania, 2007</td>
<td>0.24</td>
</tr>
<tr>
<td>Spain, 2013</td>
<td>0.21</td>
</tr>
<tr>
<td>Belgium, 2014</td>
<td>0.18</td>
</tr>
<tr>
<td>Cyprus, 2014</td>
<td>0.18</td>
</tr>
<tr>
<td>Czech, 2014</td>
<td>0.16</td>
</tr>
<tr>
<td>Slovakia, 2008</td>
<td>0.13</td>
</tr>
<tr>
<td>Netherlands, 2012</td>
<td>0.13</td>
</tr>
<tr>
<td>Moldova, 2012</td>
<td>0.12</td>
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<tr>
<td>Romania, 2011</td>
<td>0.11</td>
</tr>
<tr>
<td>Serbia, 2011</td>
<td>0.10</td>
</tr>
<tr>
<td>Poland, 2014</td>
<td>0.06</td>
</tr>
<tr>
<td>Hungary, 2010-11</td>
<td>0.05</td>
</tr>
<tr>
<td>Turkey, 2011</td>
<td>0.03</td>
</tr>
</tbody>
</table>

Prevalence in % of population age 15-64

Source: Gesundheit Österreich, Epidemiologiebericht Sucht 2016.
Sources: EMCDDA, UNODC Annual Report Questionnaire.
Estimates of the number of problem opioids users in Austria – by age

Data for 2015
Problem opioid users: 29,000-33,000
Injecting drug users: 12,000-17,000
41% - 51% of all problem drug users

Source: Gesundheit Österreich, Epidemiologiebericht Sucht 2016.
Results from student surveys in Europe

The 2011 ESPAD Report
Substance Use Among Students in 36 European Countries

ESPAD Report 2015
Results from the European School Survey Project on Alcohol and Other Drugs

The ESPAD Group
Life-time prevalence of the use of psychoactive substances in Austria and in Europe among 15-16 year old students, 2007 and 2015

Sources: EMCDDA and the European School Survey Project on Alcohol and Other Drugs (ESPAD), The 2015 ESPAD Report, 2016 (and ESPAD 2007).
Life-time prevalence of illicit drug use among 15-16 year old students in Europe, 2007

Life-time use of illicit drugs among 15-16 year old students in Europe and USA, 2011

**Europe:**
- 11% (18% lifetime use)
- 7%
- 5%
- 9%
- 11%
- 11%
- 15%
- 25%
- 35%

**USA:**
- 19%
- 27%
- 18%
- 26%
- 21%
- 25%
- 24%
- 12%
- 10%
- 7%
- 8%
- 6%
- 5%
- 4%
- 33%
- 28%
- 25%
- 18%
- 24%
- 19%
- 19%
- 7%
- 6%
- 5%
- 3%
- 1%

*5 provinces (Bavaria, Brandenburg, Berlin, Mecklenburg-Western Pomerania, Thuringia) accounting for 27% of Germany’s total population

** Council of Europe, 2007 ESPAD Report, Feb. 2009
Life-time prevalence of illicit drug use among 15-16 year old students in Europe and in the USA, 2015

European Average: 18%

Lifetime prevalence of drug use in Austria and neighbouring countries as a percentage of pupils aged 15-16 in 2015

*average of 34 European countries; **data for Switzerland refer to the year 2007
Source: Council of Europe/EMCDDA, Swedish Ministry of Health and Social Affairs, European School Survey Project on Alcohol and other Drugs (ESPAD), 2015.
Development of drug use among 14-17 year old students in Austria, 2003-2015

Source: Gesundheit Österreich, ESPAD Österreich 2015 (and previous years).
Drug use among 15-16 year old students in Austria and in Europe, 2015

Source: Council of Europe/EMCDDA, Swedish Ministry of Health and Social Affairs, European School Survey Project on Alcohol and other Drugs (ESPAD), 2015.
Lifetime prevalence of NPS use in Austria and neighbouring countries as a percentage of pupils aged 15-16 in 2015

Implementation of Arzneimittelgesetz (medicine law) as of 2008 to prohibit Spice imports

Implementation of NPS Law in Austria in December 2012:

<table>
<thead>
<tr>
<th>Country</th>
<th>Life-time prevalence in % of pupils age 15-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>European average*</td>
<td>4,2</td>
</tr>
<tr>
<td>Slovenia</td>
<td>2,9</td>
</tr>
<tr>
<td>Austria</td>
<td>3,4</td>
</tr>
<tr>
<td>Hungary</td>
<td>3,6</td>
</tr>
<tr>
<td>Slovakia</td>
<td>3,9</td>
</tr>
<tr>
<td>Liechtenstein</td>
<td>4,5</td>
</tr>
<tr>
<td>Italy</td>
<td>5,7</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>6,5</td>
</tr>
<tr>
<td>Bavaria</td>
<td>7,8</td>
</tr>
</tbody>
</table>

*average of 34 European countries;
Source: Council of Europe/EMCDDA, Swedish Ministry of Health and Social Affairs, European School Survey Project on Alcohol and other Drugs (ESPAD), 2015.
Prevalence of illicit drug use and NPS use in 2015 among general population in Germany and Austria among pupils aged 15-16 in Bavaria and Austria.

THANK YOU
FOR YOUR ATTENTION

For more information:
http://www.unodc.org/
Consequences of cannabis laws
liberalization / legalization
**Concepts**

### Depenalisation – Decriminalisation – Legalisation

**Depenalisation** (remains ‘criminal offense’, but not punished (e.g. case closed, suspended, considered minor, not in public interest to be prosecuted))

**Decriminalisation** (case of an offence reclassified to ‘non-criminal’; may be still punished by administrative fines (like a parking ticket))

**Legalisation** (remains ‘criminal offense’, but not punished (e.g. case closed, suspended, considered minor, not in public interest to be prosecuted))

**Free market** (e.g. for coffee)

**Regulation** (e.g. for alcohol and tobacco; notably used for regulating supply; amounts to be purchased; age limit, limit of marketing, licence)

**No OFFENCE** in defined circumstances

**NO OFFENCE**

**Behaviour permitted**

**Behaviour prohibited**


*no universal agreement on meaning of concepts!*

---

“medical cannabis”

“decriminalized cannabis for recreational use”

“legalized cannabis for recreational use”

---

**Drug conventions**

- possession for personal use / cultivation for personal use
- supply/trafficking

**Tightening / strengthening of controls**

**Liberalisation**
A liberal drug policy, notably legalization, tends to
  – reduce risk perceptions and
  – increase availability of drugs
  – while reducing prices

This tends to increase consumption and related harm.
Potential consequences of decriminalization / legalisation?
British Drugs Survey, 2014*

Would you consider taking drugs** in the future if they were decriminalized?
(Base: all who have never previously taken illegal drugs)

- Yes, definitely: 1%
- Yes, may be: 15%
- No: 84%

Which drugs would you consider taking in the future?
- Marijuana: 81%

Do you think that certain drugs that are currently illegal should either be legalised or decriminalised?
- Yes: 39%
- No: 61%

Which drugs should be legalised or decriminalised?
(among persons in favor of decriminalisation/legalisation)
- Marijuana: 88%; (ecstasy, cocaine 15%)

Current drug use (annual prevalence): 8.8% of persons aged 16-59 in 2013/14*

<table>
<thead>
<tr>
<th>Users Type</th>
<th>Proportion of non-users considering experimenting with drugs</th>
<th>Non-users</th>
<th>Life-time users</th>
<th>Sub-total</th>
<th>Persons who (temporarily) gave up drugs</th>
<th>Potential total</th>
<th>Overall increase</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>64.4%</td>
<td>35.6%</td>
<td>100.0%</td>
<td>64.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current use</td>
<td></td>
<td>16%</td>
<td>19.1%</td>
<td>100.0%</td>
<td>16%</td>
<td>23.4%</td>
<td>2.7 fold</td>
</tr>
<tr>
<td>Non-users</td>
<td></td>
<td>10.3%</td>
<td>8.8%</td>
<td>100.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life-time users</td>
<td></td>
<td>16%</td>
<td>19.1%</td>
<td>100.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall increase</td>
<td></td>
<td>2.7 fold</td>
<td>2.7 fold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schematic presentation of the impact of drug control on drug production and consumption

Development of cannabis legislation in the United States

1905: 29 US states with ‘regulations’ concerning cannabis sales

1913: California criminalized cannabis preparations (‘loco weed’), followed by Utah (1915) and others (46 in 1937)

1937: The Marijuana Tax Act is passed, effectively prohibiting all use of cannabis at the federal level.

1970: The Controlled Substances Act prohibiting cannabis federally along with other drugs, replacing the 1937 Act.

1973: Oregon decriminalized cannabis.
1975: Alaska, Colorado and Ohio decriminalized cannabis.
1976: California, Maine and Minnesota decriminalized cannabis.
1978: New Mexico and Nebraska (first offence only) decriminalized cannabis

1996: California legalized medical cannabis. (California proposition 215)

First marijuana dispensary, Marin Alliance for Medical Marijuana appears in Fairfax, California, USA.

1999: Maine legalized medical cannabis.
2004: Montana legalized medical cannabis.
2006: Rhode Island legalized medical cannabis
2007: New Mexico and Vermont legalized medical cannabis.
2008: Michigan legalized medical cannabis.
2010: New Jersey and Arizona legalized medical cannabis.
2012: Massachusetts and Connecticut legalized medical cannabis.
2012: Washington and Colorado legalized recreational marijuana for adults 21 years of age or older.
2014: Maryland decriminalized cannabis as well as NY City: Minnesota and New York legalized medical cannabis.
2015: Georgia and Texas legalized medical cannabis; Delaware decriminalized cannabis
2016: California, Nevada, Massachusetts and Maine legalized recreational cannabis
Cannabis use in the USA, the EU-28, the UK and Australia, 1971-2015/16

Sources: SAMHSA, National Household Survey on Drug Use and Health 2015 (and previous years), NIDA, Monitoring the Future, UNODC, Annual Reports Questionnaire Data and EMCDDA, Statistical Bulletin (2015 and previous years), Home Office, Drug Misuse declared in the British Crime Survey 2014/15 and AIHW,
General US workforce drug testing results based on urine tests, 2010-2014

Memo: Change of annual prevalence of cannabis use in household surveys, 2012-2014: +9%

Cannabis use change 2012-2014: +20%

Source: Quest Diagnostics, Drug Testing Index (based on 6.6 million tests among the general workforce in 2014)
Past month prevalence of cannabis use among students in Europe, Australia and in the USA, 1995-2013

Sources: NIDA, Monitoring the Future, Council of Europe, ESPAD 2011 and the Cancer Council Victoria, Australian secondary school students’ use of tobacco, alcohol, and over-the-counter and illicit substances in 2011 (and 2005).
Prevalence, availability and risk of cannabis, as perceived by 12th graders in the USA, 1975-2013

Availability* and prevalence

Risk** and prevalence


* Percentage of 12th grade students saying that it would be “fairly easy” or “very easy” to obtain marijuana.

** Percentage of 12th grade students saying that smoking marijuana occasionally would be a “great risk”.

R = 0.60**

**statistically significant at α = 0.01

R = -0.93**

**statistically significant at α = 0.01
Changes in perceived ‘availability’* and perceived ‘risks’** as predictors for cannabis prevalence, based on US Monitoring the Future data, 1975-2013

Multiple Regression Model:
\[
\hat{y} = a + b_1 \cdot x_1 + b_2 \cdot x_2
\]

Prevalence = 12.62 + 0.51 \cdot \text{Availability} + (-0.81) \cdot \text{Risk}

Multiple regression coefficient: 0.944

*Availability: Percentage of 12th grade students saying that it would be “fairly easy” or “very easy” to obtain marijuana.

**Risk: Percentage of 12th grade students saying that smoking marijuana occasionally would be a “great risk”.

Annual prevalence of cannabis use
Global level and in the USA, 2002-2014

Source: SAMHSA, National Household Survey on Drug Use and Health
Growth in the Number of People Reporting Past-Year Marijuana Use Reported in the U.S. Household Survey (Indexed so Level = 100 in 1992)

Sources: SAMHSA and Jonathan P. Caulkins, RAND, Drug Policy Research Center
Growth in Marijuana Use Reported in U.S. Household Survey
(Indexed so Level = 100 in 1992)

Sources: SAMHSA and Jonathan P. Caulkins, RAND, Drug Policy Research Center
Growth in Marijuana Use Reported in U.S. Household Survey
(Indexed so Level = 100 in 1992)

# of PM Days of Use
# of Past-Month Users
# of Past-Year Users

Sources: SAMHSA and Jonathan P. Caulkins, RAND, Drug Policy Research Center
Growth in Marijuana Use Reported in U.S. Household Survey
(Indexed so Level = 100 in 1992)

- # of Daily & Near-Daily Users
- # of PM Days of Use
- # of Past-Month Users
- # of Past-Year Users

Sources: SAMHSA and Jonathan P. Caulkins, RAND, Drug Policy Research Center
Legalization has birthed a marijuana industry, fueled by private equity and Wall Street

**Tuatara Capital**

NYC-based private equity firm focused on cannabis

$26 million round of funding closed July 2015

Partnership with Willie Nelson to develop a marijuana brand

**Privateer Holdings**

Seattle-based private equity firm investing exclusively in pot

Secured the first institutional investment in cannabis

Launched the world’s first global cannabis brand, “Marley Natural”
The Yale MBAs

‘Big Marijuana’
BIG TOBACCO 2.0

Source: Drug Policy Institute, University of Florida, Presentation at CND March 2015.
Business interests in the US are strong in promoting further legalization

- In California alone, up to $25 million is expected to be spent promoting the 2016 “recreational” marijuana initiative.

Legend:
- Red = “Recreational” use legalized
- Light pink = “Medical” use legalized
- Purple = “Medical” use legalized; 2016 initiative to legalize “recreational” use

Legalized and medical marijuana in the USA, November 2016

Source: Time Magazine, 8 Nov. 2016
Active marketing - Diversification - Targeting youth
US: Marijuana edible displays
“and the evolvement of far more potent products …”

(80-90% THC) Concentrates

“Green Crack” wax

“Ear Wax”

Butane Hash Oil (BHO)

Hash Oil Capsules

“Budder”

“Shatter”
Past month prevalence of cannabis use in the general population in US states and in Uruguay*, 2009-2014

- Colorado: +43% 2012-2014
- Washington: +25% 2012-2014
- Uruguay: +32% 2011-2014

Legalization referenda in 2012: Washington and Colorado (negative outcome in Oregon);

Cannabis laws in the United States and cannabis prevalence rates

2015 / 2016

Annual prevalence, age 12+, 2013/2014

- Jurisdiction with legalized cannabis.
- Jurisdiction with both medical and decriminalization laws.²
- Jurisdiction with decriminalized cannabis possession laws.
- Jurisdiction with legal psychoactive medical cannabis.
- Jurisdiction with legal non-psychoactive medical cannabis.
- Jurisdiction with cannabis prohibition.

¹ Includes laws which have not yet gone into effect.
² Mississippi has only legal non-psychoactive medical cannabis.

Source: SAMHSA, National Survey on Drug Use and Health – National
Colorado’s way to full-scale cannabis legalization

- Denver legalizes possession
- 700 stores; 3.5% adults have MMJ license
- Recreational stores open

- 2001: Medical marijuana permitted
- 2005: 1st marijuana stores
- 2007-8: Legalized
- 2012
- 2014
Past month prevalence of cannabis use in Uruguay and the USA and US states where referenda were in favour of cannabis legalization, 2000-2014

Sources: United States, Department of Health and Human Services, SAMHSA, National Survey on Drug Use and Health; and Uruguay, Junta Nacional de Drogas, Observatorio Uruguayo de Drogas, Encuesta Nacional sobre Consumo de Drogas en Hogares.
When Washington cannabis stores first opened in July 2014, prices averaged $25 per gram after taxes; by April 2015 that figure had fallen to $12 per gram, and by January 2016, to less than $10 per gram (-60% since July 2014).

In Colorado, the average price of an eighth ounce (3.5 grams; the most commonly purchased quantity) of cannabis also fell from nearly $60 in mid-2014 to $25-40 in November 2015 (some 50% since mid-2014).
Hospitalizations related to marijuana in Colorado, 2000-2014

Change: 2012-2014
+85%

Cannabis related emergency room visits in Colorado

Change: 2012-2014
+83%

SOURCE: Colorado Hospital Association, Emergency Department Visit Dataset. Statistics prepared by the Health Statistics and Evaluation Branch, Colorado Department of Public Health and Environment
Cannabis related deaths linked to impaired driving

Pilot error caused fatal 2013 plane crash, Colorado:
In December 2013, a pilot and her two passengers were killed when the airplane stalled and went into a spin. The National Transportation Safety Board report said that the pilot failed to maintain adequate air speed. A toxicology test showed that the pilot had consumed marijuana prior to the accident.

Drug related suspensions / expulsions from schools in Colorado

Denver public school marijuana arrests increased 39 percent since marijuana was legalized in 2013 (154 arrests in 2013 compared to 111 in 2012)

Colorado marijuana interdiction seizures*, 2005-1014

*Colorado Marijuana Interdiction Seizures: Incidents where highway or state patrols stopped a driver for a traffic violation and subsequently found Colorado marijuana destined for other parts of the country. These interdiction seizures are reported on a voluntary basis to the National Seizure System (NSS) managed by the El Paso Intelligence Center (EPIC). These are random traffic stops, not investigations, and does not include local law enforcement data.

SOURCE: El Paso Intelligence Center, National Seizure System, as of March 20, 2015
States to which marijuana from Colorado was destined in 2014*

*Of the 360 seizures in 2014, there were 36 different states destined to receive marijuana from Colorado. The most common destinations identified were Kansas, Missouri, Illinois, Oklahoma, Florida, Nebraska and...
In 2014, Colorado businesses sold $313 million of recreational cannabis, and $387 million through the medical system. In 2015, the recreational market sold nearly $600 million while medical cannabis sales topped $400 million, totaling nearly $1 billion in sales for the year. Colorado collected $56 million in recreational cannabis tax revenues in 2014, and over $114 million in 2015. (State spending $56 bn (incl. health: $10 bn); GDP: $317 bn)

In Washington during the Fiscal Year 2015 total sales in legal cannabis were $256 million. During the first 8 months of FY 2016, sales doubled to over $500 million. Washington collected $65 million in tax receipts in FY 2015, and over $100 million for the first 8 months in FY 2016. (State spending: $81 billion in 2015, (incl. health $15 bn); GDP: $446 billion)

Source: Colorado Department of Revenue
Source: Washington State Liquor and Cannabis Board; Washington Department of Revenue
Is cannabis use ‘complementary’ or ‘supplementary’ to overall misuse of psychoactive substances?

Overall harm could still decrease if increased cannabis use were to go hand in hand with reduced misuse of other drugs or alcohol.

There are, however, no indications that increased cannabis use will reduce misuse of other drugs or alcohol.
Correlations between alcohol, tobacco and drug use among 15-16 year old students in Europe, (35 countries) in 2011

<table>
<thead>
<tr>
<th></th>
<th>Past-30-days use of cigarettes</th>
<th>Past-30-days use of alcohol</th>
<th>Past-30-days heavy episodic drinking</th>
<th>Alcohol vol. latest drinking</th>
<th>Lifetime use of cannabis</th>
<th>Lifetime illicit drugs except cannabis</th>
<th>Lifetime use of inhalants</th>
<th>Lifetime use of tranquiliser or sedatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past-30-days use of cigarettes</td>
<td>-</td>
<td>0.62**</td>
<td>0.55**</td>
<td>0.06</td>
<td>0.74**</td>
<td>0.59**</td>
<td>0.49**</td>
<td>0.15</td>
</tr>
<tr>
<td>Past-30-days use of alcohol</td>
<td>-</td>
<td>0.84**</td>
<td>0.06</td>
<td>0.60**</td>
<td>0.58**</td>
<td>0.38*</td>
<td>0.18</td>
<td></td>
</tr>
<tr>
<td>Past-30-days heavy episodic drinking</td>
<td></td>
<td>0.30</td>
<td>0.50**</td>
<td>0.39</td>
<td>0.56**</td>
<td>0.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol volume on the latest drinking day</td>
<td></td>
<td>-</td>
<td>-0.01</td>
<td>0.27</td>
<td>0.13</td>
<td>-0.21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime use of cannabis</td>
<td>-</td>
<td>-</td>
<td>0.79**</td>
<td>0.35*</td>
<td>0.39*</td>
<td>0.35*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime use of illicit drugs except cannabis</td>
<td></td>
<td>-</td>
<td>0.30*</td>
<td>0.35*</td>
<td></td>
<td>0.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime use of inhalants b)</td>
<td>-</td>
<td>-</td>
<td>0.30*</td>
<td>0.35*</td>
<td></td>
<td>0.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime use of tranquiliser or sedatives c)</td>
<td></td>
<td>-</td>
<td>-</td>
<td>0.30*</td>
<td>0.35*</td>
<td>0.05</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Correlation significant at the 0.01 level. * Correlation significant at the 0.05 level.

a) Includes ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine, heroin and GHB.
b) “… to get high”.
c) Non-prescription use.

Life-time prevalence of cigarettes use and LTP of cannabis use:
R = 0.52** in 2007; R = 0.67** in 2011.

Change in life-time prevalence of cigarettes and LTP of cannabis use, 2007-2011:
R = 0.57**

Life-time prevalence of the use of cannabis and other illicit drugs in Europe among 15-16 year old pupils in 2011

Average: 6%

Average: 17%

Correlations of cannabis use with other drug use and alcohol use, among 12th grade students in the USA, 1975-2015

Source: NIDA, Monitoring the Future.
Cannabis legalization in US states and unintended consequences: reactions of Mexican farmers

Mexico: cultivation (in hectares) and production of opium (in tons), 1998-2015

Sources: US State Department International Narcotics Control Strategy Report 2016 (and previous years) and UNODC illicit crop monitoring surveys.