



World Drug Report 2008: Chile

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Cocaine: destruction of illicit laboratories increases

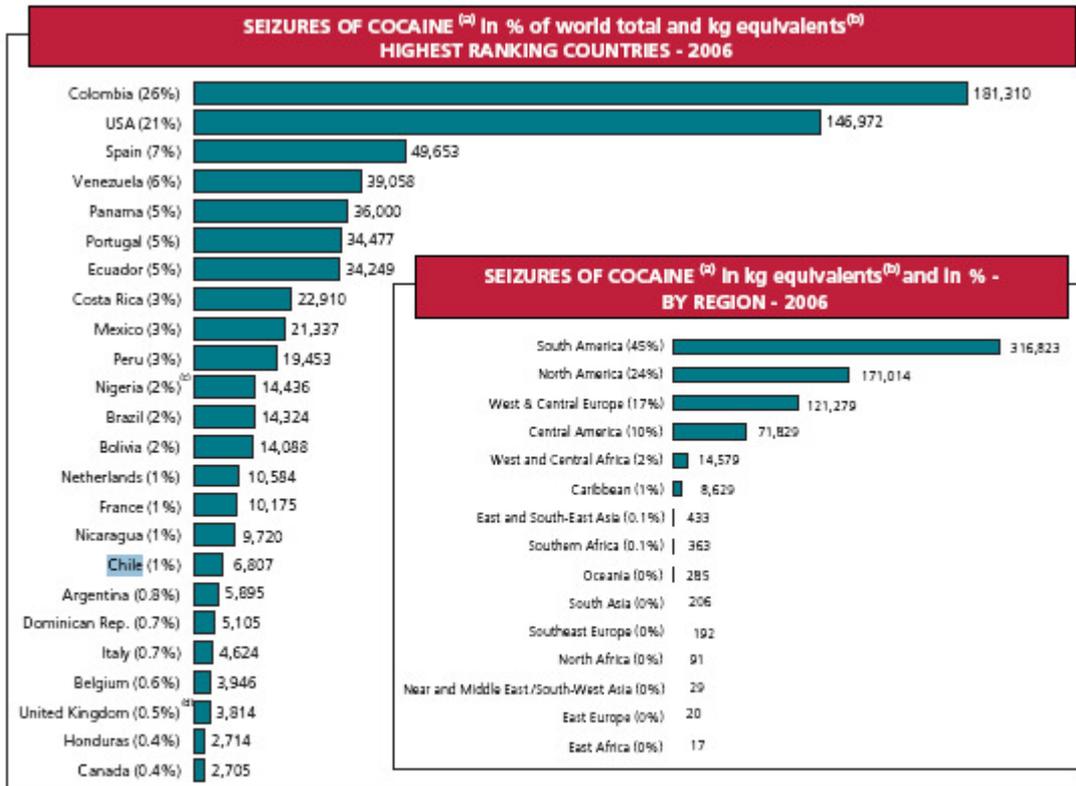
The entire manufacturing cycle of cocaine HCl is more or less confined to the three coca cultivating countries, and there are very few reports of laboratories producing cocaine in other countries. Spain (10), the United States of America (4), Chile (2) and South Africa (1) reported the destruction of cocaine laboratories and the SAR Hong Kong reported the destruction of five 'crack' laboratories. Preliminary figures for 2007 indicate that the number of coca processing laboratories destroyed in Bolivia, Colombia and Peru stabilized at the 2006 level.

Colombia accounted for the largest volume of potassium permanganate seizures worldwide (99 mt) in 2006. Fifteen illicit clandestine laboratories producing this precursor, which is an essential ingredient for producing cocaine, were destroyed in the country. Smaller amounts of potassium permanganate were seized in Peru and Ecuador. Most of the potassium permanganate shipments intended for South America originated outside the region, with Argentina, Brazil and Chile being the major importers. Operation Purple, a comprehensive precursor control programme, is thought to have tightened the control of the international trade in potassium permanganate, which in turn, may have shifted international trafficking in the region to overland smuggling.¹

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Seizures fell in South America and the Caribbean in 2006

Large seizures in South America are also undertaken by Venezuela (39 mt), Ecuador (34 mt), Peru (19 mt) and Brazil (14 mt). Cocaine seizures in all of these countries declined in 2006 as compared to a year earlier. Increases in cocaine seizures were reported from Bolivia, Chile, and Uruguay and, to a lesser extent, Argentina and Paraguay, suggesting that trafficking to and/or via the Southern Cone may have increased in 2006.



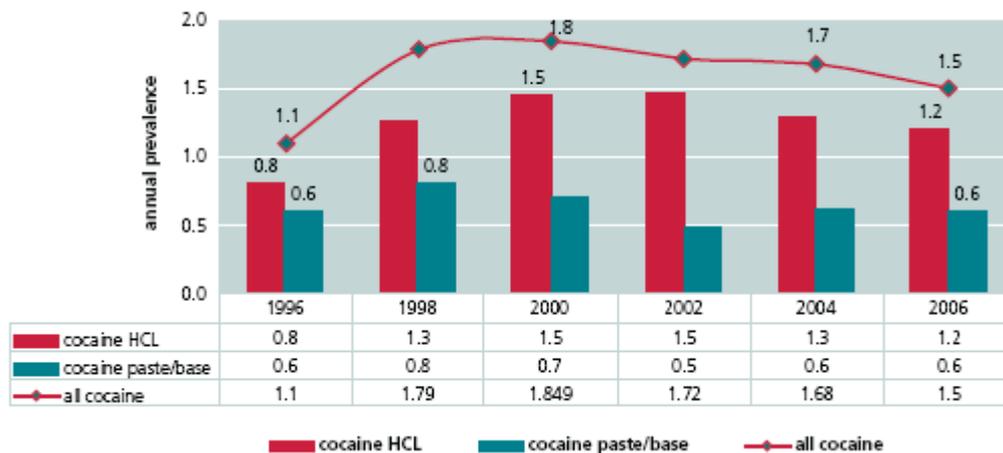
^(a) Includes cocaine HCl, cocaine base, crack cocaine, and other cocaine types.

^(b) Seizures as reported (street purity).

^(c) Substance purity unknown.

^(d) Data refer to 2005 England and Wales only.

Fig. 74: Chile: cocaine use among the general population, age 12-64, 1996-2006



Source: CONACE, Séptimo Estudio Nacional de Drogas en Población General de Chile, 2006, Santiago de Chile 2007.

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Cocaine: levels of use rise in Latin America

The only documented exception of the general upward trend in cocaine use in Latin America is **Chile**. Cocaine use in Chile increased strongly in the late 1990s but gradually declined after 2000. The annual prevalence rate of cocaine use fell from 1.8% of the general population age 12-64 in 2000 to 1.7% in 2004 and 1.5% in 2006 (about 170,000 persons).

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Seizures: Cannabis resin and herb

South America, including the Caribbean and Central America accounted for 12% of global cannabis herb seizures. The largest level of seizures in this region was reported by Brazil (167 mt), Bolivia (125 mt), Colombia (110 mt), Argentina (67 mt), Paraguay (59 mt) and Jamaica (37 mt). Most countries in South America, notably Brazil, Argentina, Uruguay and Chile cite Paraguay as the main source country for the cannabis resin found on their market. Seizures made by countries in South America showed a noticeable upward trend over the 2004-06 period (+24%). In contrast, seizures in the Caribbean and in Central America remained largely unchanged over the 2004-06 period.

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Amphetamines: tactics in clandestine manufacture changing

Trafficking routes continue to develop in places that lack the enforcement and forensics infrastructure to detect precursor trafficking. For example, according to recent reports, illicit shipments totalling over 120 mt of primarily pseudoephedrine (and some ephedrine) were identified as being either sent or smuggled through countries in Africa (Burundi, D.R. of Congo, Ethiopia, Ghana, Kenya, Nigeria, Somalia, Sudan, UR. of Tanzania and Zambia) and West Asia (I.R. of Iran), Iraq, Syrian Arab Republic, and the United Arab Emirates).¹⁴ This amount alone would represent approximately 80 mt of methamphetamine, or one-third of current global production estimates.¹⁵ Countries in South and Central America identified attempted diversions of significant amounts of pseudoephedrine in 2006, including, Bolivia, Chile, Colombia, Ecuador, Guyana, Peru, El Salvador, and Guatemala.¹⁶ These diversions have recently been reported in the form of pharmaceutical preparations. An unconfirmed 2008 report identified a significant seizure, undertaken by Guatamalan authorities, of pharmaceutical preparations (i.e., pseudoephedrine tablets) in a maritime shipment from Hong Kong.¹⁷ Modest amounts of ATS precursors also have been seized by Argentine and Costa Rican authorities. Most of these interceptions were likely destined for Mexican laboratories.

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Growth of amphetamine laboratories stabilized; but locations shifted

Outside of Europe, the largest numbers of dismantled amphetamine laboratories were reported by the USA (29) and India (3).⁵⁸ In previous years, amphetamine laboratories were also dismantled in Canada (22 in 2000), Indonesia (6 in 2003), Mexico (1 in 2003) and Chile (1 in 2002).

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The annual ecstasy prevalence rates in the Oceania region (3.2%) have generally begun to stabilize. Regardless,

these are still considerably higher than in any other region. Ecstasy prevalence in Asia remains low (0.1%). However, Asia, notably East and South-East Asia, have become growing ecstasy markets over the last few years. In addition, some countries in South America (Argentina, Chile, Peru) have reported rising levels of ecstasy use.

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Global ecstasy consumption has stabilized

The increases noted by experts were sub-regionally specific. For example, of the seven European States Members that identified worsening conditions, five could be plotted in a trapezoid region from Albania, Bulgaria and the Republic of Moldova in the North, to Turkey and Cyprus in the South. All other Central and West European countries noted stability or decreases.³¹ In the Americas, increases were specific only to South American countries: most increases were reported in the western and southern sub-regions of South American (i.e., Argentina, Chile, and Peru). However, experts reported no decreases in ecstasy use in the Americas for 2006. In Asia, 46% of the experts responding believe the ecstasy use problem has improved in the region along the China Sea. Improvements were noted by Japan, the Philippines, Hong Kong SAR, Indonesia, and Malaysia.³²

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Ecstasy use continues to increase in South America

Ecstasy use continued to increase in countries of Central America (Guatemala and El Salvador) and South America (Argentina, Chile, and Peru). Five countries in that region reported an increase, three saw a stabilization but not a single one reported a decline. Most of the ecstasy found in these markets continues to originate in Europe, though there have been reports of supply from Canada.

OPIÁCEOS

Prevalencia anual (uso por lo menos una vez al año) entre población de 15-64 años

South America	
Brazil, (12-65), 2005	0.5
Guyana*, 2002	0.3
Argentina*, 2005	0.2
Chile, 2004	0.2
Uruguay*, 2003	0.2
Peru*, (12-64), 2005	0.2
Venezuela*, 2003	0.1
Ecuador*, 2005	0.1
Colombia*, 2004	0.1
Suriname*, 2002	0.08
Bolivia*, 2004	0.07

COCAÍNA

Prevalencia anual (uso por lo menos una vez al año) entre población de 15-64 años

South America	
Argentina, (12-65), 2006	2.6
Peru, (12-64), 2005	2.2
Bolivia, (12-50) ^d , 2005	1.9
Chile, (12-64), 2006	1.5
Uruguay, (12-65), 2006	1.4
Ecuador*, 2005	1.2
Venezuela*, 2001	1.1
Colombia, (18-65), 2003	0.8
Brazil, (12-65), 2005	0.7
Suriname*, 2002	0.5
Paraguay, 2004	0.3

MARIHUANA

Prevalencia anual (uso por lo menos una vez al año) entre población de 15-64 años

South America	
Chile, (12-64), 2006	7.0
Argentina, (12-65), 2006	6.9
Uruguay, (12-65), 2006	5.2
Peru, (12-64), 2005	3.3
Venezuela*, 2002	3.3
Bolivia, 2005	3.2
Brazil, (12-65), 2005	2.6
Guyana*, 2002	2.6
Ecuador*, 2005	2.1
Suriname*, 2002	2.0
Colombia, (18-65), 2003	1.9
Paraguay*, (12-65), 2005	1.6

ANFETAMINAS

Prevalencia anual (uso por lo menos una vez al año) entre población de 15-64 años

South America	
Brazil, (12-65), 2005	0.7
Suriname*, 2002	0.6
Venezuela*, 2002	0.6
Argentina*, 2005	0.6
Colombia*, 2005	0.5
Paraguay*, 2005	0.5
Chile, (12-64), 2006	0.4
Bolivia*, 2004	0.3
Ecuador*, 2005	0.2
Peru*, 2005	0.1
Uruguay, (12-65), 2006	0.3

ECSTASY

Prevalencia anual (uso por lo menos una vez al año) entre población de 15-64 años

South America	
Peru, (12-64) ^d , 2005	0.9
Argentina, (12-65), 2006	0.5
Uruguay*, 2006	0.2
Brazil*, 2005	0.2
Colombia*, 2005	0.2
Ecuador*, 2005	0.2
Venezuela*, 2001	0.2
Bolivia, 2005	0.1
Chile, (12-64), 2006	0.1
Guyana*, 2002	0.1
Paraguay*, 2005	0.1
Suriname*, 2002	0.1