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**Drug demand reduction: world situation
with regard to drug abuse****World situation with regard to drug abuse****Report of the Secretariat****Contents**

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I. Introduction

1. The present report provides a review of global patterns and trends in illicit drug consumption compiled for the year 2001. It includes a descriptive analysis of abuse patterns by drug type and a discussion on developments in the global capacity to monitor illicit drug abuse. Monitoring is of particular importance to the 2003 mid-term review of the progress that has been made towards meeting the targets of the Political Declaration agreed at the twentieth special session of the General Assembly, devoted to countering the world drug problem together. The extent to which drug abuse data are available and the measures that have been taken to improve the global information base are discussed below.

2. The present analysis is based on the responses submitted by the 103 countries that completed and returned part II of the annual reports questionnaire for the year 2001 by 20 November 2002, in compliance with their obligations under the international drug control treaties (see table). The revised annual reports questionnaire, which is being used for the first time to compile data for the reporting year 2001, was distributed to 192 countries and territories and the overall response rate was 54 per cent. By comparison, for the reporting year 2000, the response rate was 41 per cent (80 countries submitted replies). Encouragingly, the coverage of the submitted data significantly improved as compared to previous years. In particular, the number of unanswered questions in the submitted questionnaires fell. Response rates for individual questions also increased significantly. For example, answers on trends in abuse of most major drug types more than doubled from the last reporting period.

3. The revision of part II of the annual reports questionnaire has clearly contributed to improving the global reporting. The revised design is meant to offer more flexibility in reporting in order to allow all countries to respond, irrespective of the availability of quantitative estimates on drug abuse. The new format has also improved the clarity of the answers, thus facilitating the analysis and reporting of the questionnaire data. For the current reporting round, the annual reports questionnaire was provided in an electronic format, as requested by the Commission on Narcotic Drugs in its resolution 43/1. However, some Member States experienced technical problems with that format, and, as a result, a second electronic version was made available (Word version). The United Nations Office on Drugs and Crime is committed to further developing mechanisms for electronic submissions and collation of the data. To that end, an Internet-based version is being developed, and is expected to be available for the reporting year 2003 to facilitate the electronic completion and submission of the annual reports questionnaire in a timely manner.

4. Improved reporting can obviously not only be attributed to the revision of the annual reports questionnaire. Involvement of Member States in regional expert networks has also helped them to build their technical capacity to collate national information on drug abuse, assisted by the Office in cooperation with other bodies.¹ Those networks have served as a crucial resource in providing assistance in completing the submissions and making amendments as deemed necessary. The important role that networks play is illustrated by responses from the Caribbean region. The response rate for the annual reports questionnaires submitted from the region has increased from 25 per cent in the reporting year 2000 to 88 per cent in

the year 2001, concurrently with increased comparability among the data sets submitted. Achieving such a broad coverage and level of completion was largely facilitated by the regional expert network, the Caribbean Drug Information Network (CARIDIN), which was launched by the States of the Caribbean region and is technically assisted by the Global Assessment Programme on Drug Abuse (GAP) and the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS). Intensified work with regional expert networks such as CARIDIN has resulted in active dialogue with technical focal points responsible for completion of the annual reports questionnaire in the Member States. That is possible because of the common reporting system, which is adopted in the new annual reports questionnaire and reflected in the practice of national Governments and regional and global bodies. The adopted approach reflects the recommendations given by the Commission in its resolution 43/1, and has been shown to be a clear requirement when aspiring to best possible estimates on drug abuse.

Analysis of rates of response to the annual reports questionnaire (part II), by region

<i>Region</i>	<i>Number of annual reports questionnaires distributed</i>	<i>Number of annual reports questionnaires returned</i>	<i>Percentage of countries/territories responding within each region</i>
Africa	53 (28)	19 (18)	36
Americas	35 (18)	28 (27)	80
Asia	44 (23)	27 (26)	61
Europe	44 (23)	28 (27)	64
Oceania	16 (8)	1 (1)	6
Total	192 (100)	103 (100)	

Note: Figures within parentheses are percentages.

II. World drug situation with regard to emerging trends in drug abuse

A. Overview of the global situation

5. Globally, trends in abuse of illicit drugs appear overall to vary between increasing and stable levels. That is a broad generalization about the drug situation, and obviously trends differ by drug type and region, as borne out in tables 1-8 annexed to the present report and as discussed below in the sections devoted to regional developments. The overview of drug trends that follows is based on responses to part II of the annual reports questionnaire for the reporting year 2001, and is supplemented with information from other published sources.

6. Abuse of cannabis is ubiquitous throughout the world. Ninety-nine out of one hundred countries reporting on cannabis consumption indicated the use of the drug in the past year, and just over half of those countries nominate cannabis as the most common drug of abuse. In terms of overall trends, the level of cannabis abuse appears to have varied between stable to increasing over the last year (table 1).

Other drugs (heroin, cocaine and amphetamine-type stimulants) are abused far less frequently, while the extent of their use varies by region. Relatively speaking, cocaine abuse is concentrated in the Americas, where there is concern about increasing drug abuse in many countries within Central and South America and the Caribbean. Concern about rising levels of cocaine abuse is also apparent in selected Western European countries. Opioid abuse continues to be more common across Asia and Europe, and there has been a rapid spread of opioid injecting in parts of Central Asia, Central and Eastern Europe and the Russian Federation, as will be discussed below. Abuse of methamphetamine has continued to spread in South-East Asia and the Pacific, and is now beginning to impact on service provision for drug abusers and has become the dominant problem drug in parts of that subregion.

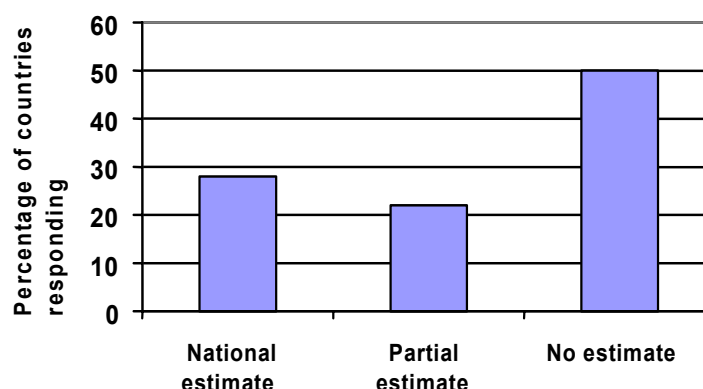
7. Experimental or infrequent abuse of amphetamine-type stimulants, notably Ecstasy-type drugs, appears to be on the rise in many regions of the world. Nearly two thirds of countries reported increased levels of Ecstasy abuse in 2001. That increase is most noticeable across the Americas and in Central and Eastern Europe, where increased exposure to Ecstasy abuse among young people has been documented. Increases in Ecstasy abuse have also been noted in Australia and in some countries in South-East Asia. In South-East Asia, consumption of methamphetamine tablets also features as a recreational form of drug abuse, although often among different population groups than those that abuse Ecstasy.

8. More problematic forms of drug abuse (that is, heavy or chronic abuse of opioids, cocaine or amphetamine-type stimulants) were also noted in most countries, although to a lesser extent in Africa and in the Caribbean, where abuse of cannabis remains the most serious drug problem for the majority of countries. Problematic forms of drug use appear to vary between stable to decreasing in many countries within developed regions, whereas there is concern about increasing levels of problematic drug abuse in many developing regions. In some cases, problematic drug abuse is increasing from a low baseline, such as in Africa, whereas, in other cases, the extent of problematic drug abuse is fast approaching levels seen in developed countries, as is the case for several of the Central and Eastern European countries. Opioid drugs and their injection continue to dominate problematic drug abuse in most regions of the world, although cocaine is more dominant in the Americas, while methamphetamine has recently become the dominant problematic drug in selected countries within South-East Asia.

9. Particular attention needs to be directed toward the continued increase in injecting drug use in developing regions and countries with economies in transition. Increases in the injection of drugs and sharing of injecting equipment, coupled with poor provision of demand reduction infrastructure, could lead to rapidly escalating rates of human immunodeficiency virus (HIV) infection among injecting-drug-use populations, as has been seen in some areas of the Russian Federation. Seventy per cent of countries reporting (n=72) noted the existence of injecting drug use in 2001. Within most countries, injection of heroin and/or other opioids dominated, although injection of cocaine and methamphetamine did account for substantial proportions of drug abusers in some countries. One of the main implications of injecting drug use is the risk with which it is associated, notably transmission of HIV and other blood-borne viruses. Sixty per cent of countries reporting on injecting drug use (n=43) also reported the existence of HIV infection among drug injectors (table 8).

10. It is important to note that few countries have robust estimates for the number of their injecting drug abusers. Of those countries reporting, 28 (or 27 per cent) could provide an estimate of the number of injecting drug abusers, while half of the countries responding could not provide an estimate of the proportion of drug abusers who inject (see figure). Work needs to continue on improving information about the spread of injecting drug abuse and new outbreaks of HIV in order to effect responses in a timely manner. Efforts to improve information on injecting drug abuse and HIV-related transmission among injecting drug abusers are currently under way in cooperation² with United Nations agencies.

Availability of estimates for the percentage of injecting among all drug abusers



B. Africa

11. Cannabis remains the most common illegal drug used in most African countries. All countries reporting on their drug situation indicated its abuse in the last year, and all but two countries indicated it was the most common drug abused. Most countries in Africa reported that cannabis abuse was stable or increasing (table 1) over the previous year. Unlike other regions, many African countries do not experience substantial abuse of illegal drugs such as cocaine, heroin and amphetamine-type stimulants, although abuse does occur on the continent, as discussed below.

12. It is worth noting that all of the countries reporting from Africa indicated that they did not have a comprehensive recent estimate of the abuse of cannabis among the general population. However, information provided by experts opinion and other existing data point to cannabis as the primary drug of abuse in the region. Those data include studies on subgroups of the general population, such as school surveys or youth surveys (in Comoros, Ethiopia, Seychelles and South Africa), existing data from treatment services and psychiatric admissions, police data on arrests for possession of drugs and surveys conducted through various research initiatives and rapid assessments of the drug situation.³ For example, a population survey on drug use conducted as part of a rapid situation assessment in Botswana during 2001 found that 25 per cent of males, but only 5 per cent of females, reported ever using cannabis, and 5 per cent of males surveyed used the drug daily. In contrast, levels of heroin, cocaine and amphetamine abuse were low, although a small proportion of

respondents did indicate that they were aware of the abuse of these drugs in their communities.⁴

13. Many countries do, however, note the abuse of other drugs that are relatively novel to many countries outside Africa. Such drugs include the herbal stimulant khat, more common on the eastern part of the continent,^{1, 5} (for example, Comoros, Ethiopia, Madagascar and Uganda). Methaqualone, previously a pharmaceutical product in the region that is now produced illicitly in the form of “Mandrax” tablets, is a common drug of abuse in South Africa, and, to a lesser extent, in bordering Southern African countries. Mandrax is also often smoked together with cannabis. That form of drug abuse, called “white pipe”, is particularly common in Cape Town, South Africa, where it accounts for around one quarter of treatment admissions.^{6, 7} Abuse of solvents and inhalants among street children is a notable feature of the drug situation in many urban African areas, and was noted by many countries in 2001 (Cameroon, Ethiopia, Gambia, Ghana, Namibia, South Africa, Uganda and Zimbabwe). A number of countries in Africa noted recent abuse of cocaine (Burkina Faso, Côte d’Ivoire, Gambia, Ghana, Namibia, South Africa, Togo and Zimbabwe). Although the prevalence of cocaine use is relatively low, over half of those countries reported an increase in use in 2001 (table 3).

14. Although the extent of opioid abuse appears to be relatively low in countries on the African continent, a surprising number of African countries document its abuse during the past year (Burundi, Côte d’Ivoire, Ethiopia, Gambia, Ghana, Namibia, Seychelles, South Africa, Togo, Uganda and Zimbabwe). Heroin abuse appears to have recently increased in some areas of Africa. In South Africa, heroin now accounts for 6 to 7 per cent of treatment admissions in the urban centres of Gauteng and Cape Town. While low, that represents a substantial increase from only 1 per cent or less prior to 1998.⁶ Injecting among heroin abusers appears to be increasing and has sparked concerns about the potential spread of heroin abuse and associated injecting behaviour, issues that are currently being investigated through a study conducted by the United Nations Office on Drugs and Crime on the extent and nature of heroin abuse in urban areas in South Africa. The emerging pattern of heroin abuse is not limited to South Africa. There is also preliminary evidence of a similar trend emerging in the neighbouring country of Namibia,⁸ and a recent study conducted by the World Health Organization (WHO) on injecting drug use in Nairobi also found that there was a small but significant population of heroin abusers in the city, about half of whom were injecting the drug. Moreover, 7 per cent of psychiatric admissions to the major psychiatric hospital in Nairobi during 2000 were opioid-related.⁵ Other countries in Africa are also concerned about whether heroin trafficking across the continent will have an impact on levels of consumption. For example, in Rwanda—a transit point for heroin trafficking—reports of heroin abuse in the capital Kigali are now emerging. Mauritius has recognized the problem of heroin abuse since the mid-1980s, with just over half of drug treatment admissions in 2001 being due to that form of drug abuse, and injection being the main route of administration for 86 per cent of heroin treatment admissions. Further information is being gathered on problems associated with heroin abuse in Mauritius, such as transmission of blood-borne viruses, which will help to inform appropriate demand reduction strategies.⁹ In summary, although heroin abuse is neither a common nor an entrenched pattern of drug abuse in Africa, there is clear evidence that it is present on the continent and its potential to spread is a cause of concern for several countries.

C. Americas

15. In the Americas, the most common drug of abuse is cannabis, as is the case in most other regions of the world. Recent prevalence estimates for abuse of cannabis are unavailable in over half of the countries reporting from the Americas. Prevalence estimates that are available for cannabis abuse vary considerably between countries in the region, with nearly two thirds of them reporting an increase in cannabis abuse in the previous year. Surveys that determine abuse patterns among the youth population have been conducted more consistently in the region. For example, 13 countries in the Caribbean are implementing national school surveys using the same questionnaire under the umbrella of CARIDIN. It is anticipated that improved coordination of school surveys on drug abuse in the region will result in more comparable survey findings and therefore an improved picture of the regional drug abuse situation.¹⁰

16. Cocaine appears to be the second most common drug in the Americas, being rated as second to cannabis as the most common drug of abuse in over half of the countries. Cocaine abuse also appeared to be increasing in most countries. Just over two thirds of countries in the Americas reported an increase in cocaine abuse during 2001, while no countries reported a decrease (table 3). A recent survey among high school students in Colombia revealed that approximately 4 per cent of male students and 2 per cent of female students had abused cocaine in the previous year. In comparison, the annual prevalence of cannabis abuse among that group was 7 per cent and 4 per cent for males and females, respectively.¹¹ Crack cocaine is clearly the most problematic illicit drug in the Caribbean in terms of health risks, drug-related property crime, organized crime and community problems. Data from selected drug treatment services also suggest that a substantial proportion of treatment admissions are for crack cocaine. Injecting drug use appears to be rare in the Caribbean, although there have been reports of injecting heroin use in Suriname and the Dominican Republic.¹² Other countries where heroin abuse has been reported include Haiti (2 per cent lifetime use among street children reported in 2000),¹³ Martinique (1 per cent lifetime use among males aged 17 to 18 reported in 2001)¹⁴ and Belize (6.2 per cent lifetime use and 0.1 per cent for last-year prevalence among 12- to 18-year-olds in Belize City reported in 1998).¹⁵

17. Other drugs featuring in the Americas through illicit abuse include solvents and inhalants, sedatives and tranquillizers and amphetamine-type stimulants. Abuse of amphetamine-type stimulants was reported to have increased in many countries (tables 4-6), although the abuse of solvents and inhalants in the region was stable overall. Opioid drugs were perceived to be relatively less common in the Americas, although their abuse was noted in over half of the countries, including those in South America and the Caribbean, with injecting of heroin in half of those countries (Canada, Colombia, Costa Rica, Dominican Republic, El Salvador, Mexico, Panama and Trinidad and Tobago). While not many countries in the Americas experience a significant opioid problem, an increase in heroin abuse was noted in about half the countries reporting (table 2).

18. Several countries in the Caribbean have expressed concerns about the emergence of Ecstasy in the region (table 6), with recent reports of abuse of the drug among young people in Aruba,¹⁶ Cayman Islands,¹⁷ and the Dominican Republic.¹⁸ Inhalant abuse among in-school youth has also been causing

concern.^{18, 19} Some countries are also concerned about high levels of abuse of amphetamine and sedatives and tranquillizers. For example, 9.5 per cent of street children (11-19 years of age) surveyed in Haiti in 2000 had abused amphetamine-type stimulants in the last month,¹³ while 7 per cent of students in the Dominican Republic had ever used tranquillizers.¹⁸

19. In the United States of America, an estimated 15.9 million people, or 7.1 per cent of the population aged 12 or over, were currently abusing illicit drugs (that is, had used an illicit drug in the last month). That represents an increase on previous years, including higher rates of cannabis and cocaine abuse and illicit abuse of prescription drugs. Cannabis was the most common drug of abuse, being abused by three quarters of current drug abusers, and having been tried by 37 per cent of the general population. Almost 1 in 10 people (9.3 per cent) had abused cannabis in the last year, and 5.4 per cent had abused it in the last month, a statistically significant increase from 2000, when the last-year prevalence was 8.3 per cent, and 4.8 per cent had abused cannabis in the previous month. After illicit abuse of prescription-type psychotherapeutic drugs, cocaine was the next most common illicit drug of abuse. Exposure to cocaine among the general population was high, with around 1 in 10 people (11.2 per cent) having ever abused the drug. Recent abuse of the drug was much lower, with less than 2 per cent of the population having abused cocaine in the previous year (1.9 per cent), while 0.5 per cent had abused crack cocaine during that time period. Around 4 per cent of the population had ever abused methamphetamine in 2001, and lifetime use of Ecstasy had increased from 2.9 per cent in 2000 to 3.6 per cent in 2001.²⁰ The Community Epidemiology Work Group noted a rise in Ecstasy abuse in many regions of the country, that being reflected through an increase in the number of emergency room admissions where Ecstasy was implicated.²¹

20. A mere 0.1 per cent of the general population in the United States, or 123,000 people, reported current heroin abuse,²⁰ although Community Epidemiology Work Group indicators for heroin remain high and stable to increasing in many areas of the country. Heroin abuse accounted for over half of treatment admissions for illicit drug abuse in the cities of Baltimore, Boston, Newark and San Francisco. Injecting was the common mode of heroin administration in most regions, although the intranasal mode was more common in the State of Illinois and in Baltimore, Minneapolis, New York and Newark. Smoking of heroin was reported only in Boston, where that route of administration was noted among 29 per cent of treatment admissions.²¹

21. In contrast to the increase in drug abuse among the general population, levels of drug abuse among school students in the United States remained steady in 2001, a finding largely driven by stable cannabis abuse as the most common drug abused among school students. However, 2001 saw a continued increase in the abuse of Ecstasy among school students, which has risen sharply since 1998. For example, abuse of the drug in the last year rose from around 4 per cent of 12th graders between 1996 and 1998 to just over 9 per cent in 2001. In contrast to the abuse of Ecstasy, there was a decline in the abuse of heroin, lysergic acid diethylamide (LSD), inhalants and cocaine among school students, while methamphetamine abuse was stable among that group.²²

D. Asia

22. While opioids remain the major concern for most of Asia, the spread of methamphetamine abuse continues to be a major concern in South-East Asia. Formerly, methamphetamine abuse was largely restricted to a few countries in that subregion, but now appears to be affecting most countries to some extent, with many countries reporting an increase in methamphetamine abuse in 2001 (table 5). Not only are more countries in South-East Asia noting an increase in methamphetamine abuse, but also local studies suggest that abuse has spread into broader population groups in selected countries.²³ Few countries in the region have estimates of methamphetamine abuse among the general population, Thailand being one of the exceptions, where the 2001 national household survey found that 7.8 per cent of adults had ever abused methamphetamine, with 2.4 per cent having abused the drug within the previous year. Consumption of methamphetamine tablets by smoking is the norm, with regular abusers of the drug smoking 2-3 times a day. There has been a notable shift away from injecting in Thailand, where that route of administration is only noted among less than 1 per cent of treatment admissions. However, drug injection does occur among a small proportion of methamphetamine abusers in certain regions of South-East Asia, presenting a concern for the potential spread of blood-borne viruses, should injecting spread among that group.^{24, 25}

23. The increase in methamphetamine abuse in South-East Asia is also beginning to have an impact on service provision, with increasing numbers of methamphetamine abusers presenting themselves at drug treatment services and other health services such as psychiatric facilities.²³ In Thailand, for example, the number of treatment recipients for methamphetamine abuse increased from 1,211 cases in 1995 to 19,253 cases in 2000, now accounting for nearly half of all treatment admissions (46 per cent) and 61 per cent of new admissions. The majority of methamphetamine treatment recipients were male (90 per cent) and under 24 years of age. Students remain the group most likely to receive treatment for amphetamine abuse, although there has been a recent increase in employed workers enrolled in treatment. Methamphetamine was usually smoked (96 per cent of treatment attendees) 2-3 times a day, and most abused the drug on its own (90 per cent) with the remaining few abusing cannabis also.¹ The increase in service utilization associated with methamphetamine abuse highlights a dire need for information on the abuse and consequential burden of amphetamine-type stimulants in the region. Current data systems do not capture the full extent and nature of the problems caused by amphetamine-type stimulants in the region, and more effective methods for assessing and monitoring trends in abuse of such stimulants need to be established in order to effect demand reduction strategies in a timely manner. Recent investment in data collection in the region, including a programme focusing on improving the collection of data on amphetamine-type stimulants, should see improvements in the information available in the years to come.²³

24. Despite large increases in abuse of amphetamine-type stimulants in South-East Asia, opioids remain the more common problematic form of drug abuse for most countries. "Chasing" (inhalation of the fumes from smoking) remains the common way of taking heroin and other opioids, although up to one third of heroin abusers inject the drug. Injecting has resulted in the spread of HIV and other blood-borne viruses, with epidemic levels having been reached in selected areas, notably north-east India, Myanmar, Yunnan province in China and several major cities in Viet

Nam. The HIV epidemic has differentially affected subpopulations of injectors within the region, and there is a need for improved information on the interface between drug abuse and the HIV epidemic in the region.²³

25. Countries in Central Asia are experiencing a rapidly increasing drug problem, with between a four- and sevenfold increase in the rate of new drug abusers registered over the last decade. That increase is predominantly due to an increase in opioid abuse (heroin and opium). In Kyrgyzstan, preliminary figures suggest that opioid abusers accounted for only 10 per cent of the drug abusers registered in 1992, whereas they accounted for 80 per cent of newly registered cases of drug abuse in 2000. The majority of the newly registered abusers are young injecting drug abusers. Similar trends can be seen in neighbouring countries. In Tajikistan, reports suggest that heroin abusers accounted for around two thirds of registered drug abusers in 2000, a substantial proportion of them being young injecting drug abusers. Similarly, in Kazakhstan it has been estimated that around half of the registered drug abusers have been using opioids. Over 80 per cent of people infected with HIV in Kazakhstan are injecting drug abusers according to the Joint United Nations Programme on HIV/AIDS. Injecting drug use is also considered the predominant mode of HIV transmission in Uzbekistan. Increases in the number of new drug abusers seen in Uzbekistan have also been dominated by opioid users, with an estimated 40-60 per cent of those drug abusers injecting.¹ Some increase in opioid abuse during 2001 was also reported in the Islamic Republic of Iran, Lebanon and Saudi Arabia. Opioid abuse is also a major concern in India.²⁶ Recent reports from the city of Madras suggest a transition from inhalation from smoking to injecting, resulting in an increase in the number of injecting opioid abusers. Sharing of injecting equipment is common and rates of HIV infection are as high as 25 per cent among risk groups in that city.²³ The rapid increase in opioid injecting in the above-mentioned countries presents a serious concern for the spread of HIV transmission among injecting drug abusers in the region.

E. Europe

26. Cannabis continues to be the most common illicit drug of abuse within Western European countries. Between 10 and 30 per cent of the general population have ever abused the drug. Lifetime exposure to cannabis is much higher than recent abuse of the drug, reflecting that many people discontinue abuse of the drug or only abuse occasionally. Most countries report that between 5 and 10 per cent of their general population have abused the drug in the last year. There is also a smaller proportion of people who abuse the drug frequently, that being reflected in treatment demand. On average, 10 to 15 per cent of clients attending drug treatment sought help because of abuse of that drug, ranging from 2.5 per cent in Portugal to 24 per cent of treatment clients in Germany. While some countries are still experiencing increasing cannabis abuse, others are seeing stabilized or decreased levels of abuse (Finland, Ireland, the Netherlands and Norway). In line with the increase in cannabis abuse during the 1990s, there has also been an increase in demand for treatment of cannabis problems in Western European countries, that increase being greatest in Germany, where first-time admissions treated through outpatient units rose from 16.7 per cent in 1996 to 42.6 per cent in 2000.²⁷ Cannabis is also the most common drug abused in Central and Eastern European countries,

where experimental abuse of cannabis and other drugs appears to be on the increase. For example, school survey findings suggest that lifetime abuse of cannabis increased in many of those countries from between 5 and 10 per cent in 1995 to nearly 15 to 25 per cent in 1999, and lifetime use of amphetamine-type stimulants increased from between 0 and 2 per cent in 1995 to up to 7 per cent in some countries in 1999.²⁸

27. Abuse of other illegal drugs among the general population in Western Europe, such as opioids, cocaine and amphetamine-type stimulants, is far less common than abuse of cannabis. Only 1 to 6 per cent of the population has ever tried those drugs, and usually less than 1 per cent of the population has recently abused them, although that is not without exception. Abuse of amphetamine, Ecstasy and cocaine tends to be higher in Ireland and the United Kingdom of Great Britain and Northern Ireland, while amphetamine abuse is also relatively high in Denmark, Norway and Sweden. There have been recent concerns about high or increasing levels of cocaine abuse in selected European countries (for example, Denmark, Germany, Greece, Spain and the United Kingdom). The rise in the number of people receiving treatment for cocaine in several countries during 1999 appears to have stabilized in 2000, although those seeking treatment for cocaine abuse represent only a small proportion of all cocaine users.²⁷ The abuse of cocaine in Central and Eastern European countries is insignificant, although there are early signs of increased cocaine supply in some parts of the region.²⁸

28. Problematic abuse of opioids, cocaine and amphetamine-type stimulants is estimated to occur in around 0.2 per cent to 1.0 per cent of the general population in Western Europe. Those estimates of problematic abuse refer to abuse of those drugs that has been regular or of long duration or to their injection. About half of those problem drug abusers inject, with injection rates varying between 0.2 per cent and 0.5 per cent of the population in countries where data are currently available on the extent of injecting drug use. Opioids account for most problematic drug abuse in the majority of European countries, with the exception of Finland and Sweden, where the majority of problem drug abusers primarily use amphetamine. It is difficult to monitor trends in problematic drug abuse, although available data from some countries suggest an increase in such drug abuse since the mid-1990s. Possible increases in problematic drug abuse have been observed in Belgium, Italy, Luxembourg, Norway, Sweden and the United Kingdom. Overall, current levels of problematic drug abuse seem relatively stable in Western Europe.

29. Heroin abuse also continues to be the prevailing form of problematic drug abuse in Central and Eastern European countries. Many of the countries in that region report increased heroin abuse during 2001 (table 2), including the Czech Republic, where the traditional domestic form of methamphetamine (pervitin) dominates problematic drug abuse. Heroin is now commonly injected in most countries in the region, with injection accounting for over 90 per cent of cases treated in Bulgaria and Slovenia. While heroin is the main drug injected in Bulgaria, Romania and Slovenia, injection of home-made opioids persists in other parts of the region, particularly in the Baltic States and Poland, but that trend has decreased in recent years. Stimulant drugs are also injected in the Czech Republic and, to a lesser extent, in Estonia, Hungary, Latvia, Lithuania and Slovakia. In the Czech Republic, it is estimated that injection of the home-made amphetamine-type preparation pervitin accounts for over half of the cases of injecting drug use.²⁸

30. The spread of blood-borne viruses through the sharing of contaminated injecting equipment continues to be a concern in the Central and Eastern Europe region and in the Russian Federation. The ability of HIV to spread very rapidly among urban populations of injectors in the Russian Federation has prompted concern about adequate coverage of interventions to circumvent further spread of the virus. A recent study found that over half (56 per cent) of injecting drug abusers surveyed in Togliatti City tested positive for HIV antibodies, three quarters of whom were unaware of their HIV-positive status.²⁹ There has been a significant increase in HIV cases among injecting drug abusers in the Baltic states of Latvia during the 1990s, and more recently in Estonia. Forty-one per cent of injecting drug abusers tested in Estonia and between 8 and 19 per cent of those tested in Latvia are infected with HIV, and levels of infection appear to be increasing. Levels of HIV infection in Lithuania are much lower and thought to be decreasing, with around 1 to 2 per cent of injecting drug abusers infected. In Poland, the prevalence of HIV among injectors also seems to vary between stable and decreasing, although injecting still accounts for between 50 and 60 per cent of all new HIV cases, with from 11 to 16 per cent of injectors being infected. HIV prevalence among injecting drug abusers has remained at low levels in Bulgaria, the Czech Republic, Hungary, Romania, Slovakia and Slovenia, with incidence rates varying between 0 and 6.5 cases per million population, and less than 1 per cent of injectors being infected with HIV.²⁸

31. In Western Europe, estimates suggest roughly a half of problem drug abusers inject, which is equivalent to around 0.2 and 0.5 per cent of the general population having injected in the previous year. Luxembourg is an exception, where almost 0.7 per cent are estimated to inject drugs, representing a larger proportion of the problematic drug abusing population. Data currently available in Western European countries, although not directly comparable, do suggest considerable variability in HIV prevalence among injecting drug abusers. For example, surveys and unlinked anonymous testing in the United Kingdom show an HIV prevalence of about 1 per cent, whereas routine diagnostic tests conducted in drug treatment in Spain show prevalence of 34 per cent. Overall, the prevalence of HIV among injectors has remained stable in recent years. However, there have been increases in HIV prevalence in cities or regions within certain countries (for example, Austria, Finland, Ireland, Italy, the Netherlands and Portugal). Prevalence of hepatitis C virus (HCV) infection, a more sensitive indicator of injecting risk behaviour than HIV prevalence, has increased among subpopulations of abusers in Germany, Greece and Italy. Conversely, decreasing HCV prevalence has been reported within other Western European countries (Austria, Finland, Italy, Portugal and the United Kingdom). That disparity in trends highlights the importance of monitoring the transmission of blood-borne viruses at a local level in order to guide and evaluate prevention efforts. While levels of HCV among injecting drug abusers vary considerably across different parts of Western Europe, it is noteworthy that HCV prevalence is generally extremely high, exceeding 40 per cent among most of the injecting subpopulations monitored.²⁷

F. Oceania

32. Patterns of illicit drug abuse varied considerably across Australia, although levels of cannabis abuse remained relatively high, with around one third of the general population having ever abused the drug, and around 13 per cent having abused the drug in the last year. Recent abuse was highest among young adults (14-24 years of age), around 28 per cent having used cannabis in the last year.³⁰ Similar levels of cannabis abuse can be seen in neighbouring New Zealand, where 43 per cent of males and 27 per cent of females aged between 18 and 24 report having abused the drug in the last year.³¹ Abuse of amphetamine-type stimulants also remained high in Australia, with 9 per cent having ever abused those drugs, 3.4 per cent in the last year.³⁰ Routine monitoring of problematic drug abuse has indicated a rise in the availability and abuse of various forms of methamphetamine, including high-purity oral ingestion of tablets, inhalation of crystal methamphetamine (shaboo) and injection of high-purity "base" methamphetamine and methamphetamine hydrochloride. Those various patterns of amphetamine use present a challenge to understanding and monitoring both patterns in consumption and associated morbidity.³² The trend towards increasing methamphetamine abuse is mirrored in the abuse of Ecstasy and other designer drugs, with levels of recent abuse reaching around 3 per cent of the adult population in 2001.³⁰ Monitoring of Ecstasy abuse among party drug users also suggests an increased demand for the drug, although patterns of abuse have remained reasonably stable since the mid-1990s.³³

33. Injecting heroin abuse in Australia remains a significant problem, although a reduction in the availability of heroin during 2001 entailed decreased usage of the drug and associated problems. Although heroin is the most common drug injected, about a half of injections involve other drugs, notably methamphetamine. The injection of cocaine and methamphetamine increased in 2001 around the time when heroin was less available in the country. The year 2001 also saw increased prevalence of HCV among injecting drug abusers, which may have been related to increased stimulant injection³⁴ or changes in drug-injecting social networks in light of the heroin shortage.³⁵ More recently, the heroin shortage appears to have petered out, and levels of heroin abuse and related morbidity are returning to levels seen earlier in 2000.³⁵

Notes

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Annex

Trends in drug abuse and country reporting

Table 1
Trends in the abuse of cannabis^a

<i>Trends</i>	<i>Reporting in 2001, by region^b and country/territory</i>
<i>Increase in abuse</i>	
Number of countries reporting: 56	Africa (13): Burkina Faso, Cameroon, Côte d'Ivoire, Gambia, Ghana, Guinea-Bissau, Madagascar, Mauritius, Namibia, Seychelles, Togo, Uganda and Zimbabwe
Percentage of 2001 reports: 60	Americas (15): Argentina, Bahamas, Barbados, Belize, Bolivia, Chile, Colombia, Costa Rica, El Salvador, Guyana, Haiti, Jamaica, Saint Vincent and the Grenadines, Suriname and Trinidad and Tobago
	Asia (11): Azerbaijan, India, Islamic Republic of Iran, Japan, Kyrgyzstan, Macao Special Administrative Region of China, Mongolia, Pakistan, Saudi Arabia, Singapore and Sri Lanka
	Europe (17): Belarus, Bulgaria, Croatia, Czech Republic, Denmark, France, Greece, Hungary, Iceland, Latvia, Luxembourg, Poland, Portugal, Slovakia, Sweden, Turkey and Yugoslavia
<i>Stable level of abuse</i>	
Number of countries reporting: 22	Africa (2): Burundi and Tunisia
Percentage of 2001 reports: 24	Americas (5): Canada, Dominican Republic, Falkland Islands (Malvinas), Grenada and Panama
	Asia (8): Brunei Darussalam, China, Jordan, Lebanon, Myanmar, Philippines, Republic of Korea and Tajikistan
	Europe (7): Austria, Finland, Malta, Netherlands, Norway, Switzerland and United Kingdom of Great Britain and Northern Ireland
<i>Decrease in abuse</i>	
Number of countries reporting: 15	Africa (3): Comoros, Sao Tome and Principe and South Africa
Percentage of 2001 reports: 16	Americas (4): Dominica, Mexico, Saint Kitts and Nevis and Venezuela
	Asia (6): Armenia, Hong Kong Special Administrative Region of China, Indonesia, Kuwait, Oman and Viet Nam
	Europe (1): Ukraine
	Oceania (1): Australia

^aNumber of countries reporting: 93.

^bNumber of countries reporting indicated in parentheses.

Table 2
Trends in the abuse of heroin^a

<i>Trends</i>	<i>Reporting in 2001, by region^b and country/territory</i>
<i>Increase in abuse</i>	
Number of countries reporting: 31	Africa (7): Gambia, Ghana, Mauritius, Namibia, Togo, Uganda and Zimbabwe
Percentage of 2001 reports: 46	Americas (7): Belize, Chile, Colombia, Dominican Republic, Panama, Suriname and Venezuela
	Asia (8): China, India, Islamic Republic of Iran, Kyrgyzstan, Lebanon, Singapore, Sri Lanka and Tajikistan
	Europe (9): Belarus, Bulgaria, Czech Republic, Greece, Hungary, Poland, Sweden and Yugoslavia
<i>Stable level of abuse</i>	
Number of countries reporting: 19	Africa (2): Burundi and Côte d'Ivoire
Percentage of 2001 reports: 28	Americas (6): Barbados, Falkland Islands (Malvinas), Guyana, Haiti, Mexico and Trinidad and Tobago
	Asia (2): Jordan and Pakistan
	Europe (9): Denmark, Finland, France, Iceland, Luxembourg, Malta, Netherlands, Turkey and United Kingdom of Great Britain and Northern Ireland
<i>Decrease in abuse</i>	
Number of countries reporting: 17	Asia (11): Armenia, Azerbaijan, Hong Kong Special Administrative Region of China, Indonesia, Japan, Kuwait, Macao Special Administrative Region of China, Myanmar, Oman, Saudi Arabia and Viet Nam
Percentage of 2001 reports: 25	Europe (5): Austria, Croatia, Slovakia, Switzerland and Ukraine
	Oceania (1): Australia

^aNumber of countries reporting: 67.

^bNumber of countries reporting indicated in parentheses.

Table 3
Trends in the abuse of cocaine^a

<i>Trends</i>	<i>Reporting in 2001, by region^b and country/territory</i>
<i>Increase in abuse</i>	
Number of countries reporting: 41	Africa (5): Gambia, Ghana, Namibia, Togo and Zimbabwe
Percentage of 2001 reports: 63	Americas (17): Argentina, Barbados, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, El Salvador, Guyana, Haiti, Jamaica, Panama, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago and Venezuela
	Asia (3): Hong Kong Special Administrative Region of China, India and Saudi Arabia
	Europe (16): Belarus, Bulgaria, Croatia, Denmark, France, Greece, Iceland, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Sweden and Yugoslavia
<i>Stable level of abuse</i>	
Number of countries reporting: 17	Africa (1): Tunisia
Percentage of 2001 reports: 26	Americas (7): Bahamas, Belize, Bolivia, Canada, Falkland Islands (Malvinas), Grenada and Mexico
	Asia (2): Islamic Republic of Iran and Japan
	Europe (6): Austria, Czech Republic, Hungary, Latvia, Turkey and United Kingdom of Great Britain and Northern Ireland
	Oceania (1): Australia
<i>Decrease in abuse</i>	
Number of countries reporting: 7	Africa (2): Côte d'Ivoire and South Africa
Percentage of 2001 reports: 11	Asia (3): Indonesia, Lebanon and Republic of Korea
	Europe (2): Switzerland and Ukraine

^aNumber of countries reporting: 65.

^bNumber of countries reporting indicated in parentheses.

Table 4
Trends in the abuse of amphetamine-type stimulants^a

<i>Trends</i>	<i>Reporting in 2001, by region^b and country/territory</i>
<i>Increase in abuse</i>	
Number of countries reporting: 44	Africa (10): Burkina Faso, Cameroon, Comoros, Gambia, Mauritius, Namibia, South Africa, Togo, Uganda and Zimbabwe
Percentage of 2001 reports: 60	Americas (12): Argentina, Bahamas, Belize, Chile, Colombia, Dominican Republic, El Salvador, Guyana, Haiti, Jamaica, Panama and Trinidad and Tobago
	Asia (7): Brunei Darussalam, China, India, Myanmar, Republic of Korea, Singapore and Viet Nam
	Europe (15): Austria, Belarus, Bulgaria, Czech Republic, Denmark, Iceland, Malta, Norway, Poland, Portugal, Slovakia, Sweden, Turkey, Ukraine and Yugoslavia
<i>Stable level of abuse</i>	
Number of countries reporting: 22	Africa (1): Ghana
Percentage of 2001 reports: 30	Americas (6): Barbados, Canada, Falkland Islands (Malvinas), Mexico, Suriname and Venezuela
	Asia (5): Islamic Republic of Iran, Japan, Jordan, Philippines and Saudi Arabia
	Europe (9): Croatia, Finland, France, Greece, Hungary, Latvia, Luxembourg, Netherlands and United Kingdom of Great Britain and Northern Ireland
	Oceania (1): Australia
<i>Decrease in abuse</i>	
Number of countries reporting: 7	Africa (2): Côte d'Ivoire and Madagascar
Percentage of 2001 reports: 10	Asia (4): Hong Kong Special Administrative Region of China, Indonesia, Kuwait and Macao Special Administrative Region of China
	Europe (1): Switzerland

^aNumber of countries reporting: 73.

^bNumber of countries reporting indicated in parentheses.

Table 5
Trends in the abuse of methamphetamine^a

<i>Trends</i>	<i>Reporting in 2001, by region^b and country/territory</i>
<i>Increase in abuse</i>	
Number of countries reporting: 24	Africa (3): Burkina Faso, Gambia and Namibia
Percentage of 2001 reports: 56	Americas (7): Belize, Bolivia, Colombia, Dominican Republic, El Salvador, Haiti and Mexico
	Asia (8): Brunei Darussalam, China, Myanmar, Philippines, Republic of Korea, Saudi Arabia, Singapore and Viet Nam
	Europe (6): Austria, Czech Republic, Malta, Poland, Sweden and Ukraine
<i>Stable level of abuse</i>	
Number of countries reporting: 14	Americas (3): Chile, Falkland Islands (Malvinas) and Suriname
Percentage of 2001 reports: 33	Asia (2): Japan and Jordan
	Europe (9): Belarus, Bulgaria, Croatia, France, Greece, Hungary, Luxembourg, Portugal and United Kingdom of Great Britain and Northern Ireland
<i>Decrease in abuse</i>	
Number of countries reporting: 5	Americas (1): Panama
Percentage of 2001 reports: 12	Asia (2): Hong Kong Special Administrative Region of China and Indonesia
	Europe (2): Finland and Slovakia

^aNumber of countries reporting: 43.

^bNumber of countries reporting indicated in parentheses.

Table 6
Trends in the abuse of Ecstasy-type drugs^a

<i>Trends</i>	<i>Reporting in 2001, by region^b and country/territory</i>
<i>Increase in abuse</i>	
Number of countries reporting: 35	Africa (3): Gambia, Namibia and Zimbabwe
Percentage of 2001 reports: 65	Americas (13): Argentina, Bahamas, Belize, Chile, Colombia, Costa Rica, Dominican Republic, El Salvador, Jamaica, Panama, Peru, Saint Kitts and Nevis and Trinidad and Tobago
	Asia (3): China, Japan and Viet Nam
	Europe (15): Belarus, Bulgaria, Croatia, Czech Republic, Denmark, Yugoslavia, Finland, Iceland, Greece, Malta, Poland, Portugal, Slovakia, Sweden and Ukraine
	Oceania (1): Australia
<i>Stable level of abuse</i>	
Number of countries reporting: 13	Americas (5): Barbados, Bolivia, Falkland Islands (Malvinas), Mexico and Suriname
Percentage of 2001 reports: 24	Asia (2): Jordan and Islamic Republic of Iran
	Europe (6): Austria, France, Hungary, Luxembourg, Netherlands and United Kingdom of Great Britain and Northern Ireland
<i>Decrease in abuse</i>	
Number of countries reporting: 6	Africa (1): Madagascar
Percentage of 2001 reports: 11	Americas (1): Venezuela
	Asia (3): Hong Kong Special Administrative Region of China, Singapore and Indonesia
	Europe (1): Switzerland

^aNumber of countries reporting: 54.

^bNumber of countries reporting indicated in parentheses.

Table 7
Trends in injecting drug use^a

<i>Trends</i>	<i>Reporting in 2001, by region^b and country/territory</i>
<i>Increase in injecting drug use</i>	
Number of countries reporting: 17	Africa (3): Mauritius, Namibia and South Africa
Percentage of 2001 reports: 38	Americas (2): Argentina and Colombia
	Asia (6): China, Macao Special Administrative Region of China, Kyrgyzstan, Pakistan, Singapore and Tajikistan
	Europe (6): Belarus, Czech Republic, Latvia, Malta, Norway and Turkey
<i>Stable level of injecting drug use</i>	
Number of countries reporting: 20	Africa (2): Burundi and Cameroon
Percentage of 2001 reports: 44	Americas (3): Canada, Chile and Costa Rica
	Asia (4): Azerbaijan, Islamic Republic of Iran, Jordan and Oman
	Europe (11): Austria, Belgium, Bulgaria, Croatia, Denmark, Finland, France, Italy, Slovakia, Sweden and Yugoslavia
<i>Decrease in injecting drug use</i>	
Number of countries reporting: 8	Americas (1): Venezuela
Percentage of 2001 reports: 18	Asia (2): Kuwait and Myanmar
	Europe (4): Greece, Iceland, Luxembourg and Poland
	Oceania (1): Australia

^aNumber of countries reporting: 45.

^bNumber of countries reporting indicated in parentheses.

Table 8
Countries reporting injecting drug use

<i>Region</i>	<i>Country/territory reporting any injecting in 2001^a</i>
<i>Africa</i>	
Number of annual reports questionnaires returned: 19	Africa (9): Burundi, Cameroon, Ethiopia, Ghana, Mauritius, ^b Namibia, South Africa, Uganda and Zimbabwe ^b
Percentage of those responding who report any injecting: 47	
<i>Americas</i>	
Number of annual reports questionnaires returned: 28	Americas (11): Argentina, ^b Canada, ^b Chile, ^b Colombia, Costa Rica, Dominican Republic, El Salvador, Mexico, Panama, ^b Trinidad and Tobago ^b and Venezuela
Percentage of those responding who report any injecting: 39	
<i>Asia</i>	
Number of annual reports questionnaires returned: 27	Asia (24): Armenia, ^b Azerbaijan, China, ^b Hong Kong Special Administrative Region of China, Macao Special Administrative Region of China, ^b India, Indonesia, ^b Islamic Republic of Iran, ^b Japan, Jordan, ^b Kuwait, ^b Kyrgyzstan, ^b Lebanon, Mongolia, Myanmar, ^b Oman, ^b Pakistan, Saudi Arabia, Singapore, Sri Lanka, Republic of Korea, Tajikistan, ^b United Arab Emirates and Viet Nam ^b
Percentage of those responding who report any injecting: 89	
<i>Europe</i>	
Number of annual reports questionnaires returned: 28	Europe (27): Austria, ^b Belarus, Belgium, ^b Bulgaria, ^b Croatia, ^b Czech Republic, ^b Denmark, ^b Finland, ^b France, ^b Greece, ^b Hungary, ^b Iceland, Italy, ^b Latvia, ^b Luxembourg, ^b Malta, Netherlands, ^b Norway, ^b Poland, ^b Portugal, ^b Slovakia, ^b Sweden, ^b Switzerland, ^b Turkey, Ukraine, ^b United Kingdom of Great Britain and Northern Ireland ^b and Yugoslavia ^b
Percentage of those responding who report any injecting: 96	
<i>Oceania</i>	
Number of annual reports questionnaires returned: 1	Oceania (1): Australia ^b
Percentage of those responding who report any injecting: 100	
	Number of countries/territories reporting any drug injecting in 2001: 72 (70 per cent of all those submitting the annual reports questionnaire for 2001)

^aNumber of countries reporting any drug injecting indicated in parentheses.

^bReports about HIV infection among injecting drug users.