

**Economic and Social Council**

Distr.: General  
12 January 2006

Original: English

---

**Commission on Narcotic Drugs**

Forty-ninth session

Vienna, 13-17 March 2006

Item 5 (b) of the provisional agenda\*

**Drug demand reduction: world situation  
with regard to drug abuse**

**World situation with regard to drug abuse\*\*****Report of the Secretariat***Summary*

This report provides an overview of trends in the abuse of the main types of illicit drug from 1998 to 2004, based on the expert opinions provided by Member States in their response to part II of the annual reports questionnaire (E/NR/2004/2). These reported trends are substantiated by epidemiological information available from studies and surveys carried out at the national level.

There is a general absence of reliable information for North Africa and the Middle East. The main problems in the region seem to be the abuse of opioids, reported as increasing since 1998, and the abuse of cannabis, following a similar trend. Cocaine abuse is not a major problem and is reported to be decreasing. Amphetamine-type stimulants (ATS) are abused in the whole region, but significant increases have been reported recently by only a few countries.

In sub-Saharan Africa, the drugs that are causing more negative health and social consequences are heroin and cannabis. Heroin abuse by injection and demand for treatment for such abuse have been steadily increasing in recent years and cannabis has followed a similar pattern. The abuse of ATS, like the abuse of cocaine is reported to be low in prevalence and is stable or decreasing.

---

\* E/CN.7/2006/1.

\*\* This report takes into account recent consultations.



The overall picture for North America seems to be relatively positive. Stabilizing or decreasing trends are reported for the main substances, although the prevalence rates for cannabis and cocaine remain relatively high. The data available for North America suggest that the consumption of cannabis is relatively stable, although the high prevalence rate is high. In North America, cocaine abuse is relatively stable, although the prevalence rate is relatively higher than in other regions. The same applies to heroin, whose prevalence is lower than the other two drugs and has stabilized during recent years. Methamphetamine abuse is reported as stable and Ecstasy abuse is continuing to decrease in the main countries in the region.

In Latin America and the Caribbean, cannabis abuse, although not particularly high in comparison with North America and Western and Central Europe, seems to be slowly stabilizing. Heroin abuse is relatively low in the region and stable, but reports of injecting drug abuse from some countries are a cause of concern. The abuse of cocaine, which had been increasing steadily since 1998, seems to be tapering off. Abuse of ATS, generally low in the region, has been reported to be increasing during the same period, but these increases are mainly found in Central America and the Southern Cone countries.

In East and South-East Asia, the abuse of heroin, and in part opium, which had been increasing since 1998, has, according to reports from several countries in the region, been declining. Cannabis consumption continues to increase mainly in countries with large populations. ATS abuse continues to increase and cocaine abuse, which is not significant in the region, is reported to be stable. There is a lack of reliable survey data for the region; any assessment of the situation with regard to drug abuse, which is normally monitored by general population surveys, must rely mainly on information provided by experts.

In Central, South and South-West Asia, heroin and opium abuse has shown a steep increase since 2002, after a period of relative stability. Almost all countries reported an increase in heroin abuse and drug abuse by injection. Cannabis abuse is very common in the region and most countries reported increases in such abuse. Cocaine abuse is not significant in the region and has been reported as stable. ATS abuse is increasing, but from a low level.

In Eastern and South-Eastern Europe, cannabis abuse has been gradually increasing since 1998 even though the prevalence rate in the region remains relatively low compared with Western and Central Europe. The abuse of heroin and other opioids in the region, which registered a decline in 2003, was reported to be increasing again in 2004 because of an increase in the Russian Federation. Cocaine is not a primary substance of abuse in the region, but it has been reported to be increasing in recent years. Abuse of ATS is also low, in comparison with Western and Central Europe, but it has increased steadily since 1998.

In Western and Central Europe, the abuse of cannabis, the main drug of abuse in the region, has been increasing since 1998. The widespread abuse of cannabis has recently resulted in an increase in the demand for treatment related specifically to cannabis abuse. Cocaine abuse has increased considerably in the same period and is a major concern of national authorities. The abuse of heroin is declining and the heroin abuser population is ageing. The abuse of ATS is still reported to be increasing in many countries, although there are some signs of stabilization or decline in some countries reporting high prevalence.

For Oceania, the trends are determined mainly by what is happening in Australia and New Zealand. The decrease in cannabis abuse in the region is the result of the drop in the still relatively high prevalence of cannabis abuse in Australia in recent years. Heroin abuse has also decreased since 1998 and the trend seems to be continuing. Cocaine abuse is fundamentally stable. ATS abuse is reported to be stable, but the picture is a mixture of varying increasing and decreasing trends registered for different substances (methamphetamine and Ecstasy) and different age groups.

If analysed by main substances of abuse, the following trends can be seen:

(a) Cannabis abuse has been increasing in almost all regions and has reached varying levels of prevalence. There are some signs of stabilization, but that has occurred mainly in countries where the prevalence rate is relatively high;

(b) Abuse of heroin and opium has been declining for a number of years in some of the regions where those drugs are traditionally abused, but this decline has been offset by the increases in other regions. Therefore, the abuse of those drugs at the global level is stable;

(c) Cocaine abuse has been generally stable. The decline in cocaine abuse in North America has been partly offset by the increase in such abuse in Europe. However, overall, the total number of cocaine abusers has remained relatively stable;

(d) For ATS, the picture is more complicated. There has been a general increase in the abuse of amphetamine, with some exceptions in regions with high prevalence. For Ecstasy, significant declines in ATS abuse in some of the main countries with high prevalence rates have been offset by increases reported in other countries. Overall, after years of strong increases, ATS abuse is showing some signs of stabilization and, in some cases, is actually declining.

## Contents

|  | <i>Paragraphs</i> | <i>Page</i> |
|--|-------------------|-------------|
| I. Introduction . . . . .                              | 1-3               | 5           |
| II. Drug abuse trends in the period 1998-2004. . . . . | 4-43              | 6           |
| A. North Africa and the Middle East . . . . .          | 4-7               | 6           |
| B. Sub-Saharan Africa . . . . .                        | 8-11              | 7           |
| C. North America . . . . .                             | 12-15             | 8           |
| D. Latin America and the Caribbean . . . . .           | 16-19             | 10          |
| E. East and South-East Asia . . . . .                  | 20-24             | 12          |
| F. Central, South and South-West Asia . . . . .        | 25-27             | 14          |
| G. Europe . . . . .                                    | 28-38             | 16          |
| 1. Western and Central Europe . . . . .                | 29-36             | 16          |
| 2. Eastern and South-Eastern Europe. . . . .           | 37-38             | 18          |
| H. Oceania. . . . .                                    | 39-43             | 19          |
| III. Conclusions . . . . .                             | 44-46             | 21          |

## Figures

|   |    |
|---|----|
| I. North Africa and the Middle East: trends in illicit drug abuse, by drug type, 1998-2004. . . . .     | 7  |
| II. Sub-Saharan Africa: trends in illicit drug abuse, by drug type, 1998-2004 . . . . .                 | 8  |
| III. North America: trends in illicit drug abuse, by drug type, 1998-2003 . . . . .                     | 10 |
| IV. Latin America and the Caribbean: trends in illicit drug abuse, by drug type, 1998-2004. . . . .     | 12 |
| V. East and South-East Asia: trends in illicit drug abuse, by drug type, 1998-2004. . . . .             | 14 |
| VI. Central, South and South-West Asia: trends in illicit drug abuse, by drug type, 1998-2004. . . . .  | 15 |
| VII. Western and Central Europe: trends in illicit drug abuse, by drug type, 1998-2004. . . . .         | 18 |
| VIII. Eastern and South-Eastern Europe: trends in illicit drug abuse, by drug type, 1998-2004 . . . . . | 19 |
| IX. Oceania: trends in illicit drug abuse, by drug type, 1998-2003. . . . .                             | 20 |

## I. Introduction

1. Member States have been requested each year to report in the annual reports questionnaire increasing, stable or decreasing trends with regard to the abuse of different drug types among their general population (persons aged 15-64) on a five-point scale (large increase, some increase, no great change, some decrease, large decrease).<sup>1</sup> Although that information, which is based on expert opinion, has its limitations, it is the information that most countries have provided in a relatively consistent manner over the years.<sup>2</sup> However, there are some limitations that need to be taken into account when interpreting the data:

(a) The information is provided as expert opinion and it may or may not adequately reflect actual trends;

(b) The difference between various degrees of drug abuse trends (for example, between “some decrease” and “large decrease”) may not be interpreted in the same way in every country (a large increase in a country with low prevalence may not have the same impact on regional trends as some increase in a country with high prevalence) or even in the same country in different reporting years;

(c) Reporting trends in the abuse of a drug type, such as ATS, may be biased by differing trends in the abuse of substances in the same drug category (for example, the trend in the use of methylenedioxymethamphetamine (MDMA), commonly known as Ecstasy, may be increasing while the trend in the use of amphetamine is decreasing).

2. The overview on drug abuse trends in the period 1998-2004 is based on a number of annual responses, with response rates varying between 40 and 60 per cent.<sup>3</sup> The analysis of opinions of informed national experts allows a broader basis for trend analysis, since most countries still do not have the capacity to provide data on illicit drug abuse based on population surveys or prevalence estimation studies. The informed opinion of national experts has been used to produce the graphs included in the figures contained in this report. This information has been corroborated, whenever possible, with the information coming from national epidemiological studies and surveys.

3. The present report is limited in that it only provides general directions with regard to the main drug types reported by Member States, inevitably leading to broad generalizations. Sometimes the experience of one or two countries in a given region may differ from the overall regional trend. Thus, there is a need for more drug-specific trend analysis to support its conclusions. However, irrespective of these caveats, the overall results—wherever comparison with other indicators could be made—were found to be basically in line with those indicators.

## **II. Drug abuse trends in the period 1998-2004**

### **A. North Africa and the Middle East**

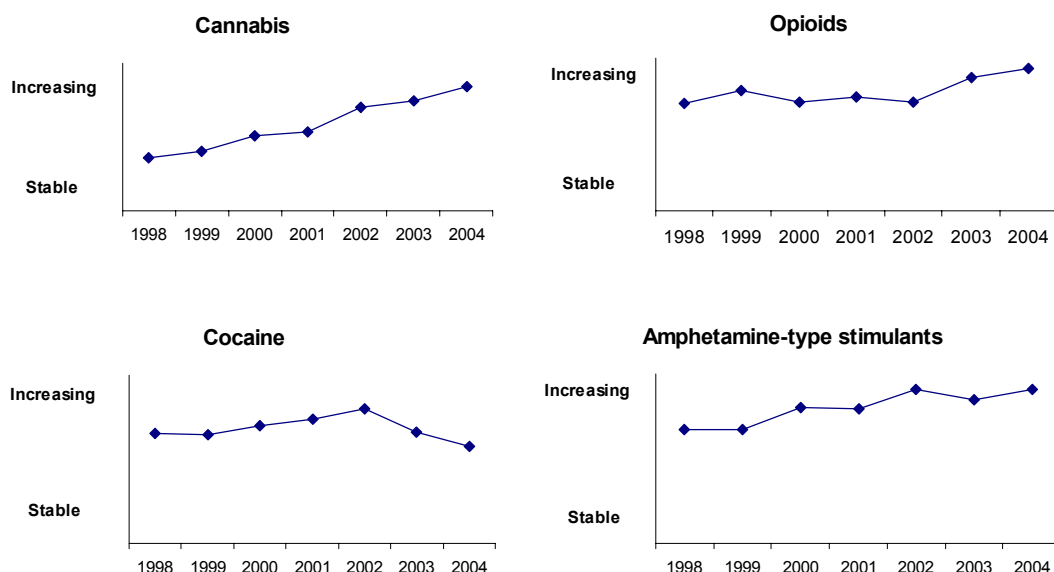
4. In addition to the informed opinion of experts from some countries in North Africa and the Middle East, studies conducted in the past years at the national or city level indicate that cannabis use is increasing and is the most widespread illicit substance in the region (for example, in Jordan<sup>4</sup> and Lebanon<sup>5</sup>).

5. Increases in the abuse of opioids and in heroin-related deaths were reported by a number of countries in North Africa and the Middle East. Heroin abusers account for most of the demand for treatment in many countries of the region. Reports of injecting drug abusers having shared needles or syringes is particularly alarming considering the elevated risk of HIV transmission already experienced in this region by communities of drug abusers in the Libyan Arab Jamahiriya,<sup>6</sup> for example.

6. Cocaine abuse is relatively low in North Africa and the Middle East and there are indications that its abuse is decreasing. Where cocaine abuse is reported in the region, it usually concerns the base form. In 2004, cocaine abuse by injection was reported in Israel and Lebanon. Drug abuse treatment data suggest that cocaine abuse is more prevalent in the countries of the Eastern Mediterranean and in the Maghreb, but even there it is not ranked as the primary substance of abuse and no cocaine-related deaths have been reported.

7. While the prevalence of ATS abuse appears to be low in North Africa and the Middle East, patterns of such abuse require careful monitoring. With the notable exception of countries in North Africa, many countries in the Middle East reported ATS abuse in 2004: Kuwait and Saudi Arabia reported increased abuse of ATS and in Saudi Arabia the prevalence of ATS abuse was estimated to be even higher than the prevalence of abuse of other drug types.

Figure I  
North Africa and the Middle East: trends in illicit drug abuse, by drug type,  
1998-2004



Source: United Nations Office on Drugs and Crime, annual reports questionnaire.

Note: National trend estimates weighted by population size.

## B. Sub-Saharan Africa

8. Based on available information, the overall trend in cannabis use appears mixed in sub-Saharan Africa. Large increases have been reported, for example by Nigeria, while the situation is reported to be relatively stable in the Southern African Development Community member States, where the proportion of clients coming to treatment centres with cannabis as their primary drug of abuse varied greatly in the first half of 2004, ranging from 7 per cent in Mauritius and Namibia to 79 per cent in Malawi.

9. Since the second half of 2003, demand for treatment for heroin abuse has increased in many countries in sub-Saharan Africa, especially in Mauritius, Mozambique, the United Republic of Tanzania and Zambia (by at least five percentage points). Abuse of heroin by injection is extremely high in Mauritius (over 90 per cent), but it is also high in some places in South Africa (ranging from 28 per cent in Cape Town to 55 per cent in the Gauteng Province (Johannesburg and Pretoria). Heroin abuse by injection was reported to be decreasing in the first half of 2005 in Mozambique (Maputo) (23 per cent) and in the United Republic of Tanzania (29 per cent). However, signs of increasing heroin abuse by injection have been noted in Nigeria. In Kenya<sup>7</sup> and Mauritius, a large proportion of HIV/AIDS cases are associated with injecting drug abuse.

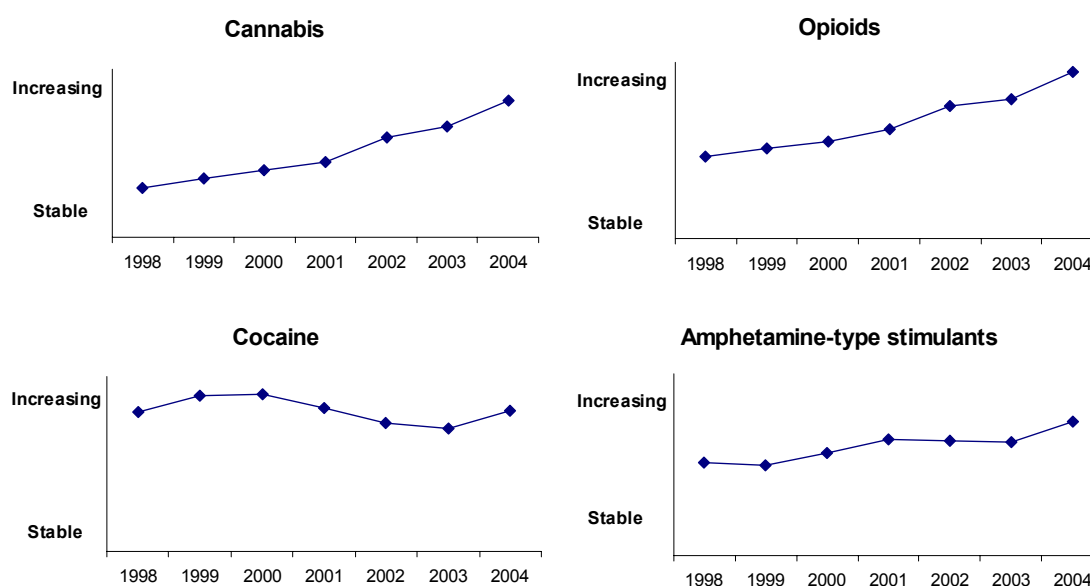
10. The abuse of cocaine remains relatively low in sub-Saharan Africa. Demand for treatment for cocaine abuse is mainly confined to Mozambique, Namibia and South

Africa and, to a lesser extent, Zambia, with some increases being noted in all four countries.

11. During the first half of 2004, Ecstasy was reported to be the primary substance of abuse in only a small number of treatment centres in South Africa (less than 1 per cent). A dramatic increase in demand for treatment for methamphetamine abuse was noted in Cape Town, particularly among clients under 20 years of age. One in five clients in Cape Town now report methamphetamine to be their primary or secondary drug of abuse and 41 per cent report daily use.<sup>8</sup>

Figure II

**Sub-Saharan Africa: trends in illicit drug abuse, by drug type, 1998-2004**



Source: United Nations Office on Drugs and Crime, annual reports questionnaire.

Note: National trend estimates weighted by population size.

## C. North America

12. Cannabis was the most commonly used illicit drug in the United States of America in 2004, with a past-year prevalence of 10.6 per cent (25.5 million users) among persons aged 12 or older. The rate remained stable compared with the situation in 2003. In 2004, an estimated 2.1 million persons had used cannabis for the first time within the past 12 months; again, that figure was not significantly different from the figure for 2003 (2 million). Of the 2.1 million recent cannabis initiates, 64 per cent were younger than age 18. In Canada, the national study in 2004 found a high prevalence of past-year use of cannabis (14.1 per cent among persons aged 15 and over). In Mexico, where the prevalence of cannabis use is remarkably lower (past-year prevalence among the general population aged 15-65 was 3.5 per cent in 2003), decreasing prevalence was reported in 2004. Cannabis users also account for a relatively large proportion of the total number of persons



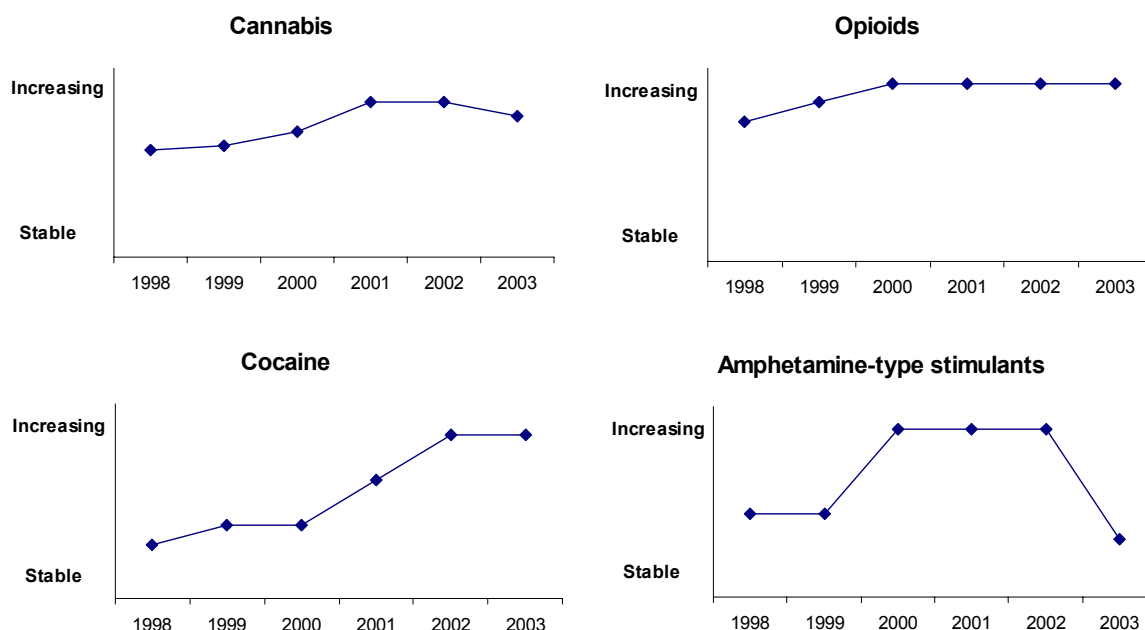
receiving treatment in Mexico for drug abuse (similar to the figure for cocaine abuse) and in 2004 demand for treatment for cannabis use was on the increase.

13. In North America as a whole, the trend in cocaine abuse remained high but, overall, relatively stable. In 2004, there were 5.7 million (2.4 per cent) past-year cocaine abusers among persons aged 12 or older in the United States, 1.3 million of whom abused crack cocaine. In 2004, an estimated 1.0 million persons in the United States had abused cocaine for the first time within the past 12 months, which was not significantly different from the figures for 2002 and 2003. The average age of first abuse among recent cocaine initiates was 20.0 years of age, which was similar to the average age in both 2002 and 2003 (19.8 years). Smoking of crack cocaine accounted for three times as many primary cocaine treatment admissions as the other routes of administration. Also in Canada, the extent of cocaine abuse was high in 2004 (past-year prevalence was 1.9 per cent among persons aged 15 and over). In Mexico, the prevalence of cocaine abuse among the general population in the 2003 study was 1.2 per cent for lifetime use. In 2004, the situation was reported as stable; still, cocaine accounts for a large proportion of total demand for drug abuse treatment in Mexico.

14. In 2004, there were an estimated 398,000 (0.2 per cent) past-year heroin abusers among persons aged 12 or older in the United States, indicating a stable level of heroin abuse compared with the situation in 2003. Between 2002 and 2004, there were no significant changes in the estimated number of persons who had abused heroin for the first time within the past 12 months (118,000 persons in 2004) or in the average age of first use of heroin from 2002 to 2004 (24.4 years in 2004). The abuse of other opiates and psychotherapeutic drugs continues to cause concern in many areas of the country.

15. In 2004, an estimated 1.4 million persons (0.6 per cent of the general population) aged 12 or older in the United States had abused methamphetamine in the past year. The prevalence of methamphetamine abuse remained stable between 2002 and 2004; however, the number of past-month methamphetamine users who met criteria for abuse or dependence increased from 27.5 per cent in 2002 to 59.3 per cent in 2004. The average age of first use among new methamphetamine users increased from 18.9 years of age in 2002 to 22.1 years in 2004.<sup>9</sup> While methamphetamine abuse continues to be more prevalent in the rural and western areas of the United States, there are clear indications of the availability and abuse of methamphetamine in some suburban and urban areas. There is some concern about the increasing risk of HIV transmission due to methamphetamine abuse and associated high-risk sexual behaviours. The decrease in the number of past-year abusers of Ecstasy from 2002 to 2004 is statistically significant, from 3.2 million (1.3 per cent) to 1.9 million (0.8 per cent), although the decrease was not significant between 2003 and 2004.<sup>10</sup> In Canada, the national study conducted in 2004 found a relatively high prevalence of abuse of amphetamine and Ecstasy among members of the general population aged 15 and over (0.8 per cent and 1.1 per cent, respectively). In Mexico, methamphetamine ranks third after cocaine and cannabis with regard to demand for treatment (the situation was stable in 2004) and there was an overall increase in the prevalence of ATS abuse in 2004.

Figure III  
North America: trends in illicit drug abuse, by drug type, 1998-2003



Source: United Nations Office on Drugs and Crime, annual reports questionnaire.

Note: National trend estimates weighted by population size. The trends for 2004 are not available because only one country in the region provided the expert opinion required in the annual reports questionnaire.

#### D. Latin America and the Caribbean

16. Cannabis remains the most widespread drug of abuse in Latin America and the Caribbean. Expert opinion on trends in cannabis abuse suggests that the extent of abuse was stabilizing in 2004. According to most recent survey data available in the region, the regional average for prevalence of cannabis abuse (past 12 months) is not particularly high, about 3 per cent among the general population. However, where data on persons seeking help for their drug problems exist, these often indicates increasing demand for treatment for cannabis abuse.

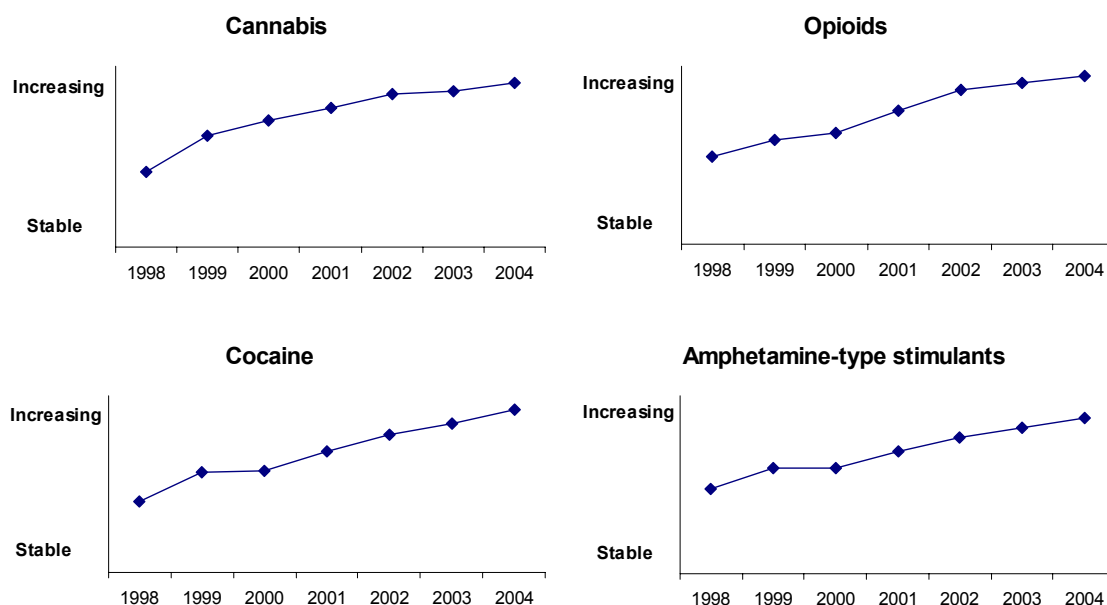
17. Heroin has traditionally not accounted for a majority of the drug problems in Latin America and the Caribbean. In 2004, two countries in the region (the Bolivarian Republic of Venezuela and El Salvador) reported increased heroin abuse among the general population, while the majority of the responding countries (five out of eight) indicated that there were no major changes in the extent of heroin abuse compared with the situation in the previous year. In fact, trend estimation based on expert opinion, weighted by population size, illustrates a slight decrease in the extent of abuse of opioids in the region. In Central and South America, annual prevalence of abuse of opioids has commonly ranged between 0.1 and 0.3 per cent among the general population aged 15-64. In the Caribbean, abuse of opioids is less

common. Although prevalence appears stable at a relatively low level, recent reports of increased abuse of heroin by injection in some countries is a cause for concern and the situation requires appropriate monitoring. For example, in El Salvador a national study conducted in 2004 found past-year prevalence of 1.0 per cent for heroin abuse among the general population aged 12-45.

18. In spite of the large availability of cocaine within Latin America and the Caribbean, the prevalence of cocaine abuse (abused in the past year), with the exception of a few countries, is not particularly high in the region. In 2004, the cumulative regional trend based on expert opinion, weighted by population size, pointed towards a more stable situation with regard to cocaine abuse. Nevertheless, the trend has noticeably increased from the levels seen in the late 1990s. For example, in Chile, where comparable long-term data on cocaine abuse are available, past-year prevalence of such abuse is at a substantially higher level than a decade ago, whereas more recent indicators have suggested stabilizing or even decreasing abuse of cocaine hydrochloride (cocaine powder) among the general population (persons aged 15-64) (in 2004, past-year prevalence was 1.4 per cent). More studies are needed to identify long-term trends and to guide demand reduction activities accordingly, with a view to improving their efficiency and effectiveness.

19. Overall, the situation in Latin America and the Caribbean with regard to the extent of ATS abuse among the general population appears to have been largely stable in 2004, although there seems to have been an increase in the abuse of amphetamines and Ecstasy, in particular in certain countries in Central America and the Southern Cone. Although some increases have been reported, the limited data available indicate that the rise in the prevalence of ATS abuse has been modest and the extent of abuse is, generally, still relatively low. With regard to Ecstasy, five countries in the region were able to report general population estimates for prevalence of lifetime use of Ecstasy in 2004 (ranging from 0.2 per cent in Peru to 1 per cent in El Salvador). With regard to amphetamine and methamphetamine, quantitative estimates among the general population are even more scarce; where data exist, the prevalence of the abuse of those drugs appears to be fairly similar or, in some countries, slightly higher than the prevalence of the abuse of Ecstasy.

Figure IV  
**Latin America and the Caribbean: trends in illicit drug abuse, by drug type, 1998-2004**



Source: United Nations Office on Drugs and Crime, annual reports questionnaire.

Note: National trend estimates weighted by population size.

## E. East and South-East Asia

20. Overall, in East and South-East Asia, lack of recent data based on epidemiological surveys conducted among the general population essentially limits the regional analysis. Available indicators and expert opinion indicate that cannabis abuse is widespread within the region and that it accounts for a substantial proportion of drug treatment admissions in some countries (for example in Malaysia and the Philippines). Still, in Myanmar, a school survey conducted in Yangon, in 2004, suggested a low (0.9 per cent) lifetime prevalence rate for cannabis abuse among students aged 13-21. Similar results were found in a school survey conducted in the Lao People's Democratic Republic in 2002, showing low lifetime prevalence of cannabis abuse among young people aged 12-21 (1.3 per cent). In 2004, China (including the Hong Kong Special Administrative Region (SAR) of China, and the Macau SAR of China), Japan and Myanmar reported increases in abuse of cannabis, whereas large decreases in cannabis abuse were reported by Malaysia and Singapore. The regional trend in cannabis abuse, weighted by population size, is affected by an increase in such abuse reported by China; however, the regional trend still shows an increase, even when the impact of China is excluded from the analysis.

21. Heroin and, to a lesser extent, opium remain the main causes for concern in many countries in East and South-East Asia. Heroin remains the main drug abused by injection in most countries and HIV associated with injecting drug abuse

continues to be a serious problem. Heroin abuse also has a disproportionate impact on drug abuse treatment services and even in countries where the prevalence of heroin abuse is low, the number of treatment admissions for heroin abuse often exceeds the number for the abuse of other drug types. In the Hong Kong SAR of China, a survey conducted in 2004 among students aged 11 and older found a high prevalence for lifetime abuse of heroin (1.6 per cent). This represents a serious concern, even though it is a substantial decrease from the 2.6 per cent recorded in 2000. Opium abuse is still common in several countries and remains the dominant form of opioid abuse, for example in the Lao People's Democratic Republic and Myanmar. China (including the Hong Kong SAR of China), Japan, Malaysia and Singapore reported a decrease in heroin abuse in 2004. Three out of six responding countries in the region (China, Malaysia and Myanmar) reported a decrease opium abuse.

22. Abuse of cocaine is relatively uncommon in East and South-East Asia, although it has been noted in several countries, along with seizures of the drug. Expert opinions on trends in cocaine abuse in the region were provided in only four responses to the annual reports questionnaire for 2004; increasing abuse of cocaine in 2004 was reported in the Hong Kong SAR of China, Japan and Singapore. Recent survey data to confirm the expert opinions are generally not available in the region, but other indicators (such as demand for treatment) from past years suggest that increases in cocaine abuse are taking place but that prevalence rates are still low. For example, the Republic of Korea indicated a stable situation with regard to the abuse of cocaine, which, analysed together with the results of a survey conducted in 2004 among the general population in the metropolitan areas of Seoul and Busan, Republic of Korea, suggests a relatively low (0.4 per cent) prevalence of past-year abuse of cocaine.

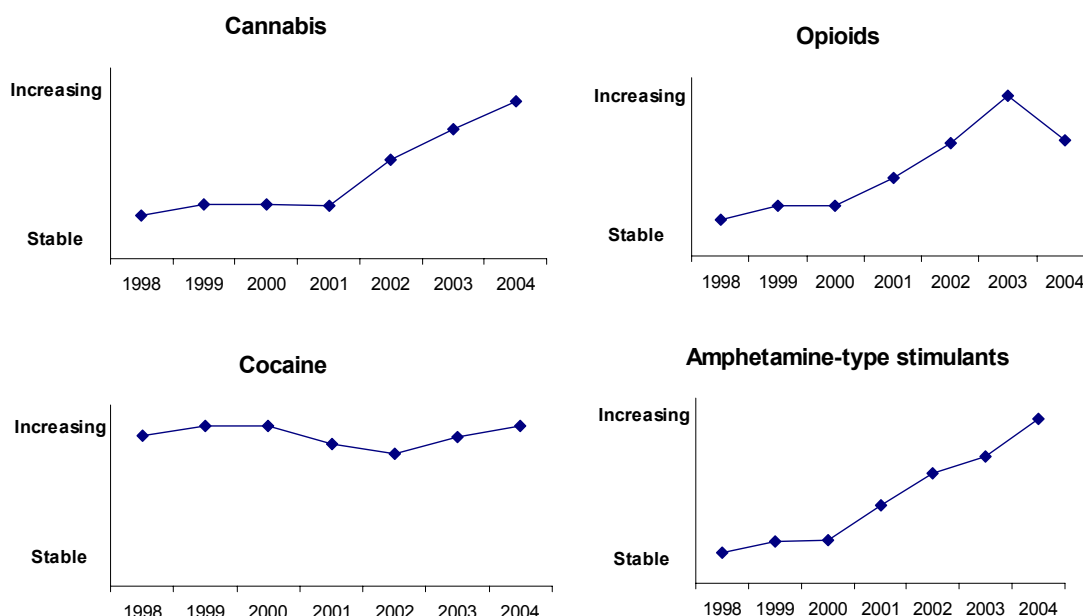
23. ATS abuse continued to increase in East and South-East Asia and the most commonly abused form of ATS continued to be methamphetamine. Based on the annual reports questionnaire for 2004, supplemented with information available through the activities of the United Nations Office on Drugs and Crime (UNODC) to monitor the ATS situation and trends in East and South-East Asia,<sup>11</sup> abuse of methamphetamine appears to be on the increase in the region (in particular, in Cambodia, China (including the Hong Kong SAR of China), Indonesia, the Lao People's Democratic Republic, Malaysia, Myanmar, the Philippines, the Republic of Korea and Viet Nam). Abuse of methamphetamine appears to have decreased in Japan and Singapore. In Thailand, there has been a reduction in the abuse of methamphetamine tablets since 2003. Patterns of abuse consist primarily of swallowing or smoking methamphetamine tablets, although in some countries (for example in Cambodia<sup>12</sup>) abuse of methamphetamine by injection is a matter of particular concern.

24. There has been an increase in Ecstasy abuse in East and South-East Asia (for example in China (including the Hong Kong SAR of China), Indonesia, Japan and Malaysia), although in most countries the level of abuse of Ecstasy is well below that of methamphetamine. The manufacture of Ecstasy tablets that contain other synthetic drugs, such as ketamine (an anaesthetic used in veterinary medicine), presents a significant challenge in identifying and monitoring the abuse of both Ecstasy and other drugs within the region. In some countries, the increased abuse of

ketamine forms a significant drug abuse pattern in its own right and trends and patterns in the abuse of that substance need to be closely monitored.

Figure V

**East and South-East Asia: trends in illicit drug abuse, by drug type, 1998-2004**



Source: United Nations Office on Drugs and Crime, annual reports questionnaire.

Note: National trend estimates weighted by population size.

## F. Central, South and South-West Asia

25. In Central Asian countries and in Pakistan, cannabis is reported as the most commonly used substance. In India and the Islamic Republic of Iran, the extent of opium abuse ranks above the abuse of other illicit substances. Five out of the eight countries in the region of Central, South and South-West Asia, responding to the annual reports questionnaire (namely India, the Islamic Republic of Iran, Kyrgyzstan, Sri Lanka and Uzbekistan) reported increasing cannabis abuse in 2004. However, when the regional data, weighted by population size, is analysed without the influence of an increasing trend in India, the long-term trend in the region shows signs of stabilization after having increased for many consecutive years.

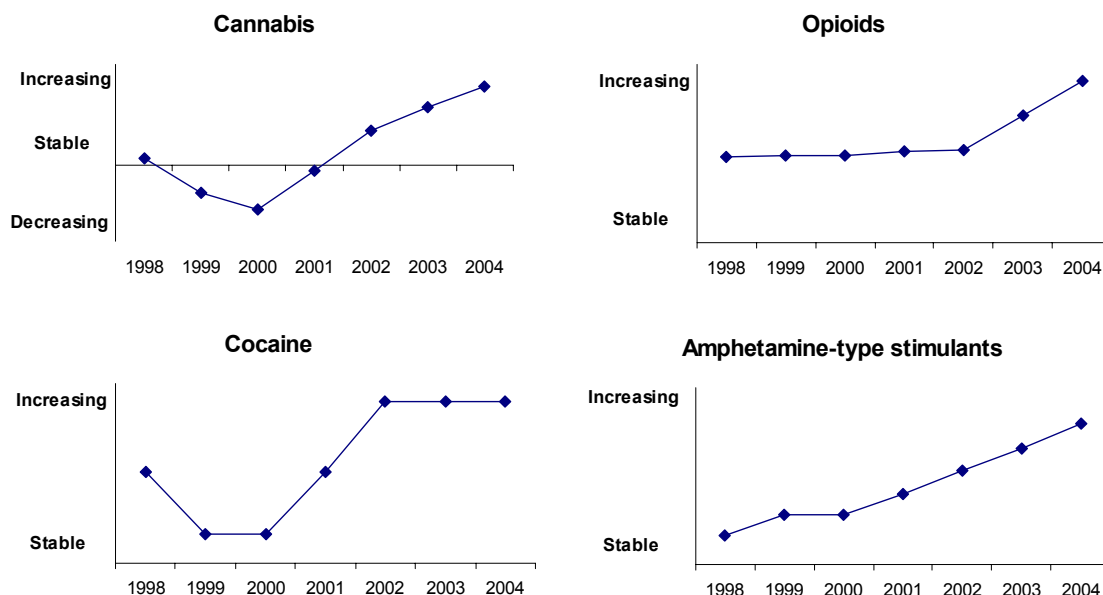
26. The abuse of opioids, especially in the form of heroin, continues to account for the bulk of demand for drug abuse treatment in most countries in Central, South and South-West Asia. In Central Asia, the drug abuse situation continues to worsen among younger males, many of whom are abusing heroin or other opioids and injecting those drugs, thus fuelling the HIV/AIDS epidemic in the region. Injecting is the most common route of administration: between one half and more than two thirds of registered drug abusers reported using that route of administration. In Kazakhstan, the number of drug abusers registered each year has been steadily

increasing since 2001. The rate was reported to be 348 registered drug abusers per 100,000 of the population in 2004, the highest rate among the Central Asian countries in that year. Uzbekistan has the lowest reported rate of registered drug abusers: 75 per 100,000 of the population. The overwhelming majority (90 per cent or more) of registered drug abusers in the region are male. In India, data on drug abuse treatment indicate worrying trends not only with regard to increasing abuse of heroin and other opioids by injection, but also with regard to increases in the practice of sharing injecting equipment among drug abusers, a behaviour associated with a high risk of HIV transmission. Nearly all the responding countries in Central, South and South-West Asia reported increasing abuse of opioids in 2004.

27. The extent of cocaine abuse remains low in Central, South and South-West Asia and the trend appears to have stabilized in 2004. Some countries in the region have reported increases with regard to ATS abuse, although from a low baseline. Abuse of ATS seems to be increasing according to the opinion of the national experts. More nationally representative epidemiological surveys, in particular among youth, are needed to assess more precisely the magnitude of ATS abuse in the region.

Figure VI

**Central, South and South-West Asia: trends in illicit drug abuse, by drug type, 1998-2004**



Source: United Nations Office on Drugs and Crime, annual reports questionnaire.

Note: National trend estimates weighted by population size.

## **G. Europe**

28. As in many other regions, in Europe the lack of a long-term series of consistent surveys limits reliable identification of trends in drug abuse. The situation is relatively better for Western Europe and partly for Central Europe, which, in addition to expert opinions, have epidemiological information available to support those opinions. For Eastern and South-Eastern Europe there are considerable gaps in the information on drug abuse and it is therefore difficult to go beyond a comment to the graphs provided in figure VIII.

### **1. Western and Central Europe**

29. Available surveys (national or local household surveys and conscript and school surveys) reveal that cannabis use increased markedly during the 1990s in almost all of the European Union Member States, particularly among young people, and has continued to increase in recent years in some countries. In many States that are new members of the European Union, there is some evidence suggesting a substantial increase in cannabis use in recent years, concentrated in urban areas and among males and young adults.

30. Among adults, past-year prevalence of cannabis use is at a high but stable level in the United Kingdom of Great Britain and Northern Ireland, while in some countries (such as Denmark, Estonia, France, Germany and Spain) a substantial increase has been reported in recent years. Other countries exhibit lower prevalence estimates and less clear trends (Finland, Greece and Sweden). In the European Union, around 6 per cent of adults (15-64 years), or more than 20 million people, have used cannabis in the past year. Increasing trends with regard to demand for treatment for problems related to the use of cannabis remains a cause of concern in many countries. In nearly all countries for which data are available, the proportion of clients seeking treatment for cannabis use is higher among new clients than among all clients.

31. In Western and Central Europe, heroin has historically been the most problematic drug of abuse, with the highest estimates reported by Austria, Denmark, Ireland, Italy, Luxembourg, Portugal, Spain and the United Kingdom (6-10 cases per 1,000 inhabitants aged 15-64 years). (The European Monitoring Centre for Drugs and Drug Addiction defines problematic drug use as injecting drug use or long duration or regular use of opiates, cocaine and/or amphetamines.) Lower rates were reported by Germany, Greece, the Netherlands and Poland (less than 4 cases per 1,000 inhabitants aged 15-64 years). Heroin remains the principal drug for which clients seek drug abuse treatment in Europe. However, there are relevant differences among countries; the proportion of all clients seeking drug abuse treatment accounted for by clients for whom heroin is the primary drug of abuse ranges from below 40 per cent to over 70 per cent. In some countries, heroin abuse among new clients in treatment showed an overall decline from 1996 to 2003 in absolute numbers seeking treatment, while demand for treatment primarily related to other drugs has increased.

32. In some European Union member States for which treatment data are available (Denmark, France, Greece, Italy, Spain and the United Kingdom), there are indications that the rate of injection among heroin abusers is declining and the population of heroin abusers is ageing. For most of the new European Union



member States, the data available suggest that almost all heroin abusers in treatment are injectors; in some of the countries, there are very young abusers of opiates (15-19 years old) in treatment.

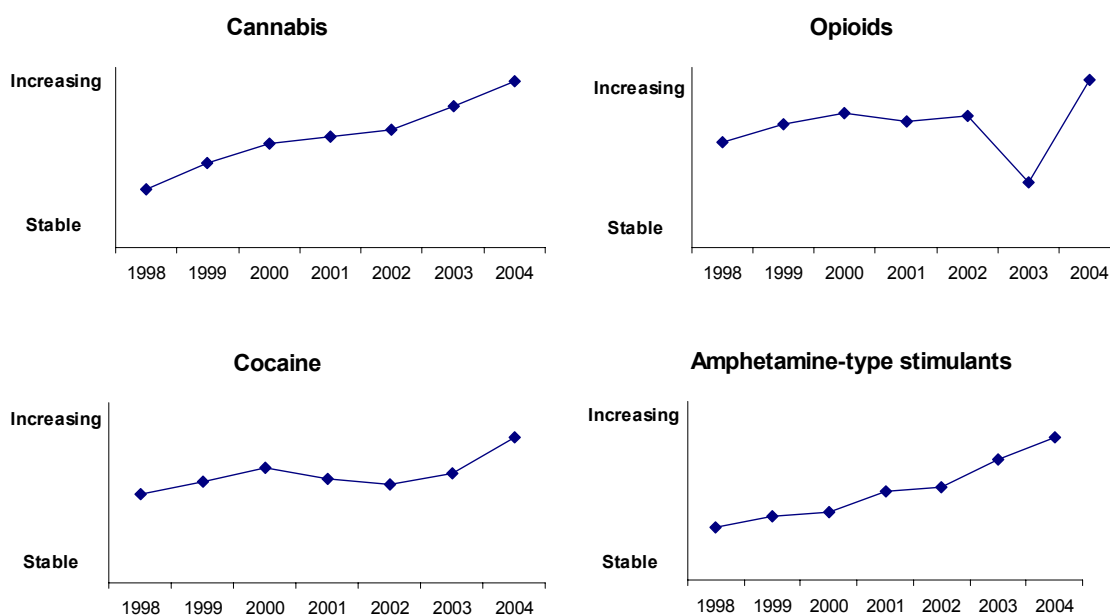
33. Cocaine abuse in Western and Central Europe has been generally increasing since 1998, according to the expert opinion reported in the annual reports questionnaire. This trend has been confirmed by several sources, including local reports, focused studies conducted in dance settings, reports of increases in seizures and some increases in deaths and emergencies related to the abuse of cocaine.

34. In the United Kingdom, prevalence of past-year cocaine abuse among young people has remained relatively stable in recent years, following substantial increases from 1996 to 2000. In some other countries (Austria, Denmark, Germany, Hungary, Italy and the Netherlands) the picture is more mixed, with a number of increases found but with some countries reporting relatively stable or even decreasing trends over time. In the few countries where trends in mortality related to drug abuse can be estimated, they tend to show an increase, with several countries (France, Germany, Hungary and Spain) reporting figures of about 8-12 per cent of drug-related deaths where cocaine seems to have played a determinant role.

35. Many countries reported increases in cocaine abuse among clients seeking treatment from 1996 to 2003. The proportion of new clients in treatment for cocaine abuse grew from 4.8 per cent to 9.3 per cent. Abusers of cocaine hydrochloride account for 70 per cent of all new clients in treatment for cocaine abuse in Europe, abusers of crack cocaine accounting for the remaining 30 per cent. Around 5 per cent of new cocaine clients report injecting cocaine.

36. Population surveys show an increase in past-year prevalence of the abuse of amphetamine and Ecstasy among young adults in Europe. Abuse of Ecstasy now commonly exceeds the level of amphetamine abuse among the general population (persons aged 15 to 64 years). In the United Kingdom, a substantial decrease in amphetamine abuse has been observed among young adults since 1998, although the past-year prevalence of amphetamine abuse is still among the highest in Europe. In general, ATS abuse is not the primary reason for seeking drug treatment in Europe, even if there are indications of an increasing trend in this regard. Among those receiving treatment for ATS abuse, injecting is still relatively rare; on average, 15 per cent inject the drug, although there are large differences between countries (the proportion of injectors being as high as 60 per cent in some countries).<sup>13</sup>

Figure VII  
**Western and Central Europe: trends in illicit drug abuse, by drug type, 1998-2004**



Source: United Nations Office on Drugs and Crime, annual reports questionnaire.

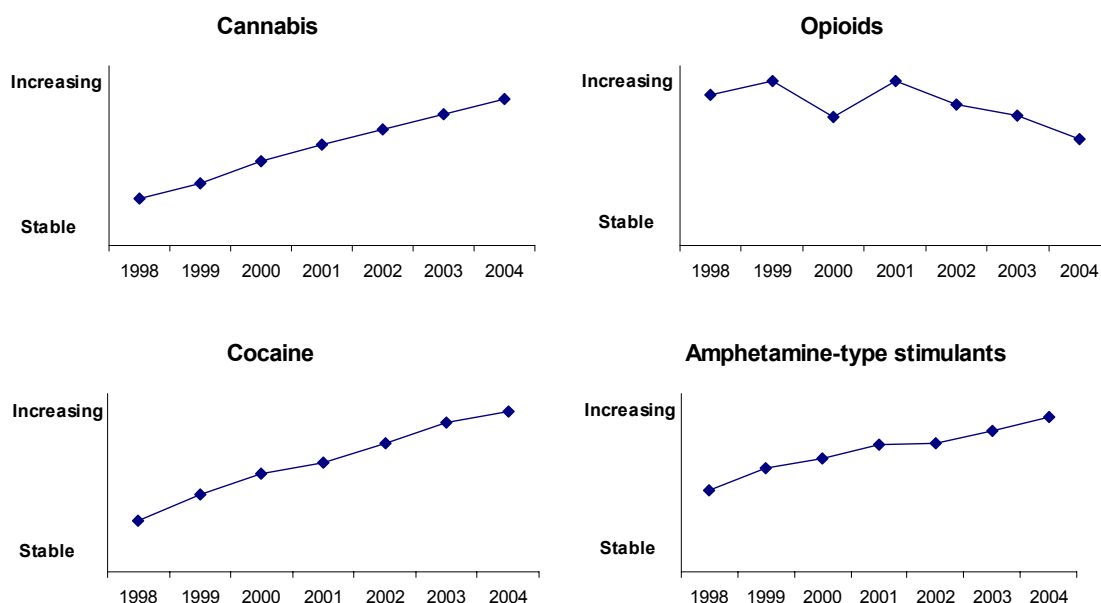
Note: National trend estimates weighted by population size.

## 2. Eastern and South-Eastern Europe

37. In Eastern and South-Eastern Europe, cannabis abuse has been gradually increasing since 1998, even though prevalence in the region remains low, generally below the level in Western and Central Europe. Cocaine is not a primary substance of abuse in Eastern and South-Eastern Europe, but it is reported to have been increasing in recent years. Abuse of ATS is also low, compared with Western and Central Europe, but it has increased steadily since 1998. The abuse of heroin and other opioids, which registered a decline in 2003, was reported to be increasing again in 2004.

38. Very little comparable information on the prevalence of illicit drug abuse is available in Eastern and South-Eastern Europe. The picture of the overall situation in the region has been improved by the European School Survey Project on Alcohol and Other Drugs, allowing comparison with the European average of lifetime abuse of illicit drugs among school students aged 15-16 years in 2003 (21 per cent for lifetime use of cannabis, 6 per cent for any illicit drug other than cannabis). In Romania and Turkey, very few students (3 and 4 per cent, respectively) reported lifetime use of cannabis in 2003, whereas in Bulgaria, Croatia, the Russian Federation (Moscow) and Ukraine, the lifetime prevalence for cannabis use is about the same as the European average (about 21-22 per cent). The rate for lifetime abuse of any illicit drug other than cannabis is commonly below the average of other European countries (ranging from 2 per cent in Ukraine to 6 per cent in Croatia).

Figure VIII  
**Eastern and South-Eastern Europe: trends in illicit drug abuse, by drug type, 1998-2004**



Source: United Nations Office on Drugs and Crime, annual reports questionnaire.

Note: National trend estimates weighted by population size.

## H. Oceania

39. Prevalence of cannabis abuse remains high in Australia. The proportion of the population aged 14 years and over who had abused cannabis in the past 12 months varied over the period 1995-2004; past-year prevalence of cannabis abuse, in particular, dropped significantly (from 12.9 per cent in 2001 to 11.3 per cent in 2004). Moreover, between 2001 and 2004, the decreases noted were statistically significant for most age groups. In New Zealand, although recent data are not available, cannabis continues to be the main illicit substance of abuse and, based on expert opinion, the prevalence of cannabis abuse remains high; the latest nationwide survey in 2001 found 20 per cent prevalence of cannabis abuse in the past year among the general population (persons aged 15-45).

40. In Australia, heroin abuse among the population aged 14 and over (past-year prevalence) was generally lower in 2004 (0.2 per cent for males, 0.1 per cent for females) compared with the level reported in 1995. Between 2001 and 2004, the situation remained stable. The majority (86.8 per cent) of those who abused heroin at least once in the past year had injected the drug. Around one fourth (24.5 per cent) of all drug injectors reported heroin to be their first drug ever injected and females were more likely than males to be injecting.

41. In 2004, 1.0 per cent of the population of Australia aged 14 years and older had abused cocaine in the last 12 months, with males more likely to have done so

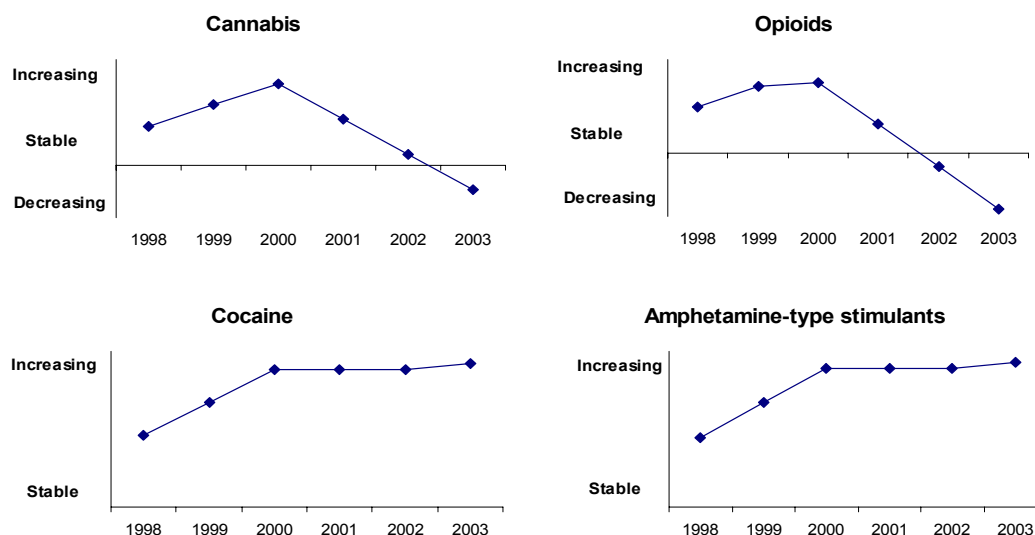
than females. Between 2001 and 2004, the trend appears to have stabilized somewhat, with declines noted for males aged 14-29 and females aged 20-29 years. Fewer than 1 in 10 (7.6 per cent) had injected the drug. Cocaine hydrochloride is the predominant form of cocaine abused, while the prevalence of the abuse of crack cocaine remains remarkably less common. In New Zealand, there has been some indications of increased prevalence of cocaine abuse in recent years, so it is critical to track the incidence and prevalence when new survey results become available.

42. In 2004, 3.2 per cent of the population aged 14 years and older in Australia had used methamphetamine or amphetamine for non-medical purposes in the past 12 months. Between 2001 and 2004, past-year prevalence among males aged 14-39 years declined significantly, as did the prevalence for young females aged 14-19 years. However, this decline was not seen for all age groups combined. In addition, methamphetamine or amphetamine was the most common (59.1 per cent) drug to be injected for the first time for both males and females.

43. In Australia, among the population aged 14 years and older, 3.4 per cent had abused Ecstasy in the past 12 months. Males were more likely than females to have abused Ecstasy, in any time period. Prevalence of past-year Ecstasy abuse was reported to be generally higher in 2004 than in 1995 for both males and females and in all age groups. Between 2001 and 2004, the proportion of persons aged 14-19 in Australia who abused Ecstasy declined for both males and females; however, significant increases were found for males aged 20-39 years and for males overall. In New Zealand, expert opinion indicates large increases in ATS abuse overall, the increase in methamphetamine abuse, followed by Ecstasy abuse,<sup>14, 15</sup> accounting for a substantial proportion of the overall increase.

Figure IX

**Oceania: trends in illicit drug abuse, by drug type, 1998-2003**



Source: United Nations Office on Drugs and Crime, annual reports questionnaire.

Note: National trend estimates weighted by population size. The trends for 2004 are not available because only one country in the region provided the expert opinion required in the annual reports questionnaire.

### III. Conclusions

44. The analysis presented above, taking into consideration the intrinsic limitations of the expert opinions, provides some indication of the major regional trends in the abuse of the main drugs. In the Political Declaration adopted by the General Assembly at its twentieth special session (General Assembly resolution S-20/2, annex), in 1998, Member States committed to achieving significant and measurable results in the field of demand reduction by the year 2008. At present, at least in relation to reduction of illicit drug demand, some positive results are being achieved in some areas (mainly with regard to heroin abuse in many regions), but it is difficult to determine whether these positive results can be sustained or not. In other areas the situation seems to be worsening (cannabis abuse is still dominant in most regions and ATS abuse is increasing, although at a slower pace than in the past), and this calls for increased action and better responses from Member States.

45. In addition, there continues to be a need for better understanding of the drug abuse situation. Expert opinion does not provide the perfect tool for monitoring drug abuse trends. There is a clear need to improve the information available to Member States and to the Secretariat to provide a better and more consistent picture of the drug abuse situation and of any progress made in relation to the reduction of illicit drug demand.

46. In this connection, the Commission on Narcotic Drugs may consider reiterating the importance of developing drug information systems at the national level, establishing regional epidemiological networks to ensure the exchange of expertise and good practice and harmonizing data collection methods and techniques to ensure global comparability.

#### *Notes*

<sup>1</sup> Each degree of trend estimation was given a numerical value ranging from -2 to 2 (-2 representing a large decrease; -1, some decrease; 0, no great change; 1, some increase; and 2, a large increase). Estimates for each drug type were weighted by the population size of each country. The national estimates were added to represent an annual regional trend estimate for each drug type, and a cumulative change for each region was calculated. In the figures, changes in the curve represent cumulative increases and decreases from the baseline reporting year. The main advantage of such an analysis is that, at its best, by taking into account the population size affected by the estimated trend, the risk of greatly overestimating or underestimating the magnitude of regional trends is significantly reduced. For example, a large increase in the abuse of cannabis in a country with a small population is considered to have less importance or impact compared with some increase in a country with a large population.

<sup>2</sup> Other information requested in the annual reports questionnaire (prevalence among the general population and the school population, demand for treatment etc.) is not always available for different years or may be difficult to use for comparative purposes. In the absence of a comprehensive data set on drug abuse prevalence, the present report attempts to quantify the expert opinion and uses it to show major regional trends. An analytical tool, the Weighted Analysis on Drug Abuse Trends (WADAT), presented to the Commission for the first time in 2004, has been used for weighted estimations of regional trends taking into consideration different population sizes in the countries responding to the questionnaire.

- <sup>3</sup> The response rate was 57 per cent (110 replies submitted) for the reporting year 2004, 57 per cent (109 replies submitted) for 2003, 55 per cent (106 replies submitted) for the reporting year 2002, 54 per cent (103 replies submitted) for the reporting year 2001, 41 per cent (80 replies submitted) for 2000, 49 per cent (94 replies submitted) for 1999 and 58 per cent (112 replies submitted) for 1998.
- <sup>4</sup> United Nations Office on Drugs and Crime, *Rapid Situation Assessment for Drug Abuse and Dependence in the Hashemite Kingdom of Jordan* (2001).
- <sup>5</sup> United Nations Office on Drugs and Crime, *Substance Use and Misuse in Lebanon: the Lebanon Rapid Situation and Assessment Responses Study* (2003).
- <sup>6</sup> United Nations Office on Drugs and Crime, *Drug Use and HIV/AIDS: Rapid Situation Assessment in the Libyan Arab Jamahiriya* (2004).
- <sup>7</sup> United Nations Office on Drugs and Crime, *Study on the Assessment of the Linkages between Drug Abuse, Injecting Drug Abuse and HIV/AIDS in Kenya: a Rapid Situation Assessment* (Nairobi, 2004).
- <sup>8</sup> Parry and others, *Alcohol and Drug Abuse Trends: January-June 2004 (phase 16), Southern African Development Community Epidemiology Network on Drug Use* (Cape Town, 2005).
- <sup>9</sup> United States of America, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, "Methamphetamine use, abuse, and dependence: 2002, 2003, and 2004", National Survey on Drug Use and Health report (September 2005).
- <sup>10</sup> United States of America, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Overview of Findings from the 2004 National Survey on Drug Use and Health*, National Survey on Drug Use and Health Series H-27, DHHS Publication No. SMA 05-4061 (Rockville, Maryland, 2005).
- <sup>11</sup> United Nations Office on Drugs and Crime, Regional Centre for East Asia and the Pacific, *Patterns and Trends in Amphetamine-Type Stimulants in East Asia and the Pacific: Findings from the 2004 Regional ATS Questionnaire* (2005).
- <sup>12</sup> United Nations Office on Drugs and Crime, *Analysis of July-December 2004 Cambodia Provincial Drug Control Committee Data* (Phnom Penh, 2005).
- <sup>13</sup> European Monitoring Centre for Drugs and Drug Addiction, *Annual Report 2005: the State of the Drugs Problem in Europe* (Lisbon, 2005).
- <sup>14</sup> Australian Institute of Health and Welfare, *2004 National Drug Strategy Household Survey: First Results*, Drug Statistics Series No. 13, AIHW catalogue No. PHE 57 (Canberra, 2005).
- <sup>15</sup> Australian Institute of Health and Welfare, *2004 National Drug Strategy Household Survey: Detailed Findings*, Drug Statistics Series No. 16, AIHW catalogue No. PHE 66 (Canberra, 2005).
-