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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

Addendum

Drug abuse situation among young people: trends and responses**

Summary

The prevention and reduction of drug abuse among young people is one of the issues that countries must address if they expect to achieve long-term results in demand reduction. Information on the drug abuse situation among young people and its monitoring are critical to a full understanding of the current situation and to the ability to identify and respond to emerging trends, as well as to measure progress and target prevention interventions. The analysis of the existing epidemiological data, together with other information available to the United Nations Office on Drugs and Crime from its technical cooperation projects, has allowed the Secretariat to provide the Commission on Narcotic Drugs with a global overview of the drug abuse situation among young people (defined as those aged 10-24 years). This global overview, though restricted to the regions and countries that have data available, can be summarized as follows:

* E/CN.7/2006/1.

** The present report was submitted late because of the need to take into account recent consultations.



(a) Cannabis remains the illicit drug most abused by young people around the world. Lifetime use seems to have been increasing in many countries, though it has remained relatively stable, or in some other countries seems to have decreased. However, cannabis use is being perceived as or is becoming more and more “normal” or socially acceptable among a considerable portion of young people in a number of countries. This change in attitude can be expected to lead to further increases in the use of cannabis;

(b) The abuse of methylenedioxymethamphetamine (MDMA, commonly known as Ecstasy) seems to have stabilized or decreased in some countries, but it is increasing in others;

(c) Cocaine abuse has decreased in North America, but it has increased in Europe;

(d) Heroin abuse, particularly by injection, has decreased considerably among young people in industrialized countries, but it is reported to be increasing in Eastern Europe, Central Asia and South-East Asia;

(e) The use of alcohol and tobacco and its relation to the abuse of illicit drugs continues to be a problem for young people;

(f) The perception of harmfulness and of availability plays an important role in the decision to experiment with drugs. This is an important area for preventive intervention;

(g) The availability of prevention intervention appears to be increasing. However, more needs to be done to monitor and evaluate the quality and effectiveness of such programmes with a view to improving them;

(h) Efforts are insufficient in terms of programmes targeting vulnerable and marginalized young people who tend to engage in more problematic drug use and other high-risk behaviours. Countries with severe drug problems among youth populations, such as the widespread and early initiation of drug injecting, the spread of HIV/AIDS and other blood-borne diseases, and other, related, health and social problems, continue to experience severe difficulties in initiating programmes for drug abuse prevention among young people or in sustaining existing ones;

(i) Treatment services are not sought by or accessible to young people. In fact, stimulant abuse treatment, an area of concern with regard to youth, given the importance of amphetamine-type stimulants, is underdeveloped in general. It is necessary to approach young people with more youth-friendly services.

Contents

	<i>Paragraphs</i>	<i>Page</i>
I. Introduction	1-15	4
II. Regional trends since 1998.....	16-48	7
A. North America.....	16-25	7
B. Central and South America and the Caribbean.....	26-30	10
C. Central, South and South-West Asia	31-32	13
D. East and South-East Asia	33-35	14
E. Europe	36-44	16
F. Oceania	45-48	21
III. Demand reduction responses to drug abuse among young people	49-57	23
A. Widely available school-based prevention programmes and improvements in coverage.....	51-54	23
B. Special programmes targeting young people: not common.....	55-57	26
IV. Conclusions	58-59	27

I. Introduction

1. In order to allow a comprehensive assessment of the progress made towards achieving the objectives of the Political Declaration adopted by the General Assembly at its twentieth special session (resolution S-20/2, annex), the Secretariat has been reporting on the world drug abuse situation, describing major trends in drug abuse among the general population as reported by informed experts and focusing on key epidemiological indicators for the period 1998-2008. At the forty-seventh session of the Commission on Narcotic Drugs, the Secretariat presented a global overview of the situation on the basis of treatment demand data. This year, in addition to the analysis of major trends presented in the report on the world situation with regard to drug abuse (E/CN.7/2006/2), the present addendum will provide an overview of how the drug abuse situation among young people has evolved since 1998.

2. There are 1.2 billion young people in the world. Many of them are living in difficult circumstances: over 200 million live in poverty, 130 million are illiterate, 88 million are unemployed and 10 million live with HIV/AIDS. Even those young people who do not face these problems undergo a series of major changes in their lives during which they often find themselves taking increased risks and using alcohol, tobacco and illicit drugs. In this period, young people acquire some of the skills that are central for their development and at the same time establish habits and behaviours that will often accompany them in their adult life.

3. Information on drug abuse patterns and trends among young people is thus of crucial importance for the design of prevention programmes that not only reduce drug abuse among young people, but also, in the long term, prevent problematic drug abuse by the adult population.

4. However, this information is often lacking, and the data available do not always permit the drawing of systematic comparisons. For some regions (North America, Europe, to some extent Central and South America and the Caribbean and to a lesser extent in Asia and Oceania) there are now data available, and it is also possible in some instances to establish trends in the abuse of the various substances since 1998.

Emerging issues

The “normalization” of cannabis use

5. Cannabis, as in the case of the general population, is the illicit drug most abused by young people around the world. In recent years, lifetime use seems to have remained relatively stable, or in some cases to have decreased, although often at a relatively high prevalence, in some industrialized countries. However, there have been increases from a lower baseline in some others. In Europe this has been the case for some of the countries that recently entered the European Union.

6. However, apart from the actual rate of consumption there are other indications that cannabis use is being perceived as or is becoming more and more “normal” or socially acceptable among a considerable portion of young people in a number of countries. The Eurobarometer survey reported in 2004 that the number of young

people aged 15-24 years who have been offered cannabis rose from 26 per cent in 2002 to 50 per cent in 2004. In the same period the number of young people who reported that they knew someone who had used cannabis also rose, from 65 to 68 per cent. The strong correlation between the students' perception of cannabis, both of the risks associated with its use and of its availability, and its lifetime prevalence has also been confirmed by the Monitoring the Future study in the United States of America and the Europe-wide survey of the European School Survey Project on Alcohol and Other Drugs (ESPAD).

Methylenedioxymethamphetamine and amphetamine-type stimulants: a complex picture

7. The abuse of methylenedioxymethamphetamine (MDMA, commonly known as Ecstasy) continued to increase in North America until 2002 and in some parts of Europe until 2003. More recently in both regions there has been a reversal in the trend of Ecstasy abuse, possibly attributable in part to extensive media coverage of Ecstasy-related deaths and Ecstasy prevention campaigns. Prevalence figures are not available for Ecstasy abuse in Central, South and South-West Asia, suggesting that it is not very common, though the absence of figures does not necessarily indicate that abuse is not occurring. In East and South-East Asia, Ecstasy abuse is increasing in certain countries (Singapore, Indonesia, Viet Nam, Republic of Korea) but remains uncommon in others. Australia and New Zealand show increasing prevalence figures for Ecstasy abuse by youth. Many Central and South American and Caribbean countries report lower than 2 per cent prevalence for Ecstasy abuse.

Cocaine abuse: decreasing in North America but increasing in Europe

8. The abuse of cocaine (including crack cocaine) among young people has been decreasing in North America since 1998, most noticeably in the United States and to a lesser extent in Canada and Mexico. However, in Europe, Western Europe in particular, there has been an increase in the abuse of cocaine among the general population and among young people as well. Data for various periods are not always available for Central and South America and the Caribbean. In that region, the abuse of cocaine, including crack and coca paste, among young people exists but with prevalence rates generally lower than that of North America.

Heroin abuse by injection: decreasing among young people in industrialized countries but increasing among young people in Eastern Europe, Central Asia and South-East Asia

9. The average age of heroin abusers has been increasing in industrialized countries, as part of a more general reduction of the prevalence rate for heroin abuse, but at the same time there has been an increase in the abuse of heroin, particularly by injection, in Eastern Europe, Central Asia and South-East Asia. In some countries, there is evidence of a decreasing age of initiation for drug abuse (and injecting drug abuse) and an increasing vulnerability to HIV infection.

Use of alcohol and cigarettes and use of illicit drugs

10. School surveys do not concentrate on illicit drugs only: they also include information about the use of all other psychoactive substances, regardless of their legal status. Alcohol and cigarettes are the two substances most widely used by

young people all over the world and are the ones most easily available to youth, as they are legal in most countries. Binge drinking and high lifetime prevalence of cannabis use seem to be related to the same lifestyle.

Perception of harmfulness and availability and its relation to drug abuse

11. The perception of the risks associated with drugs and the prevalence of drug abuse have an inverse relationship. When young people associate high risks with a certain drug there is generally a low lifetime prevalence of its abuse. Similarly, the perceived availability of the drug typically correlates with the lifetime prevalence figure. Considering the link between the perceived availability and the perceived harmfulness of the drugs, there is a need to develop country strategies involving multiple sectors at multiple levels. Drug abuse education, including in schools and/or through peers, should provide young people with the skills and information necessary to choose healthy lifestyles. Often, inaccurately or insensitively reported stories on drugs contribute to the creation of social norms that implicitly condone casual or recreational drug consumption. It is therefore important to mobilize the mass media in support of positive health to promote messages that do not glamorize or normalize drug abuse.

Vulnerable young people

12. Apart from the abuse of drugs among mainstream youth, which is usually reported through school surveys, which are analysed in detail below, there is evidence that certain factors make some young people particularly vulnerable to chronic drug abuse and related long-term problems.

13. Some populations that might be considered particularly at risk include displaced children, children and youth in institutional care, child soldiers, young people who are sexually abused and exploited, those in contact with the criminal justice system, those excluded from school and those who are socially marginalized. Drug abuse may be seen as functional for some of those groups (for example, to keep awake for work, to get to sleep, to reduce physical and emotional pain, to overcome fear or to alleviate hunger).

14. Furthermore, these young people are usually less likely to be reached by existing services, programmes and channels of communication. This is particularly worrying as their situation requires more intensive interventions addressing their range of needs and allowing their healthy development in the long run.

Limited access to and provision of treatment services

15. In general, children and young people rarely visit existing health services, including services related to drug abuse counselling and treatment. Young people who are abusing drugs, especially cannabis and Ecstasy, often do not recognize their behaviour as an addictive one requiring specialized care. Therefore, they often do not seek assistance from treatment services, and most of the time they are referred to them at a late stage by family members, school staff or the judicial system. In addition, health services in general, and treatment and counselling services in particular, are almost always designed for adults or hard-core drug abusers: they are not tailored to the needs of young people. There is therefore a need to provide youth-friendly health and counselling services that respond to the specific physical

and psychosocial needs of young people, with particular attention to the abuse of illicit drugs and other psychoactive substances such as inhalants, alcohol and tobacco.

II. Regional trends since 1998

A. North America

16. Unlike many other regions of the world, North America has extensive school surveys: the Monitoring the Future (MTF) study in the United States beginning in 1975, the Ontario Student Drug Use Survey (OSDUS) in Canada beginning in 1977 and specific youth surveys in Mexico beginning in 1976. The annual MTF surveys students in grades 8, 10 and 12. The focal age used in the present report is persons in grade 10, typically 15 years of age. Canadian data are represented by persons in grade 10 from the biennial OSDUS study. In Canada, national estimates based on repeated school samples are recent and thus cannot provide long-term trend data. The Mexican data are represented by students in grades 7-12 (persons 12-22 years of age) surveyed in 2000 and 2003 (separate estimates for persons aged 15-17 are not available).

17. According to the surveys, the lifetime use of cannabis among students in grade 10 in 2005 was 37.4 per cent in Canada and 34.1 per cent in the United States. About 7 per cent of students in grades 7-12 in Mexico reported cannabis use in 2003. The lower rate in Mexico cannot be attributed to year or age differences: 34.5 per cent of the Canadian students in grades 7-12 surveyed in 2003 reported cannabis use, compared with 7.2 per cent of their Mexican cohorts. Cannabis use has been declining, especially between 2001 and 2005, in both the United States (from 40.1 to 34.1 per cent) and Canada (from 42.6 to 37.4 per cent). There is no indication of a similar decline in Mexico, where cannabis use moved slightly upward from 5.8 per cent in 2000 to 7.2 per cent in 2003 (see figure I).

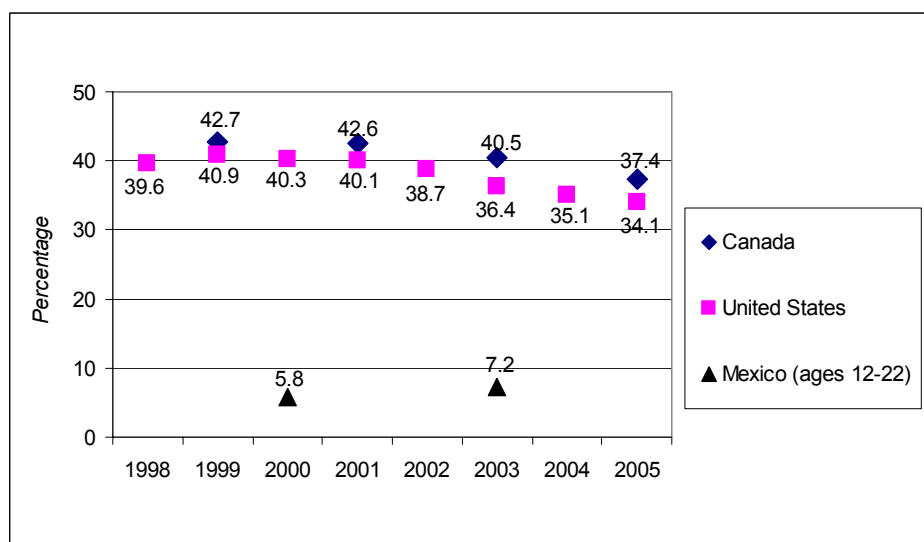
18. In both the United States and Canada the abuse of heroin among youth remains low: 1.5 per cent in the United States and 1.0 per cent in Canada (data for Mexico are not available). Heroin abuse remained low throughout the study period, varying from 1.5 to 2.3 per cent in the United States (see figure II) and from 1.0 to 3.1 per cent in Canada (see figure III). There is, however, a downward movement in heroin abuse in the United States, from 2.3 per cent in 1998 to 1.5 per cent in 2005.

19. According to the surveys, the lifetime use of cocaine among students in grade 10 in 2005 was 5.7 per cent in Canada and 5.2 per cent in the United States. About 4 per cent of students in grades 7-12 in Mexico reported cocaine use in 2003. (The percentage among their Canadian cohorts was 5.8 per cent.) Although there is no dominant trend in the use of cocaine in Canada, with rates varying between 4.8 and 7.4 per cent, there is a notable decline among students in the United States, with rates dropping from 7.7 per cent in 1999 to 5.2 per cent in 2005. Among Mexican students in grades 7-12, cocaine abuse dropped from 5.2 per cent in 2000 to 4.0 per cent in 2003, although with only two data points it is difficult to assess the importance of this change. (The change among their Canadian cohorts was from 5.8 to 5.3 per cent.)

20. According to the surveys, the lifetime use of crack cocaine among students in grade 10 in 2005 was similar in Canada and the United States: 3.1 per cent in Canada and 2.5 per cent in the United States (data for Mexico are not available). Crack abuse shows some downward movement in both countries, declining between 1999 and 2005 from 4.0 to 2.5 per cent among students in the United States and from 4.5 to 3.1 per cent among Canadian students.

Figure I

Lifetime prevalence of cannabis use among 15-year-olds in North America, 1998-2005



21. The lifetime use of amphetamines among the students in grade 10 surveyed in 2005 was 11.1 per cent in the United States and 6.4 per cent in Canada (data for Mexico are not available). Despite this difference, reported abuse of amphetamines declined in both countries, especially between 2001 and 2005: from 16.0 to 11.1 per cent in the United States and from 11.0 to 6.4 per cent in Canada.

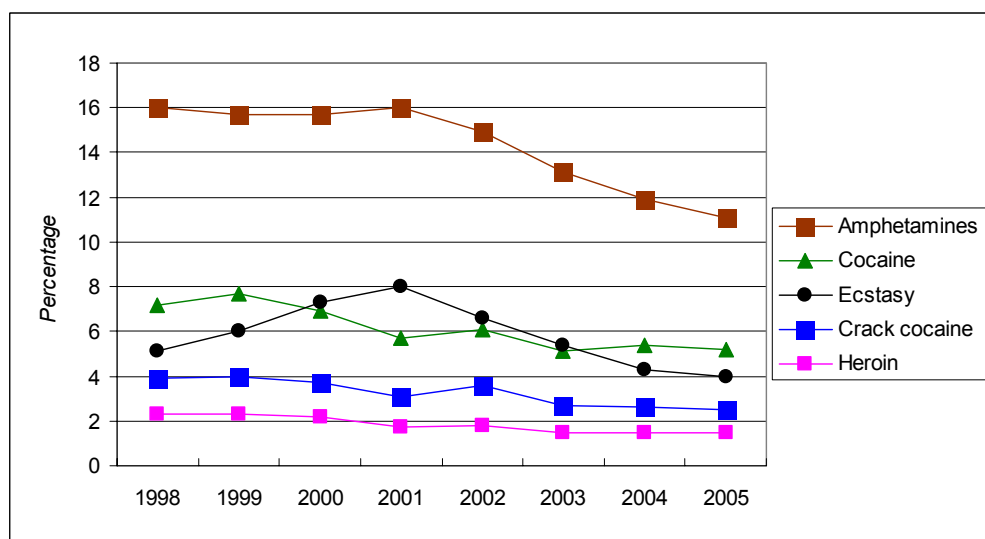
22. The lifetime use of Ecstasy among the students in grade 10 surveyed in 2005 was 6.2 per cent in Canada and 4.0 per cent in the United States (data for Mexico are not available). Similar trends are evident for both countries, with the abuse of Ecstasy increasing from 1999 to 2001 (from 6.0 to 8.0 per cent in the United States and from 4.6 to 11.2 per cent in Canada) and then declining in 2005 (from 8.0 to 4.0 per cent in the United States and from 11.2 to 6.2 per cent in Canada).

23. As noted, the data for the United States are the most extensive, covering the entire period 1998-2005 with annual estimates for all drugs based on a large representative national sample. Among students in grade 10 (approximately 15 years of age), the rates of lifetime use of cannabis, cocaine, crack cocaine, amphetamines and heroin are all moving downward.

24. Canada shows a trend profile similar to that of the United States. Among students in grade 10 (age 15), the rates of lifetime use of cannabis, crack cocaine and amphetamines all show a downward trend.

Figure II

Lifetime prevalence of the abuse of amphetamines, Ecstasy, cocaine, crack cocaine and heroin among 15-year-olds in the United States, 1998-2005

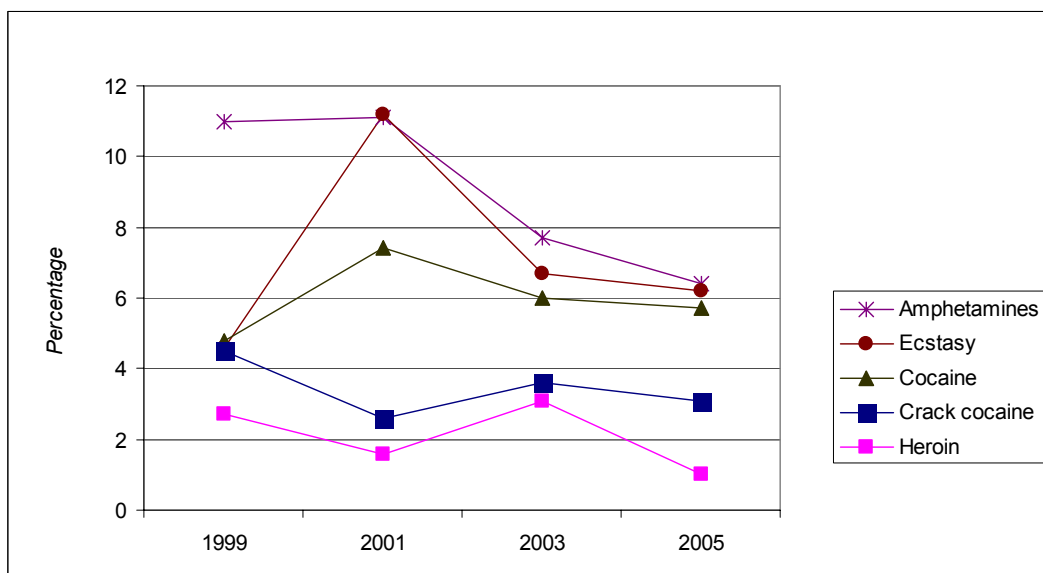


Source: Monitoring the Future Study.

25. In Mexico, trends in student drug abuse are more difficult to assess for the period 1998-2005, since only two surveys were conducted during this period (in 2000 and 2003), and the published data relate to the prevalence of cannabis and cocaine use among the total sample of students in grades 10-12.

Figure III

Lifetime prevalence of the abuse of amphetamines, Ecstasy, cocaine, crack cocaine and heroin among 15-year-olds in Canada, 1999, 2001, 2003 and 2005



Source: Ontario Student Drug Use Survey.

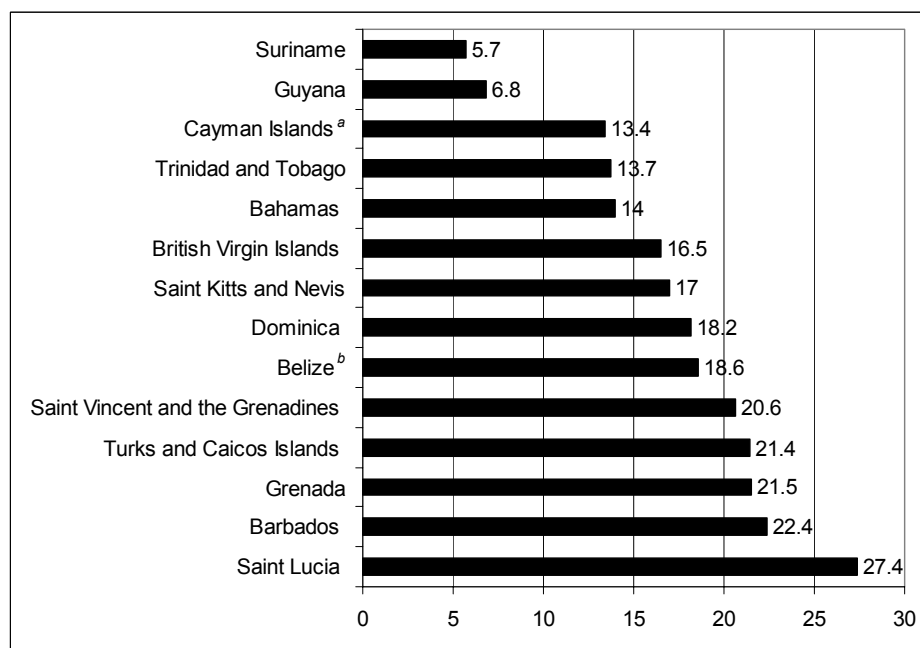
B. Central and South America and the Caribbean

26. Drug abuse, especially among young people, in Central and South America and the Caribbean has not been widely documented and studied at the national level. The studies that have been carried out do not provide comparable information on prevalence rates over the years and therefore do not allow for accurate trend analyses.

27. Cannabis is also the illicit substance most commonly abused by young people in the Caribbean. Most estimates in the subregion are based on school surveys conducted between 2001 and 2003. The highest lifetime prevalence rates for cannabis use in the region are found in Saint Lucia (27.4 per cent), Barbados (22.4 per cent), Grenada (21.5 per cent) and the Turks and Caicos Islands (21.4 per cent) (see figure IV). Suriname (5.7 per cent) and Guyana (6.8 per cent) have notably lower prevalence rates than most other countries in the subregion. Focused assessment studies using qualitative research methods suggest that young people in the Caribbean do not seem to associate the use of cannabis with a high degree of risk, which probably contributes to its widespread use in the subregion.

Figure IV

Lifetime prevalence of cannabis use among young people aged 13-17 in the Caribbean, 2001-2003
(Percentage)



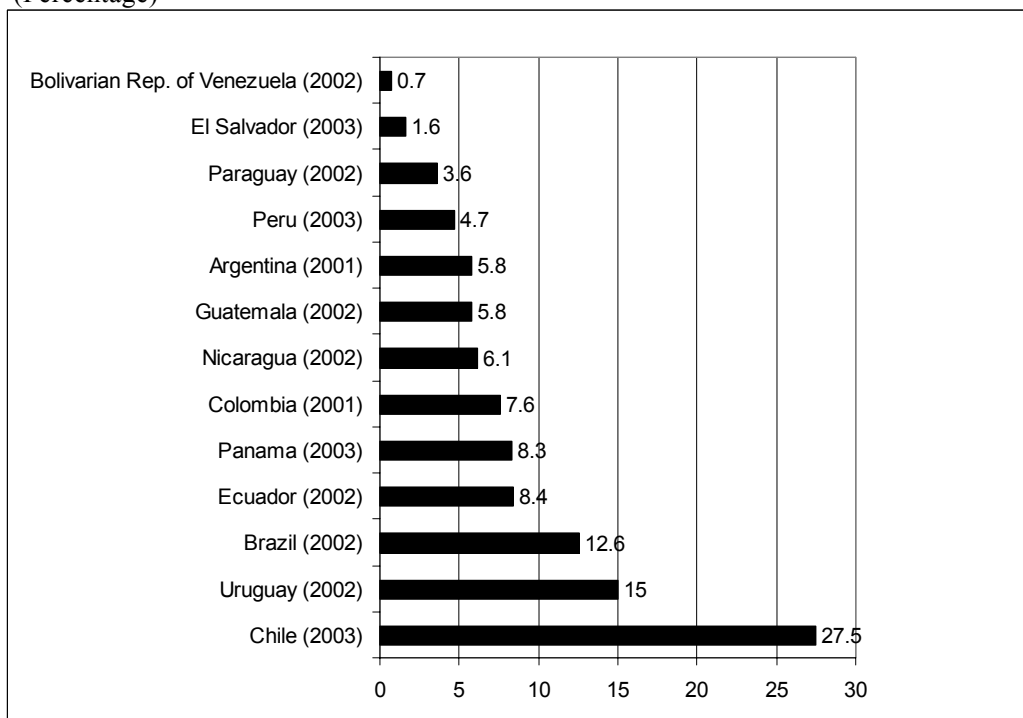
^a Young people aged 12-17 in 2002.

^b Young people aged 15-16 in 2002.

28. Cannabis is also the illicit drug most commonly used by young people in Central and South American countries. However, the data are based on several different studies using different methodologies, and comparisons are somewhat difficult. The studies were carried out between 2000 and 2004 and the ages covered ranged from 12 to 24 years, mostly concentrating on 15- and 16-year-olds. Lifetime use of cannabis varies from 0.7 per cent in the Bolivarian Republic of Venezuela to 27.5 per cent in Chile (see figure V).

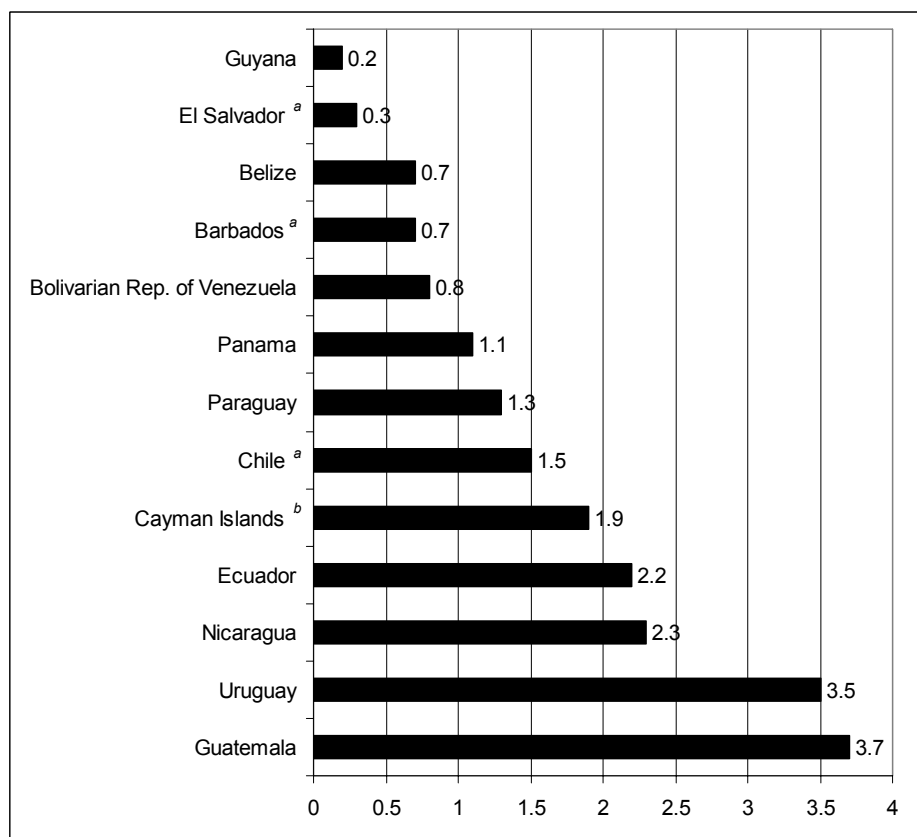
Figure V

Lifetime prevalence of cannabis use among young people aged 15-16 in Central and South America
(Percentage)



29. Cocaine is in many cases the second most commonly abused drug, after cannabis, among young people in Central and South America and the Caribbean. Coca paste is used mostly in the Andean countries. The average lifetime prevalence of the abuse of crack cocaine for countries that participated in the study of the Inter-American Uniform Drug Use Data System (SIDUC) in the period 2000-2001 and in 2003)—Dominica, Ecuador, Guatemala, Nicaragua, Panama, Paraguay, Uruguay and Venezuela (Bolivarian Republic of)—was 2 per cent. Only Guatemala (3.7 per cent) and Uruguay (3.5 per cent) show higher lifetime prevalence rates for the abuse of crack cocaine among youth (see figure VI).

Figure VI
Lifetime prevalence abuse of crack cocaine among young people aged 15-16 in Central and South America and the Caribbean, 2002
 (Percentage)

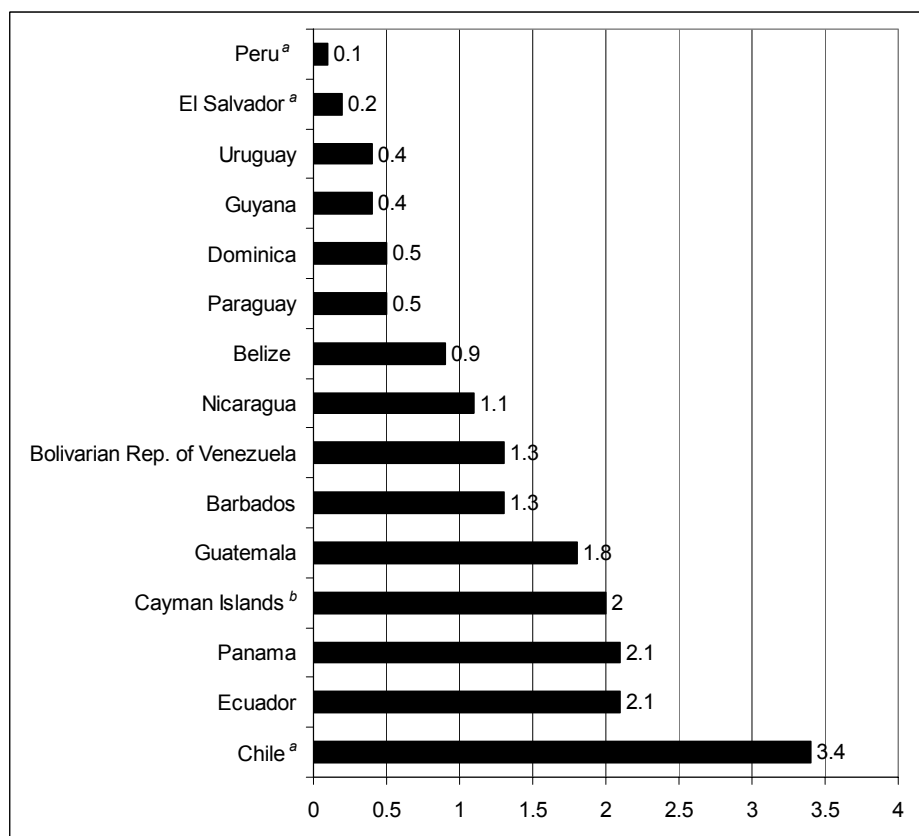


^a In 2003.

^b Young people aged 12-17.

30. Overall, the lifetime prevalence rates for the abuse of Ecstasy are slightly lower than those for crack cocaine. Only three countries reported a lifetime prevalence rate of over 2 per cent: Chile (3.4 per cent), Panama (2.1 per cent) and Ecuador (2.1 per cent) (see figure VII). Ecstasy abuse among youth seems to be slightly increasing in the region, together with the abuse of other amphetamine-type drugs. The average lifetime prevalence for Ecstasy abuse in the countries that participated in the SIDUC study was 1.3 per cent. Although the prevalence rates for the abuse of Ecstasy appear relatively lower, in some age groups such abuse and future trends need to be carefully monitored. In general, the rate of heroin abuse has remained relatively low among young people in Central and South America and the Caribbean.

Figure VII
**Lifetime prevalence of Ecstasy abuse among young people aged 15-16 in
 Central and South America and the Caribbean, 2002**
 (Percentage)



^a In 2003.

^b Young people aged 12-17.

C. Central, South and South-West Asia

31. There is very little survey data on the prevalence of drug abuse in the general population (regardless of age group) in Central, South or South-West Asia. The existing data on drug abuse in this subregion suggest that opioids, followed by cannabis, are the most commonly abused illicit drugs. The only available prevalence estimates found in the searches conducted for the present report (other than annual reports questionnaire estimates) could not be broken down by age. Reports suggest that the abuse of opioids may be increasing in some areas in this subregion, particularly among young people.

32. Few reports about methamphetamine, cocaine or Ecstasy abuse in any of the countries in Central, South and South-West Asia could be located. This may be taken as an indication that those drugs are not of concern in the subregion, but it is

important to note that an absence of reports on drug abuse does not necessarily indicate that abuse is not occurring. For the sake of the present report, however, it can be assumed that methamphetamine, Ecstasy and cocaine abuse is negligible among young people in the countries in this subregion. No prevalence estimates can be produced at this stage for any of these drugs.

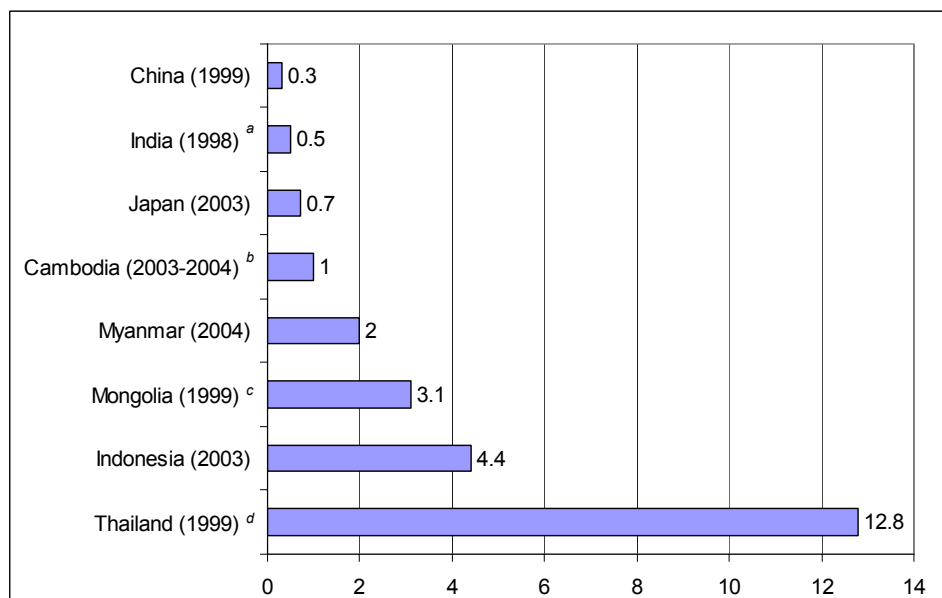
D. East and South-East Asia

33. Prevalence estimates of drug abuse in East and South-East Asia are also extremely limited. China, Japan, the Philippines and Thailand have conducted surveys of the general population and/or young people (see figure VIII). However, the details of most of these surveys, and indeed the prevalence estimates generated, have not yet been reported. Reports on many countries in this subregion that have synthesized a range of data sources suggest that the prevalence of illicit drug abuse among young people is increasing.

Figure VIII

Lifetime prevalence of cannabis use among young people in selected countries in Asia

(Percentage)



^a Young people aged 10-29.

^b Young people aged 11-18.

^c Young people aged 15-25.

^d Young people aged 15-21.

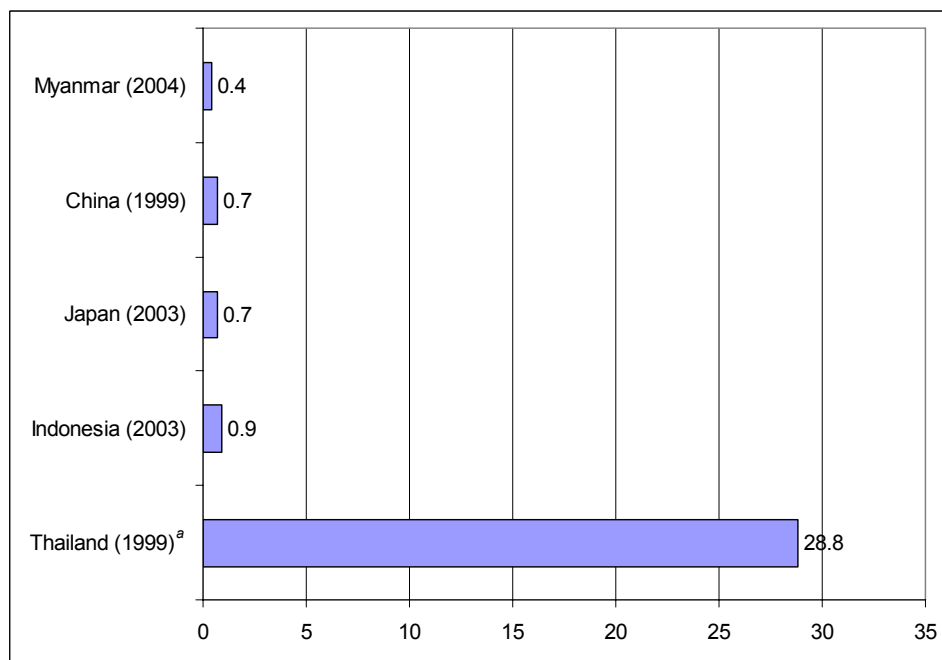
34. Even though there are no comparable data that could be used to describe drug abuse among young people since 1998, there are some reports indicating that the prevalence of methamphetamine abuse is increasing in East and South-East Asia, particularly among young people. A recent review of the existing data on the prevalence of drug abuse suggested that methamphetamine may be the most

commonly abused illicit drug in most countries in this subregion (see figure IX). Heroin abuse also appears to be increasing in some countries (see figure X).

Figure IX

Lifetime prevalence of the abuse of amphetamines among young people in selected countries in Asia

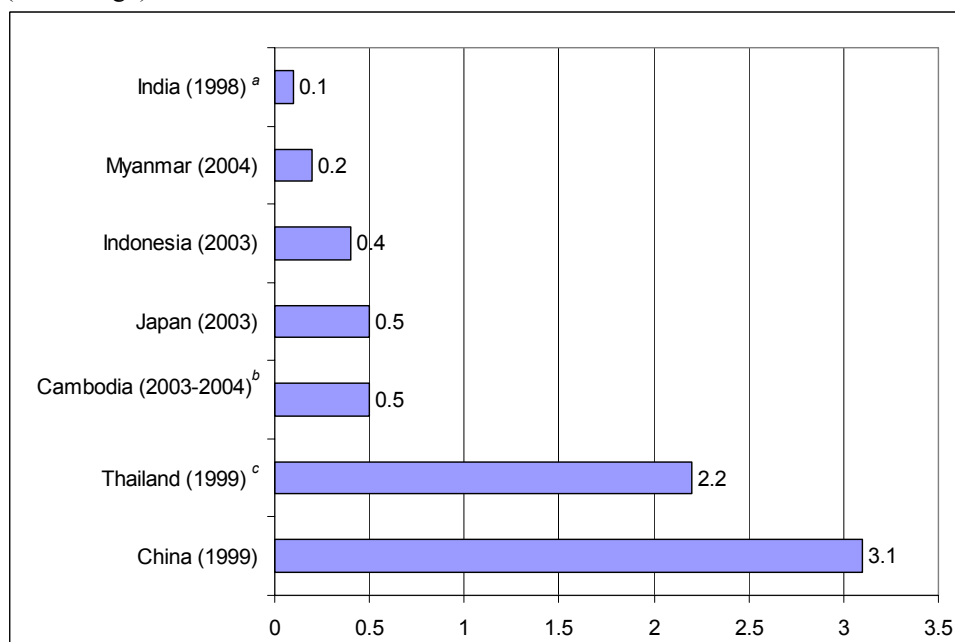
(Percentage)



^a Young people aged 15-21.

35. Cocaine abuse in East and South-East Asia appears to be extremely rare. Given the lack of reports of cocaine abuse (and the reports suggesting that there was no use), the abuse of that drug may be considered negligible among young people in the subregion. Similarly, Ecstasy abuse appears to be uncommon in many countries, although it has reportedly increased in countries such as Indonesia, the Republic of Korea, Viet Nam and Singapore.

Figure X
Lifetime prevalence of heroin abuse among young people in selected countries in Asia
 (Percentage)



^a Young people aged 10-20.

^b Young people aged 11-18.

^c Young people aged 15-21.

E. Europe

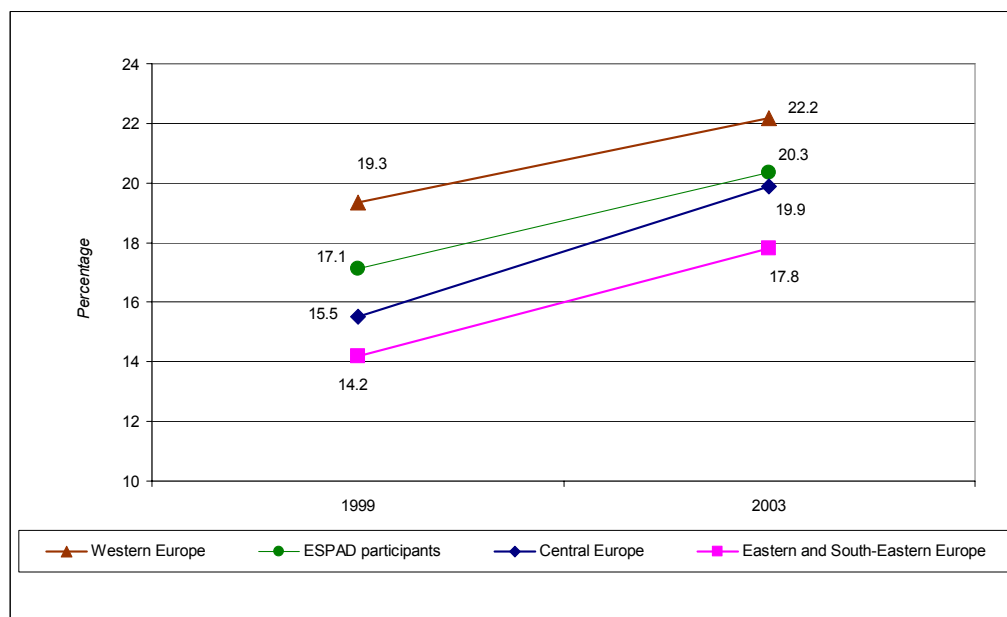
36. The main source of information on drug abuse among young people in Europe is the ESPAD study, which provides estimates of drug abuse among students 15-16 years of age from 35 countries. Although ESPAD was conducted in 1995 (for 26 countries), 1999 (30 countries) and 2003 (35 countries), attention in the present report is restricted to the survey conducted in 1999 and 2003. Spain does not participate in the ESPAD study. The present report looks mainly at changes in drug abuse among young people since 1998 and therefore considers, in the comparative analysis shown in the figures, only the countries that participated in the study in both 1999 and 2003. Data for countries and areas that participated in the 2003 study only (Austria, Belgium, Germany, the Isle of Man, Switzerland and Turkey) are not included in the averages presented in the figures below. However, Spain carries out its own student survey every two years, and its data from 1998 and 2004 were considered in the present report.

37. On average, lifetime use of cannabis for ESPAD participants in 2003 was 21 per cent, ranging from 3 to 44 per cent. The five highest ranking participants were the Czech Republic (44 per cent), Switzerland (40 per cent), Ireland (39 per cent), the Isle of Man (39 per cent) and France (38 per cent). Spain, which did not participate in the ESPAD study, reported 40 per cent lifetime use in 2004 for the

same age group. The five lowest-ranking were Romania (3 per cent), Turkey (4 per cent), Cyprus (4 per cent), Greece (6 per cent) and Sweden (7 per cent). Twelve of 35 participants showed increases in lifetime cannabis use between 1999 and 2003. In Spain, lifetime use of cannabis increased from 27 per cent in 1998 to 40 per cent in 2004. On average, lifetime use rose from 17.1 per cent in 1998 to 20.3 per cent in 2003 (when considering only participants involved in the study in both 1999 and 2003) (see figure XI).

Figure XI

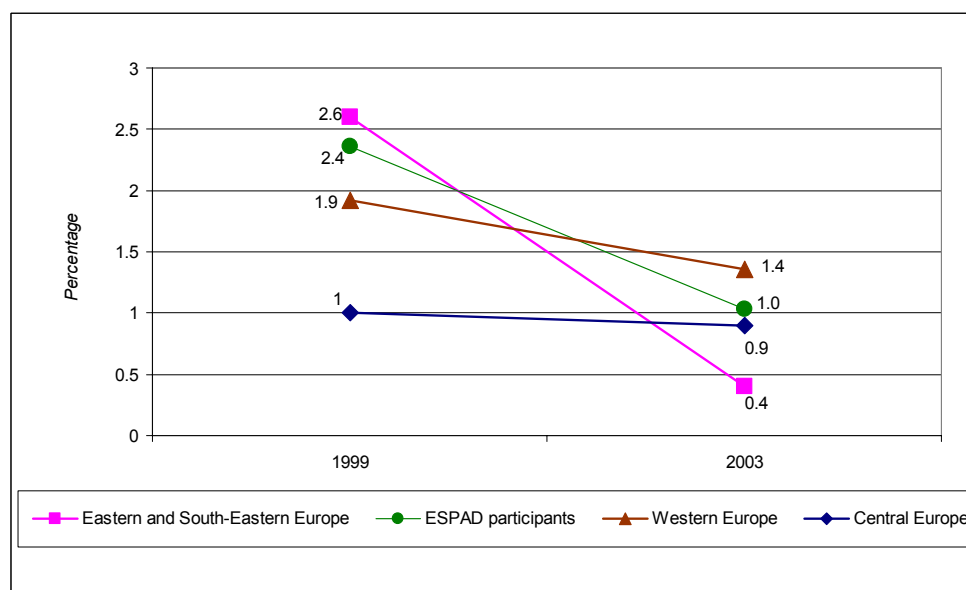
Average lifetime prevalence of cannabis use among students aged 15-16 in Europe, by subregion, 1999 and 2003



38. The rise in cannabis use is common in all three European subregions, although each has a different level of prevalence.

39. Caution is required when describing heroin abuse and trends. First, data indicating low levels of incidence can be unsound when based on small samples. Second, the 2003 ESPAD describes the lifetime use of heroin in any form, while the 1999 report describes lifetime use of heroin by smoking. The average reported lifetime use of heroin for the participants in 2003 was 1 per cent, ranging from 0 to 4 per cent (Italy). This is a drop from an average of 3 per cent in 1999 (or 2.4 per cent when only those participating in the survey in both 1999 and 2003 are considered) (see figure XII). Decreases were reported for the Russian Federation, where the survey was carried out only in Moscow (from 4 to 0 per cent), and the United Kingdom of Great Britain and Northern Ireland (from 2 to 0 per cent.). However, it is difficult to determine whether such changes reflect a real change in heroin abuse or a difference between the measurements used.

Figure XII
Average lifetime prevalence of heroin abuse among students aged 15-16 in Europe, by subregion, 1999-2003



40. The average reported lifetime use of cocaine among the ESPAD participants in 2003 was 2 per cent (3.1 per cent when only participants that responded in both 1999 and 2003 are considered), ranging from 0 to 4 per cent (Isle of Man, Italy and the United Kingdom). This was estimated at 1 per cent in 1999 (1.7 per cent when only those countries that responded in both 1999 and 2003 are considered). For most, the change in lifetime cocaine use was within one percentage point. Increases were notable for Italy (from 2 to 4 per cent) and Portugal (from 1 to 3 per cent). For Spain, cocaine abuse increased from 4 per cent in 1998 to 6 per cent in 2004.

41. The average reported lifetime use of crack cocaine among the ESPAD participants in 2003 was 1 per cent (1.7 per cent when only those that responded in both 1999 and 2003 are considered), ranging from 0 to 3 per cent (France, Germany). The 1999 estimate was also 1 per cent (1.2 per cent when only those that responded in both 1999 and 2003 are considered). Changes in the abuse of crack cocaine were nominal, except in Iceland, which showed an increase from 0 to 2 per cent.

42. For both cocaine and crack cocaine, the subregional trends include an increase for Western Europe and a very small increase for Eastern and South-Eastern Europe. A small decline was reported for Central Europe (see figures XIII and XIV). These data confirm the overall increase in cocaine abuse registered in Europe even though the actual increases are on average less than 1 per cent.

Figure XIII

Average lifetime prevalence of cocaine abuse among students aged 15-16 in Europe, by subregion, 1999 and 2003

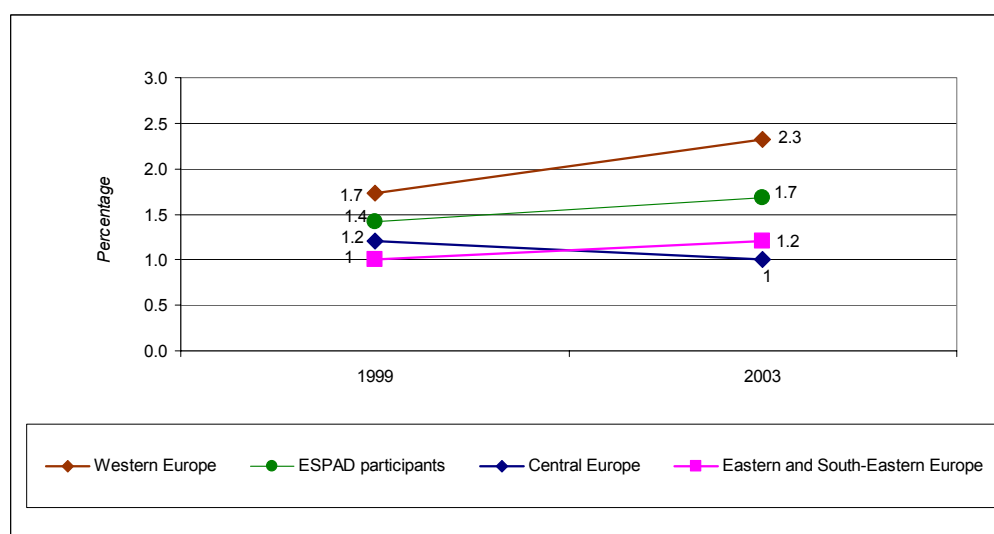
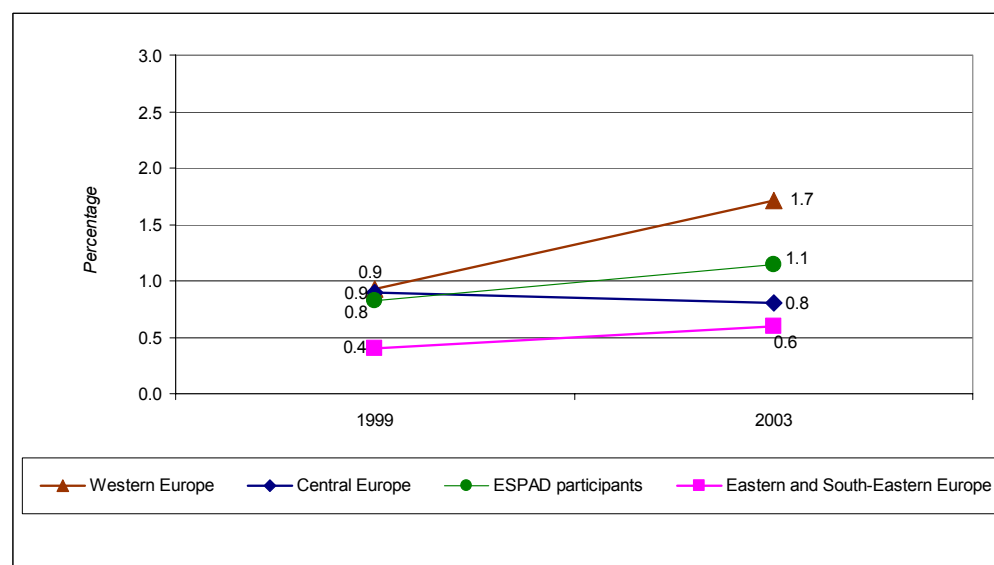


Figure XIV

Average lifetime prevalence of the abuse of crack cocaine among students aged 15-16 in Europe, by subregion, 1999 and 2003

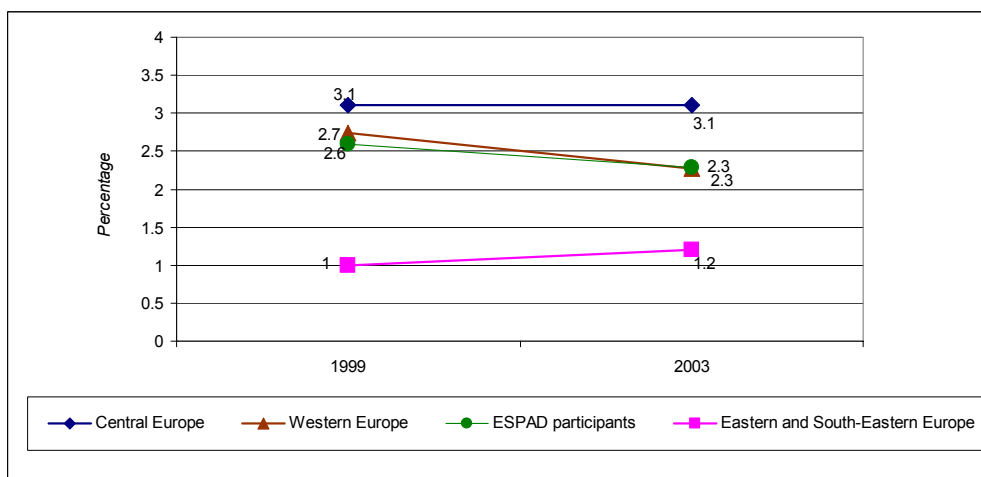


43. The average reported lifetime use of amphetamines among the ESPAD participants in 2003 was 2 per cent, ranging from 0 to 7 per cent. Countries that showed above-average rates included Estonia (7 per cent), Germany, Iceland, Lithuania and Poland (each 5 per cent) and Austria (4 per cent). Most participants showed only a nominal change in the abuse of amphetamines since 1999, when the average was also 2 per cent (see figure XV). Exceptions included Lithuania, where

the rate increased from 2 to 5 per cent, and countries where the rate decreased (Ireland, from 3 to 1 per cent; Poland, from 7 to 5 per cent; and the United Kingdom, from 8 to 3 per cent).

Figure XV

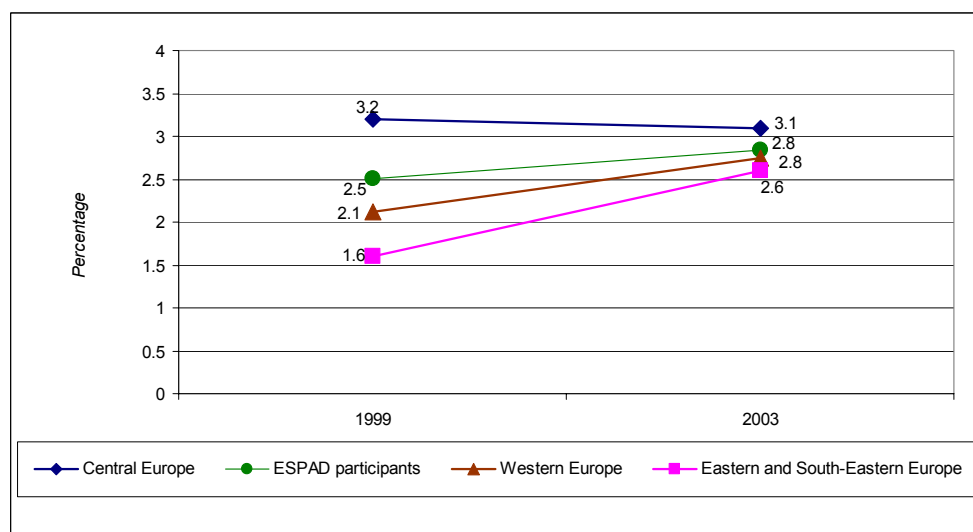
Average lifetime prevalence of the abuse of amphetamines among students aged 15-16 in Europe, by subregion, 1999 and 2003



44. The average reported lifetime use of Ecstasy in ESPAD participants in 2003 was 3 per cent, ranging from 0 to 8 per cent. Those showing an above-average rate included the Czech Republic (8 per cent), the Isle of Man (7 per cent) and Croatia, Estonia, Ireland, the Netherlands and the United Kingdom (each 5 per cent). In 1999, lifetime use of Ecstasy averaged 2 per cent (see figure XVI). Although Latvia and Lithuania showed some decrease in abuse (from 6 to 3 per cent and from 4 to 2 per cent, respectively), more participants showed an increase between 1999 and 2003, including the Czech Republic (from 4 to 8 per cent), the United Kingdom (from 3 to 5 per cent), Bulgaria (from 1 to 3 per cent), Croatia (from 3 to 5 per cent), Estonia (from 3 to 5 per cent), Greenland (from 0 to 2 per cent), Iceland (from 1 to 3 per cent) and Portugal (from 2 to 4 per cent).

Figure XVI

Average lifetime prevalence of the abuse of Ecstasy among students aged 15-16 in Europe, by subregion, 1999 and 2003

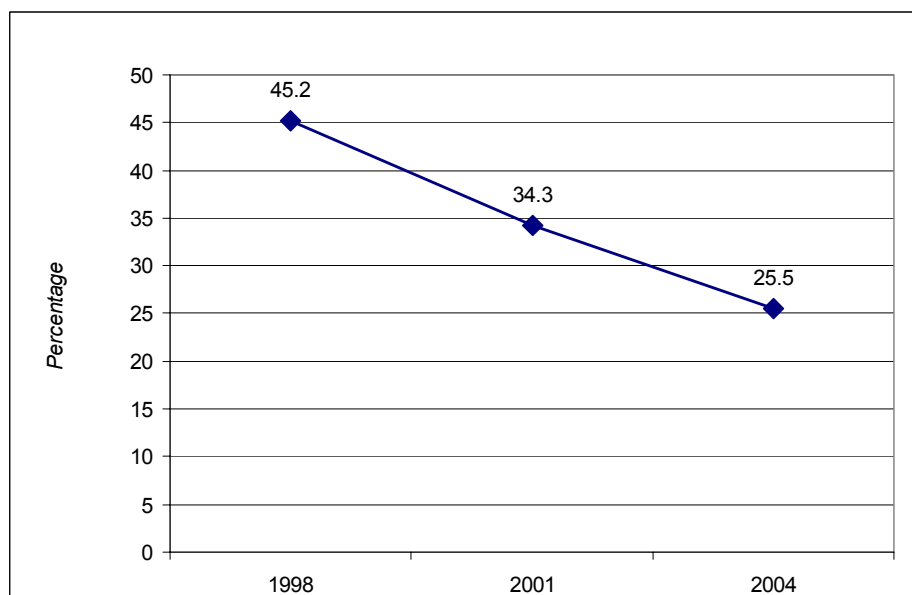


F. Oceania

45. There is very little data on the prevalence of drug abuse in countries in Oceania, with the exception of Australia and New Zealand, both of which have conducted three general household surveys during the period of interest; this allows for the examination of trends in the prevalence of drug abuse among young people.

46. In Australia, the prevalence of lifetime cannabis and heroin use among young people aged 14-19 decreased during the period 1998-2005 (see figures XVII and XVIII). Methamphetamine and cocaine abuse fluctuated, while Ecstasy abuse increased. These trends are consistent with data on the illicit drug market. In Australia, which show that there was a significant decrease in heroin abuse during this period, particularly starting in 2001. Further, the methamphetamine market appears to have shifted away from the abuse of methamphetamine powder and towards the abuse of crystalline methamphetamine, as suggested by an increase in the supply of the latter form in the country. However, these decreases must be considered with caution because the methodology for the survey changed slightly in 2001 and in 2004, and the decreases may be partly attributable to this.

Figure XVII
Lifetime prevalence of cannabis use among young people aged 14-19 in Australia, 1998, 2001 and 2004

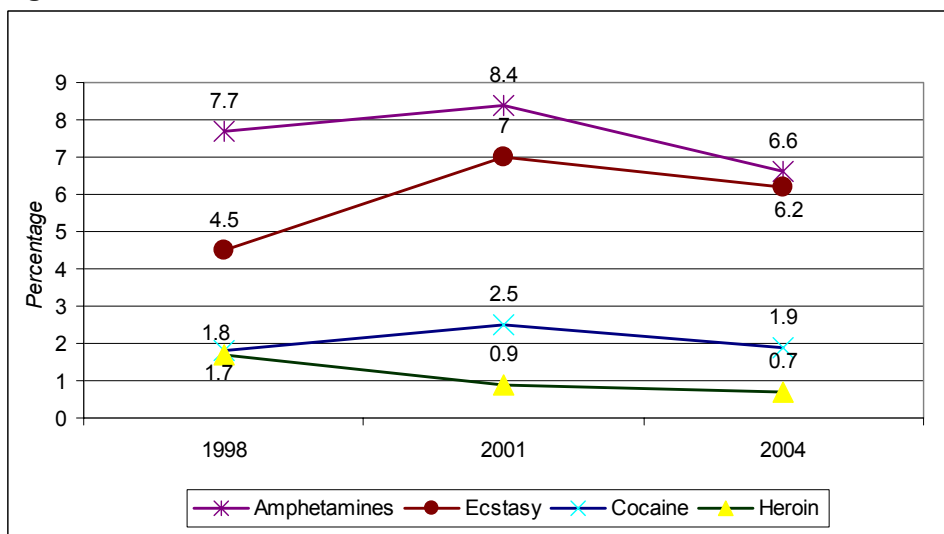


47. The picture for New Zealand is similar. Comparable lifetime estimates could not be obtained from the 1998 and 2001 surveys, but the prevalence of use of all illicit drugs was relatively similar to that in Australia. The lower estimate of heroin abuse is consistent with what is known about the heroin supply to New Zealand, which is very limited. Methamphetamine and Ecstasy abuse has increased in recent years in New Zealand; cocaine abuse has remained stable at a low level, while the rate of cannabis use has remained elevated.

48. It is problematic—and inappropriate, given the vastly different characteristics of the countries—to simply extend the estimates from Australia and New Zealand to the remaining countries in the region. A comprehensive review of data on drug abuse in the other Pacific countries concluded that prevalence estimates of drug abuse simply could not be made for many of them. However, the review found that cannabis was the most commonly used illicit drug in these Pacific countries and that its use was concentrated among persons aged 20-25. Other drugs appeared little used, if at all.

Figure XVIII

Lifetime prevalence of the abuse of various drugs among young people aged 14-19 in Australia, 1998, 2001 and 2004



III. Demand reduction responses to drug abuse among young people

49. The responses of the various States to the drug abuse situation differ widely, and it seems that they do not always target the specific needs of young people. The main source of information for the preparation of the present section has been the replies to the biennial reports questionnaire. The questions relating directly to young people are about the extent of prevention intervention in school settings, under the heading "Tackling the problem", and about special programmes targeting young people and the involvement of young people in programme development and implementation, under the heading "Focusing on special needs".

50. It should be noted that while the biennial reports questionnaire provides important information on how countries perceive their own performance, it has its limitations, which need to be considered. The information provided through the biennial reports questionnaire is mostly qualitative in nature, based on expert opinion about the existence of certain structures, programmes and activities. These assessments, though often confirmed by other sources of information, largely lack information about the quality or impact of the measures reported.

A. Widely available school-based prevention programmes and improvements in coverage

51. In the biennial reports questionnaire, States are requested to supply information about some of the most basic kinds of intervention focusing on drug abuse prevention, namely interventions (a) providing information and education about drugs and drug abuse, (b) focusing on life skills development and (c)

providing alternatives to drug abuse. Drug abuse prevention should be comprehensive; that is, it should be not only about providing information, but also about providing skills and opportunities to enable young people to make healthy choices. While drug abuse prevention messages and action should be reinforced in a number of settings, schools provide a setting where a large proportion of young people can be involved in prevention programmes in a relatively cost-effective manner over a long period of time.

52. In the most recent reporting period (2002-2004), 76 countries (87.4 per cent of all those responding) reported having prevention programmes focusing on the provision of information and education about drugs and drug abuse in school settings. The existence of school-based programmes focusing on life skills development was reported by 68 countries (78.2 per cent of all those responding) and programmes focusing on the provision of alternatives to drug use by 44 countries (50.6 per cent of all those responding).

53. Regional differences, on the basis of the proportion of countries reporting implementation of various types of prevention programmes in the period 2002-2004, may be summarized as follows (the figures for the three types of intervention described above are averaged):

<50 per cent	50-75 per cent	>75 per cent
North Africa and the Middle East	Central, South and South-West Asia East and South-East Asia Eastern and South-Eastern Europe	Central and Western Europe Central and South America and the Caribbean North America Oceania

54. In addition, States are requested to provide an expert opinion on the level of coverage—low, medium or high—of the target group (see figure XIX). This request for information was added to the biennial reports questionnaire in 2000, and therefore data are available for only the second and third reporting periods. The regional trend analysis is based on the information provided by countries responding in the reporting periods 2000-2002 and 2002-2004:

(a) *North Africa and the Middle East.* Although school-based prevention programmes have been reported to be less available than in most other subregions, the coverage of interventions has improved since 2002; none of the responding countries reported low coverage for prevention interventions in the period 2002-2004;

(b) *Sub-Saharan Africa.* Schools provide an important site for prevention interventions in the subregion, and the subregional picture regarding coverage of the target group in school settings appears rather encouraging. Some countries in the subregion have reported high coverage with regard to different types of intervention, and, in general, improved coverage in the subregion can be noted since the reporting period 2000-2002;

(c) *North America.* The coverage of all types of school-based interventions remains relatively high in the region;

(d) *Central and South America and the Caribbean.* Reports of dropping levels of coverage are causing concern. The proportion of countries reporting low

coverage for school-based interventions focusing both on information and education and on life skills development has increased since 2002. In 2004, a majority of countries (over 60 per cent) reported low coverage for these types of intervention, while none of the countries in the region reported high coverage for programmes focusing on the provision of alternatives to drug abuse;

(e) *Central, South and South-West Asia.* Encouragingly, the proportion of countries reporting high coverage with regard to all three types of intervention has increased. Overall, the number of countries indicating low coverage of interventions has dropped since 2002. The most notable improvements can be seen in respect of the interventions focusing on providing information and education, but positive developments are also reported in the areas of life skills development and the provision of alternatives to drug abuse;

(f) *East and South-East Asia.* In general, the coverage of school-based interventions has increased. More programmes have been implemented focusing on the provision of alternatives to drug abuse. There has been a considerable improvement in the reported extent of coverage of these interventions. In 2002, about 90 per cent of the countries reported low coverage; in 2004, none reported low coverage; 60 per cent medium coverage and 40 per cent high coverage.

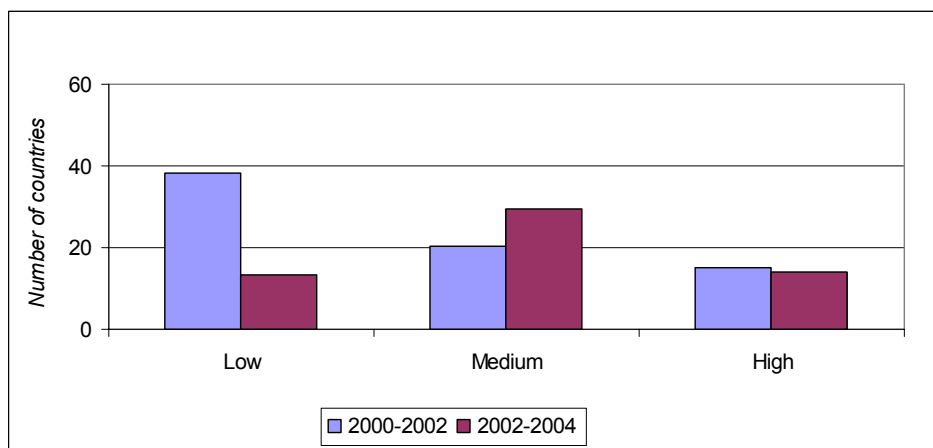
(g) *Central and Western Europe.* In 2004, approximately 80 per cent of the countries in the subregion reported a medium or high level of coverage for all three types of prevention intervention carried out in school settings. Most importantly, the proportion of countries reporting low coverage has generally dropped since 2002;

(h) *Eastern and South-Eastern Europe.* The coverage of interventions has been reported to be improving since 2002. However, in 2004, the proportion of countries reporting high coverage for any type of school-based intervention is still lower than that of most other subregions;

(i) *Oceania.* Prominent increases have been noted in the coverage of all three types of school-based prevention interventions in the region since the reporting period 2000-2002.

Figure XIX

Global level of coverage of prevention intervention, 2000-2002 and 2002-2004



Source: Biennial reports questionnaire.

B. Special programmes targeting young people: not common

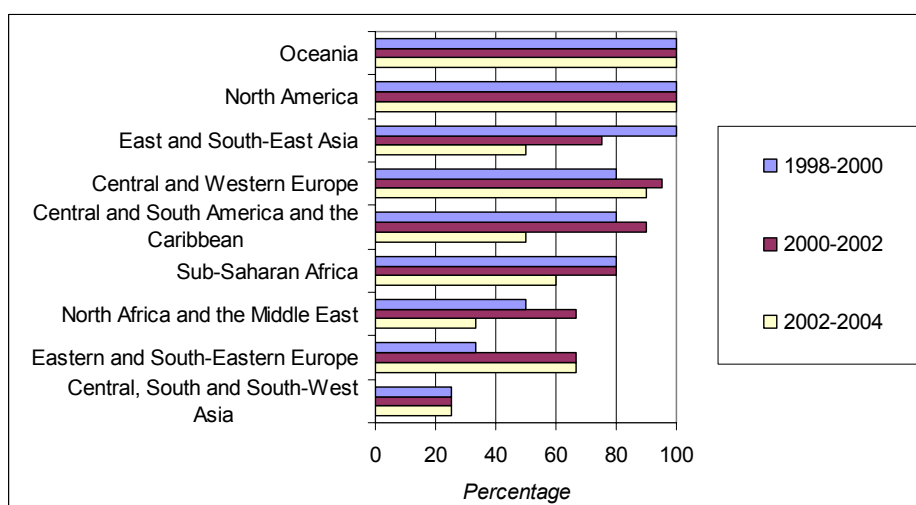
55. With regard to initiating special programmes targeting young people, 51 countries (59 per cent of all those responding) reported having such programmes in the reporting period 2002-2004. The proportion of countries in each region reporting having special programmes for young people in the period 2002-2004 may be summarized as follows:

<50 per cent	50-75 per cent	>75 per cent
Central, South and South-West Asia	East and South-East Asia	Central and Western Europe
Eastern and South-Eastern Europe	Central and South America and the Caribbean	North America
North Africa and the Middle East	Sub-Saharan Africa	Oceania

56. In order to detect trends in initiating demand reduction programmes for youth population, an analysis among countries responding to all three reporting cycles of the biennial reports questionnaire, from 1998 to 2004, was conducted; its results are summarized by subregion in figure XX.

Figure XX

Countries with special programmes in demand reduction for young people, by subregion, 1998-2004



Source: Biennial reports questionnaire.

57. It should also be noted that, while reported to be a relatively common practice in many countries, a decreasing trend in establishing mechanisms to involve young people in programme development and implementation was detected. Globally, the proportion of countries reporting establishing such mechanisms dropped from 72 per cent in the period 2000-2002 to 64 per cent in the period 2002-2004.

IV. Conclusions

58. The global overview indicates that data on drug abuse among young people need to be improved and more regions need to provide information disaggregated by age and gender. Also, the information on lifetime prevalence needs to be matched with information on such matters as demand for treatment, other health and social consequences, and the perception of risks and availability of drugs.

59. This information should be used to develop and implement prevention and treatment programmes for young people. Currently, most countries are engaged in the prevention of drug abuse among young people, but these efforts are mostly concentrated in school settings. Targeted interventions are not widespread, and the quality of these programmes is not known. It is important that countries use the available resources to respond effectively to the identified priorities and needs of young people.
