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

The present report provides an overview of the global and regional situation with respect to illicit drug use from 1998 to 2008. Available information suggests that the use of opioids and cocaine is stabilizing or decreasing in countries where the use of drugs in general is high. The prevalence of heroin by injection remains high in Central Asian and Eastern European countries. The use of amphetamine-type stimulants seems to be stabilizing (and, in some areas, decreasing) in the large markets of Western and Central Europe, North America and Oceania. However, increases in the use of amphetamine-type stimulants have been registered in parts of East and South-East Asia, the Near and Middle East and parts of Africa and Latin America. Cannabis use remains globally widespread. Cannabis use is stabilizing or declining among young people in countries with more established cannabis markets (in Western Europe, North America and parts of Oceania) but is increasing in many developing countries. Although there have been marked improvements in the quality and reliability of data on drug use since 1998, up-to-date information is not available in many countries, including on the prevalence of drug use among the general population and among various vulnerable subgroups (such as youth, women and injecting drug users) and on per capita consumption. The lack of sustainable drug information systems continues to hinder the monitoring of emerging epidemics and the implementation of evidence-based responses.

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\* E/CN.7/2009/1.



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## I. Introduction

1. The present report includes a summary of the most recent data available to the United Nations Office on Drugs and Crime (UNODC) on demand for illicit drugs worldwide since 1998. It is based on a review of the key indicator data reported by Member States to UNODC through the annual reports questionnaire, as at November 2008, and on data gathered from other national and regional sources and scientific literature.

2. In the Political Declaration adopted by the General Assembly at its twentieth special session (resolution S-20/2, annex), two broad-ranging goals for drug demand reduction were set: (a) to have new and enhanced drug demand reduction strategies and programmes by 2003; and (b) to achieve significant and measurable results in the field of demand reduction by 2008.

3. Several countries have made significant progress since 1998 in collecting data in accordance with the recommended common core drug epidemiological indicator package.<sup>1</sup> Since 2001, over 100 States have provided some information about drug use in their country.<sup>2</sup>

4. UNODC has consistently reported over the past decade that the quality and quantity of data on the drug use situation have been far from adequate. Recent data are missing for many countries, even for those that have the capacity to collect data regularly. Major data gaps exist with regard to the following: (a) prevalence of drug use among the general population and young people; (b) demand for drug treatment; and (c) prevalence of injecting drug use and HIV infection among people who inject drugs. In some cases, whole regions are neglecting to fulfil their reporting obligations.

5. Fifty nine (31 per cent) Member States provided annual national estimates of prevalence of drug use in their replies to the annual reports questionnaire for 1998. As of 1 November 2008, 65 Member States (34 per cent) had submitted data from any prior year. The number of Member States providing data through the annual

<sup>1</sup> The core drug epidemiological indicators identified known as the Lisbon consensus were: drug consumption among the general population (estimates of prevalence and incidence); drug consumption among youth (estimates of prevalence and incidence); high-risk drug use (estimates of the number of persons using drugs by injection, the proportion engaging in high-risk behaviour and estimates of the number of persons using drugs daily); service utilization for drug problems (number of individuals seeking help for a drug problem); drug-related morbidity (prevalence of HIV, hepatitis B and hepatitis C) among users of illicit drugs; and drug-related mortality (deaths directly attributable to drug use).

<sup>2</sup> The fact that replies to the annual reports questionnaire were received by UNODC does not mean that they were complete or returned on time or that the information they contained was accurate. At the time of writing, the response rate was 56 per cent (108 replies, including from territories) for the reporting year 2007; 54 per cent (104 replies) for 2006; 55 per cent (106 replies) for 2005; 57 per cent (110 replies) for 2004; 57 per cent (109 replies) for 2003; 55 per cent (106 replies) for 2002; 54 per cent (103 replies) for 2001; 41 per cent (80 replies) for 2000; 49 per cent (94 replies) for 1999; and 58 per cent (112 replies) for 1998. The deadline for returning the completed annual reports questionnaire for the reporting year 2007 was 30 June 2008. All annual reports questionnaire data included in the present report reflect replies received from Member States before 30 November 2008.

reports questionnaire has been declining since 2004,<sup>3</sup> which means that the questionnaire, while being an important source of information, does not necessarily provide a comprehensive picture of the drug use situation. It is therefore important that, whenever possible, such data be supplemented with additional information.

6. The present report outlines some of the major issues and knowledge gaps. It also provides some examples of alternative sources and models of data collection, in addition to the annual reports questionnaire.

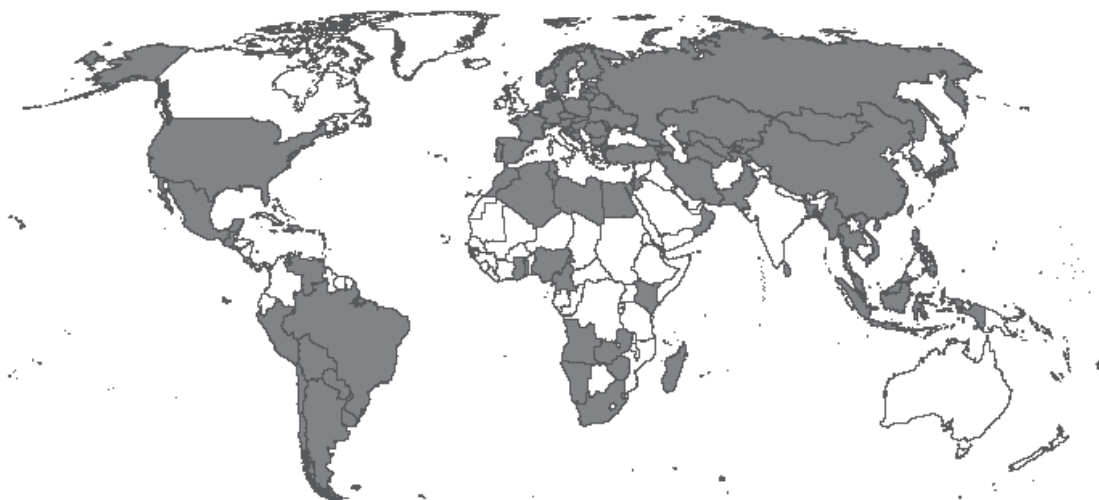
## II. Global overview

7. Much of what is known by the United Nations about drug use trends worldwide is derived from Member States' replies to the annual reports questionnaire, which Member States are required to submit to UNODC on an annual basis. Over time, many Member States have made a concerted effort to regularly submit data through the annual reports questionnaires.

8. Nonetheless, large reporting gaps remain. In 2008, many States did not submit their replies to UNODC (see map 1). The gaps are not spread evenly across regions, as large differences in data collection capacity exist. There has been a lack of reporting from several States in various subregions of Africa and in the Near and Middle East, Eastern and South-Eastern Europe, East and South-East Asia, parts of Latin America, and nearly all of the island States and territories of Oceania.

Map 1

**Member States that submitted replies to annual reports questionnaire for 2007**  
(As of November 2008)



*Note:* The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

<sup>3</sup> At the time of writing, 98 of the 108 (91 per cent) replies included at least some data about the use of illicit drugs.

9. For example, in the last decade (1998-2007) only 6 of the 44 (14 per cent) African States that responded to the expert perceptions section of the questionnaire for any drug type did so more than 75 per cent of the time.<sup>4</sup> The same was true for 5 of the 34 responding States in the Americas (15 per cent), 12 of the 43 responding States in Asia (29 per cent), 23 of the 43 responding States in Europe (55 per cent) and 1 State in Oceania.

10. Most responding Member States did not fill out the annual reports questionnaire in its entirety, neglecting to answer even basic questions (such as those on expert perceptions of drug use). In some cases, the annual reports questionnaires were returned without any data.

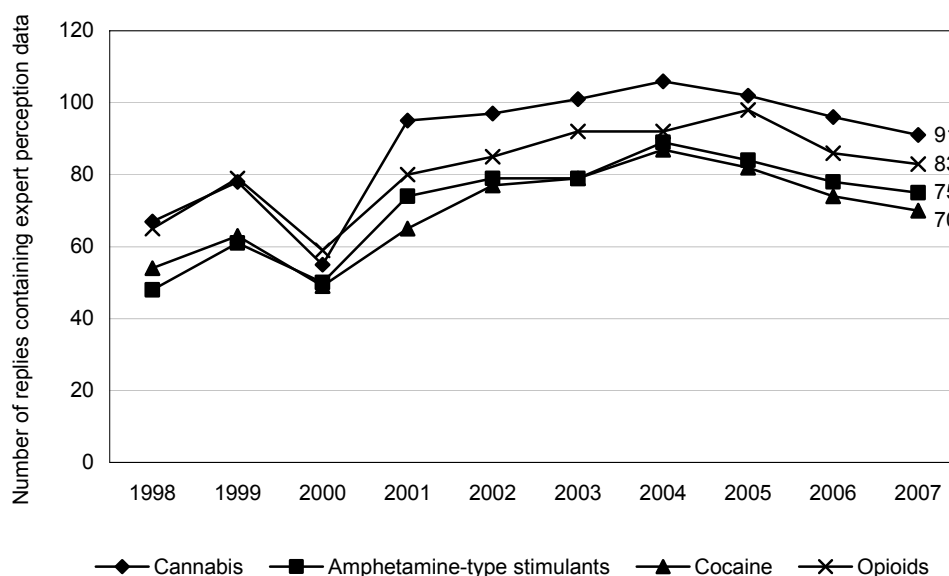
## A. Trends in drug use based on expert perceptions

11. The most commonly reported information is based on the perceptions held by national experts of drug use, by drug type. Those informed expert perceptions, and the general trends derived from them, have been compared with direct data on drug use and typically correspond to broad trends from other data sources. They can, therefore, be considered generally useful in indicating general trends in the use of various illicit drug types. However, fewer than half of all Member States provide such information each year (figure I).

Figure I

**Replies from Member States including expert perception data, by drug type, 1998-2007**

(As of November 2008)



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

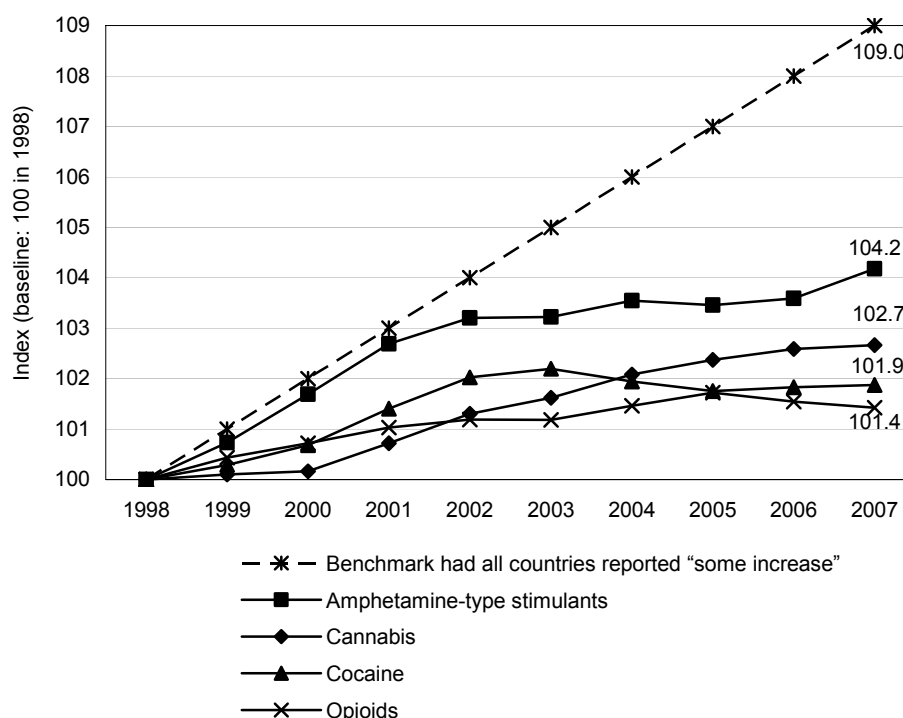
<sup>4</sup> Specifically, on the question related to cannabis, the most commonly reported substance.

12. Overall, the perception of national experts, as reported in the annual reports questionnaire, is that there has been a slightly “increasing use” of all drug types since 1998 (figure II). The largest increases over the period 1998-2007 have been reported for amphetamine-type stimulants (amphetamine, methamphetamine and methylenedioxymethamphetamine (MDMA, commonly known as “ecstasy”). Following large increases over the period 1998-2002, the use of amphetamine-type stimulants stabilized over the period 2003-2006 but increased again in 2007. Opioid and cocaine use showed the smallest increases over the period 1998-2007, as the growth rate for opioids and cocaine has slowed down steadily since 2000. Cannabis use increased over the period 1998-2006 but stabilized in 2007. Nonetheless, almost half (42 of 91, or 46 per cent) of reporting Member States perceived increases in cannabis use in 2007; only 13 States reported a decrease.

Figure II

**Trends in drug use based on expert perceptions, 1998-2007**

(As of November 2008)



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

Note: The index reflects the changes in the weighted average of expert perceptions of drug use, by drug type. Each year, Member States are requested to indicate, through their replies to the annual reports questionnaire, increasing, stable or decreasing trends with regard to the use of different types of drugs among the general population (persons aged 15-64), on a five-point scale (large increase, some increase, no great change, some decrease and large decrease). Reported drug use trends were weighted by the proportion of drug users in a country expressed as a percentage of global drug use from the *World Drug Report 2008* (United Nations publication, Sales No. E.08.XI.11) utilizing 2007 population forecasts. (This represents a slight change in method compared to that used in the 2008 report of the Secretariat on the world situation with regard to drug abuse (E/CN.7/2008/4), in which increases and decreases in

perceived drug use were weighted by the total population, not by the drug-using population.) If all States had reported “some increase,” the global trend line would have increased by one point each year, reaching 109 by 2007. The advantage of such an analysis, at its best, is that, by taking into account the size of the drug-using population 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 use of cannabis in a country with a small population of users is considered to be less significant than “some increase” would be in a country with a large cannabis-using population. Although that information, which is based on expert perception, has its limitations, it is the information that most countries have provided in a relatively consistent manner over the years.

13. According to expert perceptions, despite an overall increase in the use of amphetamine-type stimulants in 2007, such use showed signs of stabilizing and even of decreasing in high-income Member States (in Central and Western Europe, North America and Oceania). Thirty-six of 75 Member States (48 per cent) reported an increase in the use of amphetamine-type stimulants in 2007, an increase over 2006, when 41 per cent of reporting States indicated increased use of such stimulants. That finding has been associated with increases in the manufacture and use of such substances in low and middle-income countries, which have limited capacity to respond to the problem.<sup>5</sup> The Member States that reported some perceived increase in use of amphetamine-type substances were mainly in East and South-East Asia and in the Near and Middle East.

14. Trends in use of opioids varied significantly across regions. Thirty-seven (45 per cent) of reporting Member States indicated an increase in opioid use. The majority of increases were reported in Africa, where the size of opioid-using populations, however, remained comparatively small. Subregions with a long history of opioid consumption (i.e. North America, Western and Central Europe and East and South-East Asia) reported that such consumption had either decreased or stabilized. Increases reported in Central Asian and Eastern European countries are a cause for concern and have been associated with rapid increases in HIV transmission among users who inject opioids.

15. According to expert perceptions included in the replies to the annual reports questionnaire, cocaine use is stabilizing (after having increased steadily for many years), a trend driven by reported decreases in North America. However, many States with a history of more limited cocaine use reported some increase in 2007 (36 of 70 reporting Member States, or 51 per cent); the largest increases were reported by States in Latin America and the Caribbean, Africa and Europe.

## **B. Estimating the prevalence of drug use**

16. Data on the prevalence of drug use derived either from surveys of the general population (appropriate for the more widespread use of drugs such as cannabis) or from so-called “indirect prevalence” estimation methods (for less commonly used drugs, such as opioids), provide a more objective measure of the extent of drug use and drug dependence.

<sup>5</sup> *Amphetamines and Ecstasy: 2008 Global ATS Assessment* (United Nations publication, Sales No. E.08.XI.12).

17. Such data are rare. A review conducted by the Mental Disorders and Illicit Drug Use Expert Group as part of the Global Burden of Disease, Injuries and Risk Factors Study<sup>6</sup> has shown that some evidence on drug use and drug availability exists in most countries (see maps 2-5). However, it is rare that population-based surveys of drug use are carried out and estimates of the extent of drug dependence in the population are even less common.

Map 2

**Opioids: availability of evidence of illicit use in Member States**



*Note:* The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

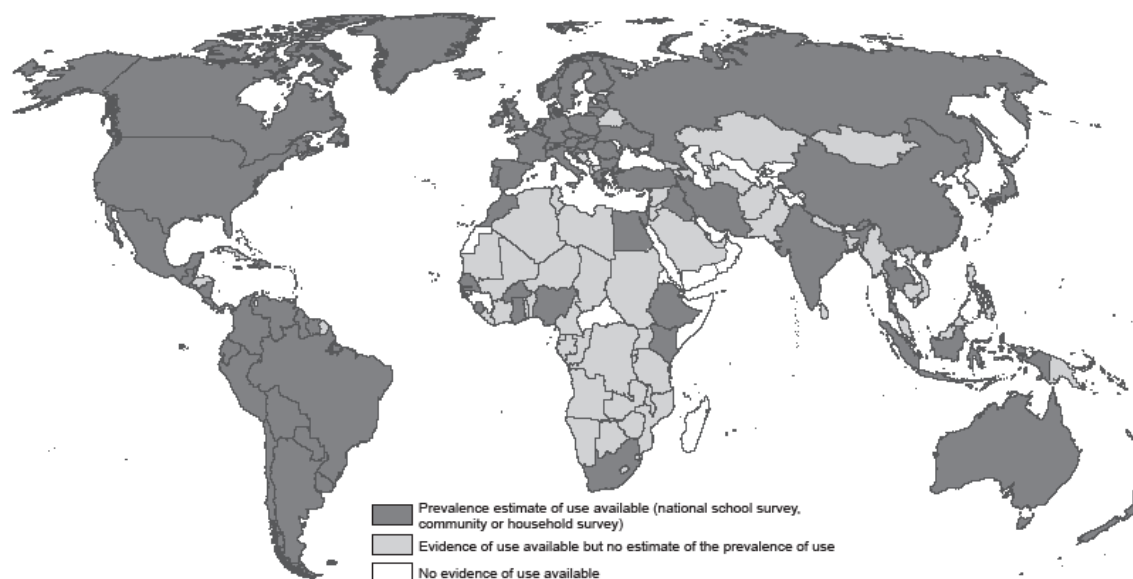
<sup>6</sup> The Global Burden of Disease, Injury and Risk Factors Study is an international collaborative effort involving the World Health Organization, the National Drug and Alcohol Research Centre at the University of New South Wales and the Queensland Centre for Mental Health Research at the University of Queensland, Australia, and Harvard University, the Institute for Health Metrics and Evaluation at the University of Washington and Johns Hopkins University, United States of America.

Map 3

**Cannabis: availability of evidence of illicit use in Member States**

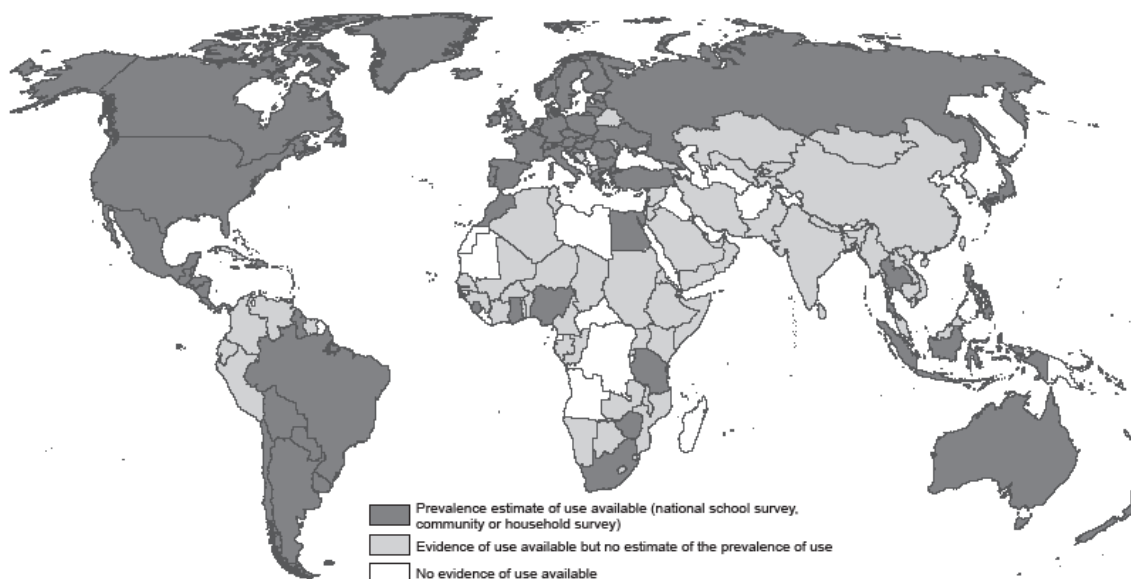
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Map 4

**Cocaine: availability of evidence of illicit use in Member States**

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Map 5

**Amphetamines: availability of evidence of illicit use in Member States**

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18. The results of that review are consistent with the information received by UNODC through the annual reports questionnaire. Both methods show that only 58 countries conducted general population-based surveys of drug use between 2000 and 2007. Of those that conducted such a survey, most only completed one, which means that objective data on trends in drug use prevalence are typically absent. Further, the extent to which some of the surveys produced valid or truly representative estimates of the prevalence of drug use is unclear, given methodological and other issues that may have affected findings in some countries. Some of the surveys that have been conducted have only covered limited areas within a country or only involved certain subpopulations.

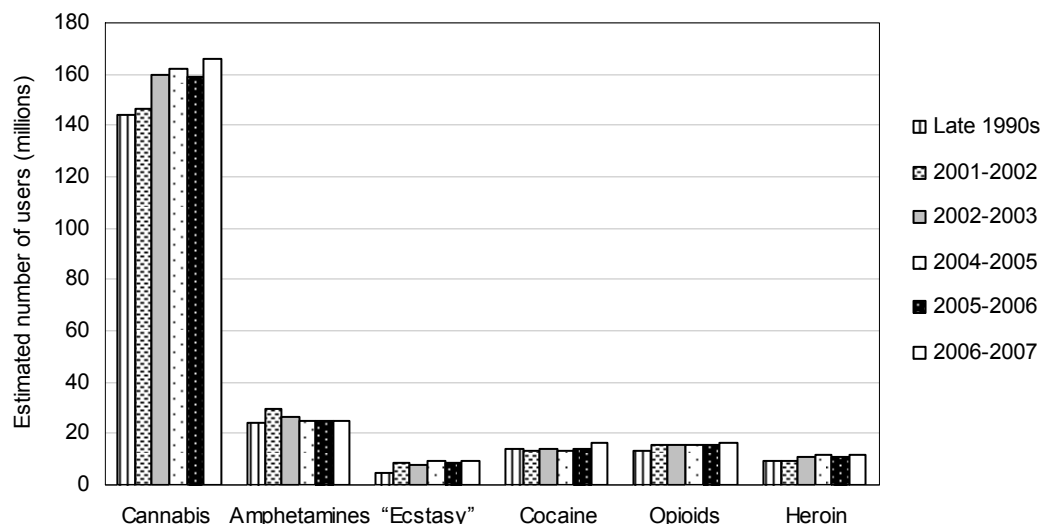
19. The absence of such data means that, in many instances, there are few objective data upon which to base estimates of the size of the drug-using population or track changes over time. Unfortunately, that is true for populous countries, such as China and India, thus affecting the capacity to make accurate and up-to-date regional and global prevalence estimates. Furthermore, a lack of systematic forensic information also makes it impossible to form an accurate picture of the substances being used and how the demand for different substances shifts over time.

20. Based on the data made available to UNODC, figure III shows the estimated number of people worldwide who have used drugs over the past decade. Clearly, cannabis remains by far the most commonly used illicit drug, with about more than 160 million people using the drug in the period 2006-2007, compared with just over 140 million in the late 1990s. The prevalence rate, however, has remained relatively unchanged at slightly less than 5 per cent of persons aged 15-64 years. In contrast,

opioids, cocaine and amphetamine-type stimulants are used by fewer people. Since the late 1990s, the prevalence rates for those drugs are estimated to have remained relatively stable.

Figure III

**Number of persons estimated to use illicit drugs, per year (late 1990s-2007) and drug type**



Source: *World Drug Report 2008* (United Nations publication, Sales No. E.08.XI.11).

21. Although global use of amphetamine-type stimulants is estimated to have stabilized in the past few years (figure III), much of the improvement occurred in developed countries.<sup>7</sup> Elsewhere, especially in East and South-East Asia<sup>8</sup> and the Middle East, the problem increased. In many countries in those subregions, effective responses may be limited by social, political, structural and capacity limitations, as well as by an unwillingness to understand the extent of the problem.<sup>9</sup> The existence of such barriers is a major concern, as it affects the regions most vulnerable to a future spread of the use of amphetamine-type stimulants.

22. Estimates are based on the limited data made available to UNODC, which means that there is considerable uncertainty concerning the data presented in figure III. The lack of solid data makes it difficult to measure the true number of users of illicit drugs and the extent to which that number changes over time.

23. There is also a need to estimate the number of problematic drug users (people who are drug-dependent). One way to do so is to measure core indicators such as the number of people receiving treatment for dependence on different drugs, keeping in mind, however, that such data are not equivalent to the number of people who need

<sup>7</sup> *Amphetamines and Ecstasy: 2008 Global ...*

<sup>8</sup> The most recent increase in the use of amphetamine-type stimulants reported by Thailand has not yet been included in the global prevalence estimate for those drugs for the period 2006-2007.

<sup>9</sup> *Amphetamine and Ecstasy: 2008 Global ...*

(or want) treatment.<sup>10</sup> Unfortunately, that remains the only source of data on problematic drug use in many countries.

24. It is important to use special studies in order to make indirect estimates of the number of problematic drug users. Such studies use so-called “indirect estimation processes” to calculate the number of problematic drug users. In general, European Union member States have made the most extensive and concerted efforts to calculate and update such estimates over time, and to report them annually to the European Monitoring Centre for Drugs and Drug Addiction. In many countries, including in Central and South-West Asia, where drug use (in particular opioid use) has been identified as a problem, studies have been carried out to estimate the size of such drug-using populations. That represents an important development that will improve understanding of the illicit drug use problem. In many countries, indirect prevalence estimates have been made only once within the past five years, making trends in drug use problems difficult to identify.

25. Given the fact that the information received directly from Member States through the annual reports questionnaire is sometimes limited and outdated, there is a need to supplement that data with data on national and regional drug use patterns from other sources and scientific literature that has been evaluated by experts.

### C. Estimating the prevalence of injecting drug use

26. In addition to the annual reports questionnaire, there are other mechanisms designed to facilitate the collection and synthesis of data on illicit drug use. One such mechanism is the Reference Group to the United Nations on HIV and Injecting Drug Use,<sup>11</sup> which provides independent expert advice to UNODC, the Joint United Nations Programme on HIV/AIDS and the World Health Organization, among others, on the epidemiology of injecting drug use and HIV around the globe, effective HIV prevention approaches and care services for those who have contracted the virus.

27. The article by the Reference Group published in 2008<sup>12</sup> provided global and regional estimates of the number of injecting drug users derived from available

<sup>10</sup> Treatment data reflect the extent of services provided. The number of people actually in treatment might, in fact, be limited by insufficient capacity to provide treatment services or by the complete absence of effective or attractive treatment approaches (an issue for users of cocaine and amphetamine-type stimulants in particular).

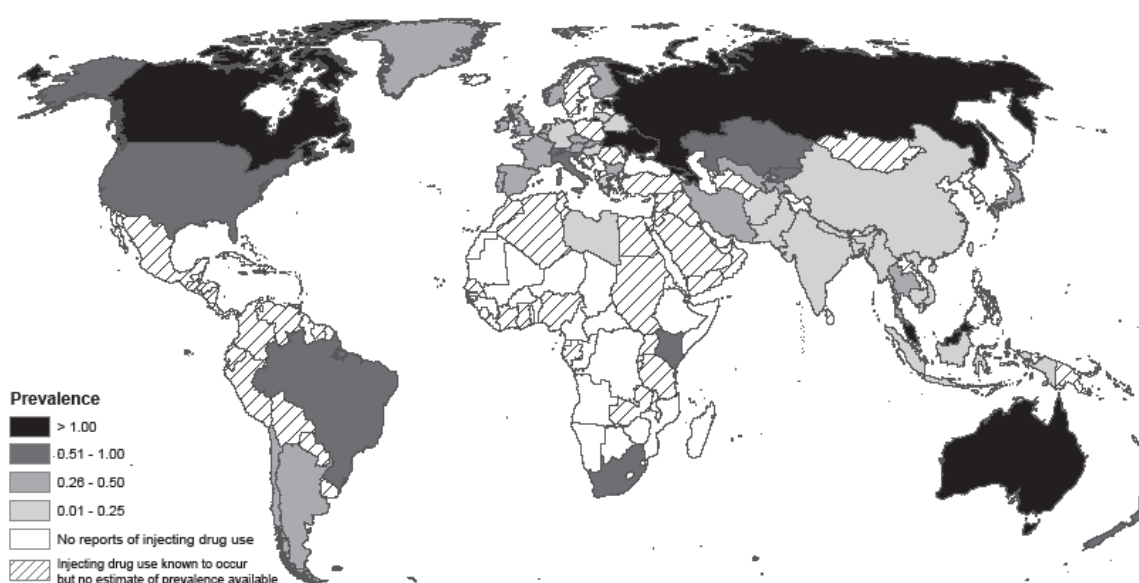
<sup>11</sup> Recent and forthcoming publications facilitated by the Reference Group to the United Nations on HIV and Injecting Drug Use include the following: B. M. Mathers and others, “Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review,” *The Lancet*, vol. 372, No. 9651 (2008), pp.1733-1745; L. Degenhardt and others, “Benefits and risks of pharmaceutical opioids: essential treatment and diverted medication; a global review of availability, extra-medical use, injection and the association with HIV,” thematic paper prepared on behalf of the Reference Group to the United Nations on HIV and Injecting Drug Use for the University of New South Wales, Sydney, Australia, 2008 (forthcoming); L. Degenhardt and others, “The global epidemiology of methamphetamine injection: a review of the evidence on use and associations with HIV and other harm,” paper prepared for the National Drug and Alcohol Research Centre at the University of New South Wales, Sydney, Australia, 2007.

<sup>12</sup> B. M. Mathers and others, “Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review,” *The Lancet*, vol. 372, No. 9651 (2008), pp.1733-1745.

prevalence data (see map 6). In that article, it was estimated that there were 15.9 million people worldwide (range: 11-21 million) injecting drugs. China, the Russian Federation and the United States of America were estimated to have the largest (midpoint) populations of injecting drug users; those three countries together account for 45 per cent of the total estimated population of people injecting drugs. It was also found that the available country-level prevalence of injecting drug use varied greatly between countries, with the midpoint ranging from 0.02 per cent in Cambodia and India to more than 1.00 per cent in the following 10 countries or areas: Azerbaijan (5.2 per cent); Georgia (4.2 per cent); Mauritius (2.1 per cent); Russian Federation (1.8 per cent); Estonia (1.5 per cent); Malaysia (1.3 per cent); Canada (1.3 per cent); Ukraine (1.2 per cent); Puerto Rico (1.2 per cent); and Australia (1.1 per cent).

Map 6

**Estimated<sup>a</sup> prevalence of injecting drug use worldwide**



*Source:* Reference Group to the United Nations on HIV and Injecting Drug Use.

*Note:* The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

<sup>a</sup> There is considerable uncertainty about many of the estimates.

28. HIV infection rates among people who inject drugs have been provided by 120 of the 148 reporting Member States. According to that information, HIV had not been detected among injecting drug users, or prevalence was less than 0.01 per cent, in only 8 countries; in 20 countries where drugs were known to be injected, no reports on HIV among injecting drug users were available.<sup>13</sup> HIV prevalence

<sup>13</sup> Sixty-three of the estimates were calculated on the basis of research completed between 2004 and 2007. In many countries, HIV prevalence had been estimated by carrying out samples at

among injecting drug users varied dramatically between and also within countries. Latin America and Eastern Europe had the highest estimated prevalence of HIV among injecting drug users. Estimates of the number of people who inject drugs and of the number of injecting drug users who might be living with HIV are presented in the table.<sup>14</sup>

**Regional and global estimates of people who inject drugs and are HIV-positive, 2007**

Subregion or area	Estimated number of people who inject drugs		Estimated subregional midpoint prevalence of injecting drug use (percentage)	Estimated number of people who inject drugs and who are HIV-positive		Estimated regional midpoint prevalence of HIV among injecting drug users (percentage)
	Midpoint estimate	Range		Midpoint estimate	Range	
Eastern Europe	3 476 500	2 540 000-4 543 500	1.50	940 000	18 500-2 422 000	27.0
Australia and New Zealand	173 500	105 000-236 500	1.03	2 500	500-6 000	1.5
Canada and United States	2 270 500	1 604 500-3 140 000	0.99	347 000	127 000-709 000	15.3
Caribbean	186 000	137 500-241 500	0.73	24 000	6 000-52 500	12.9
Central Asia	247 500	182 500-321 000	0.64	29 000	16 500-47 000	11.8
Latin America	2 018 000	1 508 000-2 597 500	0.59	580 500	181 500-1 175 500	28.8
Sub-Saharan Africa	1 778 500	534 500-3 022 500	0.43	221 000	26 000-572 000	12.4
Western Europe	1 044 000	816 000-1 299 000	0.37	114 000	39 000-210 500	10.9
Pacific island States and territories	19 500	14 500-25 000	0.36	500	<250-500	1.4
East and South-East Asia	3 957 500	3 043 500-4 913 000	0.27	661 000	313 000-1 251 500	16.7
South Asia	569 500	434 000-726 500	0.06	74 500	34 500-135 500	13.1
Middle East and North Africa	121 000	89 000-156 500	0.05	3 500	1 500-6 500	2.9
Extrapolated global estimates	15 861 500	11 008 500-21 222 000	0.37	2 997 500	764 000-6 589 000	18.9

Source: Reference Group to the United Nations on HIV and Injecting Drug Use.

29. The Reference Group to the United Nations on HIV and Injecting Drug Use has noted the paucity of data on injecting drug use, an illegal behaviour that pushes those involved to become a hidden population, thus making it difficult to measure the extent to which people use drugs by injection. Population surveys often underestimate the prevalence of such use and indirect methods of estimating the

different sites across the country. In other cases, however, reports on HIV prevalence among injecting drug users appeared to have been calculated on the basis of information gathered from only a limited number of sites. Of the 84 country-level estimates, 52 were based on national-level surveys, 16 from multiple areas and cities and another 16 on samples from a single area or city.

<sup>14</sup> Given the very large uncertainty surrounding the estimates because of both gaps and limitations in the data, this table also presents ranges around the estimates.

number, although preferred, can be imprecise. Developing countries in particular face technical challenges in collecting such data, while the data from many higher income countries have often been quite outdated<sup>15</sup> (the most recent national estimates on injecting drug use for eight Western European countries were for the year 2000 or earlier).

### III. Regional summaries

30. The present section includes a broad overview of trends in drug use across regions. It contains information on countries in Asia, where most of the world's drug users live. Broad trends, recent developments and a summary of emerging issues and gaps in knowledge are also included.

#### A. Africa

31. In 2007, only 17 of 53 States in Africa submitted replies on the expert perception section of the annual reports questionnaire. As a result, existing data on drug use in Africa are derived largely from information on treatment demand, some school surveys and the findings of rapid assessments on drug use.

##### 1. Drug use and trends

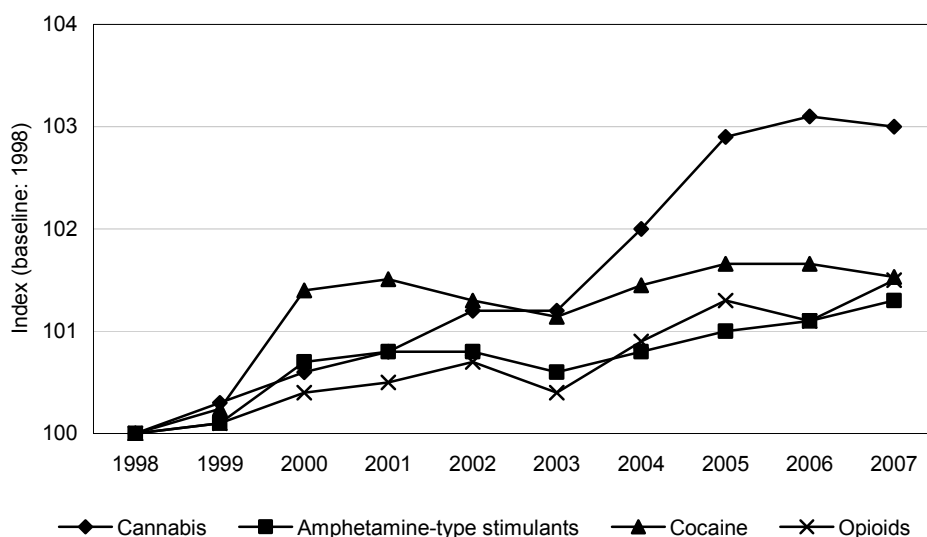
32. Over the past decade, the use of drugs in general and of cannabis and, to a lesser extent, amphetamine-type stimulants in particular, is thought by experts to have increased (figure IV). Cannabis is the most widely used drug in Africa. It is also the primary drug involved in most admissions for treatment for drug abuse (64 per cent).<sup>16</sup> Six countries reported increases in cannabis use, while three reported declines for 2007. In South Africa, admissions for drug use treatment in which cannabis was a primary drug remained fairly stable in 2007 and 2008.<sup>17</sup>

<sup>15</sup> The Reference Group remarked upon the inconsistent definitions of injecting drug use and lack of repeated estimates, making it difficult to understand how the size of injecting drug use populations might be changing across time and geographical regions. B. M. Mathers and others, "Global epidemiology ....

<sup>16</sup> Unweighted averages, excluding smoking and alcohol-related treatment cases (*World Drug Report 2008 ...*).

<sup>17</sup> A. Plüddemann and others, "Alcohol and drug abuse trends: January-June 2008 (phase 24)", *South African Community Epidemiology Network on Drug Use (SACENDU) Update*, 18 November 2008.

Figure IV  
**Africa: expert perceptions of trends in drug use among the general population, 1998-2007**  
 (As of November 2008)



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

33. In 2007, African country experts reported an increase in opioid use. Cocaine use is also likely to have increased in Africa, notably in West and Central Africa, in 2007, but there are no accurate data on drug trends in those subregions. Few countries in West and Central Africa reported on drug use trends to UNODC in the annual reports questionnaire, which is why trends for 2007 tend to reflect the reports from countries in North and Southern Africa.

34. More than half the experts in reporting Member States in Africa perceived an increase in opioid use, partly reflecting the increasing role of African countries as transit areas for smuggling heroin from Afghanistan into Europe. Opioids are the second most common type of drugs mentioned in drug use treatment cases (mentioned in 16 per cent of cases). There is greater demand for treatment in the eastern and southern parts of Africa. UNODC estimates for Africa suggest that about 1.4 million people (0.3 per cent of the population aged 15-64) use opioids. According to a recent study,<sup>18</sup> the prevalence of opioid use is thought to be highest in Mauritius,<sup>19</sup> followed by Egypt (which is considered to be the largest opioid market in mainland Africa). In Africa, almost all opioids are consumed in the form of heroin, which is the primary drug used by problematic drug users in several African countries (e.g. Kenya, Mauritius, Nigeria, United Republic of Tanzania and Zambia).<sup>20, 21, 22</sup> In a recent study on Cape Verde, it was estimated that 25 per cent

<sup>18</sup> I. Ghaz, *National Study of Addiction, Prevalence of the Use of Drugs and Alcohol in Egypt* (Cairo, 2007).

<sup>19</sup> *World Drug Report 2008* ....

<sup>20</sup> R. Abdool, F. T. Sulliman and M. I. Dhannoo, "The injecting drug use and HIV/AIDS nexus in

of the drug-using population used heroin; a similar proportion of drug-using prisoners were also found to be using heroin.<sup>23</sup> In South Africa, there has been a large increase in the admission of drug users for whom heroin is either a primary or secondary drug of use (between 12 and 32 per cent of patients).<sup>24</sup> While heroin is typically smoked, in an increasing number of cases it is injected.

35. There is very little detailed information on the use of amphetamine-type stimulants in Africa.<sup>25</sup> One concern is the increasing number of reports indicating that amphetamine-type stimulants are becoming more available in some African countries, including Burkina Faso, Cameroon, Cape Verde, Ghana, Nigeria, Seychelles<sup>26</sup> and South Africa<sup>27</sup> (where there is clear evidence that more people are being treated for using amphetamine-type stimulants and more arrests are being made involving such drugs). Use of amphetamine-type stimulants has also been reported in several countries in Central and West Africa (including Côte d'Ivoire, Ghana, Nigeria, Senegal and Sierra Leone) and in countries in Southern Africa (mainly South Africa), and North Africa (Egypt). One recent study in Egypt suggested that 0.5 per cent of the population aged 15-64 had used amphetamine-type stimulants in the previous year.<sup>28</sup> In Nigeria, methamphetamine was most commonly reported in the northern parts of the country, but it appeared to be spreading to the rest of the country.<sup>29</sup> Authorities in Burkina Faso have reported that use is increasing;<sup>30</sup> according to 2006 treatment data from a psychiatric hospital in Ouagadougou, amphetamines accounted for 28 per cent of all cases involving treatment for drug dependence.<sup>31</sup> In Cape Verde, it was found that 11 per cent of the drug-using population used amphetamine-type stimulants; a similar proportion of drug-using prisoners was also using such drugs (14 per cent).<sup>32</sup> In South Africa, the

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the Republic of Mauritius", *African Journal of Drug and Alcohol Studies*, vol. 5, No. 2 (2006), pp.107-116.

- <sup>21</sup> C. Deveau, B. Levine and S. Beckerleg, "Heroin use in Kenya and findings from a community based outreach programme to reduce the spread of HIV/AIDS", *African Journal of Drug and Alcohol Studies*, vol. 5, No. 2 (2006), pp. 95-106.
- <sup>22</sup> S. Timpson and others, "Substance abuse, HIV risk and HIV/AIDS in Tanzania", *African Journal of Drug and Alcohol Studies*, vol. 5, No. 2 (2006), pp. 157-168.
- <sup>23</sup> United Nations Office on Drugs and Crime and Ministry of Justice, Commission for Drug Control Coordination, *Study on the Situation of Drug Abuse-related HIV/AIDS in Cape Verde: Rapid Situation Assessment* (January 2008).
- <sup>24</sup> A. Plüddemann and others, "Alcohol and drug abuse trends ....
- <sup>25</sup> *Amphetamines and Ecstasy 2008 Global ....*
- <sup>26</sup> *Amphetamines and Ecstasy 2008 Global ....*
- <sup>27</sup> C.D.H. Parry and A. L. Pithey, "Risk behaviour and HIV among drug using populations in South Africa", *African Journal of Drug and Alcohol Studies*, vol. 5, No. 2 (2006), pp. 139-156.
- <sup>28</sup> I. Ghaz, *National Study of Addiction ....*
- <sup>29</sup> Note, given the existence of unregulated (parallel) markets throughout the region, much of the use of amphetamine-type stimulants in West Africa is assumed to be linked to diverted medical preparations containing various types of amphetamine-type stimulants. A. B. Makanjuola, T. O. Daramola and A. O. Obembe, "Psychoactive substance use among medical students in a Nigerian university", *World Psychiatry*, vol. 6, No. 2 (2007), pp. 112-114; A. A. Abdulkarim, O. A. Mokuolu and A. Adeniyi, "Drug use among adolescents in Ilorin, Nigeria", *Tropical Doctor*, vol. 35, No. 4 (2005), pp. 225-228.
- <sup>30</sup> *Amphetamines and Ecstasy 2008: Global ....*
- <sup>31</sup> Ibid.
- <sup>32</sup> United Nations Office on Drugs and Crime and Ministry of Justice, Commission for Drug Control Coordination, *Study on the Situation of Drug Abuse ....*

availability of methamphetamine may be stabilizing, but high numbers of people requesting treatment for methamphetamine dependence have been reported in Cape Town in particular.<sup>33</sup>

36. Except for in Nigeria, in all African States reporting to UNODC country experts noted stable or increasing levels of cocaine use in 2007. Such a finding is consistent with documented increases in the smuggling of cocaine from South America into Europe through West Africa. In Africa, 1 in 10 treatment cases involving treatment for drug dependence is cocaine-related.<sup>34</sup> In South Africa, “crack” cocaine is reported to be among the most widely used drugs after cannabis, methaqualone and methamphetamine.<sup>35</sup>

## **2. Emerging issues**

37. Based on national reports, UNODC concluded that cocaine use is increasing in many parts of Africa, notably West and Central Africa. Similarly, a number of East African and Southern African countries are affected by increasing heroin use, which is related to increasing quantities of heroin being smuggled through Africa.

## **3. Knowledge gaps**

38. In Africa, there is a great reliance upon expert perceptions of the situation with regard to illicit drug use. South Africa is the only country in the region with a proper mechanism for monitoring drug use: the South African Community Epidemiology Network on Drug Use. There is a continuing need for technical assistance in the region in order to build sustainable, cost-effective drug monitoring capacity.

## **B. Americas**

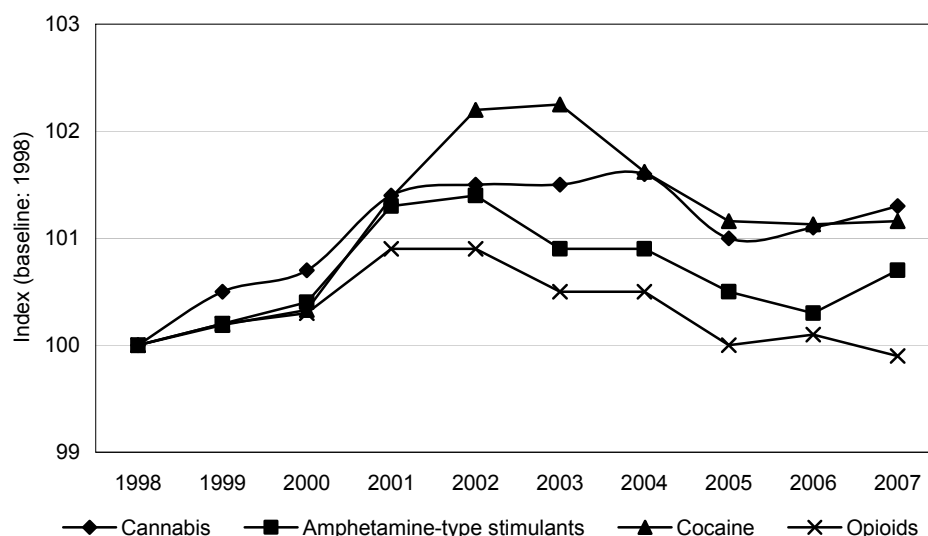
39. In 2007, 14 States in North America and Latin America and the Caribbean responded to the expert perceptions section of the annual reports questionnaire (41 per cent) (figure V). In North America (Canada, Mexico and the United States), trends can be validated by analysing a variety of epidemiological data collected from multiple sources over time.

<sup>33</sup> A. Plüddemann, C. Parry and A. Bhana, “Alcohol and drug abuse trends: July-December 2007 (phase 23)”, *South African Community Epidemiology Network on Drug Use (SACENDU) Update*, 28 May 2008.

<sup>34</sup> *World Drug Report 2008* ....

<sup>35</sup> C.D.H. Parry and A. L. Pithey, “Risk behaviour and HIV ....

Figure V  
**Americas: expert perceptions of trends in drug use among the general population, 1998-2007**  
 (As of November 2008)



40. Data on admissions for treatment suggest that cocaine is the primary drug problem in the region, even though cannabis is by far the most widely used illicit drug. Cocaine accounts for 47.5 per cent of drug treatment cases and cannabis for 31.3 per cent.<sup>36</sup> However, reports also show that in North America 35.3 per cent of people admitted for treatment are admitted for cannabis use and 31.2 per cent for cocaine use, while in Latin America and the Caribbean the proportion of people admitted for treatment for cocaine use is greater (54 per cent). The proportion of people admitted for the treatment of amphetamines use is 4.3 per cent in the Americas: 10.7 per cent in North America and 1.8 per cent in Latin America and the Caribbean. For opioids, the proportion is 9.8 per cent in North America and 2.6 per cent in Latin America and the Caribbean.

# 1. Drug use issues and trends

41. Cannabis continues to be the most widely available and widely used drug in the United States, especially among adolescents and young adults. Positive test results for illicit drug use among a large (though not random) sample of the United States workforce showed a decline of 20 per cent between 1998 and 2007 (from 4.8 to 3.8 per cent).<sup>37</sup> Similarly, annual prevalence of illicit drug use among secondary high school students (aged 13-18) in the United States fell by more than 20 per cent over the period 1998-2008, for both cannabis (minus 21 per cent) and other illicit drugs (minus 23 per cent). Declines were shown, inter alia, for the use

<sup>36</sup> Unweighted averages, excluding smoking and alcohol-related treatment episodes (*World Drug Report 2008 ...*).

<sup>37</sup> Quest Diagnostics, "Drug Testing Index", March 2008, available at [www.questdiagnostics.com/employersolutions/dti/2008\\_03/dti\\_index.html](http://www.questdiagnostics.com/employersolutions/dti/2008_03/dti_index.html).

of cocaine (minus 32 per cent), amphetamines (minus 37 per cent) and heroin (minus 35 per cent). The situation with regard to prescription drugs, however, was less positive, as increased quantities of some such drugs were recorded.<sup>38</sup>

42. The declining use of cocaine, the most problematic drug in the United States, is associated with rising prices and decreasing purity levels. Such a decline is reflected in a significant drop in the proportion of the United States workforce testing positive for cocaine (minus 38 per cent between 2006 and 2008)<sup>39</sup> in the above-mentioned sample, and drops in the annual prevalence of cocaine use among secondary school students.<sup>40</sup> There are indications of possible declines in cocaine use among the general population aged 12 and above (from 2.5 per cent in 2006 to 2.3 per cent in 2007), as shown in the results of household surveys.<sup>41</sup>

43. Methamphetamine use among the general population declined from 0.8 per cent in 2006 to 0.5 per cent in 2007.<sup>42</sup> That contrasts with the trend observed during the late 1990s, when the availability and use of methamphetamine increased in many areas of the United States.

44. In Canada, decreases in annual prevalence of illicit use of drugs, including cannabis, methamphetamine and heroin, among students occurred between 1999 and 2007. Decreases were also recorded for the use of cocaine and “ecstasy” in 2007 compared with the peak levels recorded some years earlier.<sup>43</sup> In addition, the illicit use of heroin (but not the pharmaceutical use of opioids) appears to be decreasing among injecting drug users; caution should be used when interpreting such information, however, as the data are based on studies of ageing cohorts of injecting drug users. The 2005 national estimate suggests that rates of hepatitis C and HIV infection have stabilized at a relatively high level among injecting drug users (65.7 and 13.2 per cent, respectively).<sup>44</sup>

45. In Mexico, cannabis remains the most commonly used illicit drug. Problematic drug use appears to be increasing, as indicated by the increase, over the past few years, in the number of people admitted for treatment and the number of deaths related to methamphetamine<sup>45</sup> and cocaine use.<sup>46</sup>

<sup>38</sup> L. D. Johnston and others, “Various stimulant drugs show continuing gradual declines among teens in 2008, most illicit drugs hold steady”, University of Michigan News Service, 11 December 2008.

<sup>39</sup> United States of America, Office of National Drug Control Policy, *Making the Drug Problem Smaller, 2001-2008* (Washington, D.C., December 2008).

<sup>40</sup> L. D. Johnston and others, “Various stimulant drugs show ....

<sup>41</sup> United States of America, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Results from the 2007 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-34, DHHS Publication No. SMA 08-4343 (Rockville, Maryland, 2008).

<sup>42</sup> Ibid.

<sup>43</sup> E. M. Adlaf and A. Paglia-Boak, *Drug Use Among Ontario Students, 1977-2007: Detailed OSDUHS Findings*, CAMH Research Document Series No. 20 (Toronto, Centre for Addiction and Mental Health, 2007).

<sup>44</sup> Canada, Public Health Agency of Canada, Centre for Infectious Disease Prevention and Control, *I-Track: Enhanced Surveillance of Risk Behaviours among Injecting Drug Users in Canada; Phase I Report, August 2006* (Ottawa, 2006).

<sup>45</sup> J. Maxwell and others, “Patterns of Drug Use on the U.S.-Mexico Border”, 2005.

<sup>46</sup> *Amphetamines and Ecstasy: 2008 ....*

46. The drug problem in Latin America, as reflected in the demand for treatment, is mainly linked to cocaine use, although cannabis is the most widely used drug. In a recent study in six Latin American countries (Argentina, Bolivia, Chile, Ecuador, Peru and Uruguay), it was found that the average annual prevalence of cannabis use was 4.8 per cent among people aged 15-64, a figure above the global average (3.9 per cent).<sup>47</sup> The highest rates were observed in Argentina and Chile (about 7 per cent). The prevalence of cocaine use in the six countries was, on average, 1.4 per cent, clearly exceeding the global average (0.4 per cent). The highest rate was reported for Argentina (2.7 per cent), followed by Uruguay (1.7 per cent), Chile (1.3 per cent), Bolivia (0.7 per cent), Peru (0.3 per cent) and Ecuador (0.1 per cent).

47. Expert perceptions from countries throughout the region are that there is an increase in the use of all the main drug types, including cocaine. That is in line with the picture derived from the results of household surveys carried out in countries such as Argentina, Bolivia, Brazil and Uruguay.<sup>48</sup> The only exception is Chile, where survey results indicate a slightly declining trend in cocaine use. Recent school surveys show high levels of cannabis use in Argentina, Chile and Uruguay, and of cocaine use in Argentina and Chile.<sup>49</sup>

## 2. Emerging issues

48. As the locus of methamphetamine manufacture moves further south, Mexico is faced with a growing methamphetamine use problem, as indicated by the number of people being admitted for treatment for methamphetamine dependence, which is substantially higher in northern Mexican states than in southern states; northern Mexico is also where much of the illicit manufacture of and trafficking in methamphetamines takes place.<sup>50</sup> Many of the problems related to increasing methamphetamine use in Mexico are related to the growth of manufacture and trafficking networks, which have become well established in the country over recent years; such developments may also occur in countries further south, as the locus of manufacture shifts.<sup>51</sup>

49. Although cocaine use is declining in the United States, there are indications that it is increasing in Latin American countries located along the main trafficking routes.<sup>52</sup>

50. Despite stable levels of heroin use in the United States, the well-documented problem of the inappropriate prescription and use of pharmaceutical opioids has led

<sup>47</sup> United Nations Office on Drugs and Crime and Inter-American Drug Abuse Control Commission of the Organization of American States, *Elementos Orientadores para las Políticas Públicas sobre Drogas en la Subregión: Primer Estudio Comparativo sobre Consumo de Drogas y Factores Asociados en Población de 15 a 64 años* (Lima, April 2008).

<sup>48</sup> *World Drug Report 2008* ....

<sup>49</sup> United Nations Office on Drugs and Crime and others, *Jóvenes y Drogas en Países Sudamericanos: un Desafío para las Políticas Públicas; Primer Estudio Comparativo sobre Uso de Drogas en Población Escolar Secundaria de Argentina, Bolivia, Brasil, Colombia, Chile, Ecuador, Paraguay, Perú y Uruguay* (Lima, September 2006).

<sup>50</sup> National Center of Epidemiology Surveillance and Disease Control, El Sistema de Vigilancia Epidemiológica de las Adicciones (SISVEA), at NIDA's June 2008 Community Epidemiology Work Group.

<sup>51</sup> *Amphetamines and Ecstasy: 2008* ....

<sup>52</sup> *World Drug Report 2008* ....

to a new cohort of persons dependent on opioids in the country. Following an increase in the abuse of prescription drugs over the period 2004-2006, that trend stabilized in 2007.<sup>53</sup>

### 3. Knowledge gaps

51. While significant improvements in household and school surveys have been made in recent years in key countries in Latin America and the Caribbean (where the situation is clearly better than in Asia or Africa), there continues to be a need for the implementation of population-based surveys in all countries in the subregion.

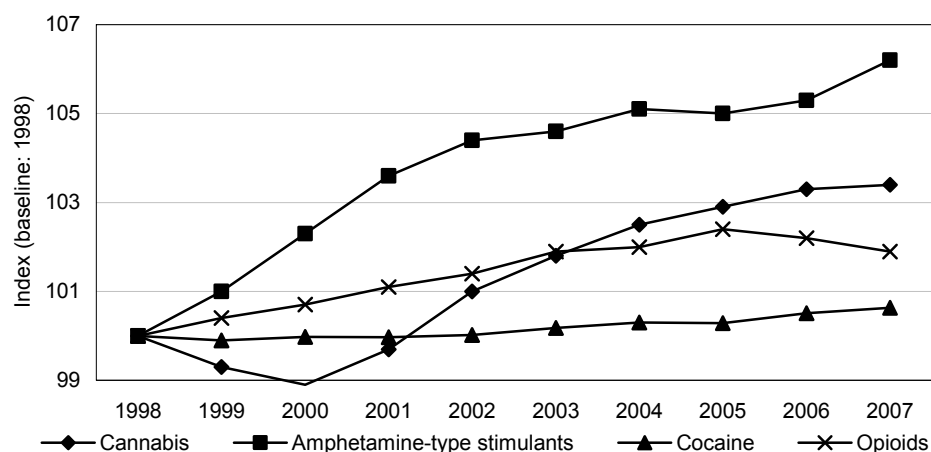
## C. Asia

52. Each of the various subregions in Asia is affected by distinct illicit drug use problems: the Near and Middle East is affected by amphetamine use, South and Central Asia by opioid use and East and South-East Asia by methamphetamine use. It is estimated that more than half of the world's opioid-using population lives in Asia (9.3 million), with the highest rates of use recorded along the main drug trafficking routes originating in Afghanistan.<sup>54</sup> More than half of the world's users of amphetamine-type stimulants are estimated to live in Asia (14 million), the vast majority of whom are in East and South-East Asia.<sup>55</sup> In 2007, 29 States (67 per cent) in Asia responded to the expert perception section of the annual reports questionnaire. Results clearly indicated a consistent and strong increase in the use of amphetamine-type stimulants over the past decade, a much greater increase than for any other drug (figure VI).

Figure VI

**Asia: expert perceptions of trends in drug use among the general population, 1998-2007**

(As of November 2008)



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

<sup>53</sup> United States of America, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Results from the 2007 National Survey* ....

<sup>54</sup> *World Drug Report 2008* ....

<sup>55</sup> *Amphetamines and Ecstasy: 2008 Global* ....

## 1. Drug use issues and trends

53. An estimated 57 per cent of people who used opioids in 2006 lived in Asia. Asia also accounted for 51 per cent (6.1 million people) of the world population of heroin users, reflecting the greater use of opium in Asia compared with other regions. In 2007, heroin was still reported to be the main drug of use in China (Hong Kong and Macao), Indonesia, Malaysia and Myanmar, although reports suggest that such use may be declining in those countries and areas.

### *East and South-East Asia*

54. Cannabis, amphetamine-type stimulants and opioids continue to be the main drugs used in the subregions of East and South-East Asia. Opioids and amphetamine-type stimulants comprise the bulk of treatment episodes for drug dependence, whereas there is no evidence of a sizeable number of problematic cocaine users.

55. In East and South-East Asia, the average past-year prevalence rate for opioid use was estimated to be 0.2 per cent among the population aged 15-64 years. Opioid prevalence has been estimated in China at 0.25 per cent past-year use among those aged 15-64 years (2.3 million people).<sup>56</sup> Higher levels have been reported in areas under opium cultivation, including 1.1 per cent in the Shan and Kachin states of Myanmar.<sup>57</sup> Opium use in the northern part of the Lao People's Democratic Republic is estimated to have decreased from 0.6 per cent in 2006 to 0.2 per cent in 2008, in line with decreases in domestic opium production.<sup>58</sup> In both the Lao People's Democratic Republic and Myanmar, villages where opium is produced have significantly higher opium consumption rates than villages where opium is not produced.

56. Methamphetamine was identified in 2007 as the most used illicit drug in Cambodia, Japan, the Lao People's Democratic Republic, the Philippines, the Republic of Korea and Thailand.<sup>59</sup> Although some States (Japan and the Philippines) have reported perceived decreases in the use of amphetamine-type stimulants, the use of such drugs remains high in East and South-East Asia and, in some countries, the levels of use are among the highest in the world.<sup>60</sup> In some countries in East and South-East Asia (including China) amphetamine-type stimulants are the second most used type of drug. Limitations in the national data collection capacity and the speed with which the use of amphetamine-type

<sup>56</sup> Estimate derived from F. Lu and others, "Estimating the number of people at risk for and living with HIV in China in 2005: methods and results", *Sexually Transmitted Infections*, vol. 82, Supp. 3 (2006), pp. 87-91.

<sup>57</sup> United Nations Office on Drugs and Crime, *Opium Poppy Cultivation in South-East Asia: Lao PDR, Myanmar, Thailand* (December 2008).

<sup>58</sup> Ibid.

<sup>59</sup> The most recent data reported for Cambodia and the Lao People's Democratic Republic is for 2006 (United Nations Office on Drugs and Crime, *Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs of Abuse in East Asia and the Pacific 2006* (June 2007)). The data for the Republic of Korea do not include cannabis.

<sup>60</sup> *Amphetamines and Ecstasy: 2008 Global ....*

stimulants has spread in Cambodia, Indonesia, the Lao People's Democratic Republic and Malaysia<sup>61</sup> have hampered a proper understanding of the problem.

57. Following a decrease in reported drug use and treatment admissions for the use of illicit drugs (primarily methamphetamine) in Thailand in 2003, recent data suggest that both drug use and related problems have increased again.<sup>62</sup> Household survey data for 2007 suggested that 1.4 per cent of people aged 12-65 years had used methamphetamine in the previous year, while 1.7 per cent had used cannabis and 0.2 per cent had used opioids.

#### *Central and South-West Asia*

58. Opioids continue to represent the most significant drug problem in Central and South-West Asia. Prevalence estimates based on surveys conducted with population samples in some countries have suggested that 1.4 per cent of the population in Afghanistan and 2.8 per cent of the population in the Islamic Republic of Iran had used opioids in the previous year. In the Islamic Republic of Iran, the number of persons who regularly use opioids is estimated at 1.2 million (range: 0.8-1.7 million).<sup>63</sup> In Pakistan, injecting drug use is reportedly increasing.<sup>64</sup> A specialized study estimated that 630,000 opioid users lived in Pakistan (0.7 per cent of the population aged 15-64), about 77 per cent of whom were heroin users.<sup>65</sup>

59. In Central Asia<sup>66</sup> and the Caucasus, opioid use was also above estimated global average levels, particularly in Kazakhstan (prevalence: 1 per cent),<sup>67</sup> Kyrgyzstan (prevalence: 0.8 per cent)<sup>68</sup> and Uzbekistan (prevalence: 0.8 per cent).<sup>69</sup> The prevalence of opioid use in Tajikistan was slightly lower (0.5 per cent). Seventy-six per cent of the more than 63,000 registered opioid users in Central Asia used heroin, 24 per cent used opium and 91 per cent used drugs by injection.<sup>70</sup>

<sup>61</sup> Ibid.

<sup>62</sup> Ibid.

<sup>63</sup> The Drug Control Headquarters of the Islamic Republic of Iran carried out a rapid situation assessment in 2007 and found that 32.8 per cent of arrested drug addicts in the Islamic Republic of Iran used opium, 25.7 per cent used "Asian crack" (which appears to be unrelated to cocaine), 18.8 per cent used heroin, 5.8 per cent used an opium residue, 3.7 per cent used "crystal" (a variety of heroin available in the Islamic Republic of Iran) and 1.1 per cent used some other opioid. The use of drugs other than opioids was limited to "hashish" (cannabis resin) (used by 1.9 per cent of the population), "ecstasy" (0.4 per cent), buprenorphine (0.3 per cent), cocaine (0.1 per cent) and lysergic acid diethylamide (LSD) (0.1 per cent).

<sup>64</sup> United Nations Office on Drugs and Crime and Pakistan, Ministry of Narcotics Control, *Problem Drug Use in Pakistan: Results from the Year 2006 National Assessment* (Tashkent, 2007).

<sup>65</sup> United Nations Office on Drugs and Crime, Country Office, Pakistan, and the Paris Pact Initiative, *Illicit Drug Trends in Pakistan* (April 2008); and United Nations Office on Drugs and Crime and Pakistan, Ministry of Narcotics Control, *Problem Drug Use in Pakistan* ....

<sup>66</sup> United Nations Office on Drugs and Crime, "HIV/AIDS and injecting drug use in Central Asia: from evidence to action; Kyrgyz Republic country report", 2007.

<sup>67</sup> Ibid.

<sup>68</sup> Ibid.

<sup>69</sup> United Nations Office on Drugs and Crime, "HIV/AIDS and injecting drug use in Central Asia: from evidence to action; Uzbekistan country report", 2007.

<sup>70</sup> *World Drug Report 2008* ....

60. In Central Asia, the HIV epidemic continues to spread among injecting drug users, primarily among young males who inject opioids. Nearly two thirds of all new HIV cases in 2006 were attributed to injecting drug use. Increases were particularly marked in Kyrgyzstan,<sup>71</sup> Tajikistan<sup>72</sup> and Uzbekistan.<sup>73</sup> That was thought to have been driven by the increased availability of opioids, attributable to the countries' proximity to major drug trafficking routes leading from Afghanistan.

#### *South Asia*

61. According to the estimates contained in the UNODC *World Drug Report 2008*, the average past-year prevalence for opioid use in South Asia was 0.4 per cent in 2006. India was the largest opioid market in the subregion, with an estimated opioid-using population of about 3 million. There is, however, limited knowledge on the size of drug-using populations in South Asian countries, as the most recent survey was conducted in the period 2000-2001.

62. Some information on drug use has been obtained from samples of users of illicit drugs in countries in South Asia. Those studies have suggested that in Bangladesh heroin use (both by injection and other means) remained prevalent among users of illicit drugs.<sup>74</sup> In India, the smoking of heroin and the injection of buprenorphine remain common practices among users of illicit drugs. The large-scale diversion of buprenorphine from factories and warehouses (rather than from patients or medical practitioners) is thought to be responsible for the availability of that substance in India and its neighbouring countries.<sup>75</sup> In Nepal, users of illicit drugs are likely to use cannabis and inject buprenorphine, heroin and propoxyphene. In Sri Lanka, in contrast, drug users appear more likely to smoke heroin and use cannabis; drug injection appears to be rare even among users of illicit drugs.

#### *Near and Middle East*

63. Expert perceptions suggest that cannabis remains the most commonly used drug in the Near and Middle East, but also that patterns of drug use may be changing. In countries for which data are available, the use of heroin, cocaine and amphetamine-type stimulants has increased, as has demand for treatment. In those countries, the age of first-time users of those drugs has decreased. In particular, the availability and use of amphetamine-type substances, as well as problems related to such use, have increased.<sup>76</sup> Dramatic increases have been recorded in admissions for the treatment of problems related to the use of amphetamines (in particular, the use of tablets sold as Captagon) in Saudi Arabia.<sup>77</sup> Furthermore, an increase in the

<sup>71</sup> United Nations Office on Drugs and Crime, "HIV/AIDS and injecting drug use in Central Asia: from evidence to action; Kyrgyzstan country report", 2007.

<sup>72</sup> United Nations Office on Drugs and Crime, "HIV/AIDS and injecting drug use in Central Asia: from evidence to action; Tajikistan country report", 2007.

<sup>73</sup> United Nations Office on Drugs and Crime, "HIV/AIDS and injecting drug use in Central Asia: from evidence to action; Uzbekistan country report", 2007.

<sup>74</sup> United Nations Office on Drugs and Crime, *Rapid Situation and Response Assessment of Drugs and HIV in Bangladesh, Bhutan, India, Nepal and Sri Lanka: a Regional Report* (2008).

<sup>75</sup> L. Degenhardt and others, "Benefits and risks of pharmaceutical opioids ....

<sup>76</sup> *Amphetamines and Ecstasy: 2008 Global ....*

<sup>77</sup> M. S. AbuMadini and others, "Two decades of treatment seeking for substance use disorders in

number of registered drug users has been recorded in both the West Bank and the Gaza Strip, the most recent estimates suggesting there may be 80,000 persons dependent on drugs, primarily cannabis, opioids and, in tablet form, sedatives and stimulants.<sup>78</sup>

## 2. Emerging issues

64. The use of amphetamine-type stimulants appears to be increasing again in some countries in South-East Asia, including Thailand.

65. The use of methamphetamine and heroin by injection continues to play a significant role in the transmission of HIV and hepatitis C in the subregion. However, in Thailand, where the prevalence of HIV infections among injecting drug users is high, reports indicate that the number of new HIV cases is falling (in line with declining heroin use in that country). Similar trends have been reported in Indonesia and Myanmar.<sup>79, 80</sup> Nonetheless, HIV prevalence continues to be very high in countries in the subregion (see the table above).<sup>81</sup>

66. The spread of opioid use is thought to be heavily determined by the proximity of Kyrgyzstan, Tajikistan and Uzbekistan to Afghanistan.<sup>82</sup> In India (in particular, the north-east of India) and Pakistan, injecting drug use may be an increasingly important means of HIV transmission.<sup>83</sup> The injection of opioids is thought to be driving the HIV epidemic among injecting drug users in the subregion, in particular in some countries, including India.<sup>84</sup>

67. Recent reports suggest that the manufacture of amphetamine-type stimulants is increasing in both India and Sri Lanka, where large seizures of such substances have been made and many laboratories have been identified, causing concern for the potential spillover that may take place among the local populations.

## 3. Knowledge gaps

68. Many countries still lack essential capacity to collect and analyse even basic data on drug use prevalence among adult and youth populations, or to meet demand for treatment. There is a serious need to improve understanding of matters associated with the use of all types of illicit drugs. The lack of sufficient capacity

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Saudi Arabia: trends and patterns in a rehabilitation facility in Dammam”, *Drug and Alcohol Dependence*, vol. 97, No. 3 (2008), pp. 231-236.

<sup>78</sup> Palestinian Central Bureau of Statistics and Ministry of Interior and National Security, *The Phenomenon of Drug Abuse in the Palestinian Territory: Current Situation Report; 2006* (May 2007).

<sup>79</sup> United Nations Office on Drugs and Crime, Regional Centre for East Asia and the Pacific, *Patterns and Trends of Amphetamine-Type Stimulants (ATS) and Other Drugs of Abuse in East Asia and the Pacific 2006* (Bangkok, June 2007).

<sup>80</sup> Joint United Nations Programme on HIV/AIDS and World Health Organization, *AIDS Epidemic Update* (Geneva, December 2007).

<sup>81</sup> B. M. Mathers and others, “Global epidemiology ....

<sup>82</sup> United Nations Office on Drugs and Crime, “HIV/AIDS and injecting drug use in Central Asia: from evidence to action”, 2007.

<sup>83</sup> Joint United Nations Programme on HIV/AIDS and World Health Organization, *AIDS Epidemic Update* ....

<sup>84</sup> L. Degenhardt and others, “Benefits and risks of pharmaceutical opioids ....

presents considerable problems for understanding the extent to which synthetic drugs are used and the problems related to such use.<sup>85</sup>

## D. Europe

69. In 2007, 31 States in Europe responded to the expert perceptions section of the annual reports questionnaire (72 per cent). According to those expert perceptions, the most widely used drug among the general population was cannabis, followed by cocaine and amphetamines. Based on data on treatment for drug dependence, opioids are the primary drug of choice among people admitted for treatment (60 per cent of cases), followed by cannabis (19 per cent), amphetamine-type stimulants (10.5 per cent) and cocaine (9.1 per cent).<sup>86</sup> Although in general the kinds of drugs for which people are admitted for treatment in Western and Central Europe differ from those for which people are admitted for treatment in Eastern and South-Eastern Europe, the largest difference relates specifically to the proportion of admissions in which cocaine is the principle drug of choice (2.7 per cent in Eastern and South-Eastern Europe compared with 12.9 per cent in Western and Central Europe).

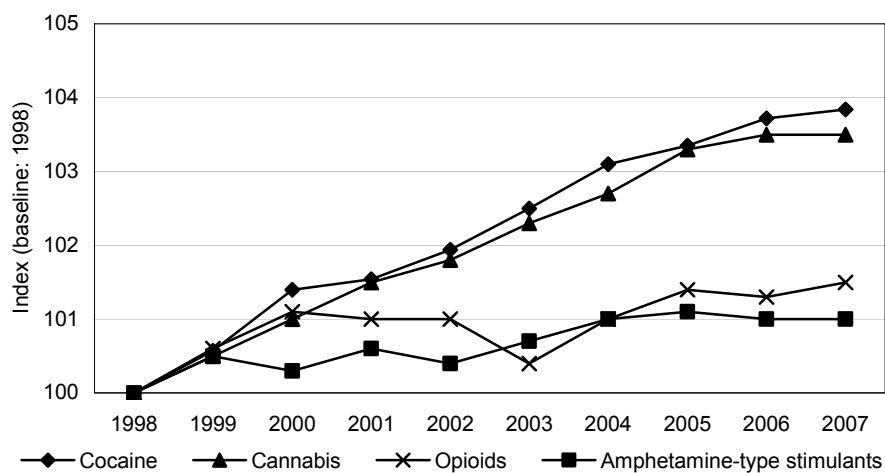
### 1. Drug use issues and trends

70. According to expert perceptions, overall drug use has increased in Europe over the period 1998-2007. The largest increases were reported for cocaine and cannabis. While cocaine use continued to increase in 2007, cannabis use showed the first signs of stabilizing in 2007. Use of opioids remained largely stable over the period 2000-2007 and use of amphetamine-type stimulants stabilized over the period 2004-2007 (see figure VII).

Figure VII

**Europe: expert perceptions of trends in drug use among the general population, 1998-2007**

(As of November 2008)



<sup>85</sup> *Amphetamines and Ecstasy: 2008 Global...*

<sup>86</sup> Unweighted averages, excluding smoking and alcohol-related treatment cases (*World Drug Report 2008 ...*).

*Western and Central Europe*

71. There are a number of population-based surveys that provide a good picture of drug use patterns and trends in Western and Central Europe. The surveys show that cannabis is the most widely used illicit drug throughout Western and Central Europe. There is, however, a large variation in the annual prevalence of cannabis use between countries in the subregions (from 0.8 to 11.2 per cent of the population aged 15-64).<sup>87</sup> Cannabis use in Western and Central Europe peaked in the period 2003-2004, but appears to have stabilized (in the Netherlands, Poland, Spain and Sweden) or declined slightly (in the Czech Republic, Denmark, France, Germany, Hungary and the United Kingdom of Great Britain and Northern Ireland (England and Wales only)) since then. Similarly, more recently the proportion of clients seeking treatment primarily for cannabis has stabilized.<sup>88</sup> In the United Kingdom (England and Wales only), the annual prevalence of cannabis use declined from a peak of 10.9 per cent of the population aged 16-59 in the period 2002-2003 to 7.4 per cent in the period 2007-2008, and is lower than it was in 1998 (10.3 per cent).<sup>89</sup> In Germany, cannabis use declined from 6.9 per cent of the population aged 18-59 in 2003 to 4.7 per cent in 2006.<sup>90</sup> Increases were mainly noted in countries with traditionally low levels of cannabis use.

72. According to the results of household surveys, cocaine is the second most commonly used illicit drug in the European Union, after cannabis.<sup>91</sup> Annual prevalence of cocaine ranges from 0.1 per cent in Greece to 3.0 per cent in Spain.<sup>92</sup> Increases in annual prevalence of cocaine use have been registered in a number of Western European countries over the past decade, including Spain (from 1.5 per cent of the population aged 15-64 in 1999 to 3 per cent in the period 2006-2007) and the United Kingdom (England and Wales only) (from 1.3 per cent of the population aged 16-59 in 1998 to 2.6 per cent in the period 2006-2007). The overall average for Western and Central Europe also doubled, to 1.2 per cent in the period 2006-2007.<sup>93</sup> Based on expert perceptions, increases in cocaine use in 2007 were noted in Austria, the Czech Republic, Denmark, Finland, France, Luxembourg, Norway, Slovakia and Sweden.<sup>94</sup>

73. The use of amphetamine-type stimulants is high in several countries (Czech Republic, Estonia, Norway, Spain, United Kingdom (England and Wales only) and, to a lesser extent, Latvia and the Netherlands).<sup>95</sup> In the Czech Republic, Denmark and the United Kingdom (England and Wales only), the trend in the use of amphetamines has stabilized among young adults. Methamphetamine use is

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<sup>87</sup> *World Drug Report 2008* ....

<sup>88</sup> European Monitoring Centre for Drugs and Drug Addiction, *Annual Report 2008: the State of the Drugs Problem in Europe* (Luxembourg, Office for Official Publications of the European Communities, 2008).

<sup>89</sup> J. Hoare and J. Flatley, *Drug Misuse Declared: Findings from the 2007/08 British Crime Survey; England and Wales*, Home Office Statistical Bulletin 13/08 (London, Home Office, October 2008).

<sup>90</sup> United Nations Office on Drugs and Crime, annual reports questionnaire.

<sup>91</sup> Ibid.

<sup>92</sup> *World Drug Report 2008* ....

<sup>93</sup> Ibid.

<sup>94</sup> United Nations Office on Drugs and Crime, annual reports questionnaire.

<sup>95</sup> Ibid.

relatively limited in Europe,<sup>96</sup> with high levels of use reported in the Czech Republic and more recently in Slovakia and among some subpopulation groups in Hungary. “Ecstasy” use is more widespread in the region and after general increases reported during the 1990s, use appears to be levelling off among young adults. Since 1999, small but increasing numbers of people have been admitted for treatment for problems related to the use of amphetamine-type stimulants, including “ecstasy”.

74. The prevalence of problematic opioid use has been estimated at 1-10 cases per 1,000 people aged 15-64 (on average, 4-5 cases per 1,000 people) and data for the past decade have suggested relatively stable levels of use, including in 2007. The percentage of cases in which treatment was sought for heroin use has fallen over time.

#### *Eastern and South-Eastern Europe*

75. In the mid-1990s, data suggested that the availability and use of illicit drugs had increased markedly in Eastern and South-Eastern Europe. The use of heroin, cocaine and amphetamine-type stimulants increased during the period 1990-2008, as reflected in large increases in the number of drug users registered by Governments in multiple countries in those subregions. In 2007, perceived increases in opioid use were noted in Albania, Belarus, Croatia, the Republic of Moldova and the Russian Federation.

76. Specialized studies suggest that injecting drug use is prevalent in many Eastern European countries and that HIV is a problem among people who inject drugs.<sup>97</sup> This is certainly the case in Belarus, the Russian Federation and Ukraine and there are reasons to be concerned about increasing problems in many other countries in the subregion as well.<sup>98</sup>

## **2. Emerging issues**

77. Although declining or stable trends have been noted for cannabis and opioids, there has been consistent evidence that cocaine use has increased in Europe.

## **3. Knowledge gaps**

78. Most European States carry out national household surveys, which can provide reliable information on the prevalence of drug use.

79. As in many other subregions, in Eastern and South-Eastern Europe few States have recently estimated the levels of injecting drug use.<sup>99</sup> The lack of recent and repeated estimates makes it difficult to identify accurate trends in injecting drug use.

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<sup>96</sup> Ibid.

<sup>97</sup> UNODC, *Illicit Drug Trends in the Russian Federation* (April 2008). B. M. Mathers and others, “Global epidemiology ....

<sup>98</sup> B. M. Mathers and others, “Global epidemiology ....

<sup>99</sup> Ibid.

## E. Oceania

80. Data from Oceania reflect only the situation in Australia and New Zealand, as a result of the fact that over the period 1998-2007, no replies to the annual reports questionnaires were received from any other Member State in the region.<sup>100</sup>

81. Although information based on expert perceptions was provided in previous replies, no new information has been received since 2005. However, trends in drug use can be identified on the basis of information gathered through household surveys conducted in both Australia and New Zealand.<sup>101</sup> Australia has well-established illicit drug surveillance systems that include regular household surveys, secondary school surveys and minimum data sets for treatment for drug abuse. New Zealand began a similar monitoring system for illicit drugs in 2006.

### 1. Drug use issues and trends

82. The replies received for 2007 from Australia and New Zealand indicated broadly similar patterns of illicit drug use in the two countries. Since 1998, there has been a decline in the use of cannabis, heroin and, more recently, methamphetamine (but not of “ecstasy”). Cocaine is less commonly used than in the Americas. Cannabis remains the most commonly used drug, followed by amphetamine-type stimulants.<sup>102</sup>

83. In Australia, the 2007 national household survey found that 9.1 per cent of people aged 14 years and older had used cannabis in the previous year, 3.5 per cent had used “ecstasy”, 2.3 per cent had used methamphetamine and 1.6 per cent had used cocaine. Although illicit drug use remained high in Australia, significant decreases had occurred since 1998, with the exception of “ecstasy”. For example, cannabis use had declined by 49 per cent, heroin use had declined by 75 per cent and, more recently, methamphetamine use declined by 38 per cent. Similar patterns can be found in New Zealand for all drugs, although less significant declines were recorded for cannabis use, which fell from 19.9 per cent in 1998 to 17.9 per cent in 2006, among persons aged 15-45. In Australia and New Zealand, cocaine use had increased (in Australia, from 1 per cent in 2004 to 1.6 per cent in 2007 among persons aged 14 and above and, in New Zealand, from 0.5 per cent in 2003 to 1.1 per cent in 2006 among those aged 15-45).<sup>103</sup>

84. The general downward trend described above for Australia is also reflected in studies on secondary school students, which show that the use of various illicit drugs had either declined or remained stable between 1999 and 2005. Furthermore, the results of a study estimating the number of injecting drug users between 1970

<sup>100</sup> As of November 2008 only Australia had submitted annual reports questionnaires for 2007.

<sup>101</sup> Australian Institute of Health and Welfare, *2007 National Drug Strategy Household Survey: First Results*, Drug Statistics Series No. 20 (Canberra, 2008); C. Wilkins and P. Sweetser, “Trends in population drug use in New Zealand: findings from national household surveying of drug use in 1998, 2001, 2003 and 2006”, *New Zealand Medical Journal*, vol. 121, No. 1274 (2008), pp. 61-71.

<sup>102</sup> Australian Institute of Health and Welfare, *2007 National Drug Strategy* ....

<sup>103</sup> Ibid.; annual reports questionnaire.

and 2005<sup>104</sup> suggested that the number of people who inject drugs declined after 2001.

## 2. Emerging issues

85. Despite the decreases in drug use among the general population identified in household surveys,<sup>105</sup> there is evidence to suggest that the overall number of problematic drug users in Australia is fairly stable. The use of diverted pharmaceutical opioids is becoming more prevalent among people who inject drugs in Australia and is thought to be related to the continuing poor quality and limited availability of heroin.<sup>106</sup> There remain significant problems related to methamphetamine use in both Australia and New Zealand, despite apparent reductions in past year use in the general population. There have been consistent indicators that cocaine use is increasing.<sup>107</sup>

86. The use of amphetamine-type stimulants is becoming an issue among Pacific island States, but there is little objective data to measure the extent of such use.

## 3. Knowledge gaps

87. In general, little is known about drug use among Pacific island States. However, it is known that cannabis use is prevalent and there are indications that methamphetamine is being used. Efforts to improve data collection capacity are required.

# IV. Conclusions and recommendations

88. The present report has been prepared to help assess overall progress made by Member States towards the goals and targets adopted by the General Assembly at its twentieth special session, in the field of drug demand reduction.

89. In order to be able to evaluate progress made towards achieving those goals, data must be available on an ongoing basis. Efforts to collect and analyse data have increased and the resulting data have improved over the past decade. In regions where concerted efforts to collect, synthesize and reflect upon the trends seen in epidemiological data on drug use (particularly North America, Oceania, Central and Western Europe, Latin America and the Caribbean and to some extent East and South-East Asia), there has been some capacity to evaluate trends across time in what have proven to be dynamic drug markets.

90. In many countries, however, only partial progress has been made in putting in place the principles, structures and indicators necessary for effective drug information systems. Although efforts have been made to facilitate data collection in many countries, there remain large gaps in knowledge. Although the replies to the annual reports questionnaire provide an important source of information, there is

<sup>104</sup> B. M. Mathers and others, "Global epidemiology ....

<sup>105</sup> E. Black and others, *Australian Drug Trends 2007: Findings from the Illicit Drug Reporting System (IDRS)*, Australian Drug Trends Series No. 1 (Sydney, University of New South Wales, National Drug and Alcohol Research Centre, 2008).

<sup>106</sup> Ibid.

<sup>107</sup> Ibid.

clearly a need to examine the reasons why replies to the annual reports questionnaire are incomplete or absent. While a lack of data collection capacity alone cannot explain the poor response rates of Member States, this remains the most significant obstacle to reporting trends and collecting internationally comparable data on drug demand. Data reported may also be affected by other factors, such as the political or social context, which may make it more difficult to ensure that valid data are submitted in the reports to the annual reports questionnaire.

91. There is a need to reflect upon ways in which annual reporting may be facilitated and perhaps enhanced. Experience has shown that investing in Member States' capacity improves reporting accuracy and timeliness, as well as the quality of internationally comparable data on drug demand, all of which is crucial for developing successful evidence-based drug demand policies. There is evidence that States with a greater capacity to monitor their drug demand situation are in a better position to stabilize and reduce the prevalence of illicit drug use in their country. Increasing the number of sources of information used and engaging a range of audiences in considering the results of data collection exercises is likely to lead to improved data collection mechanisms and enhance interpretation.

92. The Commission on Narcotic Drugs may wish to reiterate the need for the international community and relevant regional and national entities to work together to further enhance drug use monitoring systems. There is also a need to critically evaluate and reflect upon existing data collection mechanisms at the United Nations and consider ways in which such mechanisms can be improved in the coming years.

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