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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***Summary*

As the end of the 10-year period since the twentieth special session of the General Assembly, held in 1998, is approaching, the present report provides an overview of trends in the abuse of the main types of illicit drug from 1998 to 2005. In 2005, a global analysis of trends in drug abuse, by main illicit drugs, suggested stabilization or decrease of abuse of heroin and cocaine, some increase in cannabis consumption, although at a slower rate than before and a mixed picture as regarding abuse of amphetamine-type stimulants, but with the trend pointing towards stabilization.

In addition to an examination of long-term trends, a regional overview of the drug abuse situation in relation to selected key epidemiological indicators is presented in order to give Member States a better understanding of the size and nature of the problem.

A comparison of the various regions on the basis of the key indicators showed considerable variation in the nature of the drug abuse problem. In North America, all key indicators fell within the higher percentile, showing that the drug abuse situation was serious on all accounts. In West and Central Europe and Oceania, there seemed to be higher prevalence among young people and the general population, but the indicators relating to the cost and consequences of drug abuse (demand for treatment, injecting drug abuse and HIV among injecting drug abusers) were lower. In East and South-East Europe, there was higher prevalence of injecting drug abuse. In Central,

* E/CN.7/2007/1.



South and South-West Asia, and to a certain extent also in East and South-East Asia and in Latin America and the Caribbean, the figures indicated high values for injecting drug abuse, HIV among injecting drug abusers and demand for treatment, and lower prevalence among young people and the general population. In sub-Saharan Africa there was higher prevalence in demand for treatment, while for the Middle East and North Africa all indicators were equally distributed in the lower-medium percentiles.

Although there has been an improvement in the quality and reliability of the drug abuse data available at the global level, better information is still needed from sustainable national drug information systems, which in many countries are not yet established.

Contents

	<i>Paragraphs</i>	<i>Page</i>
I. Introduction	1-2	5
II. Global overview	3-49	6
A. Multidimensional analysis of the drug abuse situation	3-14	6
B. Long-term trends	15-49	9
1. North Africa and the Middle East	20-22	10
2. Sub-Saharan Africa	23-25	11
3. North America	26-31	13
4. Latin America and the Caribbean	32-34	15
5. East and South-East Asia	35-37	16
6. Central, South and South-West Asia	38-41	17
7. Europe	42-46	18
8. Oceania	47-49	20
III. Conclusions	50-52	22

Figures

I. North Africa and the Middle East: drug abuse situation, by selected key indicators, 2005 or most recent data available	7
II. Sub-Saharan Africa: drug abuse situation, by selected key indicators, 2005 or most recent data available	7
III. North America: drug abuse situation, by selected key indicators, 2005 or most recent data available	7
IV. Latin America and the Caribbean: drug abuse situation, by selected key indicators, 2005 or most recent data available	7
V. East and South-East Asia: drug abuse situation, by selected key indicators, 2005 or most recent data available	7
VI. Central, South and South-West Asia: drug abuse situation, by selected key indicators, 2005 or most recent data available	7
VII. Western and Central Europe: drug abuse situation, by selected key indicators, 2005 or most recent data available	7
VIII. Eastern and South-Eastern Europe: drug abuse situation, by selected key indicators, 2005 or most recent data available	7
IX. Oceania: drug abuse situation, by selected key indicators, 2005 or most recent data available	7
X. Global trends in illicit drug abuse, by drug type, 1998-2005	9
XI. North Africa and the Middle East: trends in illicit drug abuse, by drug type, 1998-2005	11
XII. Sub-Saharan Africa: trends in illicit drug abuse, by drug type, 1998-2005	12

XIII.	North America: trends in illicit drug abuse, by drug type, 1998-2005	14
XIV.	Latin America and the Caribbean: trends in illicit drug abuse, by drug type, 1998-2005	15
XV.	East and South-East Asia: trends in illicit drug abuse, by drug type, 1998-2005	17
XVI.	Central, South and South-West Asia: trends in illicit drug abuse, by drug type, 1998-2005	18
XVII.	Western and Central Europe: trends in illicit drug abuse, by drug type, 1998-2005	19
XVIII.	Eastern and South-Eastern Europe: trends in illicit drug abuse, by drug type, 1998-2005	20
XIX.	Oceania: trends in illicit drug abuse, by drug type, 1998-2005	21

I. Introduction

1. As the end of the 10-year period since the twentieth special session of the General Assembly, held in 1998, is approaching, the present report on the world situation with regard to drug abuse sets out to provide an update on the evolution in the demand for drugs based on most recent indicator data and the informed opinion of experts. The report presents:

(a) Long-term trends over the period 1998-2005 for the major illicit drug types, established on the basis of the informed opinion of national experts as reported in the annual reports questionnaire.¹ That information has been corroborated by comparison with the most recent data available from other sources, such as situation assessments, estimation studies and population surveys;²

(b) A new multidimensional analytical tool, developed by the Global Assessment Programme on Drug Abuse of the United Nations Office on Drugs and Crime (UNODC), which provides a more comparable basis for the assessment of different dimensions of the drug abuse problem and for the monitoring of regional differences in selected key epidemiological indicators.

2. However, despite the efforts made by the Secretariat to present the data in a way that allows Member States to make a comparative analysis of the situation, it can provide only general directions with regard to the main drug types and selected epidemiological indicators. Many countries still do not have the capacity to provide data based on epidemiological studies and only partial supplementary data are available to corroborate the analysis of the expert opinions. This inevitably leads to some generalizations and confirms the need for more studies on drug abuse and the establishment of sustainable national drug information systems.

¹ The response rate was 55 per cent (106 replies submitted) for the reporting year 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.

² Member States have been requested each year to report in the annual reports questionnaire increasing, stable or decreasing trends with regard to the abuse of different types of drug among their general population (persons aged 15-64) on a five-point scale ("large increase", "some increase", "no great change", "some decrease", "large decrease"). Each degree of trend estimation was given a numerical value ranging from -2 to 2 (-2 representing a large decrease, -1 some decrease, 0 no great change, 1 some increase and 2 a large increase). Estimates for each drug type were weighted by the population size of each country. The national estimates were added to represent an annual regional trend estimate for each drug type and a cumulative change for each region was calculated. In the figures, changes in the curve represent cumulative increases and decreases from the baseline reporting year. The main advantage of such an analysis, at its best, is that, by taking into account the population size affected by the estimated trend, the risk of greatly overestimating or underestimating the magnitude of regional trends is significantly reduced. For example, a "large increase" in the abuse of cannabis in a country with a small population is considered to have less importance or impact compared with "some increase" in a country with a large population. Although that information, which is based on expert opinion, has its limitations, it is the information that most countries have provided in a relatively consistent manner over the years.

II. Global overview

A. Multidimensional analysis of the drug abuse situation

3. A regional overview of the drug abuse situation in relation to selected epidemiological key indicators (see figures I-IX) is presented below in order to give Member States a better understanding of the size and characteristics of the drug abuse problem in the different regions.

4. A new analytical tool, the multidimensional analysis of the drug abuse situation, has been developed by the Global Assessment Programme on Drug Abuse of UNODC to provide a more comparable basis for the assessment of different dimensions of the drug abuse problem and for the monitoring of regional differences in selected key epidemiological indicators. The data³ are reported on “radar charts”, which combine in one figure data on key indicators in order to show the extent and scope of the drug problem in each region with regard to:

(a) The potential for development of the drug problem, as reflected in the prevalence among young people aged 10-24 years;

(b) The magnitude of the drug problem, as reflected in the prevalence among the general population aged 15-64 years;

(c) The costs and consequences of the drug problem, as reflected in the prevalence of injecting drug abuse, HIV prevalence among injecting drug abusers and the percentage of people receiving drug treatment for the first time (any drugs).

5. All countries have been classified into four percentile groups in order of magnitude of most recent national estimates. Values from 1 to 4 have been assigned with regard to each indicator; 1 to countries ranking below the 25th percentile; 2 to countries between the 25th and 50th percentile; 3 to countries between the 50th and 75th percentile; and 4 to countries above the 75th percentile. The radar charts show the regional average. A region with value 4 has a major problem in that indicator in relation to other regions. Comparison of drug abuse on the basis of the selected key indicators showed considerable variations.

³ Data are based on the estimates reported to UNODC through the annual reports questionnaire for the year 2005 (if the questionnaire for 2005 was not available, the questionnaire for 2004 was used). Where necessary, those estimates have been supplemented with data available from other referenced national and international sources. The main source for the global estimates with regard to drug abuse among the general population was the *World Drug Report 2006* (United Nations publication, Sales No. E.06.XI.10) and with regard to prevalence of injecting drug abuse and HIV prevalence among injecting drug abusers the global data reported by the Centre for Research on Drugs and Health Behaviour and the United Nations Reference Group on HIV/AIDS Prevention and Care among IDU in Developing and Transitional Countries.

Figure I
North Africa and the Middle East: drug abuse situation, by selected key indicators, 2005 or most recent data available

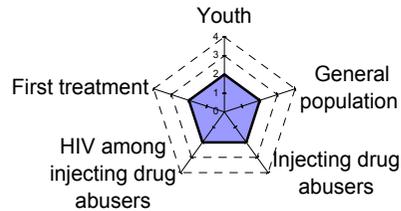


Figure II
Sub-Saharan Africa: drug abuse situation, by selected key indicators, 2005 or most recent data available

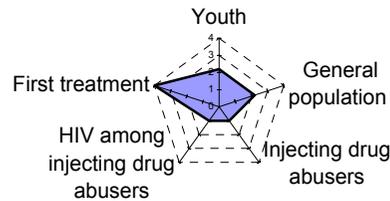


Figure III
North America: drug abuse situation, by selected key indicators, 2005 or most recent data available

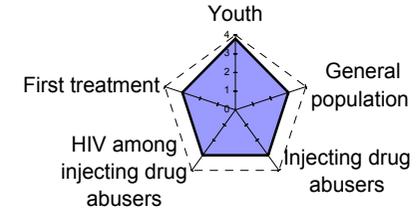


Figure IV
Latin America and the Caribbean: drug abuse situation, by selected key indicators, 2005 or most recent data available

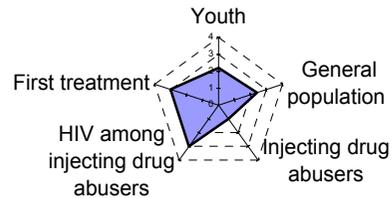


Figure V
East and South-East Asia: drug abuse situation, by selected key indicators, 2005 or most recent data available

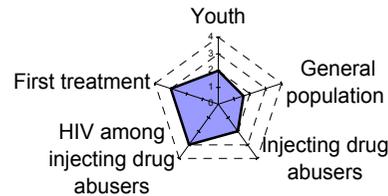


Figure VI
Central, South and South-West Asia: drug abuse situation, by selected key indicators, 2005 or most recent data available

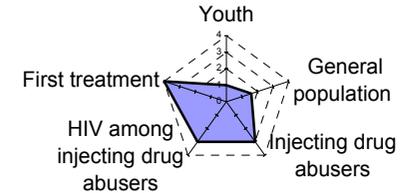


Figure VII
Western and Central Europe: drug abuse situation, by selected key indicators, 2005 or most recent data available

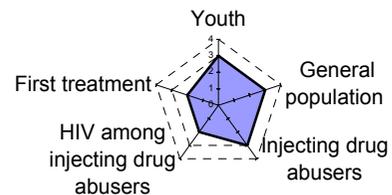


Figure VIII
Eastern and South-Eastern Europe: drug abuse situation, by selected key indicators, 2005 or most recent data available

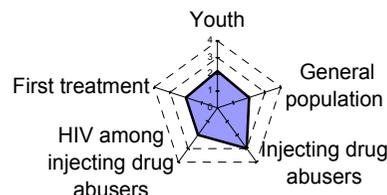
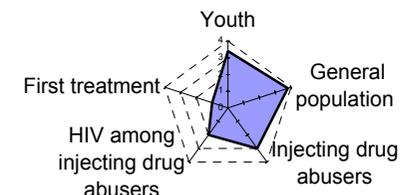


Figure IX
Oceania: drug abuse situation, by selected key indicators, 2005 or most recent data available



North Africa and the Middle East

6. The data available suggested that the drug abuse problem was fairly equally distributed, with the different indicators around the medium level (see figure I).

Sub-Saharan Africa

7. Demand for treatment was high in the region, while other indicators of cost and consequences (injecting drug abuse and HIV among injecting drug abusers) were still low. Some recent assessments indicated, however, that the problem of injecting drug abuse and HIV was increasing. Drug abuse among youth and in the general population was low, but there was a general lack of information that made it difficult to draw a precise picture (see figure II).

North America

8. In North America, drug abuse prevalence and the extent of the related negative consequences was high with regard to all key indicators. Some indicators, in particular those based on demand for treatment, suggested that the abuse of methamphetamine was on the increase, but recent results showed largely decreasing trends in abuse of the substance among young people (see figure III).

Latin America and the Caribbean

9. The data available suggested that, while prevalence of abuse both among youth and the adult population generally was at a medium level, HIV infection rates among drug injectors were rather high in many countries. The proportion of people seeking treatment for the first time was also high compared with many other regions (see figure IV).

East and South-East Asia

10. The data available on East and South-East Asia suggested that, in general, the prevalence of illicit drug abuse was not high among the general population, whereas prevalence of HIV among drug injectors and demand for drug treatment were both high (see figure V).

Central, South and South-West Asia

11. The high prevalence of and increasing trends in heroin injection and the HIV epidemic driven by injecting drug abuse showed up clearly in the regional picture based on national data; both the prevalence of injecting drug abuse and HIV infection among drug injectors in the region ranked very high compared with other regions. Also high was the proportion of people seeking treatment for the first time (see figure VI).

Western and Central Europe

12. The prevalence of illicit drug abuse both among the general population and youth and the estimated rates of injecting drug abuse appeared rather high in the region. The proportion of new people seeking drug treatment was lower than in many other regions (see figure VII).

Eastern and South-Eastern Europe

13. The prevalence of injecting drug abuse was high in the region and reports of very young people (aged below 15 years) seeking treatment for heroin abuse in some countries were cause for concern (see figure VIII).

Oceania

14. The prevalence of illicit drug abuse among both youth and the adult population was notably high, while the proportion of clients seeking drug treatment for the first time was lower than in any other region of the world (see figure IX).

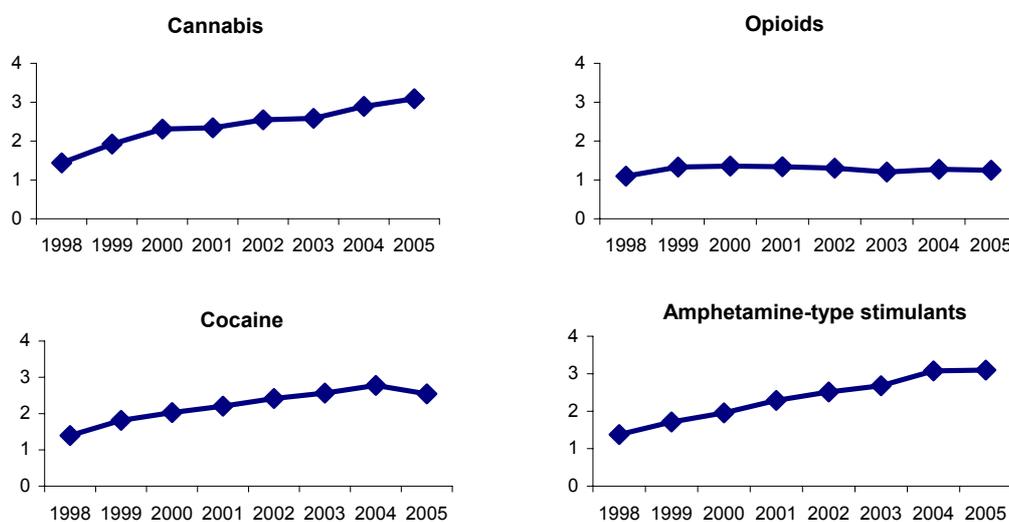
B. Long-term trends

15. Further to the multidimensional analysis of the drug abuse situation reported above, a review was carried out of the expert opinions reflected in the annual reports questionnaires. The trends reported by national experts indicated some positive developments in global trends in 2005 (see figure X). Most notably, the trend in cocaine abuse was down after years of steady increase. The steady increase in abuse of amphetamine-type stimulants (ATS) seemed to have tapered off. There was a small decrease in abuse of opioids, but the long-term trend remained relatively stable. Some increase in cannabis abuse was reported, but the long-term trend pointed towards stabilization.

Figure X

Global trends in illicit drug abuse, by drug type, 1998-2005

(Note: National trend estimates weighted by population size.)



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

Opioids

16. At the global level, abuse of opiates appeared to be stable or decreasing. In general, the regions with a long history of consumption of opioids (North America, Western and Central Europe and East and South-East Asia) reported a decrease or stabilization in consumption. Increasing trends continued to be reported from Eastern and South-Eastern Europe and Central, South and South-West Asia. Some increases, but with relatively lower prevalence rates, were recorded in sub-Saharan Africa and Latin America.

Cannabis

17. The abuse of cannabis continued to grow in most regions, but at a slower rate and pointing towards stabilization. The only exceptions were North America, where the United States of America indicated a decrease, and Oceania and East and South-East Asia, where abuse of cannabis was reported to be stable.

Cocaine

18. Consumption of cocaine was reportedly decreasing at the global level, mostly because it was found to be decreasing in North America, the main area of consumption. Increases were reported in Western and Central Europe, Latin America and the Caribbean and East and South-East Europe, but the figures were still considerably below the prevalence rates of North America. In Central, South and South-West Asia, where there was very low prevalence, a small increase was reported. In other low-prevalence regions (the whole of Africa and East and South-East Asia), consumption was either stable or declining.

Amphetamine-type stimulants

19. After years of increase in most regions, abuse of ATS showed some signs of stabilization. There were indications of stabilization from high-prevalence regions (Europe as a whole, East and South-East Asia and Oceania), with some increase reported from low-prevalence regions (Latin America and the Caribbean, Central, South and South-West Asia and sub-Saharan Africa). In the United States, while there was a decrease in the abuse of methylenedioxymethamphetamine (MDMA), data showed recent increases in the abuse of methamphetamines, but from a low prevalence level.

1. North Africa and the Middle East

20. In North Africa and the Middle East, the trends with regard to drug abuse were mostly stable or levelling off, but there was some concern about a small but growing population of injecting drug abusers and the suggestion of a concentrated epidemic of HIV and other blood-borne infections among drug injectors in parts of the region (see figure XI).

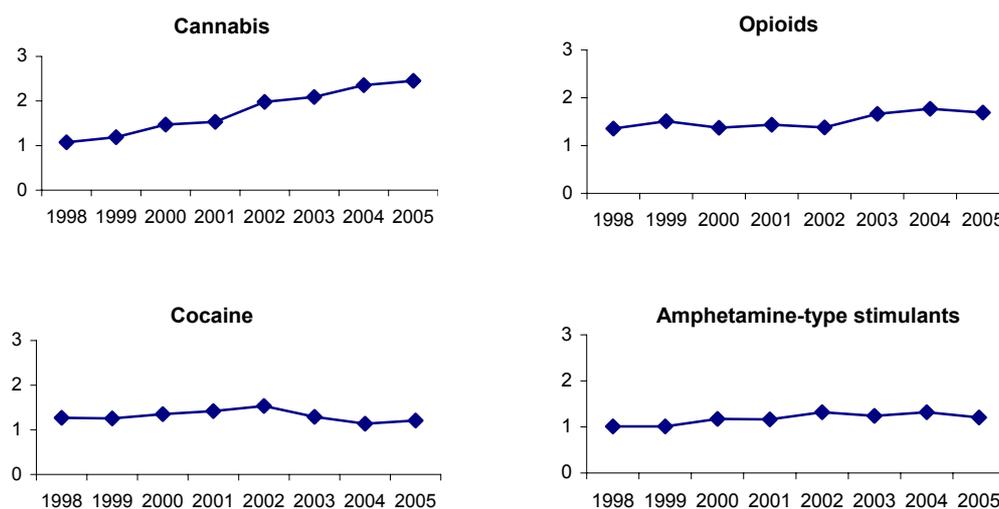
21. In Northern Africa, cannabis remained the most commonly abused drug. However, recent assessments carried out by the Governments of Algeria and Morocco, together with UNODC and the Joint United Nations Programme on HIV/AIDS (UNAIDS), indicated that there was some concern in those countries about the increased abuse of heroin, cocaine and amphetamines. Service coverage for HIV and hepatitis B and C remained limited among high-risk populations, but

there were indications of a concentrated epidemic of blood-borne infections among injecting drug abusers. Rapid assessments among drug abusers carried out on the streets and in prisons and treatment settings showed an age of onset of drug abuse often below 18 years.

Figure XI

North Africa and the Middle East: trends in illicit drug abuse, by drug type, 1998-2005

(Note: National trend estimates weighted by population size.)



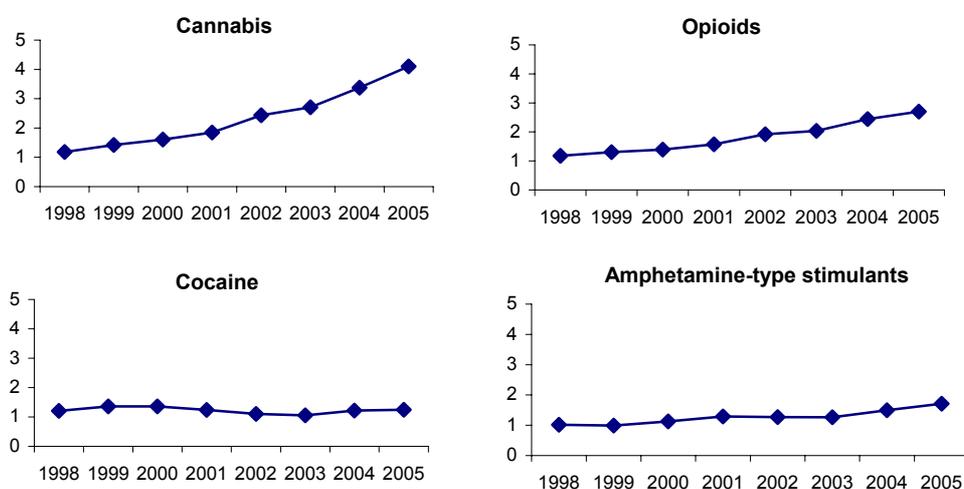
Source: United Nations Office on Drugs and Crime, annual reports questionnaire.

22. In the Middle East, cannabis was still the most prevalent illicit substance and the age of onset of drug abuse was decreasing. Cocaine abuse was on the increase in some countries (Lebanon). ATS were reported to be frequently abused in the region and there were also reports of problems caused by the abuse of crystal methamphetamine. The number of drug overdoses was relatively high in some countries (Bahrain), but, where data existed, the trend in overdoses showed some decrease. There was high potential for sharing of injection equipment among injecting drug abusers in some countries, which explained the reported concentrated epidemics of hepatitis C and HIV among that group.

2. Sub-Saharan Africa

23. The trends based on expert opinions suggested some increases in the abuse of main drug types in 2005, although increases in abuse of cannabis and opioids appeared to be levelling off in some countries. With regard to cocaine abuse, the trend was rather stable. Even if prevalence of abuse of ATS remained low in the region, recent studies conducted among drug abusers confirmed that such abuse was established there (see figure XII).

Figure XII
Sub-Saharan Africa: trends in illicit drug abuse, by drug type, 1998-2005
 (Note: National trend estimates weighted by population size.)



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

24. The prevalence of injecting drug abuse in sub-Saharan Africa was estimated to be one of the lowest in the world, but it seemed to represent a growing problem in the region. Some of the recent assessments showed notably high HIV prevalence among injecting drug abusers. The sharing of injecting equipment and high-risk sexual behaviour put that population at higher risk of contracting the virus. The proportion of injecting drug abusers in relation to the total population of drug abusers ranged from 6 per cent in Cape Verde⁴ and 14 per cent in Sierra Leone⁵ to 23 per cent in Nigeria.⁶ Drug injecting accounted for a small but increasing proportion of new HIV cases in Kenya, Mauritius, Nigeria, South Africa and the United Republic of Tanzania.⁷ A study carried out in five cities in Nigeria in 2005 indicated that the HIV prevalence among drug injectors was 7.9 per cent, slightly higher than among non-injecting drug abusers (6.3 per cent). In South Africa, heroin was mostly smoked; around one third or fewer of treatment patients with heroin as their primary drug of abuse reported that they were injecting.

⁴ Cape Verde, Inter-Ministerial Drug Control Committee and National Committee against HIV/AIDS, "Estudo qualitativo e estimativo do tamanho de duas populações em risco para o VIH/SIDA: usuários de drogas injectáveis e profissionais do sexo; resumo" (Quantitative and qualitative survey on the size of two at risk populations for HIV/AIDS: injecting drug users and sex workers; summary) (March 2006).

⁵ United Nations Office on Drugs and Crime, *Assessment of the Trends and Patterns of Drug Abuse and the Drug-Related HIV/AIDS Situation in Sierra Leone* (March 2006).

⁶ United Nations Office on Drugs and Crime, *A Rapid Situation Assessment and Response Study of Drug Use, Injecting Drug Use, HIV/AIDS and Other Risk Behaviours among Drug Users, Targeting Five Nigerian Cities* (May 2006).

⁷ S. Dewing and others, "Review of injection drug use in six African countries: Egypt, Kenya, Mauritius, Nigeria, South Africa and Tanzania", *Drugs: Education, Prevention and Policy*, vol. 13, No. 2 (2006), pp. 121-137.

25. The proportion of people seeking drug treatment for the first time appeared notably high in sub-Saharan Africa. In South Africa, for example, there was a large increase in demand for treatment for those with heroin as their primary drug of abuse. Cannabis remained the most common primary or secondary illicit drug of abuse among patients attending specialist treatment centres. The proportion of treatment patients under 20 years of age either stabilized or declined. Treatment demand for cocaine-related problems increased over the past decade, but currently appeared to be levelling off in most areas. Treatment demand for ATS as primary drugs of abuse remained low.⁸

3. North America

26. In North America, while the extent of illicit drug abuse was relatively widespread, the trend in abuse had largely decreased in past years, among both the adult population and young people (see figure XIII). Some indicators, especially those based on treatment demand, suggested that the abuse of methamphetamine was on the increase, but among young people recent results showed largely decreasing trends for the substance.

27. In 2005, drug abuse prevalence estimates in the United States among the general population aged 12 or older registered some statistically significant changes in past-year prevalence compared with 2002, but attention needs to be paid to the statistically significant increases since 2002 in the number of methamphetamine abusers who were dependent on or abused other illicit drugs.⁹

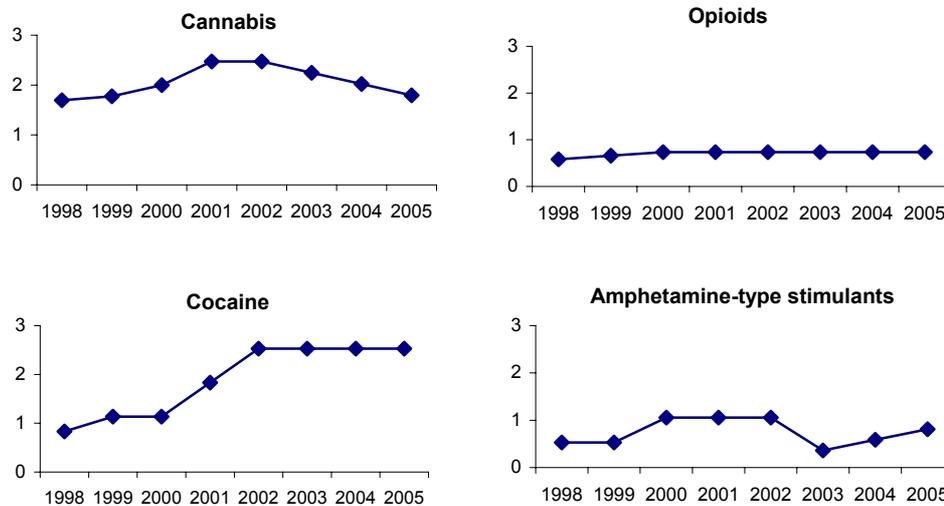
28. Among the student population, several drugs showed declines in 2005 and in most cases these represented a continuation of earlier declines.¹⁰

⁸ C. Parry and others, "Alcohol and drug abuse trends: July-December 2005 (phase 19)", *South African Community Epidemiology Network on Drug Use (SACENDU) Update*, Cape Town, 28 June 2006.

⁹ United States of America, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Results from the 2005 National Survey on Drug Use and Health: National Findings*, NSDUH Series H-30, DHHS Publication No. SMA 06-4194 (Rockville, Maryland, 2006).

¹⁰ L. D. Johnston and others, *Monitoring the Future: National Survey Results on Drug Use, 1975-2005, Volume I: Secondary School Students 2005*, NIH Publication No. 06-5883 (Bethesda, Maryland, National Institute on Drug Abuse, 2006).

Figure XIII
North America: trends in illicit drug abuse, by drug type, 1998-2005^a
 (Note: National trend estimates weighted by population size.)



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

^a As the expert opinion on the United States was not available at the time of reporting, figure XIII is based on *Results from the 2005 National Survey on Drug Use and Health: National Findings* (United States of America, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health (NSDUH) Series H-30, DHHS Publication No. SMA 06-4194 (Rockville, Maryland, 2006)).

29. Indicators monitored through the Community Epidemiology Work Group showed that while cannabis remained stable, the cocaine/crack cocaine indicators remained at high levels but were decreasing. The proportion of treatment admissions for primary heroin abuse decreased in most areas from 2002 to 2005. Indicators on the abuse of “ecstasy” (MDMA) showed declines in most areas, but the increased abuse of higher-purity methamphetamine continued to cause concern.

30. In Mexico, drug abuse trends were reportedly similar to those of the United States. The proportion of patients in non-governmental treatment centres reporting methamphetamine as their main current substance of abuse increased (from 16.3 per cent in 2002 to 21.9 per cent in 2005), while the proportions for cocaine and heroin abuse decreased.¹¹

¹¹ United States of America, Department of Health and Human Services, *Epidemiologic Trends in Drug Abuse, Volume I: Proceedings of the Community Epidemiology Work Group, June 2006*, NIH Publication No. 07-5897A (Bethesda, Maryland, National Institute on Drug Abuse, 2007).

31. In Canada, school surveys showed significant decreases for most drugs from 2003 to 2005 among all students in grades 7 to 12 (prevalence of abuse in the past year).¹²

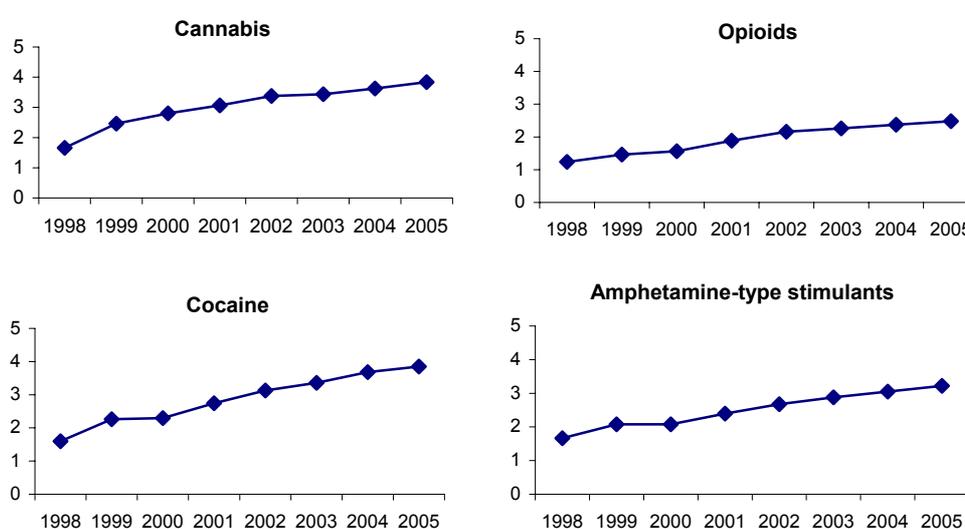
4. Latin America and the Caribbean

32. In Latin America and the Caribbean, the trends appeared rather stable overall, although some countries reported increases, in particular in abuse of cannabis and opioids (see figure XIV). Abuse of “ecstasy” was approaching relatively high levels among secondary school students in many countries of the region.

Figure XIV

Latin America and the Caribbean: trends in illicit drug abuse, by drug type, 1998-2005

(Note: National trend estimates weighted by population size.)



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

33. The available data suggested that while prevalence of abuse both among youth and the adult population generally remained around the medium level, the rate of HIV infection among injecting drug abusers was rather high in many countries of the region. The proportion of people seeking treatment for the first time was also high compared with many other regions.

34. According to most recent comparative surveys conducted in countries of the region, experimentation with “ecstasy” abuse was relatively high among secondary school students of 14-17 years of age in Chile and Colombia, with lifetime prevalence rates at 3.4 and 3.5 per cent, respectively. Highest levels of abuse of cannabis were found in Chile, Uruguay and Argentina (16.7, 11.4 and 10.5 per cent, respectively) and of cocaine abuse in Chile and Argentina (4.1 and 4.0,

¹² E. M. Adlaf and A. Paglia-Boak, *Drug Use Among Ontario Students, 1977-2005: Detailed OSDUS Findings*, CAMH Research Document Series No. 16 (Toronto, Ontario, 2005).

respectively).¹³ In Argentina, the expert opinion pointed to an increase in abuse of all main drug types among the general population in 2005; in line with that observation, the surveys conducted in 2001 and 2005 among young people indicated increasing experimentation with major illicit drugs.

5. East and South-East Asia

35. The long-term increase in ATS and cannabis abuse seemed to stabilize in 2005. Cocaine abuse was not widespread in the region and the overall trend had been stable since 1998, with some countries reporting decreases in 2005 (see figure XV).

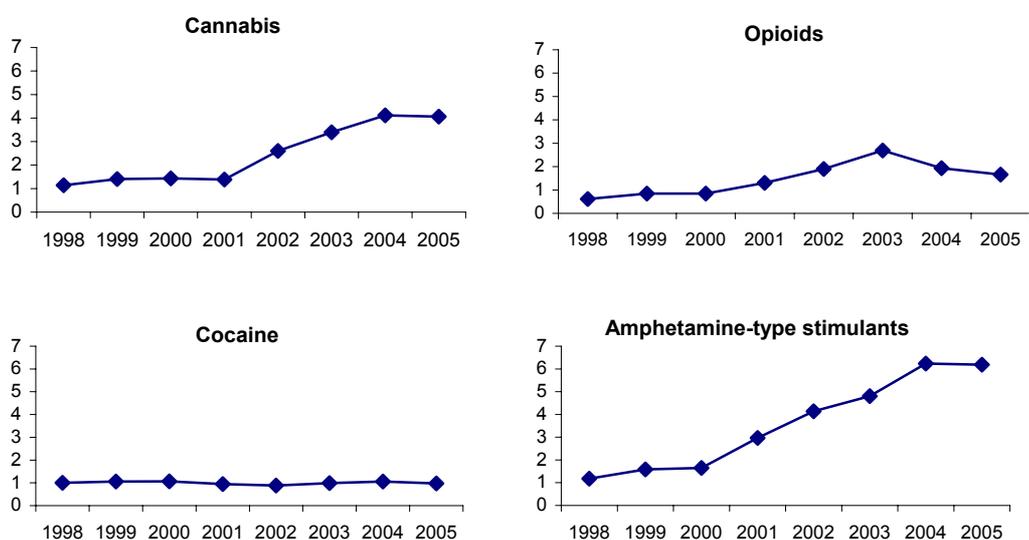
36. In East and South-East Asia, the abuse of ATS and opioids, which had been causing major drug problems in the region, was reported to be on the decrease. The increasing trend in injecting drug abuse in countries with a large population was cause for concern. In China, for example, there were an estimated 315,000 heroin injecting drug abusers, 41.3 per cent of them thought to be HIV positive. Heroin abuse through injecting was reported to be increasing slightly, as was the number of heroin-related deaths. However, the sharp increase in 2004 in admissions to drug abuse treatment seemed to result primarily from an increase in treatment capacity. The great majority of clients seeking treatment continued to report heroin as the primary drug of abuse (88 per cent), while the proportions of methamphetamine and “ecstasy” as primary drugs of abuse were increasing.

37. In Indonesia, in 2004 the most problematic heroin addict population was estimated at slightly above one million people (around 0.7 per cent of the general population aged 15-64), with over 50 per cent of them injecting drug abusers. The rate of HIV infection among injecting drug abusers was estimated at 40 per cent. There were also increasing reports of methamphetamine abuse through injection in the country.¹⁴

¹³ 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).

¹⁴ 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 2005*, report from project AD/RAS/01/F97, “Improving ATS data and information systems” (Bangkok, June 2006).

Figure XV

East and South-East Asia: trends in illicit drug abuse, by drug type, 1998-2005*(Note: National trend estimates weighted by population size.)*

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

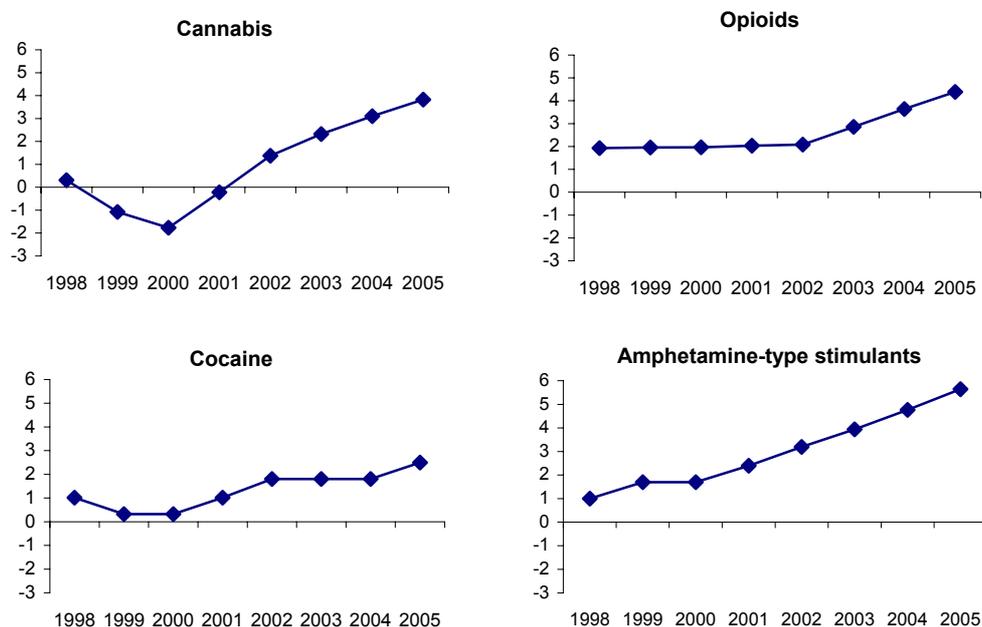
6. Central, South and South-West Asia

38. The drug abuse problem continued to worsen in the Central Asian countries (see figure XVI). The epidemic was confined mainly to young males injecting heroin or other opioids, thus further fuelling the HIV/AIDS epidemic in the region. Injecting drug abuse accounted for around two thirds of the HIV infections reported in the region.

39. In Kazakhstan, the number of drug abusers registered per year had been increasing steadily since 2000. Cannabis was reportedly the most commonly abused substance, whereas opioids, especially heroin, continued to account for most demand for treatment. HIV prevalence among injecting drug abusers was reported at around 4.7 per cent. Uzbekistan had the lowest reported rate of registered drug abusers in the region and the situation appeared to remain stable. However, in recent years, the number of new HIV infections increased sharply and the HIV prevalence among injecting drug abusers (21 per cent) was currently the highest in the region.

Figure XVI
Central, South and South-West Asia: trends in illicit drug abuse, by drug type, 1998-2005

(Note: National trend estimates weighted by population size.)



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

40. In Afghanistan, drug abuse, including injection of opioids, was reportedly on the increase. The sharing of needles and syringes among drug injectors was also reported to be increasing.

41. In India, in 2004-2005, abuse of heroin and other opioids was increasing and remained the primary reason for treatment demand. An increasing trend, albeit from a notably lower baseline, was also observed in amphetamine abuse. Sexual transmission was still the predominant route of HIV transmission, but injecting drug abuse was driving the epidemic in the north-eastern part of the country and increasingly in some of the major cities.¹⁵

7. Europe

(a) Western and Central Europe

42. In Western and Central Europe, the decreasing trend in abuse of opioids continued (see figure XVII). The number of people entering treatment for the first time suggested a slowly declining incidence of opioid abuse, raising the expectation of a more general drop in prevalence rates for opioid abuse in the near future.

¹⁵ Joint United Nations Programme on HIV/AIDS, *2006 Report on the Global AIDS Epidemic: a UNAIDS 10th Anniversary Special Edition* (Geneva, 2006).

Moreover, rates of heroin injection were on the decline among people in treatment in a number of countries in the region.

43. There were signs of stabilization in the levels of cocaine abuse after a period of increases. The extent of cocaine abuse varied considerably across the European Union, in particular among people aged 15-34, with last-year prevalence ranging from 0.2 per cent to 4-5 per cent in some countries. The proportion of new clients demanding treatment for cocaine abuse doubled in the countries of the Union between 1999 and 2004.

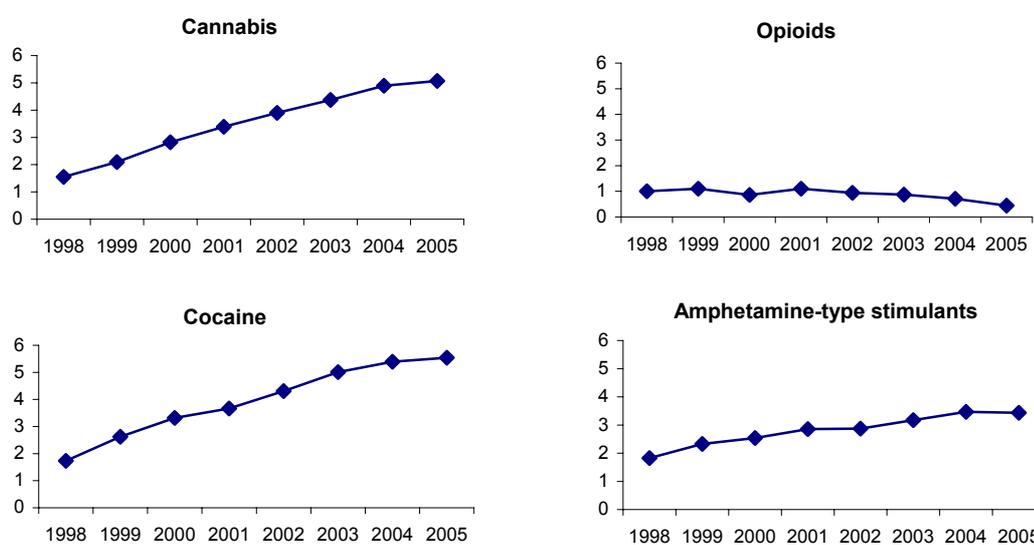
44. Surveys showed that cannabis abuse increased markedly during the 1990s in almost all countries of the European Union, in particular among young people. The increase had continued until recently, although there were signs of stabilization or even decreases in some cases. Demand for treatment for cannabis problems had been on the increase in the European Union since the late 1990s. Over the past few years, national experts had reported decreases in abuse of opioids in Western and Central Europe.

45. The increases seen in the abuse of amphetamine and “ecstasy” in recent years could be stabilizing or even decreasing, especially among young adults. Although the spread of methamphetamine abuse was, in general, still relatively low in the region, there were reports of more common abuse of the drug.

Figure XVII

Western and Central Europe: trends in illicit drug abuse, by drug type, 1998-2005

(Note: National trend estimates weighted by population size.)



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

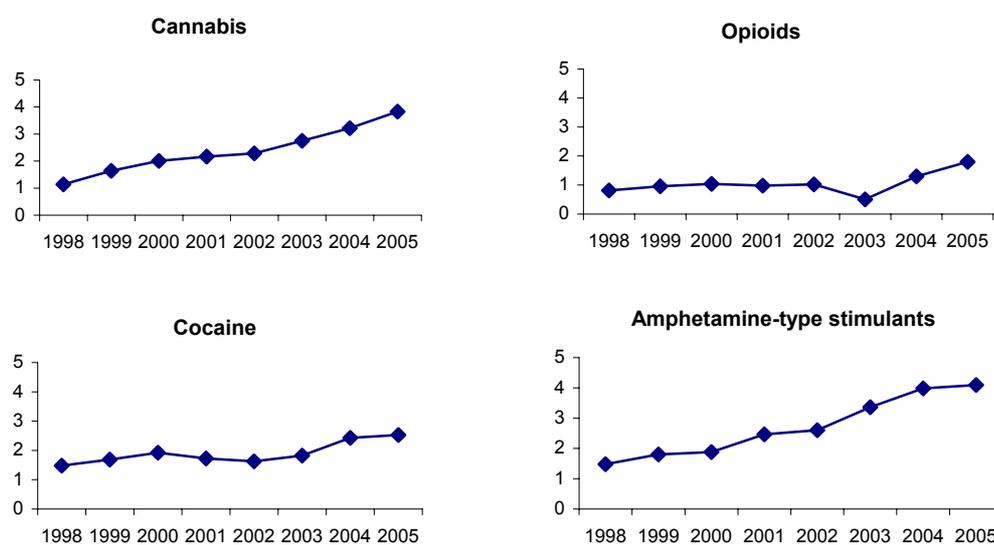
(b) *Eastern and South-Eastern Europe*

46. Although information concerning drug abuse prevalence and patterns was not always available in the region, the prevalence of injecting drug abuse, mostly of heroin, was reported to be high (see figure XVIII). Reports of very young people (aged below 15) seeking treatment for heroin abuse was cause for concern in some countries. Overall, the extent of drug abuse was reported to be generally lower than in other parts of Europe. Some increases were reported, most notably in cannabis and opioid abuse, while increases seen in abuse of ATS and cocaine seemed to be levelling off. Drug abuse among young people was also reported to be lower than in Western and Central European countries.¹⁶ Although expert opinion pointed towards stabilization in cocaine abuse, some indicators suggested slightly elevated levels of its consumption in the region. The trend in the abuse of ATS pointed towards stabilization.

Figure XVIII

Eastern and South-Eastern Europe: trends in illicit drug abuse, by drug type, 1998-2005

(Note: National trend estimates weighted by population size.)



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

8. Oceania

47. In Australia, the overall trend showed a general decrease over the past years, in particular among secondary school students, but the prevalence rates remained relatively high (see figure XIX). In 2005, significant declines in the abuse of almost

¹⁶ B. Hibell and others, *The ESPAD Report 2003: Alcohol and Other Drug Use Among Students in 35 European Countries* (Stockholm, Swedish Council for Information on Alcohol and Other Drugs and Pompidou Group of the Council of Europe, 2004).

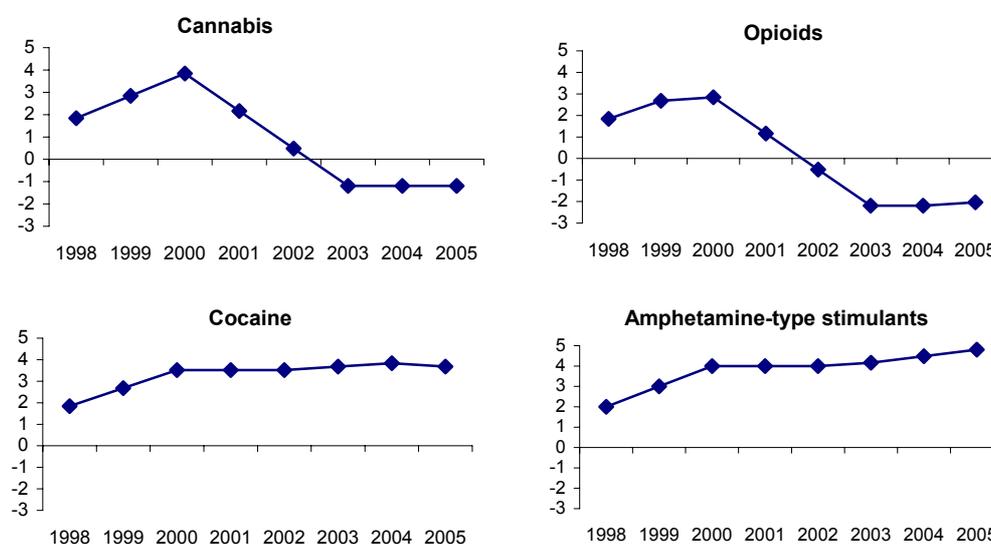
all main drugs were reported among secondary school students. Cannabis remained the most commonly abused illicit substance among secondary school students in Australia. The lifetime abuse of cocaine was 3 per cent, “ecstasy” 4 per cent and amphetamines 5 per cent, respectively. In recent years the lifetime prevalence of opioid abuse stabilized at around 2 per cent.¹⁷

48. Interviews with injecting drug abusers pointed towards an overall stabilization of heroin abuse, with the frequency of consumption mostly decreasing or remaining stable in 2005. The levels of abuse remained below those seen prior to the heroin shortage of 2001. Heroin-overdose deaths stabilized after the declines seen from 1999. Recent cocaine abuse among drug injectors remained fairly stable.¹⁸

Figure XIX

Oceania: trends in illicit drug abuse, by drug type, 1998-2005^a

(Note: National trend estimates weighted by population size.)



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

^a The figure is based mainly on reports from Australia and New Zealand.

49. While cannabis continued to be the main substance of abuse in the region, methamphetamine played a central role in the illicit drug scene in both Australia and New Zealand, with an increase in problems associated with abuse of the substance. In Australia, there had been an over 50-per-cent rise in the number of hospital admissions for abuse of psycho-stimulants since 1999, a large proportion of which had involved methamphetamine-induced psychosis, although the current trend in methamphetamine abuse was towards stabilization.¹⁶ In New Zealand, an increase of

¹⁷ Australian Government Department of Health and Ageing, V. White and J. Hayman, *Australian Secondary School Students' Use of Over-the-Counter and Illicit Substances in 2005*, National Drug Strategy Monograph Series No. 60 (Victoria, Cancer Council Victoria, October 2006).

¹⁸ J. Stafford and others, *Australian Drug Trends 2005: Findings from the Illicit Drug Reporting System (IDRS)*, NDARC Monograph No. 59 (Sydney, University of New South Wales, 2006).

25 per cent in stimulant-related hospital admissions was observed between 2004 and 2005. The high level of intravenous drug abuse among methamphetamine abusers remained of great concern in the country.¹⁹

III. Conclusions

50. In the Political Declaration adopted by the General Assembly at its twentieth special session, held in 1998 (resolution S-20/2, annex), Member States committed themselves to achieving significant and measurable results in the field of demand reduction by the year 2008. In order to gain a comprehensive picture of progress in the area of drug demand reduction, it is necessary to consider both the evolution of the drug abuse situation as well as the progress in demand reduction responses by Member States. The Commission on Narcotic Drugs may wish to encourage Member States to report on trends in drug abuse prevalence and patterns through the annual reports questionnaire and to provide supplementary information concerning developments since 1998.

51. As part of the work undertaken by the Global Assessment Programme on Drug Abuse, the Secretariat has recently carried out two global data audits, one on demand for drug treatment and another on drug abuse among youth, in order to strengthen the global information base on key drug epidemiological indicators. The data resulting from the two audits have helped in the development of the multidimensional regional assessment of the situation presented in the present report. There are still considerable gaps in the information base, however, and for the final evaluation of the 10-year period since the twentieth special session of the General Assembly (1998-2008), it will be necessary to obtain more data on the key indicators, including, at the least, estimates for one year of each of the two periods 1998-2003 and 2003-2008.

52. There continues to be a need for better understanding of the drug abuse situation, which is still too often based on expert opinion and not on nationally representative population surveys or systematic monitoring of key indicators such as demand for drug treatment. The Commission may consider reiterating the need to establish both sustainable national drug information systems for monitoring the situation and regional coordination for exchange of expertise.

¹⁹ C. Wilkins and others, *Methamphetamine and Other Illicit Drug Trends in New Zealand, 2005: Findings from the Methamphetamine Module of the 2005 Illicit Drug Monitoring System (IDMS)* (Auckland, Massey University, November 2005).