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Thematic debate on the follow-up to the twentieth special session of the General Assembly: general overview and progress achieved by Governments in meeting the goals and targets for the years 2003 and 2008 set out in the Political Declaration adopted by the Assembly at its twentieth special session

Drug demand reduction: world situation with regard to drug abuse

World situation with regard to drug abuse

Report of the Secretariat

Summary

The present report provides an overview of trends in the abuse of the main types of illicit drug from 1998 to 2006. Globally, positive developments have been reported in recent years. The available information suggests that opioid and cocaine consumption is stabilizing or decreasing, in particular in countries where consumption is high (cocaine in North America and heroin in Western and Central Europe). The prevalence of heroin injection remains high in Central Asia and Eastern Europe. Increases in the use of amphetamine-type stimulants seem to be tapering off, while trends in their consumption show a decrease or stabilization in Western and Central Europe, East and South-East Asia, North America and Oceania. In contrast, cannabis consumption remains globally widespread and increasing experimentation with the drug by youth underlines the need for more investment in preventive action, using evidence-based approaches. Despite marked improvements in the quality and reliability of drug abuse data since 1998, up-to-date information regarding the most vulnerable population groups, in particular youth, women and injecting drug users, is not available. The lack of sustainable drug information systems hinders monitoring of emerging epidemics and the implementation of responses to problems based on reliable evidence.

* E/CN.7/2008/1.

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I. Introduction

1. The present report on the world situation with regard to drug abuse provides an update on demand for the main types of illicit drug since 1998. It is based on a review of the most recent key indicator data and the informed opinion of national experts with regard to drug abuse trends among the general population. The report provides a summary of long-term trends over the period 1998-2006 for the major types of illicit drug based on the most recent quantitative data available in each region.

2. At the twentieth special session of the General Assembly, devoted to countering the world drug problem, Member States adopted a Political Declaration (resolution S-20/2, annex) that contained two broad-ranging goals for drug demand reduction: (a) to have new and enhanced drug demand reduction strategies and programmes by 2003; and, as a consequence of those renewed efforts, it was envisaged that it would be possible; (b) to achieve significant and measurable results in the field of demand reduction by 2008.

3. As regards the second goal, the Secretariat has reported to the Commission on Narcotic Drugs on the world drug abuse situation over the past years. Its reports have pointed out that data were not commonly available for a number of the key indicators, notably drug abuse prevalence among the general population and young people, as well as treatment demand, prevalence of injecting drug use and HIV among injecting drug users (IDUs).

4. Several countries have made significant progress since 1998 in collecting data in accordance with the recommended common core drug epidemiological indicator package.[1] Since the revision of the annual reports questionnaire in 2001, over 100 States have provided annual responses concerning their national situation as regards drug abuse.[2] The increased number of States completing the questionnaire has allowed for improved identification of regional developments and helped States to assess their own drug situation in a broader context.[3] However, there are large differences in data collection capacity among regions and the lack of periodically

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[1] The core drug epidemiological indicators expressed by the technical experts representing international bodies and regional networks in a consensus view (known as the Lisbon Consensus) in 2000 were drug consumption among the general population (estimates of prevalence and incidence); drug consumption among youth (estimates and incidence); high-risk drug abuse (estimates of number of drug injectors, proportion engaging in high-risk behaviours and estimates of the number of daily users); service utilization for drug problems (number of individuals seeking help); drug-related morbidity (HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV) prevalence among illicit drug consumers); and drug related mortality (deaths directly attributable to drug consumption).

[2] The response rate was 54 per cent (104 replies submitted) for the reporting year 2006, 55 per cent (106 replies submitted) 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.

[3] The number of annual reports questionnaires submitted for the reporting year 2006, by region (total=104): Central and Western Europe (30 States); Central, South and South-West Asia (8); East and South-East Asia (8); East and South-East Europe (11); Latin America and the Caribbean (14); North Africa and the Middle East (10); North America (3); Oceania (1); and sub-Saharan Africa (19).

collected data, in particular among the population groups most at risk, remains a cause for concern in many countries.

5. Given the above, the most common and comparable data for the last years are those provided by the informed opinions of national experts on trends in abuse of major substances. These informed expert opinions, and the general trends derived from them, have been compared with and shown to correspond to a considerable extent with actual epidemiological trends (collected via population surveys, prevalence estimation studies, drug treatment monitoring systems and HIV surveillance among IDUs), where these were available. Thus, they can be considered relatively reliable at least in indicating general trends in the abuse of major substances.[4] However, the analysis can provide only general directions regarding abuse of the main types of drug and reflect trends in selected epidemiological indicators, inevitably leading to some generalizations.

II. Global overview

6. The reports of the Secretariat and the Commission on the world drug abuse situation have over the years pointed out that data are not commonly available for some of the key indicators (notably drug abuse prevalence among the general population and youth, treatment demand, prevalence of injecting drug use and HIV among IDUs). In the annual reports questionnaire, the most commonly reported set of information provided by national experts concerns trends in prevalence in abuse of major substances among the general population. In each reporting year, nearly all responding States across all regions have been able to report on them. These expert opinions, and the general trends derived from them, have been compared and shown to correspond to a considerable extent with trends based on actual epidemiological data, where these were available. For this reason, they can be considered relatively reliable at least in indicating general trends in the abuse of the major substances.

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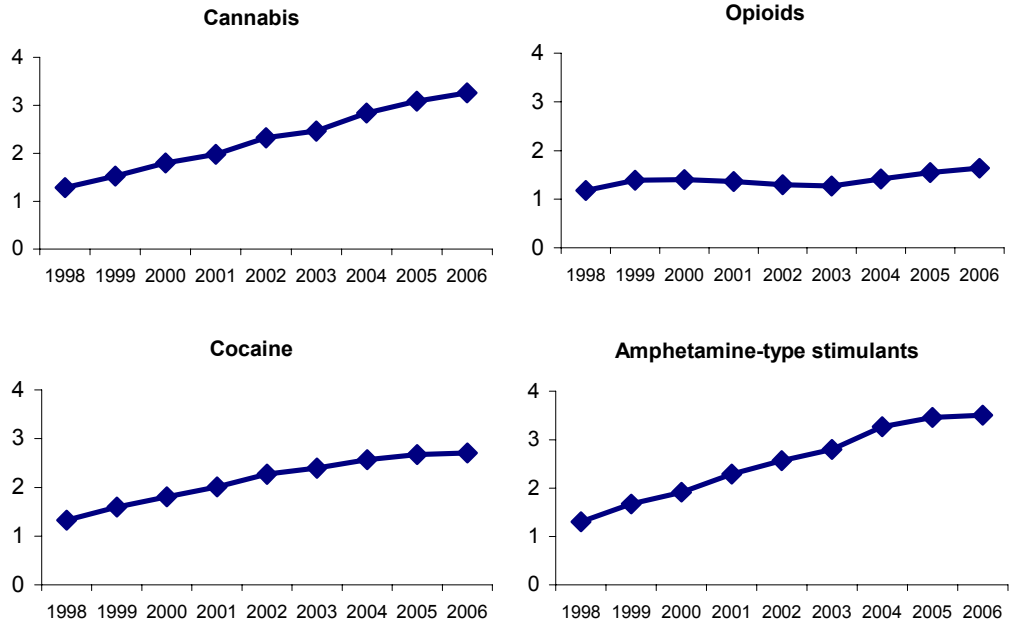
[4] Member States have been requested each year to report in the annual reports questionnaire on trends in the abuse of different types of drug among their general population (persons aged 15-64) on a five-point scale (“large increase”, “some increase”, “no great change”, “some decrease”, “large decrease”). 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.

Figure I
Global trends in illicit drug abuse, by drug type, 1998-2006



7. Although national experts reported largely increasing trends for 1998-2004, some positive developments have been reported more recently regarding global trends (figure I). Overall, abuse of two main types of drug (opioids and cocaine) is stabilizing or decreasing. Moreover, increasing trends in the abuse of amphetamine-type stimulants (ATS) are tapering off. For cannabis, national experts are still suggesting largely increasing trends in most countries.

8. Most notably, the overall trend in cocaine abuse is stabilizing, after years of steady increase. Decreasing trends observed in regions of high consumption, such as North America, are mostly responsible for this trend.

9. The increase in ATS abuse seems to be continuing to taper off. After years of increase in most regions, it is showing a decrease or stabilization in traditional high-prevalence regions (Central and Western Europe, East and South-East Asia, North America and Oceania). The trend is encouraging, but requires continued, multisectoral efforts to be sustained.

10. The long-term trend in abuse of opioids has significant regional variations, but appears relatively stable overall. Generally, regions with a long history of opioid consumption (North America, Western and Central Europe and East and South-East Asia) reported a decrease or stabilization. Increases reported in Central Asia and Eastern Europe are a cause for concern and underline the need for increased efforts in treatment and rehabilitation, including measures to reduce the negative health and social consequences of heroin injection.

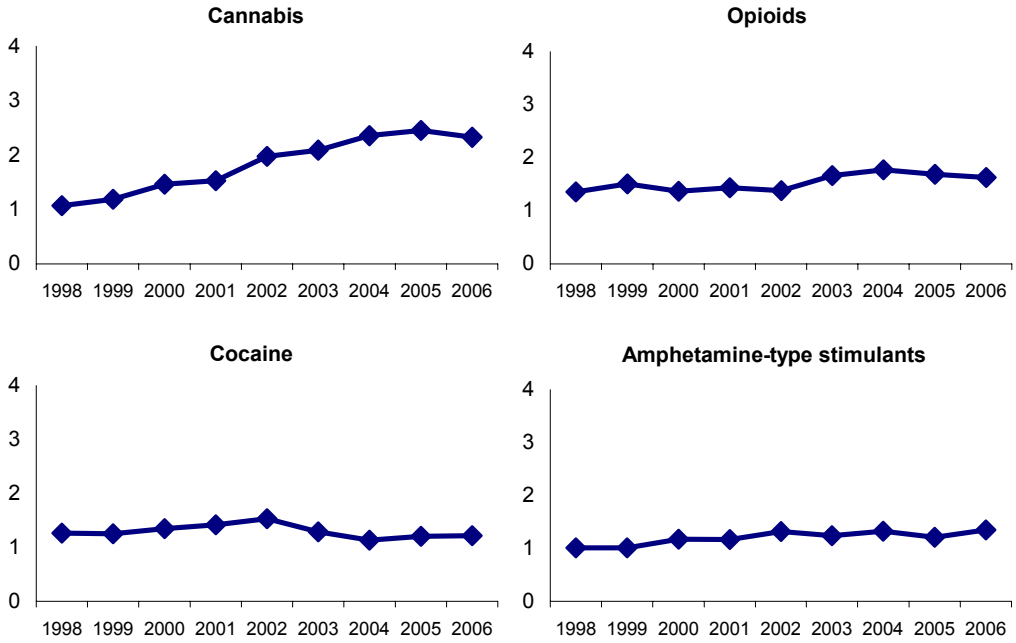
11. Widespread increases were reported in cannabis abuse, and signs of its decrease or even stabilization were less common. Increasing experimentation with

cannabis among youth requires more investment in prevention and approaches that have proved themselves to be effective.

A. North Africa and the Middle East

12. Regional trends in consumption of the main types of drug are pointing towards stabilization. While cannabis remains the most commonly abused drug in North Africa and the Middle East, types of drug and patterns of drug consumption have been changing over the past decade, as indicated by several assessments in the region. In countries where data are available, heroin, cocaine and amphetamine abuse have all increased, with decreasing age of onset and increasing demand for treatment.

Figure II
North Africa and the Middle East: trends in illicit drug abuse, by drug type, 1998-2006



13. In relation to all the main types of drug, trends in the use of opioids have remained stable according to the national experts (figure II). However, where actual epidemiological data exist, heroin use through injection has increased and sharing of contaminated injecting equipment among IDUs is becoming a major route of HIV infection.

14. For example, in the Islamic Republic of Iran and the Libyan Arab Jamahiriya, there appears to be an established, concentrated HIV epidemic among the population of IDUs. In the Libyan Arab Jamahiriya, up to 9 out of 10 HIV/AIDS cases reported with known routes of HIV infection transmission are attributable to injecting drug use. In Algeria, Bahrain, Oman and Tunisia, drug injecting is also

accountable for a substantial number of new HIV/AIDS cases. In Lebanon, injection of heroin, cocaine and amphetamine was reportedly increasing in 2006.

15. Recent assessments suggest that the proportion of IDUs reporting sharing of injecting equipment varies considerably between countries (ranging between 15 and 65 per cent in the region). Most drug users are young males in their late 20s. Drug users under 26 years old are less likely to inject drugs, but members of this age group are also less likely to be aware of their HIV status. Regarding other vulnerable population groups, women and prisoners require special services and sustained interventions. Female drug users are particularly at risk, and it would be important to reach them with existing and future services and programmes.

16. In the Syrian Arab Republic and Tunisia, high proportions of people in treatment in 2006 who were seeking help with their drug problems for the first time in their lives were reported (62 and 85 per cent, respectively); the proportion of women among all those receiving drug treatment was only marginal in both countries (2 and 1.5 per cent, respectively). In prison settings, several drug use-driven HIV risk factors were reported. For example, in Egypt, 73 per cent of those who injected in prison shared their injecting equipment.

B. Sub-Saharan Africa

17. The opinions of national experts suggest that trends are increasing mainly for cannabis and ATS, while for opioids and cocaine the trends appeared to be stabilizing in 2006 (figure III). Recent studies in the region have indicated that, while cannabis remains the most common primary illicit drug of abuse, the use of cocaine and ATS appears to be spreading. In addition, as the primary drug used by both IDUs and non-injecting drug users, heroin is taking root in many countries (e.g. Kenya, Mauritius, Nigeria, the United Republic of Tanzania and Zambia)[5, 6, 7] and a shift in drug use patterns from smoking to injecting heroin is being reported.

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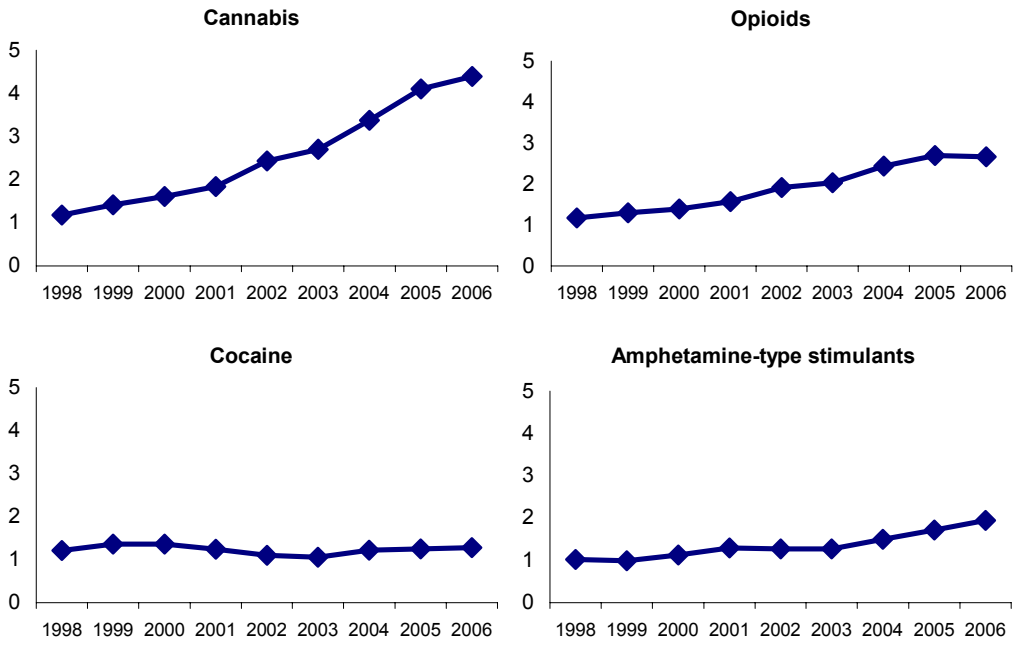
[5] R. Abdool, F. T. Sulliman and M. I. Dhannoo, “The injecting drug use and HIV/AIDS nexus in the Republic of Mauritius”, *African Journal of Drug and Alcohol Studies*, vol. 5, No. 2 (2006).

[6] 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).

[7] 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).

Figure III
Sub-Saharan Africa: trends in illicit drug abuse, by drug type, 1998-2006



18. While the primary mode of HIV transmission in the region continues to be heterosexual intercourse, HIV infection driven by drug use is increasing. Sharing of injection equipment, sexual contact by IDUs with their partners and the non-injecting use of cocaine, "crack" or ATS associated with high-risk sexual behaviours are becoming more common in some countries. For example, in Mauritius, according to the latest data, about three quarters of HIV infections were diagnosed among IDUs.

19. In South Africa, a greater range of drugs is used than elsewhere in the region, with crack cocaine reported to be among the most widely used drugs, after cannabis, methaqualone (Mandrax) and amphetamines.[8] In 2005, the prevalence of current drug use (past 30 days) among the adult population in South Africa remained relatively low (e.g. 2.1 per cent for cannabis), although at a higher level than in a comparable survey conducted in 2002. Available data regarding young people suggest that experimenting with illicit drugs, especially cannabis, is common at an early age. In South Africa, increases in heroin and methamphetamine use were reported among youth in urban areas.

20. South Africa remains the only country in the region with a surveillance system for monitoring drug use, owing to the sustained efforts of the South African Community Epidemiology Network on Drug Use to collect and analyse data on treatment demand. In 2007, treatment admissions for cannabis as a primary drug remained fairly stable in all sites compared with the previous period. In nearly all sites cannabis was reported as the primary substance of abuse by over 50 per cent of

[8] 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).

patients younger than 20 years. Over time, there has been a large increase in treatment admissions for heroin as a primary drug of abuse in some sites, where for between 12 per cent and 32 per cent of patients heroin was a primary or secondary drug of abuse. Most heroin is smoked, but of patients with heroin as their primary drug of abuse, up to 35 per cent report injection use. Treatment admissions for cocaine-related problems have increased over the past few reporting periods and increased availability of methamphetamine in the country was reported. Still, treatment admissions for methamphetamine as primary drug of abuse are low except in Cape Town, where about half (49 per cent) of patients have it as a primary or secondary drug of abuse, with 60 per cent reporting daily use in 2007.[9]

21. There is a pressing need for technical assistance in the region to build sustainable, cost-effective monitoring capacity, which would enable implementation of sound estimation studies on the extent of injecting drug use and population-based surveys among school youth and adults. It is necessary to enhance data collection and related capacity-building activities to help design, implement and evaluate prevention and treatment services, which are evidence-based and adapted to the local situation and needs of the people suffering from the epidemics of drug addiction and HIV in the region.[10]

22. Despite reportedly increased trends in drug use and its negative health and social consequences in sub-Saharan Africa (HIV/AIDS and other blood-borne illnesses), planning and implementation of evidence-based responses remain seriously compromised by the paucity of quantitative data on drug abuse. This will require attention as part of the future efforts necessary to improve the overall HIV/AIDS-related statistics in the region.[11]

C. North America

23. In North America, regional trends representing developments in three countries (Canada, Mexico and the United States of America) can be validated by a variety of epidemiological data available from multiple sources over time, so that experts' opinions are of less importance in the overall regional analysis. However, it is noteworthy that a downward trend has been reported both for cocaine and ATS in 2006, whereas for cannabis and opioids experts have suggested slight increases (figure IV).

24. In the United States, indicators of the Community Epidemiology Work Group (CEWG) have shown that cannabis continues to be the most widely available and abused drug across the Work Group's 22 areas, especially among adolescents and young adults, with abuse indicators remaining stable at high levels in 15 areas and increasing in 5 areas. The national household survey suggests that the overall rate of illicit drug use among persons aged 12 or older remained stable in 2006 (past month

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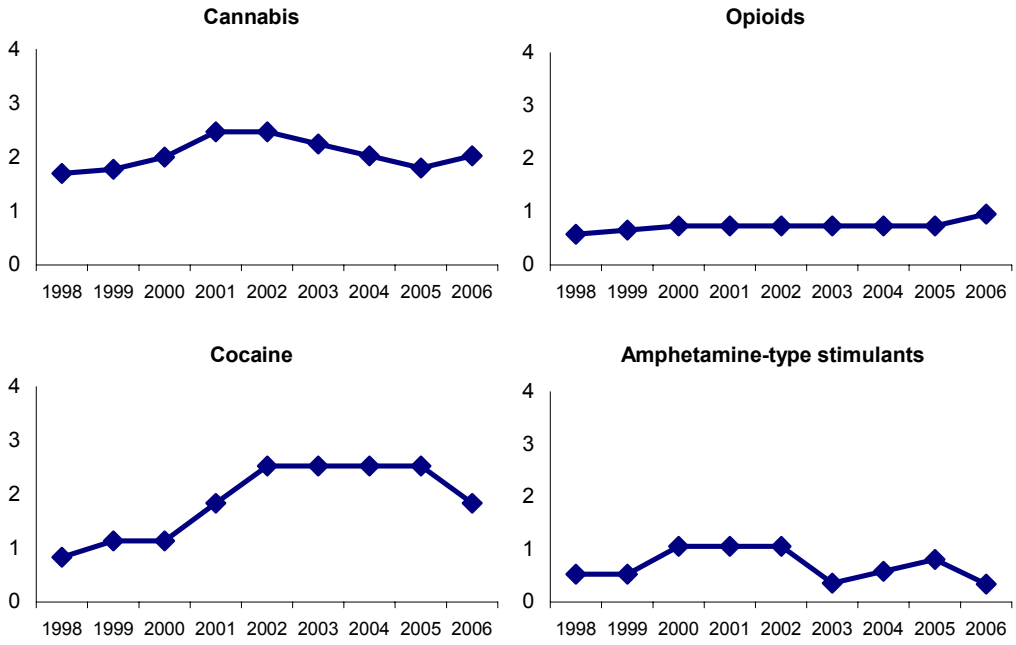
[9] A. Plüddemann, C. Parry and A. Bhana, "Alcohol and drug abuse trends: January-June 2007 (phase 22)", *South African Community Epidemiology Network on Drug Use (SACENDU) Update*, 19 November 2007.

[10] R. H. Needle and others, "Substance abuse and HIV in Sub-Saharan Africa: introduction to the special issue", *African Journal of Drug and Alcohol Studies*, vol. 5, No. 2 (2006).

[11] Joint United Nations Programme on HIV/AIDS and World Health Organization, *AIDS Epidemic Update*. (Geneva, December 2007).

prevalence 8.3 per cent) at the prevalence level seen already in 2002. The current (past month) cannabis use has stabilized among the adult population, while among young adults aged 18 to 25 the rate of current use of cannabis is declining.

Figure IV
North America: trends in illicit drug abuse, by drug type, 1998-2006



25. Despite some long-term improvements, in 2006, 48 per cent of 12th graders reported illicit drug use at some point in their lives. However, rates of annual prevalence of illicit drug use continued declining in 2006, even if use of cannabis has decreased only slightly since 2004. In 2006, two fifths of all 12th graders (42 per cent) reported some cannabis use in their lifetime.

26. Trends in amphetamine use are mixed, but the overall situation is pointing towards stabilization. Surveys among students show decreases in methamphetamine use since 1999, although declines among young adults were not observed until 2005. There has been concern about increased availability and abuse of the higher-purity, crystallized form of methamphetamine (commonly known as “ice”). Still, among the youth population the use of ice has remained stable since 1999. In 2006, 12 per cent of 12th graders had used amphetamines at least once in their lifetime. Among the adult population the situation in methamphetamine use in the past month stabilized from 2002 to 2005; in 2006, as a result of some changes in survey items regarding methamphetamine, the data for 2006 were not fully comparable with those reported in previous years.

27. Between 1998 and 2001, the annual prevalence of the use of methylenedioxymethamphetamine (MDMA, commonly know as “ecstasy”) increased sharply among youth, more than doubled among 12th graders, college students, and young adults, and nearly doubled in the lower grades. Since 2004, increased perceived risk of ecstasy use, possibly due to extensive media campaigns

against the drug and the availability of scientific evidence on the adverse effects of its use, have contributed to declining and levelling prevalence levels. In 2006, 6.5 per cent of 12th graders reported having used ecstasy at least once in their lifetime. Among young adults aged 18 to 25 the rate of past year use increased from 2005 (from 3.1 to 3.8 percent).

28. Cocaine/crack abuse indicators remained stable at high levels in most areas. Increased use was reported among populations in which use of methamphetamine had decreased. Cocaine/crack is also often used in combination with other substances and in many CEWG areas it was reported as a secondary or tertiary drug by treatment admissions. During the 1990s cocaine use increased across all youth population groups and that trend continued through 2004 among college students and young adults. Cocaine use has since decreased gradually in all grades and in 2006 lifetime prevalence was at 8.5 per cent among 12th graders.

29. Heroin abuse indicators were stable or mixed at high levels in 5 CEWG areas (Baltimore, Boston, Detroit, Los Angeles and New York City) and at low levels in 10 CEWG areas. While two of the Group's areas (Chicago and New Mexico) reported increases, five areas (Atlanta, Denver, Philadelphia, St. Louis and San Francisco) reported decreases in heroin abuse indicators. In some areas the proportion of treatment admissions who injected heroin was especially high, such as in Hawaii (90 percent) and Los Angeles (87 per cent). Heroin use remains rare among secondary school students (lifetime prevalence 1.4 per cent among 12th graders).[12, 13, 14]

30. In Canada, drug abuse among school students in grades 7 to 12 has been on general decrease since 1999. Several significant decreases in past-year use between 1999 and 2007 have been reported, including the decrease in "any illicit drug abuse"; the decrease in this general measure was evident also regardless of whether the abuse of cannabis, methamphetamine and other stimulants, crack and heroin was included in the analysis or not. Other important patterns show significant decreases for cocaine and ecstasy in 2007 compared with their peak levels reported some years earlier.[15]

31. In addition, heroin use appears to be decreasing among IDUs in cities that participated in the pilot (2002-2003) and phase I (2003-2005) parts of the Enhanced Surveillance of Risk Behaviours among Injecting Drug Users in Canada (I-Track) survey (from 42.8 per cent to 33.5 per cent). A decrease was also reported in

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[12] United States of America, Department of Health and Human Services, National Institutes of Health, *Epidemiologic Trends in Drug Abuse: Proceedings of the Community Epidemiology Work Group; Highlights and Executive Summary, January 2007* (Bethesda, Maryland, National Institute on Drug Abuse, 2007).

[13] L. D. Johnston and others, *Monitoring the Future National Survey Results on Drug Use, 1975-2006, Volume I, Secondary School Students 2006*, NIH Publication No. 07-6205 (Bethesda, Maryland, National Institute on Drug Abuse, 2007).

[14] United States of America, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Results from the 2006 National Survey on Drug Use and Health: National Findings, NSDUH Series H-32, DHHS Publication No. SMA 07-4293 (Rockville, Maryland, 2007).

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

amphetamine use among IDUs over the same period. The non-injecting use of heroin has similarly decreased, but the proportion using crack by this route increased in some cities. However, there was no change in the proportion of those reporting use of cocaine through injection (77.5 per cent), which remains the most commonly injected drug. The pattern of drugs injected showed marked variation among sites and study participants may have reported multiple drugs injected in the previous six months. The most recent national estimate (from 2005) suggests that prevalence of HCV and HIV infection has stabilized at a relatively high level among drug injectors (65.7 per cent and 13.2 per cent, respectively) and ongoing monitoring of prevalence and trends in HIV and other blood-borne infections among IDUs is needed.[16]

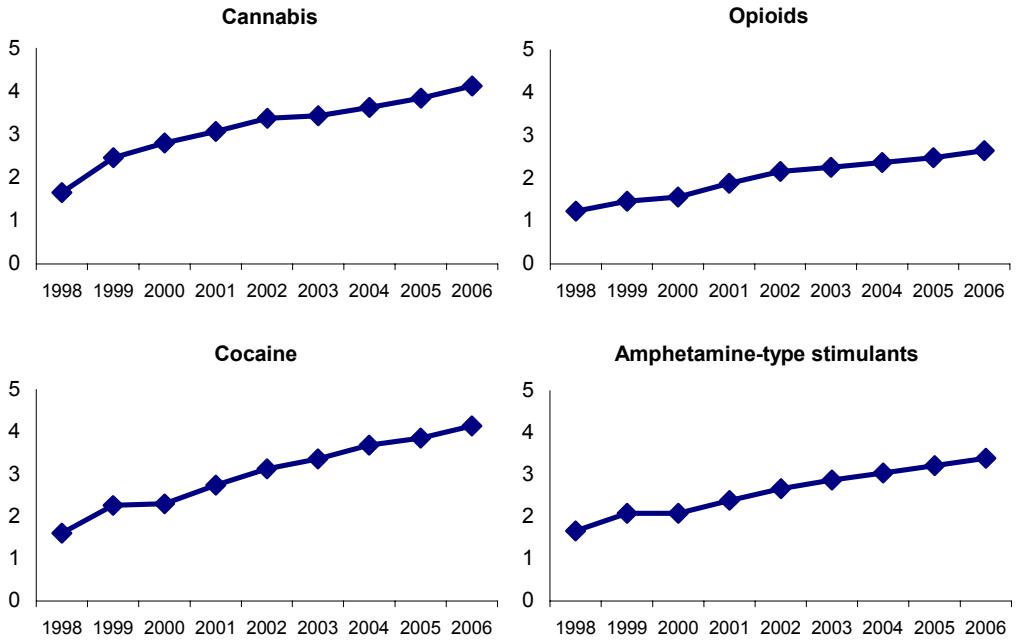
32. In Mexico, there were signs of increasing rates of drug addiction in 2006. Use of cannabis, opioids and ATS increased in 2006, while cocaine prevalence among the general population appeared to be stable. While cannabis use still accounted for most treatment demand, both deaths and treatment demand regarding cocaine use and use of cocaine through injection were reported to be increasing. Prevalence of HIV infection among IDUs was at a relatively low level (3.1 per cent), although it appears to have increased in 2006.

D. Latin America and the Caribbean

33. The drug problem remains widespread, accounting for serious social and health problems. The trends, as reported by national experts across the region, suggest increases in all four main drug types (figure V). Available data on the drug abuse situation among youth, treatment demand and drug-related deaths indicate notable differences among countries, although lack of comparable data (with the exception of school surveys) in many countries allows for only partial analysis of the long-term drug epidemiological situation. The lack of quantitative data also underlines the importance of interpreting trends reported by experts with particular caution.

[16] Canada, Public Health Agency of Canada, Centre for Infectious Disease Prevention and Control, Surveillance and Risk Assessment Division, *I-Track: Enhanced Surveillance of Risk Behaviours among Injecting Drug Users in Canada; Phase I Report, August 2006*. (Ottowa, 2006).

Figure V
Latin America and the Caribbean: trends in illicit drug abuse, by drug type, 1998-2006



34. Recent school surveys showed highest levels of abuse of cannabis in Argentina, Chile and Uruguay, and of cocaine abuse in Argentina and Chile.[17] In Peru, 3 per cent of secondary school students were reported to need treatment due to problems with illicit drugs, while among the adult population both cannabis and cocaine use was increasing.

35. In Argentina, the prevalence of HIV infection among IDUs was reported to be stable at a comparatively high level (15.8 per cent). However, expert opinion in 2006 indicated a decreasing trend in injecting drug use and sharing of injection equipment among IDUs.

36. In Chile, the number of people receiving treatment for drug problems increased by 23 per cent from 2005 to 2006. There was an increase in treatment demand for both cannabis and cocaine addiction problems, with an increased percentage of females among those in treatment (from 15.8 per cent in 2005 to 26 per cent in 2006). People in treatment were also younger: their mean age dropped from 29 years in 2005 to 25 in 2006.

37. Substances accounting for most drug abuse problems in the Caribbean are (crack) cocaine and cannabis, both in terms of treatment demand and drug-related mortality. In the Dominican Republic, the situation as regards drug-related deaths

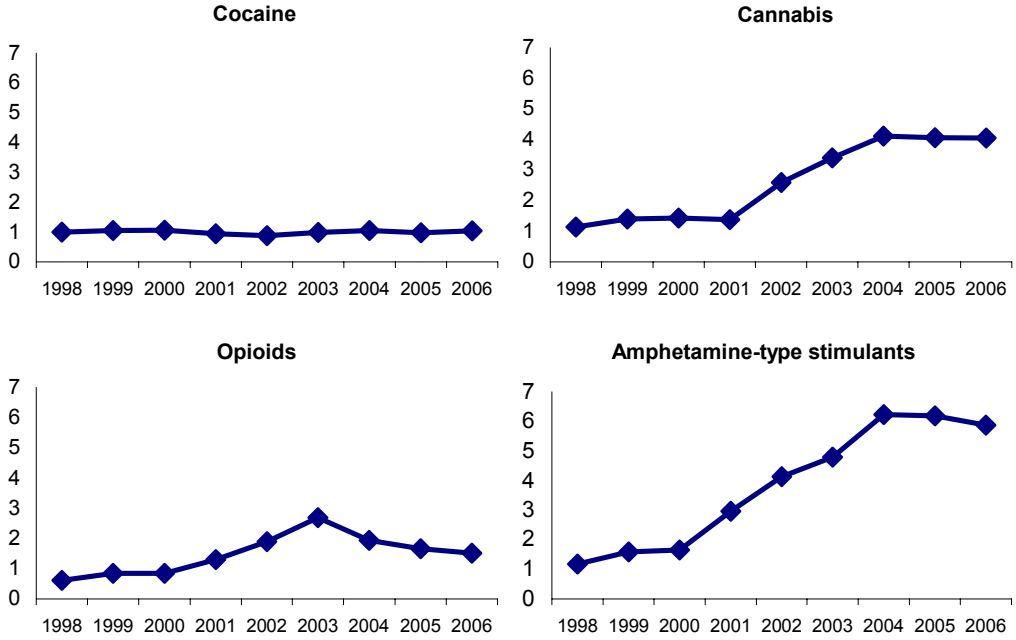
[17] United Nations Office on Drugs and Crime and others, *Jóvenes y Drogas en Países Sudamericanos: un Desafío para las Políticas Públicas: Primer Estudio Comparativo sobre Uso de Drogas en Población Escolar Secundaria de Argentina, Bolivia, Brasil, Colombia, Chile, Ecuador, Paraguay, Perú y Uruguay*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

was reportedly stable at the level of 5 per 100,000 population aged 15-64, while HIV infection among IDUs was reported to be increasing.

E. East and South-East Asia

38. The general trends in prevalence of illicit drug use reportedly stabilized or declined in East and South-East Asia in 2006. ATS, opiates and cannabis remained the main drugs of abuse, representing also the substances underlying the main treatment demand in the region. After years of increases, the trend in ATS use was decreasing (figure VI).

Figure VI
East and South-East Asia: trends in illicit drug abuse, by drug type, 1998-2006



39. Many States reported decreasing trends in the use of opioids. Heroin was reported as the main drug of abuse in the Hong Kong and Macao Special Administrative Regions of China, Indonesia, Malaysia and Myanmar in 2006. Several reports suggested, however, that the prevalence of heroin use was decreasing.

40. Cannabis use was reported to be stable by national experts. While it has been suggested that cocaine is available throughout the region, its use remains relatively uncommon according to available data and expert opinion.

41. While methamphetamine was identified as the dominant illicit drug in, for example, Japan and the Republic of Korea, reports did not indicate general increases regarding its use. Instead, some countries (Japan, Malaysia and the Philippines) reported apparent decreases in use of the drug. Moreover, nearly all responding countries reported that use of MDMA (ecstasy) was decreasing.

42. Some countries, including those with a large population, reported notably high rates of HIV infection prevalence among their IDU populations (for example, China: 41.3 per cent; Indonesia: 40-60 per cent; Myanmar: 43.2 per cent; Thailand: 30-50 per cent; and Viet Nam: 34 per cent), and even if differences in sampling frames or estimation methods make the comparison difficult, the prevalence rates are alarming. Sharing of syringes is common practice among drug injectors in the region.

43. Injecting drug use (of methamphetamine and heroin, in particular) continues to play a significant role in transmission of HIV and HCV in the region, but probably at a slower pace than before. In Thailand, for example, where prevalence of HIV among IDUs has remained high, recent reports indicate that the number of new HIV infections is falling. In Myanmar, too, a decreasing trend in HIV prevalence among IDUs was reported. In Indonesia, where most HIV infections are thought to occur through the use of contaminated injecting equipment, national experts reported a decreasing trend among drug injectors in 2006.[18, 19]

44. In China, where the transmission of HIV is dominated by injecting drug use, an overlap of injecting drug use, sex work and other risk factors among both female and male IDUs is fuelling the epidemic. It is noteworthy that, since 2003, the rapid expansion of methadone maintenance programmes in China has given many IDUs a new, relatively affordable treatment option and plans to expand such programmes have been reported.[20]

45. It should be noted that many countries still lack the capacity essential to collecting and analysing data on prevalence among their adult and youth population and on demand for treatment. This makes it impossible to build an adequate evidence base for the design and implementation of well-targeted prevention, treatment and rehabilitation programmes and services in most countries of the region.

F. Central, South and South-West Asia

46. Even if the drug problem continues to worsen in Central, South and South-West Asia among certain population groups, national experts reported some positive signs in long-term trends for all main types of drug in 2006. In that regard, the perceived situation as regards opioid abuse, which after years of increase was reported to have stabilized, is of particular importance (figure VII).

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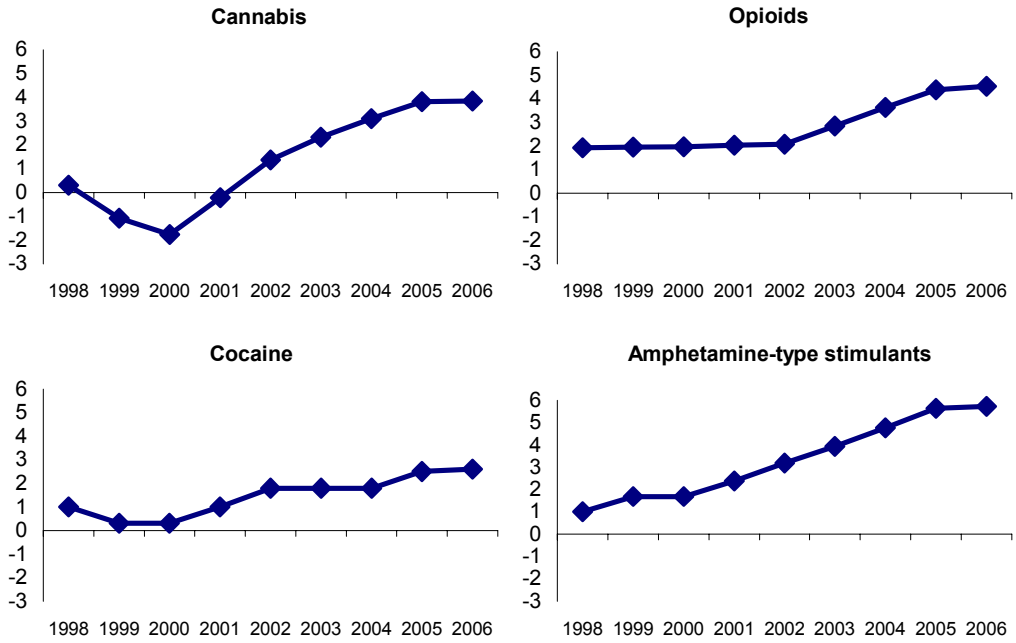
[18] United Nations Office on Drugs and Crime, Regional Centre for East Asia and the Pacific, *Patterns and Trends in Amphetamine-Type Stimulants (ATS) and Other Drugs of Abuse in East Asia and the Pacific 2006* (Bangkok, June 2007).

[19] Joint United Nations Programme on HIV/AIDS and World Health Organization, *AIDS Epidemic Update* ...

[20] I. I. Michels, M. Zhao and L. Lu, "Drug abuse and its treatment in China", vol. 53, No. 4, pp. 228-237.

Figure VII
Central, South and South-West Asia: trends in illicit drug abuse, by drug type, 1998-2006



47. In Central Asia the drug problem is concentrated largely in the young male population (aged 17-35) using heroin and other opioids through injection, which fuels the HIV/AIDS epidemic in the region. The estimated prevalence of opioid use among the adult population aged 15-64 ranges from 0.6 per cent in Tajikistan to 1.0 per cent in Kazakhstan.

48. Specifically, in Kazakhstan, the number of drug users registered per year has increased steadily since 2000. In 2006, it was among the highest in the region (355 per 100,000 population). Cannabis is reportedly the most commonly used substance, whereas opioids, especially heroin, remain the main drug of abuse as shown by treatment demand data. In Kyrgyzstan, the trend has increased. In 2006, the rate of registered drug users was reported at 149 per 100,000 population, with 0.8 per cent of the estimated prevalence of opioid use among the adult population aged 15-64. While cannabis is the illicit drug most commonly used, nearly all treatment demand has been reported for heroin use through injection. In Tajikistan, over 80 per cent of treatment admissions were for heroin use, and nearly all current heroin users are injecting the drug. The reported rate of registered drug users was 118 per 100,000 population in 2006. Over two thirds of registered drug users have injected drugs in their lifetime. Uzbekistan reported the lowest rate of registered drug users in the region (74 per 100,000 population) and the trend in registered drug use appears to be stable. The estimated prevalence of opioid use was 0.8 per cent among the general population aged 15-64, with heroin remaining the main drug

accounting for demand for drug treatment in 2006. Nevertheless, drug injecting appears less prevalent than in other Central Asian countries.[21]

49. In Central Asia, the HIV epidemic continues among IDUs, who are mainly young males injecting heroin or other opioids. In 2006, nearly two thirds of new HIV cases were attributed to injecting drug use. In Uzbekistan, with the largest epidemic in Central Asia, after years of sharp increases, the number of newly reported HIV infections among IDUs is still growing, but at a slower pace. A study dating back to 2003-2004 suggested that almost one in three injecting drug users (30 per cent) tested positively for HIV in the capital city of Tashkent. In Tajikistan, the HIV prevalence among IDUs increased from 16 per cent in 2005 to 24 per cent in 2006 in the cities of Dushanbe and Khujand, and 66 per cent of all new HIV infections registered were among IDUs. In Kazakhstan, sentinel surveillance in 23 towns and cities across the country in 2005 indicated that slightly more than 3 per cent of IDUs were infected with HIV, although local estimations suggested much higher prevalence rates.

50. A worrying trend regarding injecting drug use and its links to the spread of HIV infection is continuing in many countries of South and South-West Asia.

51. In India, despite recently downward adjusted national estimates by the joint United Nations Programme on HIV/AIDS and the World Health Organization regarding the overall proportion of people living with HIV, expanded sentinel surveillance suggests a rising HIV epidemic among IDUs in parts of the country. The situation is of particular concern in north-east India, where the use of contaminated drug injecting equipment is a key risk factor for HIV infection. In Pakistan, too, HIV prevalence was reportedly increasing among IDUs and had reached levels of around 25 per cent in parts of the country.[22]

52. In Pakistan, the national assessment conducted in 2006 estimated the prevalence of opioid use among the general population at 0.7 per cent, with most opioid users (75 per cent) using heroin. While an increasing trend in the use of cannabis, heroin and synthetic opiates was suggested, anecdotal information also indicates increases in the use of ecstasy and cocaine, in particular among the upper and upper-middle classes of the society. The 2006 national assessment suggested that the absolute number of IDUs had nearly doubled since 2000, representing 29 per cent of all drug users in 2006.[23]

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[21] United Nations Office on Drugs and Crime, Regional Office for Central Asia, *Compendium of Drug Related Statistics*: *1996-2007* (Tashkent, July 2007).

[22] Joint United Nations Programme on HIV/AIDS and World Health Organization, *AIDS Epidemic Update* ...

[23] United Nations Office on Drugs and Crime and Pakistan, Ministry of Narcotics Control Anti-Narcotics Force*, Problem Drug Use in Pakistan: Results from the Year 2006 National Assessment* (Tashkent, 2007).

G. Europe

1. Western and Central Europe

53. In Europe, cannabis use increased markedly during the 1990s in almost all European Union countries and that trend has continued. The overall picture of cannabis use in the region is, however, mixed. While increased prevalence levels were widely reported, there are signs of stabilization or even decreases in some populations, especially in countries with high prevalence (Denmark, the Netherlands and the United Kingdom of Great Britain and Northern Ireland). There is a large variation in annual prevalence of cannabis use among countries in the region (from 1.0 per cent to 11.2 per cent). In 2005, cannabis was the second most commonly reported drug after heroin as a primary reason for entering treatment (about 20 per cent of all cases, 29 per cent of all new drug clients). In 1999-2005, the proportion of clients seeking treatment for primary cannabis use increased. More recently, the trend has stabilized and the age of new cannabis clients is increasing.

54. Cannabis use increased among school students in the late 1990s and early 2000s in many European countries. The highest rates of lifetime prevalence were reported in Belgium, the Czech Republic, France, Ireland, Spain and the United Kingdom (ranging between 30 and 44 per cent). Lifetime prevalence of cannabis use increased substantially between 1995 and 2003, for example, in Denmark, France, Italy, Portugal and Spain. In Ireland and the United Kingdom, the lifetime prevalence has remained high but stable over the past decade, whereas in Cyprus, Finland, Greece, Malta, Norway, and Sweden, estimates show a stable situation at a relatively low level (around 10 per cent and below).

55. The use of amphetamines or ecstasy appears to be relatively high in only a few countries (the Czech Republic, Estonia and the United Kingdom and, to a lesser extent, Latvia and the Netherlands). In the Czech Republic, Denmark and United Kingdom, the trend in amphetamine consumption has stabilized or even decreased since 1996 among young adults (aged 15-34). On average, around 3.5 per cent of all European adults have used amphetamines at least once.

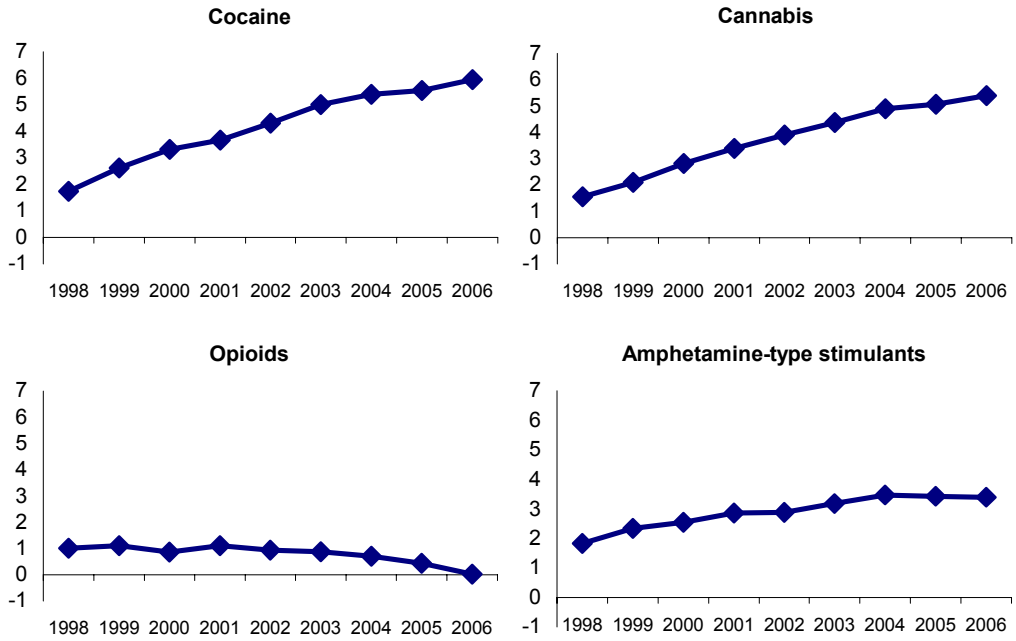
56. With regard to ecstasy, the picture is more diverse. After general increases reported in the 1990s, use of the drug is becoming less popular, especially among the 15-24 age group. On average, over 5 per cent of young European adults (aged 15-34) have used ecstasy at least once. The number of first treatment demands for primary amphetamine and ecstasy use increased from 1999 to 2005, while still representing a relatively low proportion of the overall treatment demand figures.

57. Methamphetamine use appears limited in Europe, although it has the potential to grow. The highest prevalence levels were reported in the Czech Republic. More recently, methamphetamine has become the most frequent primary drug among those demanding treatment for the first time in Slovakia and high levels of use were reported among some subpopulation groups in Hungary.

58. Cocaine ranks as the second most commonly used illicit drug in the European Union after cannabis. Increases in last-year prevalence were registered in countries with recent data available (for example, Denmark and Italy). In 2006, cocaine use ranged from 0.1 per cent in Greece to 3.0 per cent in Spain (average 1.3 per cent). The countries with the highest prevalence, Spain and the United Kingdom, reported

stable trends. The increase in the number of clients seeking treatment for cocaine use continued: from 1999 to 2005, the proportion of new clients demanding treatment for cocaine use grew from 11 per cent to 24 per cent.

Figure VIII
Western and Central Europe: trends in illicit drug abuse, by drug type, 1998-2006



59. As shown in the cumulative expert opinion index, based on reports from national experts (figure VII), opioid use showed stabilization or decreases in the region in recent years. Estimates of opioid use prevalence at the national level ranged between one and six cases per 1,000 population aged 15-64 (average between four and five cases per 1,000). Prevalence data for 2001-2005 (available from eight countries) suggested a relatively stable picture, although some countries reported concern about increasing incidence among treatment clients and new sub-groups, including young opioid injectors (for example, Austria, Belgium, the Czech Republic and Italy). The percentage of all treatment demand accounted for by all heroin requests fell from 74 per cent in 1999 to 61 per cent in 2005. Moreover, the percentage of new heroin clients among all new clients fell from 70 per cent in 1999 to 37 per cent in 2005.

60. As in many other regions, in Europe only a few countries are currently able to provide estimates of numbers of IDUs. Treatment data suggest that the trend in injecting drug use is declining in several countries (for example, in Denmark, Greece, Hungary, Ireland, Turkey and the United Kingdom). The average prevalence of current injecting drug use in the region ranges between three and four cases per 1,000 of the adult population. In most new member States of the European

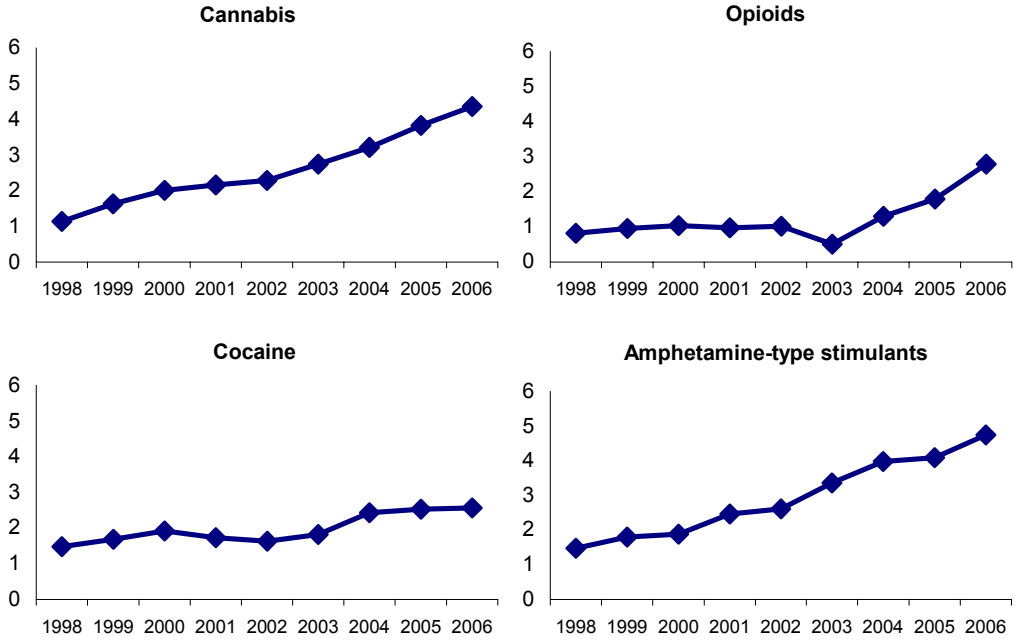
Union, injection still appears to remain the predominant mode of heroin administration.[24]

61. In Western Europe only 6 per cent of new HIV infections were attributable to injecting drug use and the trend declined between 1999 and 2006; in, Estonia, Latvia and Lithuania, where injecting drug use remains the most common mode of HIV transmission, recent reports suggest a stabilized situation.[25]

2. Eastern and South-Eastern Europe

62. In the mid-1990s the variety of abused illicit substances started to broaden in Eastern and South-Eastern Europe. Since then, abuse of heroin, cocaine and amphetamines has increased, together with the proportion of drug injectors and HIV and viral hepatitis infections among drug users (see figure IX).

Figure IX
Eastern and South-Eastern Europe: trends in illicit drug abuse, by drug type, 1998-2006



63. For example, in the Russian Federation, emerging patterns of drug use were characterized by transition from the consumption, in particular, of raw opium and cannabis, to heroin and synthetic drugs. In 1991-2001 the number of patients with drug addiction registered at drug dependence treatment facilities increased by 11 times, from 21.2 per 100,000 population in 1991 up to 231.5 in 2001. Since 2001,

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[24] European Monitoring Centre for Drugs and Drug Addiction, *Annual Report 2007: the State of the Drugs Problem in Europe* (Luxembourg, Office for Official Publications of the European Communities, 2007).

[25] European Centre for the Epidemiological Monitoring of HIV/AIDS, *HIV/AIDS Surveillance in Europe: End-year Report 2006, No. 75* (Saint-Maurice, France, French Institute for Public Health Surveillance, 2007).

the increasing trend has slowed down; in 2005, there were 241.3 patients with drug dependency on register per 100,000 population.

64. The opiate addiction trends stabilized at 88 per cent of all registered patients in 2005, while registered cases of cannabis addiction increased annually by 7.5 per cent between 2000 and 2005 (6 per cent of all patients in 2005). Registered prevalence of drug dependency in the Russian Federation varies greatly between regions. In 1999-2003 the increase in prevalence of registered drug dependency was highest in the North-Western Federal District (85.8 per cent), and lowest in the Southern Federal District (44.5 per cent). In 2005, the registered incidence increased for the first time after several years of reported decreases, most notably in the North-Western District (over 50 per cent since 2004). Established regional multiplier coefficients between the number of drug addicts on register and those not registered ranged from 1:4.4 in Siberian and Volga Federal Districts to 1:7.9 in the North-West Federal District (national average of 1:5.3) in 2005.[26]

65. Injecting drug use concerns nearly three out of four (73.8 per cent) of the total number of registered drug users in the Russian Federation and remains the main mode of HIV transmission in the country. High prevalence of drug injecting was confirmed by studies utilizing the capture-recapture estimation method, which have suggested that the proportion of IDUs among the Russian general population aged 15-44 is around 2 per cent. Out of the total number of registered IDUs, 9.3 per cent were HIV-positive in 2005. Two thirds (66 per cent) of newly registered HIV cases were due to injecting drug use. In Ukraine, HIV prevalence among IDUs in 2007 in six cities ranged from 10 to 89 per cent. Also, in Belarus the HIV epidemic is concentrated largely among IDUs with HIV prevalence ranging from 17 per cent to 34 per cent, while recent reports suggest some stabilization.[27]

H. Oceania

66. In Australia, cannabis remains the main substance of abuse, followed by ATS (methamphetamine/amphetamine). Based on the most recent national household survey, conducted in 2004, consumption of most illicit drugs had remained stable or decreased since 1998. Among secondary school students, the use of illicit drugs had either declined or remained stable between 1999 and 2005. Figure X shows the overall trends in the region.[28]

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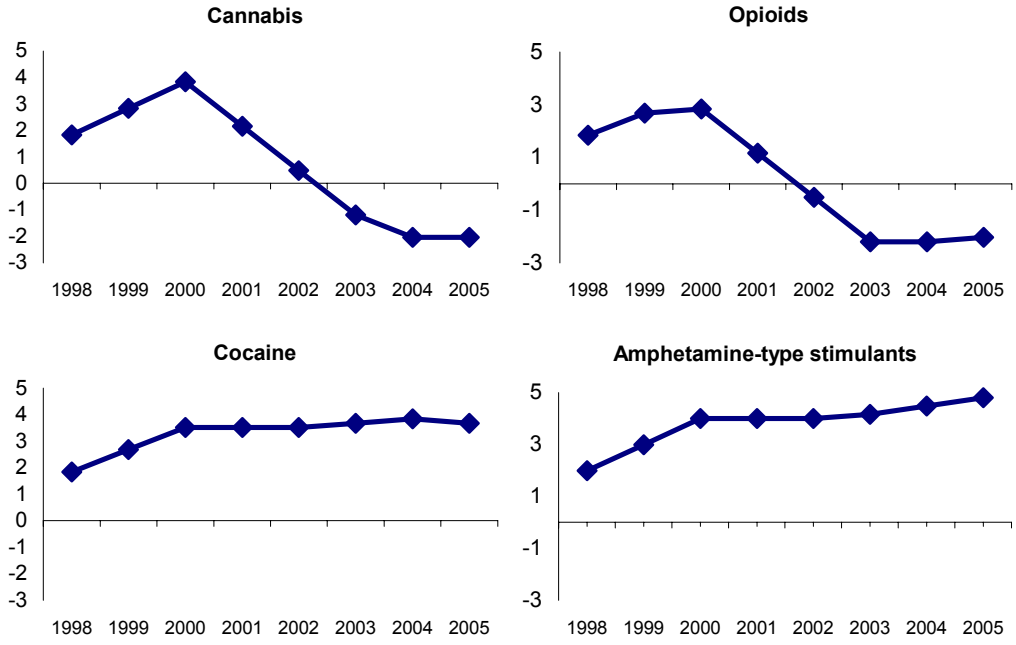
[26] United Nations Office on Drugs and Crime, National Addiction Centre of the Russian Federation, *Dynamics of Drug-Related Disorders in the Russian Federation* (2007).

[27] Joint United Nations Programme on HIV/AIDS and World Health Organization, *AIDS Epidemic Update* ...

[28] The year 2006 is omitted from the figure regarding Oceania because no expert opinion with regard to trends was provided in the annual reports questionnaire received from the region.

Figure X
Oceania: trends in illicit drug abuse, by drug type, 1998-2005



67. In 2004, two out of five (39.5 per cent) of the population aged 15-64 years had used cannabis at least once in their lifetime and 13.3 per cent had used the drug at least once in the previous 12 months. The prevalence of cannabis use remained high, but it was at its lowest level since 1991. In 2005, nearly one in five (18 per cent) of students aged 12-17 years had used cannabis at least once in their lifetime, a decrease from 1999 (29 per cent).

68. Over one in 10 (10.8 per cent) of the general population aged 15-64 years reported having used methamphetamine/amphetamine at least once in their lifetime and 3.8 per cent had used it in the previous 12 months. With regard to ecstasy, the prevalence of use over the past 12 months remained relatively high (4 per cent) in 2004.

69. The proportion of IDUs who shared needles and syringes was reportedly stable over the past years (ranging around 13-18 per cent). While the prevalence of HIV among drug injectors was also reported to be stable at a low level (1.5 per cent) in 2006, there had been a gradual increase in the prevalence of hepatitis C among drug injectors attending selected needle and syringe programme sites since 1998 (reaching 61.6 per cent in 2006). The prevalence and frequency of heroin use among IDUs has decreased to the level seen in 2001. Recent use of crystallised methamphetamine (ice) is increasing among this population. Overall, recent cohorts of drug injectors have initiated injecting at an earlier age than before.

70. In 2004-2005, the most common illicit drug underlying treatment episodes was cannabis (23 per cent), followed by heroin (17 per cent) and methamphetamines (11 per cent). The number of inpatient hospital admissions for cannabis had increased steadily since 1999. Regarding opioid- and amphetamine-related inpatient

hospital admissions and treatment episodes, trends appear rather stabilized. Cocaine and ecstasy accounted for only a small number of closed treatment episodes.[29, 30]

71. In New Zealand, cannabis remained the main illicit substance of abuse. As in Australia, the prevalence of cannabis use among the general population (aged 13-45 years) was still high, even though both lifetime (51.3 per cent in 2003 versus 41.5 per cent in 2006) and past 12 months use (19.7 per cent in 2003 versus 17.0 per cent in 2006) were decreasing. Lifetime prevalence of ecstasy use appeared to be increasing among people aged 13-45 years (from 5.2 per cent in 2003 to 7.5 per cent in 2006). Use of opiates appeared low and stable, with a lifetime prevalence of 0.6 per cent. With regard to cocaine consumption, the trend among the general population may be increasing, but the low number of respondents shows that the results should be treated with caution. No major changes were reported in consumption of amphetamines/methamphetamines between 2003 and 2006.

72. The percentage of hospital admissions due to both ATS and opiate use increased, while some decrease related to cannabis use was reported. Still, among the new clients in treatment, nearly three in four (72 per cent) named cannabis as their primary drug of abuse.[31]

III. Conclusions and recommendations

73. The present report was prepared to form part of an overall evaluation of the progress made by Member States in meeting the goals and targets in the field of demand reduction set out in the Political Declaration adopted by the General Assembly at its twentieth special session, in 1998.

74. Both the annual reports questionnaire and the biennial reports questionnaire are elementary sources of information for a comprehensive assessment of progress made since 1998. The annual reports questionnaire and supplementary data sources provide information regarding developments in drug abuse prevalence, patterns and trends, while in the biennial reports questionnaire Member States report on their responses to the problem, implementation of national strategies, structures and activities in drug demand reduction. The analysis of that information suggests that in North America, Oceania and Central and Western Europe, and to some extent in East and South-East Asia, North Africa and the Middle East, where investments to establish monitoring systems and coordination mechanisms have been made to facilitate the use of drug epidemiological data to guide action in different areas of demand reduction, some positive developments with regard to reduced or at least stabilized levels of drug abuse prevalence, patterns and trends have been reported in recent years. However, because of various limitations, these findings must be interpreted with some caution.

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[29] Australian Institute of Health and Welfare, *Statistics on Drug Use in Australia 2006*, Drug Statistics Series No. 18, catalogue No. PHE 80 (Canberra, 2007).

[30] S. O'Brien and others, *Australian Drug Trends 2006: Findings from the Illicit Drug Reporting System (IDRS)*, NDARC Monograph No. 60 (Sydney, University of New South Wales, 2007).

[31] C. Wilkins, M. Girling and P. Sweetsur, *Recent Trends in Illegal Drug Use in New Zealand, 2006: Findings from the combined modules of the 2006 Illicit Drug Monitoring System (IDMS), Final Report* (Auckland, Massey University, December 2006).

75. Evidently activities in data collection and analysis have expanded, and both quality and coverage of information on drug abuse and related consequences have improved overall since 1998. Still, in many countries only partial progress has been made in establishing the principles, structures and indicators necessary for effective drug information systems. It is necessary to further enhance the information base for a comprehensive and harmonized assessment, including through training in using appropriate epidemiological research methods and tools, implementing surveys or estimation studies, establishing drug treatment monitoring systems or providing a forum for the standardization and harmonization of methods, concepts and reporting tools. As part of the work undertaken by the Global Assessment Programme on Drug Abuse, the United Nations Office on Drugs and Crime is helping to lay the foundation for evidence-based responses in partnership with national counterparts and in coordination with other agencies.

76. 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 abuse monitoring mechanisms so as to facilitate the exchange of information and expertise in order to help strengthen responses, in particular in regions where lack of resources or available expertise has made it impossible for sustained activities in demand reduction to have an impact on drug abuse prevalence.