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Implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem: demand reduction and related measures

World situation with regard to drug abuse

Report of the Secretariat

Summary

The present report contains a summary of the most recent information available to the United Nations Office on Drugs and Crime (UNODC) on the extent of drug use and its health consequences and highlights some of the key developments undertaken by UNODC in response to the drug problem. In 2016, 275 million people were reported to have used an illicit substance in the preceding year, while one in ten people who had used drugs were estimated to have suffered from drug use disorders. UNODC, jointly with the World Health Organization, the Joint United Nations Programme on HIV/AIDS and the World Bank, estimates that 10.6 million people inject drugs and that nearly one in eight people who inject drugs is living with HIV. Globally, drug use remains multifaceted, characterized by concurrent and sequential use of several substances, including the use of conventional plant-based drugs, synthetic stimulants and opioids, prescription drugs and new psychoactive substances (including those with opioid effects). Opioids, including heroin and pharmaceutical opioids, continue to have a detrimental impact on the health of people who use them. Nearly 80 per cent (21 million) of the disability-adjusted life years due to drug use disorders were attributed to opioid use disorders. Of particular concern is the number of deaths attributed to the use of fentanyl and its analogues, in particular in North America, and the rapid expansion of the non-medical use of tramadol in parts of Asia and Africa. There are signs of an expansion in the two main markets for cocaine (North America and Western and Central Europe). Globally, there were more than half a million deaths attributable to drug use. The lack of reliable information on most epidemiological indicators of drug use hinders both the monitoring of emerging trends and the implementation and evaluation of evidence-based responses to drug use and its health consequences.

* E/CN.7/2019/1.



I. Introduction

A. Emerging global trends

1. According to the information available to the United Nations Office on Drugs and Crime (UNODC), the recent trends in drug use observed around the world include the following:

(a) Opioid use, including the misuse of pharmaceutical opioids and new psychoactive substances with opioid effects, is a major concern in many countries because of the serious health consequences of such use;

(b) There are indications of an increase in the use of cocaine both in North America and in Western and Central Europe;

(c) Cannabis use is stable at high levels in Europe, and is considered to be increasing in the Americas, Africa and Asia;

(d) The use of amphetamines, especially methamphetamine, is considered to be increasing in many parts of Asia, as well as in North America, whereas in Western and Central Europe, the use of amphetamines, in particular in high-prevalence countries, is either declining or remains stable;

(e) The emergence of new psychoactive substances continues to increase and has given rise to public health concerns in all regions.

B. Challenges in understanding the extent and patterns of and trends in drug use

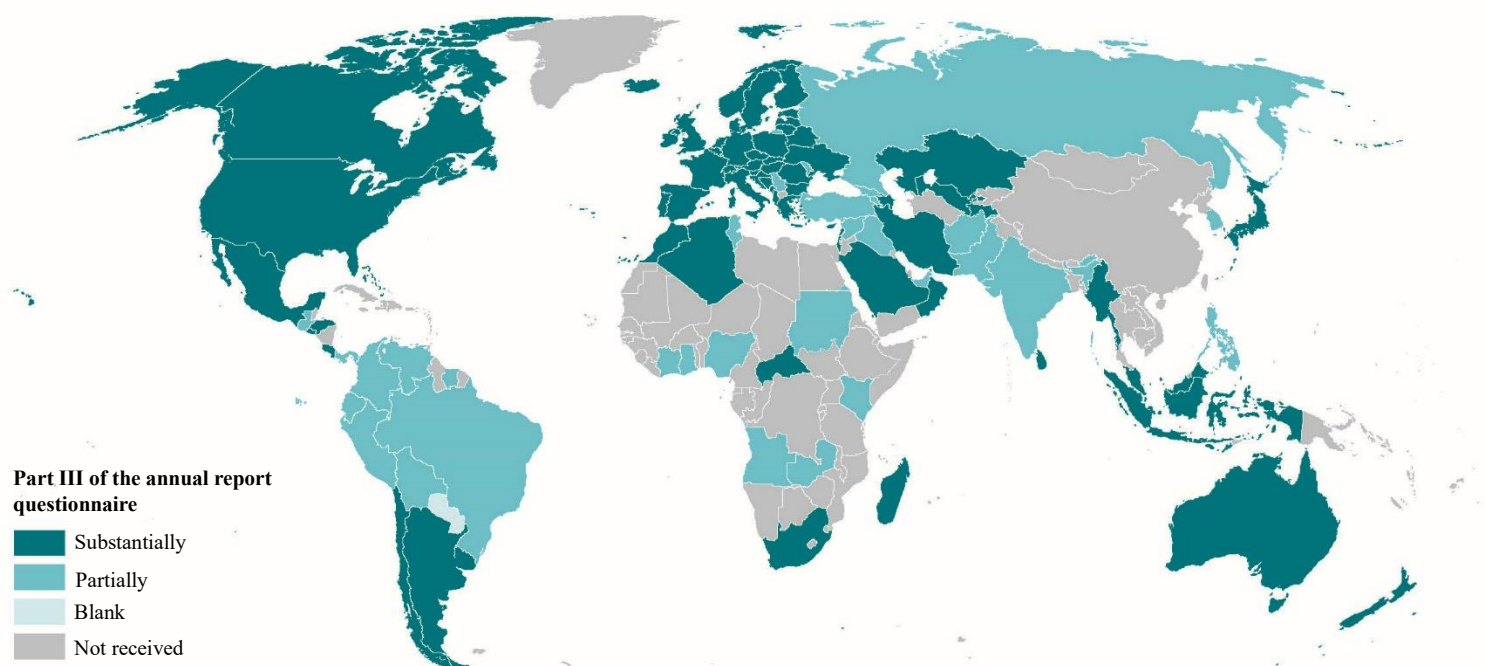
2. Member States' responses to the annual report questionnaire form the basis on which the global extent of and trends in drug use are reported each year. As at 30 November 2018, 103 out of a total of 194 States and territories had returned part III of the questionnaire, on the extent and patterns of and trends in drug use related to 2017.

3. Of the questionnaires submitted by Member States, 67 per cent were substantially filled in, i.e., the State had provided information on more than half of the main indicators of drug use and its health consequences. In terms of coverage, the 103 Member States that had returned the questionnaire represented more than 75 per cent of the world's population (see map 1).

Map 1

Responses to part III of the annual report questionnaire

Member States that provided drug demand data in the annual report questionnaire for 2017*



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

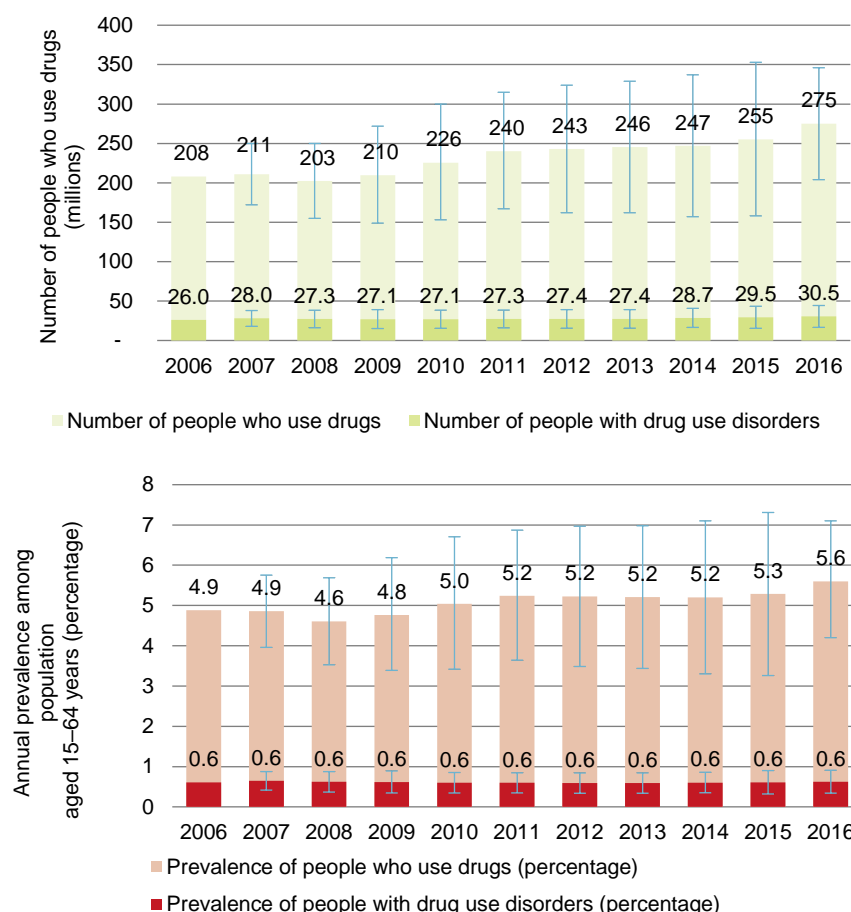
* Reflects status of submission as at 27 November 2018.

II. Global overview

A. Extent of drug use

4. In 2016, UNODC estimated that nearly 1 in 18 persons aged 15 to 64 had used an illicit substance in the preceding year, which represented 275 million people (5.6 per cent of the population aged 15 to 64). Notwithstanding the caveats expressed in relation to global estimates of drug use and the variations in drug use trends across regions, since 2009, the annual prevalence of drug use has increased by 18 per cent globally.

Figure I
Annual prevalence of illicit drug use among the global population aged 15–64, 2006–2016



Source: *World Drug Report 2018: Global Overview of Drug Demand and Supply — Latest Trends, Cross-Cutting Issues* (United Nations publication, Sales No. E.18.XI.9 (Booklet 2)), figs. 1 and 2.

5. The global picture of drug use is compounded by the fact that many people who use drugs, whether occasionally or regularly, are polydrug users, that is, they use more than one substance concurrently or sequentially, usually with the intention of enhancing, potentiating or counteracting the effects of other drugs. The non-medical use of prescription drugs (e.g., opioids, benzodiazepines and amphetamines) and use of new psychoactive substances (including those with opioid effects) in lieu of or in combination with conventional stimulants (e.g., cocaine or amphetamines) or depressants (e.g., heroin) blurs the distinction between users of a particular substance and presents a picture of interlinked epidemics of drug use and related health consequences.

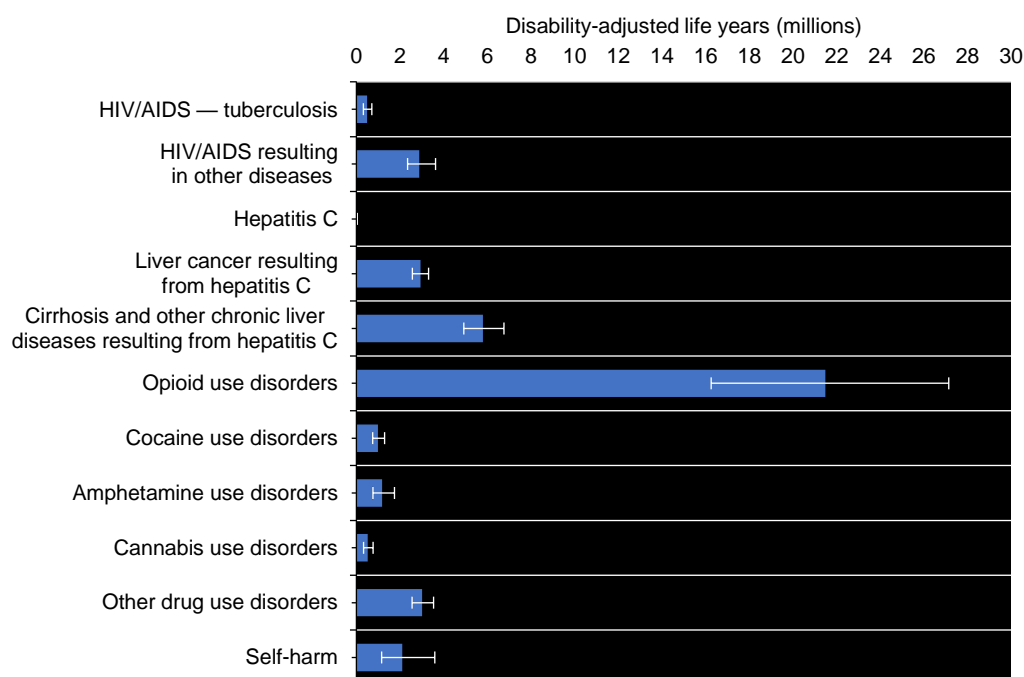
6. Of particular concern are the people who suffer from drug use disorders: nearly 1 in 10 people who use drugs (30.5 million people) are estimated to suffer from such disorders. Drug use disorders accounted for 27.2 million disability-adjusted life years (DALYs), i.e., the number of years of healthy life lost as a result of disability or premature death.¹ Nearly 80 per cent of the total, or 21.5 million DALYs, were attributable to opioid use disorders. Amphetamine use disorders accounted for nearly 1.18 million DALYs, while cocaine and cannabis use disorders accounted for 992,000 and 518,000 DALYs, respectively. Also of concern are the 8.7 million DALYs attributed to hepatitis C, including liver cancer, cirrhosis and other chronic liver

¹ Institute for Health Metrics and Evaluation, Global Burden of Disease Collaborative Network, “Global Burden of Disease Study 2017 (GBD 2017) Results” (2018). Available at <http://ghdx.healthdata.org/gbd-results-tool>.

diseases resulting from hepatitis C, among people who use drugs, including by injection.

Figure II

Healthy years of life lost due to disability or premature death among people who use drugs, by cause, 2017

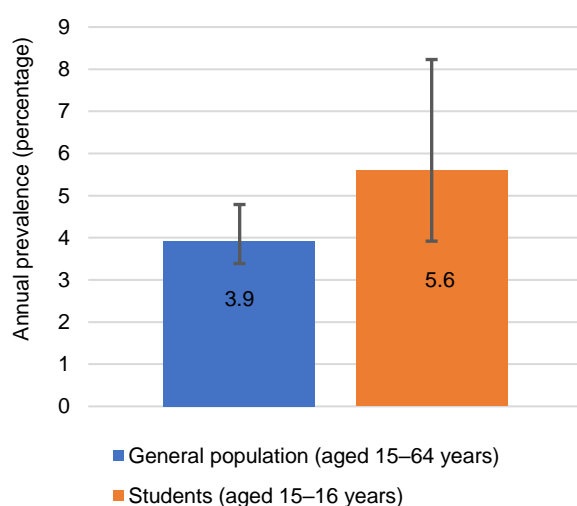


Source: “Global Burden of Disease Study 2017 (GBD 2017) Results”.

7. Globally, cannabis remains the most widely used drug: 192 million people between the ages of 15 and 64 are estimated to have used cannabis in the past year (the estimated prevalence stands at 3.9 per cent of the adult population). While fewer adolescents (13.8 million) than adults use cannabis, the prevalence of past-year cannabis use among young people aged 15–16 is much higher than among adults aged 15–64.

Figure III

Global annual prevalence of cannabis use among the general population aged 15–64 and among students aged 15–16, 2016



Source: *World Drug Report 2018* (Booklet 2).

8. The subregions with a high annual prevalence of cannabis use in terms of percentage of the adult population are West and Central Africa, North America, and Australia and New Zealand.

Table 1

Regions and subregions with a high prevalence of cannabis use, 2016

	<i>Annual prevalence (percentage)</i>	<i>Estimated number of people</i>
Global	3.9	192 150 000
West and Central Africa	13.2	34 260 000
North America	12.9	41 510 000
Australia and New Zealand	11.0	2 070 000
Western and Central Europe	7.0	22 370 000
Asia	1.9	56 610 000

Source: *World Drug Report 2018* (Booklet 2).

9. Beginning in 2010, cannabis use, particularly among young people, was reported as stabilizing or declining in countries with established cannabis markets, such as in Western and Central Europe, North America and parts of Oceania (Australia and New Zealand), but that trend was offset by increasing consumption in many countries in Africa and Asia. While cannabis use in Western and Central Europe is still reported as stabilizing at high levels, it has increased considerably in the Americas, Africa and Asia.

10. The use of amphetamines (amphetamine and methamphetamine) remains widespread and they are the second most widely used substances globally, with an estimated 34 million past-year users (with an annual prevalence of 0.7 per cent of the adult population). Amphetamine use is highest in North America, where 2 per cent of the adult population reported such use in the past year. Australia and New Zealand is another subregion with a high prevalence of amphetamine use, with an annual prevalence of 1.3 per cent among those aged 15–64 years.

Table 2

Regions and subregions with a high prevalence of amphetamine use, 2016

	<i>Annual prevalence (percentage)</i>	<i>Estimated number of people</i>
Global	0.70	34 160 000
North America	2.02	6 500 000
Australia and New Zealand	1.34	250 000
Asia	0.59	17 450 000
Western and Central Europe	0.67	2 130 000
Africa	0.88	5 980 000

Source: *World Drug Report 2018* (Booklet 2).

11. The form of amphetamines used varies considerably across the different regions. In North America, the most misused forms are prescription stimulants and methamphetamine. In East and South-East Asia and Oceania (Australia), methamphetamine is predominantly used, more often in crystalline form than in tablets. In Western and Central Europe and the Near and Middle East, amphetamine is the main substance used within this group, although, in the latter region, amphetamine is marketed as “captagon”.² Since 2000, amphetamine use has remained relatively stable in most countries in Western and Central Europe. In North America,

² Captagon was the official trade name of a pharmaceutical preparation containing the substance fenethylamine, a synthetic stimulant. It is no longer licitly produced; the substance currently known as “captagon”, as referred to in the present report, is a counterfeit drug.

there are indications of an increase in methamphetamine use, while in East and South-East Asia, the use of the substance, in particular its crystalline form, has continued to be reported as increasing.

12. Globally, opioids are responsible for most of the negative health impacts of drug use. For example, opioids accounted for 65 per cent of deaths from drug use disorders in 2017.³ In 2016, there were an estimated 34.3 million past-year users of opioids (which included people who had used opiates and those who had used prescription opioids for non-medical purposes), corresponding to 0.7 per cent of the global population aged 15–64 years. The prevalence of past-year use of opioids among the population aged 15–64 is high in North America (4.2 per cent) and Oceania (2.2 per cent). Among users of opioids, 19.4 million were past-year users of opiates (heroin and opium), corresponding to 0.4 per cent of the population aged 15–64, with a high prevalence of past-year use of opiates in Central Asia (0.9 per cent), Eastern and South-Eastern Europe (0.7 per cent) and North America (0.8 per cent).

Table 3

Subregions with a high prevalence of opioid use, 2016

	<i>Annual prevalence (percentage)</i>	<i>Estimated number of people</i>
Global	0.70	34 260 000
North America	4.22	13 570 000
Australia and New Zealand	2.95	560 000
Near and Middle East/South-West Asia	2.14	6 180 000
Eastern and South-Eastern Europe	0.78	1 750 000
Central Asia	0.93	540 000

Source: World Drug Report 2018 (Booklet 2).

13. The misuse of pharmaceutical opioids such as tramadol is reported in many countries, in particular in West and North Africa and the Near and Middle East. This is reflected in the number of people in treatment for tramadol-related problems and the number of tramadol overdose deaths reported in some countries. The high level of non-medical use of pharmaceutical opioids (e.g., hydrocodone, oxycodone, codeine and tramadol) remains a major concern in North America. Coupled with the presence of fentanyl and its analogues, the interlinked epidemic of prescription opioids and heroin has taken a heavy toll, especially in terms of the high number of reported fatal overdoses associated with their use. There are also increasing signs of non-medical use of pharmaceutical opioids in Western and Central Europe, as reflected in the increasing proportion of people entering treatment services for such use in the subregion.

14. Globally, it was estimated that 18.2 million people, or 0.4 per cent of the population aged 15–64, had used cocaine in 2016. The use of cocaine remains concentrated mainly in North America (with a prevalence of 1.9 per cent of the population aged 15–64), South America (nearly 1.0 per cent), Western and Central Europe (1.2 per cent) and in Australia and New Zealand (2.2 per cent).

15. In 2010, stable trends were reported in the use of cocaine from Central America, South America and Europe, while decreasing use of cocaine was reported in North America. In Western and Central Europe, wastewater analysis and survey results from some countries suggest an increase in cocaine consumption in the subregion. In North America, following a decline in cocaine use between 2006 and 2012, there were signs of an increase; there have also been reported increases in cocaine use in some countries in South America. In addition, the use of cocaine base paste, previously confined to cocaine-manufacturing countries, has spread to countries further south in the subregion. In parts of Asia and West Africa, increasing amounts of cocaine have

³ “Global Burden of Disease Study 2017 (GBD 2017) Results”.

reportedly been seized, which indicates that cocaine use could potentially increase, especially among the affluent, urban segments of the population, in subregions where such use had been low or uncommon.

16. Approximately 20.6 million people, representing nearly 0.4 per cent of the adult population, are estimated to be past-year users of 3,4-methylenedioxymethamphetamine (MDMA, commonly known as “ecstasy”). Compared with the global average, the prevalence of use of “ecstasy” has remained considerably high in Australia and New Zealand (2.2 per cent of the adult population), North America (0.9 per cent) and Western and Central Europe (0.8 per cent).

17. The use of “ecstasy” is mainly associated with recreational nightlife settings, with higher levels of use seen among young people. Between 2007 and 2012, most countries in Western and Central Europe had reported stable or declining trends in the use of “ecstasy”; in subsequent years, with an increasing availability of high-purity “ecstasy” in Western and Central Europe, as well as other subregions, there were indications of an overall resurgence in its use. The forms of “ecstasy” have also diversified, with high-purity powder and crystalline forms of the drug having become available and commonly used.

18. While global estimates of the misuse of prescription drugs are not available, such misuse remains quite widespread, in particular among polydrug users. Between 2010 and 2017, the non-medical use of pharmaceutical opioids, benzodiazepines and prescription stimulants began to be reported as a growing health problem in a number of countries. The non-medical use of benzodiazepines remains most common: between 2015 and 2017, approximately 60 countries ranked sedatives and tranquilizers — mostly benzodiazepines — among the three most commonly misused substances,⁴ while some countries reported a higher prevalence of their non-medical use than that of many other drugs. Benzodiazepines are also frequently reported in fatal overdose cases involving opioids.

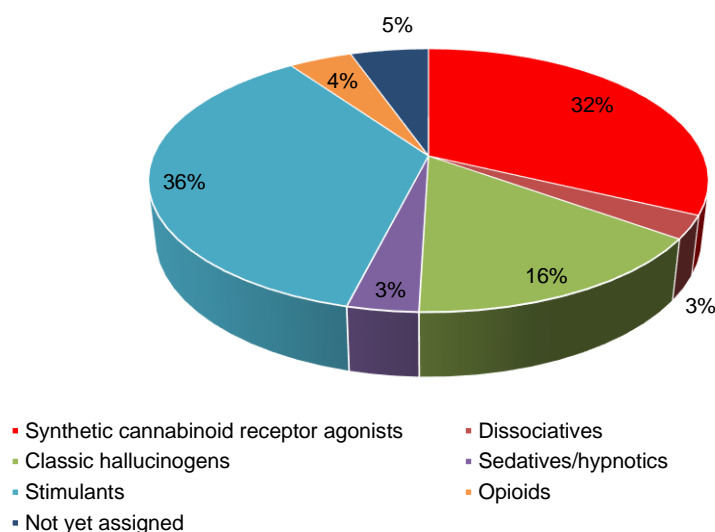
19. The global market for new psychoactive substances continues to be characterized by the emergence of a large number of new substances belonging to diverse chemical groups. A total of 803 new psychoactive substances were reported to have emerged in the period 2009–2017. However, while the global market for new psychoactive substances remains widely diversified, with the exception of a few of them, such substances do not seem to have established themselves on drug markets or to have replaced traditional drugs on a larger scale. In several countries, an increasing number of new psychoactive substances with opioid effects to have emerged on the market, such as fentanyl analogues, have been associated with fatalities. Moreover, the injecting use of stimulant new psychoactive substances remains a concern, in particular in view of the reported high-risk injecting practices associated with such use. The use of new psychoactive substances in prisons also remains a concern in some countries in Europe, North America and Oceania.

20. Grouped according to their main pharmacological effect, the largest portion of new psychoactive substances reported since UNODC began monitoring such substances are stimulants, followed by cannabinoid receptor agonists and classic hallucinogens.

⁴ The ranking of substances is based on responses by Member States to the annual report questionnaires for 2015, 2016 and 2017.

Figure IV

Global proportion of new psychoactive substances, by psychoactive effect group, December 2017



Source: *World Drug Report 2018* (Booklet 3).

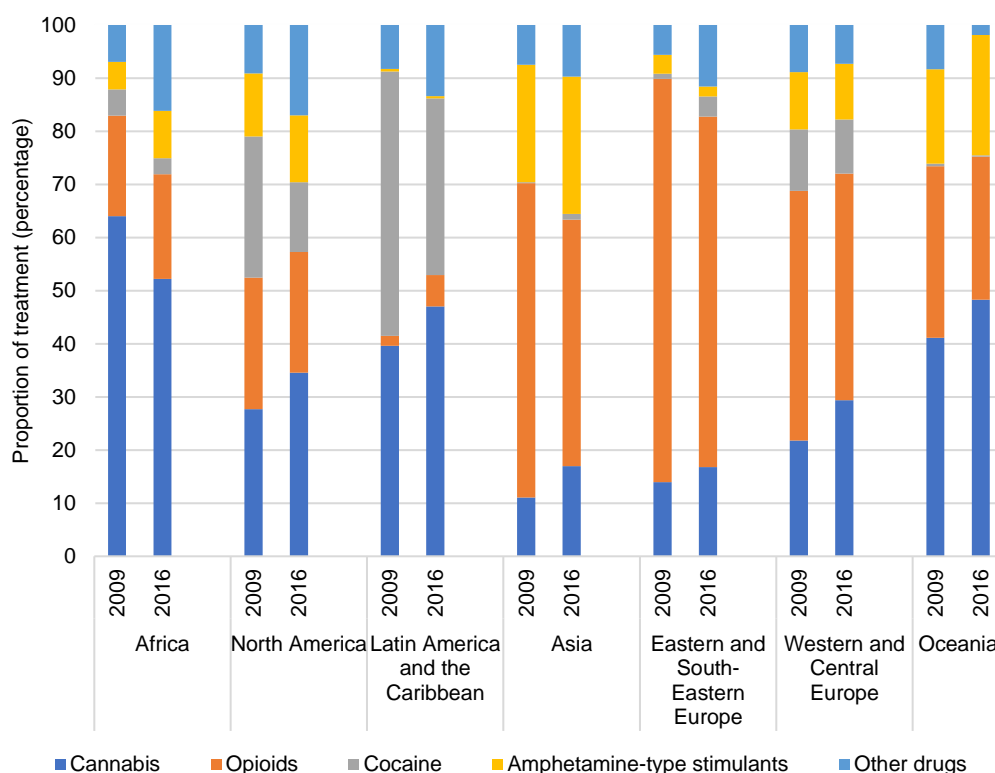
B. Consequences of drug use

1. People with drug use disorders as reflected in treatment

21. For people with drug use disorders, the availability of and access to treatment services, particularly science-based services, remains limited at the global level, with one out of six people with drug-use disorders provided with treatment each year. On average, among those treated, the proportion of people with cannabis and opioid use disorders remains higher than those with disorders related to the use of other substances.

22. Opioids remain of major concern in South-West and Central Asia and in Eastern and South-Eastern Europe. In South-Eastern Europe, nearly three out of every five people receiving treatment for drug disorders are in treatment for opioid use disorders. Treatment for cocaine use remains prominent in North America, Latin America and the Caribbean and, to a lesser extent, in Western and Central Europe, while amphetamines remain a problem in East and South-East Asia and to some extent in North America. In Asia, although half of the people in treatment for drug use disorders are receiving treatment for opioid use disorders, the number of people in treatment for disorders resulting from the use of amphetamines has been increasing. Cannabis is the main drug for which drug use treatment is sought in Africa, but many countries in the region have reported an increasing number of people entering treatment for opioid use disorders.

Figure V
Trends in treatment demand, in terms of proportion of primary drug of abuse, by region, 2009 and 2016



Source: *World Drug Report 2018* (Booklet 2).

2. People who inject drugs

23. The joint UNODC/World Health Organization (WHO)/Joint United Nations Programme on HIV/AIDS (UNAIDS)/World Bank estimate of the number of people who injected drugs in 2016 was 10.6 million, corresponding to 0.22 per cent of the global population aged 15–64. The estimate was based on the most recent and highest-quality information available to UNODC at the time. Based on data from 107 countries, the figure represents 88 per cent of the global population aged 15–64.

24. The subregions in which the largest number of people who inject drugs reside are Eastern and South-Eastern Europe, which together account for 17 per cent of the global total number of people who inject drugs and in which the prevalence of injecting drugs stands at 3.8 times the global average; North America, which accounts for 17 per cent of the global total of people who inject drugs and in which the prevalence of injecting drugs is 2.5 times the global average; and East and South-East Asia, which accounts for 30 per cent of the global total of people who inject drugs, but in which the prevalence of injecting drugs is relatively low and is below the global average.

25. Almost half of all people who injected drugs worldwide in 2016 were estimated to reside in three countries: China, the Russian Federation and the United States of America. Although these three countries together account for just 27 per cent of the global population aged 15–64, together they are home to 45 per cent of the people who inject drugs worldwide.

3. HIV and hepatitis C among people who inject drugs

26. Outside sub-Saharan Africa, people who inject drugs accounted for 20 per cent of new HIV infections in 2015.⁵ Furthermore, the number of newly infected people who inject drugs worldwide each year has been on the rise, increasing by one third, from 114,000 new cases in 2011 to 152,000 cases in 2015.⁶ This contrasts with the estimated 11 per cent decline in new HIV infections among adults in general (more precisely, among people aged 15 years and older) that occurred between 2010 and 2016.⁷

27. The 2016 joint UNODC/WHO/UNAIDS/World Bank estimate of the prevalence of HIV among people who inject drugs was 11.8 per cent, suggesting that 1.3 million people who inject drugs were living with HIV. That estimate is based on reports on the prevalence of HIV among people who inject drugs from 119 countries, covering 94 per cent of the estimated global number of people who inject drugs.

28. The highest prevalence of HIV among people who inject drugs is in South-West Asia and in Eastern and South-Eastern Europe, with rates that are, respectively, 2.4 and 1.9 times the global average. Together, those two subregions account for 49 per cent of the total number of people who inject drugs worldwide living with HIV. Although the prevalence of HIV among people who inject drugs in East and South-East Asia is below the global average, 24 per cent of the global total of people who inject drugs who are living with HIV reside in that subregion. An estimated 53 per cent of people who inject drugs who were living with HIV worldwide in 2016 resided in just three countries (China, Pakistan and the Russian Federation). This percentage is disproportionately large, considering that 35 per cent of the people who inject drugs worldwide live in those three countries.

29. Hepatitis C infection is highly prevalent among people who inject drugs; one in two people who inject drugs is living with hepatitis C (5.5 million people). The global burden of disease among people who use or inject drugs remains three times higher for hepatitis C than for HIV infection. The burden of disease from acute hepatitis C, liver cancer, cirrhosis and other chronic liver diseases due to hepatitis C accounts for 8.7 million healthy years of life lost.⁸

4. Drug-related deaths

30. Drug-related deaths are defined as deaths that are directly attributable to drug use disorders, primarily drug overdose, and deaths that result from other risk factors such as HIV and AIDS, tuberculosis, hepatitis C, and liver cancer or cirrhosis among people who use drugs, including by injection.

31. In the Global Burden of Disease Study 2017, it was estimated that there had been 585,000 drug-related deaths. Out of those, 166,600 were attributed to drug use disorders, whereas the remainder were attributed to other risk factors. Overall, nearly half of all drug-related deaths were attributable to liver cancer, cirrhosis or other chronic liver diseases among people who use or inject drugs, while one third of those deaths were attributable to drug use disorders.

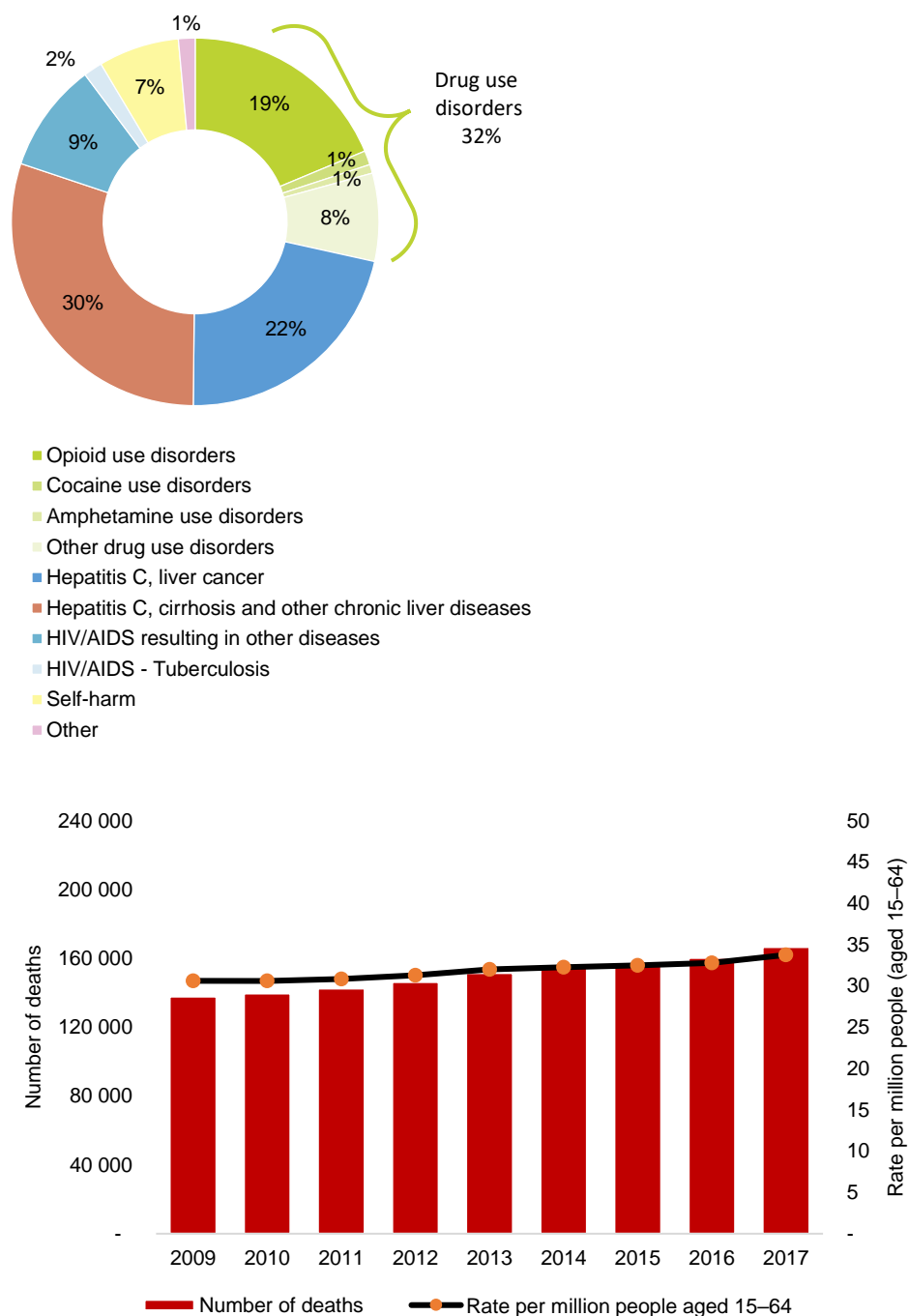
⁵ Joint United Nations Programme on HIV/AIDS (UNAIDS), *Ending AIDS: Progress Towards the 90–90–90 Targets* (Geneva, 2017).

⁶ UNAIDS, *Get on the Fast-Track: The Life-cycle Approach to HIV* (Geneva, 2016).

⁷ *Ending AIDS: Progress Towards the 90–90–90 Targets*.

⁸ “Global Burden of Disease Study 2017 (GBD 2017) Results”.

Figure VI
Leading causes of deaths attributable to drug use, 2017, and trends in deaths attributable to drug use disorders, 2009–2017



Source: “Global Burden of Disease Study 2017 (GBD 2017) Results”.

32. Out of the 166,600 deaths attributed to drug use disorders, 65 per cent were attributed to opioid use disorders. Since 2009, the number of deaths attributable to drug use disorders has increased by 50 per cent, owing in part to an increase in opioid overdose deaths, in particular in North America.

III. Regional summaries

33. The information on drug use presented below highlights major trends and developments in the regions where such information was available. The data on

prevalence presented in each section are based on UNODC estimates published in the *World Drug Report 2018*.

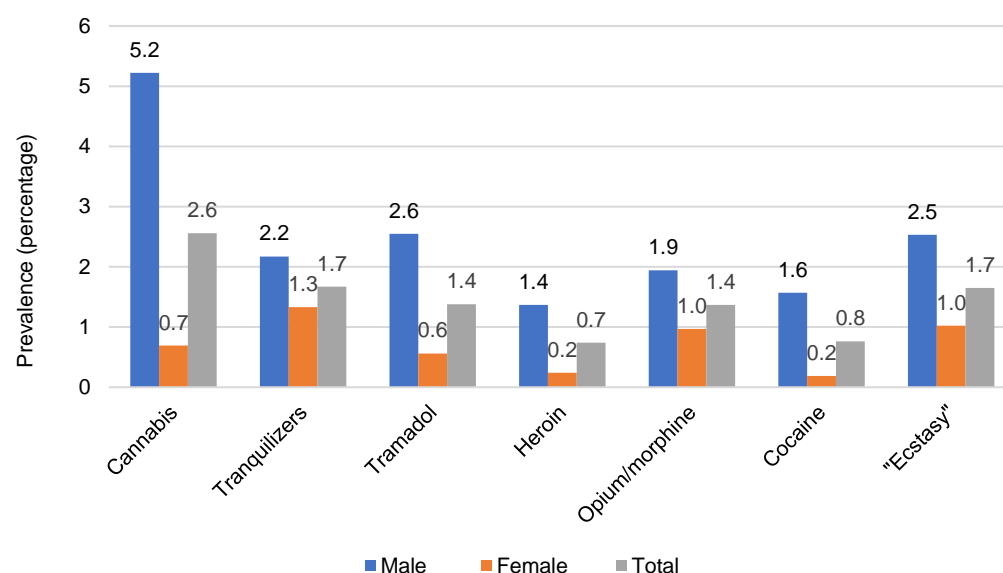
A. Africa

34. Information on the extent of drug use in Africa remains limited, and available from only a few countries in the region. Many countries in the region, in particular in West and North Africa, report high levels of non-medical use of tramadol. While population-based estimates of the non-medical use of pharmaceutical opioids (notably tramadol) are not available in the region, survey data from some countries, as well as data on the provision of treatment, suggest that the extent of their non-medical use in these subregions is quite high. Tramadol tablets available in some parts of Africa are reportedly intended for the illicit market and may be of a dosage higher than normally prescribed for medical purposes.

35. According to the first drug use survey among secondary school students in Egypt, other than alcohol and tobacco, cannabis and tramadol were the two substances most commonly used and/or misused among secondary school students. The use of other substances such as tranquilizers, other opiates (heroin, opium or morphine) and “ecstasy” were also quite common among the students. While the use of most drugs was more common among boys, the gender gap in the misuse of tranquilizers and the use of opium and morphine was less marked.⁹

Figure VII

Annual prevalence of drug use among secondary school students in Egypt, 2016



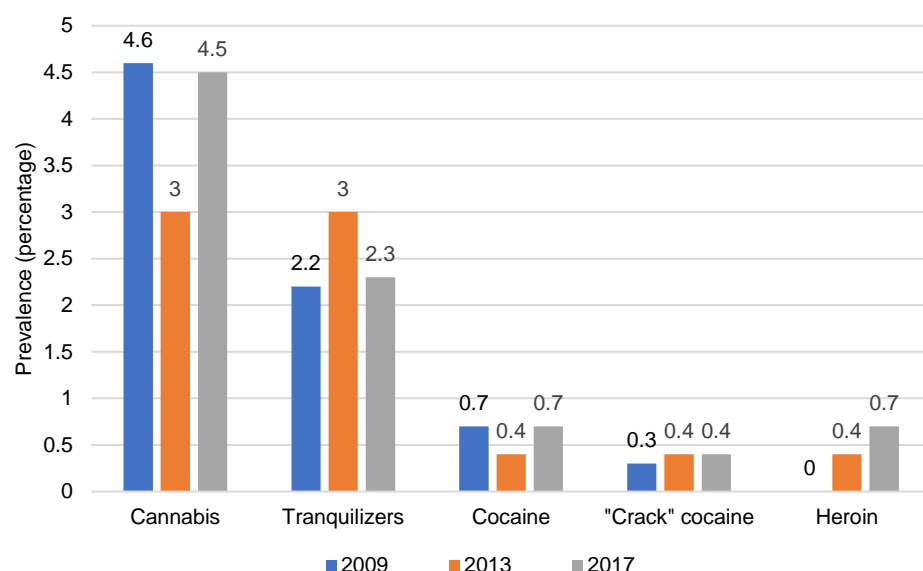
Source: “MedSPAD 2016 in Egypt: results of the first Mediterranean School Survey Project on Alcohol and other Drugs (MedSPAD) in Egypt”.

36. Other than tobacco and alcohol, cannabis and tranquilizers were the two substances most commonly used and/or misused among students aged 15–17 in Morocco in 2017. While the use of most substances has remained stable since 2009, there are concerns over the use of “crack” cocaine and heroin, which has increased among the secondary school students over the same period.¹⁰

⁹ Egypt, General Secretariat of Mental Health and Addiction Treatment and Pompidou Group of the Council of Europe, “MedSPAD 2016 in Egypt: results of the first Mediterranean School Survey Project on Alcohol and Other Drugs (MedSPAD) in Egypt” (December 2017).

¹⁰ Jallal Toufiq, “Drug use among Moroccan youth: MedSPAD Surveys”, National Centre for Drug Abuse Prevention and Research of Morocco, 2017.

Figure VIII

Annual prevalence of drug use among secondary school students in Morocco, 2017

Source: Mediterranean School Survey Project on Alcohol and other Drugs (MedSPAD) in Morocco, 2017.

37. The first ever comprehensive national survey on drug use in Nigeria was implemented in 2017. According to the survey results, 21.8 per cent of men and 7.0 per cent of women in Nigeria had used drugs in the past year. Cannabis was the most common substance used; an estimated 10.8 per cent of the population had used the drug in the past year. The non-medical use of pharmaceutical opioids (mainly tramadol, and to a lesser extent codeine and morphine) was also substantially high, with 4.7 per cent of the adult population (6 per cent of the adult male population and 3.3 per cent of the adult female population) reporting its misuse in the previous 12 months. Similarly, the non-medical use of cough syrups containing codeine or dextromethorphan was also common, with 2.4 per cent of the adult population having reported its non-medical use in the past year.¹¹

38. The first-ever school survey in Côte d'Ivoire, conducted in 2017, revealed that the non-medical use of pharmaceutical opioids and tranquilizers and the use of cannabis was quite common among secondary school students in Côte d'Ivoire. The use of most drugs, in particular the non-medical use of prescription opioids and tranquilizers, was reportedly higher among girls than boys.¹²

Table 4

Annual prevalence of drug use among secondary school students in Côte d'Ivoire, 2017

	Prevalence (percentage)		
	Total	Boys	Girls
Prescription opioids	10.2	9	12
Tranquilizers	8.3	7.4	9.6
Cannabis	1.5	1.9	0.9
Cocaine	1	1.2	0.9
Amphetamines	0.8	0.8	0.7

¹¹ UNODC, Drug use in Nigeria, 2018.

¹² UNODC, Report of the National Drug Survey on Drug Use and Health among Students in Secondary Schools in Côte d'Ivoire, 2018.

	Prevalence (percentage)		
	Total	Boys	Girls
Opiates			
Morphine	0.7	0.1	0.8
Heroin	0.6	0.6	0.8
Opium	0.4	0.4	0.4
“Ecstasy”	0.5	0.6	0.5
“Spice”	0.6	0.6	0.6

Source: UNODC, Report of the National Drug Survey on Drug Use and Health among Students in Secondary Schools in Côte d’Ivoire, 2018.

B. Americas

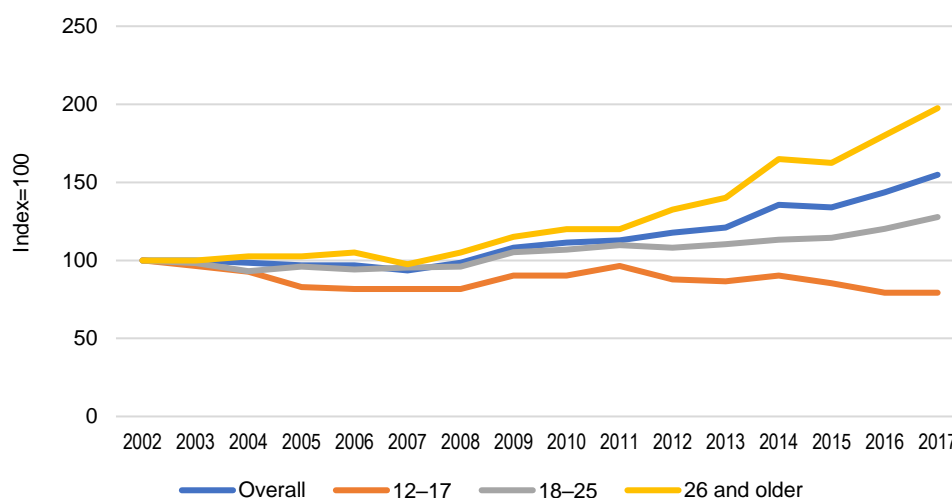
39. With an annual prevalence of 8 per cent among the adult population, cannabis continues to be the most commonly used illicit substance in the Americas. High levels of use of cocaine and opioids are also reported in the region.

1. North America

40. In the United States, an estimated 30.5 million people aged 12 years and older (11.2 per cent of that population) were current users (defined as use within the past 30 days) of different drugs. With 26 million current users (9.6 per cent of the population aged 12 years and older), cannabis remained the most commonly used substance in the United States. Cannabis use in the United States has been consistently increasing since 2002. The highest prevalence of cannabis use is seen among those aged 18–25 years, while the greatest increase in past-month cannabis use is seen among adults 26 years and older.¹³

Figure IX

Trends in past-month use of cannabis in the United States, by age group, 2002–2017



Source: Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health.

¹³ United States, Center for Behavioral Health Statistics and Quality, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health*, HHS Publication No. SMA 18-5068, NSDUH Series H-53, (Rockville, Maryland, 2018).

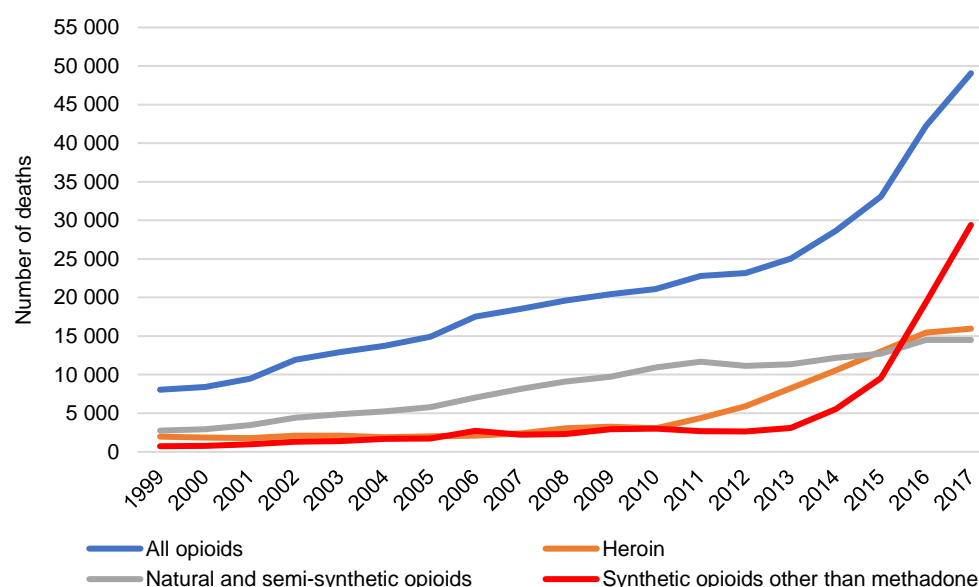
41. The non-medical use of prescription drugs remained a major concern in the United States. According to the 2017 National Survey on Drug Use and Health, of the estimated 6 million past-month users (2.2 per cent of the population aged 12 years and older), 3.2 million had misused opioid pain killers, while 1.7 million people had misused tranquilizers and 1.8 million people had misused stimulants in the past month. Cocaine use had remained stable in the United States from 2008 to 2014 but has increased over the past few years. An estimated 0.8 per cent of the population 12 years and older, or 2.2 million people, had reported current use of cocaine and “crack” cocaine. It is estimated that some 0.8 million people, or 0.3 per cent of the adult population, are current users of methamphetamine.

42. Heroin use in the United States has followed an increasing trend since 2007. In 2017, nearly half a million people aged 12 years and older (0.2 per cent of the population) were using heroin. The estimated prevalence of heroin use remained stable, compared with 2016. However, it should be noted that self-reported heroin use is likely to be underreported in household surveys. Also, there is an overlap between non-medical use of prescription opioids and heroin use in the United States: while around 5 per cent of those who had misused prescription opioids had also used heroin in the past year, 63 per cent of heroin users had misused prescription opioids in the past year.¹⁴

43. The increase in the use of heroin and fentanyl and its analogues has had a major impact in the United States. Fentanyl and fentanyl analogues have not only been reported to be found in heroin samples (mainly used as an adulterant); they are also sold as counterfeit prescription opioids.¹⁵ In most instances, users are unaware of the contents of the substances they are consuming, which may result in overdose. In 2017, there were 72,000 drug-related deaths reported in the United States, of which 42,000 were attributed to opioids. The main increase in overdose deaths has been for those that are attributable to fentanyl and fentanyl analogues.

Figure X

Opioid overdose deaths in the United States 1999–2017



Source: United States, Centers for Disease Control and Prevention, National Center for Health Statistics, Wide-ranging Online Data for Epidemiologic Research (CDC WONDER).

Note: Synthetic opioids include mainly fentanyl and its analogues; natural and semi-synthetic opioids include morphine, oxycodone and hydrocodone.

¹⁴ Ibid.

¹⁵ United States Department of Justice, Drug Enforcement Administration, *2018 National Drug Threat Assessment* (October 2018).

44. In Canada, 18.7 per cent of men and 11.1 per cent of women aged 15 years and older reported in 2017 past-year use of cannabis.¹⁶ Canada also faces an opioid crisis. In 2017, 3,996 opioid-related deaths (corresponding to a death rate of 10.9 per 100,000 population) were reported in the country, which was an increase of 33 per cent from 2016 and is largely attributed to fentanyl or fentanyl analogues. Most of the opioid-related deaths were among males and among people aged 30–39 years.¹⁷

2. South and Central America and the Caribbean

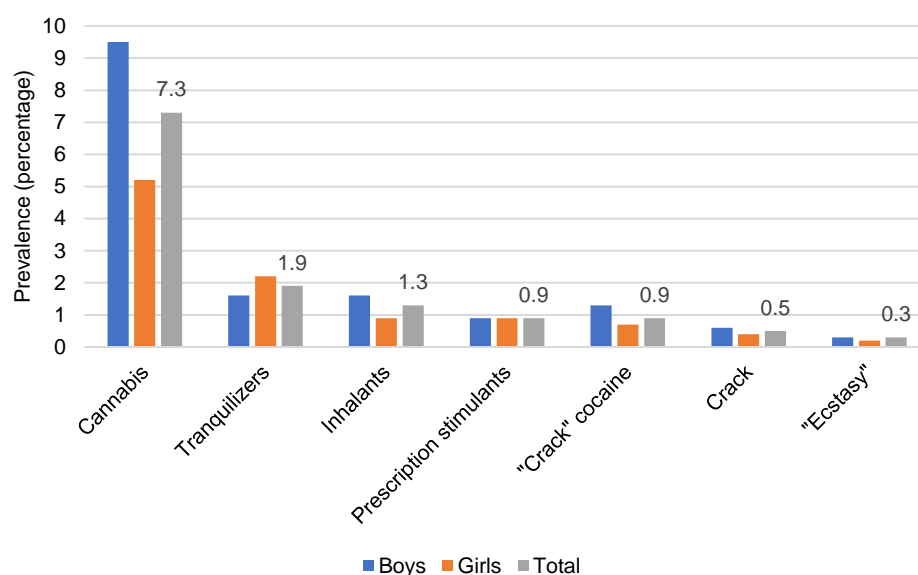
45. In South and Central America and the Caribbean, high levels of past-year cocaine use are reported. Additionally, the use of cocaine base paste, previously confined to cocaine-manufacturing countries, has gradually spread further south, to Argentina, Brazil, Chile and Uruguay.

46. The 2016 national drug use survey in Jamaica found that 28.5 per cent of men and 7.8 per cent of women aged 12–65 years had used cannabis in the past year, and less than 1 per cent of the population reported lifetime use of cocaine, tranquilizers, stimulants, inhalants or depressants. Only 0.4 per cent of the population aged 12–65 years reported past-year or past-month use of cocaine.¹⁸

47. The latest secondary school survey on drugs in El Salvador found that cannabis, tranquilizers and inhalants were the most commonly used drugs among students. Overall, the prevalence of drug use among boys was higher than among girls, but the prevalence of non-medical use of tranquilizers and prescription stimulants and use of “ecstasy” were found to be at similar levels among boys and girls.

Figure XI

Annual prevalence of drug use among secondary school students in El Salvador, 2016



Source: Tercer estudio nacional sobre consumo de sustancias psicoactivas en población escolar de El Salvador, 2016.

48. A report on drug use among secondary school students in 13 Caribbean countries shows that on average 17.5 per cent of the boys and 10.3 per cent of the girls in

¹⁶ Canada, Canadian Tobacco, Alcohol and Drugs Survey (CTADS), 2017.

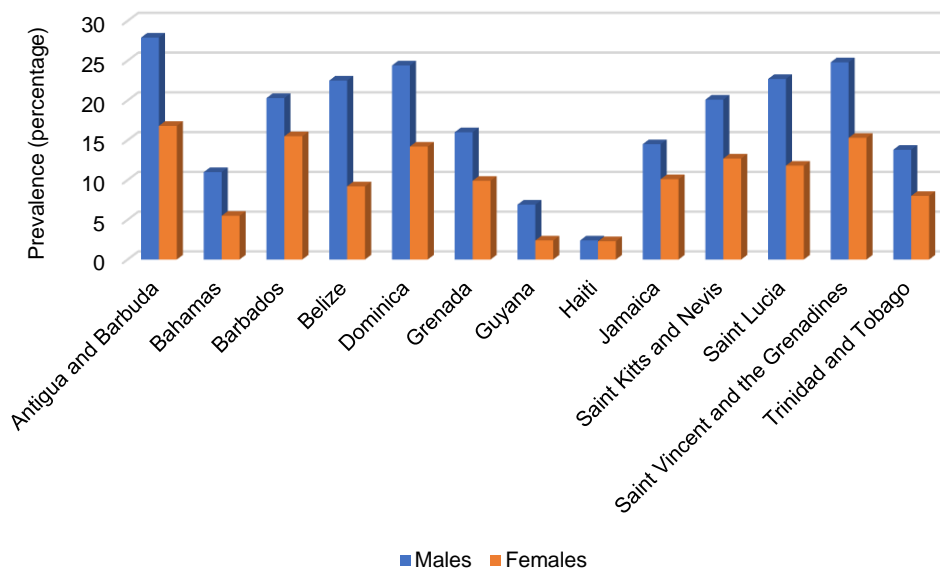
¹⁷ Canada, Public Health Agency of Canada, Special Advisory Committee on the Epidemic of Opioid Overdoses, “National report: apparent opioid-related deaths in Canada (January 2016 to March 2018)” (released September 2018).

¹⁸ Novie Younger-Coleman and others, *Jamaica National Drug Use Prevalence Survey 2016*, Technical report for the Organization of American States/Inter-American Drug Abuse Control Commission and the National Council on Drug Abuse (Kingston, 2017).

13 Caribbean countries had used cannabis in the past year.¹⁹ Additionally, in the past year 1.5 per cent of the students had used cocaine and 1.4 per cent had used “crack” cocaine, while 1.8 per cent had used “ecstasy” in their lifetime. Past-year use of cocaine was highest in Grenada (2.2 per cent), followed by Antigua and Barbuda, Saint Kitts and Nevis and Saint Lucia (1.9 per cent in each of those countries).

Figure XII

Annual prevalence of drug use among secondary school students in 13 Caribbean countries, 2016



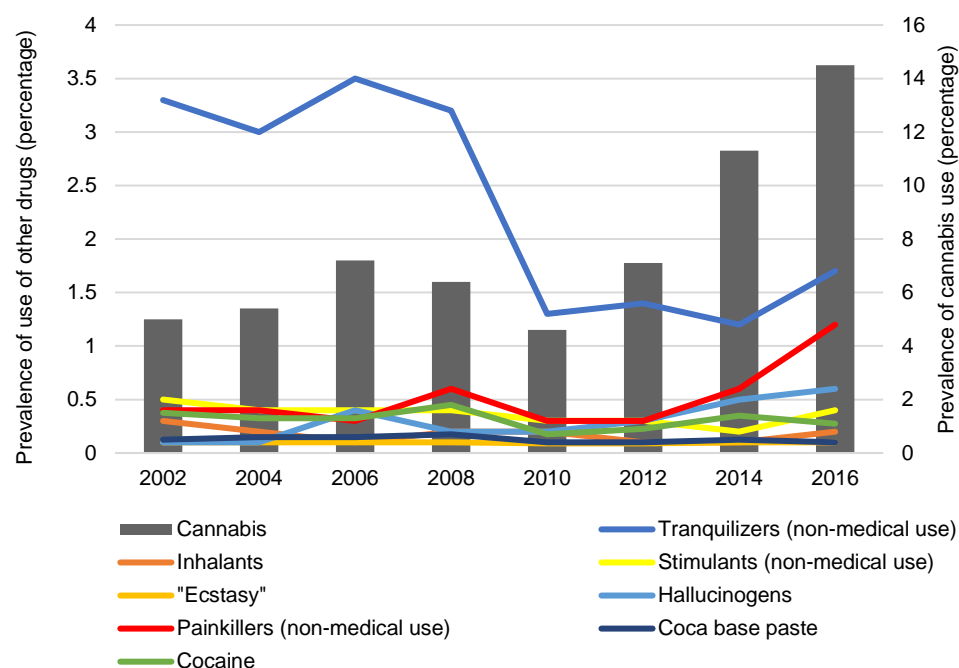
Source: Inter-American Drug Abuse Control Commission, *A Report on Students' Drug Use in 13 Caribbean Countries: 2016*.

49. A recent survey on drug use in the general population aged 12–64 years in Chile shows that cannabis, tranquilizers, opioid pain killers and cocaine are the commonly used/misused drugs in Chile. Since 2002, while use of cocaine has remained at roughly the same level, use of cannabis and non-medical use of prescription opioids has tripled in Chile over the period 2002–2016. However, the non-medical use of tranquilizers fell to nearly half by 2016.²⁰

¹⁹ Inter-American Drug Abuse Control Commission, *A Report on Students' Drug Use in 13 Caribbean Countries: 2016*.

²⁰ Chile, Ministerio del Interior y Seguridad Pública, *Decimo Segundo Estudio Nacional de Drogas en Población General de Chile, 2016* (Santiago, Observatorio Chileno de Drogas, December, 2017).

Figure XIII
Trends in annual prevalence of drug use among people aged 12–65 years in Chile, 2002–2016



Source: *Decimo Segundo Estudio Nacional de Drogas en Población General de Chile, 2016*.

C. Asia

50. Reliable estimates of prevalence of use of different drugs are available for only a few countries in Asia. Use of opiates in the region (0.4 per cent of people aged 15–64) and amphetamines (0.6 per cent) is estimated to be at levels close to the estimated average global prevalence, while use of other drugs in the region is reported to be much lower than the global prevalence. Nevertheless, given the size of the Asian population, the actual number of people who use drugs in the region is large, and more than half of the estimated number of opiate and amphetamine users worldwide live in Asia.

51. More than half of the people who received treatment in East and South-East Asia for drug use disorders in 2017 had disorders related to the use of amphetamine-type stimulants, including amphetamine, methamphetamine, “ecstasy” and synthetic cathinones. Most of the people seeking treatment in Brunei Darussalam, Cambodia, Malaysia, the Philippines and Singapore were users of crystalline methamphetamine, while in Thailand and the Lao People’s Democratic Republic, most people seeking treatment were users of methamphetamine tablets. One fourth of drug users in treatment in the subregion were in treatment related to use of opiates.²¹

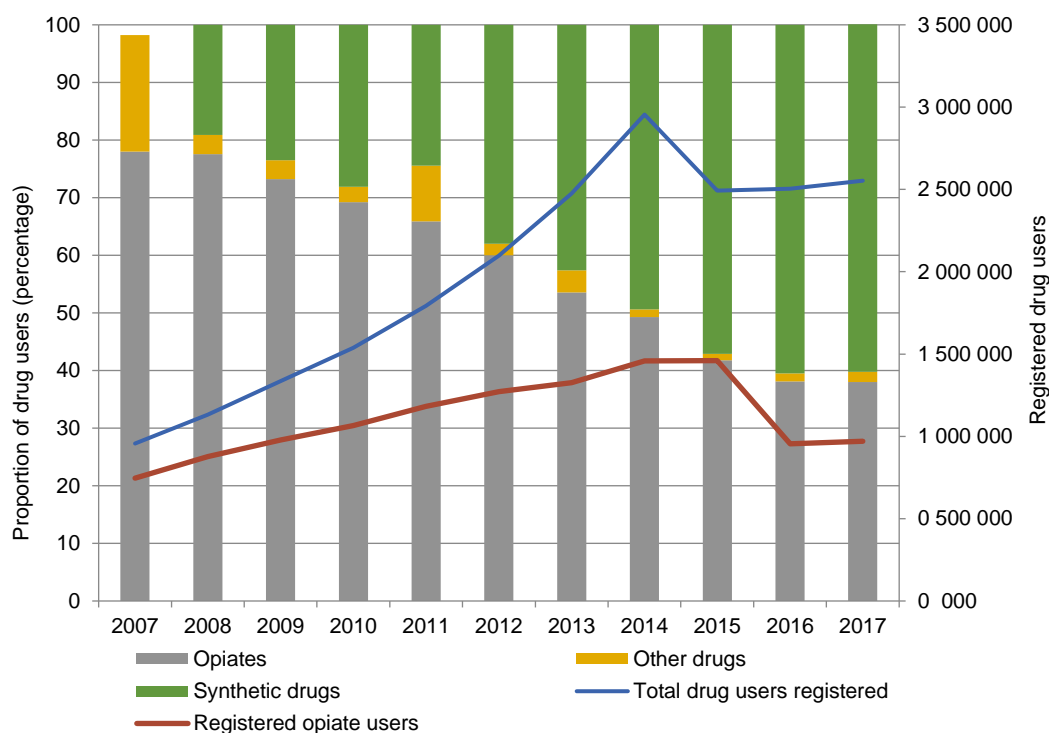
52. In China, there were 2.5 million registered drug users at the end of 2017. Use of synthetic drugs continues to increase in China, where nearly 60 per cent of registered drug users (1.54 million) were users of synthetic drugs. Additionally, 970,000 registered drug users were opiate users, accounting for 38 per cent of the total registered, and the remaining 46,000 registered drug users were users of cannabis, cocaine and other drugs.²² While the number of registered synthetic drug users in China has increased over the past two years, both the number of opiate users and the proportion of drug users who are opiate users have declined.

²¹ Manop Kanato and others, eds., *ASEAN Drug Monitoring Report 2017*, (Bangkok, ASEAN Narcotics Cooperation Centre, August 2018).

²² UNODC/HONLAP/42/CRP.8.

Figure XIV

Trends in registered drug users and the proportion of registered drug users by drug type in China, 2007–2017



Source: Annual report questionnaire submissions and the annual reports on drug control in China published by the National Narcotics Control Commission of China, for different years.

53. In Sri Lanka, among people treated for drug use disorders in 2017, more than 80 per cent were in treatment for use of heroin.²³ A 2017 study of people who inject drugs found that while the majority (90 per cent) had injected heroin, most people who inject drugs were polydrug users and had concurrently or sequentially used or injected cannabis, opium, morphine, tramadol and pregabalin.²⁴

54. In Central Asia,²⁵ countries have reported the use of synthetic cannabinoids as being of concern, particularly their use among young people. In Uzbekistan, a new trend in the use of drugs that has been reported is the non-medical use of synthetic opioids such as tramadol and nalbuphine, and sedatives such as zopiclone and pregabalin, as well as use of synthetic cannabinoids.

D. Europe

55. The annual prevalence of cannabis use remains high in Western and Central Europe (7.0 per cent of the adult population, or 22.4 million people). Among the countries reporting new survey results, some countries have reported stable trends while others have reported an increase in past-year cannabis use among the adult population. Nearly 1 per cent of cannabis users in Western and Central Europe are estimated to be daily or near-daily users. In 2016, 150,000 people entered drug

²³ Response by Sri Lanka to the annual report questionnaire, 2017.

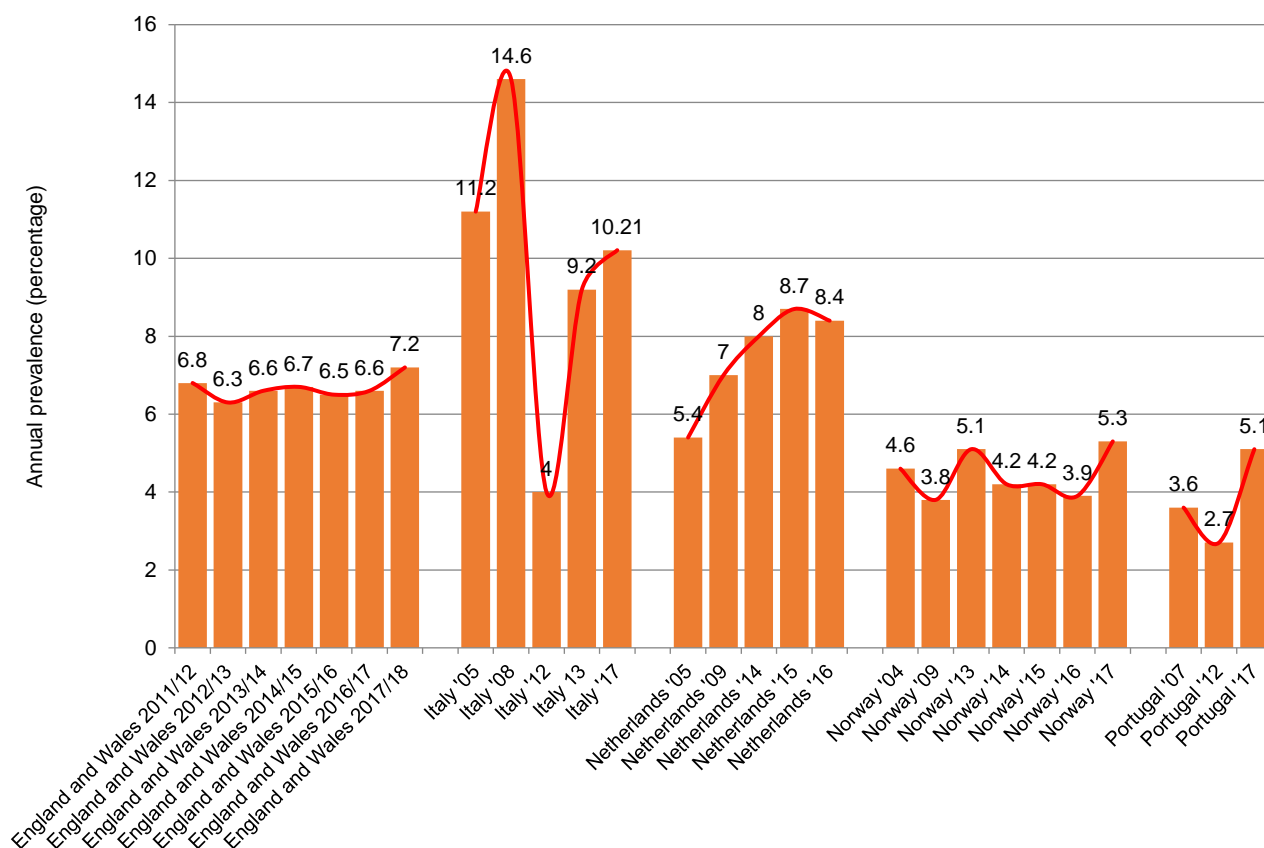
²⁴ Ravindra Fernando, Bhadrani Senanayake and Thamara Darshana, *Trends, Patterns and Prevalence of Injecting Drug Users (IDUs) in Sri Lanka* (Rajagiriya, Sri Lanka, National Dangerous Drugs Control Board, 2017).

²⁵ Responses by Kazakhstan and Uzbekistan to the annual report questionnaire, 2017.

treatment for problems related to cannabis use; of those, half were entering treatment for the first time.²⁶

Figure XV

Trends in cannabis use in countries reporting new survey results in Western and Central Europe



Source: Responses to annual report questionnaires, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and national reports.

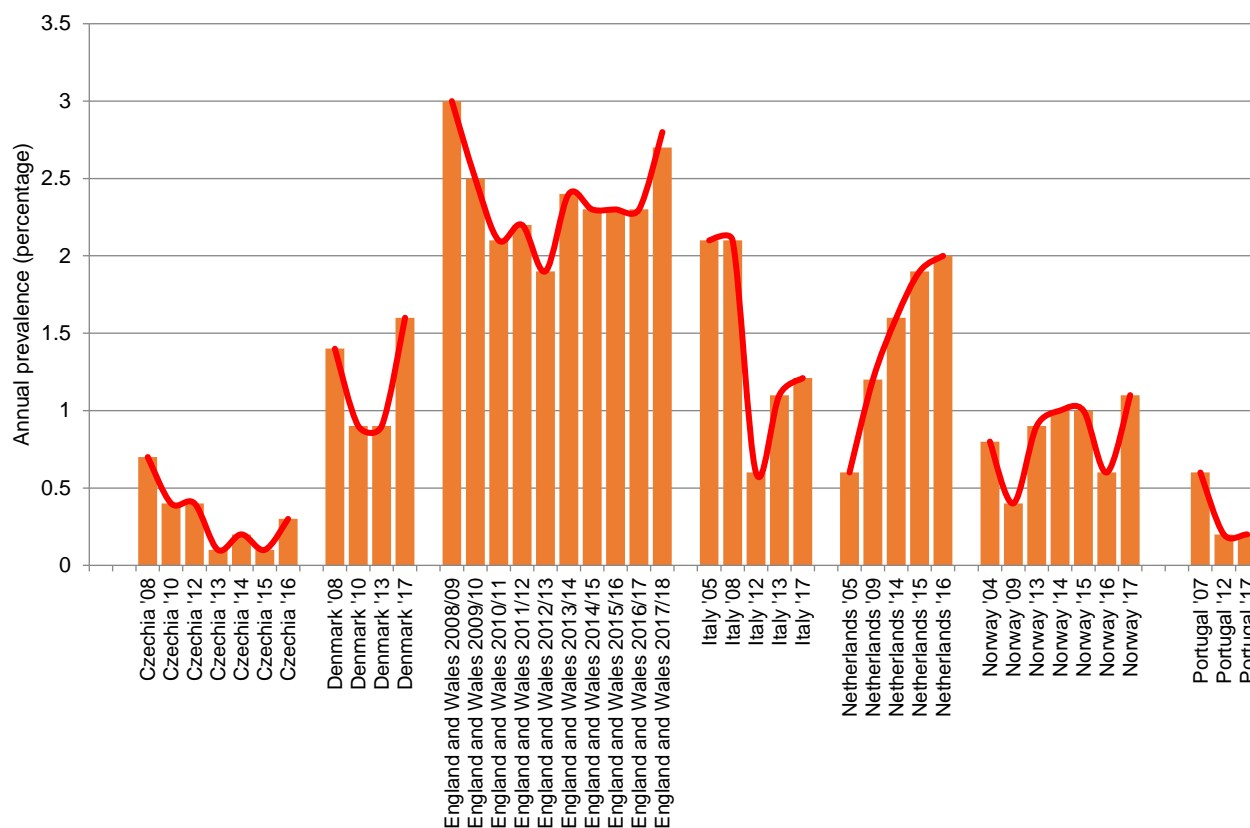
56. Use of cocaine also remains high in Western and Central Europe, with an estimated 3.7 million past-year users (1.16 per cent of the population). With respect to use of cocaine in the subregion, a distinction can be made between socially integrated users, who often sniff cocaine powder, and marginalized users, who inject cocaine or smoke “crack” cocaine, sometimes combined with the use of opioids. The decrease in cocaine use that was reported in previous years in the subregion has not been observed in the most recent surveys. Among the countries in Western and Central Europe that reported new survey data in 2017, most report an increase in cocaine use. Further, wastewater analysis in 31 cities in the subregion indicated that 60 per cent of the cities analysed had an increase in cocaine consumption, while the remaining cities had either a decline or stabilization in consumption of cocaine.²⁷

²⁶ European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), *European Drug Report 2018: Trends and Developments* (EMCDDA, Luxembourg, Publications Office of the European Union, 2018).

²⁷ Ibid.

Figure XVI

Trends in cocaine use in countries reporting new survey results in Western and Central Europe



Source: Responses to annual report questionnaires, EMCDDA and national reports.

57. There are an estimated 2.7 million past-year users of “ecstasy” in Western and Central Europe. “Ecstasy” use in the subregion, which had been declining since 2000, is now following either increasing or stable trends in the countries reporting recent survey data. Among them, Czechia, Denmark, Norway and England and Wales in particular have reported an increase in “ecstasy” use.

58. With regard to use of amphetamines, the available data suggest that since around 2000, most countries in Western and Central Europe have experienced a relatively stable level of use.

59. Heroin remains the most commonly used opioid in Western and Central Europe. In recent years, the existence of an ageing cohort of high-risk opioid users, who are likely to have been in contact with substitution treatment services, has been identified.²⁸ Moreover, there are indications that licit synthetic opioids (such as methadone, buprenorphine and fentanyl) are increasingly misused. In 2016, 18 countries in the subregion reported that more than 10 per cent of all opioid users entering specialized services had problems primarily related to synthetic opioids.

60. In 2017, 51 new substances were detected for the first time in Western and Central Europe. Many of the new psychoactive substances are sold on the darknet and on the illicit markets, either under their own name or falsely sold as illicit drugs such as heroin, cocaine, “ecstasy” and benzodiazepines. Synthetic cannabinoids continue to be the largest group of new substances monitored and are becoming increasingly chemically diverse. Also, synthetic cannabinoids have been associated with a number

²⁸ Ibid.

of cases of acute intoxication and deaths. For example, in 2017, Turkey reported 373 deaths attributed to the use of synthetic cannabinoid commonly known as “bonsai”.²⁹

61. High levels of use of opioids, notably heroin, are the main concern in Eastern and South-Eastern Europe: the past-year prevalence of opiate use (0.7 per cent of the population aged 15–64, or 1.88 million people) is higher than the global average. The prevalence of people who inject drugs (0.8 per cent) and the prevalence of HIV among people who inject drugs (22.4 per cent of people who inject drugs) remain the highest for all subregions.

62. The 2017 survey on drug use among the general population in Montenegro reported a past-year prevalence of non-medical use of tranquilizers of 11.6 per cent among the population; cannabis use of 4.6 per cent, and cocaine use of 1.8 per cent. The prevalence of use of heroin (0.4 per cent) and amphetamine-type substances (0.1 per cent) is less than for the other drugs.³⁰

E. Oceania

63. In Australia, the “ecstasy” market continued to diversify in 2017. There was a significant increase in the use of other forms, such as crystals, capsules and powder of “ecstasy”. Some forms of “ecstasy”, such as crystal, which is generally of high purity, can be more harmful than others. Use of methamphetamine is considered to have declined in 2017.³¹ That decline can be attributed to a decrease in the use of crystal methamphetamine, whereas the proportion of drug users using “speed” and “base” forms of methamphetamine has remained stable. Other indicators such as wastewater analysis show an overall stable trend in methamphetamine use.

64. In New Zealand, use of methamphetamine is considered to have increased in recent years. Similarly, wastewater analysis in two major areas indicated that weekly methamphetamine consumption increased by an estimated 18 per cent during 2017. Similarly, wastewater analysis of MDMA from the same areas shows there was a 350 per cent increase in the consumption of MDMA in 2017, suggesting that demand for MDMA and “ecstasy”-type substances is rapidly increasing in New Zealand.³²

IV. Tools available to Member States for responding to the situation on drug use

65. The present section describes significant initiatives of UNODC in support of Member States’ response to the drug use situation as described above, includes information pursuant to Commission on Narcotic Drugs resolutions 59/3, 60/7, 61/2 and 61/9 and analyses in further detail the most recent developments as described in the report of the Executive Director on the activities of UNODC ([E/CN.7/2019/2-E/CN.15/2019/2](#)).

66. UNODC continued to support the design and implementation of drug use surveys in many countries, including Afghanistan, Kazakhstan, Nigeria and Pakistan, as well as providing capacity-building in setting up drug monitoring systems in West African countries. In the framework of the UNODC-WHO programme on drug dependence treatment and care, UNODC also conducted, with field-level coordination with the Office of the United Nations High Commissioner for Refugees,

²⁹ Response by Turkey to the annual report questionnaire, 2017.

³⁰ Response by Montenegro to the annual report questionnaire, 2017.

³¹ Julia Uporova and others, *Australian Trends in Ecstasy and Related Drugs Markets 2017: Findings from the Ecstasy and Related Drugs Reporting System (EDRS)*, Australian Drug Trends Series, No. 190 (Sydney, National Drug and Alcohol Research Centre, University of New South Wales, 2018).

³² Response by New Zealand to the annual report questionnaire, 2017.

an assessment of drug use and available services among refugee populations in Pakistan (2017) and Uganda (2018).

67. In the context of prevention of drug use and other risky behaviours, and in line with the *International Standards on Drug Use Prevention*, UNODC has been piloting evidence-based family skills programmes since 2010, including in educational settings. Those pilot programmes have demonstrated positive results with regard to the good functioning of families,³³ violence prevention indicators³⁴ and instilling a culture of prevention at the policymaking level.^{35, 36}

68. More recently, UNODC focused on the needs of families living in challenging settings (including refugees, otherwise displaced populations and populations in conflict situations and post-conflict situations and rural settings) by developing programmes that are light and made available in the public domain.

69. One such programme is the “Strong families” programme currently being piloted in Afghanistan, among refugees in Serbia, in poor urban communities in the Dominican Republic and in rural areas of Zanzibar, United Republic of Tanzania, with preparations for extending the programme to Senegal and Côte d’Ivoire under way.

70. Currently, the results from the programme implementation in Afghanistan and Serbia show a significant and lasting impact on reducing problematic behaviour in children, improving child well-being for both boys and girls, and improving parenting skills, i.e., the ability of parents and families to protect their children.

71. In addition, UNODC has undertaken several pilot projects related to strengthening life skills education in schools, including the Lions Quest Skills for Adolescence programme, which is being piloted among students aged 10–14 years in Bosnia and Herzegovina, Guatemala, Montenegro, Serbia and the former Yugoslav Republic of Macedonia, with projects in Croatia and El Salvador to start soon. Data relating to a sample of 5,000 students from three of those countries point to impacts such as the decreased current use of cigarettes, alcohol and cannabis, for both boys and girls.

72. Addressing substance use prevention and treatment for children worldwide, particularly the most vulnerable, who are exposed to substances at a very young age, is a critical task that requires a coordinated, compassionate, multi-stakeholder response. In addition to piloting a new psychosocial protocol in six countries,³⁷ UNODC has been developing a global coordination mechanism for a global approach to address drug prevention and treatment for children and adolescents, based on all relevant international instruments, including the international drug control conventions, the Convention on the Rights of the Child and human rights instruments, as well as latest science and evidence related to substance use and substance use disorders.

73. In the context of the UNODC-WHO programme on drug dependence treatment and care, UNODC and WHO have launched the Stop Overdose Safely (SOS) Initiative. The SOS Initiative promotes the following goals: at least 90 per cent of all

³³ Lynn McDonald and Taghi Doostgharin, “UNODC global family skills initiative: outcome evaluation in Central Asia of Families and Schools Together (FAST) multi-family groups”, *Social Work and Social Sciences Review*, vol. 16, No. 2 (2013), pp. 51–75.

³⁴ Wadih Maalouf and Giovanna Campello, “The influence of family skills programmes on violence indicators: experience from a multi-site project of the United Nations Office on Drugs and Crime in low and middle income countries”, *Aggression and Violent Behavior*, vol. 19, No. 6 (November-December 2014), pp. 616–624.

³⁵ Giovanna Campello, Hanna Heikkilä and Wadih Maalouf, “International standards on drug use prevention: tools to support policy makers globally to implement an evidence-based prevention response” in *Cambridge Handbook of International Prevention Science*, Moshe Israelashvil and John L. Romano, eds. (New York, Cambridge University Press, 2017).

³⁶ Rubén Parra Cardona and others, “Strengthening a culture of prevention in low- and middle-income countries: balancing scientific expectations and contextual realities”, *Prevention Science* (July 2018).

³⁷ See [E/CN.7/2019/2-E/CN.15/2019/2](#).

people likely to witness an overdose should receive training on overdose management, 90 per cent of those trained should be equipped with naloxone (a life-saving opioid antidote), and 90 per cent of those that receive naloxone actually carry it on their person in order to be able to respond in case of emergency. The related SOS Initiative study will assess the feasibility of implementing community management of opioid overdose in selected project countries: Kazakhstan, Kyrgyzstan, Ukraine and Tajikistan. The study protocol has received the approval of an ethical review and will be launched in early 2019. The SOS Initiative study will be implemented at the city level, aiming to reach at least 4,000 people per city and to follow up with at least 400 people for the purposes of the study.

74. In 2016, UNODC and WHO launched a draft version of the *International Standards for the Treatment of Drug Use Disorders* for field testing. The field testing process led by WHO is about to be finalized. In the meantime, UNODC has been developing and testing a package of materials to assist Member States in developing assessment and quality assurance mechanisms for their treatment services and systems at the national level. An initial pilot testing of the materials was undertaken in Afghanistan, with the first report submitted to the Government in 2018. National orientation workshops were organized in Egypt, Indonesia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan and Viet Nam.

75. Finally, UNODC and WHO have initiated the development of evidence-based materials in particular for the treatment of drug use disorders in adolescents by means of family therapy. Existing evidence-based family therapy approaches have been shown to lead to significant reductions in both drug use and criminal justice contacts. An expert group meeting was organized in June 2018 to develop new materials to train therapists. Pilot regional training sessions with those new materials were conducted in Indonesia, Sri Lanka and Uzbekistan, and UNODC will further explore this initiative's potential for prevention, beyond the area of demand reduction, for overall community cohesion and the prevention of violence, including the prevention of violent extremism.

V. Conclusions and recommendations

76. Given the spread and misuse of pharmaceutical opioids in different regions, it is important to develop early warning systems that look at the emergence and consequences of their non-medical use. Such monitoring should help the legal and regulatory frameworks to facilitate access to pain medication for those who need it while at the same time preventing the diversion and misuse of such medication.

77. The evidence base for policies and programmes at the national, regional and international levels requires reliable and valid data on the situation and responses. More consideration should be given to the gaps that exist in the availability of high-quality data relating to indicators on drug use and responses. This requires strategies to strengthen the capacity of countries to collect, analyse and disseminate information related to drug use, its consequences and responses to address the drug problem, including supporting the development of drug monitoring systems, generating estimates of drug use based on different epidemiological indicators of such use in countries where large gaps remain, developing cost-effective methods for estimating the extent of drug use through innovative methods and the use of new technology such as the use of big data (i.e., using large data sets) to understand the patterns and trends of drug use and associations relating to people's behaviour and to predict health outcomes, and, finally, building the capacity of experts in high priority countries and regions.