

**Commission on Narcotic Drugs****Sixty-third session**

Vienna, 2–6 March 2020

Item 6 of the provisional agenda*

Follow-up to the implementation at the national, regional and international levels of all commitments, as reflected in the Ministerial Declaration of 2019, to address and counter the world drug problem**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. In 2017, an estimated 271 million people had used an illicit substance in the preceding year; of those, nearly one in eight 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 11.3 million people inject drugs and that approximately one in eight people who inject drugs is living with HIV. Globally, drug use remains multifaceted, characterized by the concurrent and sequential use of several substances, including conventional plant-based drugs, synthetic stimulants, opioids, pharmaceutical 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 non-medically. 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. 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.7/2020/1.



I. Introduction

A. Emerging global trends

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

(a) Opioid use, including heroin and 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 in Western and Central Europe, while its use has stabilized at high levels in North America;

(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 and in North America, whereas in Western and Central Europe, the use of amphetamines, especially in high-prevalence countries, is either declining or remains stable.

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

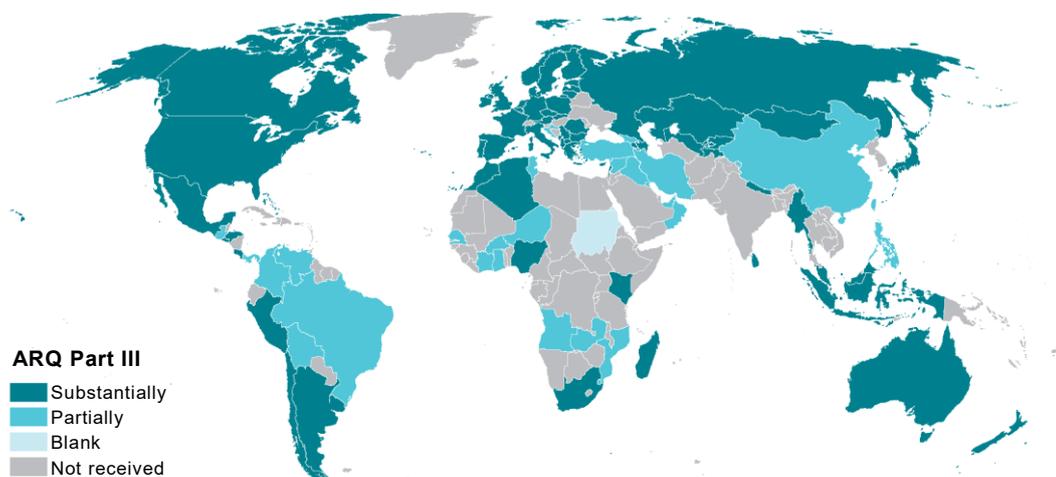
2. Member States' responses to the annual report questionnaire form the basis on which the global extent of and trends in drug use are reported each year. As at 22 November 2019, 99 out of 194 States and territories had returned part III of the questionnaire, on the extent and patterns of and trends in drug use related to 2018.

3. Of the questionnaires submitted by Member States, 70 per cent were substantially filled in, in that the State had provided information on more than half of the indicators of drug use and its health consequences. In terms of coverage, the 99 Member States that had returned the questionnaire represented almost 62 per cent of the world's population (see figure I).

Figure I

Responses to part III of the annual report questionnaire

Member States that provided annual reports questionnaire drug demand data for 2018*



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. 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 of 22 November 2019.

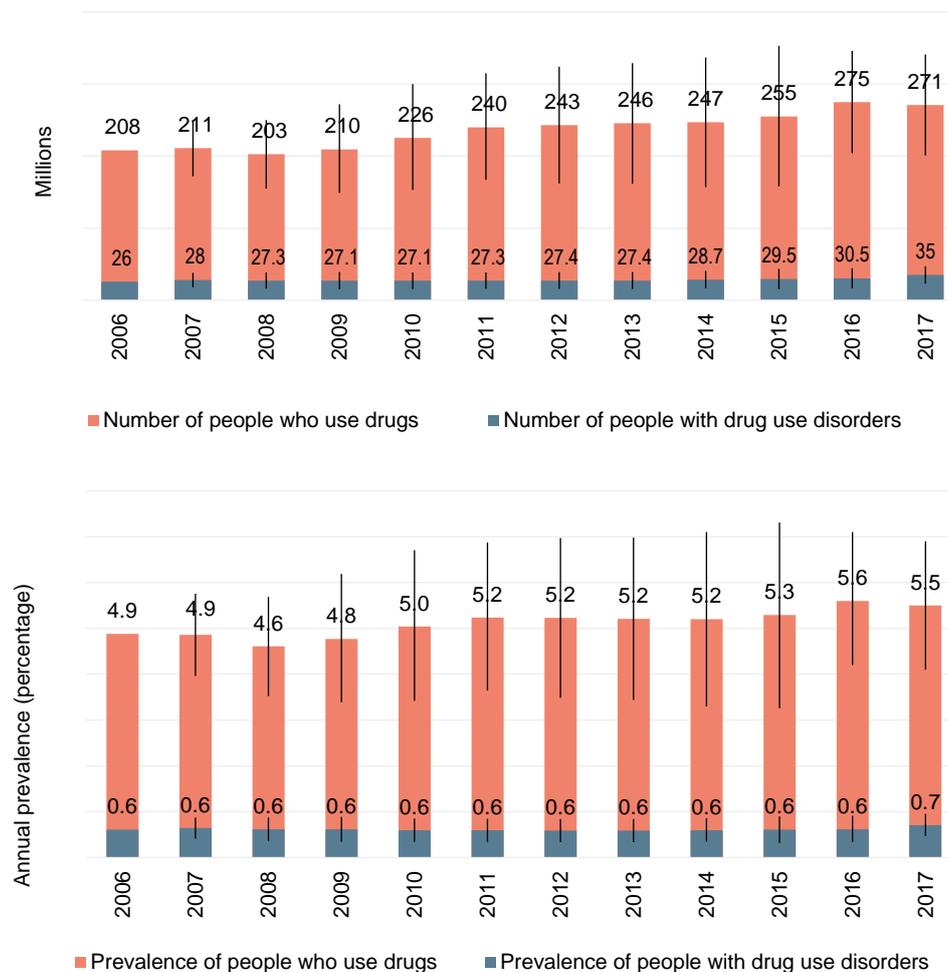
II. Global overview

A. Extent of drug use

4. In 2017, an estimated 271 million people worldwide aged 15 to 64 had used drugs at least once in the previous year (range: 201 million to 341 million). That corresponds to 5.5 per cent of the global population aged 15 to 64 (range: 4.12 to 6.9 per cent).

5. In 2009, the past-year prevalence of any drug use globally was estimated at 4.8 per cent. Between 2009 and 2017, the estimated number of past-year users of any drug globally rose from 210 million to 271 million, or by 30 per cent, partly as a result of global population growth, which increased by 10 per cent for the population aged 15 to 64. Data show a higher prevalence over time of the use of opioids in Africa, Asia, Europe and North America, and of the use of cannabis in North America, South America and Asia. Given the wide variation in the intervals at which estimates are made, it should be noted, however, that any comparison of estimates over time should be undertaken with caution.

Figure II
Global trends in the annual prevalence of drug use and drug use disorders, 2006–2017



Source: World Drug Report 2019.

6. Over the past decade, the types of substances available on the drug markets have diversified. In addition to traditional plant-based substances, such as cannabis, cocaine and heroin, a dynamic market for synthetic drugs has emerged and the non-medical use of medicines has increased. The increasing number of substances,

especially those that are more potent, and their potential combinations, pose a greater risk to public health and an increased challenge to treating drug use disorders.

7. The global picture of drug use is further complicated by the fact that many people who use drugs, whether occasionally or regularly, are polydrug users (using more than one substance concurrently or sequentially, with the intention of enhancing, potentiating or counteracting the effects of other drugs). This blurs the distinction between users of a particular substance and presents a picture of interlinked epidemics of drug use and related health consequences.

8. Nearly one in eight people who use drugs (35 million people) are estimated to suffer from drug use disorders. Between 2009 and 2016, the prevalence of drug use disorders remained essentially stable, with the number of people suffering from such disorders changing over that period in line with population growth. However, in 2017, the prevalence of drug use disorders (0.7 per cent) was estimated at a higher level than previously (0.6 per cent in 2016), owing to the availability of new data that revealed a higher level of heroin use and a higher level of non-medical use of pharmaceutical opioids than previously estimated.

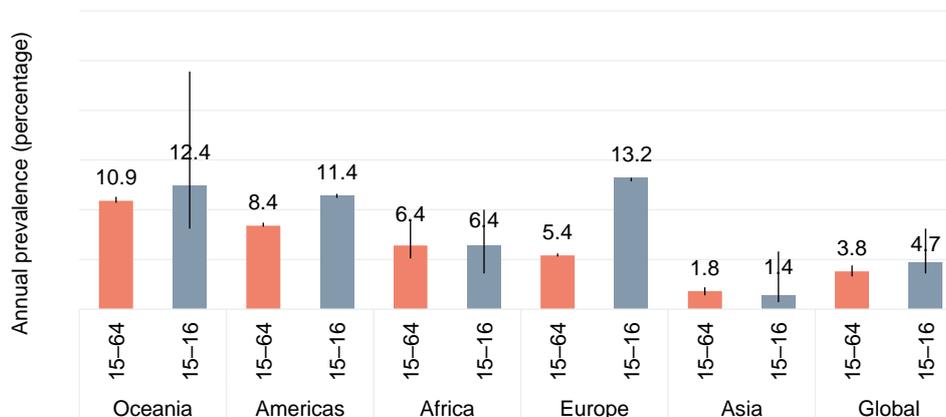
9. In 2017, drug use disorders accounted for 27.2 million disability-adjusted life years (the number of years of healthy life lost as a result of disability or premature death).¹ Nearly 80 per cent of the total, or 21.5 million disability-adjusted life years, were attributable to opioid use disorders. Of particular concern are the 8.7 million disability-adjusted life years attributed to hepatitis C, including liver cancer, cirrhosis and other chronic liver diseases resulting from hepatitis C, among people who use drugs.

10. Worldwide, there were an estimated 188 million past-year users of cannabis in 2017, corresponding to 3.8 per cent of the global population aged 15 to 64. The annual prevalence of the use of cannabis is highest in North America (13.8 per cent), Oceania (10.9 per cent) and West and Central Africa (10.0 per cent).

11. Cannabis is also the drug most widely used among young people. Globally, it is estimated that there were 12.6 million past-year users of any drug among students aged 15 and 16 in 2017, with an estimated 11.3 million users of cannabis. This corresponds to an annual prevalence of cannabis use of 4.7 per cent among that age group, a rate that is higher than the prevalence of cannabis use among the general population aged 15 to 64 (3.8 per cent).

Figure III

Estimates of cannabis use among young people (grey bars) and among the general population (orange bars), 2017



Source: World Drug Report 2019.

¹ Institute for Health Metrics and Evaluation, Global Health Data Exchange, Global Burden of Disease Study 2017 (GBD 2017) Data Resources: GBD Results Tool. Available at <http://ghdx.healthdata.org/gbd-results-tool>.

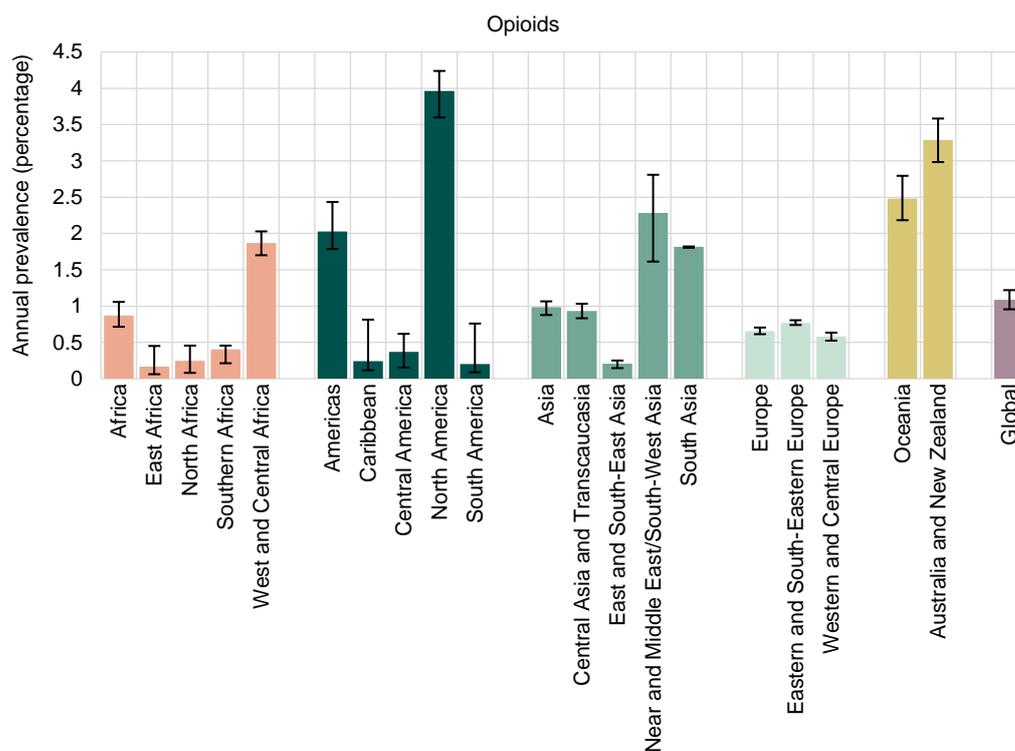
12. Beginning in 2010, cannabis use, particularly among young people, was reported as stabilizing or declining in countries with established cannabis markets, such as in Western and Central Europe, North America and Australia and New Zealand, but that trend was offset by increasing consumption in many 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 over the past decade in the Americas, Africa and Asia.

13. Globally, opioids are responsible for most of the negative adverse health consequences of drug use, accounting for 110,000 (66 per cent) of the 167,000 deaths attributed to drug use disorders in 2017.²

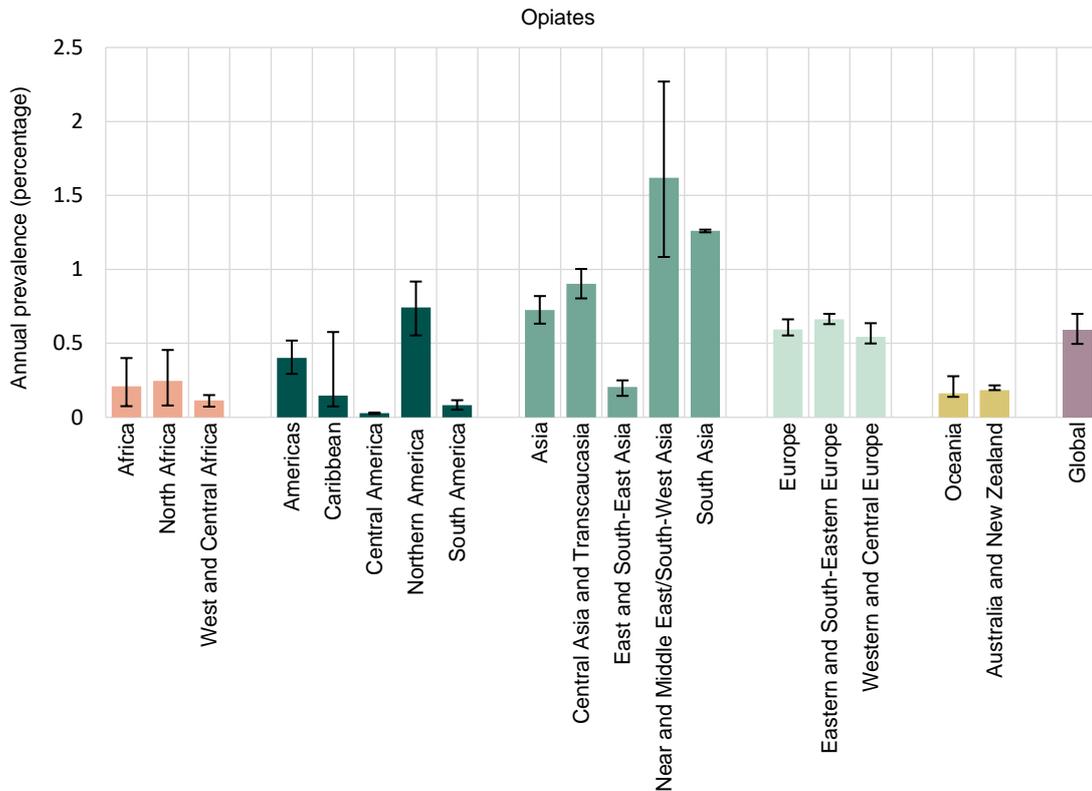
14. In 2017, there were an estimated 53.4 million past-year users of opioids (persons who use opiates and persons who use pharmaceutical opioids for non-medical purposes). That corresponds to 1.1 per cent of the global population aged 15 to 64. The number of past-year users of opioids globally is 56 per cent higher than the previously estimated 34.3 million in 2016. That change is the result of an improved understanding of the extent of drug use on the basis of recent surveys conducted in India and Nigeria.

15. The subregions with the highest past-year prevalence of opioid use were North America (4.0 per cent), Oceania (3.3 per cent for Australia and New Zealand), the Near and Middle East and South-West Asia (2.3 per cent) and South Asia (1.8 per cent). The major opioids of concern in North America remain pharmaceutical opioids, namely, hydrocodone, oxycodone, codeine and tramadol are used for non-medical purposes. In both South-West Asia and South Asia, opiates (opium as in the case of the Islamic Republic of Iran and heroin for the other countries), and to a lesser extent the non-medical use of pharmaceutical opioids, are of concern.

Figure IV
Use of opioids and opiates, by region, 2017



² Ibid.



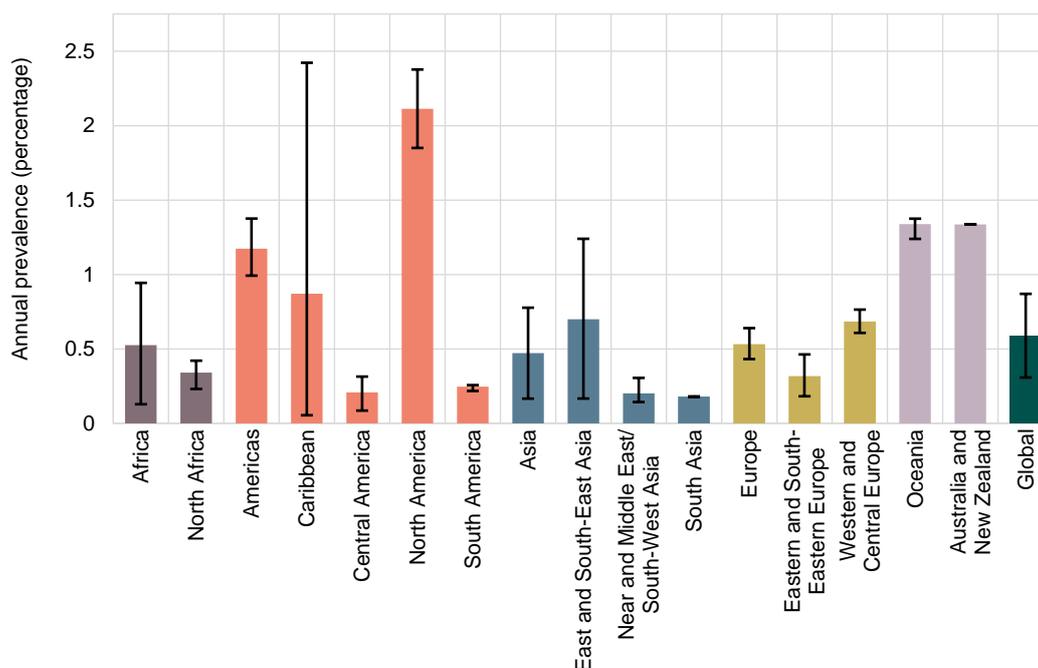
Source: World Drug Report 2019.

16. Among opioid users, 29.2 million were users of opiates (heroin and opium) in 2017, corresponding to 0.6 per cent of the global population aged 15 to 64; the number of past-year users of opiates globally is 50 per cent higher than the previously estimated 19.4 million in 2016 – the result of an improved understanding of the extent of opiate use on the basis of recent survey findings from India and Nigeria. The subregions with the highest prevalence of opiate use are the Near and Middle East and South-West Asia (1.6 per cent), South Asia (1.3 per cent) and Central Asia and Transcaucasia (0.9 per cent).

17. The opioid crisis continues in North America, with the increase in opioid overdose deaths attributed to the use of fentanyl in particular. The other opioid crisis concerns the non-medical use of tramadol, a synthetic opioid not under international control, which has emerged in recent years as an opioid of public health concern in many subregions, in particular West, Central and North Africa. 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 in those subregions. 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 accessing treatment services for such use in the subregion.

18. The use of amphetamines (amphetamine and methamphetamine) also remains widespread, with an estimated 29 million past-year users (annual prevalence of 0.6 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. There is also a high prevalence of amphetamine use in Australia and New Zealand, with an annual prevalence of 1.3 per cent among those aged 15 to 64 years.

Figure V
Use of amphetamines, by region, 2017



Source: World Drug Report 2019.

19. The form of stimulant (amphetamine, cocaine or 3,4-methylenedioxy methamphetamine (MDMA, commonly known as “ecstasy”)) used varies considerably across the different regions (see table below). Since 2010, the epidemiological indicators of amphetamine use have remained relatively stable in most countries in Western and Central Europe, although data based on wastewater analysis have shown an increase in recent years. In North America, there are indications of an increase in methamphetamine use, while the use of crystalline methamphetamine is reported as increasing continuously in East and South-East Asia.

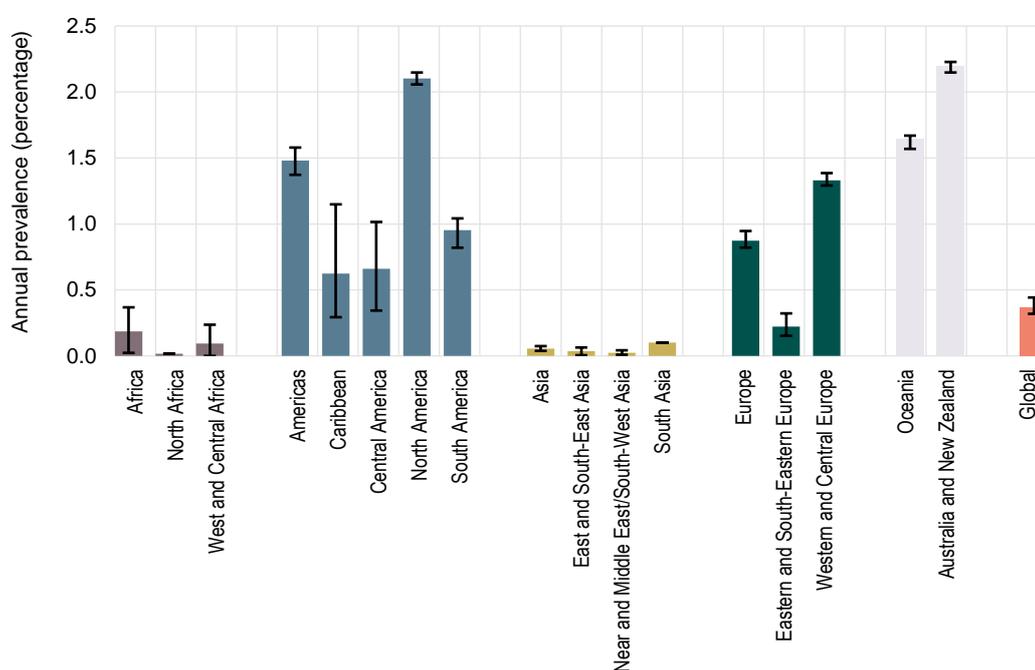
Main stimulants used in different regions or subregions

Region or subregion	Type of stimulant predominantly used (according to ranking of substances by countries in region or subregion)	Other stimulants used
Africa	Cocaine, methamphetamine	Cocktails containing “crack” cocaine and cannabis; “ecstasy”, khat
North America	Cocaine, methamphetamine, non-medical use of prescription stimulants, “ecstasy”, amphetamine	
Latin America and the Caribbean	Cocaine, non-medical use of prescription stimulants	“Crack” cocaine, cocaine base paste, amphetamine, methamphetamine, “ecstasy”
East and South-East Asia	Methamphetamine (crystal and tablet form)	“Ecstasy”, stimulant non-psychoactive substances, cocaine
Central Asia and Transcaucasia	Amphetamine, methamphetamine, “ecstasy”	
South-West Asia	Methamphetamine	“Ecstasy”, cocaine
Near and Middle East	“Captagon” (amphetamine)	Methamphetamine, prescription stimulants, cocaine and “ecstasy”

Region or subregion	Type of stimulant predominantly used (according to ranking of substances by countries in region or subregion)	Other stimulants used
Western and Central Europe	Cocaine, amphetamine, “ecstasy”	Methamphetamine, stimulant non-psychoactive substances
Eastern and South-Eastern Europe	Cocaine	Amphetamine, methamphetamine, “ecstasy”
Australia and New Zealand	Methamphetamine (crystal and powder), “ecstasy”, cocaine	Non-medical use of prescription stimulants, stimulant non-psychoactive substances

20. In 2017, an estimated 18 million people worldwide, or nearly 0.4 per cent of the adult population, had used cocaine in the past year. In parallel to an increase in the supply of cocaine, there has been an increase in cocaine use at the global level. This has been documented in the two main cocaine markets: North America and Western and Central Europe. The availability of data on drug use in Africa and Asia is chronically limited, and only anecdotal information points to an emerging cocaine market in those regions.

Figure VI
Use of cocaine, by region, 2017

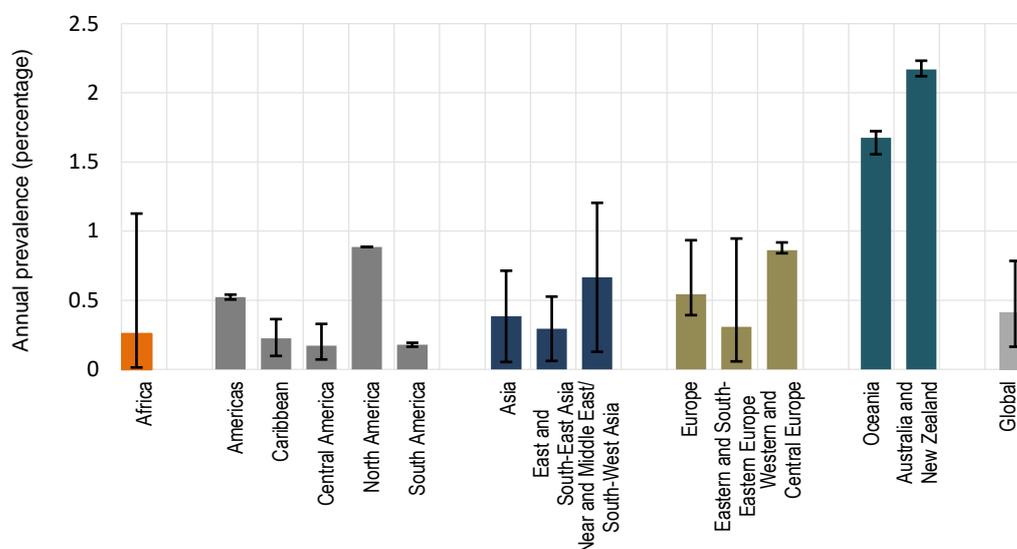


Source: World Drug Report 2019.

21. A high prevalence of cocaine use is estimated in Australia and New Zealand, (2.2 per cent), North America (2.1 per cent), Western and Central Europe (1.3 per cent) and South America (1.0 per cent) – subregions where there have been signs of an increase in cocaine use in recent years. The use of cocaine continues to take place both among recreational socially integrated drug users who use cocaine, for example, in nightlife settings, and among socially marginalized drug users who also use “crack” cocaine. In South America, the use of cocaine base paste, previously confined to cocaine-manufacturing countries, has also spread to countries further south. In parts of Asia and West Africa, increasing amounts of cocaine have reportedly been seized, which indicates that cocaine use could potentially increase, especially among affluent, urban segments of the population.

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

Figure VII
Use of “ecstasy”, by region, 2017



Source: World Drug Report 2019.

23. 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 reported stable or declining trends in the use of “ecstasy”; however, 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 becoming available and commonly used.

24. While global estimates of the misuse of pharmaceutical 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 pharmaceutical stimulants began to be reported as a growing health problem in a number of countries. The non-medical use of benzodiazepines remains the most common: between 2015 and 2017, approximately 60 countries ranked sedatives and tranquilizers – mostly benzodiazepines – among the three most commonly misused substances,³ while some countries reported a higher prevalence of their non-medical use than that of other drugs, including cannabis. Benzodiazepines are also frequently reported in fatal overdose cases involving opioids.

25. The use of *gamma*-hydroxybutyric acid (GHB), *gamma*-butyrolactone (GBL) and benzodiazepines such as flunitrazepam has also been associated with drug-facilitated sexual assault, which occurs when alcohol or other drugs are used to compromise an individual’s ability to consent to sexual activity. The use of GHB and GBL has also been reported over the past two decades among subgroups of drug users, such as those attending dance events,^{4,5} and in gay and lesbian communities in

³ The ranking of substances is based on responses by Member States to the annual report questionnaires for 2015, 2016 and 2017.

⁴ Judith C. Barker, Shana L. Harris and Jo E. Dyer, “Experiences of gamma hydroxybutyrate (GHB) ingestion: a focus group study”, *Journal of Psychoactive Drugs*, vol. 39, No. 2 (June 2007), pp. 115–129.

⁵ Mark A. Bells and others, “The role of an international nightlife resort in the proliferation of recreational drugs”, *Addiction*, vol. 98, No. 12 (December 2003), pp. 1713–1721.

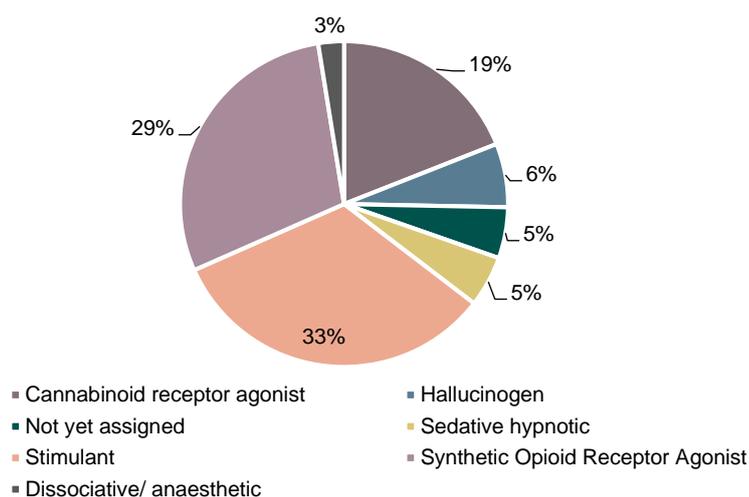
Australia, Europe and North America.⁶ The use of GHB, along with methamphetamine and mephedrone, is also frequently reported among people who engage in “chemsex”.^{7,8,9}

26. 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 892 new psychoactive substances were reported in the period from 2009 to 2018. While the global market for such substances remains widely diversified, with the exception of a few, they do not seem to have established themselves on drug markets or replaced traditional drugs on a larger scale. Moreover, the injecting of stimulant new psychoactive substances remains a concern, particularly 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.

27. Grouped according to their main pharmacological effect, 36 per cent of the synthetic new psychoactive substances identified over the period from 2009 to 2018 had stimulant effects. Most of them were cathinones and phenethylamines, 30 per cent were synthetic cannabinoid receptor agonists and 15 per cent could be considered classic hallucinogens (mostly tryptamines). The main concern for the authorities in a number of countries, however, has been the emergence in recent years of synthetic opioid receptor agonists, which are often fentanyl analogues. They have proved to be particularly harmful, leading to growing numbers of deaths, in particular in North America and, to a lesser extent, in Europe. Over the period from 2009 to 2018, approximately 7 per cent of all identified new psychoactive substances were opioid substances. Moreover, 29 per cent of the 79 new psychoactive substances that emerged for the first time at the global level in 2017 were synthetic opioid receptor agonists.

Figure VIII

Proportion of new psychoactive substances reported for the first time, by psychoactive effect, 2017



Source: *World Drug Report 2019*.

⁶ Raffaele Giorgetti and others, “When ‘Chems’ meet sex: a rising phenomenon called ‘ChemSex’”, *Current Neuropharmacology*, vol. 15, No. 5 (2017), pp. 762–770.

⁷ The term “chemsex” indicates the voluntary consumption of psychoactive and other drugs in the context of sex parties and sexual intercourse with the intention of facilitating or enhancing sexual encounters, mostly among men who have sex with other men.

⁸ Hannah McCall, Naomi Adams and Jamie Willis, “What is chemsex and why does it matter?”, *British Medical Journal*, vol. 351 (November 2015).

⁹ Claire Edmundson and others, “Sexualized drug use in the United Kingdom: a review of literature”, *International Journal of Drug Policy*, vol. 55 (May 2018), pp. 131–148.

B. Consequences of drug use

28. The health consequences of drug use can include a range of outcomes, such as drug use disorders, mental health disorders, HIV infection, liver cancer and cirrhosis associated with hepatitis, overdose and premature death. The greatest harms to health are those associated with the use of opioids and injecting drugs, because of the risk of acquiring HIV or hepatitis C through unsafe injecting practices.

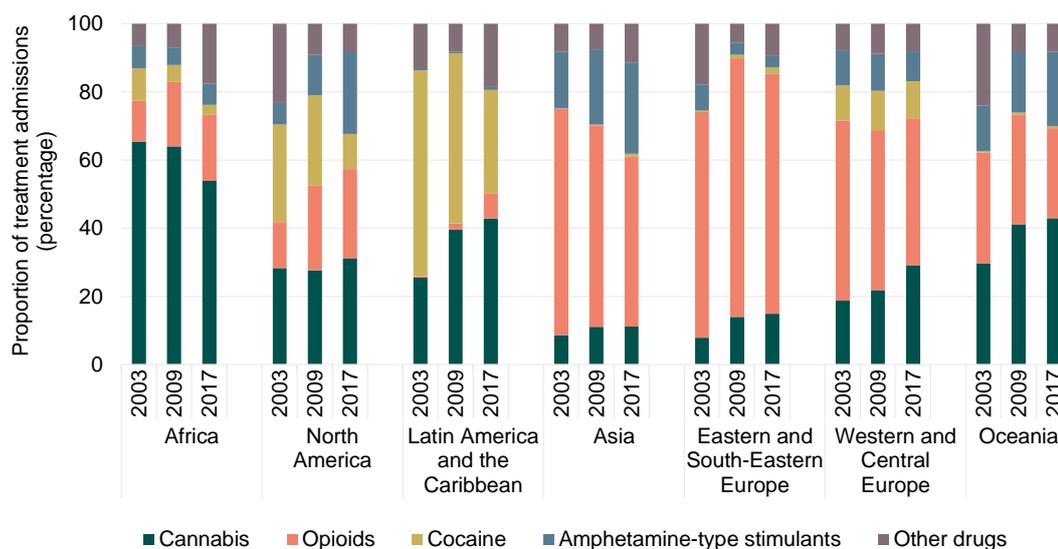
1. People with drug use disorders as reflected in treatment

29. For people with drug use disorders, the availability of and access to treatment services, particularly science-based services, remains limited, 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 the proportion of people with disorders related to the use of other substances.

30. 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 use 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 methamphetamine has been increasing. Cannabis is the main drug for which 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 IX

Trends in the primary drug of concern in drug treatment admissions, by region, 2003, 2009 and 2017



Source: World Drug Report 2019.

2. People who inject drugs

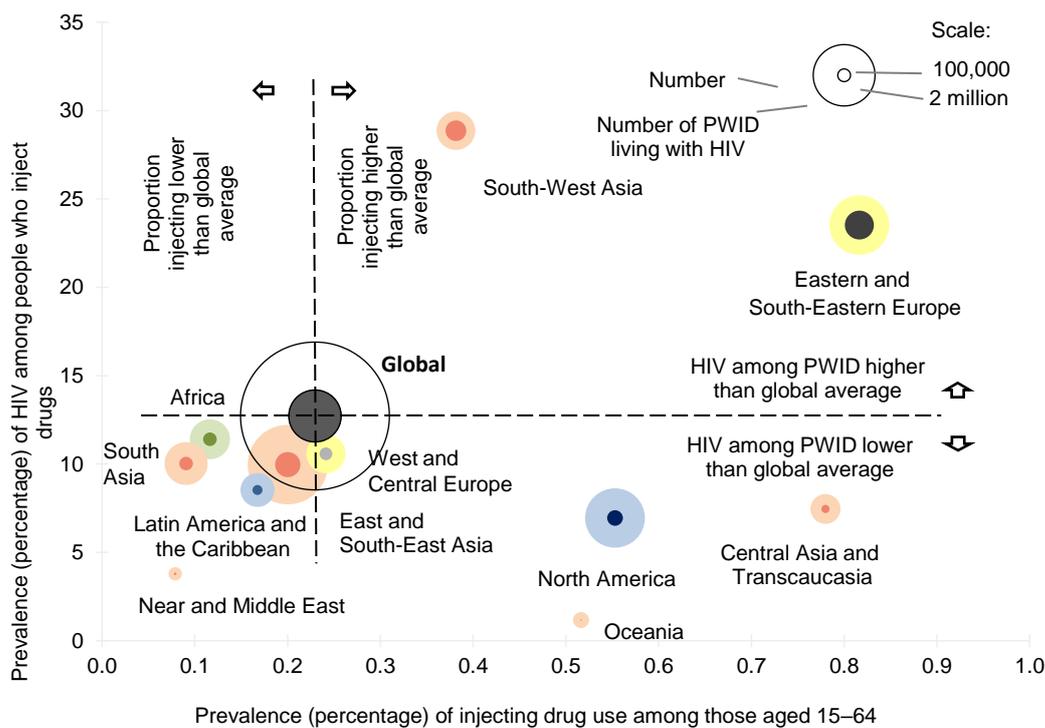
31. The joint UNODC/World Health Organization (WHO)/Joint United Nations Programme on HIV/AIDS (UNAIDS)/World Bank estimate of the number of people who injected drugs in 2017 was 11.3 million (range: 8.9 million to 15.0 million), corresponding to 0.23 per cent (range: 0.18 to 0.30 per cent) of the population aged 15 to 64. The estimate is based on the most recent and high-quality information

available to UNODC at the time. Based on estimates of injecting drug use from 110 countries, the available data for 2017 cover 88 per cent of the global population aged 15 to 64.

32. The proportion of the population aged 15 to 64 who injects drugs is relatively high in Eastern and South-Eastern Europe and in Central Asia and Transcaucasia, with rates that are almost four times higher than the global average. In terms of the actual number of people who inject drugs, the majority reside in East and South-East Asia (28 per cent of the global total), even though the prevalence of injecting drugs is relatively low in that subregion. A large number of people who inject drugs also reside in Eastern and South-Eastern Europe (16 per cent of the global total) and North America (16 per cent of the global total). Those three subregions account for almost two thirds (60 per cent) of the global number of people who inject drugs.

Figure X

Regional patterns in injecting drug use and HIV among people who inject drugs, 2017



Source: World Drug Report 2019.

3. HIV and hepatitis C among people who inject drugs

33. People who inject drugs are disproportionately affected by HIV. UNAIDS estimated that in 2017, people who injected drugs were 22 times more likely to be living with HIV than the general population and that they accounted for 9 per cent of new HIV infections globally, with the proportion increasing to more than one third of new HIV infections in Eastern Europe and Central Asia (39 per cent) and in the Middle East and North Africa (38 per cent).¹⁰

34. The joint UNODC/WHO/UNAIDS/World Bank estimate of the prevalence of HIV among people who injected drugs worldwide in 2017 was 12.7 per cent, amounting to 1.4 million people who injected drugs living with HIV. Based on estimates of the prevalence of HIV among people who inject drugs from 121 countries, the available data cover 95 per cent of the estimated number of people who inject drugs globally.

¹⁰ UNAIDS, *Miles to Go: Closing Gaps, Breaking Barriers, Righting Injustices* (Geneva, 2018).

35. The prevalence of HIV among people who inject drugs is highest by far in South-West Asia and in Eastern and South-Eastern Europe, with rates that are 2.3 and 1.8 times the global average, respectively. In all other subregions, the prevalence of HIV among people who inject drugs is below the global average. A large number of people who inject drugs living with HIV reside in those two subregions (15 per cent and 29 per cent of the global total, respectively), as well as in East and South-East Asia (22 per cent of the global total), although the prevalence of injecting drug use and HIV among people who inject drugs in East and South-East Asia are both below the global average. Combined, those three subregions are home to 66 per cent of all people who inject drugs living with HIV.

36. The joint UNODC/WHO/UNAIDS/World Bank estimate of the prevalence of hepatitis C among people who injected drugs worldwide in 2017 was 49.3 per cent, with an estimated 5.6 million people who injected drugs living with hepatitis C. That estimate is based on information on the prevalence of hepatitis C among people who inject drugs from 102 countries, covering 94 per cent of the estimated global population of people who inject drugs. In comparison, the prevalence of hepatitis C infection among the general population (for all ages) worldwide in 2015 was estimated to be 1.0 per cent (range: 0.8–1.1 per cent).¹¹

4. Drug-related deaths

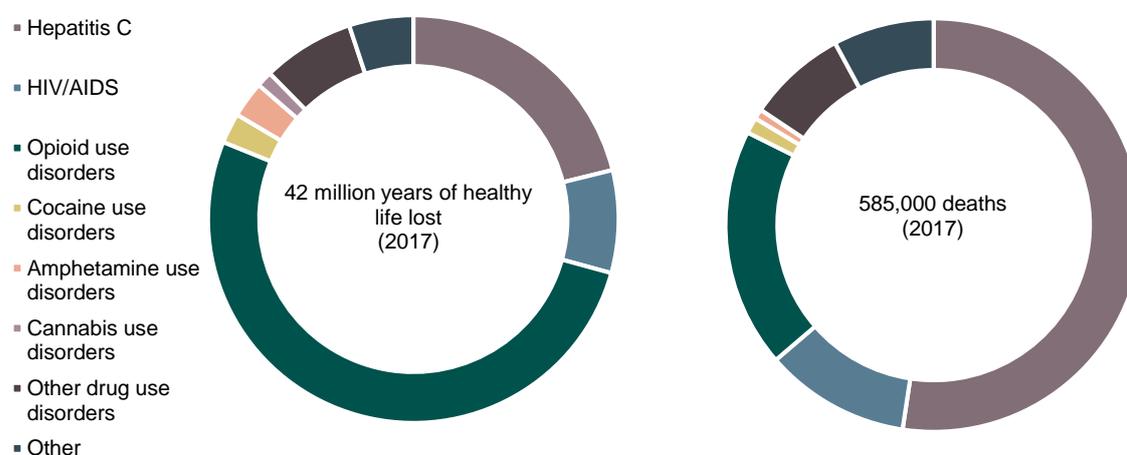
37. Drug-related deaths are defined as deaths that are directly attributable to drug use disorders, primarily overdose, and deaths that result from other risk factors such as HIV and AIDS, tuberculosis, hepatitis C, and liver cancer or cirrhosis among people who use drugs.

38. In 2017, the Global Burden of Disease Study estimated that there had been 585,000 drug-related deaths. Overall, nearly half of those deaths were attributable to liver cancer, cirrhosis or other chronic liver diseases among people who use or inject drugs, while one third (166,600) were directly attributable to drug use disorders.

Figure XI

Leading causes of death attributable to drug use and drug use disorders, 2017

Hepatitis C and opioid use disorders are responsible for most of the deaths and disability attributed to the use of drugs



Source: World Drug Report 2019.

¹¹ World Health Organization, *Global Hepatitis Report 2017* (Geneva, 2017).

III. Regional summaries

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

A. Africa

40. Information on the extent of drug use in Africa remains limited, and is available from only a few countries. Many countries in the region, in particular in West, Central 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 and codeine) are not available, survey data from some countries, as well as data on the provision of treatment, suggest that the extent of their non-medical use 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 usually prescribed for medical purposes.

41. According to the report of the West African Epidemiology Network on Drug Use (WENDU), between 2014 and 2017, more than 7 in 10 people who accessed treatment services for drug use disorders indicated cannabis as the principal substance used. Cocaine was the most commonly used stimulant reported among people receiving drug treatment in the subregion. Moreover, an increase in the number of persons treated for cocaine use was observed in West Africa from 2014 to 2017. Treatment for the problem use of cocaine and “crack” cocaine was more prevalent in Cabo Verde, Côte d’Ivoire, Liberia and Guinea. In Cabo Verde, 13.4 persons per 100,000 and 10.4 per 100,000 were in treatment for such problem use in 2016 and 2017, respectively.

42. Increasing seizures of tramadol (especially tablets containing a higher dosage than normal) in Member States indicate increasing tramadol use in West Africa. Similarly, increasing seizures of codeine containing cough mixtures in some countries in West Africa indicate the non-medical use of pharmaceutical opioids.

B. Americas

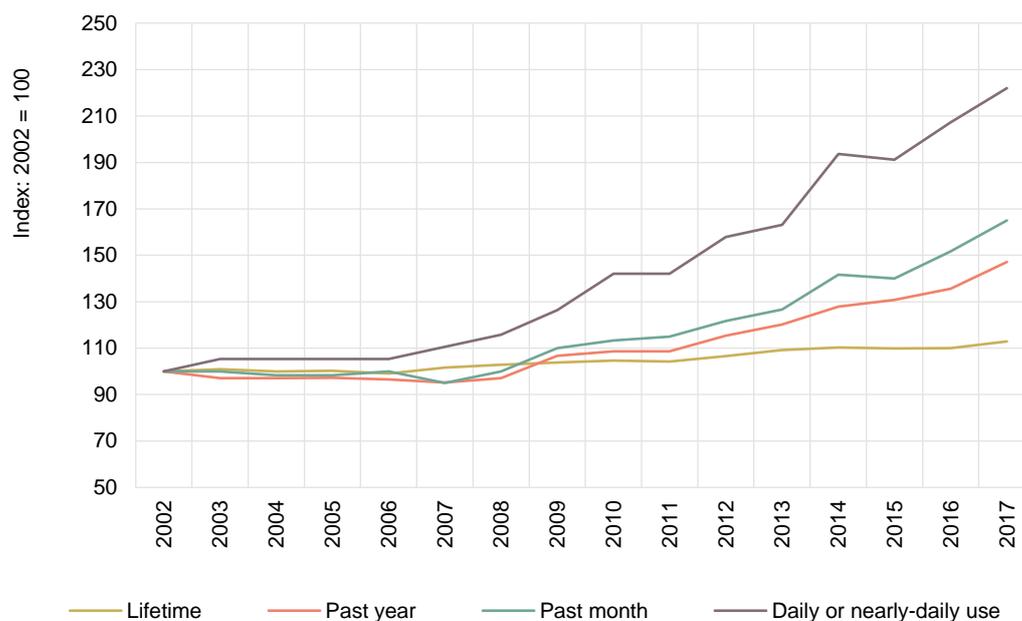
43. With an annual prevalence of 8.4 per cent of the adult population, cannabis continues to be the most commonly used illicit drug in the Americas. High levels, as compared with the global average, of the use of opioids (2 per cent annual prevalence), cocaine (1.5 per cent) and amphetamines (1.2 per cent) are reported in the region. North America is also faced with an opioid epidemic that is responsible for an increasing number of overdose deaths attributed to the use of opioids, in particular, those attributed to fentanyl and its analogues.

44. In the United States of America, an estimated 53.2 million people aged 12 or older in 2018 were past-year users of any illicit drug (corresponding to 19.4 per cent of the population aged 12 or older). Of those, 43.5 million people aged 12 or older (15.9 per cent of the population) reported that they had used cannabis in the past year.

45. Cannabis use in the United States has been consistently increasing since 2002, among both young adults aged 18 to 25 and adults aged 26 or older.¹² The largest increases among the adult population aged 18 years or older have been in the regular use of cannabis.

¹² United States, Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health*, HHS Publication No. PEP19-5068, NSDUH Series H-54, (Rockville, Maryland, 2019).

Figure XII
Trends in cannabis use among the population aged 18 or older in the United States, 2002–2018



Source: United States, SAMHSA, Center for Behavioral Health Statistics and Quality, Results from the 2018 National Survey on Drug Use and Health: Detailed Tables 2019.

46. The non-medical use of pharmaceutical drugs has remained a major concern in the United States. According to the 2018 national survey, of the estimated 16.9 million people who had used pharmaceutical drugs for non-medical purposes in the past year (6.2 per cent of the population aged 12 or older), 9.9 million had misused opioid pain killers, while 6.4 million people had misused tranquilizers. Of those, 5.4 million had misused prescription benzodiazepines. In addition, 5.1 million people had misused stimulants, including amphetamine products, methylphenidate and anorectic stimulants. Cocaine use had remained stable in the United States from 2008 to 2014 and seems to be stabilizing at high levels. An estimated 2.0 per cent of the population aged 12 or older, or 5.5 million people, had reported the use of cocaine and “crack” cocaine in the past year, including 757,000 past-year users of “crack” cocaine. It is estimated that some 1.9 million people, or 0.7 per cent of the population aged 12 or older, were past-year users of methamphetamine.

47. Heroin use in the United States has been increasing since 2007, although in recent years it has stabilized at high levels. In 2018, nearly 800,000 people aged 12 or older (0.3 per cent of the population) reported that they had used heroin in the past year. However, it should be noted that self-reported heroin use is likely to be under-reported in household surveys. In addition, there was an overlap between the non-medical use of pharmaceutical opioids and heroin use in the United States. Approximately 500,000 people had both misused pharmaceutical opioids and used heroin in the past year, meaning that 5 per cent of those who had misused pharmaceutical opioids had also used heroin, while, 63 per cent of heroin users had also misused pharmaceutical opioids in the past year.

48. The increase in the use of heroin and fentanyl has had a major impact in the United States. Fentanyl has not only been reported in heroin samples; it is also sold in the form of counterfeit prescription opioids and tranquilizers as well as in cocaine samples.¹³ In most instances, users are unaware of the contents of the substances that they are consuming, which may result in unintentional overdose. Provisional data for 2018 show that there were approximately 68,000 drug overdose deaths reported in the

¹³ United States, Department of Justice, Drug Enforcement Administration, *2018 National Drug Threat Assessment* (October 2018).

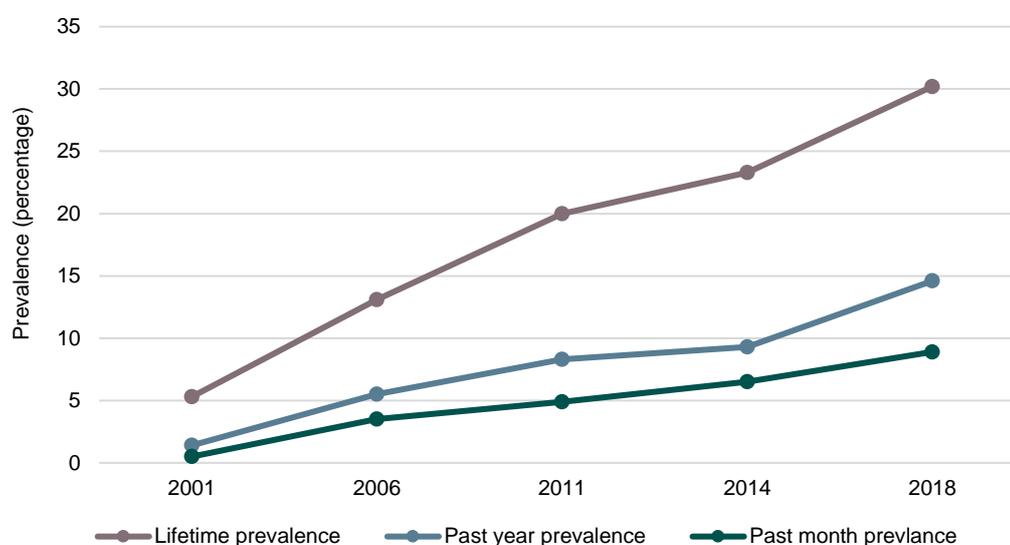
United States, of which more than 47,000 were attributed to opioids. While overdose deaths attributed to pharmaceutical opioids appear to be stabilizing or declining, those attributed to illicitly manufactured fentanyl have continued to increase.

49. In Canada, 4,588 opioid-related deaths (corresponding to a rate of 12.3 deaths per 100,000 people) were reported in 2018, having doubled since 2016 and largely attributed to fentanyl. Most of the opioid-related deaths were among males and more than a quarter were among people aged 30 to 39 years.¹⁴ According to the National Cannabis Survey, in the first quarter of 2019, 17.5 per cent of the population (22.3 per cent of men and 12.7 per cent of women) reported that they had used cannabis in the past three months. That was higher than the 14 per cent prevalence reported the year previously. The highest annual prevalence (30 per cent) was reported among young adults aged 15 to 24. Around 6 per cent of the population aged 15 or older, or approximately 1.8 million people, were daily or almost daily cannabis users.¹⁵

50. In Uruguay, according to the 2018 national survey on drug use, 14.6 per cent (17.8 per cent of men and 11.5 per cent of women) of the population aged 15 to 65 reported that they had used cannabis in the past year. The use of cannabis in Uruguay has significantly increased since 2001 as well as over the past four years.^{16, 17}

Figure XIII

Trends in cannabis use in Uruguay, 2001–2018



Source: Observatorio Uruguayo de Drogas, *Encuesta Nacional en Hogares sobre Consumo de Drogas* (2016 and 2018).

C. Asia

51. Reliable estimates of prevalence of the use of various drugs are available for only a few countries in Asia. Nearly 1 per cent of people in the region aged 15 to 64 use opioids (including opiates). The use of amphetamines (0.6 per cent) is estimated to be at levels comparable to the estimated 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

¹⁴ Canada, Public Health Agency of Canada, Special Advisory Committee on the Epidemic of Opioid Overdoses, “National report: apparent opioid-related deaths in Canada”, web-based report (December 2019).

¹⁵ Statistics Canada, “National cannabis survey 2019: first quarter”, 2 May 2019.

¹⁶ Uruguay, Junta Nacional de Drogas, Observatorio Uruguayo de Drogas, *VII Encuesta Nacional en Hogares sobre Consumo de Drogas* (2018).

¹⁷ Uruguay, Junta Nacional de Drogas, Observatorio Uruguayo de Drogas, *VI Encuesta Nacional en Hogares sobre Consumo de Drogas, 2016: Informe de Investigación* (September 2016).

the region is large, comprising half of the estimated number of opioid and amphetamine users worldwide.

52. A new survey of drug use in India shows higher levels of drug use than previously estimated. In 2018, more than 3 per cent of the population aged 18 and older, and less than 1 per cent of adolescents aged 10 to 17, had used any cannabis product in the past year. That includes the use of “bhang”,¹⁸ the most commonly used form of cannabis in India, as well as cannabis herb and resin. Overall, the past-year use of cannabis was higher among men (5 per cent) than women (0.6 per cent). Nearly 0.7 per cent of the total population (aged 10 to 75) is considered to be suffering from cannabis use disorders.¹⁹ Opioid use is also high, with 2.1 per cent of the population aged 10 to 75, a total of 23 million people, estimated to be past-year opioid users. Among opioids, heroin is the most prevalent substance, with a past-year prevalence of 1.1 per cent among the population aged 10 to 75. That is followed by the non-medical use of pharmaceutical opioids, with a prevalence of almost 1 per cent, and opium, with a prevalence of almost 0.5 per cent. The past-year use of opioids is much higher among men in general (4 per cent of the male population) than women (0.2 per cent of the female population). Moreover, 1.8 per cent of adolescents aged 10 to 17 are estimated to be past-year opioid users. Of the 23 million past-year opioid users, roughly one third, or 7.7 million people, are considered to be suffering from opioid use disorders. Less than 0.2 per cent of the population aged 10 to 75, or roughly 1.9 million people, reported past-year use of amphetamine-type stimulants in 2018.

53. Recent household surveys conducted in East and South-East Asia show that in Indonesia in 2017, less than 1 per cent of the population had used cannabis in the past year, while the past-year prevalence of amphetamine use was 0.5 per cent (roughly 1 million users). The non-medical use of tramadol was reported by 0.3 per cent of the population aged 10 to 59, a total of half a million people.²⁰

54. In Thailand, where data on trends in methamphetamine use across multiple years are available, there has been an increase in the use of methamphetamine, both in crystalline and tablet form, since 2008. However, the number of people in treatment for methamphetamine use disorders, who account for more than three quarters of people in treatment for drug use disorders in that country, has declined from its peak in 2013. The number of people reporting the use of crystalline methamphetamine in Thailand (42,000 past-year users or 0.08 per cent of the population in 2016) remains much smaller than the number using methamphetamine in tablet form.²¹

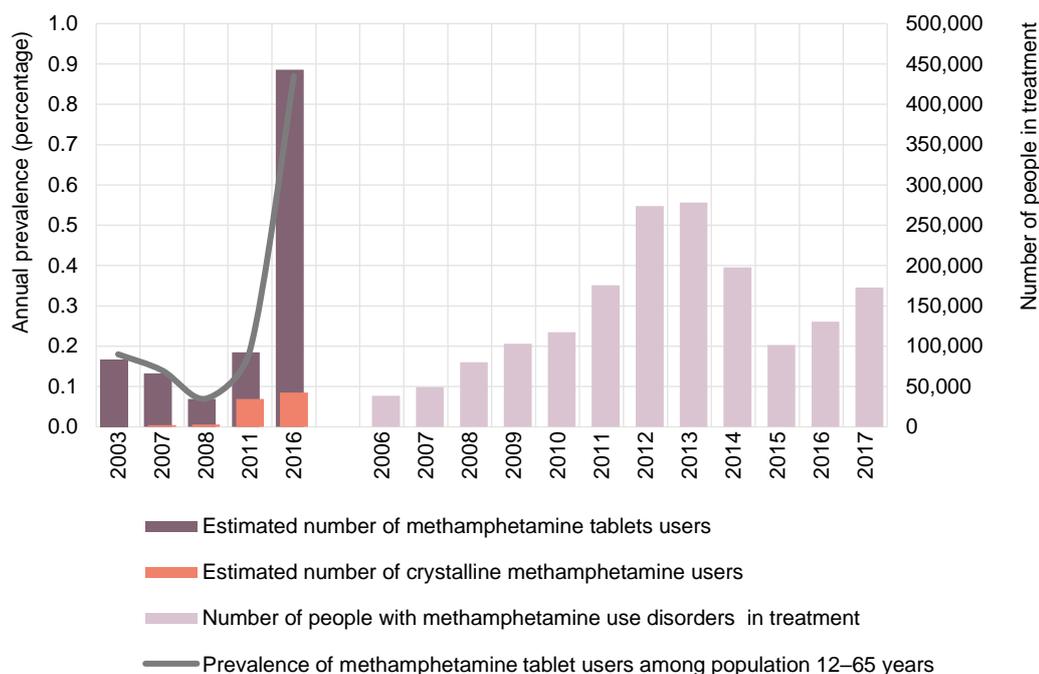
¹⁸ “Bhang” is an edible preparation of cannabis used in food and drink and traditionally distributed during the festival of Holi. “Bhang” is legal in many States in India.

¹⁹ Atul Ambekar and others, *Magnitude of Substance Use in India, 2019* (New Delhi, Ministry of Social Justice and Empowerment, 2019).

²⁰ Responses by Indonesia to the annual report questionnaire for 2018.

²¹ Sourced from data from the Administrative Committee of Substance Abuse Academic Network of Thailand as reported in Darika Saingam, “Substance abuse policy in Thailand: current challenges and future strategies”, *Journal of Drug and Alcohol Research*, vol. 7 (March 2018), pp. 1–10.

Figure XIV
Prevalence of methamphetamine use and the number of people in treatment for methamphetamine use disorders, Thailand, 2003–2017



Source: Based on data reported in Darika Saingam, “Substance abuse policy in Thailand: current challenges and future strategies”, *Journal of Drug and Alcohol Research*, vol. 7 (March 2018); the data on people in treatment for methamphetamine use disorders is from DAINAPP.

55. In other countries in East and South-East Asia, drug treatment admissions are the only indicator that can be used to provide information on the extent of drug use. With the exception of Viet Nam, all countries in the subregion reported methamphetamine as the primary drug of concern in 2018 (or the latest available year). The majority of people seeking drug treatment in Brunei Darussalam, Cambodia, Malaysia, the Philippines and Singapore were users of crystalline methamphetamine; in the Lao People’s Democratic Republic and Thailand, it was primarily users of methamphetamine tablets.

56. In Sri Lanka, according to the latest survey (2019), 1.9 per cent of the population aged 14 or older had used cannabis; 0.6 per cent of the population had used heroin (with a prevalence of 1.2 per cent among the male population); and approximately 0.2 per cent of the population had misused pharmaceutical drugs in the past year.²²

D. Europe

57. The annual prevalence of cannabis use remains high in Western and Central Europe (7.4 per cent of the adult population, or 23.6 million past-year users). 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. Approximately 1 per cent of cannabis users in the subregion are estimated to be daily or almost-daily users of cannabis.²³ In 2017, 155,000 people entered drug treatment for problems related to cannabis use; of those, half entered treatment for the first time. From the countries where data are available, the overall number of people

²² Sri Lanka, National Dangerous Drugs Control Board, “National prevalence survey on drug use 2019” (Colombo, 2019).

²³ European Monitoring Centre for Drugs and Drug Addiction, *European Drug Report 2019: Trends and Developments* (Luxembourg, Publications Office of the European Union, 2019).

entering treatment for cannabis use problems for the first time increased by 76 per cent between 2006 and 2017.²⁴

58. Cocaine use also remains high in Western and Central Europe, with an estimated 4.2 million past-year users (1.3 per cent of the population). In recent years, the use of cocaine has been increasing in the subregion, as reported in survey data as well as in wastewater analysis. 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 in combination with the use of opioids. In Western and Central Europe, there has also been an increase in the overall number of cocaine users entering treatment for the first time – though that increase is mainly accounted for by people living in Italy and the United Kingdom of Great Britain and Northern Ireland. Overall, Italy, Spain and the United Kingdom account for almost three quarters of people entering specialized treatment services for cocaine use disorders.

59. There are an estimated 2.7 million past-year users of “ecstasy” in Western and Central Europe. “Ecstasy” use, which had been declining since 2000, is now stable or on the increase in the countries reporting recent survey data. Among them, Denmark, the Netherlands, Norway and England and Wales in particular have reported an increase in “ecstasy” use. Moreover, analyses of wastewater across Europe show a clear upward trend in “ecstasy” consumption over the period 2011 to 2018.²⁵

60. In Western and Central Europe, with an annual prevalence of 0.7 per cent or 2.2 million past-year users of amphetamines aged 15 to 64, the use of amphetamines is more common than that of methamphetamine. In some countries in the subregion, trends in the use of amphetamines are either stable or declining, especially in Czechia, Spain and the United Kingdom, whereas the latest survey data from Denmark, Germany, the Netherlands and Norway show an increase in amphetamine use.

61. Heroin remains the most commonly used opioid in Western and Central Europe, with an estimated prevalence of 0.6 per cent, or 1.8 million past-year opioid users. France, Germany, Italy, Spain and the United Kingdom, which account for some 60 per cent of the population of the European Union, are estimated to account for three quarters of the estimated high-risk opioid users in the European Union. 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.²⁶ Moreover, in 2017, 19 European countries reported that more than 10 per cent of all opioid clients entering specialized services presented for problems primarily related to opioids other than heroin (including misused methadone, buprenorphine, fentanyl, codeine, morphine, tramadol and oxycodone). Treatment demand for such opioids now accounts for 22 per cent of all primary opioid clients in the subregion.

62. High levels of opioids use, 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 to 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.

E. Oceania

63. In Oceania, in particular Australia and New Zealand, the past-year prevalence of most substances is reported to be much higher than the global estimate – past-year prevalence of cannabis is 11.0 per cent; opioid 3.3 per cent; cocaine 2.2 per cent; amphetamines 1.3 per cent and “ecstasy” 2.2 per cent.

²⁴ Ibid.

²⁵ Sewage Analysis CORE Group Europe (SCORE).

²⁶ Ibid.

64. In Australia, the “ecstasy” market continues to diversify, with “ecstasy” capsules, crystal and powder available on the market, whereas in 2009, “ecstasy” capsules were the most commonly used form reported.²⁷ Wastewater analysis from 2016 onwards has shown stable levels of methamphetamine consumption in most cities in Australia. Among participants of the Illicit Drug Reporting System interviews, in 2019 the use of heroin remained stable over the previous year, with more than half of the participants reporting its use in the past six months, whereas trends in methamphetamine use have been fluctuating – 3 in 4 participants reported the use of methamphetamine, mainly in crystalline form, followed by powder and base forms.²⁸

65. In New Zealand, the use of methamphetamine is considered to have increased in recent years. Wastewater data show that on average, approximately 14 kg of methamphetamine is being consumed each week in the sites tested. The price of methamphetamine has also fallen over the last three years (2016 to 2018), indicating that there is an ample supply that is driving the price down and increasing its use. Wastewater results also consistently show higher methamphetamine use compared with cocaine, “ecstasy”, fentanyl and heroin by a considerable margin. Cocaine remains an emerging risk in New Zealand. While the demand for cocaine appears to be increasing and significant quantities are regularly trafficked, wastewater analysis indicates the market for cocaine is relatively small compared with other drugs.²⁹

IV. Demand reduction and related measures

66. With regard to demand reduction and related measures, at its sixty-third session the Commission will have before it information on action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (see E/CN.7/2020/6) based on the fifth round of responses provided by Member States to the annual report questionnaire. Some additional developments in that regard are presented in the following paragraphs.

67. Following nearly a decade of piloting existing evidence-based family skills programmes in low- and middle-income countries with a view to changing the culture of prevention and better meeting the increasing demand of Member States to implement such initiatives, two new family skills programmes for the prevention of drug use, youth violence and child maltreatment have been developed by UNODC. The first, “Strong Families”, is a selective programme for families living in challenging settings (including refugees, displaced persons and persons in conflict or post-conflict situations). The second, “Families UNited”, is universal in nature but designed for families living in low and middle-income countries. Both programmes are designed by UNODC to be open source, low resource and cost-effective for implementation.

68. While medical models of treatment for individuals with opioid use disorders are well accepted and have been implemented worldwide, medical interventions for the treatment of individuals with stimulant use disorders have not been developed to the same extent, despite an increase in the number of individuals who regularly use stimulants. Accordingly, UNODC, with the support of a group of experts, has developed a discussion paper entitled “Treatment of stimulant use disorders: current Practices and Promising Perspectives”. The document outlines existing evidence and comprehensive responses, including the use of promising medications for the

²⁷ Amy Peacock and others, *Australian Drug Trends 2019: Key Findings from the National Ecstasy and Related Drugs Reporting System (EDRS) Interviews* (Sydney, National Drug and Alcohol Research Centre, University of New South Wales, 2019).

²⁸ Amy Peacock and others, *Australian Drug Trends 2019: Key Findings from the National Illicit Drug Reporting System (IDRS) Interviews*, (Sydney, National Drug and Alcohol Research Centre, University of New South Wales, 2019).

²⁹ Response by New Zealand to the annual report questionnaire for 2018.

treatment of stimulant use disorders; makes suggestions regarding the integration of psychosocial and pharmacological therapy; and proposes the establishment of an international network of treatment sites to be involved in the further implementation of research.

69. Following the 2018 technical consultation on “Elements of family-based treatment and family therapy for youth with drug use disorders: creating societies resilient to drugs and crime”, UNODC, in close collaboration with WHO, also developed a capacity-building programme entitled “Treatnet Family” for the treatment of adolescents with substance use disorders, including those in contact with or at risk of contact with the criminal justice system. Treatnet Family was established in response to Commission on Narcotic Drugs resolution 58/2, mandating Member States to consider implementing scientific evidence-based treatment and sustained recovery programmes, such as psychosocial care, for children and young people that may involve the inclusion of family. After being piloted in three regions in Asia and further tailored to meet the needs and cultural contexts of the countries implementing it, the Treatnet Family programme was launched, targeting adolescents and their families in Indonesia. Initial results have been encouraging, indicating its scalability and its potential in developing new skills for health, social and criminal justice workers working with families. The programme can be implemented in outpatient or inpatient settings, as well as social service settings, as part of a continuum of care.

70. In the framework of the UNODC/WHO programme on drug dependence treatment and care, training materials have been developed to disseminate the WHO guidelines for the identification and management of substance use disorders during pregnancy. Following a pilot training session during the conference of the International Society of Substance Use Professionals, held in Vienna in 2019, additional training sessions were held in Argentina and Ukraine.

V. Conclusions and recommendations

71. Given the spread and misuse of pharmaceutical opioids in different regions, it is important to develop early warning systems that analyse the emergence and consequences of their non-medical use. In order to facilitate access to pain medication for those who need it, while at the same time preventing the diversion and misuse of such medication, countries may consider developing guidelines on pain management, including the management of chronic non-cancer pain, prescription monitoring programmes and the development of targeted prevention messages educating people on the potential harms and consequences of misusing pharmaceutical opioids.

72. It is also important to increase the accessibility, availability, coverage and quality of interventions for the prevention and treatment of drug use disorders in line with the UNODC/WHO International Standards on Drug Use Prevention and the International Standards for the Treatment of Drug Use Disorders.

73. Furthermore, it is recommended to strengthen prevention responses that take the form of selective interventions for at-risk groups over and beyond the general population, as well as to strengthen treatment responses at the community level and in closed settings to ensure equity of responses.

74. The evidence base for policies and programmes at the national, regional and international levels requires reliable and valid data on the drug situation and responses. That makes it necessary to improve the evidence base through support in the implementation of drug monitoring systems on the basis of epidemiological indicators of drug use, including by building the capacity of experts in high-priority countries and regions, and developing innovative methods and the use of new technology, such as the use of social media and big data (large data sets) in order to understand the patterns and trends of drug use and associations relating to people’s behaviour and to predict health outcomes.

75. The strengthening and expansion of the global base of scientific evidence also requires investing in the monitoring and evaluation of the process, outcome and impact of drug prevention and treatment strategies to ensure their effectiveness and minimize the risk of negative outcomes.

76. Some indicators for monitoring the drug situation that require particular attention are the development and implementation of innovative and cost-effective methods for estimating the extent of drug use in both the general population and high-risk drug users, including those who inject drugs, in resource-constrained countries; drug related mortality; the number and extent of people with drug use disorders; and coverage of treatment interventions for drug use disorders. The latter two are the key components of the monitoring and reporting of Sustainable Development Goal indicator 3.5.1.
