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**Commission on Narcotic Drugs Sixty-sixth session** Vienna, 13–17 March 2023 Item 6 of the provisional agenda<sup>\*</sup> **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 2020, an estimated 284 million people had used a controlled substance in the preceding year; of those, nearly 14 per cent were estimated to be suffering from drug use disorders. UNODC, together with the World Health Organization, the Joint United Nations Programme on HIV/AIDS and the World Bank, estimates that 11.2 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 multiple 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 severe impact on the health of people who use them non-medically. The epidemics involving the non-medical use of opioids - fentanyl and its analogues in North America and tramadol in North and West Africa, the Middle East and South-West Asia – continue to pose severe health risks. Globally, nearly half a million deaths were attributable to drug use in 2019. The lack of reliable information on most epidemiological indicators of drug use continues to hinder both the monitoring of emerging trends and the implementation and evaluation of evidence-based responses to drug use and its health consequences.

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### I. Introduction

#### A. Emerging and continuing 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 the use of heroin and the misuse of pharmaceutical opioids and new psychoactive substances with opioid effects, continues to be a major concern in many countries because of its serious health consequences;

(b) In Western and Central Europe and the United States of America, there has been a clear long-term trend of increasing tetrahydrocannabinol content and decreasing cannabidiol content in cannabis products;

(c) While North America and Europe remain the two main consumer markets for cocaine, demand in Africa and Asia has risen over the past decade, but a lack of data prevents a clear understanding of the level of use in the latter two regions;

(d) The use of amphetamines, especially methamphetamine, is increasing in many parts of the world. The available data suggest that the use of methamphetamine is on the rise, especially in South Asia, South-West Asia and the Middle East;

(e) The number of distinct new psychoactive substances found on global drug markets has now stabilized at approximately 550. However, the increasing number of new psychoactive substances with opioid effects is a matter of concern;

(f) As a result of the stay-at-home or lockdown measures taken to prevent or slow the spread of the coronavirus disease (COVID-19) in different parts of the world, the frequency and quantities of cannabis use have increased, as has the non-medical use of sedatives and tranquillizers (in particular benzodiazepines) and pharmaceutical opioids. The use of 3,4-methylenedioxymethamphetamine (MDMA, commonly known as "ecstasy"), "ecstasy"-type substances and cocaine initially declined, but later returned to previously observed levels after the COVID-19-related measures were lifted. Some regular drug users reduced their consumption during the pandemic, while others resorted to substitutes and, especially in the case of heroin, to more harmful patterns of use. The pandemic reduced the accessibility of drug-related interventions in all regions.

# **B.** Reports from Member States on 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 5 December 2022, 95 out of 202 States and territories had submitted responses to the six modules of the revised online annual report questionnaire on the extent and patterns of and trends in drug use and related health consequences in 2021. While the rate of completion of individual modules by Member States varied, overall, 36 per cent of modules were substantially completed, meaning that States had provided information on more than half of the indicators of drug use and its health consequences in those modules (see figure 1).

#### Figure 1

Responses to the annual report questionnaire: Member States that provided drug demand data for 2021



No data compilation in progress

*Notes*: The boundaries and names shown and the designations used on the map do not imply official endorsement or acceptance by the United Nations. Dashed lines represent undetermined boundaries. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between the Sudan and South Sudan has not yet been determined. Reflects status of submissions as at 5 December 2022.

### II. Global overview

#### A. Extent of drug use

3. In 2020, an estimated 284 million people worldwide aged 15–64, the majority of whom were men, had used at least one drug in the past 12 months. That figure corresponds to approximately 1 in every 18 people in that age group, or 5.6 per cent of that population, and represents a 26 per cent increase since 2010, when the estimated number of people who used drugs was 226 million and the prevalence of use came to 5 per cent (see figures 2 and 3). The fact that the percentage increase in the absolute figure is far larger than the increase in prevalence can be attributed in part to the growth of the global population. Any comparisons of such global estimates over time, however, should be interpreted with caution owing to their wide uncertainty intervals.



Figure 2 Global prevalence of drug use and drug use disorders, 2010–2020

Source: World Drug Report 2022 (data based on responses to the annual report questionnaire).

*Notes*: Prevalence estimates are based on the prevalence of adults (aged 15-64) who had used drugs in the past year. The global estimates of the extent of drug use and drug use disorders reflect the best available information for 2020. Changes compared with previous years largely reflect the information updated by countries for which new data on the extent of drug use were made available for the respective year. Therefore, the global and regional estimates presented in a given year are based on both the new estimates that were available for a particular country in the reference year and the most recent estimates available for the other countries. For 2020, the estimated global prevalence of drug use is based on estimates from 110 countries covering 60 per cent of the world's population. Among those estimates, new data points were reported for 20 countries in 2020.



Figure 3 Global number of people who use drugs and people with drug use disorders, 2010–2020

Number of people who use drugs

*Source: World Drug Report 2022* (data based on responses to the annual report questionnaire).

Note: Estimated number of people (aged 15-64) who used drugs in the past year.

4. While overall drug use remains lower among women than men, differences between the sexes vary substantially by region and, to some extent, by drug type (see figures 4 and 5). For example, according to the most recent data available from household surveys in 64 countries, less than a third of people who use cannabis or cocaine worldwide are women. With regard to the non-medical use of pharmaceutical

Number of people with drug use disorders

drugs (in particular opioids, sedatives and tranquillizers), however, women exhibit prevalence levels similar to those reported for men. The gender-related differences in drug use vary substantially by region and are likely to be associated with opportunities for women to use drugs, with culturally defined roles and with other social factors.

#### Figure 4 Users of cannabis, by sex, region/subregion and drug, and users of selected drug groups, by sex



Source: World Drug Report 2022 (data based on responses to the annual report questionnaire).

*Note*: Estimates are based on annual prevalence of use estimates from household or general population surveys conducted in 13 to 52 countries, depending on the drug in question.

#### Figure 5 Global cannabis use according to age and gender



Source: World Drug Report 2022 (data based on responses to the annual report questionnaire); European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), European School Survey Project on Alcohol and other Drugs, *ESPAD Report 2019: Results from the European School Survey Project on Alcohol and other Drugs*, Joint Publications Series (Luxembourg, Publications Office of the European Union, 2020); and study reports.

5. Although drug use is lower among women overall, women who use drugs face gender-specific vulnerabilities. For example, women who use drugs report suffering gender-based violence two to five times more frequently than women who do not use

drugs<sup>1</sup> and may also face additional social and health issues if they use drugs while pregnant or breastfeeding.<sup>2</sup>

6. The past decade has witnessed the expansion of a dynamic market for synthetic drugs and an increase in the non-medical use of pharmaceutical drugs in addition to the existing spectrum of conventional plant-based substances (i.e. cannabis, cocaine and heroin). One common feature among people who occasionally or regularly use drugs is the consecutive or sequential use of drugs. Consequently, polydrug use continues to pose challenges, especially in treating drug use disorders and preventing and managing overdose.

7. Approximately 14 per cent of people who use drugs (38.6 million people) are estimated to suffer from drug use disorders. This corresponds to a prevalence of drug use disorders of 0.76 per cent globally among the population aged 15–64.

8. The prevalence of drug use disorders appears to have remained relatively stable over the past 15 years, while the estimated number of individuals suffering from drug use disorders increased from about 27 million in 2010 to about 38.6 million in 2020. This is in large part due to global population growth, combined with improved data quality.

9. Cannabis remains the most widely used drug worldwide. In 2020, more than 4 per cent of the global population aged 15–64 (209 million people) had used cannabis in the past year. The prevalence of past-year cannabis use increased by 8 per cent, from 3.8 per cent in 2010, while the number of people who had used cannabis in the past year increased by 23 per cent, from 170 million in 2010, partly owing to the increase in the global population.

10. As shown in figure 6, the prevalence of cannabis use varies widely by region and is highest in North America (16.6 per cent), Australia and New Zealand (12.1 per cent) and West and Central Africa (9.7 per cent).



### Use of cannabis, by region and subregion, 2020

Figure 6

*Source: World Drug Report 2022* (data based on responses to the annual report questionnaire).

<sup>1</sup> Louisa Gilbert and others, "Targeting the SAVA (Substance Abuse, Violence, and AIDS) Syndemic among Women and Girls: a global review of epidemiology and integrated interventions", *Journal of Acquired Immune Deficiency Syndromes*, vol. 69, Suppl. No. 2 (June 2015), pp. S118–S127.

<sup>2</sup> National Institute on Drug Abuse, "Substance use in women DrugFacts" (January 2020).

11. Cannabis is also the most widely used drug among young people. Globally, it is estimated that there were about 14.3 million past-year users of cannabis among students aged 15–16 in 2020. At 5.8 per cent, the annual prevalence of cannabis use in that age group was higher than the prevalence among the general population aged 15–64 (4 per cent) at the global level and in most regions (see figure 7).

#### Figure 7

Global and regional use of cannabis among people aged 15–16 and among the general population aged 15–64 (2020 or most recent year for which data were available)



*Source: World Drug Report 2022* (data based on responses to the annual report questionnaire and other government reports).

12. Over the past decade, an increasing number of cannabis products with high levels of potency have been introduced onto the cannabis market in some regions. Those products tend to be high in tetrahydrocannabinol, the main psychoactive component in cannabis, and low in cannabidiol, a cannabinoid which, unlike tetrahydrocannabinol, is not intoxicating.<sup>3</sup> In Europe and the United States, a clear long-term trend of increasing tetrahydrocannabinol content has been observed in seized cannabis herb. The average tetrahydrocannabinol content of cannabis herb seized in Europe has increased by almost 40 per cent since 2009, and that of cannabis resin has tripled. The potency of cannabis herb seized in the United States has risen by nearly 50 per cent (to 14.35 per cent) over the same period.<sup>4</sup>

13. Opioids remain a major concern in many countries because of the severe health consequences associated with their use, including non-fatal and fatal overdoses. In 2019, the use of opioids accounted for more than 70 per cent of the 18 million years of healthy life lost as a result of disability and premature death (disability-adjusted life years) attributed to drug use disorders, and 69 per cent of deaths that were attributed to drug use disorders (see figure 8).<sup>5</sup>

<sup>&</sup>lt;sup>3</sup> WHO Expert Committee on Drug Dependence, *Critical Review: Cannabis and Cannabis Resin* (Geneva, World Health Organization, 2018), sect. 1.

World Drug Report 2022, booklet 3, Drug Market Trends: Cannabis Opioids (United Nations publication, 2022).

<sup>&</sup>lt;sup>5</sup> Institute for Health Metrics and Evaluation, "Global Burden of Disease Study 2019 Data Resources: GBD Results Tools".

#### Figure 8 Global burden of harm due to opioid use disorders



Source: World Drug Report 2022 (data based on responses to the annual report questionnaire); and Institute for Health Metrics and Evaluation, "Global Burden of Disease Study 2019 Data Resources: GBD Results Tool".

14. In 2020, an estimated 61.3 million people worldwide had used opioids (i.e. opiates and pharmaceutical opioids) in a non-medical context in the past year. That figure corresponds to 1.2 per cent of the global population aged 15-64.

15. The regions and subregions with the highest past-year prevalence of non-medical use of opioids were North America (3.4 per cent), the Near and Middle East and South-West Asia (3.2 per cent) and Oceania (2.4 per cent, essentially Australia and New Zealand). Asia, where the past-year prevalence of the non-medical use of opioids is at a comparable level to the global average (see figure 9), accounts for more than half (58 per cent) of the estimated global number of opioid users.

16. Approximately half of the estimated number of past-year users of opioids nearly 31 million – were users of opiates (heroin and opium) in 2020, corresponding to 0.6 per cent of the global population aged 15-64. The subregions with the highest past-year prevalence of use of opiates were the Near and Middle East and South-West Asia (1.8 per cent), South Asia (1.1 per cent), North Africa (1.1 per cent) and Central Asia and Transcaucasia (nearly 1 per cent). Nearly 70 per cent of the estimated global number of opiate users reside in Asia (see figure 10).



Opioid use, by region and in selected subregions, 2010 and 2020

Figure 9

Source: World Drug Report 2022 (data based on responses to the annual report questionnaire).



Figure 10 Prevalence of opiate use, by region and in selected subregions, 2020

*Source: World Drug Report 2022* (data based on responses to the annual report questionnaire).

17. The opioid crisis continues in North America, reflected in particular in the continuing increase in the number of overdose deaths attributed to the use of synthetic opioids, especially fentanyl and its analogues. The other opioid crisis, which concerns the non-medical use of tramadol, which has emerged in recent years as an opioid of public health concern in many subregions, also continues, especially in West, Central and North Africa and in the Middle East. This is reflected in the number of people in treatment for tramadol-related problems and the number of overdose deaths attributed to tramadol that have been reported in some countries in those subregions. There are also increasing signs of the non-medical use of pharmaceutical opioids in Western and Central Europe, as reflected in the increasing proportion of people accessing treatment services for such opioid use in the subregion.<sup>6</sup>

18. In 2020, a total of 34 million people aged 15–64, or 0.7 per cent of the global population, were estimated to have used amphetamines in the past year. The highest past-year prevalence of amphetamine use was estimated for North America (3.9 per cent) and for Australia and New Zealand (1.3 per cent) (see figure 11).

19. Although past-year prevalence in East and South-East Asia is slightly lower than the global average, the second highest estimated number of people who use amphetamines, after North America, was reported in that subregion (almost 10 million users), owing to its larger population. Generally low levels of amphetamine use continue to be reported from Africa and other parts of Asia, although there are some countries in those regions with high levels of use of amphetamine-type stimulants (see figure 12).

<sup>&</sup>lt;sup>6</sup> European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), *European Drug Report* 2021: Trends and Developments (Luxembourg, Publications Office of the European Union, 2021).



Figure 11 Use of amphetamines, by region and in selected subregions, 2020

*Source: World Drug Report 2022* (data based on responses to the annual report questionnaire).

Note: The dotted line indicates the global annual prevalence of the use of amphetamines.

#### Figure 12





Source: World Drug Report 2022 (data based on responses to the annual report questionnaire).

20. Methamphetamine use has been concentrated in North America, in East and South-East Asia and in Australia and New Zealand. Recent wastewater analyses revealed comparable levels of estimated standardized total consumption in some cities in Western and Central Europe and Southern Africa, as well as in South-Eastern Europe. Different sources of information also suggest that the use of methamphetamine is rising in other regions, including in South Asia, South-West Asia and the Middle East.<sup>7</sup>

<sup>&</sup>lt;sup>7</sup> World Drug Report 2022, booklet 4, Drug Market Trends: Cocaine, Amphetamine-type Stimulants, New Psychoactive Substances (United Nations publication, 2022).

21. For 2020, it is estimated that some 21.5 million people, or 0.4 per cent of the global population aged 15–64, had used cocaine at least once in the past year (see figure 13). The estimated prevalence increased slightly compared with 2010, but the number of people who use cocaine increased by 32 per cent, partly owing to global population growth. Those trends, however, have to be interpreted with caution owing to the wide uncertainty intervals of the estimates.

22. The prevalence and the number of people who use cocaine are unevenly distributed across the globe, with the highest levels of prevalence found in Oceania (2.7 per cent), North America (1.9 per cent), South America (1.6 per cent) and Western and Central Europe (1.4 per cent).

23. Quantities of benzoylecgonine (cocaine metabolite) detected in wastewater largely confirm this regional concentration of use, except in the case of Australia, where low levels of the metabolite found in wastewater, contrasting with the country's high annual prevalence of use, suggest that most people consumed small quantities of cocaine compared with people in other countries. Wastewater analyses also indicate the possibility of higher cocaine consumption than that estimated on the basis of household surveys in South America and suggest that cocaine consumption could also be high in some cities in South-Eastern Europe.<sup>8</sup>

24. Qualitative reports on cocaine trends provided by national experts, even in countries without population surveys, suggest an increasing trend in cocaine use over the past decade, with a temporary halt in the trend between 2019 and 2020.



Figure 13 Use of cocaine, by region and in selected subregions, 2020

*Source: World Drug Report 2022* (data based on responses to the annual report questionnaire).

Note: The dotted line indicates the global annual prevalence of cocaine use.

25. In 2020, an estimated 0.4 per cent of the global population aged 15–64, or 20 million people, had used "ecstasy" in the past year (see figure 14). The use of the substance is relatively high in Australia and New Zealand (2.8 per cent), Western and Central Europe (0.9 per cent) and North America (0.9 per cent). However, Asia is likely to be home to the highest absolute number of users (estimated at more than 10 million) owing to its population size, although the prevalence of "ecstasy"

Figure 14

use among the general population in the region is below the global average (0.3 per cent).

26. The use of "ecstasy" has traditionally been concentrated among young people in nightlife settings. This pattern is likely to have contributed to the observed decreases in the use of the substance as a consequence of measures taken in response to the COVID-19 pandemic, such as stay-at-home orders, the closure of recreational venues and the cancellation of large music events.





Source: World Drug Report 2022 (data based on responses to the annual report questionnaire).

Note: The dotted line indicates the global annual prevalence of "ecstasy" use.

27. After rapid expansion from 2009 to 2018, the number of new psychoactive substances found on global drug markets has now stabilized at around 550, that is, at around half the total number of new psychoactive substances ever identified (see figure 15).

#### Figure 15 Rapid development of the global market for new psychoactive substances



Source: World Drug Report 2022 (data based on UNODC early warning advisory on new psychoactive substances). Abbreviation: NPS, new psychoactive substances.

#### Figure 16

### Distribution of new psychoactive substances reported for the first time at the global level, by effect group, 2020



Source: World Drug Report 2022 (data based on UNODC early warning advisory on new psychoactive substances).

28. New psychoactive substances with opioid effects are the potentially most harmful group of new psychoactive substances and, in contrast to the stabilization or decline observed in the number of other types of new psychoactive substances identified, the number of new psychoactive substances with opioid effects identified has continued to grow. The number of such substances found on markets worldwide grew from just one substance in 2009 to 14 in 2015, 56 in 2019 and 87 in 2020, and synthetic opioids became the largest group of new psychoactive substances overall in terms of the proportion of different substances reported by Member States in 2020 (see figure 16).

29. The proportion of new psychoactive substances that are not yet categorized is also growing. That group includes new psychoactive substances that do not belong to

a precise category, in particular substances with sedative and hypnotic effects, most of which are benzodiazepine-type new psychoactive substances.<sup>9</sup> Such substances are often sold at very low prices, sometimes in packages designed to mimic existing medicines, and they have varying dosages of active ingredients and contain contaminants, including highly potent synthetic opioids.<sup>10</sup>

30. Epidemiological data on the use of new psychoactive substances are scarce, and existing data have limited comparability, especially across countries, owing to differences in the definitions and data-collection methodologies used.

31. The level of use of new psychoactive substances among the general population (mostly among persons aged 15–64) remains limited. Of the 23 countries for which data are available, 21 reported that 1 per cent or less of the population had used new psychoactive substances in the past year. The highest prevalence levels were observed for synthetic cannabinoids, for which five countries reported prevalence levels above 1 per cent among their populations.

32. A total of 44 countries provided data on the use of new psychoactive substances in school populations (most often young people aged 15-16 years). As with certain other controlled drugs, the prevalence of past-year use of new psychoactive substances was higher in that age group than among the general population, with a median value of 2.2 per cent. The highest prevalence was recorded in relation to synthetic cannabinoids, which exhibited a median prevalence of past-year use of 1.1 per cent, according to data from 13 countries.

33. Moreover, the use of new psychoactive substances with stimulant effects, synthetic cannabinoid receptor agonists, synthetic opioids and sedatives/hypnotics (mostly benzodiazepine-type new psychoactive substances) is more common in high-risk drug users and marginalized groups, such as people who inject drugs, homeless people and prison populations.<sup>11</sup>

#### B. Consequences of drug use

34. The adverse health consequences of drug use may 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. Different drugs place different demands on health-care systems. The greatest harms to health are those associated with opioid use disorders and with injecting drugs because of the risk of non-fatal and fatal overdose and of acquiring HIV or hepatitis C through unsafe injecting practices. While cannabis is rarely associated with drug-related mortality, people who use cannabis account for a substantial share of those in treatment for drug use disorders.<sup>12</sup>

35. In recent decades, recognition of co-occurring mental health disorders among people with substance use disorders has been growing. Although substance use disorders commonly occur together with other mental health disorders, it is often unclear whether one is a cause of the other or if common underlying risk factors have contributed to both disorders.<sup>13</sup> The comorbidity of substance use and mental health disorders poses the additional difficulty of managing them, particularly given the lack of integration of drug treatment and mental health services in many countries.<sup>14,15</sup> For

<sup>&</sup>lt;sup>9</sup> UNODC, "Current NPS threats", vol. 3 (Vienna, October 2020).

<sup>&</sup>lt;sup>10</sup> Global Synthetic Drugs Assessment 2020 (United Nations publication, 2020).

<sup>&</sup>lt;sup>11</sup> Ibid.

<sup>&</sup>lt;sup>12</sup> World Drug Report 2022, booklet 2, Global Overview: Drug Demand and Supply (United Nations publication, 2022).

<sup>&</sup>lt;sup>13</sup> WHO and UNODC, International Standards for the Treatment of Drug Use Disorders: Revised Edition Incorporating Results of Field-Testing (Geneva, 2020).

<sup>&</sup>lt;sup>14</sup> Ibid.

<sup>&</sup>lt;sup>15</sup> A. Thomas McLellan and others, "Reconsidering the evaluation of addiction treatment: from retrospective follow-up to concurrent recovery monitoring", *Addiction*, vol. 100, No. 4 (March 2005), pp. 447–458.

people with co-occurring mental health disorders and substance use disorders, lower rates of treatment success, a higher rate of psychiatric hospitalization and a higher prevalence of suicide are also reported in comparison with those without comorbid mental health disorders.<sup>16,17</sup>

#### 1. People with drug use disorders in drug treatment

36. There is overwhelming evidence that the cost of providing evidence-based treatment for drug use disorders is much lower than the cost of untreated drug dependence.<sup>18</sup> Scientific evidence-based treatment of drug use disorders not only helps to reduce drug-related harm but also improves the health, well-being and recovery of people with drug use disorders while reducing drug-related crime and increasing public safety and positive community outcomes, for example by reducing homelessness, requirements for social welfare and unemployment.<sup>19</sup>

37. Aggregated data on people in drug treatment in 2020 were available from 50 countries and included data on the treatment of more than 600,000 people with drug use disorders. Of those people treated in 2020, less than 20 per cent were women. That proportion varies substantially by region, reflecting several factors, including not only the prevalence of substance use disorders among men and women, but also the availability and accessibility of treatment, stigma and additional barriers to treatment that women may face (see figure 17).

38. As the majority of people in drug treatment are men, drug treatment services tend to be designed mainly for men with drug use disorders and may fail to adequately respond to the needs of women seeking drug treatment. The gender gap in treatment remains a global problem and is particularly acute for women who use amphetamine-type stimulants; almost one in two past-year users of amphetamine-type stimulants is a woman, but only one in five people in treatment for amphetamine-type stimulant use disorders is a woman.<sup>20</sup>

#### Figure 17



Distribution of women and men among all people in drug-related treatment, by region and in selected subregions, 2020

Source: World Drug Report 2022 (data based on responses to the annual report questionnaire).

Note: Based on data from 46 countries.

<sup>&</sup>lt;sup>16</sup> Michael Gossop and others, "The National Treatment Outcome Research Study (NTORS): 4–5 year follow-up results", *Addiction*, vol. 98, No. 3 (March 2003), pp. 291–303.

<sup>&</sup>lt;sup>17</sup> Marta Torrens, Joan-Ignasi Mestre-Pintó and Antònia Domingo-Salvany, *Comorbidity of Substance Use and Mental Disorders in Europe*, EMCDDA Insights Series, No. 19 (Luxembourg, Publications Office of the European Union, 2015).

<sup>&</sup>lt;sup>18</sup> WHO and UNODC, International Standards for the Treatment of Drug Use Disorders.

<sup>&</sup>lt;sup>19</sup> Ibid.

<sup>&</sup>lt;sup>20</sup> World Drug Report 2022 (United Nations publication, 2022).

39. There is clear regional variation with respect to the most common primary drug reported by people entering drug treatment. For example, in some African countries, cannabis is predominant, while in Eastern and South-Eastern Europe and in Asia, people are primarily in treatment for opioid use disorders. South and Central America and the Caribbean have the highest proportions of people in treatment for the use of cocaine-type substances. East and South-East Asia and Australia and New Zealand report the highest proportion of users of amphetamine-type stimulants in drug treatment, particularly people who use methamphetamine (see figure 18).

40. The average age of treated individuals also varies according to substance of use. On average, people with cannabis use disorders in treatment were 27 years old, people using amphetamine-type stimulants as their primary drug were 31 years old, people using cocaine were 38 years old, and people who use opioids were the oldest, at 42.5 years of age.



### Figure 18 Trends in the primary drug of concern in drug treatment admissions, by region, 2010, 2015 and 2020

*Source: World Drug Report 2022* (data based on responses to the annual report questionnaire).

#### 2. People who inject drugs

41. People who inject drugs are a particularly vulnerable population that may experience multiple adverse health consequences as a result of injecting drug use. They are at increased risk of acquiring infectious diseases, such as HIV and hepatitis C, through the sharing of contaminated needles and syringes, and are also at high risk of non-fatal and fatal overdose.<sup>21,22</sup>

42. In 2020, the estimated number of people who inject drugs worldwide was 11.2 million, corresponding to 0.22 per cent of the population aged 15-64. This estimate is based on data on injecting drug use from 125 countries, covering 90 per cent of the global population aged 15-64.

<sup>&</sup>lt;sup>21</sup> Bradley M. Mathers and others, "Mortality among people who inject drugs: a systematic review and meta-analysis", *Bulletin of the World Health Organization*, vol. 91, No. 2 (February 2013), pp. 102–123.

<sup>&</sup>lt;sup>12</sup> Samantha Colledge and others, "The prevalence of non-fatal overdose among people who inject drugs: a multi-stage systematic review and meta-analysis", *International Journal of Drug Policy*, vol. 73 (2019), pp. 172–184.

43. The prevalence of injecting drug use remains higher than the global average in Eastern Europe and, to a lesser extent, in Central Asia and Transcaucasia, and North America (see figure 19).

#### Figure 19 Regional patterns in injecting drug use, 2020



*Sources: World Drug Report 2022* (data based on responses to the annual report questionnaire); progress reports of the Joint United Nations Programme on HIV/AIDS (UNAIDS) on the global AIDS response (various years); the former Reference Group to the United Nations on HIV and Injecting Drug Use; and published articles and government reports.

*Note*: The prevalence of injecting drug use refers to the percentage of the population aged 15–64 who inject drugs.

#### 3. HIV and hepatitis C among people who inject drugs

44. HIV and hepatitis C continue to disproportionately affect people who inject drugs. In 2020, people who inject drugs accounted for 9 per cent of new adult HIV infections worldwide, with the proportion rising to 20 per cent outside sub-Saharan Africa.<sup>23</sup>

45. In 2020, approximately one in every eight (12.4 per cent) people who inject drugs worldwide were living with HIV, amounting to 1.4 million people.

<sup>&</sup>lt;sup>23</sup> Joint United Nations Programme on HIV/AIDS (UNAIDS), Confronting Inequalities: Lessons for Pandemic Responses from 40 Years of AIDS, 2021 UNAIDS Global AIDS Update (Geneva, 2021).



Figure 20 **Prevalence of HIV among people who inject drugs, 2020** 

*Sources: World Drug Report 2022* (data based on responses to the annual report questionnaire; progress reports of UNAIDS on the global AIDS response (various years); the former Reference Group to the United Nations on HIV and Injecting Drug Use; and published articles and government reports).

46. The latest Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates suggest that in 2020, people who inject drugs had a risk of acquiring HIV that was 35 times greater than that of people who do not inject drugs. This underlines the greater vulnerability of people who inject drugs to acquiring or transmitting HIV infection than other key populations.<sup>24,25</sup>

47. As shown in figure 20, Eastern Europe and South-West Asia continue to be the subregions with the highest estimated prevalence of HIV among people who inject drugs, with more than one in four people who inject drugs in those two regions living with HIV. According to UNAIDS, Eastern Europe and Central Asia constitute the region with the world's fastest growing HIV epidemic, with the annual number of new adult HIV infections among the general population increasing by an estimated 43 per cent between 2010 and 2020. This is in contrast to a 31 per cent decline in the annual number of new adult HIV infections globally in the same period.<sup>26</sup>

48. Injecting drug use also plays a significant role in perpetuating the global epidemic of hepatitis C, and the World Health Organization has estimated that 23 per cent of new hepatitis C infections globally are attributable to this practice.<sup>27</sup>

49. In 2020, an estimated 49 per cent of people who inject drugs (5.5 million people) were living with hepatitis C (see figure 21).

<sup>&</sup>lt;sup>24</sup> UNAIDS, Getting to Zero: 2011–2015 UNAIDS Strategy (Geneva, 2010).

<sup>&</sup>lt;sup>25</sup> UNAIDS, Confronting Inequalities.

<sup>&</sup>lt;sup>26</sup> Ibid.

<sup>&</sup>lt;sup>27</sup> WHO, Global Hepatitis Report, 2017 (Geneva, 2017).



#### Figure 21 Prevalence of the hepatitis C virus among people who inject drugs, 2020

*Sources: World Drug Report 2022* (data based on responses to the annual report questionnaire; progress reports of UNAIDS on the global AIDS response (various years); the former Reference Group to the United Nations on HIV and Injecting Drug Use; and published articles and government reports).

Note: The dashed line represents the global average.

50. For people who inject drugs living with both HIV and hepatitis C, the presence of hepatitis C may complicate HIV treatment, and people living with HIV experience more rapid hepatitis C disease progression. Co-infection among people who inject drugs is very high, with an estimated 82 per cent of people who inject drugs living with HIV also living with hepatitis C.<sup>28</sup> This equates to approximately 10 per cent of people who inject drugs worldwide, or 1.2 million people (see figure 22).

51. Like hepatitis C, hepatitis B is a potentially life-threatening infection. However, unlike hepatitis C, hepatitis B can be prevented by vaccines that are safe and effective. In 2020, the prevalence of hepatitis B among people who inject drugs was estimated as 7.9 per cent, meaning an estimated 0.9 million people who inject drugs worldwide were living with active hepatitis B infection.

<sup>&</sup>lt;sup>28</sup> Lucy Platt and others, "Prevalence and burden of HCV co-infection in people living with HIV: a global systematic review and meta-analysis", *Lancet Infectious Diseases*, vol. 16, No. 7 (July 2016), pp. 797–808.

#### Figure 22 Hepatitis C and HIV among people who inject drugs



Source: World Drug Report 2022.

#### 4. Disability-adjusted life years and drug-related deaths

52. In 2019, the Global Burden of Disease Study estimated that 30.9 million healthy years of life were lost as a result of drug use, more than half of which were attributed to drug use disorders. Approximately500,000 deaths were attributed to drug use globally in 2019; more than half of those deaths were attributable to liver cancer, cirrhosis or other chronic liver diseases among people who use or inject drugs, while one quarter were attributable to drug use disorders (128,000 deaths), 69 per cent of which were attributable to opioid use disorders (88,300 deaths) (see figure 23).<sup>29</sup>

#### Figure 23

# Leading causes of disability-adjusted life years and deaths attributable to drug use, 2019

Hepatitis C and opioid use disorders are responsible for most of the premature deaths and disability-adjusted life years attributed to the use of drugs



*Source: World Drug Report 2021* (UNODC elaboration based on data from Institute for Health Metrics and Evaluation, Global Health Data Exchange, IHME Data, "Global Burden of Disease Study 2019 (GBD 2019) Data Resources: GBD Results". Available at https://ghdx.healthdata.org/gbd-2019).

<sup>&</sup>lt;sup>29</sup> Institute for Health Metrics and Evaluation, Global Health Data Exchange, IHME Data, "Global Burden of Disease Study 2019 (GBD 2019) Data Resources: GBD Results". Available at https://ghdx.healthdata.org/gbd-2019.

# III. Impact of the COVID-19 pandemic on drug use and drug services

53. The COVID-19 pandemic may have affected patterns of use more than the number of people who use drugs. Another year on, the restrictive measures related to the pandemic have continued to influence the socioeconomic landscape. Newly available data broadly confirm the initial UNODC findings<sup>30</sup> that drug use and drug markets have proved resilient to the changes brought about by COVID-19. Changes observed during lockdowns were generally temporary and largely waned as restrictions were lifted (see figure 24).<sup>31,32</sup>

54. Studies confirmed overall increases in consumption of alcohol, tobacco and cannabis, especially during the first lockdowns. While the number of people using cannabis remained stable in countries where data for 2019 and 2020 are available, consumption volumes grew owing to increased frequency of use and quantities used.

55. Increases were also observed in the non-medical use of sedatives, such as benzodiazepines, tranquilizers and other pharmaceuticals drugs, reflected in increased treatment demand and the presence of these substances in the fatal drug overdose cases. Increases in the use of sedatives and tranquillizers were particularly prevalent among women.

56. An overall temporary decrease in the use of drugs typically consumed in recreational venues was observed during the lockdowns. This was particularly true for MDMA, but also applicable to cocaine and other substances.<sup>33</sup> Respondents to an online drug survey from 22 countries also reported overall decreases in the past-year prevalence of use of most substances during 2020 compared with the pre-pandemic levels of use in 2019.<sup>34</sup>

#### Figure 24

#### Impact of the COVID-19 pandemic on drug use and drug services





Lower COVID-19 vaccination uptake in people who use drugs despite them being a priority group for this intervention, associated with lower trust in the medical system and access barriers

Source: World Drug Report 2022.

used after the pandemic, but

implementation

need more research for successful

- <sup>31</sup> Julian Strizek and others, *Repräsentativerhebung zu Konsum- und Verhaltensweisen mit Suchtpotenzial* (Vienna, Bundesministeriums für Soziales, Gesundheit, Pflege und Konsumentenschutz, 2021).
- <sup>32</sup> See World Drug Report 2022, booklet 2, for details.
- <sup>33</sup> Antonia Bendau and others, "No party, no drugs? Use of stimulants, dissociative drugs, and GHB/GBL during the early COVID-19 pandemic", *International Journal of Drug Policy*, vol. 102 (2022).
- <sup>34</sup> A.R. Winstock and others, "Global Drug Survey (GDS) 2021: key findings report" (London, Global Drug Survey, 2021).

 <sup>&</sup>lt;sup>30</sup> World Drug Report 2021, booklet 5, COVID-19 and Drugs: Impact and Outlook (United Nations publication, 2021).
 <sup>31</sup> Indian Straight and others. Provide the set of the s

57. The shortages in the supply of some drugs observed in some countries during the initial lockdown periods, indicated by price increases and reduced availability, even if short-lived, led to some shifts and adaptations in drug use patterns. Some people simply reduced their consumption, while others resorted to substitutes that, especially in the case of heroin, are more harmful or conducive to more harmful patterns of use, for example, the use of heroin laced with fentanyl, or the initiation of injecting drug use.<sup>35</sup>

58. In certain circumstances, the health risks for people who use drugs have been aggravated during the pandemic. In North America, for example, the already high number of fatal overdose cases increased further in 2021. Reports from some African countries have pointed to an increase in cases of non-fatal overdose during lockdown periods, as people who were enrolled in opioid agonist treatment switched to other substances when the treatment was disrupted or became less available.<sup>36</sup>

#### Pandemic has reduced the accessibility of drug-related interventions

59. Among the 28 countries that provided data about the number of people in drug treatment in 2018, 2019 or 2020, 19 countries reported a decrease of more than 5 per cent in 2020. This likely implies a widening gap between the need for drug treatment and the actual provision of treatment, which may pose serious health and social consequences for untreated persons and society as a whole.<sup>37,38</sup>

60. Service providers in the countries of the Middle East and North Africa reported that patients were abandoning opioid agonist and other forms of drug-related treatment owing to several pandemic-related factors, such as the inability to afford the cost, increased stigma and discrimination against people who use drugs (for example, police requiring people to have special authorization to travel to methadone dispensing centres, and the arrest of homeless persons who use drugs for curfew violations) and treatment centres either being closed or operating with limited hours.<sup>39</sup>

61. Many countries observed a pronounced impact of the pandemic among vulnerable populations such as the homeless,<sup>40</sup> immigrants and refugees,<sup>41</sup> people with polysubstance use disorders and formerly incarcerated people who use drugs.<sup>42</sup> That was especially true for countries with scarcer resources for the provision of drug treatment services, as people who use drugs faced greater difficulties in accessing those services.<sup>43,44</sup>

<sup>&</sup>lt;sup>35</sup> World Drug Report 2022, booklet 2.

<sup>&</sup>lt;sup>36</sup> UNODC field office assessment based on the collection of qualitative and quantitative information in West and Central Africa.

<sup>&</sup>lt;sup>37</sup> Data from the Global Health Observatory of WHO. Available at www.who.int/data/gho/.

<sup>&</sup>lt;sup>38</sup> Ronald Wall and others, "Social costs of untreated opioid dependence", *Journal of Urban Health*, vol. 77, No. 4 (December 2000), pp. 688–722.

<sup>&</sup>lt;sup>39</sup> Marie Claire Van Hout, Patricia Haddad and Elie Aaraj, "The impact of COVID-19 on drug use and harm reduction programming in the Middle East and North Africa (MENA) region: a regional consultation of stakeholders and people who use drugs", *International Journal of Mental Health and Addiction*, vol. 20, No. 4 (July 2021).

 <sup>&</sup>lt;sup>40</sup> Alison Munro and others, "Understanding the impacts of novel coronavirus outbreaks on people who use drugs: a systematic review to inform practice and drug policy responses to COVID-19", *International Journal of Environmental Research and Public Health*, vol. 18, No. 16, art. No. 8470 (August 2021).

<sup>&</sup>lt;sup>41</sup> Seyed Ramin Radfar and others, "Reorganization of substance use treatment and harm reduction services during the COVID-19 pandemic: a global survey", *Frontiers in Psychiatry*, vol. 12, art. No. 639393 (April 2021).

<sup>&</sup>lt;sup>42</sup> Tawandra L. Rowell-Cunsolo, Meghan Bellerose and Carl Hart, "Access to harm reduction treatment among formerly incarcerated individuals during the COVID-19 era", *Health Security*, vol. 19, Suppl. No. 1 (June 2021), pp. S-95–S-101.

<sup>&</sup>lt;sup>43</sup> Van Hout, Haddad and Aaraj, "The impact of COVID-19 on drug use and harm reduction programming".

<sup>&</sup>lt;sup>44</sup> Radfar and others, "Reorganization of substance use treatment and harm reduction services during the COVID-19 pandemic".

62. Ensuring the continuity of health services specifically for people who inject drugs has been challenging during the pandemic. Services including needle and syringe programmes, opioid agonist treatment, the provision of naloxone, and HIV and hepatitis C testing and treatment were all reported to have been disrupted to varying degrees, especially at the beginning of the pandemic. A gradual return to more normal operations in the latter part of 2020 and early 2021, although under difficult circumstances and with an overall reduced capacity, was noted.<sup>45</sup>

63. Among the consequences of the pandemic on health promotion in communities, drug prevention experts, for instance, from the European Society for Prevention Research,<sup>46</sup> identified reduced access to preventive services and programmes and reduced exposure to health-promoting environments, such as school-based physical education and healthy meals. Both of those consequences are expected to lead to increased social inequalities in health and risk distribution, as children who need more support to fully develop their learning potential or to achieve a healthy lifestyle are those who are more likely to suffer most from disruptions to school-based prevention efforts.<sup>47</sup>

### Pandemic has brought potential positive outcomes for drug treatment services, but with certain limitations

64. During the COVID-19 pandemic, many services for people who use drugs have shown high levels of flexibility in order to circumvent limitations stemming from various restrictions on movement and to maximize the access of people who use drugs to life-saving interventions.<sup>48</sup>

65. The wider adoption of telemedicine became a frequent alternative for keeping services operational during lockdowns and proved beneficial in reaching new patients by extending service coverage, including to those in remote areas. However, different studies have also discussed how such interventions excluded certain population groups, such as the homeless or older people who use drugs, who might have difficulty accessing such technology, potentially leading to their increased marginalization.<sup>49</sup>

66. In several countries, measures were introduced to relax the supervision of and restrictions on take-home doses of opioid agonist treatment medications. In some countries, this flexibility has allowed clients to temporarily receive up to 28 days' worth of take-home medication.<sup>50</sup>

67. Evidence also suggests that greater numbers of people began seeking access to drug treatment during the pandemic, although an elevated number of people intermittently encountered shortages in the provision of treatment.<sup>51</sup>

<sup>&</sup>lt;sup>45</sup> Yesenia Aponte-Meléndez and others, "The impact of COVID-19 on people who inject drugs in New York City: increased risk and decreased access to services", *Harm Reduction Journal*, vol. 18, art. No. 118 (December 2021).

<sup>&</sup>lt;sup>46</sup> EMCDDA, Impact of COVID-19 on Drug Markets, Use, Harms and Drug Services in the Community and Prisons: Results from an EMCDDA Trendspotter Study (Luxembourg, Publications Office of the European Union, 2021).

<sup>47</sup> Ibid.

<sup>&</sup>lt;sup>48</sup> See also *World Drug Report 2021*, booklet 5.

<sup>&</sup>lt;sup>49</sup> Rebecca Wilkinson and others, "Rapid evidence review of harm reduction interventions and messaging for people who inject drugs during pandemic events: implications for the ongoing COVID-19 response", *Harm Reduction Journal*, vol. 17, art. No. 95 (December 2020).

<sup>&</sup>lt;sup>50</sup> Ofer Amram and others, "The impact of relaxation of methadone take-home protocols on treatment outcomes in the COVID-19 era", *The American Journal of Drug and Alcohol Abuse*, vol. 47, No. 6 (November 2021), pp. 722–729.

<sup>&</sup>lt;sup>51</sup> Van Hout, Haddad and Aaraj, "The impact of COVID-19 on drug use and harm reduction programming".

Figure 25

# IV. Responses: prevention of drug use and of negative health consequences of drug use and treatment of drug use disorders

# Prevention policies are commonplace in countries, but accreditation standards are often missing

68. Drug use prevention efforts seek to help avoid or delay the initiation of drug use, or, if use has already been initiated, to avert the development of drug use disorders.<sup>52</sup> While effective prevention can save significant financial and societal resources,<sup>53</sup> research shows that no prevention programme can be successfully implemented in isolation.



#### Description of national policies for drug use prevention, 2020

*Source: World Drug Report 2022* (data based on responses to the annual report questionnaire).

*Note:* In the charts, the numbers represent the number of countries that provided the given response and the percentage scale indicates the percentage share of the responses for the given region. Between 65 and 86 countries responded to each question.

<sup>&</sup>lt;sup>52</sup> UNODC and WHO, *International Standards on Drug Use Prevention*, 2nd updated ed. (Vienna, 2018).

<sup>&</sup>lt;sup>53</sup> Ted R. Miller and Delia Hendrie, Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis, DHHS Pub. No. (SMA) 07-4298 (Rockville, Maryland, United States, Substance Abuse and Mental Health Services Administration, and Center for Substance Abuse Prevention, 2008).

69. In 2020, 78 of 86 responding Member States reported having in place a policy on the prevention of drug use (see figure 25). Most also reported national monitoring of implementation of prevention policies. However, accreditation systems for drug prevention programmes were less common. This information may be biased by the high rate of non-responding countries, which could be less likely to have such policies or some of their components in place.

70. Global data on the actual implementation of drug use prevention policies and programmes remains limited. In a data-collection exercise by the World Health Organization among 194 countries, for example, almost two thirds of countries reported implementing at least one type of drug use prevention programme in 2014. The most frequently implemented types of programmes were mass media campaigns and school-based programmes.

# Lack of policy support for key interventions weakens strategies for preventing drug-related infectious diseases

71. Most countries that provided information to UNODC indicated that their national policies and strategies related to the prevention of drug-related infectious diseases included interventions that were in line with the WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users: 2012 Revision (see figure 26). However, the coverage of core interventions to prevent the spread of HIV and hepatitis C among people who inject drugs remains insufficient. Moreover, the legislation of several countries does not include provisions for needle and syringe programmes or other core interventions (see figure 27).

#### Figure 26

Inclusion of interventions to prevent drug-related infectious diseases in line with the *WHO*, *UNODC*, *UNAIDS Technical Guide* in national policies, 2020



*Source: World Drug Report 2022* (data based on responses to the annual report questionnaire).

*Note:* In the chart, the numbers represent the number of countries that provided the given response and the percentage scale indicates the percentage share of the responses for the given region. The data are based on the responses of 60 countries.



Figure 27 **Provisions for needle and syringe programmes in national legislation, 2020** 

*Source: World Drug Report 2022* (data based on responses to the annual report questionnaire).

*Note:* In the chart, the numbers represent the number of countries that provided the given response and the percentage scale indicates the percentage share of the responses for the given region. The data are based on the responses of 59 countries.

72. A total of 36 of 46 responding countries reported having a system in place to monitor drug-related deaths. However, only about half of the responding countries monitored non-fatal drug overdoses. Standard operating procedures and protocols for the management of non-fatal overdoses, including access to agonists such as naloxone to prevent overdose, existed in only about half of the countries responding in 2020. The high level of non-response to the question regarding the monitoring of fatal and non-fatal overdose cases may indicate that the actual number of such monitoring systems or the availability of services for overdose prevention and management in countries is even lower.

### Treatment is a key pillar in national drug policies, but standard operating procedures are often lacking

73. Target 3.5 of the Sustainable Development Goals is aimed at strengthening the prevention and treatment of substance abuse. Nearly all responding countries have a policy on drug-related treatment in place, and most consider it a key pillar of their drug strategies and policies. While in many countries these policies include references to pharmacological and psychosocial treatment, rehabilitation and aftercare, and recovery and reintegration, those interventions are not available in all of the countries.

# Africa 3 1 Americas 7 4 2 Asia 7 1 Europe 21 4 0% 20% 40% 60% 80% 100%

Figure 28

Standard operating procedures on treatment interventions and on assessing their quality, 2020

Source: World Drug Report 2022 (data based on responses to the annual report questionnaire).

*Note:* In the chart, the numbers represent the number of countries that provided the given response and the percentage scale indicates the percentage share of the responses for the given region. The data are based on the responses of 50 countries.

74. The majority of the responding countries provide key drug treatment services through the public health-care sector, but reliance on non-governmental organizations, the private sector or even the criminal justice system is a phenomenon in many countries.<sup>54</sup>

75. The affordability of services for the treatment of drug use disorders also varies. In most responding countries, drug-related treatment is covered by the public health-care system, however, in many countries, non-governmental organizations, households and employers also finance costs related to drug treatment.<sup>55</sup> While most of the responding countries monitor the provision of treatment interventions, there is in general a lack of related standard operating procedures and quality assurance mechanisms (see figures 28–30).

#### Figure 29

Mechanisms in place to map available interventions and/or monitor treatment interventions, 2020



*Source: World Drug Report 2022* (data based on responses to the annual report questionnaire).

*Note*: In the chart, the numbers represent the number of countries that provided the given response and the percentage scale indicates the percentage share of the responses for the given region. The data are based on the responses of 52 countries.





Other

Mixed coverage (some treatment covered by the public system, some by the private system)

*Source: World Drug Report 2022* (data based on responses to the annual report questionnaire).

*Note:* In the chart, the numbers represent the number of countries that provided the given response and the percentage scale indicates the percentage share of the responses for the given region. The data are based on the responses of 55 countries.

<sup>&</sup>lt;sup>54</sup> Data from the Global Health Observatory of WHO. Available at www.who.int/data/gho/.
<sup>55</sup> Ibid.

76. The main modalities of drug-related treatment, pharmacological treatment, psychosocial treatment and rehabilitation, are available in most countries, although gaps exist in the availability, accessibility and coverage of services involving these modalities (see figure 31).

#### Figure 31

# Availability, coverage and accessibility of key drug-related treatment interventions, 2020



*Source: World Drug Report 2022* (data based on responses to the annual report questionnaire).

*Note:* In the charts, the numbers represent the number of countries that provided the given response. In the legend for the charts regarding coverage, the percentages indicate the level of coverage characterized by the descriptors (e.g. "Fully adequate").

### V. Recommendations

77. It is essential to increase the availability, accessibility, coverage and quality of interventions for the prevention of drug use and the treatment of drug use disorders in line with the second updated edition of the UNODC/WHO *International Standards on Drug Use Prevention* and the *International Standards for the Treatment of Drug Use Disorders*. <sup>56</sup> Special attention needs to be given to the availability and accessibility of gender-responsive interventions and services.

78. Furthermore, it is recommended to strengthen selective prevention interventions aimed at at-risk groups over and beyond prevention responses aimed at the general population, as well as to strengthen treatment interventions for people in vulnerable circumstances, including people in contact with the criminal justice system, in prisons and in humanitarian settings.

<sup>&</sup>lt;sup>56</sup> Revised edition incorporating results of field-testing, published in Geneva in 2020.

79. In order to facilitate access to pain medication for those who need it, while at the same time preventing its diversion and misuse, countries may consider developing guidelines on pain management, including the management of chronic non-cancer-related pain and palliative care, among other interventions for the monitoring and prevention of the misuse of pain medication.

80. To prevent opioid overdose deaths, it is key to promote opioid agonist therapy, and interventions for the prevention and management of overdose, including the community-based provision of naloxone, allowing for the safe, on-the-spot management of opioid overdoses.

81. 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.

82. 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.

83. Some indicators for monitoring the drug situation require particular attention and would benefit from 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 resourceconstrained countries; drug-related mortality; the number of people with drug use disorders; and the number of people in treatment for drug use disorders. The latter two are the key components of the monitoring and reporting of Sustainable Development Goal indicator 3.5.1, on coverage of treatment interventions for substance use disorders.