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**Implementation of the Political Declaration and
Plan of Action on International Cooperation
towards an Integrated and Balanced Strategy to
Counter the World Drug Problem: demand
reduction and related measures****World situation with regard to drug abuse****Report of the Secretariat***Summary*

The present report summarizes 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. The report also highlights the measures taken by UNODC to make available, through the development of international standards, tools that would allow for effective and evidence-based policymaking in the field of prevention of substance use and treatment of substance use disorders. In 2014, between 157 million and 337 million people aged 15-64 were estimated to have illicitly used drugs, while 12 per cent of the people who use drugs were estimated to suffer from drug use disorders. UNODC, jointly with the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Bank, estimated that between 8.4 million and 19 million people inject drugs, of whom between 970,000 and 3.9 million are living with HIV. Globally, drug use remains multifaceted, characterized by concurrent and sequential use of several illicit substances, including the use of conventional plant-based drugs, synthetic stimulants, prescription drugs and new psychoactive substances. While recent drug use trends in Europe show a stabilization in the use of cannabis, cocaine and amphetamines, there has been a resurgence in the use of 3,4-methylenedioxymethamphetamine (MDMA, commonly known as “ecstasy”). In North America, there has been an increase in cannabis and heroin use. There are recent signs of an increase in cocaine use in North and South America. Cannabis use also appeared to be increasing in Africa and in parts of Asia and South America. The use of amphetamine-type stimulants also continues to increase, in particular in parts of Asia. The non-medical use of synthetic opioids continues to be of concern in almost all regions.

* E/CN.7/2017/1.



The use of opioids continues to have the most detrimental impact on health. Overall, drug use disorders account for 18 million disability-adjusted life years, with opioids alone contributing to 8.1 million of them. Globally, there were between 114,000 and 250,000 drug-related deaths in 2014. Fatal overdoses, mainly among opioid users, accounted for between one third and one half of all drug-related deaths. There is an overall lack of reliable and up-to-date information on most epidemiological indicators of drug use, which hinders both the monitoring of emerging drug trends and the implementation and evaluation of evidence-based responses to address drug use and its health consequences.

I. Introduction

A. Emerging global trends

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

(a) The use of cocaine is decreasing or stabilizing in Europe, but there are indications of increased use in parts of North and South America;

(b) Cannabis use is declining or stabilizing at high levels in Europe. In parts of North and South America and Africa, cannabis use is considered to have increased;

(c) The use of amphetamine-type stimulants, especially methamphetamine, is perceived to be increasing in East, South-East and South-West Asia, and the Middle East;

(d) An increase in the misuse of pharmaceutical opioids has been reported in most regions and remains of particular concern in North America;

(e) Heroin use has increased considerably in the United States of America, accompanied by an upsurge in fatal overdoses involving heroin that may have been laced with fentanyl and its analogues. There are also indications of a recent increase in heroin use in parts of Western and Central Europe, suggesting that the long-term downward trend in heroin use may have come to an end;

(f) The demand for treatment for cannabis use disorders has increased in all regions, with nearly 50 per cent of people seeking treatment for cannabis use disorders being first time entrants;

(g) The introduction of new psychoactive substances, despite their often transient nature, continues to increase and pose public health concerns in all regions.

B. Challenges in understanding levels of and trends in drug use

2. For the most part, Member States' responses to the annual report questionnaire form the basis on which global trends in drug use are reported each year. The extent and quality of the information reported by Member States are therefore reflected in the present report. As at 15 December 2016, 95 out of a total of 197 States had returned part III of the questionnaire, on the extent and patterns of and trends in drug use related to 2015. This constitutes a response rate by Member States of less than 50 per cent.

3. Of the questionnaires submitted by Member States, 68 per cent were substantially filled in, i.e., the State had provided information on more than half of the main indicators of drug use and its health consequences (see map 1).

4. In terms of coverage, the 95 Member States that returned the questionnaire represent 75 per cent of the world's population. Nevertheless, responses were missing from most of Africa. In addition, responses were also not received from some Member States in the Middle East and South-East Asia.

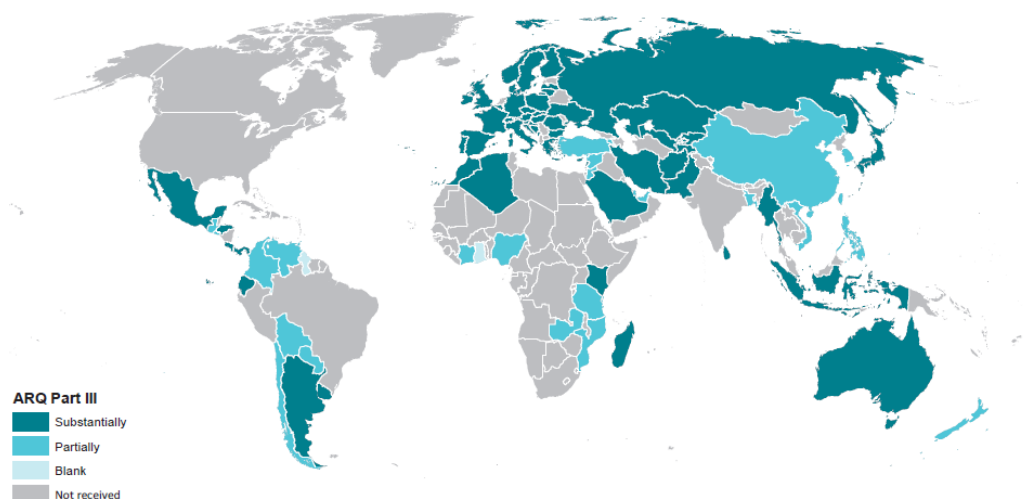
5. As in previous years, there is a lack of objective or recent information on the extent of drug use from many regions. In particular, there is a lack of comprehensive information from some countries with large populations. This lack of information makes it difficult to produce a meaningful analysis of the world situation with regard to drug use and to inform policymakers about required actions. Given the lack of data,

efforts have been made to supplement the information, where available, from other government sources, published reports and articles on the drug use situation.

Map 1

Responses to part III of the annual report questionnaire

(as at 15 December 2016)



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. 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. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

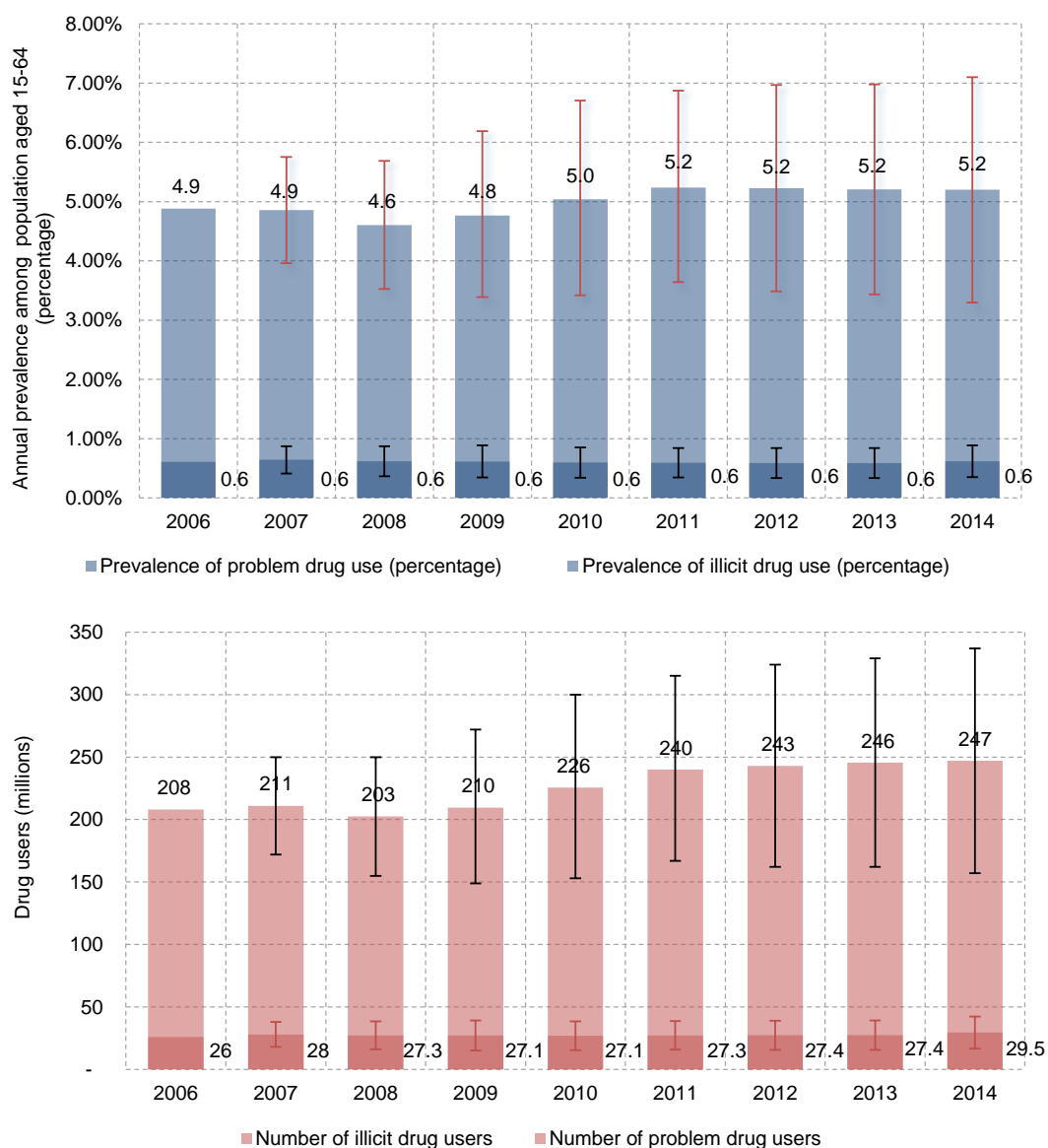
II. Global overview

A. Extent of drug use

6. In 2014, UNODC estimated that between 157 million and 337 million people aged 15-64, corresponding to between 3.3 and 7 per cent of that population, had used an illicit substance in the preceding year. Although the trends in use of different drugs may vary by region, the extent of drug use overall has remained stable since 2011 at an estimated 1 in 20 adults. Around 12 per cent of the people who use drugs (between 17 million and 42 million people) are estimated to suffer from drug use disorders (see figure I).

Figure I

Annual prevalence of illicit drug use among the global population aged 15-64, 2006-2014



Source: *World Drug Report 2016* (United Nations publication, Sales No. E.16.XI.7).

7. While cannabis remains the most widely used illicit substance globally, opioids contribute to the highest burden of disease. Overall, drug use disorders accounted for an estimated 18 million disability-adjusted life years in 2013, with opioids alone contributing to 8.1 million of them.¹ Moreover, the global picture of drug use is compounded by the fact that many people who use drugs, whether on an occasional or regular basis, tend to be polydrug users. The non-medical use of prescription drugs, synthetic stimulants and new psychoactive substances in lieu of, or in combination

¹ GBD 2013 DALYs and HALE Collaborators, "Global, regional, and national disability-adjusted life years (DALYs) for 306 diseases and injuries and healthy life expectancy (HALE) for 188 countries, 1990-2013: quantifying the epidemiological transition", *The Lancet*, vol. 386, No. 10009 (2015), pp. 2145-2191.

with, conventional drugs presents a picture that blurs the distinction between users of a particular drug, presenting an interlinked or cyclical epidemic of drug use disorders and health consequences.²

1. Gender and drug use

8. Compared with drug use among men, overall drug use among women remains low, although women are more likely to misuse prescription drugs, in particular opioids and tranquillizers. It is believed that differences in drug use by men and women may mainly reflect differences in opportunities to use drugs, which are the result of the social environment, rather than a susceptibility based on gender. However, the gender divide in drug use is narrowing among younger people in some regions, for example in Western Europe and North America. In Western Europe, for example, cannabis use among adults is nearly twice as high among men than women, whereas 8 per cent of boys and 5 per cent of girls report current use of cannabis.³

2. Problem drug use as reflected in the demand for drug treatment

9. According to global estimates, nearly one in six people with drug use disorders access treatment services each year. Opioids stand out as a major drug of concern in North America, Europe and Asia. In Eastern and South-Eastern Europe, nearly three out of every four people in treatment for drug use disorders are treated for opioid use. The number of people in treatment for cocaine use remains quite high in Latin America and the Caribbean, where nearly half of people in treatment for drug use disorders are treated for cocaine use (see figure II).

10. Treatment related to cannabis use disorders is more prominent in Africa and Oceania than in other regions. In Africa, this may be related to the limited treatment options available for users of other drugs. Nearly half of all treatment admissions in Africa for drug use disorders are for non-specified substances, which masks the true extent of use of drugs of concern other than cannabis. The demand for treatment for cannabis use disorders has increased in almost all regions, and nearly half of those seeking treatment for cannabis use globally are first-time entrants.

11. Amphetamines remain a problem primarily in East and South-East Asia and, to some extent, North America. In Asia, although the number of people in treatment for disorders related to amphetamine use has been increasing, almost half of those receiving treatment for drug use in the region are treated for opioid use disorders.

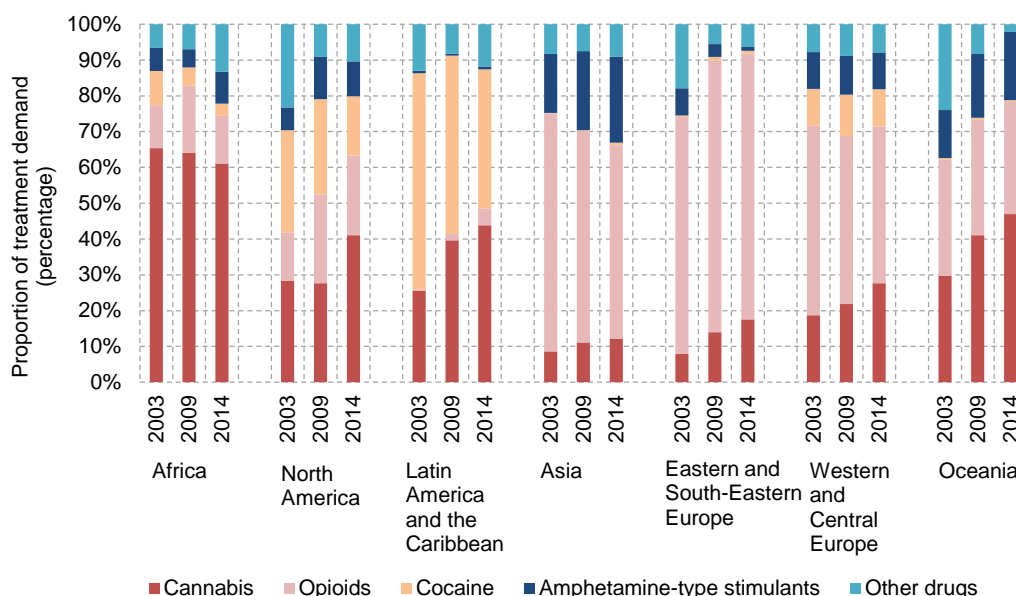
12. Globally, people seeking treatment for disorders related to the use of cannabis and amphetamines are younger (on average 25 years of age) than people seeking treatment for disorders related to the use of other drugs. In contrast, a lower proportion of people seeking treatment for opioid or cocaine use are first-time entrants in treatment; such individuals are typically in their thirties and reflect an ageing cohort of users in treatment in many subregions.

13. Moreover, it is estimated that between 40 and 80 per cent of people in treatment for drug use are diagnosed with polydrug use, which reflects the complexity of drug use patterns and the challenges of effectively treating people with drug use disorders.

² See *World Drug Report 2016* (United Nations publication, Sales No. E.16.XI.7).

³ EMCDDA and ESPAD, *ESPAD Report 2015: Results from the European School Survey Project on Alcohol and Other Drugs* (Luxembourg, Publications Office of the European Union, 2016) and the unweighted average of current use of member States of the European Union, as reported by EMCDDA.

Figure II

Primary drug used among people in treatment, by region, 2003, 2009 and 2014

Source: World Drug Report 2016.

3. Extent of use by substances

14. Notwithstanding regional trends in the use of different drugs, the use of most substances has remained stable globally. Global and regional trends in drug use are estimated using nationally representative surveys as well as studies that use indirect methods to estimate the number of high-risk users. Many Member States, mainly in Asia and Africa, do not conduct such surveys, while others conduct them at intervals of three to five years. As a result, estimates from a limited number of countries available in a given year are used to compute regional and global estimates. Rather than real-time global or regional trends, year-on-year changes thus reflect the best available estimates of drug use at that time. Therefore, from a global policy perspective, it is more prudent to look at long-term trends in drug use.

15. Cannabis remains the most widely used drug: between 128 million and 234 million persons aged 15-64 were estimated to have used it in 2014 (estimated prevalence ranging between 2.7 and 4.9 per cent of the adult population). The regions with the highest annual prevalence of cannabis use continued to be West and Central Africa, North America and Oceania (see table 1).

Table 1

Subregions with a high prevalence of cannabis use, 2014

	Annual prevalence (percentage)	Estimated number of people
Global	3.8	182 500 000
West and Central Africa	12.4	30 590 000
North America	12.1	38 520 000
Oceania	10.2	2 550 000
Western and Central Europe	6.7	21 490 000
Southern Africa	5.1	4 610 000

Source: World Drug Report 2016.

16. The use of amphetamines (amphetamine and methamphetamine) remained widespread and they were the second most widely used substances globally in 2014, with an estimated 35.8 million past-year users. Amphetamine use remained highest in Oceania (mainly in Australia and New Zealand) and North America. Recent estimates from Africa and Asia, in particular East and South-East Asia, are not available. The use of amphetamines remains high in those subregions, as well as in North America (see table 2).

Table 2

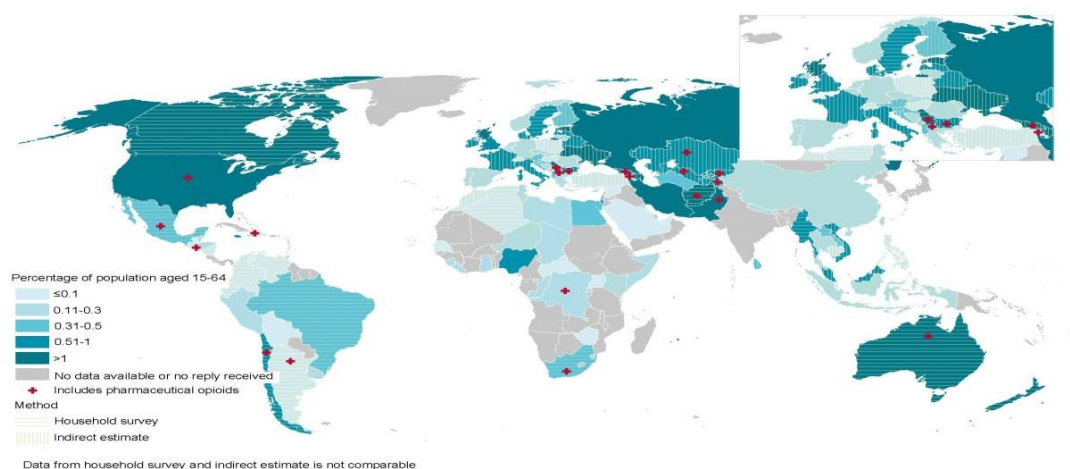
Subregions with high prevalence of use of amphetamine and prescription stimulants, 2014

	<i>Annual prevalence (percentage)</i>	<i>Estimated number of people</i>
Global	0.8	35 650 000
Oceania	1.9	480 000
North America	1.4	4 560 000
Southern Africa	0.7	650 000
North Africa	0.6	780 000
East and South-East Asia	0.6	9 110 000
Western and Central Europe	0.5	1 560 000

Source: World Drug Report 2016.

17. The overall prevalence of the use of opioids, i.e., prescription opioids and opiates (heroin and opium), is estimated at between 0.6 and 0.8 per cent of the population aged 15-64, corresponding to an estimated 33 million past-year users of opioids and about 17.4 million past-year users of opiates. High levels of misuse of pharmaceutical opioids remained a major concern in North America and Oceania, although their misuse was also reported in other regions. The use of opiates, on the other hand, was high in South-West Asia, East and South-Eastern Europe and Central Asia and was re-emerging as a concern in the United States and parts of South America (see map 2).

Map 2

Prevalence of opiate use and misuse of prescription opioids, 2014 or latest year available

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. 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. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

According to the Government of Canada, data on heroin use based on the household survey is not reportable and the Government of Canada does not report an estimate based on indirect methods.

Source: World Drug Report 2016.

18. The use of cocaine remained concentrated in North and South America (annual prevalence of 1.6 and 1.5 per cent, respectively), Oceania (1.5 per cent) and Western and Central Europe (1.1 per cent). Globally there were an estimated 18 million past-year users of cocaine. The use of cocaine appeared to be stabilizing at high levels in the main and established markets.

19. The prevalence of 3,4-methylenedioxymethamphetamine (MDMA, commonly known as “ecstasy”) was estimated at between 0.2 and 0.6 per cent, corresponding to more than 19 million past-year users. Compared with the global average, the use of “ecstasy” remained considerably high in Oceania (mainly in Australia and New Zealand) at 2.4 per cent. The other regions with high prevalence of “ecstasy” use were North America (0.8 per cent) and Europe (0.6 per cent). The use of “ecstasy” is associated with recreational nightlife settings, with higher levels of use seen among young people.

20. While the global estimates of misuse of prescription drugs are not available, such misuse remains quite widespread. The misuse of benzodiazepines remains the most common: approximately 60 countries⁴ have ranked benzodiazepines among the three most commonly misused substances. Benzodiazepines are frequently reported in fatal overdose cases involving opiates. The misuse of pharmaceutical opioids, including oxycodone, tramadol and fentanyl, also remains a public health concern, as these substances are implicated in numerous overdose cases, some fatal, in many regions. In particular, there has been a substantial increase in fatal overdoses attributed to pharmaceutical opioids in North America. The misuse of such substances results both

⁴ Based on responses to the annual report questionnaire by Member States in 2014 and 2015.

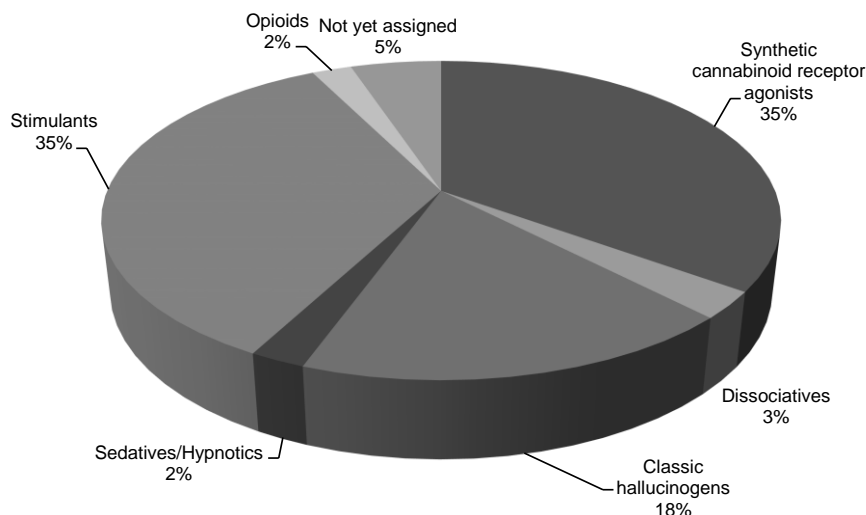
from their diversion from licit channels and the availability and distribution of illicitly manufactured opiates in many regions.

21. Between 2008 and the end of 2015, a total of 644 new psychoactive substances were reported by 102 countries and territories to the UNODC early warning advisory on new psychoactive substances (see figure III). A growing number of new psychoactive substances is reported every year, though some such substances, including ketamine, khat, synthetic cannabinoids (JWH-018), mephedrone and methylone, have an established presence. Many new psychoactive substances remain transient in nature, however, and are reported only by a small number of countries for a few years.

22. Most new psychoactive substances are designed to mimic the effects of controlled substances such as cannabis, cocaine, “ecstasy”, heroin, lysergic acid diethylamide (LSD) or methamphetamine. Analysis of the pharmacological effects of new psychoactive substances have revealed that the majority of these substances were synthetic cannabinoid receptor agonists, stimulants and classic hallucinogens.

Figure III

New psychoactive substances reported to UNODC early warning advisory by pharmacological effect, 2008-2015



Source: *World Drug Report 2016*.

B. Consequences of drug use

1. People who inject drugs

23. People who inject drugs experience some of the most severe health-related harms associated with unsafe drug use and overall poor health outcomes, and have a high risk of non-fatal and fatal overdoses, resulting in an increased likelihood of premature death. The joint UNODC/World Health Organization (WHO)/Joint United Nations Programme on HIV/AIDS (UNAIDS)/World Bank estimate for the number of people who inject drugs ranges between 8.4 million to 19 million (0.18 to 0.40 per cent of people aged 15-64). Eastern and South-Eastern Europe remains the subregion with the highest prevalence of people who inject drugs (1.27 per cent), accounting for almost one in four people who inject drugs worldwide. In terms of absolute numbers, China, the Russian Federation and the United States account for nearly half of the global estimated total number of people who inject drugs.

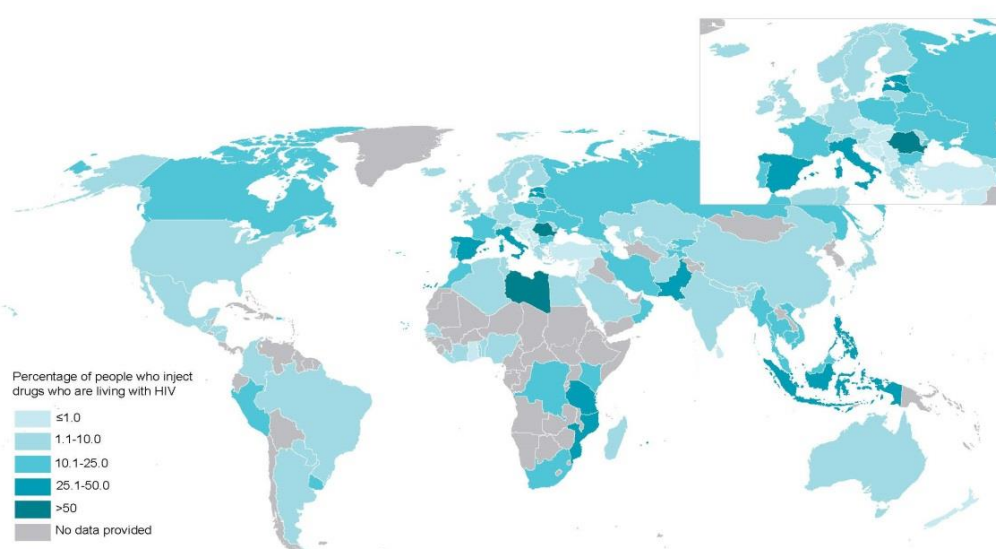
2. HIV among people who inject drugs

24. Globally, the burden of HIV among people who inject drugs remains high (see map 3 and table 3 below), accounting for 30 per cent of new HIV infections outside sub-Saharan Africa.⁵ There are an estimated 1.6 million people who inject drugs living with HIV (14.0 per cent prevalence), while more than half of people who inject drugs are estimated to be infected with hepatitis C virus.

25. HIV prevalence is particularly high among people who inject drugs in South-West Asia and Eastern and South-Eastern Europe (prevalence of 28.2 and 22.9 per cent, respectively); they account for nearly half of the total number of people who inject drugs living with HIV.

Map 3

Prevalence of HIV among people who inject drugs, 2014 or latest year available



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. 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. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

Source: World Drug Report 2016.

⁵ See World Drug Report 2016.

Table 3
Estimated number of people who inject drugs and prevalence of HIV among that population, 2014

Region	Subregion	People who inject drugs						HIV among people who inject drugs			
		Estimated number			Prevalence (%)			Estimated number			Prevalence (%) Best estimate
		Low	Best	High	Low	Best	High	Low	Best	High	
Africa		240 000	630 000	3 840 000	0.04	0.10	0.60	27 000	86 000	1 199 000	13.6
America		2 180 000	2 750 000	3 580 000	0.33	0.42	0.55	162 000	229 000	375 000	8.3
	North America	1 790 000	2 080 000	2 380 000	0.56	0.65	0.75	147 000	188 000	254 000	9.1
	Latin America and the Caribbean	390 000	670 000	1 190 000	0.12	0.20	0.36	15 000	41 000	121 000	6.1
Asia		3 430 000	4 670 000	6 000 000	0.12	0.16	0.21	393 000	584 000	901 000	12.5
	Central Asia and Transcaucasia	360 000	400 000	460 000	0.64	0.72	0.83	28 000	33 000	41 000	8.1
	East and South-East Asia	2 210 000	3 190 000	4 220 000	0.14	0.20	0.27	196 000	330 000	581 000	10.3
	South-West Asia	540 000	710 000	900 000	0.29	0.39	0.49	151 000	201 000	254 000	28.2
	Near and Middle East	30 000	80 000	130 000	0.03	0.08	0.13	300	1 300	5 500	1.6
	South Asia	280 000	280 000	280 000	0.03	0.03	0.03	18 000	19 000	20 000	6.8
Europe		2 420 000	3 550 000	5 460 000	0.44	0.65	1.00	386 000	732 000	1 427 000	20.6
	Eastern and South-Eastern Europe	1 780 000	2 860 000	4 670 000	0.79	1.27	2.07	315 000	654 000	1 339 000	22.9
	Western and Central Europe	630 000	700 000	780 000	0.20	0.22	0.24	71 000	78 000	88 000	11.2
Oceania		90 000	90 000	110 000	0.35	0.36	0.43	900	1 100	1 500	1.3
Global		8 350 000	11 690 000	18 980 000	0.18	0.25	0.40	970 000	1 630 000	3 900 000	14.0

Source: World Drug Report 2016.

26. People who inject drugs are approximately three times more likely to acquire HIV than those who do not inject drugs. Moreover, people who inject stimulants reportedly engage in higher-risk sexual behaviours. Owing to the shorter duration of action of stimulants, those who inject stimulants do so with a higher frequency, thereby resulting in an increased vulnerability to HIV infection and a higher HIV prevalence than people who inject opiates.⁶

3. Drug-related deaths

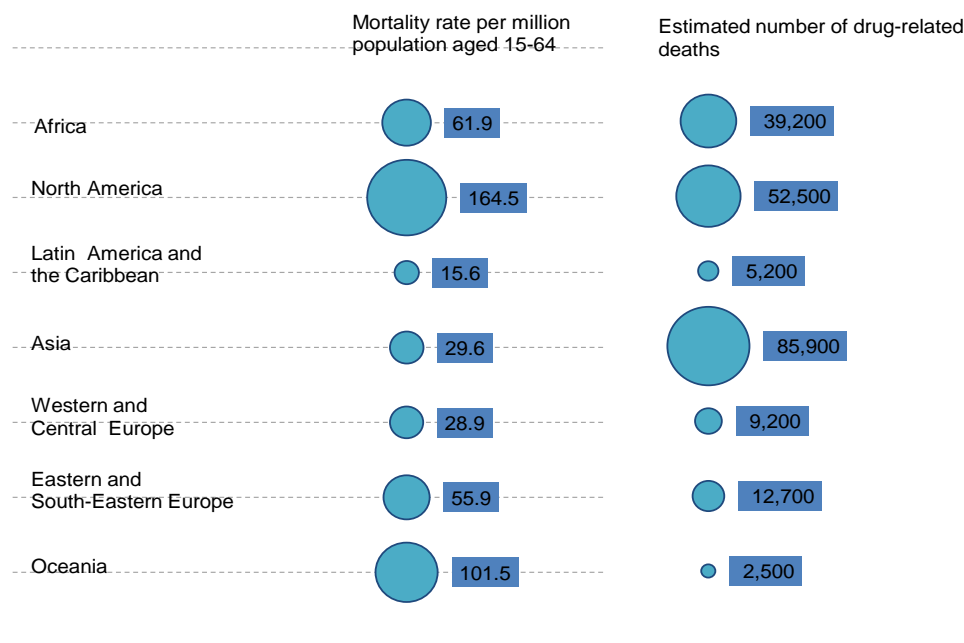
27. It is estimated that in 2014 there were between 114,000 and 250,000 drug-related deaths worldwide, corresponding to a mortality rate of 43.5 deaths per million people aged 15-64 (see figure IV). Overdose deaths account for between one third and one half of all drug-related deaths and, in most cases those deaths are attributed to use of opioids. However, it is believed that drug-related deaths remain underreported as a

⁶ Isabel Tavitian-Exley and others, "Influence of different drugs on HIV risk in people who inject: systematic review and meta-analysis", *Addiction*, vol. 110, No. 4 (2015), pp. 572-584.

result of varying methodologies and practices used to record such deaths in the different countries.

Figure IV

Drug-related mortality rate and number of drug-related deaths, by region, 2014



Source: *World Drug Report 2016*.

28. It is also estimated that for each fatal overdose there are between 20 and 25 overdose cases, many of which remain unreported.⁷ Overdose cases remain of public health significance because of related morbidity and health consequences, since repeated cases of overdose place a person at a greater risk of long-term physical and cognitive damage.⁸

29. North America, with one quarter of global drug-related deaths, has the highest rate of drug-related mortality, which is attributable in part to better monitoring and reporting of drug-related deaths and to high rates of opioids use.

30. In recent years, fentanyl, one of the potent synthetic opioids, has been implicated in a significant and increasing number of fatal overdose cases in North America and Europe.

III. Regional summaries

31. The information on drug use presented below highlights major trends and developments where such information was available. The estimates of the prevalence presented in each section are UNODC estimates published in the *World Drug Report 2016*.

⁷ See *World Drug Report 2015* (United Nations publication, Sales No. E.15.XI.6).

⁸ For details, see *World Drug Report 2015* and *World Drug Report 2016*.

A. Africa

32. Information on the extent of drug use in Africa remains limited and available from only a few countries in the region. Nevertheless, the use of cannabis remains particularly high, as does the demand for treatment for cannabis use disorders. The annual prevalence of cannabis use is estimated at 7.6 per cent among people aged 15-64.

33. The use of opiates, cocaine and amphetamines in the region remains at levels comparable to the global average. Based on expert perception of trends in drug use, however, many countries in the region also report increasing use of opiates and pharmaceutical opioids, as well as of cannabis and cocaine.⁹

34. In 2015, according to information on treatment demand in Nigeria,¹⁰ cannabis was the main substance for which people sought treatment (80 per cent of treatment demand, excluding alcohol and tobacco). Opioids were reported as the second most common substance (10 per cent), followed by amphetamines (6 per cent). Tramadol was the main pharmaceutical opioid for which people with drug use disorders were treated. More than 80 per cent of people in treatment were polydrug users, using between two and four illicit substances sequentially or concurrently.

35. In Egypt in 2015, according to the National Addiction Research Programme, a household survey on drug use conducted by the General Secretariat of Mental Health, of the 106,480 people aged 15 and older who were interviewed 15.9 per cent self-reported the use of cannabis, whereas 4.8 per cent had used opiates and 3 per cent had misused pharmaceutical opioids. Of the 106,480 respondents, 6.7 per cent were considered regular drug users and an additional 6.4 per cent had been diagnosed with substance use disorders. Illicit substance use was more commonly reported among those aged 26-35 and 36-45.¹¹

36. According to the most recent report of the South African Community Epidemiology Network on Drug Use, cannabis remained the primary substance reported by the majority of people in treatment, including those younger than 20. Cocaine use continued to decrease and was reported more often as a secondary substance of use. Treatment demand for heroin use, which had earlier been increasing, stabilized in 2015. The number of admissions for treatment related to methamphetamine use as a primary or secondary drug remained low in most treatment facilities. The misuse of over-the-counter and prescription medicines such as slimming tablets, analgesics and benzodiazepines continued to be an issue. The use of “nyaope”, a low-grade heroin smoked with “dagga” (cannabis), is now being reported from most locations.¹²

B. Americas

37. Cannabis continues to be the most common illicit substance used in the Americas, with an annual prevalence of 7.5 per cent of the adult population. High levels of cocaine use have been reported both from South and North America.

⁹ In 2015, in their responses to the annual report questionnaire, Algeria, Côte d'Ivoire, Mozambique and the United Republic of Tanzania reported an increase in use of opioids and cannabis use, and the United Republic of Tanzania also reported an increase in cocaine use.

¹⁰ Ngozi S., “Patterns of drug and alcohol use in Nigeria, 2015” (2016).

¹¹ Emad Hamdi and others, “Sociodemographic indicators for substance use and abuse in Egypt”, *Journal of Addiction and Prevention*, vol. 4, No. 1 (2016).

¹² Siphokazi Dada and others, “Alcohol and drug abuse trends: July-December 2015”, Update June 2016, phase 39 (Cape Town, South Africa, South African Community Epidemiology Network on Drug Use, 2016).

1. North America

38. In North America, all drug types are consumed at levels greater than the global average. Cannabis is the most widely used illicit substance (12.1 per cent of the population have used it in the previous year), and the consumption of opioids (opiates and misuse of pharmaceutical opioids) and cocaine is also high compared with global levels. The annual prevalence of opioid use is 3.9 per cent and that of opiates use is 0.5 per cent. The past-year use of cocaine (1.6 per cent) is the highest in North America. The annual prevalence of amphetamine use (1.4 per cent) and “ecstasy” use (0.8 per cent) are also well above the global average.

39. In the United States, an estimated 27 million people aged 12 years or older (10.1 per cent of that population) are current users (defined as having used within the past 30 days) of different drugs. Cannabis remains the most commonly used illicit substance, with 22.2 million current users.¹³ Past-month cannabis use, especially among daily or near-daily users, and among young people aged 18-29, has increased considerably since 2006. The current increase in cannabis use is closely linked to the perception that cannabis has a lower risk of harm than other drugs and also to the awareness of the legalization of its use for medical purposes in the United States.¹⁴ Cocaine use remained stable in the United States between 2008 and 2014 but increased in 2015, with an estimated 0.7 per cent of the population 12 years or older reporting current use.¹⁵ The misuse of pharmaceutical opioids remains a major concern, with an estimated 4.7 per cent of the population reported to have misused them in the past year.¹⁶

40. Heroin use in the United States has shown an increasing trend since 2007. In 2015, around 0.3 per cent of the population reported past-year use of heroin in the national survey. It should be noted, however, that self-reported heroin use in the household survey is likely to be underreported. The increase in heroin use has been attributed to increased accessibility, reduced prices and high purity of heroin available in parts of the United States. Heroin use has increased among men and women, and in particular among young people aged 18-25. While the prevalence of past-year heroin use is higher among men than women, that gap has narrowed in recent years.

41. The increase in heroin use has resulted in a substantial increase in the number of fatal heroin overdose cases, in particular among new users, many of whom are young and inexperienced, and users with a history of misusing pharmaceutical opioids. Another factor in the increase in heroin overdose deaths is the use of fentanyl to adulterate heroin in parts of the United States.¹⁷ Noticeably, the number of fatal heroin overdose cases among women increased by 500 per cent between 2008 and 2014, as compared with an increase of 300 per cent among males (see figure V).

¹³ United States, Center for Behavioral Health Statistics and Quality, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2015 National Survey on Drug Use and Health*, HHS Publication No. SMA 16-4984, NSDUH Series H-51 (Rockville, Maryland, 2015).

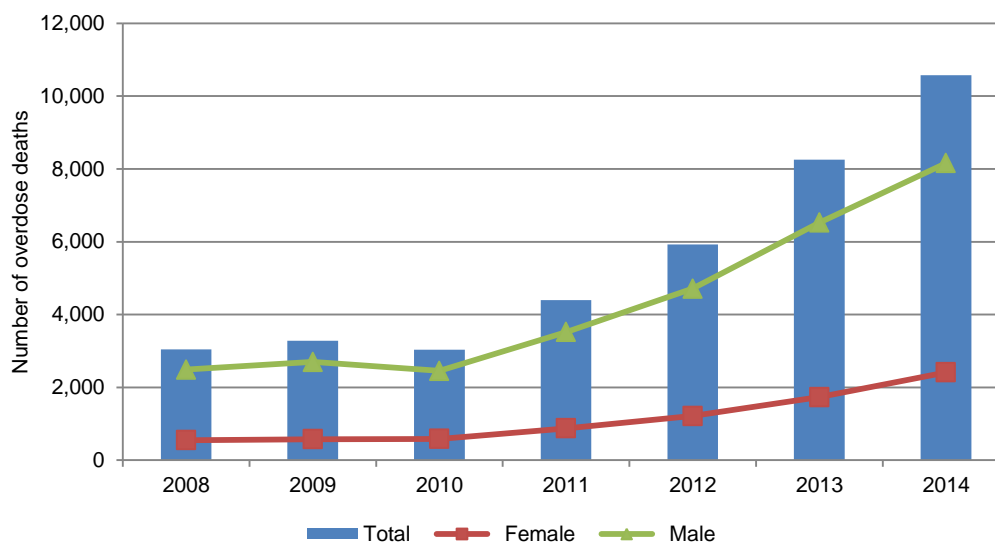
¹⁴ Wilson M. Compton and others, “Marijuana use and use disorders in adults in the USA, 2002-2014: analysis of annual cross-sectional surveys”, *The Lancet Psychiatry*, vol. 3, No. 10 (2016), pp. 954-964.

¹⁵ Center for Behavioral Health Statistics and Quality, *Key Substance Use*.

¹⁶ As the result of a change in the questionnaire, the reported prevalence for opioid painkillers and stimulants in 2015 is not comparable with the values reported in 2014.

¹⁷ United States Drug Enforcement Agency, “National heroin threat assessment summary: updated”, 27 June 2016.

Figure V
Heroin overdose deaths in the United States, 2008-2014



Source: Based on the data presented by Rose A. Rudd and others, “Increase in drug and opioid overdose deaths: United States, 2000-2014”, *Morbidity and Mortality Weekly Report*, vol. 64, No. 50 (2016).

42. According to the Canadian Tobacco, Alcohol and Drugs Survey for 2015, the prevalence of past-year cannabis use increased to 12 per cent (3.6 million users), compared with 11 per cent (3.1 million users) in 2013. There was no change in the prevalence of the use of cocaine or “crack” cocaine (1.2 per cent) or methamphetamine (0.2 per cent). The prevalence of misuse of pharmaceutical opioids also remained unchanged compared with 2013.¹⁸

43. In Mexico, according to expert perceptions of drug use trends, there has been an increase in cannabis and amphetamine use, while the use of other substances is perceived as stable. Among the new trends in drug use reported among young people were the use of hallucinogenic mushrooms, *Salvia divinorum*, ketamine and Brugmansia (*Floripondio*).¹⁹

2. South America, Central America and the Caribbean

44. In South and Central America and the Caribbean high levels of past-year cocaine use are reported (about 0.9 and 0.8 per cent of the adult population, respectively). The use of other illicit substances remains at comparable or lower levels than the global average. For the current reporting year, there is limited new information on extent of drug use reported from the subregion.

45. According to the expert perception of drug use trends, in Bolivia (Plurinational State of), Costa Rica, Guyana, Panama and Paraguay, there has been a perceived decrease in the use of most substances, including cannabis, cocaine and opioids. In Argentina, experts perceive an increase in the use of cannabis and opioids, while cocaine use is thought to be stable. Experts in Chile also perceive an increase in cannabis, heroin and cocaine use and a decrease in the use of amphetamines.

¹⁸ Health Canada, Canadian Tobacco, Alcohol and Drug Surveys: summary of results for 2015, 10 November 2016. Available at <http://healthycanadians.gc.ca/science-research-sciences-recherches/data-donnees/ctads-ectad/summary-sommaire-2015-eng.php>.

¹⁹ Response of Mexico to the annual report questionnaire for 2015.

46. In Colombia, 21 new psychoactive substances that mostly belong to the phenethylamines group were identified in 2015. It was considered that many of the new psychoactive substances were being marketed as conventional drugs such as LSD or “ecstasy”.²⁰

47. Panama was the only country in the subregion that reported a new household survey in 2015. The overall annual prevalence of the use of any drug was estimated at 1.2 per cent of the adult population in Panama. Cannabis and tranquillizers were reportedly the two main illicit substances used, with an estimated 0.7 per cent of the adult population having used either one in the past year.²¹

C. Asia

48. Reliable estimates of prevalence of different drugs are available for a limited number of countries in the region. The use of opiates and amphetamines is estimated at levels similar to global estimates, while the use of other illicit substances is reportedly much lower than those global estimates. Nevertheless, in relation to the Asian population, the absolute number of people who use drugs remains high for cannabis, opiates and amphetamines. By the end of 2015, the emergence of new psychoactive substances had been reported by 30 countries in Asia, more than any region except Europe.

1. East and South-East Asia

49. Methamphetamine and opiates are the two substances with the highest prevalence of past-year use in the subregion. Experts in the region perceive an increase in the use of methamphetamine in China, Indonesia, Myanmar and the Republic of Korea.

50. In many countries, users of methamphetamine accounted for the largest share of people in treatment for drug use disorders in Brunei Darussalam, Cambodia, the Lao People’s Democratic Republic, the Philippines, Singapore and Thailand.

51. In China, a total of 3.5 million drug users had been registered by the end of 2015. Heroin users totalled 1.5 million, nearly 40 per cent of all registered drug users, even though the use of heroin is perceived to be declining. With an estimated 1.6 million users registered, the use of methamphetamine is considered to have increased in China. The use of tramadol and ketamine is perceived to have declined in the country.

52. There are an estimated 3.2 million people who inject drugs (25 per cent of the global estimate) in the subregion. Cambodia, Indonesia, Myanmar and the Philippines were the countries with high prevalence of HIV (over 20 per cent) among people who inject drugs.

2. South Asia

53. There is limited information on the drug situation in the subregion, especially concerning the extent of cocaine and amphetamine use. Past-year prevalence of cannabis use is estimated at 3.5 per cent and that of opiates at 0.3 per cent, which are levels comparable with the global average.

54. Although recent information on the prevalence of opioid use in India is not available, there are reports of an increasing trend in opioid use in the Indian

²⁰ Response of Colombia to the annual report questionnaire for 2015.

²¹ Response of Panama to the annual report questionnaire for 2015.

State of Punjab. According to a study conducted in 2015, there were an estimated 230,000 persons dependent on opioids in Punjab, nearly 75,000 of whom were injecting. That points to a possible increase in opioid use since the last national survey, in 2001, when approximately 500,000 people had been estimated to be opioid-dependent nationwide. Young males aged 18-35 are considered to be affected more than others by opioid use in the state.²²

3. South-West and Central Asia

55. South-West Asia is marked by high levels of opiate use and the highest prevalence of HIV among people who inject drugs. Coupled with increasing seizures of methamphetamine,²³ an important trend in South-West Asia is an overall increase in amphetamine use among people who use drugs.²⁴

56. According to a recent survey in Afghanistan, between 2 million and 2.5 million people are estimated to use drugs.²⁵ The use of opium and heroin was perceived to have increased considerably^{26, 27} with between 1.3 million and 1.56 million adults estimated to have used opioids. An emerging trend in Afghanistan is the use of amphetamines, with an estimated 70,000 to 90,000 users. A similar trend has also been observed in Pakistan, where 95,000 people were estimated to be using methamphetamines and misusing prescription amphetamines.²⁸

57. Similarly, in the Islamic Republic of Iran, methamphetamines have emerged in recent years as another illicit substance of abuse, with unofficial estimates suggesting methamphetamine as the second or third most commonly used illicit substance in the country.²⁹ Studies conducted among opiate users in treatment have also shown an increasing trend of methamphetamine use among their clients. It is considered that the use of methamphetamine among opiate users on long-term treatment negatively influences their treatment outcome.^{30,31}

4. Middle East

58. In the Middle East, the use of amphetamine tablets labelled as “captagon” remains a major problem. The use of other illicit substances, such as cannabis and heroin is also reported. In 2015, experts reported an increase in the use of synthetic cannabinoids in Jordan. Experts from Qatar reported an increase in the use of

²² India, and “Punjab opioid dependency survey: estimation of the size of opioid dependent population in Punjab — brief report” (New Delhi, Society for Promotion of Youth and Masses and National Drug Dependence Treatment Centre of the All India Institute of Medical Sciences, 2015).

²³ See *World Drug Report 2015* and *World Drug Report 2016*.

²⁴ Syed I. Sardar, “Drug abuse: global vs South Asian trends with special reference to India and Pakistan”, *Spotlight on Regional Affairs*, vol. XXXV, No.1 (2016).

²⁵ These estimates are based on the results from a sample of population who had positive test results in their biological samples for different drugs including possible exposure to or use of pharmaceuticals for medical purposes.

²⁶ Response of Afghanistan to the annual report questionnaire for 2015.

²⁷ United States Department of State, “Afghanistan national drug use survey: executive summary” (May 2015).

²⁸ UNODC and Pakistan, Ministry of Interior and Narcotics Control, *Drug use in Pakistan 2013*.

²⁹ Zahra Alam-mehrjerdi, Alasdir M. Barr and Alireza Noroozi, “Methamphetamine-associated psychosis: a new health challenge in Iran”, *DARU Journal of Pharmaceutical Sciences*, vol. 21 (2013).

³⁰ Zahra A. Mehrjerdi, Azarakhsh Mokri and Kate Dolan, “Methamphetamine use and treatment in Iran: A systematic review from the most populated Persian Gulf country”, *Asian Journal of Psychiatry*, vol. 16 (2015), pp. 17-25.

³¹ Schwann Shariatirad, Masoomah Maarefvand and Hamed Ekhtiari, “Methamphetamine use and methadone maintenance treatment: an emerging problem in the drug addiction treatment network in Iran”, *International Journal of Drug Policy*, vol. 24, No. 6 (2013), pp. e115 and e116.

amphetamines and tramadol, and experts from Saudi Arabia reported an increase in the trend of injecting methamphetamine among young people, as well as in the use of khat and tramadol.³²

D. Europe

59. As elsewhere, cannabis remains the most used illicit substance in Europe, with an estimated 27 million past-year users (4.9 per cent of population aged 15-64), followed by cocaine, with 4 million past-year users (0.7 per cent). The use of opioids (0.9 per cent) and opiates (0.6 per cent) is higher than the global average. As compared with the global average, the prevalence of amphetamines is lower (0.4 per cent), whereas the use of “ecstasy” is higher (0.6 per cent) in the region.

1. Western and Central Europe

60. The annual prevalence of cannabis use remains high in Western and Central Europe (6.7 per cent); however, there is evidence of stabilizing or decreasing trends, especially in countries such as Germany, Spain and the United Kingdom of Great Britain and Northern Ireland that have long and established cannabis use, whereas France has shown an increase in cannabis use after 2010.³³ Nearly 1 per cent of the adult population are estimated to be daily or almost daily cannabis users, and 60 per cent of the daily users are aged 15-34. Since 2006, there has been a 40 per cent increase in the number of people entering treatment for the first time for cannabis use disorders.³⁴

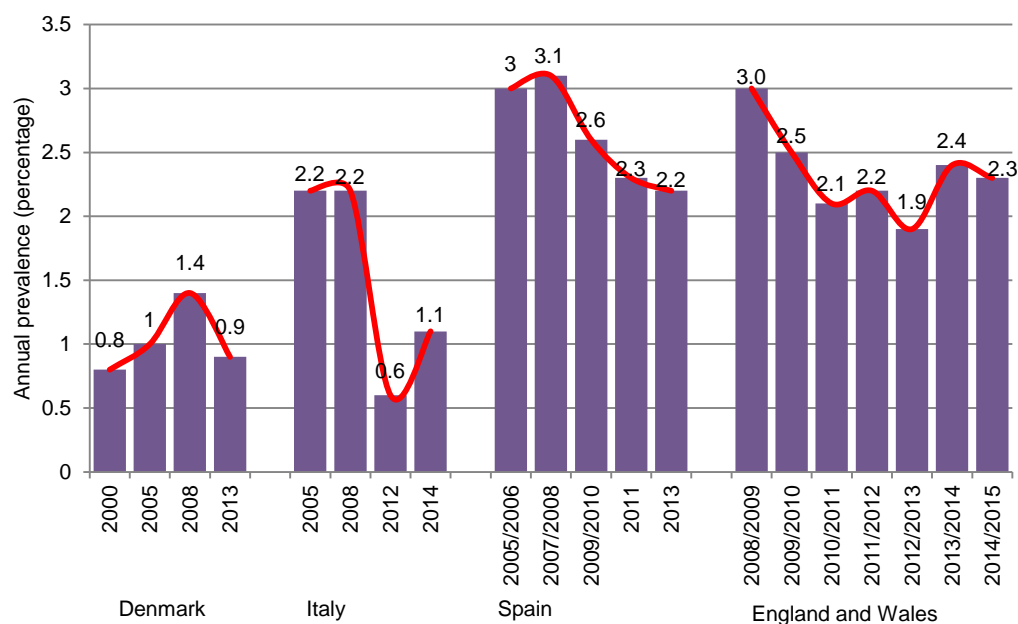
61. Cocaine use remains high, although countries with high prevalence, except for Italy, report a stable or declining trend in cocaine use. In the United Kingdom, the decline in cocaine use is seen more among people aged 16-24, with the prevalence in older groups remaining stable or increasing. In addition to Italy, France is another country that has reported increasing trends in cocaine use reported among young people.

³² Responses of Jordan, Qatar and Saudi Arabia to the annual report questionnaire for 2015.

³³ The information in this section is based on the EMCDDA, *European Drug Report 2016: Trends and Developments* (Publications Office of the European Union, Luxembourg, 2016), as well as taken from individual country responses to the annual report questionnaire for 2015.

³⁴ EMCDDA, *European Drug Report 2016*.

Figure VI
Trends in cocaine use in high prevalence countries in Western and Central Europe



Source: Replies to the annual report questionnaire and other official sources.

62. “Ecstasy” use has been declining since 2000; however, with an increased availability of “ecstasy” tablets with a higher MDMA content, there are indications of an overall resurgence of “ecstasy” use in the subregion.

63. Many countries, including those with high prevalence of amphetamine use such as the United Kingdom and Spain, report declining or stable trends. On the other hand, Finland has reported a steady increase in the use of methamphetamine. The current estimates of past year use of 1.1 per cent among the adult population in Finland stand as one of the highest in the subregion.

64. The use of opioids — mainly heroin — also remains high (0.5 per cent). The majority (75 per cent) of high-risk opioid users are reported to be in Italy, France, Germany, Spain and the United Kingdom. While Spain has shown a significant decline in opioid use, there has been an increase in opioid use (mainly heroin) in Italy. In the other countries in the subregion, opioid use has remained stable.

65. Apart from heroin use, there are now increasing signs of misuse of pharmaceutical opioids. In 2014, nearly 10 per cent of opioid users entering treatment reported use of opioids other than heroin. The most common pharmaceutical opioids reported include buprenorphine, codeine, fentanyl, methadone, morphine, oxycodone and tramadol. Concerns have also arisen around deaths related to use of fentanyl and its analogues such as acetyl fentanyl: 32 such deaths were reported in 2014.

66. According to the European School Survey Project on Alcohol and Other Drugs, the overall lifetime prevalence of 18 per cent for use of any illicit substance among students has remained stable since 2007.³⁵ Similarly, the use of most illicit substances, including lifetime and current use of cannabis, has remained stable among school students since 2007. The lifetime prevalence (6 per cent) of the use of tranquillizers or sedatives without a doctor’s prescription shows a slightly downward trend. On

³⁵ EMCDDA and ESPAD, *ESPAD Report 2015*.

average, 4 per cent of students reported lifetime use of new psychoactive substances as well as the misuse of pharmaceutical opioids to get high.

2. Eastern and South-Eastern Europe

67. High levels of the use of opioids, notably heroin, is the main concern in the subregion: the past-year prevalence of opioids (1.4 per cent) and of opiates (0.8 per cent) are twice as high as the global average. The prevalence of people who inject drugs (1.27 per cent) is the highest globally. The prevalence of HIV among people who inject drugs (22.9 per cent) also remains considerably high in the subregion.

68. Romania reported an increase in the use of most illicit substances, including amphetamines, cannabis and cocaine, among the adult population.³⁶ Experts in Bulgaria reported an increase in amphetamine use, while the use of other illicit substances was considered to be stable.³⁷ In 2015, there were 14 new psychoactive substances identified in Bulgaria, including arylalkylamines, phenethylamines and synthetic cannabinoids, which remained the most common.

E. Oceania

69. The information on the extent of drug use in the region was limited to Australia and New Zealand and was marked by high levels of use of most substances.

70. Experts perceive the use of most substances in Australia to be stable. However, a large increase in the misuse of pharmaceutical opioids and of prescription stimulants has been reported. Monitoring of drug use among police detainees showed that 37 per cent of adult detainees over the 2013-2014 period had tested positive for amphetamines, exceeded only by cannabis. That rate has increased considerably since the 2011-2012 period and is the highest rate of recorded amphetamine use in the history of Drug Use Monitoring in Australia.³⁸

71. In New Zealand, experts perceive the use of most substances to be stable. There has been an increase in the use of amphetamines, however, coupled with increased numbers of methamphetamine seizures. There has also been an increase in the misuse of tranquillizers and sedatives and the use of new psychoactive substances such as 2C drugs (e.g. 2CB and 2CE). The use of new psychoactive substances such as NBOMe 2C drugs, a large number of synthetic cannabinoids and new analogues of existing controlled drugs and “research chemicals” has also been reported to be increasing. *alpha*-Pyrrolidinopentiophenone (*alpha*-PVP) became the most commonly seized analogue drug in 2015 and was linked to numerous violent incidents and at least one death in New Zealand.³⁹

IV. Addressing the world drug use problem: promoting standards for the prevention of substance use and the treatment of substance use disorders

72. On April 2016, the General Assembly held its thirtieth special session, to review progress in the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the

³⁶ Response of Romania to the annual report questionnaire for 2015.

³⁷ Response of Bulgaria to the annual report questionnaire for 2015.

³⁸ Sarah Coghlan and others, *Drug Use Monitoring in Australia: 2013-14 Report on Drug Use among Police Detainees*, Monitoring report No. 27 (Canberra, Australian Institute of Criminology, 2015).

³⁹ Response of New Zealand to the annual report questionnaire for 2015.

World Drug Problem. During that special session, the General Assembly, in its resolution S-30/1, adopted the outcome document entitled “Our joint commitment to effectively addressing and countering the world drug problem”. Only a few months earlier, in September 2015, Member States adopted the 2030 Agenda for Sustainable Development and its plan of action, composed of 17 Sustainable Development Goals. Sustainable Development Goal 3, “Ensure healthy lives and promote well-being for all ages”, carries a specific target (target 3.5) that explicitly calls upon States to “strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol”. That target was further echoed in the outcome document of the thirtieth special session, in particular emphasizing the perspective that addressing the world drug problem is complementary and mutually reinforcing to the efforts of sustainable development.

73. In that context, UNODC has been taking all practical measures, within its available resources, to make available tools that would allow effective and evidence-based policymaking decisions in the field of prevention of substance use and treatment of substance use disorders, namely the *International Standards on Drug Use Prevention* and the international standards for the treatment of drug use disorders.

74. The *International Standards on Drug Use Prevention* were first published in 2013. The standards summarize the currently available scientific evidence, describing interventions and policies that have been found to result in positive prevention outcomes.

75. With regard to interventions for prevention in infancy and early childhood, the interventions include targeting pregnant women with substance abuse disorders, prenatal and infancy visitation, and early childhood education. Strategies that have been found to be effective for middle childhood are parenting skills programmes, personal and social skills education, classroom environment improvement programmes and policies to keep children in school. In early adolescence, effective interventions include parenting skills programmes, preventive education based on personal and social skills and social influence, school policies and culture, addressing individual psychological vulnerabilities and mentoring. With the exception of parenting skills programmes, all interventions have also been found to be effective later in adolescence. Other effective strategies identified for adolescence and adulthood are brief intervention, workplace prevention programmes, the establishment of tobacco and alcohol policies, community-based multicomponent initiatives, media campaigns and programmes for entertainment venues. Concurrently, the global *International Standards on Drug Use Prevention* identify the major components and features of an effective national drug use prevention system.

76. Since the publishing of the *International Standards on Drug Use Prevention*, UNODC has improved the knowledge of approximately 600 policymakers in more than 65 countries on promoting the healthy and safe development of children and young people through evidence-based prevention of drug use. In addition, UNODC and policymakers have taken the opportunity to critically reflect on the coverage and quality of drug prevention initiatives in various countries and to develop an improvement road map based on the *International Standards on Drug Use Prevention*.

77. The results of that initiative have been presented to the Commission on Narcotic Drugs and recognized scientific forums. The *International Standards on Drug Use Prevention* have also been recognized by Member States as a tool for the support of evidence-based drug prevention efforts enumerated in the Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, as well as in Commission resolutions 57/3, 58/3, 58/7 and 59/6

and in the outcome document of the thirtieth special session of the General Assembly. Pursuant to Commission resolutions 57/3 and 58/7 and the outcome document of the special session, UNODC has recently initiated the process of updating the *International Standards on Drug Use Prevention* with a view to presenting them to the Commission in 2018.

78. The international standards for the treatment of drug use disorders were developed in the framework of the UNODC-WHO Programme on Drug Dependence Treatment and Care with the objective of promoting and supporting worldwide, with a particular focus on low- and middle-income countries, evidence-based and ethical treatment policies, strategies and interventions to reduce the health and social burden caused by drug use and dependence.

79. The international standards for the treatment of drug use disorders were published by UNODC and WHO as a draft for field testing in 2016 and are aimed at assisting Member States in the development of effective, recovery-oriented treatment systems based on a continuum of care. The standards summarize the latest scientific evidence for the treatment of drug use disorders in a range of settings while matching the needs of people in different stages of the disease with the appropriate services. The document also identifies major components and features of an effective drug treatment system. The Commission on Narcotic Drugs, in its resolution 59/4, noted with appreciation the work of UNODC and WHO in developing the international standards for the treatment of drug use disorders and requested UNODC, in collaboration with WHO and other relevant stakeholders, as appropriate, to develop initiatives to support the dissemination of those standards.

80. A structured field testing process of the international standards for the treatment of drug use disorders in diverse health system and cultural settings was initiated and is ongoing. The process is aimed at: (a) assessing the comprehensiveness, appropriateness and clinical and public health utility of the standards; (b) contributing to capacity-building in field testing sites for assessment of quality of existing treatment systems and services; (c) testing the suitability of the standards as a basis for the development of national clinical guidelines and quality standards in settings with a range of substance use disorders and resources; and (d) generating data and factual information to guide the finalization process and procedures for effective dissemination and implementation of the standards. The international standards are being made available as a key tool to support Member States in the development and review of existing national treatment standards and strategies. In that regard, an accreditation tool to accompany the international standards is already under development.

81. It is hoped that both the *International Standards on Drug Use Prevention* and the international standards for the treatment of drug use disorders will support policymakers and social and health practitioners worldwide in the development of policies, services and human resources to effectively meet the commitment of Member States as stipulated in the outcome document of the thirtieth special session of the General Assembly and the 2030 Agenda for Sustainable Development.

V. Conclusions and recommendations

82. The global drug use situation remains multifaceted and is characterized by the concurrent and sequential use of many illicit substances, including conventional plant-based drugs, synthetic stimulants, prescription drugs and new psychoactive substances, by both recreational and regular drug users.

83. While many new psychoactive substances have been identified and reported, the majority remain transient in nature, whereas others have created a niche in the markets. An effective early warning system needs to monitor both the trends in new psychoactive substances and the related adverse health consequences and to inform policymakers accordingly.

84. Another area of concern that requires regular monitoring and reporting is the issue of access to pain medication for those who need it, while at the same time preventing its diversion and misuse.

85. The regular monitoring of trends in drug use and the related health consequences at the global and regional levels requires that quality information on the extent of drug use and its health consequences be generated at the national level. Moreover, an evaluation of the outcomes and impacts of drug policies and programmes becomes meaningful only if the relevant information exists at the different levels.

86. In order to improve the evidence base for policies and programmes at the national, regional and international levels, it is suggested that Member States take into consideration the existing gaps in the availability and quality of data on drug use indicators, and that they consider strategies to strengthen the capacity of countries to collect, analyse and disseminate information related to drug use and its consequences. Those strategies may include advocating and supporting the development of drug monitoring systems through the capacity-building of experts, generating estimates of drug use indicators in countries where large gaps remain, developing cost-effective methods for estimating the extent of drug use by increasing synergies with other existing data-collection systems and providing resources to set up or strengthen drug monitoring systems and build capacity in priority countries or regions.
