



# Economic and Social Council

Distr.: General  
19 December 2017

Original: English

## Commission on Narcotic Drugs

### Sixty-first session

Vienna, 12–16 March 2018

Item 6 (a) of the provisional agenda\*

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

## World situation with regard to drug abuse

### Report of the Secretariat

#### *Summary*

The present report contains a summary of the most recent information available to the United Nations Office on Drugs and Crime (UNODC) on the extent of drug use and its health consequences. It highlights the development by UNODC of international standards to allow for evidence-based policymaking with regard to the prevention of substance use and the treatment of substance use disorders. It also provides a global overview of trends during the period 2009–2017. In 2015, between 158 million and 350 million people had used an illicit substance in the preceding year, while nearly 12 per cent of the people who use drugs were estimated to suffer from drug use disorders. UNODC, jointly with the World Health Organization, the Joint United Nations Programme on HIV/AIDS and the World Bank, estimate that between 8.6 to 17.4 million people inject drugs and that nearly one in eight people who inject drugs is living with HIV. Globally, drug use remains multifaceted, characterized by concurrent and sequential use of several illicit substances, including the use of conventional plant-based drugs, synthetic stimulants, prescription drugs and new psychoactive substances. Opioids, including heroin and pharmaceutical opioids, continue to have a detrimental impact on the health of people who use them. More than 70 per cent (14.8 million) of the total disability-adjusted life years were attributed to opioid use disorders. Of particular concern is the number of deaths attributed to the use of fentanyl and its analogues in many regions. There are signs of an expansion in the two main markets for cocaine (North America and Western and Central Europe). Globally, there were an estimated 190,000 (range: 115,900 to 230,100) deaths attributable mainly to drug use disorders, mostly among opioid users. 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.

\* E/CN.7/2018/1.



## **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 appears to have stabilized in North America during the past year, while wastewater analysis in Western and Central Europe suggests an increase in cocaine consumption in that region;

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

(c) The use of amphetamines, especially methamphetamine, is considered to be increasing in East, South-East and South-West Asia and the Middle East, whereas in Western and Central Europe, the use of amphetamines, especially in high-prevalence countries, is either declining or remains stable;

(d) The misuse of pharmaceutical opioids continues to be reported in many regions and remains of concern because of the serious health consequences;

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

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

2. Member States' responses to the annual report questionnaire form the basis on which the global extent of and trends in drug use are reported each year. As at 1 December 2017, 104 out of 194 States and territories had returned part III of the questionnaire, on the extent and patterns of and trends in drug use related to 2016.

3. Of the questionnaires submitted by Member States, 69 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).

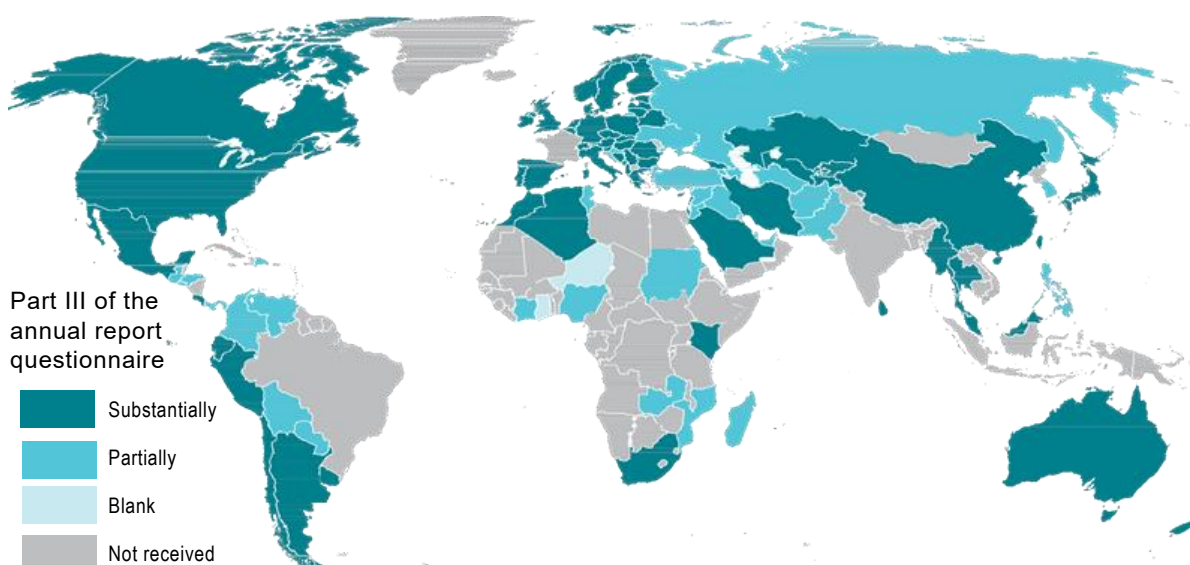
4. In terms of coverage, the 104 Member States that returned the questionnaire represent more than 75 per cent of the world's population. Nevertheless, many responses were missing from Africa, from where only 30 per cent of States submitted the questionnaire. The Americas, in particular South America and Central America and the Caribbean, also had a low response rate, with nearly half of the Member States from those subregions returning the questionnaire.

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 from some countries with large populations. This makes it difficult to produce a meaningful analysis of the world situation with regard to drug use and 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**

Member States that provided drug demand data in the annual report questionnaire for 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. A dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

The final boundary between the Sudan and South Sudan has not yet been determined.

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).

\* Reflects status of submission as at 1 December 2017. As at 1 December 2017, 104, i.e., more than half of Member States, out of a total of 194 States and 15 territories, had returned part III of the annual report questionnaire, on the extent and patterns of and trends in drug use related to 2016.

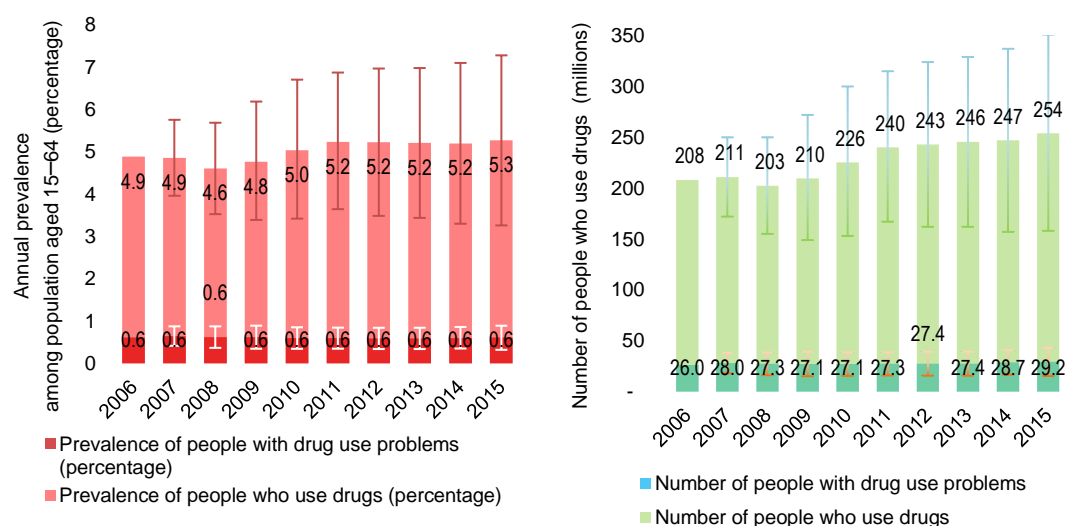
Sixty-three per cent of the questionnaires returned by Member States were substantially filled in, i.e., they provided information on more than half of the main indicators of drug use and its health consequences. In terms of coverage, the number of Member States that returned the questionnaire represents 75 per cent of the world's population.

## II. Global overview

### A. Extent of drug use

6. In 2015, UNODC estimated that between 158 million and 350 million people, corresponding to between 3 and 7 per cent of the population aged 15 to 64, had used an illicit substance in the preceding 12 months. Although the trends in use of different drugs vary across regions, the global extent of drug use has remained fairly stable over the past five years, with an estimated 1 in 20 adults using drugs each year (see figure I).

Figure I

**Annual prevalence of illicit drug use among the global population aged 15–64, 2006–2015**

Source: *World Drug Report 2017* (United Nations publication, Sales No. E.16.XI.6).

7. 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 drug 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, the estimates from a limited number of countries are available in a given year; these are used to compute regional and global estimates of drug use. Therefore, from a global policy perspective, it is more prudent to look at long-term trends in drug use than to compare year-to-year changes.

8. The global picture of drug use is compounded by the fact that many people who use drugs, whether occasionally or regularly, tend to be polydrug users (using more than one substance concurrently or sequentially, usually with the intention of enhancing, potentiating or counteracting the effects of another drug). The non-medical use of prescription drugs (e.g. opioids and benzodiazepines) and the use of amphetamines or new psychoactive substances in lieu of or in combination with drugs such as cocaine or heroin blurs the distinction between users of a particular substance and presents a picture of interlinked epidemics of drug use and related health consequences.

9. Of particular concern are people suffering from drug use disorders: nearly 12 per cent (between 15 million and 43 million) of the people who use drugs are estimated to suffer from such disorders. Drug use disorders account for 20 million disability-adjusted life years (DALYs), i.e., the number of years of healthy life lost as a result of disability or premature death.<sup>1</sup> More than 70 per cent of the total, or 14.8 million DALYs, are attributable to opioid use disorders. Cocaine use disorders account for 1.15 million, while amphetamine and cannabis use disorders account for 881,000 and 646,900 DALYs, respectively.

10. Globally, cannabis remains the most widely used drug: between 128 million and 238 million people between the ages of 15 and 64 are estimated to use cannabis annually (the estimated prevalence ranges between 2.7 per cent and 4.9 per cent of the adult population). The subregions with the highest annual prevalence of cannabis

<sup>1</sup> Global Burden of Disease Study 2016 DALYs and HALE Collaborators, “Global, regional, and national disability-adjusted life years (DALYs) for 333 diseases and injuries and healthy life expectancy (HALE) for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016”, *The Lancet*, vol. 390, No. 10100 (16–22 September 2017), pp. 1260–1344.

use in terms of percentage of the population continued to be West and Central Africa, North America and Oceania (see table 1).

Table 1

**Subregions with a high prevalence of cannabis use, 2015**

	<i>Annual prevalence (percentage)</i>	<i>Estimated number of people</i>
Global	3.8	183 310 000
North America	12.4	39 780 000
West and Central Africa	12.4	31 510 000
Oceania	10.3	2 620 000
Western and Central Europe	7.2	23 060 000

*Source: World Drug Report 2017.*

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

12. The use of amphetamines (amphetamine and methamphetamine) remains widespread and they are the second most widely used substances globally, with an estimated 37 million past-year users (with an annual prevalence of 0.8 per cent of the adult population). Amphetamine use is highest in North America, where nearly 2 per cent of the adult population have used them in the past year. Oceania (mainly Australia and New Zealand) is another region with a high prevalence of amphetamine use, with an annual prevalence of 1.9 per cent among those aged 15–64 (see table 2). Recent estimates from East and South-East Asia are not available, although expert perceptions in the subregion indicate a continuous increase in the use of methamphetamine.

Table 2

**Regions and subregions with a high prevalence of amphetamine use, 2015**

	<i>Annual prevalence (percentage)</i>	<i>Estimated number of people</i>
Global	0.8	37 030 000
North America	1.97	6 340 000
Oceania	1.9	480 000
Caribbean	0.86	240 000
Asia	0.7	20 690 000
North Africa	0.58	860 000
Western and Central Europe	0.55	1 740 000

*Source: World Drug Report 2017.*

13. The form of amphetamines used varies considerably across the different regions. In North America, users mostly consume methamphetamine and misuse prescription stimulants. In East and South-East Asia and Oceania (Australia), methamphetamine is predominantly used, and more in crystalline form than in tablets. In Western and Central Europe and the Near and Middle East, amphetamine is the main substance used within the group of amphetamines, although, in the latter region, amphetamine is marketed as “captagon”.<sup>2</sup> Beginning in 2014, there were concerns over the

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

replacement of amphetamine with the use of methamphetamine in parts of Western and Central Europe. In 2010, Australia and countries in North America and Western and Central Europe with a high prevalence of amphetamine use were reporting stabilizing or decreasing trends in the use of amphetamines, whereas experts in East and South-East Asia and the Near and Middle East reported increasing use of those substances. There are currently some early indications of a resurgence in the use of methamphetamine in North America and Australia, and its use has continued to be reported as increasing in East, South-East and West Asia.

14. The overall prevalence of the use of opioids, i.e., prescription opioids and opiates (heroin and opium), is estimated at between 0.6 and 0.9 per cent of the population aged 15–64, corresponding to an estimated 35 million past-year users of opioids and about 17.6 million past-year users of opiates. High levels of misuse of pharmaceutical opioids have remained a major concern in North America (see table 3), where a resurgence of heroin use has been seen in the last four years. Coupled with the use of fentanyl and its analogues, the interlinked epidemic of misuse of prescription opioids and heroin has had a major toll, in particular in terms of the high number of reported fatal overdoses associated with their use. The use of opiates remains high in South-West Asia and Eastern and South-Eastern Europe. While heroin use overall has been stable in Central and Western Europe, there have been signs of a possible resurgence in some countries over the past two years. There are now also signs of misuse of pharmaceutical opioids in Central and Western Europe. The misuse of pharmaceutical opioids such as tramadol is also reported in many countries in Africa and Asia. The misuse of pharmaceutical opioids results from both their diversion from licit channels and the availability and distribution of illicitly manufactured opioids.

Table 3

**Subregions with a high prevalence of opioid use, 2015**

	<i>Annual prevalence (percentage)</i>	<i>Estimated number of people</i>
Global	0.73	35 050 000
North America	4.42	14 210 000
Oceania	2.96	750 000
Near and Middle East/South-West Asia	2.14	6 180 000
Eastern and South-Eastern Europe	1.38	3 140 000
Central Asia	0.93	530 000

*Source: World Drug Report 2017.*

15. The use of cocaine remains concentrated in North and South America (annual prevalence of 1.73 and 0.9 per cent, respectively), Oceania (1.5 per cent) and Western and Central Europe (1.1 per cent). Globally, between 13 million and 22.8 million people are estimated as past-year users of cocaine.

16. In 2010, stable trends were reported in the use of cocaine from Central America, South America and Europe, while decreasing use of cocaine was reported in North America. In parts of Asia, the Middle East and West Africa, increasing amounts of cocaine have been reported seized, which indicates that cocaine use might increase in places where its use had been low or uncommon. Cocaine use has been reported as stabilizing or decreasing in Western and Central Europe, in particular in countries with a high prevalence of such use. However, wastewater analysis suggests an increase in cocaine consumption in the subregion since 2011. In North America, following a decline in cocaine use between 2006 and 2012, there were signs of an increase; there have also been signs of an increase in cocaine use in some countries in South America. Furthermore, in recent years, large quantities of cocaine were seized in West and South Asia, indicating the potential development of a cocaine market in those subregions.

17. The prevalence of 3,4-methylenedioxymethamphetamine (MDMA, commonly known as “ecstasy”) was estimated at between 0.2 and 0.7 per cent, corresponding to between 9.3 million and 34 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 a high prevalence of “ecstasy” use were North America (0.9 per cent) and Europe (0.7 per cent).

18. The use of “ecstasy” is mainly associated with recreational nightlife settings, with higher levels of use seen among young people. Between 2007 and 2012, most countries in Western and Central Europe were reporting stable or declining trends in the use of “ecstasy”; however, in subsequent years, with an increasing availability of high-purity “ecstasy” in the subregions, there were indications of an overall resurgence in its use.

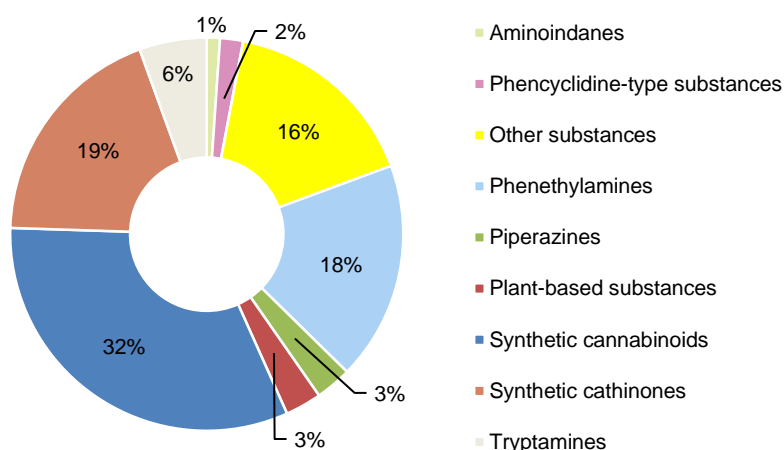
19. While global estimates of the misuse of prescription drugs are not available, such misuse remains quite widespread, in particular among polydrug users. Between 2010 and 2017, the misuse of prescription drugs such as synthetic opioids, benzodiazepines and synthetic prescription stimulants began to be reported as a growing health problem in a number of developing countries. The misuse of benzodiazepines remains the most common: approximately 60 countries<sup>3</sup> have ranked benzodiazepines among the three most commonly misused substances, while some countries report higher prevalence rates for their use than for many illicit substances. Benzodiazepines are also frequently reported in fatal overdose cases involving opioids.

20. The global new psychoactive substances market continues to be characterized by the emergence of a large number of new substances belonging to diverse chemical groups. Between 2009 and 2016, 106 Member States and territories reported the emergence of a cumulative total of 739 different new psychoactive substances to UNODC. A growing number of new psychoactive substances have been reported each year, although the presence of some substances, including ketamine, khat, synthetic cannabinoids (JWH-018), mephedrone and methylone, is now established. Many new psychoactive substances remain transient in nature and are reported only by a small number of countries for a few years; the presence of a core group of over 80 new psychoactive substances on the global market has been reported every year.

21. Among all the new psychoactive substances reported to UNODC, synthetic cannabinoids constitute the largest category in terms of number, followed by synthetic cathinones and phenethylamines (see figure II).

Figure II

**Proportion of new psychoactive substances reported to the United Nations Office on Drugs and Crime, by substance category, 2016**



Source: World Drug Report 2017.

<sup>3</sup> Based on responses by Member States to the annual report questionnaire in 2015 and 2016.

## B. Consequences of drug use

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

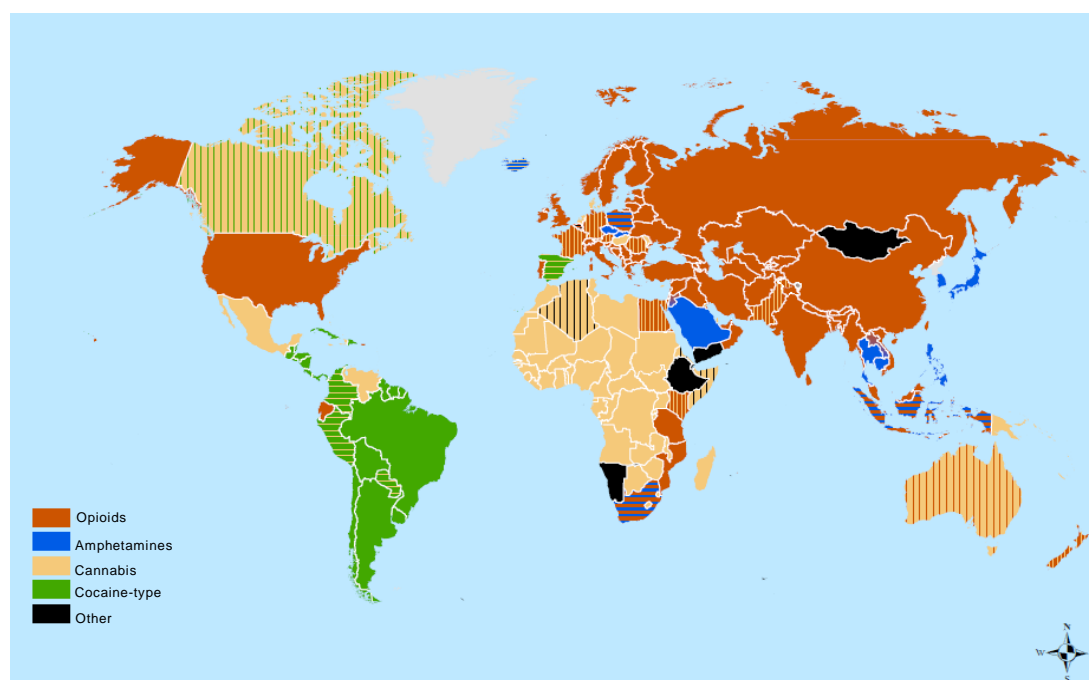
22. Information on people in treatment for disorders related to the use of different drugs can be taken as a proxy to understand the nature and extent of drug use disorders. However, this is only a latent indicator of trends in the use of drugs, owing to the time lag between the period when people start using drugs, when they develop drug use disorders and when they seek treatment for drug use.

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

24. Opioids remain of major concern in South-West and Central Asia and in Eastern and South-Eastern Europe. In South-Eastern Europe, nearly three out of every five people receiving treatment for drug use disorders are in treatment for opioid use disorders. Treatment for cocaine use remains prominent in North America, Latin America and the Caribbean and, to a lesser extent, in Western and Central Europe. In East and South-East Asia and, to some extent, in North America, those receiving treatment for drug use disorders are primarily in treatment for amphetamine use disorders. The number of people in treatment for disorders resulting from the use of amphetamines has been increasing in Asia, although half of the people in treatment are receiving treatment for opioid use disorders. Cannabis is the main drug for which drug use treatment is sought in Africa, but many countries in the region have reported an increasing number of people entering treatment for opioid use disorders (see map 2 and figure III).

Map 2

**Primary drug of concern among people in treatment, by region, 2015**

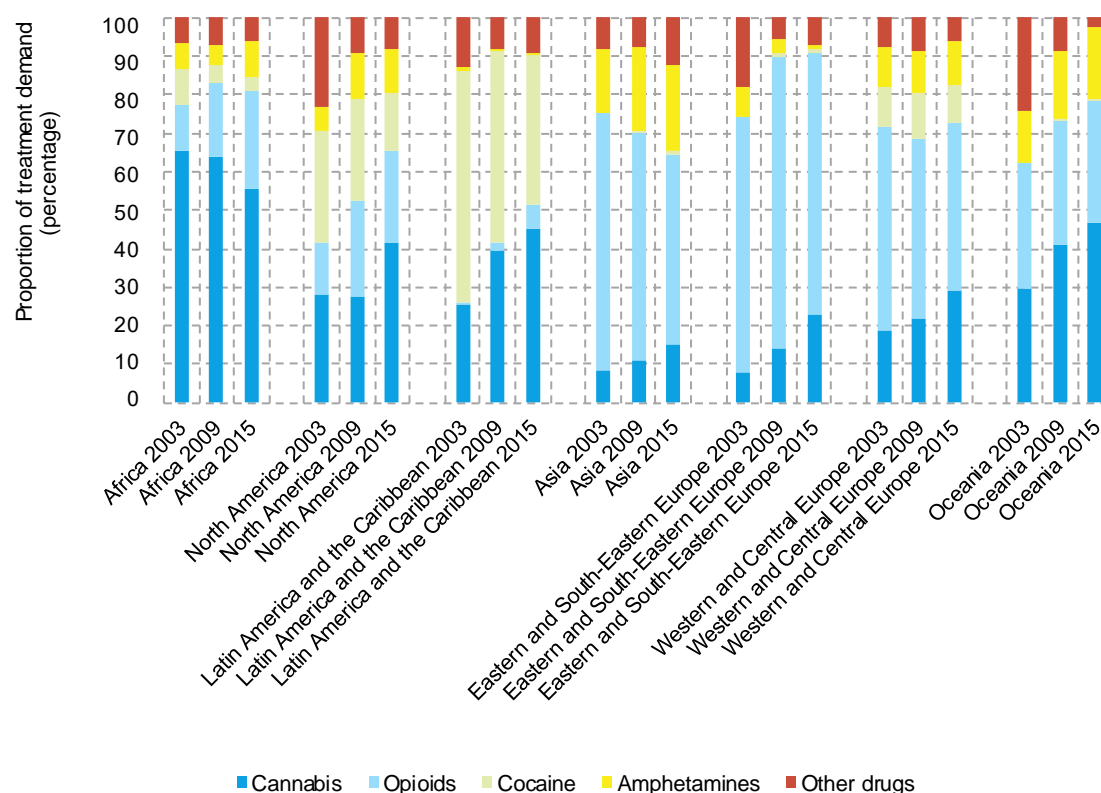


*Source: World Drug Report 2017.*



Figure III

**Trends in treatment demand as proportion of primary drug of abuse by regions, 2003, 2009 and 2015**



Source: World Drug Report 2003, 2009 and 2015.

25. Globally, among the first-time entrants in treatment for drug use disorders, the proportion of people with amphetamine and cannabis use disorders has increased compared with those in treatment for other substance use disorders, indicating that there is an expanding group of users of amphetamines and cannabis in need of treatment. In countries with a high prevalence of cannabis use, cannabis-related emergencies related to anxiety, psychosis or other psychiatric symptoms also appear to be a growing problem.

## 2. People who inject drugs

26. People who inject drugs are among the most marginalized and disadvantaged drug users. They experience poor health outcomes with a greater chance of premature death, high rates of potentially life-threatening infectious diseases, such as HIV, hepatitis and tuberculosis, and an increased risk of both fatal and non-fatal drug overdoses.

27. The 2015 joint UNODC/World Health Organization (WHO)/Joint United Nations Programme on HIV/AIDS (UNAIDS)/World Bank estimate for the number of people worldwide who inject drugs was 11.8 million (range: 8.6 to 17.4 million), corresponding to 0.25 per cent (range: 0.18 to 0.36 per cent) of the population aged 15–64. Eastern and South-Eastern Europe, Central Asia and Transcaucasia, North America, Oceania and South-West Asia are the subregions in which the prevalence of people injecting drugs is above the global average.

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

28. People who inject drugs are a key population at increased risk of HIV infection as a result of unsafe injecting and sexual practices. The available data are sparse but suggest that, globally, new HIV infections among people who inject drugs

climbed from an estimated 114,000 in 2011 to 152,000 in 2015.<sup>4</sup> The 2015 joint UNODC/WHO/UNAIDS/World Bank estimate for the prevalence of HIV among people who inject drugs was 13.1 per cent. That suggested that roughly one in eight people who injected drugs in 2015 were living with HIV, which equates to 1.55 million people who inject drugs living with HIV worldwide. By far the highest prevalence of HIV among people who inject drugs is found in South-West Asia (28.5 per cent) and Eastern and South-Eastern Europe (24.0 per cent), where rates are approximately twice the global average.

29. The burden of disease among people who inject drugs, including that attributable to any past history of injecting drug use, is far greater for hepatitis C than HIV infection. The number of deaths is more than 3.5 times higher for hepatitis C, while the total number of years of healthy life lost due to disability and premature death is approximately 2.5 times higher for hepatitis C as compared with HIV. Hepatitis C remains highly prevalent among people who inject drugs: the 2015 joint UNODC/WHO/UNAIDS/World Bank estimate was 51.5 per cent, suggesting that 6.1 million people who inject drugs are infected with hepatitis C. For people who inject drugs living with HIV, co-infection with hepatitis C is highly prevalent (82.4 per cent), with hepatitis C becoming a major cause of morbidity and mortality among those living with HIV.<sup>5</sup>

#### 4. Tuberculosis among people who use drugs

30. People who use drugs are a high-risk group for the spread of tuberculosis as they are disproportionately affected by risk factors for tuberculosis such as poor social circumstances, infection with HIV and periods of incarceration. Both latent tuberculosis infection and active tuberculosis are more prevalent among people who use drugs than among the general population.<sup>6</sup> Infection with HIV is a major reason for the high prevalence of tuberculosis among people who inject drugs.<sup>7</sup> Without treatment, some 5–15 per cent of people with latent tuberculosis infection will develop active tuberculosis at some point in their lifetime.<sup>8</sup> However, people living with HIV are 20 to 30 times more likely to develop tuberculosis than those without HIV.<sup>9</sup> Drug use has been identified as an independent risk factor for the spread of multidrug-resistant tuberculosis in some countries.

#### 5. Drug overdose deaths

31. Drug-related deaths are the extreme consequence of drug use. Globally, UNODC estimates that there were 190,000 (range: 115,900 to 230,100) deaths attributable mostly to drug overdose in 2015, or 39.6 (range: 24.0 to 47.7) deaths per million people aged 15–64 years.

32. North America continues to experience the highest number of deaths attributable to drug overdoses, with the subregion accounting for more than one in four deaths related to drug use disorders globally. Oceania (based on data from Australia and New Zealand only) also has a high drug use disorder-related mortality rate, at more than 2.5 times the global average. A large number of drug-related deaths (35 per cent of

<sup>4</sup> UNAIDS, *Get on the Fast-Track: The Life-cycle Approach to HIV* (Geneva, 2016).

<sup>5</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 (2016), pp. 797–808.

<sup>6</sup> Robert G. Deiss, Timothy C. Rodwell and Richard S. Garfein, “Tuberculosis and illicit drug use: review and update”, *Clinical Infectious Diseases*, vol. 48, No. 1 (2009), pp. 72–82.

<sup>7</sup> European Centre for Disease Prevention and Control and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), “Prevention and control of infectious diseases among people who inject drugs”, Joint Publications Series (Stockholm, European Centre for Disease Prevention and Control, 2011).

<sup>8</sup> Emilia Vynnycky and Paul E. M. Fine, “Lifetime risks, incubation period, and serial interval of tuberculosis”, *American Journal of Epidemiology*, vol. 152, No. 3 (2000), pp. 247–263.

<sup>9</sup> Candice K. Kwan and Joel D. Ernst, “HIV and tuberculosis: a deadly human syndemic”, *Clinical Microbiology Reviews*, vol. 24, No. 2 (2011), pp. 351–376.

the global total) are estimated to occur in Asia, although this number is tentative because of poor regional coverage and reporting of mortality data (see table 4).

Table 4

**Estimated number of deaths related to drug use disorders and mortality rate, 2015**

	Number of drug-related deaths			Mortality rate per million persons aged 15–64		
	Best estimate	Lower estimate	Upper estimate	Best estimate	Lower estimate	Upper estimate
Africa	40 800	19 400	62 100	61.9	29.4	94.3
North America	55 300	55 300	55 300	172.2	172.2	172.2
Latin America and the Caribbean	5 000	4 200	7 600	14.9	12.3	22.5
Asia	66 100	14 000	81 200	22.5	4.8	27.7
Western and Central Europe	8 400	8 400	8 500	26.4	26.4	26.5
Eastern and South-Eastern Europe	12 600	12 500	12 700	55.6	54.9	55.9
Oceania	2 600	2 200	2 600	102.3	85.2	103.6
<b>Global</b>	<b>190 900</b>	<b>115 900</b>	<b>230 100</b>	<b>39.6</b>	<b>24.0</b>	<b>47.7</b>

Source: *World Drug Report 2017*.

### III. Regional summaries

33. The information on drug use presented below highlights major trends and developments in the regions based on UNODC estimates published in the *World Drug Report 2017*.

#### A. Africa

34. 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. In Africa, 7.5 per cent of the adult population aged 15–64 are estimated to have used cannabis in the past year.

35. The use of opiates, cocaine and amphetamines in the region remains at levels comparable to the global average. Notwithstanding the number of countries returning the annual report questionnaire from the region, experts in many Member States consider that use of cannabis and amphetamines has increased in their countries, whereas use of opioids and cocaine is considered to be generally stable (see table 5). The misuse of pharmaceutical opioids such as tramadol is reported in many countries within the region. Large amounts of tramadol, presumably destined for illicit markets, are seized by authorities in the countries in the region.

Table 5  
Expert perception of trends in drug use in Africa, 2016

<i>Drug type</i>	<i>Member States providing perception data</i>	<i>Use problem increased</i>	<i>Use problem stable</i>	<i>Use problem decreased</i>	<i>Use problem unknown</i>
Cannabis	9	4	3	1	1
Amphetamines	9	3	2	2	2
“Ecstasy”	4	1	1	0	2
Opioids	10	3	4	2	1
Cocaine	9	3	3	2	1

Source: Responses by Member States in Africa to the annual report questionnaire.

36. In Kenya, according to a 2016 survey on the extent of drug use in the coastal regions, an estimated 3.9 per cent of men and 0.3 per cent of women were currently using heroin, while nearly 1 per cent of the population reported use of cocaine. The use of cannabis was also quite common, with 4.5 per cent of the adult population reporting its current use.<sup>10</sup>

37. According to the latest school survey in Kenya, most students are fairly knowledgeable about the different drugs. While 17 per cent had used khat, or *miraa*, in their lifetime, 16 per cent had misused prescription drugs over the same period. The use of cannabis was also common, with 7.5 per cent reporting lifetime use of cannabis. Furthermore, over 1 per cent of the secondary school students had used heroin or cocaine in their lifetime. Current use of many substances was also reported by a considerable proportion of students (see table 6).<sup>11</sup>

Table 6  
Use of drugs in the last 30 days by secondary school students in Kenya, by type of substance (2016)

	<i>Prevalence (%)</i>	<i>No. of students</i>
Alcohol	3.8	82 517
Prescription drugs	3.6	78 175
Khat/ <i>miraa</i>	2.6	56 459
Tobacco	2.5	54 288
<i>Bhang</i> (cannabis)	1.8	39 087
Inhalants	0.6	13 029
Heroin	0.2	4 343
Cocaine	0.2	4 343

Source: National Authority for the Campaign against Alcohol and Drug Abuse.

38. In 2016, according to national information on treatment demand in Nigeria,<sup>12</sup> cannabis (45 per cent) and opioids (36 per cent) were the main substances for which people had sought treatment for drug use disorders. Tramadol, codeine and pentazocine were the substances most commonly misused by people receiving treatment for opioid use disorders.

<sup>10</sup> Kenya, National Authority for the Campaign against Alcohol and Drug Abuse, “Status of alcohol and drug abuse in the coast region, Kenya” (May 2016).

<sup>11</sup> Ibid., “National survey on alcohol and drug abuse among secondary school students in Kenya” (2016).

<sup>12</sup> Stella N. Ngwoke, “Patterns of drug and alcohol use in Nigeria: 2016”, report of the National Drug Law Enforcement Agency of Nigeria to the African Union Commission Epidemiology Network on Drug Use in Africa.

39. 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 has continued to decrease and is reported more often as a secondary substance of use. Treatment demand for heroin use has been stable since 2015, though it has significantly increased in the northern region of South Africa. The number of admissions for treatment related to use of methamphetamine 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.<sup>13</sup>

## **B. America**

40. With an annual prevalence of 7.5 per cent of the adult population, cannabis continues to be the most commonly used illicit substance in the Americas. High levels of use of cocaine and opioids are also reported from the region.

### **1. North America**

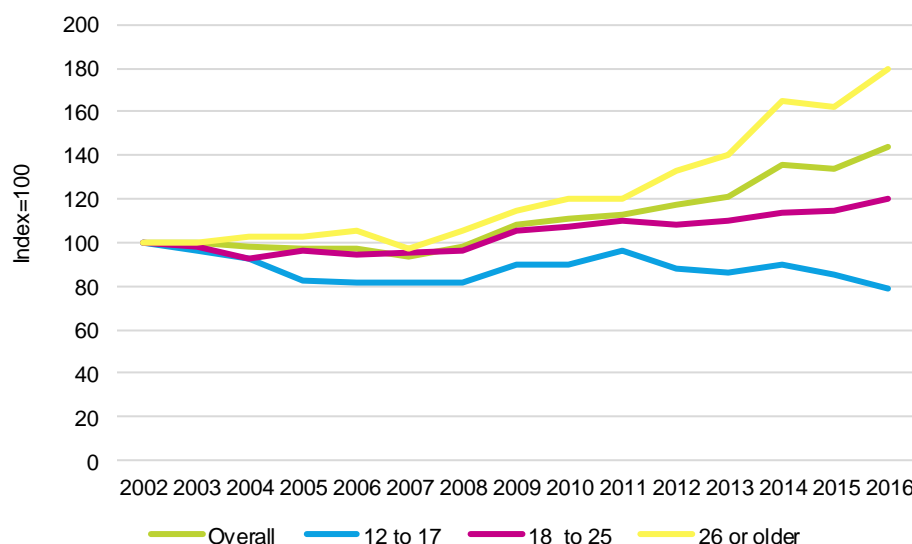
41. In North America, most drugs are consumed at levels greater than the global average. Cannabis is the most widely used substance, with 12.4 per cent of the population reporting its use in the previous year. The consumption of opioids (opiates and misuse of pharmaceutical opioids) and cocaine is also high compared with global levels. The annual prevalence of opioid use is 4.4 per cent and that of opiates use is 0.5 per cent. Globally, the annual prevalence of cocaine use (1.8 per cent) is highest in North America. The annual prevalence of amphetamine and “ecstasy” use (2 per cent and 0.9 per cent, respectively) is also well above the global average.

42. In the United States of America, an estimated 28.6 million people aged 12 years or older (10.6 per cent of that population) were current users (defined as having used within the past 30 days) of different drugs. With 24 million current users (8.9 per cent of population aged 12 years or older), cannabis remains the most commonly used substance in the United States. The increase in cannabis use mainly reflects the increase in cannabis use among adults aged 26 or older, and to a lesser extent by young adults aged 18 to 25 (see figure IV).<sup>14</sup>

<sup>13</sup> Siphokazi Dada and others, “Monitoring alcohol, tobacco and other drug use trends in South Africa: July–December 2016”, Update June 2017, phase 41 (Cape Town, South Africa, South African Community Epidemiology Network on Drug Use, 2017).

<sup>14</sup> United States, Center for Behavioral Health Statistics and Quality, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health*, HHS Publication No. SMA 17-5044, NSDUH Series H-52, (Rockville, Maryland, 2016).

Figure IV  
Trends in the past-month use of cannabis in the United States, by age group,  
2002–2016



Source: Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health.

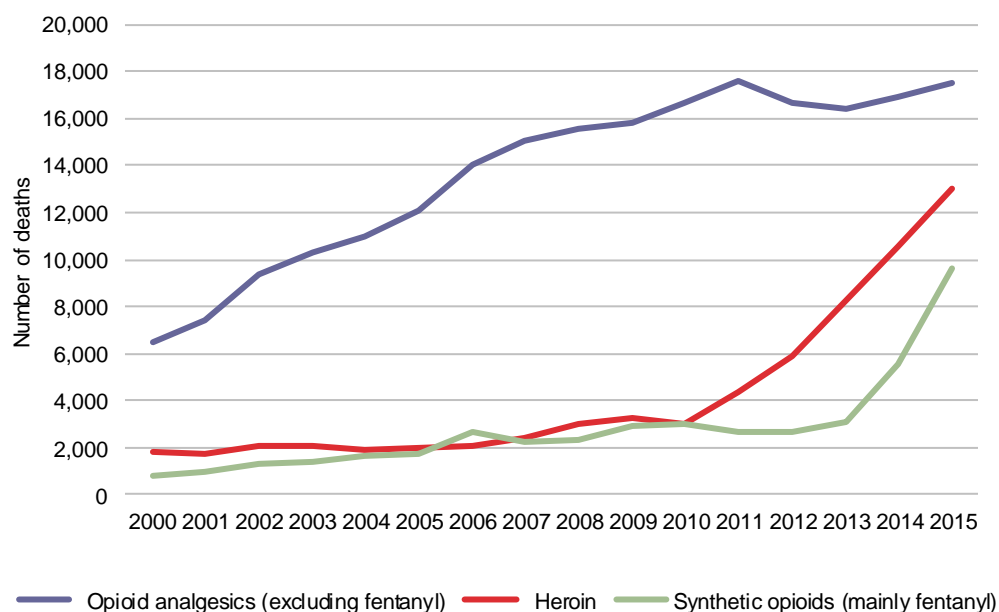
43. The misuse of prescription drugs remains a major concern in the United States. Of the estimated 6 million past-month users (2.3 per cent of the population aged 12 years or older), 3.3 million had misused opioid painkillers, while 2 million people had misused tranquillizers and 1.7 million people had misused stimulants in the past month. Cocaine use had 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, the use of cocaine has not changed over the past year.<sup>15</sup> About 0.7 million people, or 0.2 per cent of the population aged 12 or over, were estimated to be current users of methamphetamine. Heroin use in the United States has shown an increasing trend since 2007. In 2016, nearly half a million people aged 12 years or older were currently using heroin. It should be noted, however, that self-reported heroin use is likely to be underreported in the household survey.

44. The increase in the use of heroin and fentanyl and its analogues has had a major impact in the United States, with an increasing number of fatal overdose cases reported. As of January 2017,<sup>16</sup> over 60,000 overdose deaths had been reported in the United States. While overdose deaths attributed to prescription opioids have remained stable over the past five years, there has been a considerable increase in overdose deaths attributed to heroin and fentanyl (see figure V).

<sup>15</sup> Ibid.

<sup>16</sup> Provisional data for 2016 (United States, Centers for Disease Control and Prevention, National Center for Health Statistics, Wide-ranging OnLine Data for Epidemiologic Research (CDC WONDER)).

Figure V  
Opioid overdose deaths in the United States 2000–2015



Source: National Center on Health Statistics, CDC WONDER.

45. According to the current drug use survey in Mexico, while the use of most drugs has remained stable, there has been an increase in the use of cannabis in the country. In 2016, 2.1 per cent of the population aged 15–64 had used cannabis in the past year. Less than 1 per cent of the population (0.8 per cent) reported use of cocaine, while 0.1 per cent reported use of prescription opioids in the past year.<sup>17</sup>

46. While no new survey data on drug use in Canada were reported in 2016, according to expert perceptions, the use of cannabis and “ecstasy” has increased considerably, while the use of opioids and cocaine is considered to have remained stable.<sup>18</sup>

## 2. South America and Central America and the Caribbean

47. In South America and Central America and the Caribbean, high levels of past-year cocaine use are reported (about 0.9 and 0.6 per cent of the adult population, respectively). The use of other illicit substances remains at comparable or lower levels than the global average.

48. According to the latest national survey in Argentina, there has been a considerable increase in the use of cannabis and cocaine in the country. Around 8 per cent of the adult population had used cannabis in the past year, while 1.6 per cent reported use of cocaine. Less than 1 per cent of the population had used tranquilizers or hallucinogens.<sup>19</sup>

49. The 2016 national survey on drug use in Guyana<sup>20</sup> revealed that 4.6 per cent of the adult population had used cannabis in the preceding year. Nearly 2 per cent of the population were daily or near-daily cannabis users, while one in eight current users smoked more than 50 cannabis joints in a month. Among the past-year cannabis users, more than half were assessed as having a high risk of problem cannabis use. Less than 1 per cent of the general population used other substances.

<sup>17</sup> Response by Mexico to the annual report questionnaire, 2016.

<sup>18</sup> Response by Canada to the annual report questionnaire, 2016.

<sup>19</sup> Response by Argentina to the annual report questionnaire, 2016.

<sup>20</sup> Guyana, Ministry of Public Service, and Organization of American States/Inter-American Drug Abuse Control Commission, *National Household Drug Prevalence Survey Report 2016*.

50. According to the third Andean survey on drug use among university students (aged 18–25), cannabis was the most commonly used substance.<sup>21</sup> The use of cocaine, lysergic acid diethylamide (LSD), “ecstasy” and tranquillizers was also reported as common among the students (see figure VI). Over the three survey periods, the use of cannabis doubled among the university students in the four countries — from an annual prevalence of 5 per cent in 2009 to 10.8 per cent in 2016. Other substances that showed a considerable increase over that period were cocaine, “ecstasy” and LSD (see figure VII).

Figure VI  
Annual prevalence of substance use among university students in the Andean region, 2016

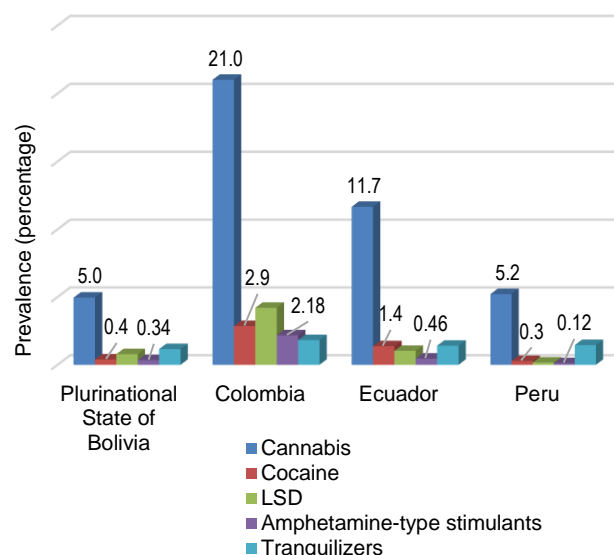
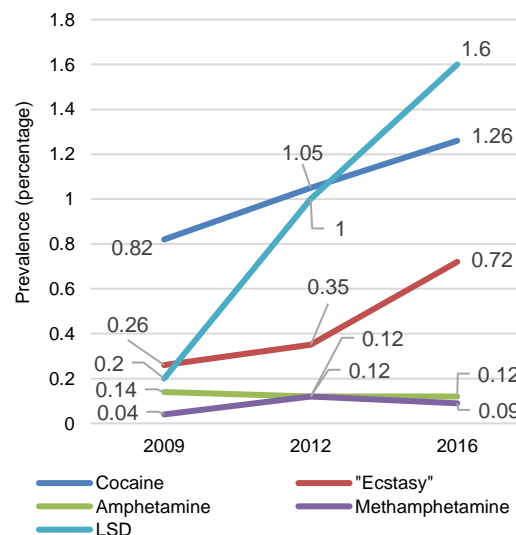


Figure VII  
Trends in the use of different substances among university students in the Andean region (2009–2016)



Source: III Estudio Epidemiológico Andino sobre Consumo de Drogas en la Población Universitaria: Informe Regional 2016.

## C. Asia

51. Reliable estimates of prevalence of different drugs are available for a limited number of countries in Asia. The use of opiates (0.4 per cent) and amphetamines (0.7 per cent) is estimated at levels similar to global estimates, while the use of other illicit substances is reportedly much lower than the global estimates. Nevertheless, in relation to the Asian population, the absolute number of people who use drugs remains high, with more than half of the estimated global opiate and amphetamine users living in the region.

52. According to expert perceptions, many countries in the region have seen an increase in the use of cannabis and amphetamines, whereas the use of opioids and cocaine for most countries is considered to be either stable or declining (see table 7).

<sup>21</sup> UNODC, III Estudio Epidemiológico Andino sobre Consumo de Drogas en la Población Universitaria: Informe Regional 2016 (Lima, 2017).



Table 7

**Expert perception of trends in drug use in Asia, 2016**

<i>Drug type</i>	<i>Member States providing perception data</i>	<i>Use problem increased</i>	<i>Use problem stable</i>	<i>Use problem decreased</i>	<i>Use problem unknown</i>
Cannabis	22	12	3	3	4
Amphetamines	19	8	6	2	3
“Ecstasy”	14	3	2	5	4
Opioids	22	3	6	7	6
Cocaine	16	3	6	2	5

*Source:* Annual report questionnaires.

53. From most of the countries in East and South-East Asia, data on people provided with treatment for drug use disorders are the only information available. Overall, more than 70 per cent of the people who were provided treatment for drug use disorders in the subregions were treated for methamphetamine use disorders, though that varied by country. In Indonesia, the Lao People’s Democratic Republic and Viet Nam, nearly half of the people receiving treatment for drug use disorders were receiving treatment for opiate use disorders, while in Brunei Darussalam, the Philippines and Thailand, most of the people receiving treatment for drug use disorders were being treated for methamphetamine use disorders. One third of the people who accessed treatment were first-time entrants.<sup>22</sup>

54. In China, 2.5 million people were registered as drug users in 2016. Of those, more than half were registered as users of amphetamine-type stimulants, while nearly 40 per cent were registered as users of opioids.<sup>23</sup>

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,<sup>24</sup> an important trend over the past few years in South-West Asia is an overall increase in the use of amphetamines. This is especially problematic in the Islamic Republic of Iran, considering that the use of methamphetamine is also reported among opiate users in long-term agonist treatment. In addition to an increase in the use of amphetamines, expert perceptions from the country also indicate an increase in the use of opioids and cannabis.<sup>25</sup>

56. In the Middle East, while the use of amphetamine tablets remains a major problem, the use of other illicit substances, such as cannabis and heroin, has also been reported. In 2016, experts from Iraq and the United Arab Emirates in particular reported an increase in the use of cannabis, opioids and amphetamines. Many countries in the region have also reported concerns over the misuse of tramadol and pregabalin — a tricyclic antidepressant commonly known in the subregion by its brand name Lyrica. The tramadol tablets available in the Middle East are reportedly meant for the illicit market and may contain a higher dosage than the normal dosage prescribed for medical purposes.

57. The first ever assessment of problem drug use in the State of Palestine found that an estimated 1.8 per cent of the male population aged 15 or above were high-risk drug users. In Gaza, tramadol, benzodiazepines and methamphetamine were the most commonly used substances among high-risk drug users. In the West Bank,

<sup>22</sup> Association of Southeast Asian Nations (ASEAN), *ASEAN Drug Monitoring Report 2015* (Bangkok, ASEAN Narcotics Cooperation Centre, August 2016).

<sup>23</sup> Response by China to the annual report questionnaire, 2016.

<sup>24</sup> See *World Drug Report 2017: Market Analysis of Synthetic Drugs—Amphetamine-type Stimulants, New Psychoactive Substances* (United Nations publication, Sales No. E.17.XI.10).

<sup>25</sup> Response by the Islamic Republic of Iran to the annual report questionnaire, 2016.

amphetamines, cannabis, tricyclic antidepressants (mainly pregabalin) and benzodiazepines were the most commonly used substances.<sup>26</sup>

## D. Europe

58. As elsewhere, cannabis remains the most commonly used illicit substance in Europe, with an estimated 28.4 million past-year users (5.2 per cent of the population aged 15–64), followed by cocaine, with 4 million past-year users (0.7 per cent). The use of opioids (0.8 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 (0.7 per cent) in the region.

### 1. Western and Central Europe

59. The annual prevalence of cannabis use remains high in Western and Central Europe (7.2 per cent). In Spain and the United Kingdom of Great Britain and Northern Ireland, cannabis use that was earlier declining shows a stabilizing trend. Other countries, such as Austria, Denmark, Finland, France, Germany, Ireland and Sweden, reported an increase in cannabis use in their recent surveys (conducted in 2014 or 2015).<sup>27</sup> Nearly 1 per cent of cannabis users are estimated to be daily or near-daily users; about 30 per cent of the daily cannabis users are adults, between the ages of 35 and 64. Since 2016, there has been an almost 75 per cent increase in first-time entrants in treatment for cannabis use disorders.

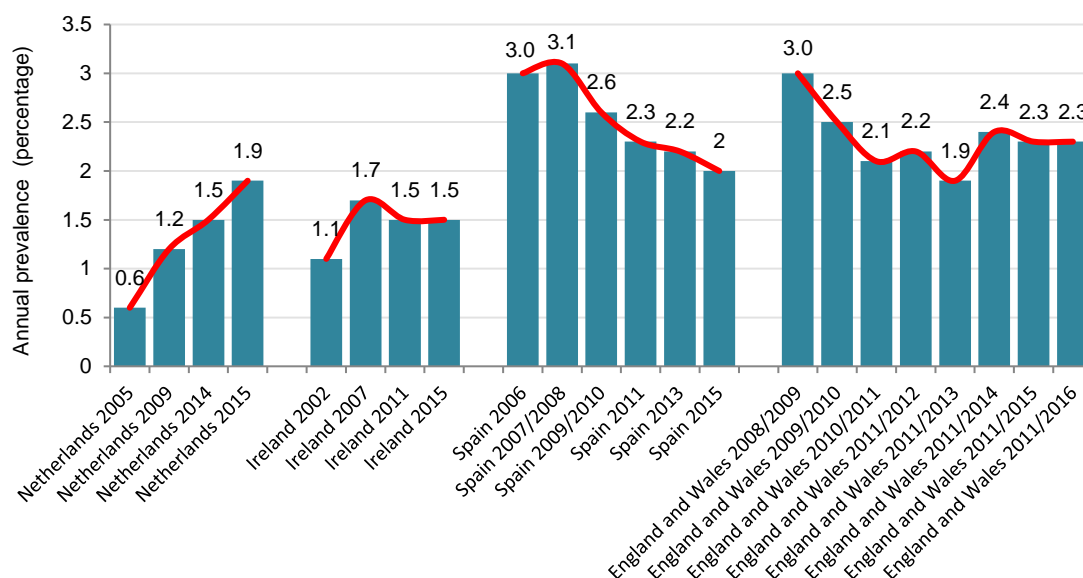
60. Cocaine use remains high in the subregion, with over 1 per cent of the population reporting past-year use. The three high-prevalence countries Ireland, Spain and the United Kingdom reported a stable trend. However, the Netherlands reported an increase in cocaine use in 2015 over the 2010 estimate (see figure VIII). The 2015 survey in Germany showed a statistically significant decline in the annual prevalence of cocaine. The analysis of wastewater from 80 cities in Europe suggested an increase in cocaine consumption since 2011, of some 30 per cent or more.<sup>28</sup>

<sup>26</sup> State of Palestine, Palestinian National Institute of Public Health, *Estimating the Extent of Illicit Drug Use in Palestine* (November 2017).

<sup>27</sup> *European Drug Report 2017: Trends and Developments* (EMCDDA, Luxembourg, Publications Office of the European Union, 2017) and the annual report questionnaire for 2016.

<sup>28</sup> *World Drug Report 2017: Market Analysis of Plant-based Drugs—Opiates, Cocaine, Cannabis* (United Nations publication, Sales No. E.17.XI.9), p. 30.

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



Source: Annual report questionnaire, European Monitoring Centre for Drugs and Drug Addiction and national reports.

61. “Ecstasy” use, which had been declining in the subregion since 2000, now shows an increasing trend. Recent survey results suggest a continued increasing trend in Europe, with some countries, notably Finland, France, Germany, Ireland and the Netherlands, reporting higher estimates than in previous surveys. By contrast, many countries have reported stable or declining estimates — notable among the latter being England and Wales and Spain.<sup>29</sup>

62. Many countries, including those with a high prevalence of amphetamine use, such as Latvia, Spain and the United Kingdom, have reported declining or stable trends. On the other hand, Finland, Germany and the Netherlands have reported a steady increase in the use of amphetamines in their recent surveys (2014 and 2015).

63. 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 within five countries: 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 Austria, Cyprus and Czechia. In the other countries within the subregion, opioid use has remained stable.

64. Apart from heroin use, there are now increasing signs of misuse of pharmaceutical opioids. In 2015, 17 countries within the subregion reported that more than 10 per cent of all opioid users entering treatment services were seeking treatment for disorders related to the use of opioids other than heroin. Opioids reported by treatment entrants included methadone, buprenorphine, fentanyl, codeine, morphine, tramadol and oxycodone.

65. Although not at the same level as in the United States, overdose deaths related to fentanyl and its analogues have been reported in Western and Central Europe. Between November 2015 and February 2017, 23 deaths associated with fentanyl were reported by Estonia (4 deaths), Finland (1), Germany (4), Norway (1), Sweden (12) and the United Kingdom (1). Similarly, between April and December 2016, 47 deaths attributed to acryloylfentanyl were reported by Denmark (1), Estonia (3) and

<sup>29</sup> European Drug Report 2017.

Sweden (43). Many of those deaths were reported as being among high-risk opioid users.<sup>30,31</sup>

## 2. Eastern and South-Eastern Europe

66. 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 the global average. The prevalence of people who inject drugs (1.25 per cent) and the prevalence of HIV among people who inject drugs (24 per cent) also remain the highest in the region.

67. According to the latest survey on drug use in Romania, the use of cannabis (3.2 per cent annual prevalence) and tranquillizers (1.9 per cent) has increased considerably, while cocaine use has declined (0.1 per cent) and heroin use (0.1 per cent) has remained stable.<sup>32</sup>

## E. Oceania

68. Information on the extent of drug use in the region remains limited to Australia and New Zealand; the two countries have high levels of use of most substances.

69. In Australia, based on the preliminary results of the 2016 national survey, the use of most substances has remained stable. However, the use of some drugs has declined since the last survey: use of meth/amphetamines declined from 2.1 per cent to 1.4 per cent, hallucinogens from 1.3 per cent to 1.0 per cent, and synthetic cannabinoids from 1.2 per cent to 0.3 per cent. In 2016, crystalline methamphetamine continued to be the main form of methamphetamine used.<sup>33</sup>

70. In New Zealand, the use of methamphetamine, “ecstasy” and ketamine is considered to have increased, whereas the use of other substances has remained stable. Although there are no current estimates on the misuse of fentanyl, the rates of such use are considered to be low. In the reporting period, two potent opioid research chemicals, acetylfentanyl and U-47700, were reported seized by customs. Another new trend reported was that of fentanyl and benzodiazepines found applied on blotter tabs.<sup>34</sup>

## IV. New tools, guidelines and standards made available to Member States to strengthen drug demand reduction response

71. A detailed analysis of part II of the annual report questionnaire, related to the drug demand reduction services, in the fourth reporting cycle is available in the Report of the Executive Director on actions taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (E/CN.7/2018/6). Further to that analysis, an attempt was made to generate an indicator on the progress made in strengthening drug demand reduction services (defined as increasing availability and coverage). This was done with the aim of

<sup>30</sup> EMCDDA, *Furanylfentanyl: Report on the Risk Assessment of N-phenyl-N-[1-(2-phenylethyl)piperidin-4-yl]furan-2-carboxamide (furanylfentanyl) in the Framework of the Council Decision on New Psychoactive Substances*, Risk Assessments (Luxembourg, Publications Office of the European Union, 2017).

<sup>31</sup> EMCDDA, *Acryloylfentanyl: Report on the Risk Assessment of N-(1-phenethylpiperidin-4-yl)-N-phenylacrylamide (acryloylfentanyl) in the Framework of the Council Decision on New Psychoactive Substances*, Risk Assessments (Luxembourg, Publications Office of the European Union, 2017).

<sup>32</sup> Response by Romania to the annual report questionnaire, 2016.

<sup>33</sup> Response by Australia to the annual report questionnaire, 2016.

<sup>34</sup> Response by New Zealand to the annual report questionnaire, 2016.

providing preliminary information on the achievement of target 3.5 of the Sustainable Development Goals, on strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. However, the lack of responses regarding coverage of services in the submitted annual report questionnaires has hampered the generation of information and conclusions.

72. For many years, UNODC has been developing tools that are available to Member States to assist them in meeting their commitments under the international drug control conventions. Many of them, such as the *International Standards on Drug Use Prevention* (2013) and the UNODC/WHO *International Standards for the Treatment of Drug Use Disorders* (2016), would be useful for Member States in meeting their commitments in the context of the Sustainable Development Goals.

73. With regard to the prevention of drug use, UNODC has been updating the *International Standards on Drug Use Prevention* with a view to presenting them to the Commission on Narcotic Drugs. At the time of writing, more than 40 countries had nominated more than 100 experts to be involved in the process. Moreover, the systematic review of the scientific evidence is ongoing and the process is being overseen by a steering committee comprising representatives from UNODC and WHO. The *Standards* contain a summary of the scientific evidence available worldwide on the prevention of drug use. As such, they would support Member States in achieving target 3.5 of the Sustainable Development Goals.

74. UNODC has developed a new family-based programme for the prevention of drug use and other unhealthy behaviours. It builds on the Office's successful experience in piloting evidence-based programmes in more than 20 countries in order to strengthen protective factors in more than 20,000 families. One barrier that was identified to the large-scale implementation of such an effective and cost-effective prevention strategy was the lack of a programme in the public domain that was specifically geared to the needs of low-resource settings in low- and middle-income countries. In that connection, UNODC is developing a three-tiered programme, including a trauma-informed element and a family skills training programme. Those tools would support Member States in implementing target 3.5 of the Sustainable Development Goals. In addition, family-based programmes have been found to be effective for both girls and boys and will, therefore, also assist Member States in the achievement of Goal 5, on gender equality. Moreover, such programmes have been found to be effective in the prevention of violence, in particular youth violence and child maltreatment, thus also directly supporting the achievement of target 16.1 of the Sustainable Development Goals, on reducing all forms of violence, and target 16.2, on ending all forms of violence against children.

75. UNODC has been working with WHO on a handbook for people with drug use disorders in contact with the criminal justice system. The handbook builds on the examples provided by Member States and experts worldwide on providing treatment and other alternatives to sanctions and imprisonment at all stages of the criminal justice process. UNODC is also summarizing available experiences and science to support clinicians in emergency settings in effectively responding to cases involving the use of new psychoactive substances. Finally, WHO and UNODC have been continuing the testing of the UNODC-WHO *International Standards for the Treatment of Drug Use Disorders* and, in that context, tools are being developed to assess the quality of both drug treatment systems and services. Those quality assurance tools have been piloted and are available to be adapted at national level globally. It is hoped that they will be used as tools for the improvement of systems and services, as well as the basis for national accreditation systems.

76. Two other initiatives on improving the treatment of drug use disorders were launched in 2017. The first is aimed at people suffering from stimulant use disorders, in view of the fact that twice as many people use stimulants than opioids and only limited psychosocial options exist for treatment. The second is for the treatment of somatic and mental co-occurring disorders beyond HIV/AIDS and hepatitis C and will address a great range of additional physical disorders and mental health disorders

through care systems built around the central concept of “no wrong door for treatment”. All the tools on treatment, care and rehabilitation for drug use disorders support the implementation of target 3.5 and Goal 5.

## **V. Conclusions and recommendations**

77. 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.

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

79. The evidence base for policies and programmes at the national, regional and international levels needs reliable and valid data on the situation and responses. Therefore, it is suggested that Member States take into consideration the existing gaps in the availability and quality of data on indicators for drug use and responses. That requires strategies to strengthen the capacity of countries to collect, analyse and disseminate information related to drug use, its consequences and responses to address the drug problem, including advocating and supporting the development of drug monitoring systems, generating estimates of drug use indicators in countries where large gaps remain, developing cost-effective methods for estimating the extent of drug use and building the capacity of experts in priority countries or regions.

80. Member States could utilize tools developed by UNODC, together with WHO and in cooperation with other international organizations and civil society, to improve the coverage and quality of their drug prevention and treatment services.

81. The timely submission of completed annual report questionnaires and the completeness of the responses to the questionnaires remain essential in the global monitoring of and reporting on the world drug problem and related responses.

---