

**Economic and Social Council**Distr.: General  
10 January 2012

Original: English

**Commission on Narcotic Drugs****Fifty-fifth session**

Vienna, 12-16 March 2012

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 summarizes the most current information available to the United Nations Office on Drugs and Crime on the illicit demand for drugs throughout the world and the promotion of rehabilitation- and reintegration-oriented strategies in response to drug use disorders and their consequences. It has been prepared pursuant to the international drug control conventions, as well as Commission on Narcotic Drugs resolutions 53/16 and 54/5. Compared with the estimates for 2008, there does not appear to have been a significant change in the prevalence and number of people using illicit drugs in 2009. Worldwide, it is estimated that between 3.4 and 6.2 per cent of people aged 15-64 years, or between 149 million and 272 million people, had used an illicit drug at least once in the preceding year. Global emerging trends are outlined in section I, which provides context with regard to drug use. Section II provides regional summaries. Section III provides an overview of efforts made by Member States to promote rehabilitation- and reintegration-oriented strategies in response to drug use disorders and their consequences. Section IV includes conclusions and recommendations.

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\* E/CN.7/2012/1.



## I. Emerging global trends

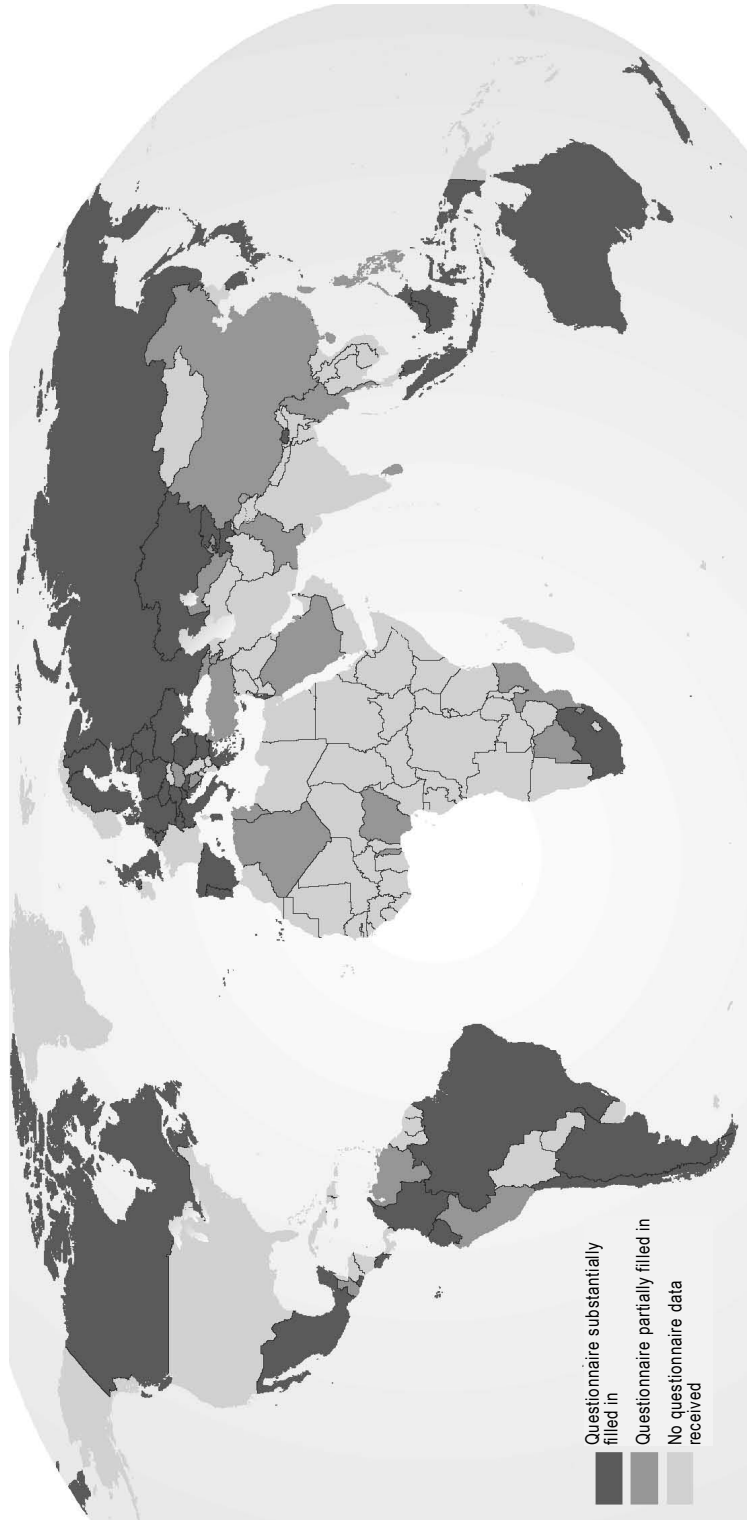
1. The present report contains a summary of the most up-to-date information available to the United Nations Office on Drugs and Crime (UNODC) on illicit demand for drugs worldwide, as reported by Member States through the annual report questionnaire and other existing sources. New trends observed in the past year include the following:

- There are stabilizing or decreasing trends in the use of traditional drugs of abuse such as heroin and cocaine. This is especially evident in Europe and North America.
- These are signs of increasing use of cocaine in Africa and Asia.
- Cannabis use is decreasing in Europe, but there is a resurgence of its use among young people in North America, Africa and Asia.
- The use of amphetamine-type stimulants is increasing, mainly in Asia and South America.
- After some years of decline, there is also a resurgence of “ecstasy” use, primarily in Europe and South America.
- The non-medical use of synthetic and prescription opioids and prescription stimulants is a growing concern, especially in North America, Europe and Oceania.
- The introduction of newer synthetic substances — the so-called “legal highs”, such as the bath salts and synthetic cannabinoids sold under the brand name “Spice”, that are manufactured using precursors that are not under international control and that mimic the effects of controlled drugs, is posing public health concerns.

2. In 2009 one injecting drug user in every five was living with HIV, while nearly half of all injecting drug users were reportedly infected with hepatitis C virus. It is estimated that between 104,000 and 263,000 deaths throughout the world could be attributed to drug use; most of the deaths that could have been prevented were fatal overdose cases and occurred among opioid users. The abuse of amphetamine-type stimulants is increasing, noticeably in Latin America and Asia, with methamphetamine abuse increasing in parts of East and South-East Asia and amphetamine abuse on the rise in the Near and Middle East. The non-medical use of synthetic and prescription opioids, benzodiazepines and prescription stimulants is a growing concern. Similarly, the introduction of newer synthetic substances manufactured using precursors not under international control poses additional public health challenges. There remains a major gap in the delivery of evidence-based treatment and care for drug dependence in most regions, with only between 12 and 30 per cent of estimated problem drug users being provided treatment in 2009. There continues to be a lack of objective and current information on most epidemiological indicators of drug use, as well as an overall low response rate to the annual report questionnaire. The non-existence of sustainable drug information systems and drug observatories continues to hinder the monitoring of current and emerging drug trends in most regions, as well as the implementation and evaluation of evidence-based responses to counter the demand for drugs.

3. The revised annual report questionnaire was endorsed by the Commission on Narcotic Drugs at its reconvened fifty-fourth session, with the aim and expectation of improving both the response rate and the quality of the information on the drug abuse situation reported by Member States. Out of the 192 Member States and 15 territories that were sent the annual report questionnaire, 82 had submitted their responses to the part of the annual report questionnaire on the extent and patterns of and trends in drug use (part three of the questionnaire) by November 2011, a response rate of nearly 40 per cent. Of these, 60 per cent of the responses submitted included substantial information; that is, they contained replies to at least half of the main questions, while more than one third of them were merely filled in with some information. There has been a lack of reporting from many parts of Africa, Asia and the Pacific, some parts of Latin America and from countries with major drug problems (see map 1). As the rate of response to the annual report questionnaire has been dwindling over the years, an attempt is being made to complement the information obtained through the questionnaire with information from other national and regional sources and scientific literature.

Map 1  
Member States that used the annual report questionnaire to provide data for 2010 on illicit demand for drugs (as at November 2011)



*Note:* The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.  
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.

## **A. Understanding the context of illicit drug use**

4. For a comprehensive understanding of the situation, it is imperative to look at the different dimensions of the phenomenon of illicit drug use. This includes understanding the extent of illicit drug use among the general population; the extent of drug use disorders, drug dependence and problem drug use; and the health consequences of drug use, as reflected in demand for treatment and information on drug-related morbidity (e.g. HIV and other blood-borne infections) and mortality among illicit drug users. An attempt has been made to provide information on these aspects in the present report.

## **B. Extent of drug use**

5. Drug use surveys conducted among the general population, as well as among youth, provide an objective assessment of the extent and nature of drug use in a particular country. Given the scope of the surveys, all but three countries<sup>1</sup> that conduct population-based surveys on drug use repeat them only once every 3-5 years. Many developing countries have never conducted a population-based survey on drug use, however, and rely mainly on the information gathered through registered drug users<sup>2</sup> or rapid assessments in an attempt to understand their drug use situation.

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<sup>1</sup> Canada, the United Kingdom of Great Britain and Northern Ireland and the United States of America.

<sup>2</sup> These may include those registered by health services or law enforcement authorities as a result of administrative or punitive measures relating to drug use.

**Estimated number of persons aged 15-64 years who illicitly used drugs in the previous year, by region and subregion, 2009**

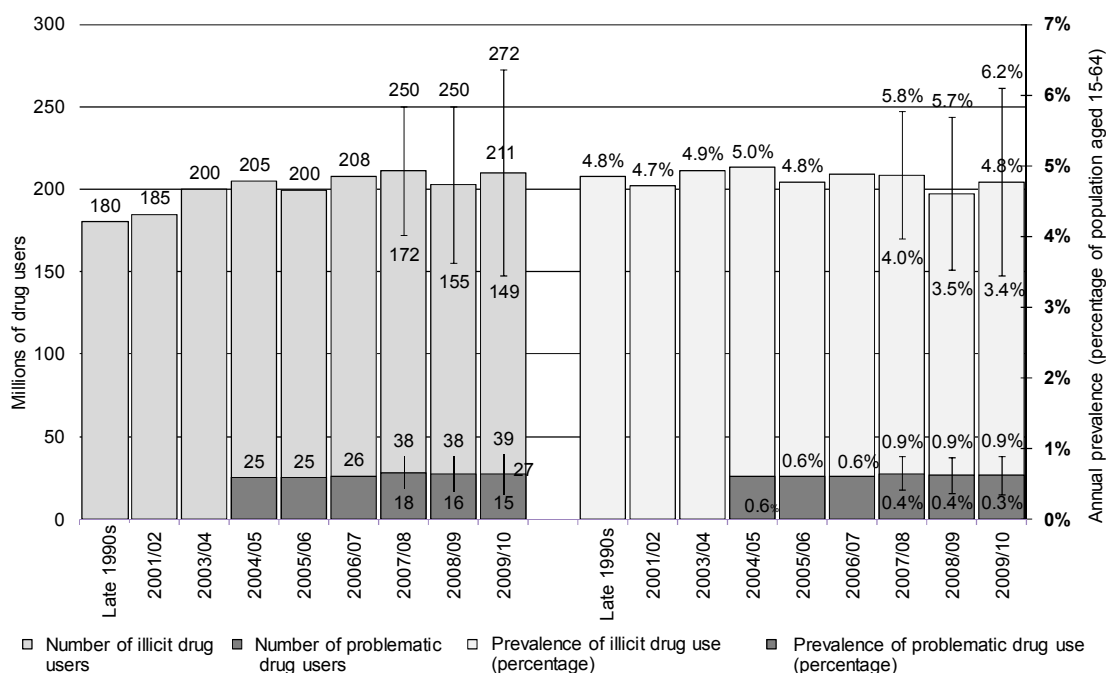
Region or subregion	Cannabis users		Opioid users		Cocaine users		Users of amphetamine-group drugs		"Ecstasy" users	
	Lower number	Upper number	Lower number	Upper number	Lower number	Upper number	Lower number	Upper number	Lower number	Upper number
<b>Africa</b>	<b>21 630 000</b>	<b>59 140 000</b>	<b>940 000</b>	<b>3 750 000</b>	<b>940 000</b>	<b>4 420 000</b>	<b>1 180 000</b>	<b>8 150 000</b>	<b>390 000</b>	<b>1 900 000</b>
North Africa	4 780 000	10 620 000	130 000	550 000	30 000	50 000	a	a	a	a
West and Central Africa	11 380 000	31 840 000	420 000	1 090 000	550 000	2 300 000	a	a	a	a
East Africa	2 340 000	8 870 000	150 000	1 790 000	a	a	a	a	a	a
Southern Africa	3 130 000	7 810 000	240 000	320 000	270 000	730 000	280 000	780 000	190 000	300 000
<b>Americas</b>	<b>40 950 000</b>	<b>42 860 000</b>	<b>12 960 000</b>	<b>14 590 000</b>	<b>8 280 000</b>	<b>8 650 000</b>	<b>5 170 000</b>	<b>6 210 000</b>	<b>3 770 000</b>	<b>4 020 000</b>
North America	32 520 000	32 520 000	11 950 000	13 320 000	5 690 000	5 690 000	3 460 000	3 460 000	3 210 000	3 210 000
Central America	550 000	610 000	110 000	230 000	120 000	140 000	320 000	320 000	20 000	30 000
Caribbean	440 000	2 060 000	60 000	100 000	110 000	330 000	30 000	530 000	20 000	240 000
South America	7 410 000	7 630 000	850 000	940 000	2 360 000	2 480 000	1 340 000	1 890 000	520 000	530 000
<b>Asia</b>	<b>31 340 000</b>	<b>67 970 000</b>	<b>6 760 000</b>	<b>12 520 000</b>	<b>400 000</b>	<b>2 300 000</b>	<b>4 330 000</b>	<b>38 230 000</b>	<b>2 390 000</b>	<b>17 330 000</b>
East and South-East Asia	5 440 000	24 160 000	2 870 000	5 050 000	400 000	1 070 000	3 480 000	20 870 000	1 480 000	6 920 000
South Asia	16 830 000	28 110 000	1 420 000	3 380 000	a	a	a	a	a	a
Central Asia	1 950 000	2 260 000	350 000	350 000	a	a	a	a	a	a
Near and Middle East	6 060 000	12 360 000	2 120 000	3 730 000	40 000	650 000	460 000	4 330 000	a	a
<b>Europe</b>	<b>28 730 000</b>	<b>29 250 000</b>	<b>3 270 000</b>	<b>3 730 000</b>	<b>4 300 000</b>	<b>4 750 000</b>	<b>2 540 000</b>	<b>3 180 000</b>	<b>3 680 000</b>	<b>3 920 000</b>
Western and Central Europe	22 750 000	22 860 000	1 170 000	1 400 000	3 990 000	4 090 000	2 030 000	2 120 000	2 490 000	2 560 000
Eastern and South-Eastern Europe	5 980 000	6 380 000	2 100 000	2 330 000	310 000	660 000	510 000	1 050 000	1 190 000	1 370 000
<b>Oceania</b>	<b>2 160 000</b>	<b>3 460 000</b>	<b>100 000</b>	<b>190 000</b>	<b>330 000</b>	<b>400 000</b>	<b>470 000</b>	<b>640 000</b>	<b>850 000</b>	<b>920 000</b>
<b>World total</b>	<b>124 810 000</b>	<b>202 680 000</b>	<b>24 030 000</b>	<b>34 780 000</b>	<b>14 250 000</b>	<b>20 520 000</b>	<b>13 690 000</b>	<b>56 410 000</b>	<b>11 080 000</b>	<b>28 090 000</b>

Source: *World Drug Report 2011* (United Nations publication, Sales No. E.11.XI.10).

a Estimate cannot be calculated.

6. In 2009, between 3.4 and 6.2 per cent of people aged 15-64 years, corresponding to between 149 million and 272 million people, were estimated to have used an illicit drug at least once during the prior year. These estimates have not changed significantly from previous years. The range of drug users includes experimental or occasional drug users, as well as a smaller yet significant number of dependent or problem drug users.

Figure I

**Annual prevalence of illicit drug use, from the late 1990s to 2009/10**

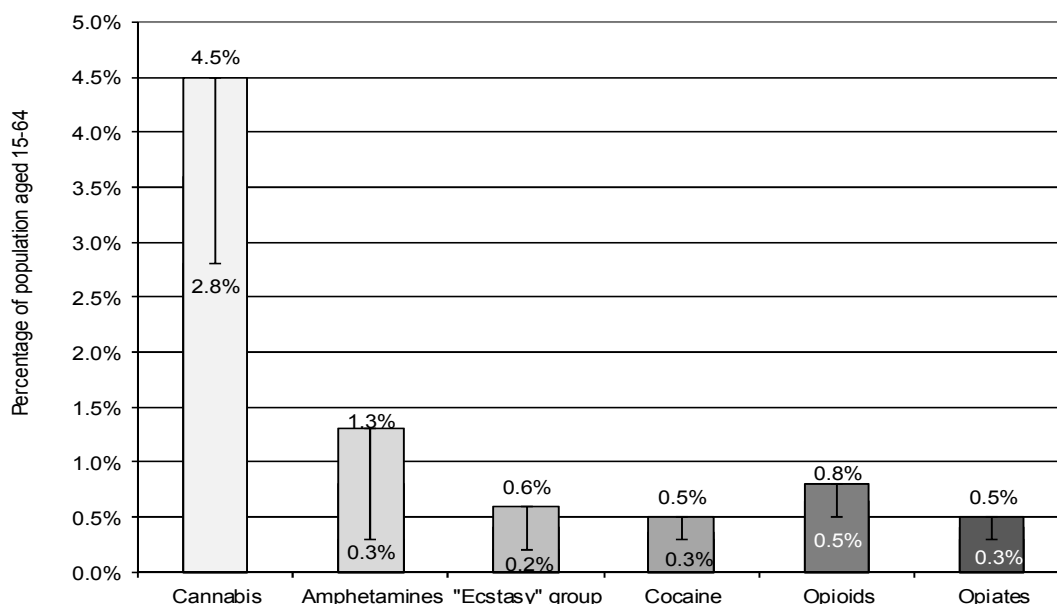
Source: *World Drug Report 2011* (United Nations publication, Sales No. E.11.XI.10).

7. Cannabis remains the most widely used controlled substance in the world, the number of cannabis users being estimated at between 125 million and 203 million (2.8 to 4.5 per cent of the population aged 15-64). Oceania (primarily Australia and New Zealand), North America and Western and Central Europe remain the regions with the highest prevalence of cannabis use. Contrary to the previously held view of cannabis being a substance that does not cause much harm, cannabis users are increasingly being reported as seeking treatment for their drug use disorders and for associated psychiatric morbidity.

8. Amphetamine-type stimulants are the second most widely used drugs worldwide, outstripping heroin or cocaine. In 2009, there were between 13.7 million and 56.4 million past-year users (0.3-1.3 per cent of the population aged 15-64 years) of amphetamine-group substances and between 11 million and 28 million users (0.2-0.6 per cent) of "ecstasy"-group substances. The type of amphetamine-group substance used in different regions varies considerably. In East and South-East Asia and Oceania, methamphetamine is the primary substance used. Tablets containing amphetamine and sold as Captagon are used throughout the Near and Middle East. In Europe, users of amphetamine-group substances primarily consume amphetamine

(although there are signs that methamphetamine may be replacing amphetamine in some parts of Europe), whereas stimulant users in North America typically use methamphetamine and prescription stimulants. In Africa, use of amphetamine-group substances may comprise mainly the use of prescription stimulants.

Figure II  
Annual prevalence of drug use globally



Source: *World Drug Report 2011* (United Nations publication, Sales No. E.11.XI.10).

9. "Ecstasy"-group substances primarily include methylenedioxymethamphetamine (MDMA) and its analogues, and their use is often associated with recreational and entertainment settings such as nightclubs and raves. The prevalence of their abuse is therefore particularly high among young people in affluent societies, with the highest prevalence rate reported in Oceania, North America and Europe. In previous years, many European countries reported a declining availability of "ecstasy"; however, most recent reports indicate a possible resurgence and increasing purity of "ecstasy" available in Europe.<sup>3</sup>

10. It is estimated that worldwide there are between 24.6 million and 36.8 million opioid users who had used any of the opioids at least once in the past year (0.5-0.8 per cent of those aged 15-64 years). While heroin use has stabilized at high prevalence levels as the most commonly used opioid, the use of opioids has evolved differently in many countries. In North America, South America and Oceania (New Zealand and Australia in particular), the abuse or misuse of prescription opioids now constitutes the main problem, whereas the use of heroin is limited. In Europe, heroin is the main opioid used, with misuse of prescription opioids reported in some countries, although the extent of misuse of prescription opioids in Europe

<sup>3</sup> *Amphetamines and Ecstasy: 2011 Global Amphetamine-type Stimulants Assessment* (United Nations publication, Sales No. E.11.XI.13).



needs to be further investigated. In Eastern Europe and to some extent in South-Eastern Europe, in addition to the use of heroin, the use of locally made preparations such as *kompot*,<sup>4</sup> *cherniashka*<sup>5</sup> or *krokodil*<sup>6</sup> is also common. In the countries with a tradition of opium poppy cultivation and in some of their neighbouring countries, in particular Afghanistan, Iran (Islamic Republic of), the Lao People's Democratic Republic and Myanmar, the common practice is to use opium rather than heroin. Heroin is the main opioid used in Africa and Asia, but there are also reports indicating the misuse of prescription opioids being a common practice. Opioids remain by far the drug type that has caused the most harm in terms of increasing treatment demand and HIV and other infections, as well as a major cause of overdose and death among drug abusers.

11. In 2009, it was estimated that between 14.3 million and 20.5 million adults (people aged 15-64 years) were reported to have used cocaine at least once in the previous year, corresponding to 0.3-0.5 per cent of the world's adult population. Most indicators (e.g. treatment demand, emergency room visits and overdose cases) suggest that cocaine is the second most problematic drug worldwide. Although the prevalence of cocaine use remains high, there are stable trends in most parts of the established cocaine markets in Central America, South America and Europe, and decreasing trends in North America. On the other hand, the situation is different in parts of Asia, the Middle East and West Africa: the increasing seizures of cocaine being reported in those areas indicate that cocaine use may surge in places where its use has remained low or uncommon.

12. Although global figures on the non-medical use of prescription drugs other than opioids and amphetamines are not available, the use of such drugs, including tranquillizers and sedatives, is reportedly a growing health problem, with prevalence rates for such drugs higher than the rates for many of the controlled drugs in some countries. Non-medical use of prescription drugs is reported to be common among young adults, women, elderly patients and health-care professionals. Another major concern is that the growing number of polydrug users among illicit drug users either use prescription drugs in combination with their illicit drug of choice to enhance the effects or substitute their illicit drug of choice with prescription drugs in cases of temporary disruption of its supply.

13. "Legal highs", or synthetic substances that are chemically engineered to remain outside international controls, are also increasingly being identified and used in Europe and other parts of the world. The most notable of these substances include the methcathinone analogue 4-methyl-methcathinone (also known as "mephedrone") and methylenedioxypyrovalerone (MDPV), which are often sold as "bath salts" or "plant food" and act as substitutes for controlled stimulant drugs such as cocaine or "ecstasy". Similarly, piperazine derivatives such as *N*-benzylpiperazine (BZP) and 1-(3-trifluoromethylphenyl)piperazine (TFMPP) are also sold as substitutes for "ecstasy". Several synthetic cannabinoids (sold under brand names such as Spice) that emulate the effect of cannabis but contain products that are not under international control, have also been detected since 2008 in herbal smoking blends.<sup>7</sup> Other synthetic substances that are not under international control and that are being

<sup>4</sup> A crude preparation made from poppy straw and injected.

<sup>5</sup> Produced by mixing locally grown poppy with acetic anhydride.

<sup>6</sup> Made from codeine, iodine and red phosphorus.

<sup>7</sup> *World Drug Report 2011* (United Nations publication, Sales No. E.11.XI.10).

used to mimic effects of controlled drugs or as substitutes have also been reported, mainly in Europe and North America but also in other regions. These substances include indanes, benzodifuranyls, narcotic analgesics (such as codeine for conversion into *krokodil*, or desomorphine, in the Russian Federation), synthetic cocaine derivatives, ketamine (a substance commonly found in South-East Asia) and phencyclidine derivatives.<sup>8</sup>

### C. Consequences of drug use

#### *Problem drug use*

14. The extent of problem drug use, such as injecting drug use, and estimates of the number of drug-dependent persons or regular drug users are important indicators to determine the costs and consequences of drug use. In 2009, it is estimated that between 15 million and 39 million people, or 0.3 to 0.9 per cent of the adult population aged 15-64, were problem drug users. A high proportion of them were opioid and/or cocaine users. Furthermore, it is estimated that 16 million people worldwide (the range is from 11 million to 21 million) inject drugs.<sup>9</sup> It is estimated that more than a quarter of injecting drug users are in Western and Eastern Europe and South, East and South-East Asia. The main substances reported to be injected are opioids, especially heroin; amphetamine-type stimulants such as methamphetamine; and “crack” cocaine.

#### *Treatment demand*

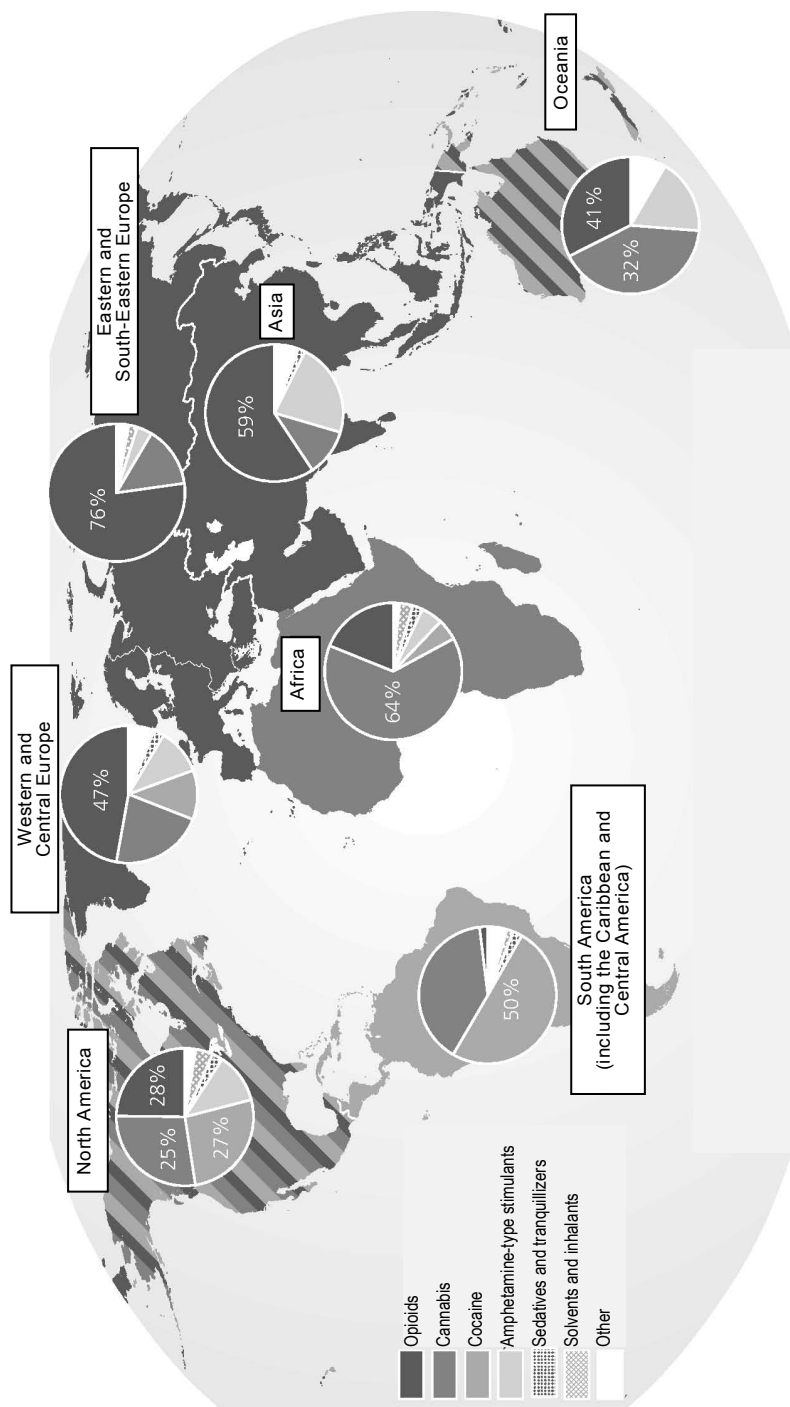
15. Treatment demand is another indicator of problem drug use that also indicates the type of substances causing particular problems in a country or region. Notwithstanding the extent of coverage and availability of services providing treatment and care for drug dependence, as many as 4.7 million people worldwide were provided treatment for drug use disorders in 2009. This constitutes between 12 and 30 per cent of the estimated problem drug users in the world, indicating a major gap in service delivery and an unmet need for treatment and care among drug users. In most regions, the main problematic drugs can be identified. In Europe and Asia, opioids remain the main problematic drugs (see map 2). In some Asian countries, amphetamine-type stimulants, such as methamphetamine in South-East Asia and tablets containing amphetamine and sold as Captagon in the Middle East, are the predominant problematic drugs reported in treatment settings. Demand for treatment for dependence on amphetamine-type stimulants is also noticeable in Oceania (particularly Australia and New Zealand), North America and Western and Central Europe. In South America, cocaine is the primary drug in the largest number (50 per cent) of cases reported for treatment. In Africa, treatment demand for cannabis-related disorders is reported at an even higher rate (60 per cent of all treatment provided in 2009), as is the case in Oceania, North America and South America.

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<sup>8</sup> *The State of the Drugs Problem in Europe: Annual Report 2011* (European Monitoring Centre for Drugs and Drug Addiction, November 2011).

<sup>9</sup> Reference Group to the United Nations on HIV and Injecting Drug Use (2008 estimates).

Map 2  
Main problematic drugs as reflected in treatment demand by region



Notes: Percentages are unweighted means of treatment demand from reporting countries. Number of countries reporting data: Africa (26); North America (3); South America, including the Caribbean and Central America (26); Asia (42); Eastern and South-Eastern Europe (11); Western and Central Europe (33); Oceania (3). Data generally account for primary drug use. Polydrug use may increase totals beyond 100 per cent. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: *World Drug Report 2011* (United Nations publication, Sales No. E.11.XI.10).

*HIV and other infections*

16. Risky injecting and sexual behaviour among drug users become major public health concerns owing to the high risk of infection with HIV and hepatitis B and C viruses. This is particularly the case among marginalized and the most at risk populations. In 2010 an estimated 34 million people were living with HIV worldwide; among the estimated 16 million people who inject drugs, around 3 million, or approximately one fifth, were living with HIV. With the exception of sub-Saharan Africa, injecting drug use accounted for about a third of all new HIV infections reported for 2010.<sup>10</sup> While use of contaminated needles and syringes among injecting drug users has been the major cause of HIV infections, several studies have indicated that the use of cocaine, “crack” cocaine and amphetamine-type stimulants by non-injection routes of administration is also associated with increased risks of HIV infection, in particular through unprotected sex.<sup>11</sup>

17. The prevalence of hepatitis C virus infection among injecting drug users worldwide is also quite high, with half of estimated injecting drug users reported to be infected with the virus. Of the 51 countries that reported the prevalence of hepatitis C infection in 2009, 13 reported rates of over 70 per cent among injecting drug users. Similarly, 22 per cent of injecting drug users were estimated to be infected with hepatitis B virus. This translates into an estimated 3.5 million injecting drug users infected with hepatitis B.

*Drug-related mortality*

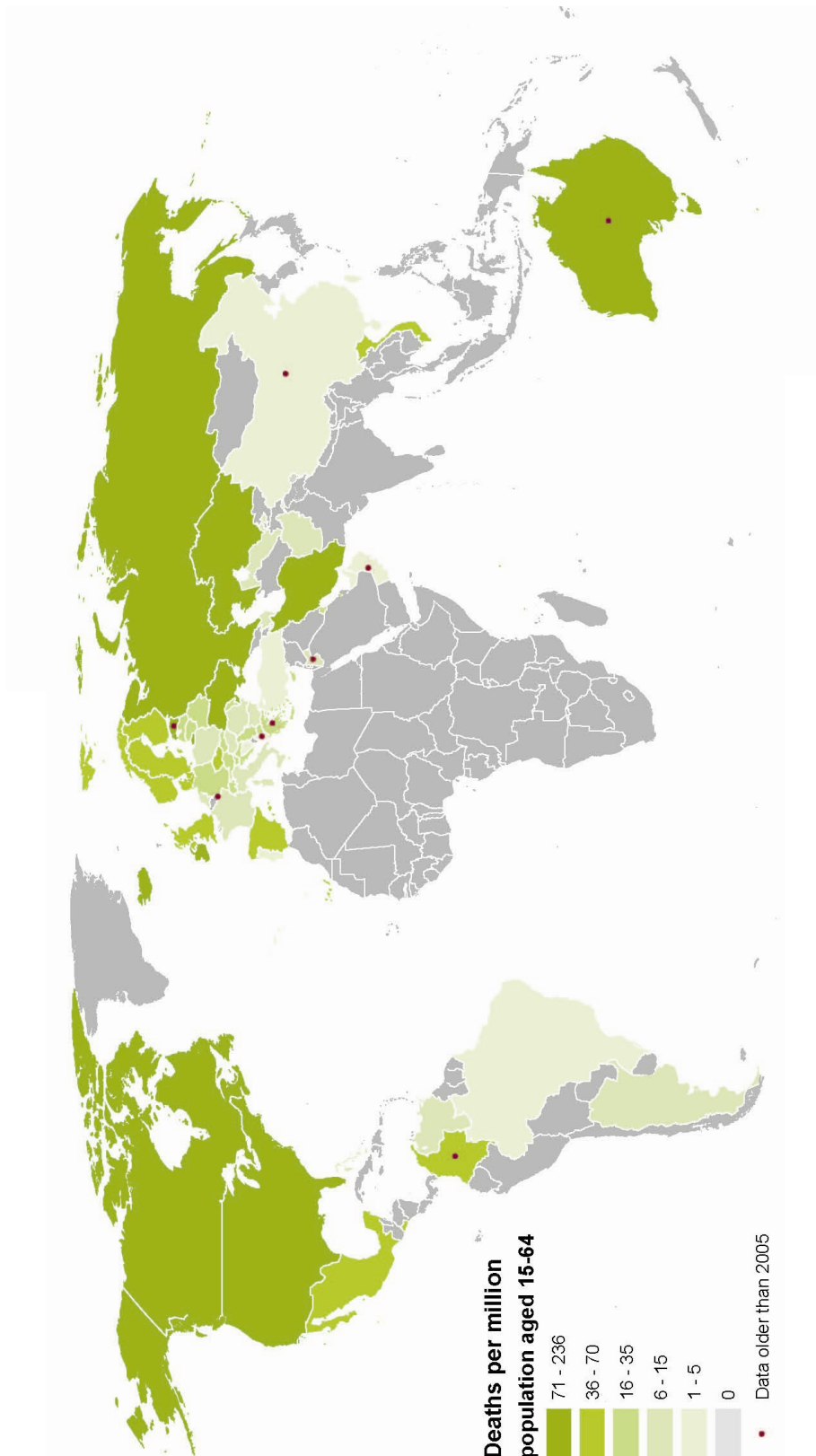
18. Deaths related to or associated with illicit drug use may include fatal overdoses, suicides, accidents while under the influence of drugs, deaths among injecting drug users from infections such as HIV or AIDS and deaths resulting from medical conditions associated with long-term drug use. According to data compiled by UNODC, there were between 104,000 and 263,000 drug-related deaths in 2009, or between 23.1 and 58.7 deaths per million population aged 15-64, that were attributed to drug use. Nearly half of the reported deaths were attributed to fatal overdoses. In Africa, Asia, Europe and Oceania, opioids are ranked as the main drug type associated with drug-related deaths, while in the Americas it is cocaine. Inconsistencies in recording drug-related deaths, as well as the underreporting of such deaths in many regions, pose challenges to estimating their true extent.

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<sup>10</sup> Joint United Nations Programme on HIV/AIDS (UNAIDS), *World AIDS Day Report 2011* (Geneva, 2011).

<sup>11</sup> G. Colfax and others, “Amphetamine-group substances and HIV”, *The Lancet*, vol. 376, No. 9739 (7 August 2010).

Map 3  
**Drug-related deaths, 2009**



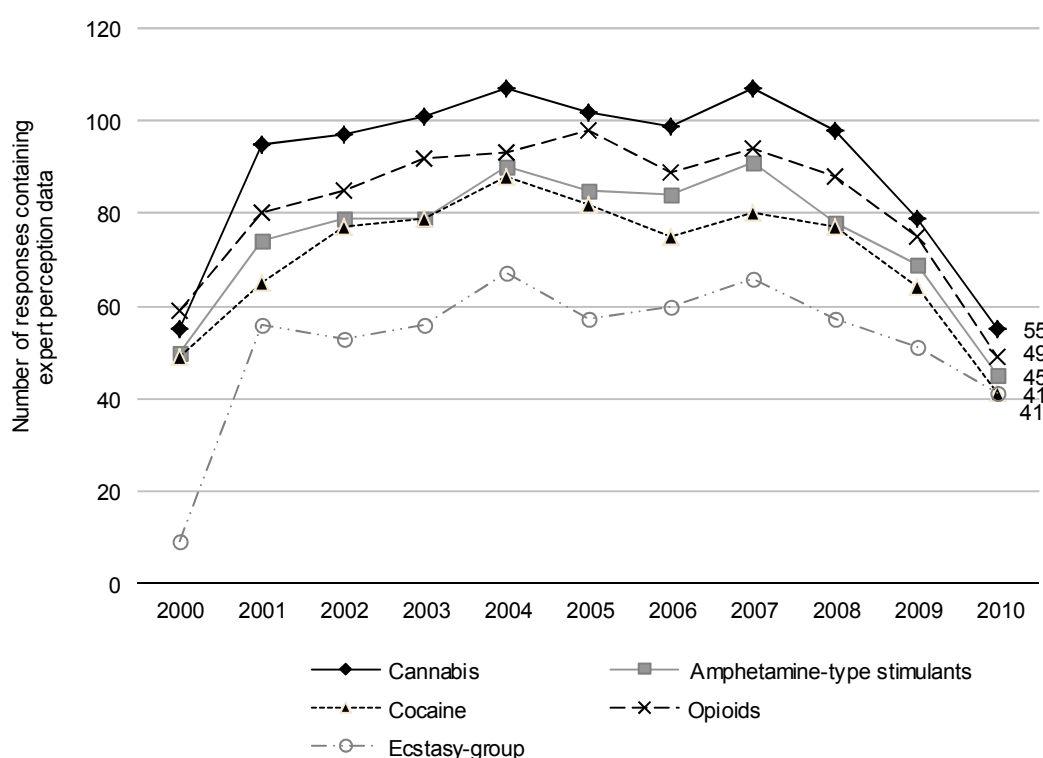
*Note:* The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

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.

### D. Perception of drug use

19. Along with the statistics on drug use and harm, expert perceptions of changes in drug use can provide useful qualitative information on regional and global trends. Since such perceptions might not always rely on objective data, they should be interpreted with caution. In 2010, out of the 82 Member States and territories that responded to the annual report questionnaire, nearly half reported expert perceptions of drug use trends. As can be seen in figure III, there has been a consistent decline since 2007 in the number of Member States submitting the annual report questionnaire and in the number providing expert perceptions of drug use trends.

Figure III  
**Number of Member States providing expert perception data, by drug group, 2000-2010**



Source: United Nations Office on Drugs and Crime, annual report questionnaire.

20. Overall, there are generally stable trends reported in the use of cocaine and opioids globally, while a higher proportion of countries perceive the use of cannabis and amphetamine-type stimulants to be increasing. This is especially the case in Africa for cannabis, in Asia for cannabis and amphetamine-type stimulants and in Latin America for amphetamine-type stimulants and opioids.

Figure IV  
**Number of countries reporting a perceived increase, decrease or stability in cocaine use, 2000-2010**  
 (As at 14 December)

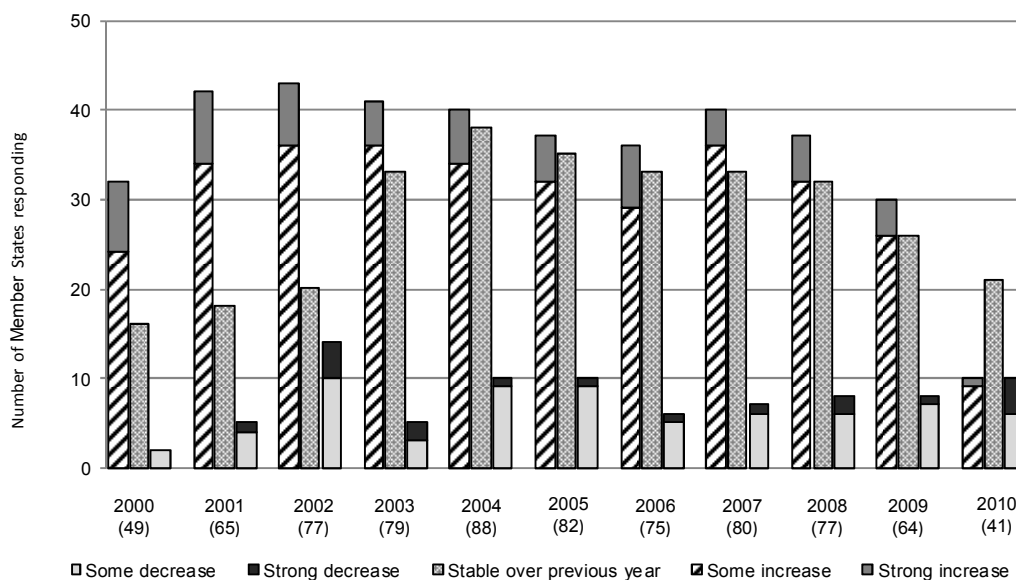


Figure V  
**Number of countries reporting a perceived increase, decrease or stability in opioid use, 2000-2010**  
 (As at 14 December)

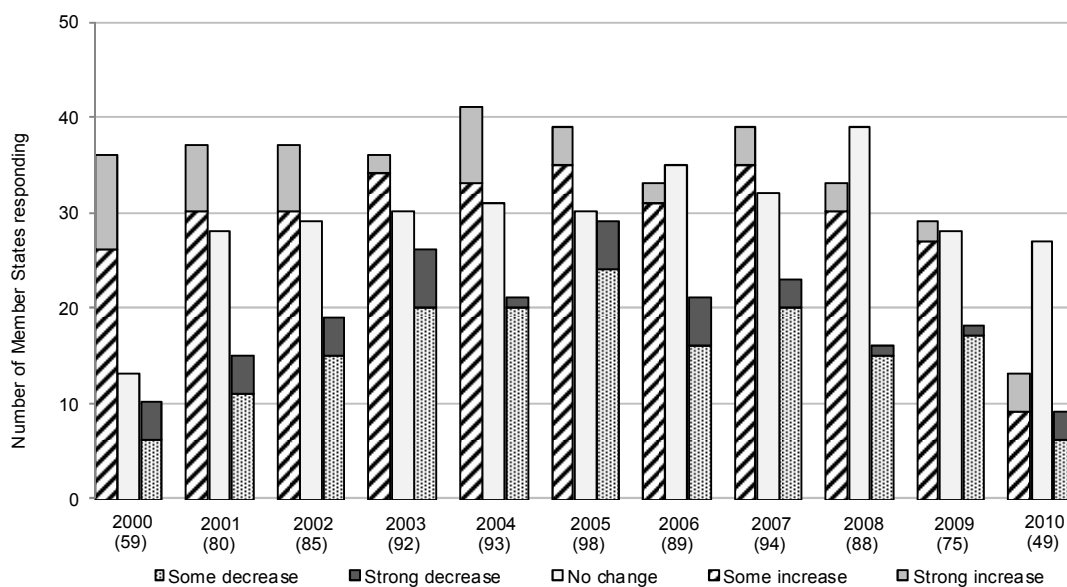


Figure VI  
**Number of countries reporting a perceived increase, decrease or stability in the use of amphetamine-type stimulants, 2000-2010**  
 (As at 14 December)

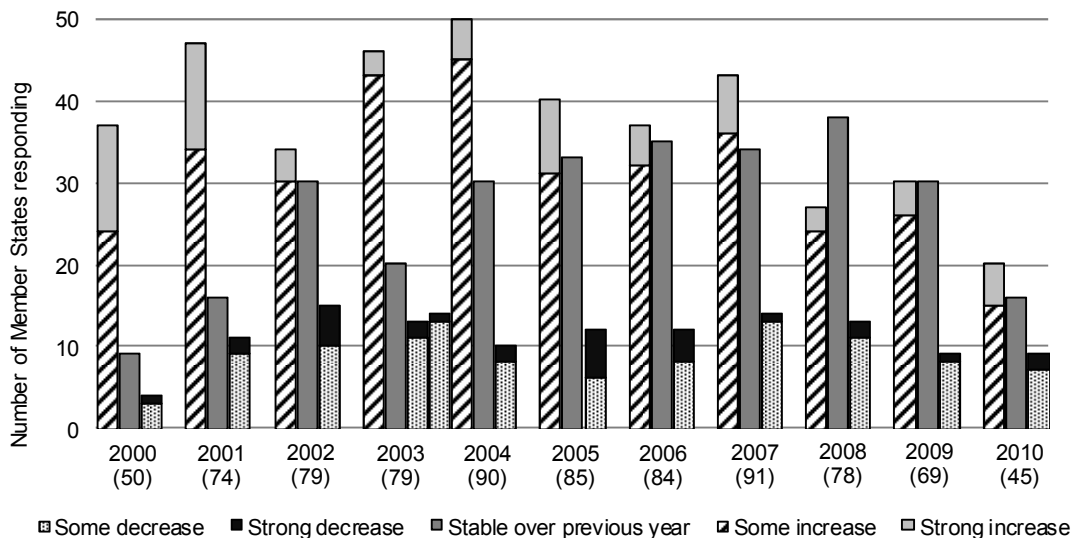
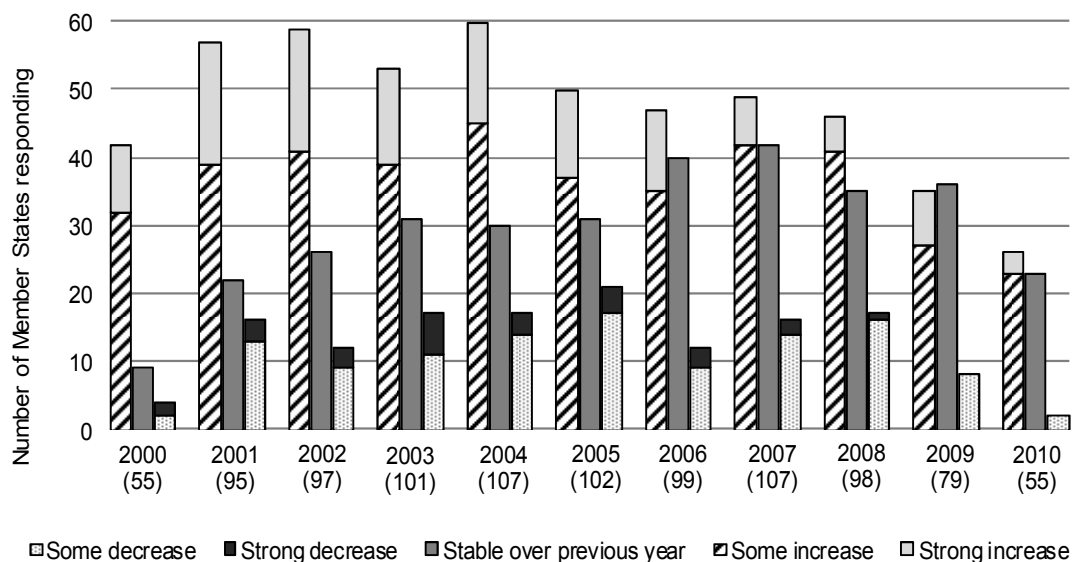


Figure VII  
**Number of countries reporting a perceived increase, decrease or stability in cannabis use, 2000-2010**  
 (As at 14 December)





## II. Regional summaries

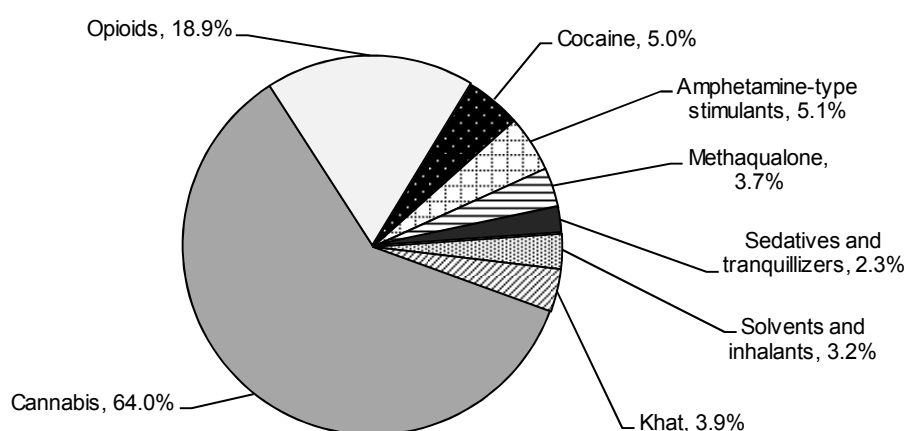
### A. Africa

21. For 2010 most of the Member States in Africa reported an increasing trend in the use of cannabis and opioids and stable trends for cocaine and amphetamine-type stimulants. Nigeria is among those countries that reported a gradual increase in the number of heroin users compared with previous years.<sup>12</sup>

22. Cannabis is the most commonly used controlled substance in Africa, which is also reflected in treatment demand; 64 per cent of all treatment provided is reportedly for disorders related to cannabis use.

Figure VIII

#### Distribution of primary drug of abuse among people entering treatment in 2009



Source: *World Drug Report 2011*.

Note: Owing to variations in reporting methods, figures do not add up to 100.

23. In West Africa, it is speculated that the increasing trafficking of cocaine through the coastal countries is leading to an increase in cocaine<sup>13</sup> use, with cocaine being more frequently used than heroin. A survey conducted among secondary school students in Freetown showed that 11 per cent of the students were currently using cannabis, while 0.6 per cent were using cocaine and 0.4 per cent heroin.<sup>14</sup> Similarly, in another survey conducted among street children and youth aged 8-24 years, two thirds of the respondents were using cannabis, while 6.8 per cent were using cocaine and 5.6 per cent using heroin. The other substances of note

<sup>12</sup> Annual report questionnaire replies submitted by Nigeria for 2010.

<sup>13</sup> Given the forensic capacity in African States to properly identify substances, it is questionable as to the actual chemical composition of the substance referred to as cocaine, as well as other synthetic substances being reported from Africa.

<sup>14</sup> Campaign for Development and Solidarity (FORUT), "Summary of baseline surveys on alcohol, drugs, cigarettes and development in Freetown" (Sierra Leone, 2011). The sample for the school survey included 1,245 secondary school students.

being used were diazepam, chlorpromazine and different inhalants. The study also revealed that 3.7 per cent of the young people had been injecting drugs.<sup>15</sup>

24. Similarly, a survey of secondary school students conducted in Liberia showed that about 9 per cent of the students had used cannabis, while 0.6 per cent had used cocaine and 0.1 per cent had used heroin.<sup>16</sup>

25. Increasing use of heroin and injecting drugs is also emerging as an alarming trend, in particular in East Africa but also in other parts of Africa, such as Kenya, Libya,<sup>17</sup> Mauritius and the United Republic of Tanzania.<sup>18, 19</sup> In sub-Saharan Africa, 1.78 million (range: between 535,000 and 3,022,500) drug users are estimated to be injecting drugs. In Kenya HIV prevalence among injecting drug users is estimated to be 42.9 per cent (36.3-49.5 per cent); it is 22 per cent in Libya, 12.4 per cent in South Africa and 9.8 per cent in Mauritius.<sup>20</sup>

26. In South Africa, trends in the use of opioids and cocaine are reported as stable, while some increase for cannabis use and a decrease for the use of amphetamine-type stimulants have been reported.<sup>21</sup> According to treatment admissions, methamphetamine and methcathinone are the most commonly used amphetamine-type stimulants.

27. There are indications that the use of amphetamine-type stimulants is also spreading to other areas in Africa. Their use has been reported in countries such as Cape Verde, Egypt, Ghana, Kenya and Nigeria. The lifetime use of amphetamines and Mandrax (methaqualone) in secondary schools in Nairobi is 2.6 per cent, with 1.6 per cent of students reporting having used them within the previous six months.<sup>22</sup>

## B. Americas

28. With an estimated 8 million cocaine users in the Americas, the use of cocaine remains a significant problem in the region; however, as reported by Member States, there are decreasing trends in the use of cocaine, while there are stable trends for the use of cannabis and “ecstasy”. The use of opioids and amphetamine-type stimulants, on the other hand, is perceived to be increasing in the region.

<sup>15</sup> GOAL, “European Union substance use harm reduction programme: summary of results from main survey” (Sierra Leone, 2011).

<sup>16</sup> Benjamin Harris and others, “Substance use behaviours of secondary school students in post-conflict Liberia: a pilot study”, *International Journal of Culture and Mental Health*, 2011.

<sup>17</sup> Since 16 September 2011, “Libya” has replaced “Libyan Arab Jamahiriya” as the short name used in the United Nations.

<sup>18</sup> Chris Beyrer and others, “Time to act: a call for comprehensive responses to HIV in people who use drugs”, *The Lancet*, vol. 376, No. 9740 (14 August 2010).

<sup>19</sup> Reference Group to the United Nations on HIV and Injecting Drug Use (2011 estimates).

<sup>20</sup> Ibid.

<sup>21</sup> Annual report questionnaire replies submitted by South Africa for 2010.

<sup>22</sup> Peter Koome and National Campaign against Drug Abuse Authority (NACADA) of Kenya, paper on the role of school environment in alcohol and drug abuse among students: evidence from public secondary school students in Nairobi (see NACADA, “Promotion of evidence-based campaign-national alcohol and drug abuse research workshop 2011 report, annex 3).

## 1. North America

29. The non-medical use of prescription drugs remains a major problem in the United States, where they are reported as the second most commonly used type of drug after cannabis. The estimated prevalence of current cannabis use among persons age 12 or older in 2010 (6.9 per cent) is reported to be similar to the figure in 2009 (6.6 per cent) but higher than in 2008. The estimates of current non-medical users of prescription drugs, including opioids and stimulants, as well as of users of methamphetamine and “ecstasy”, also remained stable in 2010. “Ecstasy” use in 2009 was reported to be increasing, however. While the estimated total number of cocaine users has remained stable since 2009, they decreased from 0.7 per cent of those age 12 or older in 2008 to 0.6 per cent in 2010.<sup>23</sup>

30. In Canada, the trends for most drugs were reported as stable, while there was a further decline reported in past-year “ecstasy” use (from 0.9 per cent in 2009 to 0.7 per cent in 2010).<sup>24</sup> *Salvia divinorum*,<sup>25</sup> a plant containing a psychoactive substance not under national control, has become a cause for concern. In 2010, an estimated 1.6 per cent of Canadians aged 15 years and older and 6.6 per cent of 15-24-year-olds reported lifetime use of *salvia*.<sup>26</sup>

31. For Mexico, the use of cannabis, opioids, cocaine and amphetamine-type stimulants is reported as declining, while stable trends have been reported for tranquillizers, hallucinogens and inhalants.

32. In North America as a whole, the treatment demand for cannabis use, opioids and cocaine remains at levels comparable to previous years. High levels of drug-related deaths were reported: 182.4 per million population for the United States, and 93.34 per million population for Canada. In the United States, prescription opioids are the main drug type reported in drug-related deaths.

33. In Canada and the United States, between 1.6 million and 3.1 million drug users are estimated to be injecting drugs, and between 127,000 and 709,000 injecting drug users are estimated to be living with HIV.

## 2. Latin America and the Caribbean

34. In most of the countries in South America, cocaine use is perceived to be decreasing, while the use of opioids and amphetamine-type stimulants is perceived to be increasing, especially in Ecuador, El Salvador and Guatemala. Concern over rising levels of use of synthetic drugs such as “ecstasy” among South American youth continues to grow, and the use of pharmaceutical preparations containing stimulant substances is widespread in the region.<sup>27</sup> Several countries, including

<sup>23</sup> United States of America, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, “Results from the 2010 national survey on drug use and health: summary of national findings” (September 2011).

<sup>24</sup> Annual report questionnaire replies submitted by Canada for 2009 and 2010; and Health Canada, “Canadian alcohol and drug use monitoring survey, summary of results for 2010”.

<sup>25</sup> The primary active ingredient of *Salvia divinorum* is the terpenoid salvinorin A, originally called divinorin A. It has been described as the “most potent naturally-occurring psychedelic ever discovered”, being active in doses as small as 100-200 micrograms.

<sup>26</sup> Health Canada, “Canadian alcohol and drug use monitoring survey, summary of results for 2010”.

<sup>27</sup> *Amphetamines and Ecstasy* (see footnote 3).

Argentina, Brazil, El Salvador, Peru and Uruguay, have also reported the use of ketamine.

35. By contrast, experts in Brazil report the use of cannabis, tranquillizers and amphetamine-type stimulants to be decreasing, with an increase in the use of cocaine, especially in the smoking of crack and pasta base.<sup>28</sup> Also, a study released by the National Anti-Drug Secretariat (SENAD) of Brazil in 2010 found a decrease in the use of amphetamine-group substances among students, from 3.2 per cent in 2004 to 1.6 per cent in 2010.<sup>29</sup>

36. Cocaine, which accounts for 47.9 per cent of treatment demand, remains the primary substance of abuse among those treated in Latin America and the Caribbean, followed by cannabis (38.7 per cent). There is little reporting of amphetamine-type stimulants in treatment demand in the region.

37. The region experienced relatively few drug-related deaths (2,965 deaths, or 2 per cent of the global total), with a mortality rate (10 deaths per million population aged 15-64) well below the global average. The region is unique, however, in that countries consistently rank cocaine first and cannabis second as the primary cause of drug-related deaths.

## C. Asia

38. The drug problem in Asia's different subregions continues to be quite distinct from other regions, opioids being the primary drug of concern in South-West and Central Asia, methamphetamine and opioids in East and South-East Asia and amphetamine in the Near and Middle East. Overall, most countries in Asia consider the use of cannabis and amphetamine-type stimulants to be increasing, while the use of opioids and "ecstasy" is perceived to be stable. A similar situation has been observed with respect to treatment demand, with a steady increase in treatment for use of amphetamine-type stimulants, especially in East and South-East Asia, as compared with opioid use.

### 1. East and South-East Asia

39. In East and South-East Asia, the reported use of methamphetamine, especially crystalline methamphetamine, has become quite widespread. Crystalline methamphetamine is now the most commonly used drug in Brunei Darussalam, Indonesia, Japan, the Philippines and the Republic of Korea. Treatment demand for crystalline methamphetamine has also expanded considerably. In Thailand, for instance, there has been a 250 per cent increase in the number of people treated for dependence on crystalline methamphetamine over the past year.<sup>30</sup>

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<sup>28</sup> Annual report questionnaire replies submitted by Brazil for 2010.

<sup>29</sup> United Nations Office on Drugs and Crime, Global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) Programme, "Amphetamine-type stimulants in Latin America: preliminary assessment report 2011".

<sup>30</sup> United Nations Office on Drugs and Crime, Global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) Programme, "Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Asia and the Pacific, 2011 (November 2011).

40. In China, opioids are ranked as the primary drug of concern, followed by amphetamine-type stimulants and tranquillizers. China has also reported increasing numbers of users of amphetamine-type stimulants, who accounted for 55 per cent of newly identified drug users in 2010. Ketamine use is also reported to have increased in 2010 in China; Hong Kong, China; Malaysia and Viet Nam.<sup>31</sup>

41. Injecting drug use is also an increasing concern in East and South-East Asia, with an estimated 3.9 million (range 3,043,500-4,913,000) drug users injecting mostly opioids and methamphetamine. An estimated 661,000 (range 313,333-1,251,500) injecting drug users are living with HIV. The countries in the subregion with the highest prevalence of HIV among injecting drug users are Myanmar (42.6 per cent), Indonesia (42.5 per cent), Viet Nam (33.85 per cent), Cambodia (22.8 per cent) and China (12.3 per cent).

## **2. Central and South-West Asia**

42. Opioids remain the primary drug of concern in Central and South-West Asia, with most countries reporting stabilizing or decreasing trends of opioid use. Nevertheless, many countries in the subregion, such as Georgia, Kazakhstan, Tajikistan and Uzbekistan, have reported increasing trends of cannabis use over the past year, while Georgia has also reported an increasing trend of use of amphetamine-type stimulants. With increasing reports of manufacturing and seizures of methamphetamine in some parts of Central and South-West Asia, it is speculated that the use of amphetamine-type stimulants is likely to emerge in the subregion.

43. In many countries in Central and South-West Asia, the prevalence of HIV infection among injecting drug users is high, Pakistan (21 per cent), the Islamic Republic of Iran (15 per cent), and Uzbekistan (15.6 per cent) having the highest proportion of injecting drug users living with HIV.<sup>32</sup>

## **3. South Asia**

44. Among countries in South Asia, Bhutan and Sri Lanka reported a stable trend or decrease in the use of opioids and an increase in the use of cannabis and amphetamine-type stimulants, respectively. In Bangladesh the use of amphetamine-type stimulants, especially in urban areas, has become quite widespread, with methamphetamine tablets widely available. In terms of treatment demand, opioids remain the primary drug for which the majority of drug users were treated in the subregion.

## **4. Near and Middle East**

45. Increased use of synthetic and prescription drugs has been reported in a number of countries in the Near and Middle East. For many countries in the subregion, opioids remain the primary drug reported in treatment; however, substantial demand for treatment for the use of amphetamine-type stimulants, cannabis and sedative and tranquillizers is also reported.

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<sup>31</sup> Ibid.

<sup>32</sup> Reference Group to the United Nations on HIV and Injecting Drug Use (2011).

## D. Europe

46. Cannabis remains the most commonly used controlled substance in Europe, followed by cocaine, amphetamine-type stimulants and opioids. For most parts of Europe, there are stable or declining trends reported in the use of opioids, cannabis, cocaine and amphetamine-type stimulants. Nevertheless, opioids and cocaine are the two most problematic drugs in the region. Opioids are cited as the main substances reported as the primary drug of abuse in treatment, as well as a major cause of drug-related deaths. The rapid emergence of new synthetic drugs and the increasing interplay between “legal highs” and illicit drug markets pose a major challenge in the region. An increase in new HIV infections among injecting drug users has been reported in Bulgaria, Estonia, Greece (traditionally a country with a low prevalence of HIV infection) and Lithuania. Other countries in the region with high HIV-prevalence rates include Latvia, Portugal, the Russian Federation and Ukraine. In the past few years, many European countries have reported declining availability of “ecstasy”; however, most recent reports indicate a possible resurgence and increasing purity of “ecstasy” in Europe.

### 1. Western and Central Europe

47. The recent data in Europe indicate a stabilizing or decreasing trend in cannabis use, especially among young adults (aged 15-34 years). This decline in cannabis use may in part be influenced by the declining rate of tobacco smoking among young people. Changes in lifestyle, fashion, replacement with other drugs and perceptions about cannabis use could also explain this trend.<sup>33</sup>

48. In the past decade, cocaine established itself as the most commonly used stimulant in Europe, although most of the cocaine users were in Western European countries. Recent surveys indicate some decline in the past year in the use of cocaine among young adults in high-prevalence countries: Denmark, Italy, Spain and the United Kingdom. Nevertheless, cocaine accounted for 17 per cent of treatment demand and about 1,000 drug-related deaths in the region.<sup>34</sup>

49. The latest data also show stable trends in the use of opioids. Nevertheless, opioid users account for nearly half of the treatment demand, although they represent an older cohort and fewer of them inject heroin. The majority of the 7,600 drug-related deaths in the region were attributed to opioid use. Despite heroin being the main opioid used, there are reports that synthetic opioids such as fentanyl and buprenorphine might have displaced it in some countries, notably in Estonia and Finland.

50. There remains a significant level of amphetamine use in the region. While methamphetamine use had earlier remained restricted to the Czech Republic and Slovakia, there are recent reports of its increased availability in Latvia, Norway and Sweden; in those countries, its use is thought to be replacing that of amphetamine.<sup>35</sup>

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<sup>33</sup> *The State of the Drugs Problem in Europe* (see footnote 8).

<sup>34</sup> *Ibid.*

<sup>35</sup> *Ibid.*

## 2. Eastern and South-Eastern Europe

51. In Eastern and South-Eastern Europe, many countries have reported an increasing trend in the use of cannabis and amphetamine-type stimulants, including “ecstasy”, while the use of opioids and cocaine is reported as stable. Nevertheless, opioids, mainly heroin, remain the main problematic drug in the subregion, representing 68 per cent of the treatment demand and a major cause of drug-related deaths.

52. In the past decade, Eastern Europe (and Central Asia) have experienced a rapid rise in HIV infections, which has been driven primarily by the interplay between injecting drug use and sex work.<sup>36</sup> Between 39 and 50 per cent of injecting drug users in Ukraine and more than a third of injecting drug users in the Russian Federation are estimated to be living with HIV.<sup>37, 38</sup>

53. In the Russian Federation, stable trends are reported for the use of opioids and amphetamine-type stimulants, while there has been a decrease in the use of cannabis and cocaine.<sup>39</sup> As reported by the Russian authorities, while there has been a shortage of heroin, this has reportedly been substituted by the use of desomorphine, acetylated opium and, in some regions, fentanyl.<sup>40</sup> Among the 9,263 drug-related deaths, 6,324 were reported to be among opioid users.

## E. Oceania

54. The information from Oceania primarily represents the drug situation as reported by Australia and New Zealand, since the small Pacific island States do not respond to the annual report questionnaire.

55. In Australia, an increase in cocaine and cannabis use has been reported, while the use of opioids is considered to be stable and that of amphetamine-type stimulants — methamphetamine, amphetamine and “ecstasy” — to have decreased. Cannabis remains the most prevalent drug in Australia, as well as the major illicit substance reported in treatment demand (representing 50 per cent of cases), while nearly 20 per cent of the treatment demand is for heroin and amphetamine use.<sup>41</sup> Of the 1,790 drug-related deaths in Australia, nearly 40 per cent were the result of opioids and around a quarter attributed to benzodiazepines.

56. In New Zealand, while stable trends are reported for the use of most drugs, there is some increase reported in the use of prescription opioids and stimulants and benzodiazepines. A large decrease in the use of “ecstasy” has been offset by the use

<sup>36</sup> Joint United Nations Programme on HIV/AIDS (UNAIDS), *Global Report: UNAIDS Report on the Global AIDS Epidemic 2010*.

<sup>37</sup> Ibid.

<sup>38</sup> By contrast, the Federal Drug Control Services of the Russian Federation reported a 14.4 per cent HIV prevalence among registered injecting drug users on its annual report questionnaire for 2010.

<sup>39</sup> Annual report questionnaire replies submitted by the Russian Federation for 2010.

<sup>40</sup> Ibid.

<sup>41</sup> Annual report questionnaire replies submitted by Australia for 2010.

of other substances that mimic their effects, including many piperazines, cathinone and mephedrone.<sup>42, 43</sup>

57. In the Pacific island States, there is sketchy information available on the extent of drug use; however, the use of kava (*Piper methysticum*) and cannabis is considered to be quite common and widespread. The use of amphetamine-type stimulants among secondary school students is now also reported in many Pacific island States, with high lifetime prevalence rates of methamphetamine use reported in the Marshall Islands and Palau. There is also evidence of use of methamphetamine by injection on many Pacific islands.<sup>30</sup>

### **III. Promoting rehabilitation- and reintegration-oriented strategies in response to drug use disorders and their consequences**

58. The report of the Executive Director on action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (E/CN.7/2012/14) contains an analysis of the responses of Member States with regard to drug treatment and care policies and programmes aimed at rehabilitation and reintegration.

59. In addition, UNODC undertook a number of activities in 2011, pursuant to Commission on Narcotic Drugs resolution 54/5. The Office continued to promote and support, jointly with the World Health Organization, a worldwide response to ensure evidence-based and ethical treatment policies, strategies and interventions aimed at the rehabilitation and reintegration of drug-dependent people.

60. UNODC supported the implementation of a global strategy for knowledge dissemination, contributing significantly to the transfer of skills and good practices through training on evidence-based methodologies in the field of treatment of drug dependence that are aimed at rehabilitation and reintegration, spreading good clinical practice and promoting high-quality clinical standards among services providing treatment for drug dependence in more than 25 countries. The strategy has contributed to building bridges between research evidence and treatment policies and practices that promote health and social well-being among individuals, families and communities.

61. Moreover, UNODC supported treatment interventions in 30 countries (see map 4) that were aimed at increasing the availability of treatment, rehabilitation and reintegration facilities in order to reach those in need, including the most marginalized, by promoting a client-oriented continuum of care approach that is mainstreamed into the health-care system. Interventions encouraged participation and coordination between different sectors (health, social welfare, criminal justice and law enforcement) and an appropriate balance between specialized services and primary care. They contributed to a comprehensive treatment system aimed at rehabilitation and reintegration, with services provided at a variety of levels and integrated care across different health and welfare services, outreach and clinical

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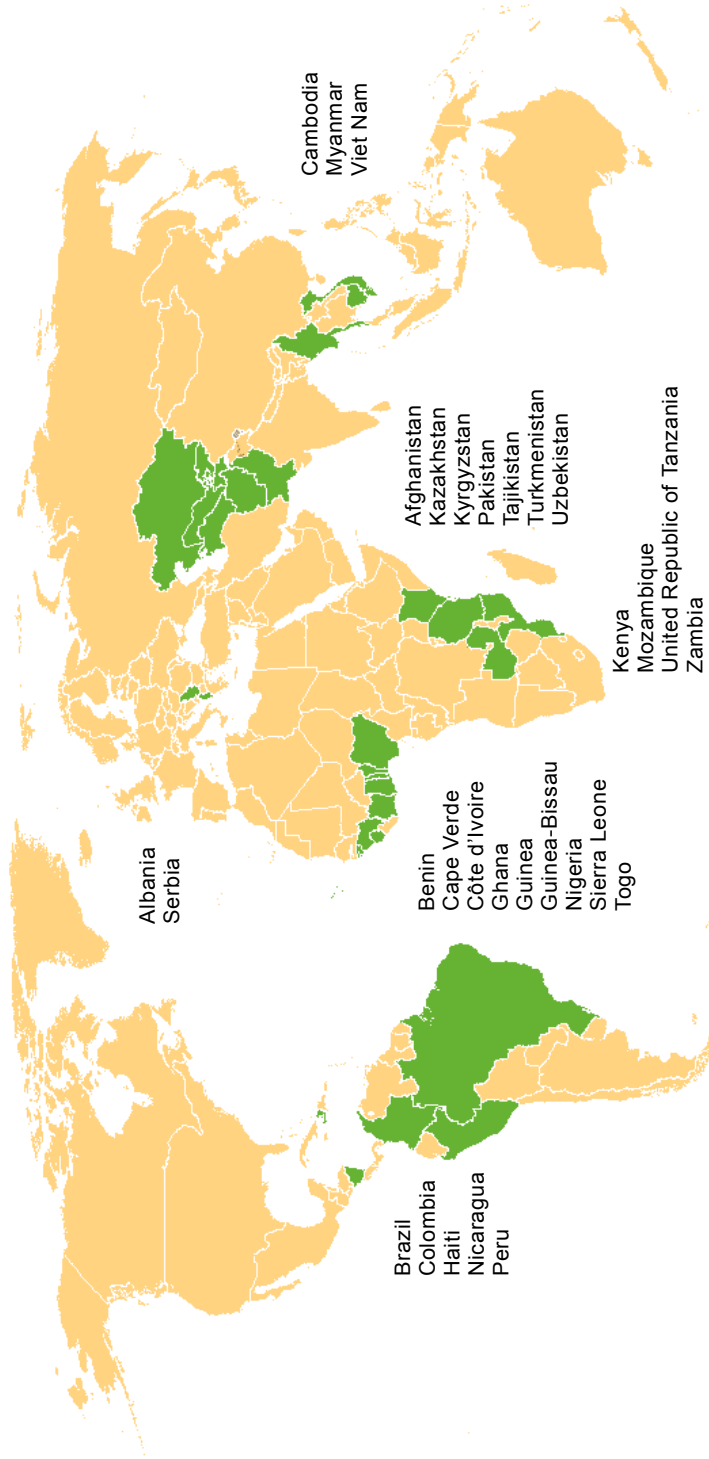
<sup>42</sup> 4-methylethcathinone, TFMP, BZP.

<sup>43</sup> Annual report questionnaire replies submitted by New Zealand for 2010.



settings, outpatient and residential facilities, and treatment and rehabilitation centres. This approach allowed services to be available, accessible and affordable, hence making it possible for drug users, families and communities to attend treatment programmes. This multidisciplinary approach will ultimately lead to rehabilitating and reintegrating persons affected by drug use and dependence into society.

Map 4  
**Countries where UNODC has promoted evidence-based treatment and care approaches**



*Note:* The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.  
 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.

62. Standards of care in treatment for drug dependence were developed to guide and assist Member States in their efforts to develop programmes and appropriate treatment services based on scientific and research-based evidence.

63. In addition, UNODC has launched a global initiative to promote a worldwide coordinated response of public institutions and non-governmental organizations to children and adolescents at risk and/or those affected by drug use, drug dependence and its health and social consequences. The initiative is aimed at preventing drug abuse, treating drug dependence and facilitating the integration of former drug abusers into society. The initiative includes a large-scale mobilization, with the involvement of civil society, academics, media and high-ranking personalities. It calls for immediate action to improve the living conditions of children worldwide, reduce the risks of developing drug use disorders and provide appropriate treatment strategies tailored to the specific needs of this age group. UNODC has developed scientifically based, specialized protocols for the treatment (both psychosocial and pharmacological) of drug use disorders among children, as well as a capacity-building component which will target clinical and educational service providers from various disciplines working at various levels and in various settings.

#### **IV. Conclusions and recommendations**

64. In recent years, there has not been a significant increase in the estimated number of illicit drug users in the world. There are stabilizing or decreasing trends in the use of traditional, or conventional, drugs of abuse, such as cocaine and heroin, which are especially evident in North America and Europe. The stabilizing trends are offset, however, by the increasing use of those drugs reported in parts of Africa and Asia. In many regions, the introduction of new synthetic substances and substitution by prescription drugs, as well as by substances not under international control, are also emerging as major challenges. Similarly, the phenomenon of polydrug use obliterates the distinction between users of different substances, both internationally controlled substances and substances not under international control. All of these trends need to be monitored and further explored.

65. Opioids continue to pose a major public health concern — in terms of the higher proportion of opioid users who are injecting opioid users and infected with HIV, and in terms of their attribution as a major cause of drug-related deaths. HIV infections and drug-related deaths are conditions that can still be prevented by the introduction of evidence-based services for HIV prevention, overdose prevention, treatment and care. Surveillance of injecting drug users, the monitoring of HIV infections among at-risk populations and the reporting of drug-related deaths need to be further improved to realistically capture the trends.

66. There remains a major gap, as well as an unmet need, in the provision of evidence-based interventions for the treatment and care of drug-dependent persons and those with drug use disorders globally. This is more marked for Asia and Africa, particularly in countries that have a high prevalence and also a high proportion of drug users that are in urgent need of these interventions. Coverage of services and treatment reporting in many developed and developing countries therefore need to be strengthened.

67. There continues to be a need to explore the various interacting factors that may have resulted in stabilizing trends in the use of certain drugs, as well as the emerging trends with respect to other drugs.

68. In order to capture and report the emergence of new synthetic substances and trends in drug use in different parts of the world, there is a need to develop guidelines for implementing early warning and reporting systems to monitor these new and emerging trends. Mechanisms also need to be identified by which information on emerging trends and drug use patterns could be shared among experts in regional and international forums.

69. Objective and current information on drug use patterns and trends is non-existent in many developing countries. Most countries lack any systematic monitoring and collection of data through the key epidemiological indicators of drug use. There is a lack of data on drug use trends in major subregions such as West and Central Africa, South Asia, South-West and Central Asia and parts of East Asia, the Caribbean and parts of Latin America and Pacific island States. There is evidence that countries that have improved their capacity to monitor their drug use situation, i.e. that have invested resources in instituting drug use monitoring systems, have also been better poised to tackle their drug problems with interventions that are informed by evidence and with the efficient use of resources. Despite the best intentions of Member States, this remains a missing link in developing and implementing evidence-informed policies for the reduction of illicit demand for drugs.

70. As a meaningful response to demand-reduction efforts, Member States need to support UNODC in assisting other Member States in increasing their capacity to monitor the drug use situation through the systematic development of national drug observatories.

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