United Nations E/CN.7/2010/2

Economic and Social Council

Distr.: General
30 December 2009

Original: English

Commission on Narcotic Drugs
Fifty-third session
Vienna, 8-12 March 2010
Item 6 of the provisional agenda*
Drug demand reduction: world situation with regard to drug abuse

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 global demand for illicit drugs. Worldwide, between 172 and 250 million persons aged 15-64 years (or 4-5.8 per cent of that age group) consumed an illicit drug in 2007, the latest year for which estimates are available. Globally, cannabis remains the most consumed illicit drug. Cannabis use, particularly among young people, is stabilizing or declining in the developed countries with more established cannabis markets, such as Western Europe, North America and parts of Oceania (Australia and New Zealand), but that trend is being offset by increasing consumption in many developing countries, particularly in Africa. Similarly, the consumption of opioids, cocaine and amphetamine-type stimulants in high-consumption countries (cocaine and methamphetamine in North America, heroin and amphetamine in Western and Central Europe and methamphetamine in Oceania, in particular) is stabilizing or decreasing. However, the use of amphetamine-type stimulants is increasing in Asia, with methamphetamine use increasing in parts of East and South-East Asia and amphetamine abuse in the Near and Middle East. Timely and objective information on drug use is not available in many countries, in particular developing countries where drug use appears to be increasing. Key information is lacking on prevalence of drug abuse among the general and youth populations, drug treatment admissions, per capita consumption and various vulnerable sectors of the populations (youth, women, injecting drug users etc.). The lack of sustainable drug information systems continues to hinder the monitoring of emerging epidemics, the implementation of evidence-based responses and the ability to assess the effectiveness of those responses.

* E/CN.7/2010/1.

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I. Introduction

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 the demand for illicit drugs worldwide, as reported by Member States through the mandated annual reports questionnaire, complemented by data from national and regional sources and scientific literature.

2. At the fifty-second session of the Commission on Narcotic Drugs, Member States recognized the need to improve the quality and quantity of data, and in the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, Member States clearly identified data as crucial for informing both the planning and evaluation of drug policy and interventions. In the Plan of Action, it is noted that Member States should revise and improve global data collection systems to provide data on the global drug situation, and that responses by Member States should be improved. A revised set of data collection tools and a mechanism for the collection, collation, analysis and reporting of data are to be presented to the Commission at its fifty-third session.

3. The key to achieving meaningful progress in making quality data available is capacity-building to improve data collection systems in regions where current reporting is poor or non-existent. Such capacity-building involves enhancing the involvement of UNODC headquarters and regional offices, as providers of technical assistance, facilitators of the distribution, completion and collection of the annual reports questionnaire and replies and enablers of regular, regional networking and the development of peer support systems. Equally important is the ongoing contribution of technical experts both within and external to UNODC. To that end, participants in an informal expert meeting hosted by UNODC to discuss the improvement of the collection, analysis and reporting of global drug data endorsed the need for a reference group on drug statistics to provide ongoing advice from the research community to UNODC on a range of challenging statistical questions.[1]

II. Global overview

A. Understanding the context of drug use data

4. Member States' replies to the annual reports questionnaire form the basis of the global drug use information system. Member States are obligated to submit their replies to the questionnaire to UNODC each year by 30 June at the latest. There has been a downward trend in the number of Member States submitting data on the drug use situation in their country through the questionnaire.

5. As at 1 November 2009, only 98 Member States had provided data for 2008 in response to the annual reports questionnaire (see map 1). Thus, the drug abuse data

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[1] Summary of the meeting and key recommendations of the UNODC expert group meeting on global drug data collection, analysis and reporting, held in Vienna on 6-8 July 2009.

contained in the present report correspond to only half the world's population.[2] Those data gaps are not evenly distributed among the regions, a situation that reflects the large differences in data collection capacity from region to region. For example, there continues to be a lack of reporting in several subregions of Africa, South Asia and parts of East Asia, parts of Latin America and the Caribbean and nearly all of the small Pacific island States.

6. In the period 1998-2008, only five of 45 reporting African States (11 per cent of African States) responded to the expert perceptions section on cannabis (the most commonly used illicit substance) in more than 75 per cent of the reporting cycles. In the Americas, only six of 34 States (18 per cent) responded to that section in 75 per cent of the reporting cycles; in Asia, 12 of 43 States (29 per cent) reported at that rate; in Europe, 22 of 45 States (49 per cent) reported at that rate; and only two States in Oceania responded to that section in more than 75 per cent of the reporting cycles. Many States that submitted responses to the annual reports questionnaire provided incomplete information.

Map 1
Member States that submitted replies to the annual reports questionnaire for 2008
(As at 1 November 2009)

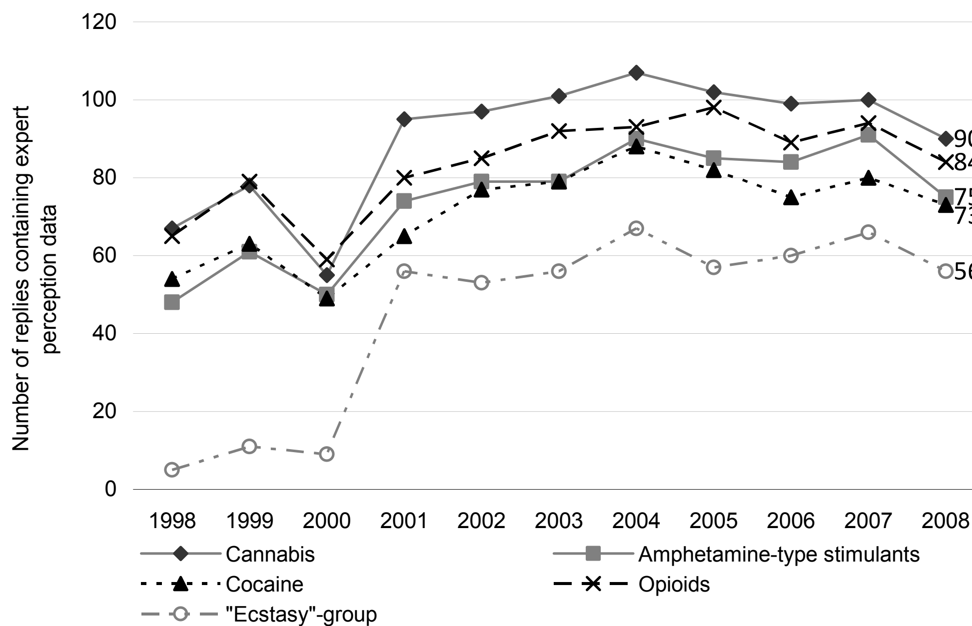
Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

[2] This excludes special administrative regions and semi-autonomous regions and territories that also submit replies to the annual reports questionnaire.

B. Perception of drug use

7. The most commonly reported and most widely available set of summary demand information is that of expert perception of drug use. Typically, fewer than half of all Member States report that information each year (see figure I). Perception of drug use may or may not rely on objective data (such as representative population surveys, which may not be available, especially in developing countries), and such information should therefore be interpreted more cautiously than information based on objective data. Nevertheless, the change in the number of countries reporting an increase or decrease in drug abuse can provide useful qualitative information on general trends extending across drug groups and regions.

Figure I
Number of Member States providing expert perception data, by drug group, 1998-2008
(As at 1 November 2009)



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

8. The perception of drug use among reporting Member States suggests trends of a slightly increasing use of all drug groups since 1998 (see figures II-IX).[3] In 2008, nearly half of reporting States (43 of 90 reporting States) identified an increase in the use of cannabis from 2007 to 2008 (see table 1), particularly among countries of Asia and Africa. Thirty-two of 84 reporting States (38 per cent) reported a perceived increase in opioid use, particularly in Asian countries. Cocaine use was thought to have increased in 34 of 73 reporting countries (47 per cent), most notably in Europe and Latin America and the Caribbean. However, significant declines were reported in North America, the world's largest cocaine market.[4] A trend of increasing use of amphetamine-type stimulants was perceived in 27 of 75 countries (36 per cent), most notably among countries in Asia. Few regions perceived increases in use of "ecstasy"-group[5] substances: 18 of 56 Member States (32 per cent) reported decreases, with a limited number of countries in Asia and Europe reporting increases. Between 11 per cent and 17 per cent of Member States, varying according to drug group, perceived that drug use had decreased from the previous year.

9. Perceived increases in drug use over the previous year may reflect growing consumption of illicit drugs among people in developing countries. For example, in 2007, the average perceived use of amphetamine-type stimulants was much higher in countries not members of the Organization of Economic Cooperation and Development (OECD) than in OECD countries.[6] Similarly, there was a difference between the perceptions of opiate use reported by developed countries and those reported by developing countries.

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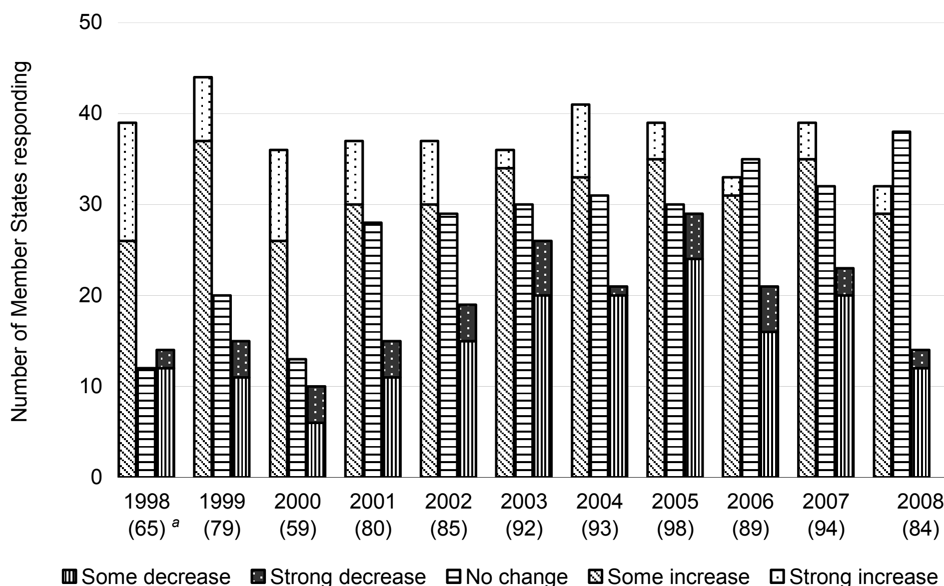
[3] Each year, Member State experts report through the annual reports questionnaire on their perception of drug use among the general population of the country. States report the trend in the use of different drug types using a five-point scale. In order to summarize the responses received from Member States, an average of the trend of perceived use is calculated using the following categories and numerical values: "strong increase": 2; "some increase": 1; "stable": 0; "some decline": -1; "strong decline": -2. If more Member States report greater increases than do decreases, the value of average perceived use rises; if more States report decreases, the value of average perceived use declines. If no data are provided or if Member States report no change ("stable"), the average remains unchanged from the previous year. Previously, a drug use index had been used in which the expert perception from individual States was weighted according to the estimated number of drug users in the country, and thus the perception of drug use in countries with large illicit drug-using populations was given greater weight than that of smaller countries. With the adoption in 2009 of prevalence ranges instead of point estimates, the weighting of Member State responses was abandoned in favour of simply reporting the totals of the unweighted responses of Member State experts. That is a significant change in method compared with the method used in reports of past sessions of the Commission on Narcotic Drugs, and therefore the statistics on expert perception contained in this report are not comparable with those of past reports.

[4] Increases in the perception of drug use by Member State experts do not necessarily translate into more drug users globally. For example, while more cocaine use was perceived in many countries in Africa, significant declines reported in one country, the United States of America, might offset those increases, since the United States has the greatest number of users.

[5] These include methylenedioxymethamphetamine (MDMA), methylenedioxyamphetamine (MDA), 3,4-methylenedioxyethylamphetamine (MDEA) and those drugs commonly sold as "ecstasy", which may or may not contain MDMA or its analogues.

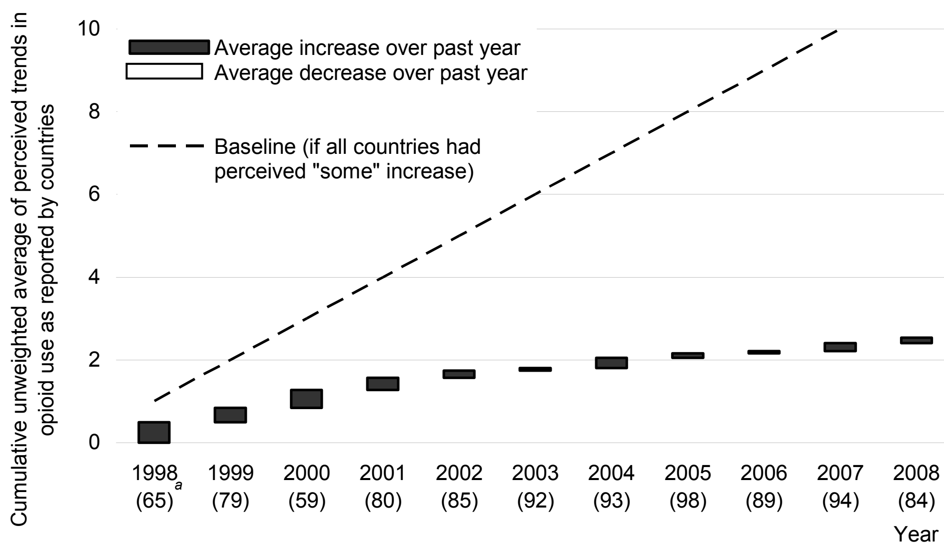
[6] *World Drug Report 2009* (United Nations publication Sales No. E.09.XI.12).

Figure II
Number of countries reporting a perceived increase, decrease or stability in past-year opioid use, 1998-2008
(As at 1 November 2009)



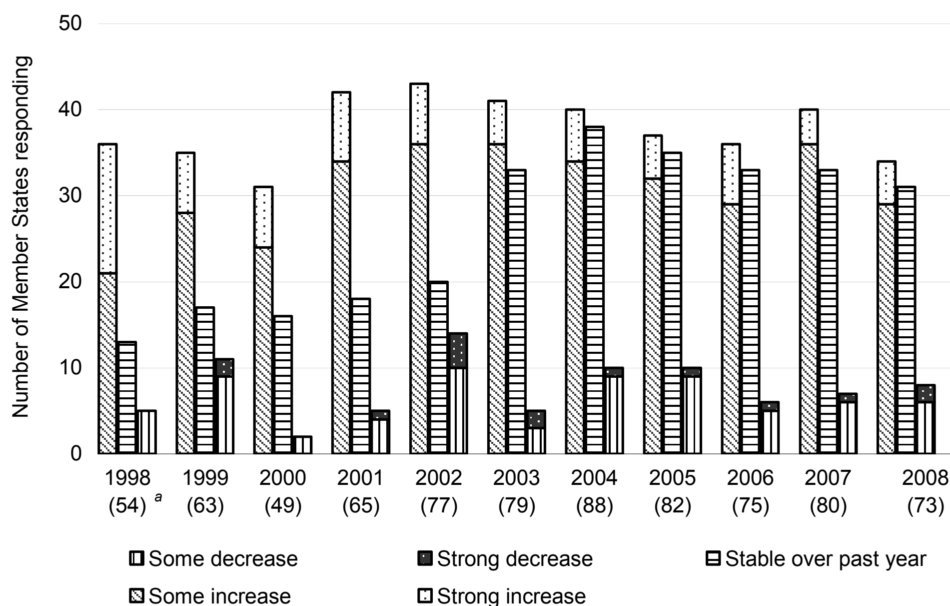
[a] Number of replies by Member States for the year is contained in parentheses.

Figure III
Cumulative unweighted average of perceived trends in opioid use as reported by countries, 1998-2008



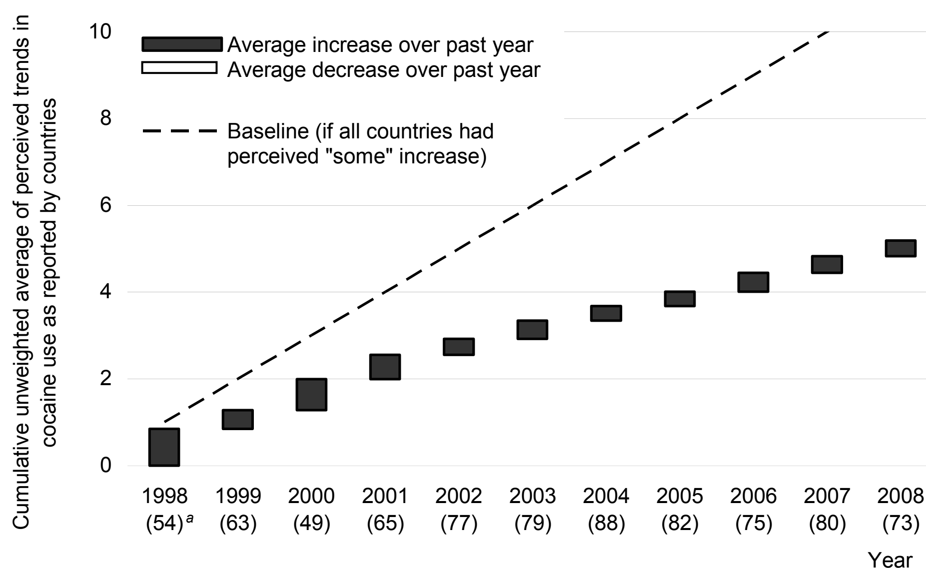
Note: For reference, the dotted line graphically represents the hypothetical situation occurring if all States had reported “some” increase in drug use (“some increase” being assigned a value of 1).
[a] Number of replies by Member States for the year is contained in parentheses.

Figure IV
Number of countries reporting a perceived increase, decrease or stability in past-year cocaine use, 1998-2008
(As at 1 November 2009)



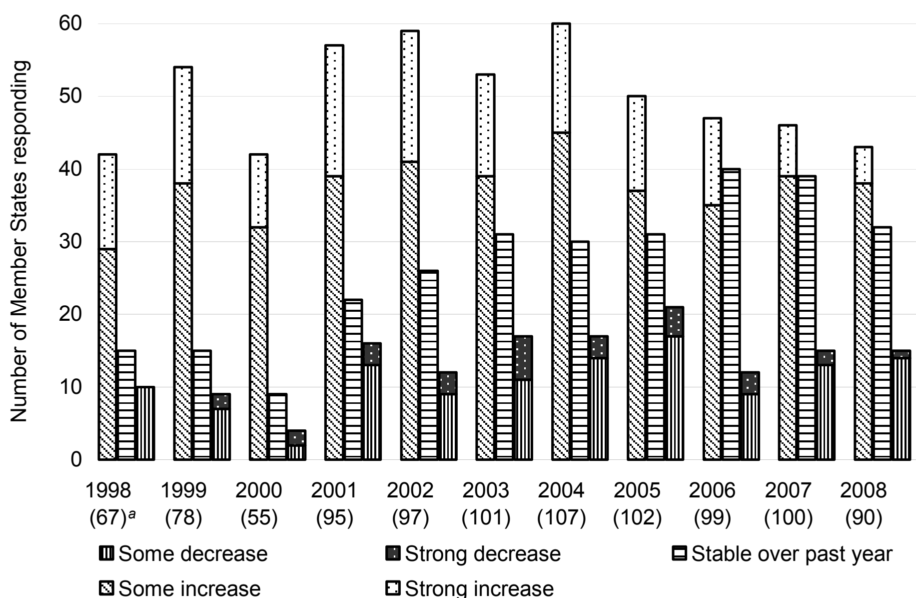
[a] Number of replies by Member States for the year is contained in parentheses.

Figure V
Cumulative unweighted average of perceived trends in cocaine use as reported by countries, 1998-2008



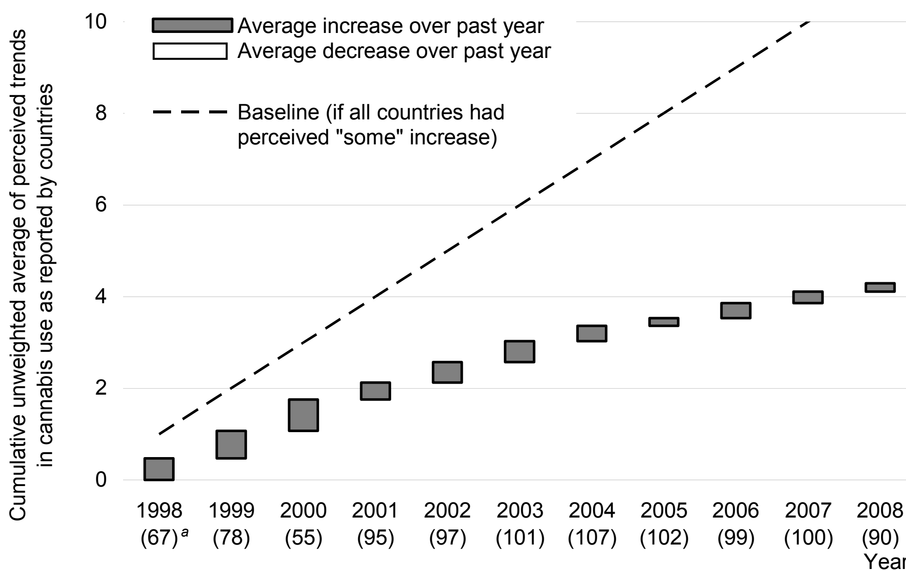
Note: For reference, the dotted line graphically represents the hypothetical situation occurring if all States had reported “some” increase in drug use (“some increase” being assigned a value of 1).
[a] Number of replies by Member States for the year is contained in parentheses.

Figure VI
Number of countries reporting a perceived increase, decrease or stability in past-year cannabis use, 1998-2008
(As at 1 November 2009)



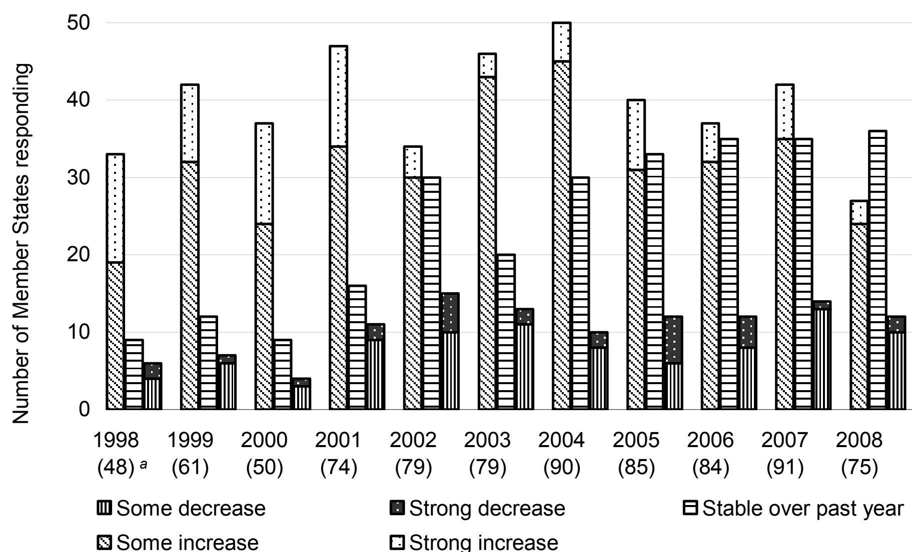
[a] Number of replies by Member States for the year is contained in parentheses.

Figure VII
Cumulative unweighted average of perceived trends in cannabis use as reported by countries, 1998-2008



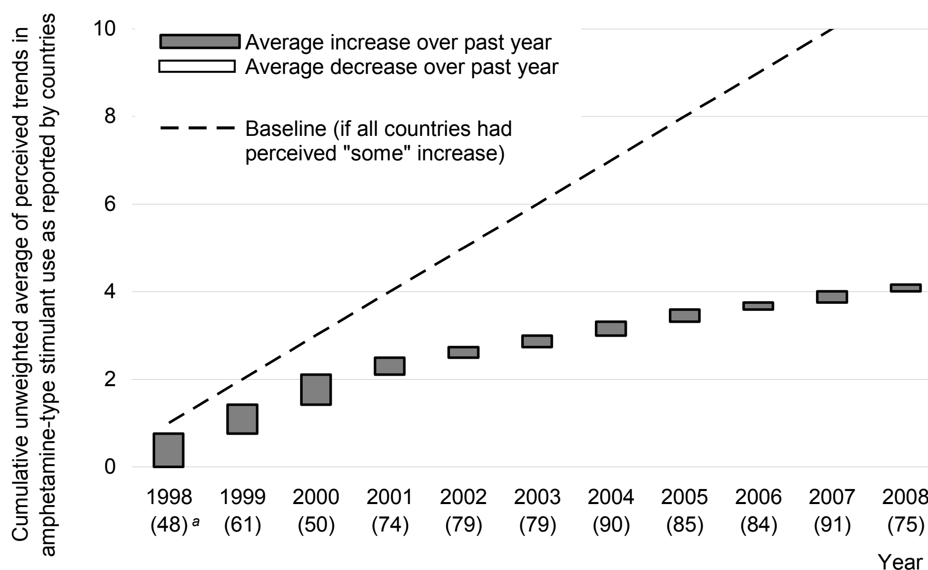
Note: For reference, the dotted line graphically represents the hypothetical situation occurring if all States had reported “some” increase in drug use (“some increase” being assigned a value of 1).
[a] Number of replies by Member States for the year is contained in parentheses.

Figure VIII
Number of countries reporting a perceived increase, decrease or stability in past-year amphetamine-type stimulant use, 1998-2008
(As at 1 November 2009)



[a] Number of replies by Member States for the year is contained in parentheses.

Figure IX
Cumulative unweighted average of perceived trends in amphetamine-type stimulant use as reported by countries, 1998-2008



Note: For reference, the dotted line graphically represents the hypothetical situation occurring if all States had reported “some” increase in drug use (“some increase” being assigned a value of 1).
[a] Number of replies by Member States for the year is contained in parentheses.

Table 1
Global drug use trends perceived by Member State experts, by drug group, 2008

Drug group	Member States providing perception data		Member States reporting increasing use		Member States reporting stable use		Member States reporting decreasing use	
	Number	*Proportion (percentage)*	*Number*	*Proportion (percentage)*	*Number*	*Proportion (percentage)*	*Number*	*Proportion (percentage)*
Cannabis	90	47	43	48	32	36	15	17
Amphetamine-type stimulants	75	39	27	36	36	48	12	16
"Ecstasy"-group	56	29	18	32	30	54	8	14
Opioids	84	44	32	38	38	45	14	17
Cocaine	73	38	34	47	31	42	8	11

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

C. Estimates of the prevalence of drug use and problems

10. Measures of prevalence of drug use among the population, derived from surveys of the general or youth populations or from indirect prevalence estimation methods, provide a more objective assessment of the extent of drug use than do perceptions by national experts. However, representative population-based surveys of drug use conducted on a regular basis are uncommon, in particular in developing countries, and it is even less common that estimates of the extent of drug dependence among the population are completed.[7]

11. According to 2007 estimates, of the global population of 4.34 billion persons aged 15-64 years, between 172 and 250 million persons (4 to 5.8 per cent) had used illicit drugs at least once in the prior year (see figure X).[8] That estimated range includes both the numerous casual consumers who may have tried drugs only once in the entire year and the smaller yet significant number of "problem" drug users who may be dependent and use drugs every day. The global population of problem drug users is calculated to be 18-38 million persons, of which 11-21 million are injecting drug users.

12. Figure XI shows the calculated ranges of those aged 15-64 who used illicit drugs in 2007, according to drug group. Cannabis remained by far the most commonly used illicit drug in the world, with between 143 and 190 million users (3.3-4.4 per cent of that population) (see table 2).[9] The highest levels of cannabis

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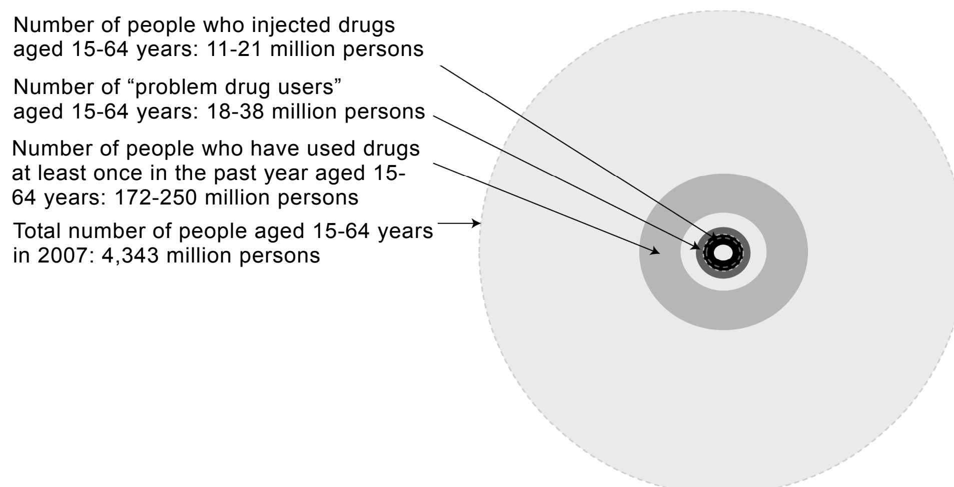
[7] In the period 2000-2008, only 58 countries conducted general population-based surveys of drug use, with most having completed only one such survey. Further, the extent to which some of the surveys have produced valid or truly representative estimates of the prevalence of drug use is unclear, given methodological and other issues that may have affected findings in some countries. Some of the surveys conducted have involved only limited regions within a country or certain sectors of the population in the country.

[8] *World Drug Report 2009*.

[9] Because of limitations in availability, accuracy and timeliness of data on prevalence of drug use, UNODC prevalence statistics do not currently provide point estimates of users according to

use continue to be those in the developed countries of North America, Western Europe and Oceania, although there are signs from recent studies that the levels of use are declining in those regions, particularly among young people.

Figure X
Categories of illicit drug use at the global level, 2007



Source: *World Drug Report 2009*.

13. Amphetamine-type stimulants in various forms have the next greatest number of users, with 16-51 million users (0.4-1.2 per cent of the population aged 15-64 years) of substances of the amphetamine-group during the past year[10] and 12-24 million users (0.3-0.6 per cent of that population) of substances of the "ecstasy"-group.[11] It is estimated that globally there are more amphetamine-type stimulant users than opioid and cocaine users combined. Amphetamine-group users in East and South-East Asia primarily consume methamphetamine. Tablets sold as fake Captagon, often containing amphetamine, are used throughout the Near and Middle East. In Europe, amphetamine-group users primarily consume amphetamine, whereas stimulant users in North America typically use methamphetamine and abuse prescription stimulants. Drugs sold as "ecstasy" are more commonly found in the markets of developed countries. However, there are indications that the psychoactive substance actually contained in such drugs sold as "ecstasy" has been changing significantly, particularly in Europe.

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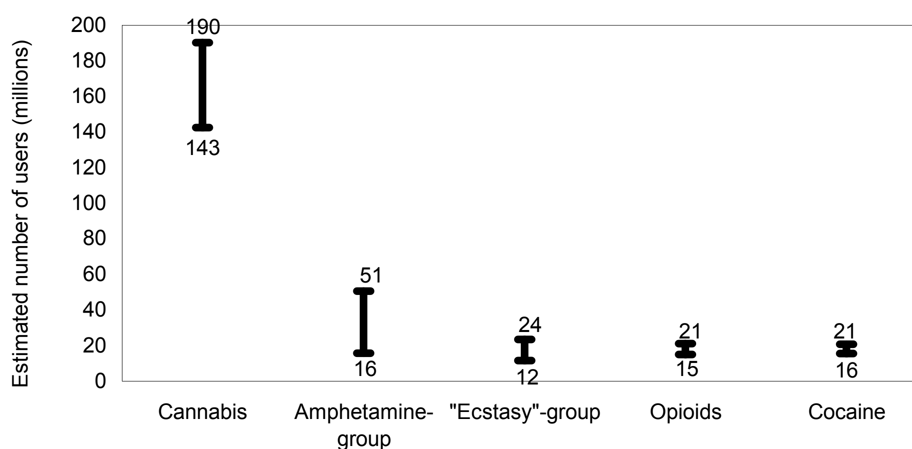
drug group but instead provide lower and upper limits of the estimated range of users, globally and regionally, where possible. Ranges with closer upper and lower limits represent a value that is significantly less uncertain than ranges with limits that are further apart. In some cases, meaningful subregional ranges cannot be calculated.

[10] Predominately, methamphetamine, amphetamine (often sold as Captagon) and methcathinone.

[11] MDMA or its analogues MDA and MDEA or drugs sold as "ecstasy".

Figure XI
Estimated number of persons aged 15-64 who used illicit drugs in 2007



Source: *World Drug Report 2009*.

14. In 2007, global users of opiates in the past year totalled 15-21 million people (0.3-0.5 per cent of the population aged 15-64 years), primarily consuming heroin. It is estimated that more than half the world's opioid-using population lives in Asia. Europe has the largest opioid market in economic terms, and although opioid use appears to be stable in many Western European countries, increases have been reported in Eastern Europe.

15. An estimated 16-21 million people globally (0.4-0.5 per cent of the population aged 15-64 years) used cocaine at least once in 2007. North America, Western and Central Europe and Latin America and the Caribbean are the largest markets for cocaine. Significant declines in cocaine use in 2008 and 2009 were reported in North America, particularly in the United States of America, the world's largest cocaine market. The growth in cocaine use in West European countries may be slowing, and cocaine use in several of the larger European markets is stabilizing, whereas its use appears to be increasing in Latin America and the Caribbean. The data for Africa, although scant, suggests that use of cocaine may be increasing in some countries in Western and Southern Africa.

Table 2
Number of persons aged 15-64 years who used illicit drugs in 2007, by region and subregion
(Expressed as estimated range)

Region/subregion	*Estimated number of cannabis users (millions)*		*Estimated number of users of amphetamine-group drugs*		*Estimated number of users of "ecstasy"-group drugs*		*Estimated number of opiate users*		*Estimated number of cocaine users*	
Africa	**28.85**	**-56.39**	**1 390 000**	**-4 09 000**	**340 000**	**-1 870 000**	**1 000 000**	**-2 780 000**	**1 150 000**	**-3 640 000**
North Africa	3.67	-9.32	240 000	-510 000	[a]		120 000	-490 000	30 000	-50 000
West and Central Africa	16.11	-27.08	[a]		[a]		550 000	-650 000	750 000	-1 320 000
Eastern Africa	4.49	-9.03	[a]		[a]		100 000	-1 330 000	[a]	
Southern Africa	4.57	-10.95	210 000	-650 000	210 000	-400 000	230 000	-310 000	300 000	-820 000
Americas	**41.45**	**-42.08**	**5 650 000**	**-5 780 000**	**3 130 000**	**-3 220 000**	**2 190 000**	**-2 320 000**	**9 410 000**	**-9 570 000**
North America	31.26	-31.26	3 760 000	-3 760 000	2 560 000	-2 560 000	1 310 000	-1 360 000	6 870 000	-6 870 000
Central America	0.58		310 000	-310 000	20 000	-30 000	20 000	-30 000	120 000	-140 000
The Caribbean	1.11	-1.73	120 000	-250 000	30 000	-130 000	60 000	-90 000	170 000	-250 000
South America	8.50	-8.51	1 450 000	-1 460 000	510 000	-510 000	800 000	-840 000	2 250 000	-2 310 000
Asia	**40.93**	**-59.57**	**5 780 000**	**-37 040 000**	**3 520 000**	**-13 380 000**	**8 440 000**	**-11 890 000**	**400 000**	**-2 560 000**
East/South-East Asia	4.11	-19.86	4 600 000	-20 560 000	2 250 000	-5 950 000	2 800 000	-4 970 000	310 000	-990 000
South Asia	27.49	-27.49	[a]		[a]		3 620 000	-3 660 000	[a]	
Central Asia	1.89	-2.02	[a]		[a]		340 000	-340 000	[a]	
Near and Middle East	7.44	-10.20	[a]		[a]		1 680 000	-2 910 000	[a]	
Europe	**28.89**	**-29.66**	**2 430 000**	**-3 070 000**	**3 750 000**	**-3 960 000**	**3 440 000**	**-4 050 000**	**4 330 000**	**-4 600 000**
West/Central Europe	20.81	-20.94	1 590 000	-1 690 000	2 110 000	-2 120 000	1 230 000	-1 520 000	3 870 000	-3 880 000
East/South-East Europe	8.08	-8.72	840 000	-1 380 000	1 640 000	1 830 000	2 210 000	-2 530 000	460 000	-720 000
Oceania	**2.46**	**-2.57**	**570 000**	**-590 000**	**810 000**	**-880 000**	**90 000**	**-90 000**	**340 000**	**-390 000**
Global estimate	**142.58**	**-190.27**	**15 820 000**	**-50 570 000**	**11 580 000**	**-23 510 000**	**15 160 000**	**-21 130 000**	**15 590 000**	**-20 760 000**

Source: *World Drug Report 2009*.
[a] Estimate cannot be calculated.

D. Estimating the extent of problem drug use

16. Estimates of past-year drug use provide only a broad indicator of the global drug situation, as totals encompass the full range of user behaviour, from experimental use to drug-dependency. It is important to estimate the number of people who are problematic drug users, as this group is likely to be dependent on drugs, coming into contact with public health and public order agencies, and would thus benefit greatly from appropriate drug treatment. UNODC estimated that of the 172-250 million persons aged 15-64 years that used illicit drugs at least once in 2007, 18-38 million were problem drug users.[12]

17. The typology of problematic drug use can be studied by analysing data on treatment, where different regions have different drug problems (see map 2). For example, in the period 2007/08, in Africa and Oceania (Australia and New Zealand), a greater proportion of treatment was for cannabis than for any other drug (63 per cent in Africa; 47 per cent in Oceania).[13] In contrast, opioid treatment accounted for the greatest proportion of treatment in Asia and Europe (65 per cent and 60 per cent of treatment, respectively). Treatment for cocaine abuse was most prominent in the Americas (34 per cent of treatment in North America and 52 per cent of treatment in Latin America). Treatment for the abuse of amphetamine-type stimulants was prominent in Asia (18 per cent of treatment), North America (18 per cent) and Oceania (20 per cent).

18. Global treatment data from the late 1990s to the period 2007/08 reveals an increasing amount of problematic amphetamine-type stimulant users. For example, treatment demand for amphetamine-type stimulants increased from 5 per cent to 18 per cent in North America, from 2 per cent to 10 per cent in Latin America and the Caribbean and from 12 per cent to 18 per cent in Asia. In Europe, there was an increasing trend of problematic cocaine users. In Oceania, there was a trend of an increasing number of problematic cannabis users, compared with a trend of a decreasing number of problematic heroin users.

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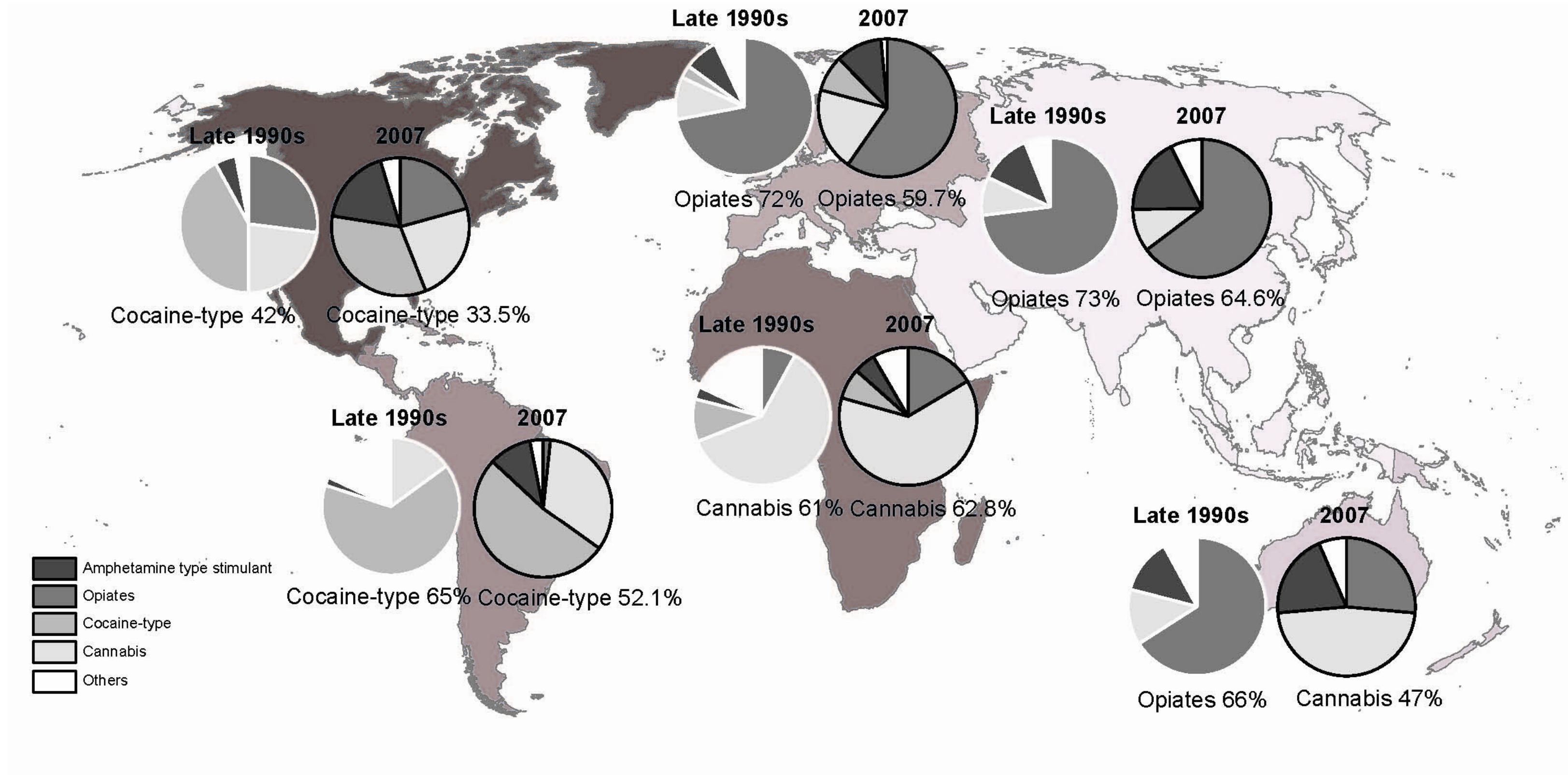
[12] Problem drug use is defined differently in each country and region and may refer to injecting drug use or the long duration and/or regular use of a substance. The term can also be used to designate those users of drugs whose dependency has led them into contact with law enforcement, hospitalization or drug treatment services. Information on the method used by UNODC to estimate the global number of problem drug users can be found in chapter IV, entitled “Methodology”, of the *World Drug Report 2009*.

[13] Treatment data reflect the extent of services provided. The number of people who receive treatment for drug dependence is not equivalent to the number of people who need (or want) treatment, as the number of individuals in treatment may be limited by the capacity of treatment services. Additionally, treatment data, particularly in developing countries, are often outdated and incomplete.

Map 2
Comparison of the proportion of treatment admissions by drug group, in the late 1990s and in the period 2007/08



Source: *World Drug Report 2009* and *World Drug Report 2000* (United Nations publication, Sales No. GV.E.00.0.10).

III. Regional summaries

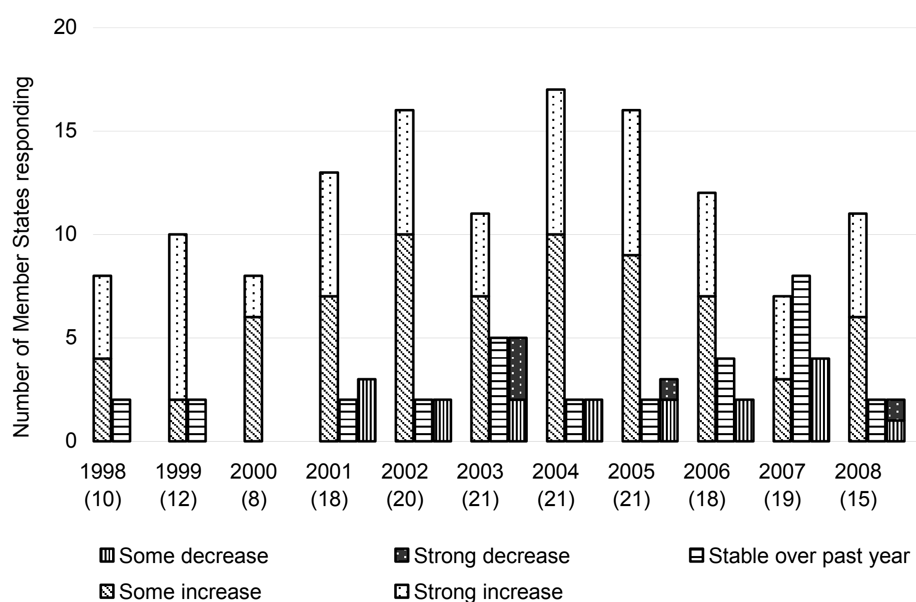
A. Africa

19. In 2008, only 15 of 53 Member States of Africa (28 per cent) provided information on expert perceptions of drug use through the annual reports questionnaire. Objective data on drug use in Africa continue to be limited and are largely derived from treatment data, school surveys and rapid assessments. The only systematic monitoring of drug use in Africa takes place in South Africa, through the South African Community Epidemiology Network on Drug Use, a drug-use surveillance system based on treatment demand.

1. Drug use

20. Since 1998, more experts in Africa have perceived increases in drug use than have observed declines, especially with respect to cannabis (figure XII). Cannabis is the most widely used drug in Africa, and the continent remains one of the world's largest producers of cannabis resin and cannabis herb.

Figure XII
Number of African countries reporting a perceived increase, decrease or stability in past-year cannabis use, 1998-2008
(As at 1 November 2009)



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

21. In 2008, 73 per cent of responding State experts in Africa reported an increase in cannabis use compared with the previous year, with decreases noted only in States in North Africa (see table 3). Nearly 63 per cent of treatment demand in Africa is for cannabis use.[14]

Table 3
Drug use trends in Africa perceived by Member State experts, by drug group, 2008

	Member States providing perception data		*Member States reporting increasing use*		*Member States reporting stable use*		*Member States reporting decreasing use*	
Drug group	*Number*	*Proportion (percentage)*	*Number*	*Proportion (percentage)*	*Number*	*Proportion (percentage)*	*Number*	*Proportion (percentage)*
Cannabis	15	28	11	73	2	13	2	13
Amphetamine-type stimulants	6	11	2	33	2	33	2	33
“Ecstasy”-group	4	8	1	25	3	75	0	0
Opioids	12	23	6	50	2	17	4	33
Cocaine	9	17	5	56	2	22	2	22

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

22. Experts of half of responding African States perceived increasing opioid abuse, which likely reflected, in part, the increasing role of African countries as areas for the transit of heroin from Afghanistan to Europe. Opioids are the second most common drug group in terms of numbers of individuals seeking treatment, accounting for nearly 17 per cent of total treatment cases, with a greater percentage of treatment provided for this drug group in East and Southern Africa.

23. The prevalence rate of opioid use in 2007 is reported to be highest in Mauritius (1.95 per cent), Kenya (1.16-1.3 per cent) and Egypt (0.14-0.73 per cent),[15] which is considered the largest opioid market in Africa by volume. Heroin is the most consumed opioid and the primary drug of problematic drug users in several African countries (for example, Cape Verde,[16] Kenya,[17] Mauritius,[18] Nigeria, the United Republic of Tanzania[19] and Zambia). There has been an increase

[14] Unweighted averages, excluding smoking and alcohol-related treatment episodes (*World Drug Report 2009*).
[15] *World Drug Report 2009*.
[16] United Nations Office on Drugs and Crime and the Commission for Drug Control Coordination of the Cape Verde Ministry of Justice, *Study on the Situation of Drug Abuse related HIV/AIDS in Cape Verde: Rapid Situation Assessment* (January 2008).
[17] C. Deveau, B. Levine and S. Beckerleg, “Heroin use in Kenya and findings from a community based outreach programme to reduce the spread of HIV/AIDS”, *African Journal of Drug and Alcohol Studies*, vol. 5, No. 2 (2006).
[18] R. Abdool, F. T. Sulliman and M. I. Dhannoo, “The injecting drug use and HIV/AIDS nexus in the Republic of Mauritius”, *African Journal of Drug and Alcohol Studies*, vol. 5, No. 2 (2006).
[19] S. Timpson and others, “Substance abuse, HIV risk and HIV/AIDS in Tanzania”, *African Journal of Drug and Alcohol Studies*, vol. 5, No. 2 (2006).

in treatment admissions for heroin use in South Africa, where heroin is the primary or secondary drug of use of 12-32 per cent of patients.[20]

24. Fewer than 20 per cent of African States responded with information on expert perceptions of stimulants (cocaine and amphetamine-group and "ecstasy"-group substances), making the assessment of the situation tenuous. Increases in cocaine use have been reported primarily in West Africa, which is an area of transit of cocaine from South America to Europe.

25. Amphetamine-type stimulants are reportedly becoming more available and are a growing problem in some African countries. However, there are insufficient data to provide reliable information on trends. Currently, the largest measurable levels of use of amphetamine-type stimulants are those in South Africa, where treatment admissions for methamphetamine as the primary or secondary drug of use accounted for nearly 20 per cent of total admissions in the first half of 2009.[21] In past years, use of amphetamine-type stimulants was also found in several countries such as Cape Verde,[22] Egypt,[23] Ghana, Nigeria[24] and Seychelles, among others.[25] Use of amphetamine-type stimulants in Africa is to a great extent related to the existence of unregulated markets where medical preparations containing these drugs are readily available.

2. Emerging issues

26. Experts report that cocaine use has increased in many parts of Africa, notably West and Central Africa, and a number of East and Southern African countries are affected by rising levels of heroin use related to the transit of illicit drugs through the continent. There is also indication of an increasing demand for services by persons who have not previously received treatment.[26] HIV infection driven by injecting drug use is thought to be increasing.[27] The detection in 2009 of the manufacture of amphetamine-type stimulants in industrial-sized operations in

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[20] A. Plüddemann and others, "Alcohol and drug abuse trends: January-June 2008 (Phase 24)", *South African Community Epidemiology Network on Drug Use (SACENDU) Update*, 18 November 2008.

[21] A. Plüddemann and others, "Alcohol and drug abuse trends: January-June 2009 (Phase 26)", *South African Community Epidemiology Network on Drug Use (SACENDU) Update*, 26 November 2009.

[22] *Study on the Situation of Drug Abuse-related HIV/AIDS in Cape Verde: Rapid Situation Assessment*.

[23] I. Ghaz, *National Study of Addiction, Prevalence of the Use of Drugs and Alcohol in Egypt* (Cairo, 2007).

[24] A. B. Makanjuola, T. O. Daramola and A. O. Obembe, "Psychoactive substance use among medical students in a Nigerian university", *World Psychiatry*, vol. 6, No. 2 (2007), pp. 112-114; A. A. Abdulkarim, O. A. Mokuolu and A. Adeniyi, "Drug use among adolescents in Ilorin, Nigeria", *Tropical Doctor*, vol. 35, No. 4 (2005), pp. 225-228.

[25] *Amphetamines and Ecstasy: 2008 Global ATS Assessment* (United Nations publication, Sales No. E.08.XI.12).

[26] A. Plüddemann and others, "Alcohol and drug abuse trends: July-December 2008 (Phase 25)", *South African Community Epidemiology Network on Drug Use (SACENDU) Update*, 29 May 2009.

[27] B. M. Mathers and others, "Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review", *The Lancet*, vol. 372, No. 9651 (2008), pp.1733-1745.

West Africa[28] points to the capacity of significant localized manufacture and its potential use in other parts of the continent.

3. Knowledge gaps

27. With the exception of the South African Community Epidemiology Network on Drug Use, there are no formalized drug monitoring systems on the continent, and few Member States regularly complete the annual reports questionnaire. The limited information that is available tends to be non-representative, outdated and not based on objective measures. There is a continuing need for technical cooperation in the region in order to build a sustainable and cost-effective drug monitoring capacity.

B. Americas

28. Table 4 contains the expert perceptions of the 17 responding States (49 per cent) of the Americas. Drug use, particularly use of cocaine, is perceived to be increasing in the majority of reporting countries in the Americas (see figure XIII). However, major declines have been observed in the largest markets of North America. Regional trends, particularly in North America, can be validated through a variety of epidemiological data available from multiple sources of information collected over an extended time period.

Table 4

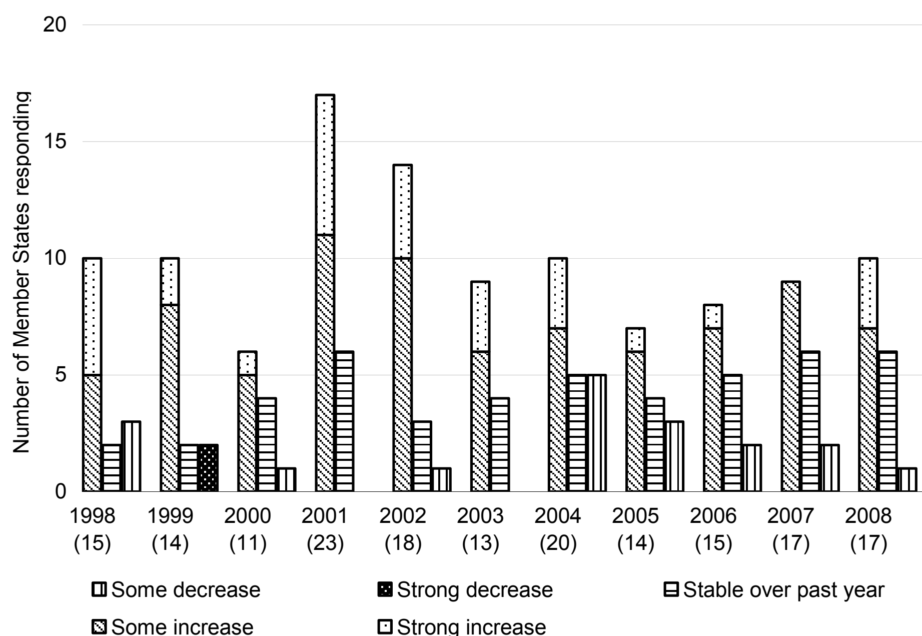
Drug use trends in the Americas perceived by Member State experts, by drug group, 2008

	Member States providing perception data		*Member States reporting increasing use*		*Member States reporting stable use*		*Member States reporting decreasing use*	
Drug group	*Number*	*Proportion (percentage)*	*Number*	*Proportion (percentage)*	*Number*	*Proportion (percentage)*	*Number*	*Proportion (percentage)*
Cannabis	15	43	7	47	8	53	0	0
Amphetamine-type stimulants	13	37	4	31	7	54	2	15
“Ecstasy”-group	12	34	1	8	11	92	0	0
Opioids	12	34	6	50	5	42	1	8
Cocaine	17	49	10	59	6	35	1	6

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

[28] *Global SMART Update 2009*, vol. 2, October 2009.

Figure XIII
Number of countries in the Americas reporting a perceived increase, decrease or stability in past-year cocaine use, 1998-2008
(As at 1 November 2009)



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

29. Prevalence estimates show that cannabis continues to be by far the most widely used illicit drug. However, treatment admissions data show that cocaine use is the primary illicit drug problem in the Americas. Cocaine use accounts for 33.5 per cent of drug treatment in North America and 52.1 per cent in Latin America and the Caribbean.[29] Cannabis accounts for 23.3 per cent of drug treatment episodes in North America, and 33.2 per cent in the rest of the Americas. Admission for treatment for abuse of amphetamine-type stimulants in North America is 17.8 per cent, compared with 10 per cent in Latin America and the Caribbean. Admission for opioid-related treatment accounts for 20.7 per cent of the total in North America but only 1.7 per cent in Latin America and the Caribbean.

1. Drug use

North America

30. In North America, cannabis is the most commonly used illicit drug particularly among adolescents and young adults, and while cocaine treatment accounts for a significant proportion of all treatment admissions, non-medical use of prescription drugs continues to be of great concern. In general, the situation in Canada and the

[29] Unweighted averages, excluding smoking and alcohol-related treatment episodes (*World Drug Report 2009*).

United States suggests that illicit drug use has recently been decreasing, while the situation in Mexico has worsened since 2002.

31. The United States is the largest illicit drug consumer market in the region. However, the most recent national household survey found that the overall rate of past-year use declined over the period 2002-2008 (from 14.9 per cent to 14.2 per cent of the population aged 12 years and older), with declines for both cannabis (from 11 per cent to 10.3 per cent of that population) and many other drugs.[30] The most significant declines have been reported for cocaine, in tandem with rising cocaine prices and falling purity levels. In 2008, past-year non-medical use of prescription drugs (primarily opioid pain relievers, but also tranquilizers, stimulants and sedatives) remained the second largest drug problem (6.1 per cent of the population aged 12 years and older) but declined somewhat (6.6 per cent) since 2007.

32. In Canada, the 2008 national household survey found that the overall rate of past-year illicit drug use declined significantly since the last nationwide survey, in 2004 (from 14.5 to 12.1 per cent of the population aged 15 years and older), driven largely by declines in cannabis use (from 14.1 to 11.4 per cent) and, to a lesser degree, in cocaine use (from 1.9 to 1.6 per cent of that population), according to the Canadian Alcohol and Drug Use Monitoring Survey of 2008. Past-year cocaine use among high school students in Ontario (students of grades 7-11) fell from 5.1 per cent in 2003 to 1.9 per cent in 2009. Increased use of hallucinogens, “ecstasy” and amphetamine among the general population was noted. Also, 28.4 per cent of respondents to the survey indicated that they had used a psychoactive pharmaceutical drug (an opioid pain reliever, stimulant or tranquillizer/sedative) in the past year, with 2.0 per cent reporting non-medical use of these drugs.

33. In 2008, Mexico conducted a nationally representative household survey for urban and rural populations of individuals aged 12-65 years. Compared with results of the last such survey, in 2002, drug use has increased in nearly every illicit drug group, albeit from levels far lower than its northern neighbours. Cannabis remains the most commonly used illicit drug, with past-year use increasing from 0.6 to 1.03 per cent of that population, use of amphetamine-type stimulants increasing from 0.04 to 0.2 per cent[31] and use of cocaine increasing from 0.35 to 0.57 per cent. Given that a study undertaken in Mexico City in 2006[32] found that 1.63 per cent of those aged 12-45 years had used cocaine in the past-year period, cocaine use may have declined in Mexico City in the past two years. Non-medical use of prescription drugs remained largely unchanged from the results of the 2002 survey, with a past-year use of 0.3 per cent.

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[30] United States of America, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Results from the 2008 National Survey on Drug Use and Health: National Findings*, NSDUH Series H-36, HHS Publication No. SMA 09-4434 (Rockville, Maryland, 2009).

[31] Mexico, Secretaría de Salud México, Instituto Nacional de Salud Pública, *Encuesta Nacional de Adicciones 2008* (Cuernavaca, Morelos, 2009).

[32] Mexico, Secretaría de Desarrollo Social, *Cuadros de Resultados: Drogas — Encuesta de Hogares 2006, Ciudad de México*. Available from www.comunidadandina.org/public/Estudio_drogas.pdf.

Latin America and the Caribbean

34. While cannabis remains the most widely consumed illicit drug in Latin America and the Caribbean, problem drug use continues to be dominated by cocaine. In 2008, cocaine use was perceived by experts to have increased in nine of 15 Member States of the subregion (60 per cent of those responding). No country perceived declines over the past year. Except for "ecstasy", drug use was perceived to have increased in most drug groups.

35. In 2008, six countries of Latin America and the Caribbean conducted surveys of drug use by young people that revealed large differences between the countries. Past-year use of cannabis varied: 8.5 per cent among youth aged 15-16 years in the Bahamas, 1 per cent among youth aged 12-18 years in the Dominican Republic, 4.2 per cent among youth aged 12-17 years in Ecuador, 3.5 per cent among youth aged 13-17 years in El Salvador and 1.1 per cent among youth aged 13-25 years in Honduras. In the Plurinational State of Bolivia, lifetime use of cannabis among youth aged 13-18 years was 6.2 per cent. Studies found past-year cocaine use of between 1 and 1.3 per cent in Ecuador, El Salvador and Honduras. Past-year use of amphetamine-type and other stimulants ranged from 4.2 per cent in the Dominican Republic to 2.3 per cent in Honduras and 0.9 per cent in the Bahamas. The large differences may be due in part to the varying definitions of "stimulants" used in the surveys.

36. A representative study[33] conducted in 2009 to assess the knowledge, attitudes, risks and use of synthetic drugs[34] among university students in the Andean Community identified large variations. Synthetic drug use was highest among students in Colombia, with 4.6 per cent of students reporting trying the substances at some time, followed by Peru and the Plurinational State of Bolivia at 1.6 per cent each and Ecuador at 1.5 per cent. Between 3.7 and 11.6 per cent of students reported being offered synthetic drugs in the past year, with "ecstasy" being the drug most commonly named (3-9.3 per cent). Between 11 and 29.3 per cent of those surveyed reported that "ecstasy" was easy to obtain.

2. Emerging issues

37. Prescription drug use remains a concern throughout North America. The inappropriate prescribing of pharmaceutical opioids, combined with access through Internet pharmacies, has led to a new cohort of opioid-dependent persons, despite stable levels of heroin use. However, the trend appeared to stabilize in 2007 and remained relatively unchanged in 2008.[35]

38. While cocaine use has declined greatly in the United States and, to a lesser degree, in Canada, there are indications that more cocaine is consumed in parts of

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[33] Comunidad Andina, *Estudio Epidemiológico Andino sobre Consumo de Drogas Sintéticas en la Población Universitaria de Bolivia, Colombia, Ecuador y Perú, 2009* (Lima, 2009).

[34] Synthetic drugs included drugs sold as "ecstasy" (MDMA), amphetamine, methamphetamine, lysergic acid diethylamide (LSD), ketamine, and *gamma*-hydroxybutyric acid (GHB).

[35] United States of America, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. *Results from the 2008 National Survey on Drug Use and Health: National Findings*, NSDUH Series H-36, HHS Publication No. SMA 09-4434 (Rockville, Maryland, 2009).

Latin America and the Caribbean, particularly along the main trafficking routes to overseas markets.[36]

39. There is an increasing number of incidents of domestic manufacture of amphetamine-type stimulants in several countries in Latin America and the Caribbean,[37] which may lead to increased use of these substances.

3. Knowledge gaps

40. Significant improvements in household and school surveys have been made in many countries of Latin America and the Caribbean in recent years. However, there continues to be a need for the implementation of standardized population and youth-based surveys.

C. Asia

41. Each of Asia's large subregions has a distinct drug problem: methamphetamine and opioids in East and South-East Asia; opioids in South, Central and West Asia; and amphetamine in the Near and Middle East (see figure XIV). It is estimated that more than half the world population using amphetamine-type stimulants (5.8-37 million) and opioids (8.4-11.9 million) live in Asia. In 2008, 30 Member States in Asia (67 per cent) responded to the expert perception section of the annual reports questionnaire (see table 5), reporting a perceived increasing use of amphetamine-type stimulants (52 per cent of respondents) and cannabis (50 per cent of respondents). While treatment admission for opioids was the greatest (64.6 per cent) of all drug classes, that percentage has fallen considerably over the past decade, while admissions for treatment for amphetamine-type stimulants have increased.

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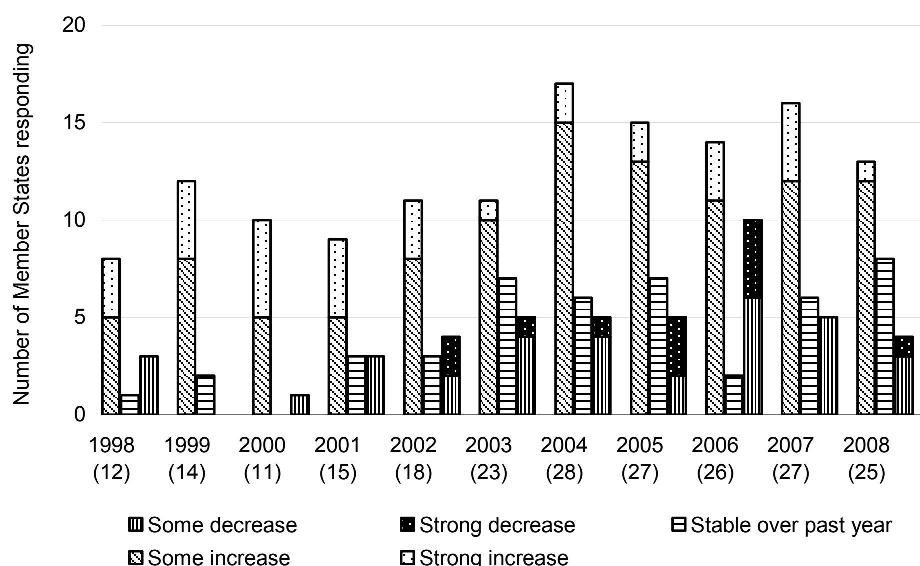
[36] *World Drug Report 2009.*

[37] Ibid.

Figure XIV
Number of Asian countries reporting a perceived increase, decrease or stability in past-year amphetamine-type stimulant use, 1998-2008
(As at 1 November 2009)



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

Table 5
Drug use trends in Asia perceived by Member State experts, by drug group, 2008

	Member States providing perception data		*Member States reporting increasing use*		*Member States reporting stable use*		*Member States reporting decreasing use*	
Drug group	*Number*	*Proportion (percentage)*	*Number*	*Proportion (percentage)*	*Number*	*Proportion (percentage)*	*Number*	*Proportion (percentage)*
Cannabis	30	67	15	50	7	23	8	27
Amphetamine-type stimulants	25	56	13	52	8	32	4	16
“Ecstasy”-group	15	33	8	53	4	27	3	20
Opioids	28	62	11	39	11	39	6	21
Cocaine	15	33	5	33	7	47	3	20

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

1. Drug use

East and South-East Asia

42. Cannabis, amphetamine-type stimulants (primarily methamphetamine) and opioids continue to be the main drugs used in East and South-East Asia. Opioids and methamphetamine comprise the bulk of treatment episodes for problem drug use.

In 2008, methamphetamine was identified as the primary or secondary drug under international control used in Brunei Darussalam, China, Indonesia, Japan, the Lao People's Democratic Republic, the Philippines, the Republic of Korea and Thailand.[38, 39] Thailand has the largest market for methamphetamine in the Greater Mekong subregion of South-East Asia. After declines in the period 2003/04, treatment admissions increased by more than 250 per cent, from 32,363 admissions in 2004 to 84,575 admissions in 2008, of which just over 80 per cent were for methamphetamine.[38] There have been rapid increases in methamphetamine use in Cambodia, and in 2007, 1,719 drug users were admitted to Government-operated centres for drug users, a 58-per-cent increase over 2006.[40]

43. China has also reported year-on-year increases in methamphetamine use among its population. However, a lack of representative drug use prevalence surveys, combined with the rapid increase in use of amphetamine-type stimulants, prevents a full understanding of the drug situation in the world's most populous country. In the Hong Kong Special Administrative Region of China, the market for drugs sold as "ecstasy" has changed rapidly, with the number of reported drug registry cases for ketamine[41] doubling between 2005 and 2007, now accounting for 29 per cent of all newly reported cases.[38]

44. Past-year opioid consumption in East and South-East Asia (2.8-5 million persons aged 15-64 years) may have fallen, as have opium yields in the Lao People's Democratic Republic and Myanmar. Opium use in northern Lao People's Democratic Republic is estimated to have declined from 0.6 per cent of the population in 2006 to 0.4 per cent in 2008, with higher use reported in opium cultivation areas.[42] China accounts for the largest market of opioid consumption (predominately heroin), with past-year use estimated at between 1.8 and 2.9 million persons.[43]

Central and South-West Asia

45. Opioid use remains the most prominent illicit drug problem throughout Central and South-West Asia,[44] with 1.4 per cent of the population using opioids in

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[38] Report entitled "Patterns and trends of amphetamine-type stimulants and other drugs in East and South-East Asia (and neighbouring regions), 2009" published by the United Nations Office on Drugs and Crime in 2009.

[39] Thailand reported methamphetamine as the third most common drug of use after kratom (*Mitragyna speciosa*), a leaf with psychoactive properties harvested from trees native to South-East Asia, which is not under international control.

[40] Cambodia, National Authority for Combating Drugs, *Report on Illicit Drug Data and Routine Surveillance Systems in Cambodia 2007* (Phnom Penh, 2008).

[41] Ketamine is a licit pharmaceutical illicitly used as a hallucinogen, most often found in powder or liquid form, that is increasingly encountered on amphetamine-type stimulant markets, either in connection with the "club drug" scene or found as an active ingredient in what is sold on illicit markets as "ecstasy".

[42] Report entitled "Opium poppy cultivation in South-East Asia: Lao People's Democratic Republic, Myanmar, Thailand", published by the United Nations Office on Drugs and Crime in December 2008.

[43] F. Lu and others, "Estimating the number of people at risk for and living with HIV in China in 2005: methods and results", *Sexually Transmitted Infections*, vol. 82, suppl. III (2006), pp. iii87-iii91 (reported in B. M. Mathers and others, "Global epidemiology of injecting drug use …").

[44] United Nations Office on Drugs and Crime, "HIV/AIDS and injecting drug use in Central Asia:

Afghanistan in 2005 (latest survey available) and 1.5-3.2 per cent of the population using opioids in 2007 in the Islamic Republic of Iran,[45] where there are 0.7-1.6 million persons considered to be drug addicts.[46] In Pakistan, an estimated 630,000 individuals, or 0.7 per cent of the population aged 15-64 years, were opioid users, three quarters of which were heroin users.[47] Past-year opioid use is estimated at 1 per cent of the population in Kazakhstan and 0.8 per cent of the population in both Kyrgyzstan and Uzbekistan, while the estimate for Tajikistan was lower, at 0.5 per cent.[48] The HIV epidemic continues primarily among opioid-injecting drug users in the subregion, particularly in Kyrgyzstan, Tajikistan and Uzbekistan.

46. A 2008 rapid assessment of drug users in treatment centres, prisoners and homeless persons in the Islamic Republic of Iran found that 3.6 per cent of those groups primarily used methamphetamine, whereas no use was reported among those groups in the earlier 2004/05 assessment.[49] Of those using methamphetamine, 78.6 per cent reported smoking as the method of consumption, with 19.9 per cent reporting injecting the drug. More than a third of all surveyed injecting drug users reported sharing needles with others.

South Asia

47. India has the largest opioid-using population in the subregion, estimated at 3.2 million persons in 2000. However, there are no recent data on the size of the opioid-using population.[50] Some studies have suggested that heroin use is common among illicit drug users in Bangladesh[51] and India,[52] and buprenorphine injection has been identified as a significant phenomenon among Indian and Bangladeshi drug users. There are recent indications that amphetamine-type stimulant use, particularly methamphetamine, may be increasing in the region as more cases of illicit manufacture and trafficking are being reported. Past general population surveys of illicit drug use in the subregion did not include indicators for amphetamine-type stimulants.

From evidence to action", 2007.

[45] *World Drug Report 2009*.

[46] Islamic Republic of Iran, Drug Control Headquarters, *Policies, Achievements, Ongoing Programs and Future Plans* (Tehran, 2007).

[47] Report entitled "Illicit drug trends in Pakistan", published by the United Nations Office on Drugs and Crime and the Paris Pact Initiative in April 2008; United Nations Office on Drugs and Crime and Pakistan, Ministry of Narcotics Control, *Problem Drug Use in Pakistan: Results from the Year 2006 National Assessment* (Tashkent, 2007).

[48] *World Drug Report 2009*.

[49] Islamic Republic of Iran, Drug Control Headquarters, *Drug Control in 2008: Annual Report and Rapid Situation Assessment* (Tehran, 2009).

[50] The most recent population survey of drug use was of Indian men conducted in 2000.

[51] Report entitled "Rapid situation and response assessment of drugs and HIV in Bangladesh, Bhutan, India, Nepal and Sri Lanka: a regional report", published by the Regional Office for South Asia of the United Nations Office on Drugs and Crime in 2008.

[52] L. Degenhardt and others on behalf of the Reference Group to the United Nations on HIV and injecting drug use, *Benefits and Risks of Pharmaceutical Opioids: Essential Treatment and Diverted Medication — A Global Review of Availability, Extra-medical Use, Injection and the Association with HIV* (Sydney, University of New South Wales, National Drug and Alcohol Research Centre, 2008).

Near and Middle East

48. While expert perception reports point to cannabis as the most commonly used drug in the subregion, dramatic increases in the use of amphetamine-type stimulants (predominately, fake pharmaceuticals sold as Captagon, containing amphetamine) have been reported. Increased use of synthetic drugs has also been reported in a number of countries of the Near and Middle East, including Kuwait, Iraq, Lebanon and Saudi Arabia.[53] However, the subregion lacks the essential capacity to collect, analyse and report data on drug demand.

2. Emerging issues

49. Use of synthetic stimulants appears to be increasingly problematic in several subregions of Asia. Methamphetamine use remains prominent throughout South-East Asia, with rebounding use in Thailand and increases in Cambodia. The rapid increase in the use of amphetamine in the Near and Middle East does not appear to be slowing. Data from the Islamic Republic of Iran indicate that methamphetamine use, including injection use, is increasing at a rapid rate. There is an increasing number of reports of manufacture of amphetamine-type stimulants in South Asia,[54] most notably in India, which is a considerable concern because there is great potential for a spillover effect affecting the local population.

50. In India, injecting drug use may be an increasingly important route of HIV transmission, particularly in the north-east.[55] Similarly, in Pakistan, HIV prevalence has been reported to be increasing among injection drug users.[56] Injecting drug use of opioids and methamphetamine continues to play a significant role in transmission of HIV and hepatitis C in various subregions of Asia.[57]

3. Knowledge gaps

51. Although improvements in the capacity to collect, analyse and report trends have begun — most notably, countries in South-East Asia also supported by the UNODC global Synthetics Monitoring: Analyses, Report and Trends (SMART) programme — many Asian countries continue to lack the essential capacity to monitor and report on their drug demand situation, including basic data on the prevalence of drug use among the adult and youth populations and treatment demand data.

D. Europe

52. In 2008, 31 European countries (69 per cent) responded to the expert perceptions section of the annual reports questionnaire. Many countries also regularly collect representative drug use data on the general and student

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[53] Council of the European Union, Dublin Group, “Regional report on the Near East”, Brussels, June 2009.

[54] *Global SMART Update 2009* ...; L. Degenhardt and others, *Benefits and Risks of Pharmaceutical Opioids* ... .

[55] L. Degenhardt and others, *Benefits and Risks of Pharmaceutical Opioids* ... .

[56] Joint United Nations Programme on HIV/AIDS and World Health Organization, *AIDS Epidemic Update* (Geneva, December 2007).

[57] B. M. Mathers and others, “Global epidemiology of injecting drug use ...” .

populations, as well as drug treatment data. Cannabis remains the illicit drug most widely used among the general population, followed by cocaine and amphetamine-type stimulants. Opioids are the primary drug for treatment, representing 59.7 per cent of treatment admissions, followed by cannabis (19.5 per cent), amphetamine-type stimulants (10.9 per cent) and cocaine (8.4 per cent).[58] There has been a decline in the past decade in the proportion of heroin users admitted to treatment centres and an increase in users of amphetamine-type stimulants and cocaine.

1. Drug use

53. According to expert perceptions, overall drug use appears to have increased in Europe in the 1998-2008 period, with the strongest increases reported for cannabis, cocaine and "ecstasy", but there is considerable variance in the trends present in West, Central and Eastern Europe. Cocaine use was perceived to be increasing in 2008, with only two Member States reporting a decrease in use (see table 6). Household surveys found that cocaine use in some of Europe's largest cocaine markets may have begun to stabilize at high levels in 2008. Use of both amphetamine-type stimulants and opioids was perceived to be generally stable in 2008, with the trend in perceived use remaining largely unchanged during the same period (see figure XV).

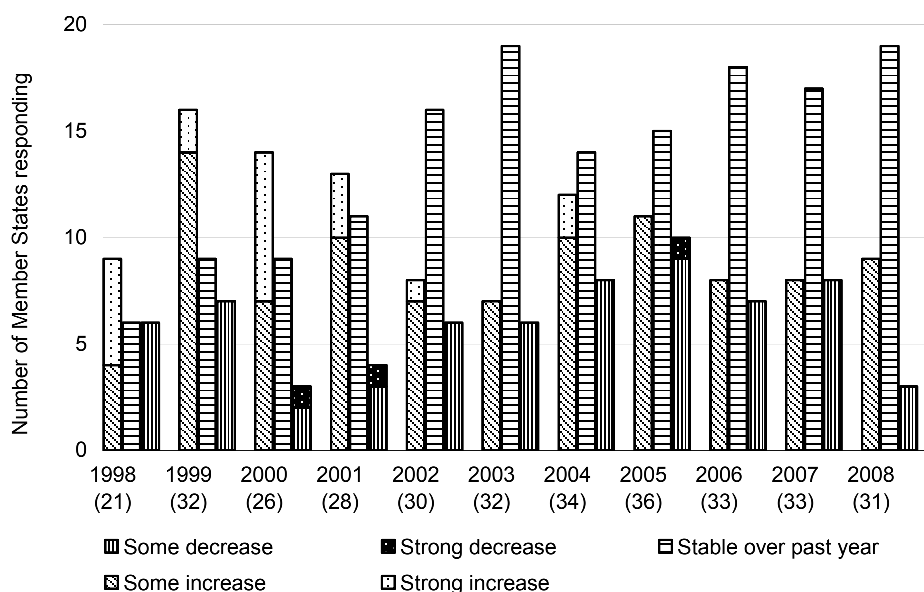
Table 6
Drug use trends in Europe perceived by Member State experts, by drug group, 2008

	Member States providing perception data		*Member States reporting increasing use*		*Member States reporting stable use*		*Member States reporting decreasing use*	
Drug group	*Number*	*Proportion (percentage)*	*Number*	*Proportion (percentage)*	*Number*	*Proportion (percentage)*	*Number*	*Proportion (percentage)*
Cannabis	29	64	10	34	14	48	5	17
Amphetamine-type stimulants	30	67	8	27	19	63	3	10
"Ecstasy"-group	24	53	7	29	12	50	5	21
Opioids	31	69	9	29	19	61	3	10
Cocaine	31	69	14	45	15	48	2	6

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

[58] Unweighted averages, excluding smoking and alcohol-related treatment episodes (*World Drug Report 2009*).

Figure XV
Number of European countries reporting a perceived increase, decrease or stability in past-year opioid use, 1998-2008
(As at 1 November 2009)



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

Western and Central Europe

54. Cannabis is the most widely used illicit drug in Western and Central Europe, with increases throughout the 1990s. About 21 million individuals consumed cannabis in 2007.[59] However, recent data indicate cannabis use is declining in a number of countries, particularly among younger users. For example, a downward trend has been observed in the United Kingdom, with past-year use among the general population (aged 16-59 years) dropping from 10.5 per cent in 2000 to 7.9 per cent in 2008/09.[60]

55. Most Western European countries reported a decrease or stabilization in life-time cannabis use among students aged 15-16 years, compared with 2003, as shown in the 2007 survey of the European School Survey Project on Alcohol and Other Drugs.[61] However, the European Monitoring Centre for Drugs and Drug Addiction estimates that up to 2.5 per cent of all young Europeans aged 15-34 years

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[59] *World Drug Report 2009*.

[60] Results for England and Wales only. J. Hoare, *Drug Misuse Declared: Findings from the 2008/09 British Crime Survey — England and Wales*, Home Office Statistical Bulletin 12/09 (London, Home Office, July 2009).

[61] B. Hibell and others, *The 2007 ESPAD Report: Substance Use Among Students in 35 European Countries* (Stockholm, Swedish Council for Information on Alcohol and Other Drugs, February 2009).

are still using cannabis daily, representing a large population of entrenched at-risk users.[62]

56. A contrasting trend was found in some Western and Central European countries such as Italy, where annual use has more than doubled in recent years (6.2 per cent in 2001; 14.6 per cent in 2007), making Italy Europe's single largest cannabis market, with some 5.7 million users in 2007.

57. According to household surveys, cocaine is the second most commonly used illicit drug in Europe after cannabis. Cocaine was used at least once by about 3.9 million people in Western and Central Europe in 2007.[63] Strong increases in past-year cocaine use were reported over the past decade, with the greatest use now reported in the United Kingdom (Scotland) (3.8 per cent of those aged 16-59 years in 2006), Spain (3.1 per cent of those aged 15-64 years in the period 2007/08), United Kingdom (England and Wales) (3 per cent of those aged 16-59 years in the period 2008/09) and Italy (2.2 per cent of those aged 15-64 years in 2007). Other countries showing increases in the past decade included Denmark (2008), Finland (2006), Ireland (2006/07), Latvia (2007) and Portugal (2007).[64] The latest surveys conducted in Austria (2008), Italy (2008) and Spain (2008) showed a stabilization, while data for Germany suggested that there was a decline in cocaine use. Following levels of cocaine supply and demand that rose until 2006, falling cocaine seizures of cocaine in Europe, in parallel with declining levels of cocaine purity reported in, inter alia, Austria, Hungary, Italy, Spain, Switzerland and the United Kingdom (England and Wales), point to a tightening of market supply in 2008.

58. Of the estimated 3.4-4 million annual opioid users in Europe, 1.2-1.5 million are in Western and Central Europe, which constitute the world's second largest opioid market in terms of consumers. The largest Western and Central European markets are the United Kingdom (404,000-434,000 users), Italy (305,000 users), France (171,000-205,000 users), Germany (76,000-161,000 users) and Spain (61,000-121,000 users).[65]

59. Amphetamine use overall appears stable, with 1.6-1.7 million past-year users (of the total of 4.3-4.6 million past-year illicit drug users in Europe). England and Wales of the United Kingdom represent one of Europe's largest amphetamine markets, but past-year use has declined from 2.1 per cent in 2000 to 1.2 per cent in the period 2008/09.[66] However, the same decline did not occur in Scotland, where rates of past-year amphetamine use among the general population increased from 0.5 per cent in 2000 to 2.2 per cent in 2006.[67] While methamphetamine use in

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[62] European Monitoring Centre for Drugs and Drug Addiction, *Annual Report 2009: State of the Drugs Problem in Europe* (Luxembourg, Publications Office of the European Union, 2009).

[63] *World Drug Report 2009*.

[64] European Monitoring Centre for Drugs and Drug Addiction, "Last year prevalence of drug use among all adults (aged 15 to 64 years) in nationwide surveys among the general population". Available from www.emcdda.europa.eu/stats09/gpstab3.

[65] *World Drug Report 2009*.

[66] J. Hoare, *Drug Misuse Declared: Findings ...* .

[67] M. Brown and K. Bolling, *Drugs Misuse in Scotland: Findings from the 2006 Scottish Crime and Victimisation Survey*, Scottish Government Social Research (Edinburgh, BMRB Social Research, 2007). Similar patterns were also noted for "ecstasy"-group substance use for Scotland and Northern Ireland ("Drug Use in Ireland and Northern Ireland 2006/2007: Drug Prevalence Survey", Bulletin 2, publication of the National Advisory Committee on Drugs

Europe has been concentrated in the Czech Republic and, more recently, Slovakia, data from Norway suggest that methamphetamine use was an increasing factor in traffic accidents, being cited as a factor in 10 per cent of traffic accidents in 2003 and 20 per cent of traffic accidents in 2006.[68]

60. "Ecstasy" use is common among young people. However, recent trends suggest that what is consumed as "ecstasy" now contains far less methylenedioxymethamphetamine (MDMA) but contains other dangerous psychoactive substances.[69] Between 1995 and 2007, there were reported overall increases in life-time use of "ecstasy" by European students aged 15-16 years. However, there are diverging trends in the various subregions, as relatively stable unweighted life-time rates of "ecstasy" use have been reported for students in countries of Western and Central Europe since 2003, while life-time rates for students from Eastern Europe were reported to increase during the same period.[70]

Eastern and South-Eastern Europe

61. Data of registered drug users show that the availability and use of heroin, cocaine and amphetamine-type stimulants increased markedly in the mid-1990s. In 2008, increases in opioid use were reported by experts in Belarus, Bulgaria, Croatia, Estonia, Latvia and the Republic of Moldova.

62. The Russian Federation has the largest opioid-using population in Eastern Europe, but estimates of the exact number of users vary substantially,[71] with some estimating 1.7 million users in the country (1.6 per cent of the population aged 15-64 years).[72] The second largest opioid-using population is that of Ukraine, with between 323,000-423,000 opioid users (1-1.3 per cent).[73] Specialized studies have estimated that injecting drug use is prevalent in many Eastern European countries and that HIV infection is common among people who inject drugs,[74] in particular in

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(Ireland) and the Public Health Information and Research Branch (Northern Ireland, United Kingdom) (June 2008)).

[68] European Monitoring Centre for Drugs and Drug Addiction and European Police Office, *Methamphetamine: A European Perspective in the Global Context*, EMCDDA-Europol joint publications No. 1 (Luxembourg, Office for Official Publications of the European Communities, 2009).

[69] "The eye of the storm", European Police Office presentation at the SYNDEC4 conference, November 2009.

[70] *World Drug Report 2009*.

[71] This also reflects major differences on the estimates of total drug use in the Russian Federation. A review of estimates of the total number of drug users in the Russian Federation showed a range of 1.5 million-6 million people (reports entitled "Illicit drug trends in the Russian Federation", published by the United Nations Office on Drugs and Crime and the Paris Pact Initiative in 2005 and 2008).

[72] The new estimate is based on registered drug users and a new treatment multiplier. 350,267 drug dependent patients were registered in 2006. Of those, 89 per cent were opiate users (report entitled "Illicit drug trends in the Russian Federation", published by the United Nations Office on Drugs and Crime and the Paris Pact Initiative in 2008). The new national-level treatment multiplier is 5.3 (report entitled "Dynamics of drug-related disorders in the Russian Federation", published by the United Nations Office on Drugs and Crime and the National Addiction Centre of the Russian Federation, 2007).

[73] *World Drug Report 2009*.

[74] United Nations Office on Drugs and Crime, Global Assessment Programme on Drug Use (GAP), National Addiction Centre of the Russian Federation; E. A. Koshkina, *Dynamics of*

Belarus, the Russian Federation and Ukraine.[75] Experts in the Ukraine also report that crude, home-made amphetamine-type stimulants such as methamphetamine, methcathinone and cathinone are shared by groups of young injecting drug users.[76]

2. Emerging issues

63. Although declines or a stabilization have been noted in the use of cannabis and opioids, cocaine use increased over the past decade. While use in some of the larger markets stabilized, cocaine use continues to increase in several of the smaller markets. Declining seizures and purity levels indicate, however, that cocaine may not be as readily available as it was a few years earlier.

64. The market for synthetics drugs may be rapidly changing in Europe. In 2008, 13 new psychoactive substances were reported to the early warning system of the European Union operated by the European Monitoring Centre for Drugs and Drug Addiction and the European Police Office. Of those substances, 11 were new synthetic drugs. Additionally, there are signs that methamphetamine supply, although still at low levels, is increasing in Europe.

3. Knowledge gaps

65. Most European countries carry out national household surveys that provide reliable information on the prevalence of drug users. However, these surveys are still not carried out regularly in all countries, particularly in Eastern Europe.

66. Few countries in Europe have made recent estimates of the levels of injecting drug use.[77] The lack of recent and repeated estimates makes it difficult to ascertain trends in injecting drug use based on objective data.

E. Oceania

67. Annual reports questionnaire data from Oceania reflect only the situation in Australia and New Zealand, as none of the other 12 small Pacific island Member States have responded to the questionnaire since 1998. Both Australia and New Zealand have well-established illicit drug surveillance systems and conduct regular household surveys of drug use, assess drug use among police detainees and record treatment admissions, in addition to making use of other sources of objective drug demand data.

Drug-Related Disorders in the Russian Federation (2008); B. M. Mathers and others, "Global epidemiology of injecting drug use ...".

[75] B. M. Mathers and others, "Global epidemiology of injecting drug use ..." .

[76] "Peculiarities of stimulators using in Ukraine by the example of Donetsk region", paper presented by V. Pavlenko, Regional Coordinator of the International HIV/AIDS Alliance in Ukraine, at the first Global Conference on Methamphetamine, Prague, 15-16 September 2008; O. Zeziulin, K. Dumchev and J. Schumacher, "Injection stimulant use and HIV risk in Ukraine", paper presented at the first Global Conference on Methamphetamine, Prague, 15-16 September, 2008.

[77] B. M. Mathers and others, "Global epidemiology of injecting drug use ...".

1. Drug use

68. Australia and New Zealand share broadly similar patterns of illicit drug use, as measured by past-year use, with cannabis being the most commonly used drug, followed by amphetamine-type stimulants.[78] Since 1998, there have been declines in the use of cannabis, methamphetamine and heroin but not in the use of drugs sold as "ecstasy". Cocaine use, while less common in Australia and New Zealand than in the Americas, increased notably in the period 2006/07.

69. The 2007 national household survey of Australia found that 9.1 per cent of the population aged 14 years and older had used cannabis in the past year, 3.5 per cent of that population had used drugs sold as "ecstasy", 2.3 per cent had used drugs of the amphetamine group (methamphetamine and amphetamine) and 1.6 per cent had used cocaine, the highest level recorded.[79] According to treatment admissions data, amphetamine-group drug treatment admissions have steadily increased since the period 2002/03, and in the period 2006/07 the number of admissions in that category surpassed heroin admissions and became the second most common drug for treatment after cannabis.[80] Problematic use of pharmaceutical opioids among participants in needle and syringe exchange programmes also appears to be increasing, as the number of times that pharmaceutical opioids were reported as the last drug injected has nearly doubled, from 8 per cent in 2004 to 15 per cent in 2008,[81] although the number of people who inject drugs has declined since 2001.[82]

70. New Zealand drug prevalence patterns showed general declines in past-year drug use for the following drugs and drug categories: cannabis (from 19.9 per cent of individuals aged 15-45 years in 1998 to 17.9 per cent in 2006), "home-bake" heroin (from 0.6 per cent in 1998 to 0.2 per cent in 2006)[83] and amphetamine-group substances (from 5 per cent in 2001 to 3.4 per cent in 2006, with preliminary indications of even further declines in 2009).[84] However, past-year use of drugs sold as "ecstasy" increased significantly from 1998 to 2006, from 1.5 per cent of the surveyed population to 3.9 per cent of the surveyed population, due in part to increased supplies of "party pills" containing previously legal piperazine, often sold as "ecstasy".[85] Past-year cocaine use has increased in recent years from 0.5 per cent in 2003 to 1.1 per cent in 2006. However, the number of problematic cocaine users

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[78] Australian Institute of Health and Welfare, *2007 National Drug Strategy Household Survey: First Results*, Drug Statistics Series No. 20 (Canberra, 2008); C. Wilkins and P. Sweetsur, "Trends in population drug use in new Zealand: findings from national household surveying of drug use in 1998, 2001, 2003 and 2006", *Journal of the New Zealand Medical Association*, vol. 121, No. 1274 (2008).

[79] Ibid.; United Nations Office on Drugs and Crime, annual reports questionnaire.

[80] Report entitled "Patterns and trends ...".

[81] J. Iversen, K. Shying and L. Maher, "Drug injection trends among participants in the Australian Needle and Syringe Program Survey, 2004-2008", *IDRS Drug Trends Bulletin*, July 2009.

[82] B. M. Mathers and others, "Global epidemiology of injecting drug use ...".

[83] Report entitled "Patterns and trends …".

[84] C. Wilkins and P. Sweetsur, *A Brief Report on Amphetamine Trends in New Zealand: Preliminary Findings from a National Survey of Drug Use in 2009* (Auckland, Massey University, 2009).

[85] Manufacture and retail of piperazine-based "party pills" were banned in New Zealand on 1 April 2008, and consumers had six months to use any pills containing piperazine that they had for personal consumption.

admitted to publicly funded hospitals or detained by law enforcement was still negligible in 2008.[86]

Small Pacific island States

71. There is no formal drug surveillance system at the national or regional level among the small Pacific island States. According to the Pacific Drug and Alcohol Research Network, the main drugs of use in many States include traditional psychoactive substances such as kava (*Piper methysticum*) and cannabis.[87] More recently, there have been reports of methamphetamine use in American Samoa, the Northern Mariana Islands, Fiji, Palau, Papua New Guinea and Vanuatu.[88] Comparably large seizures of methamphetamine were also reported in French Polynesia and Tonga, indicating the likelihood of increasing demand among the small Pacific island States.

2. Emerging issues

72. While general decreases in past-year drug use in the general population were reported for both Australia and New Zealand, there is evidence suggesting that problematic drug users in both countries may not be ceasing their drug use.[89] While there are indications that cocaine use is increasing, it is unclear how significant its problematic use is. The use of diverted pharmaceutical opioids is more prevalent among people who inject drugs in Australia and is thought to be related to the continuing poor quality and limited availability of heroin.[90] There are indications that methamphetamine use in the small Pacific island States may be increasing as the number of those countries reporting use has increased.

3. Knowledge gaps

73. During the past 10-year period (1999-2008), no replies to the annual reports questionnaires were submitted by Member States in the subregion, except for Australia and New Zealand. No formalized drug monitoring systems exist to cover the 9 million persons living in the remaining countries of Oceania. The limited available information tends to be outdated, non-representative and not based on objective measures. There is a continuing need for technical cooperation in the subregion in order to build sustainable, cost-effective drug monitoring capacity.

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[86] Report entitled “Patterns and trends ...”.

[87] Pacific Drug and Alcohol Research Network, Port Vila Workshop, Vanuatu (July 2009).

[88] Report entitled “Patterns and trends ...”.

[89] E. Black and others, *Australian Drug Trends 2007: Findings from the Illicit Drug Reporting System (IDRS)*, Australian Drug Trends Series No. 1 (Sydney, University of New South Wales, National Drug and Alcohol Research Centre, 2008); C. Wilkins, R. Griffiths and P. Sweetsur, *Recent Trends in Illegal Drug Use in New Zealand, 2006-2008: Findings from the 2007 and 2008 Illicit Drug Monitoring System (IDMS)* (Auckland, Centre for Social and Health Outcomes Research and Evaluation, 2009).

[90] E. Black and others, *Australian Drug Trends 2007 ...* .

IV. Conclusions and recommendations

74. The present report summarizes the most current information available to UNODC on the global demand for illicit drugs.

75. Information that is up to date and objective is not available in many developing countries where drug use appears to be increasing. Indeed, the lack of crucial information applies not just to a few individual countries but to entire subregions, such as West and Central Africa, South Asia and parts of East Asia, the Caribbean and other parts of Latin America and nearly all small Pacific island States.

76. The Commission on Narcotic Drugs has addressed the need to review and improve the existing data collection mechanisms of the United Nations. However, it is not enough simply to have in place the principles, structures and indicators necessary for effective drug information systems. While investments have been made to facilitate data collection in many countries, those efforts lack long-term sustainability. Experience has shown that long-term investment in the reporting capacity of Member States improves reporting accuracy, timeliness and the usefulness of internationally comparable drug demand data and is a key prerequisite for conducting successful evidence-based drug demand policies. Data show that countries with improved capacity to monitor their drug demand situation are in a better position to stabilize and reduce their national illicit drug consumption.

77. The lack of data collection capacity alone cannot explain the deteriorating response rates or incomplete reporting of Member States. Reinvigorated efforts are needed at the international level to support countries in submitting their annual reports questionnaire. Additionally, the data reported may be affected by other factors such as the political or social context, which may make it more difficult to ensure that comparable data are reported through the annual reports questionnaire. Focusing on increasing the sources of information used and engaging various relevant actors in considering the results of such data collection exercises would likely improve data collection and enhance interpretation.

78. The lack of sustainable drug information systems continues to hinder the monitoring of emerging epidemics, the implementation of evidence-based responses and the ability to assess the effectiveness of those responses. Sustainable investments continue to be needed to improve the ongoing collection and reporting of drug demand information.