



Commission on Narcotic Drugs
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Item 6 of the provisional agenda*
**Follow-up to the implementation at the national,
regional and international levels of all
commitments, as reflected in the Ministerial
Declaration of 2019, to address and counter the
world drug problem**

World situation with regard to drug abuse

Report of the Secretariat

Summary

The present report contains a summary of the most recent information available to the United Nations Office on Drugs and Crime (UNODC) on the extent of drug use and its health consequences. In 2019, an estimated 275 million people had used an illicit substance in the preceding year; of those, approximately one in eight were estimated to be suffering from drug use disorders. UNODC, jointly with the World Health Organization, the Joint United Nations Programme on HIV/AIDS and the World Bank, estimates that 11.2 million people inject drugs and that approximately one in eight people who inject drugs is living with HIV. Globally, drug use remains multifaceted, characterized by the concurrent and sequential use of multiple substances, including conventional plant-based drugs, synthetic stimulants, opioids, pharmaceutical drugs and new psychoactive substances (including those with opioid effects). Opioids, including heroin and pharmaceutical opioids, continue to have a severe impact on the health of people who use them non-medically. Of particular concern is the number of deaths attributed to the use of fentanyl and its analogues, in particular in North America, and the rapid expansion of the non-medical use of tramadol in parts of Asia and Africa. Globally, there were nearly half a million deaths attributable to drug use in 2019. The lack of reliable information on most epidemiological indicators of drug use continues to hinder both the monitoring of emerging trends and the implementation and evaluation of evidence-based responses to drug use and its health consequences.

* [E/CN.7/2022/1](#).



I. Introduction

A. Emerging global trends

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

(a) Opioid use, including the use of heroin and the misuse of pharmaceutical opioids and new psychoactive substances with opioid effects, is a major concern in many countries because of the serious health consequences of such use;

(b) There are indications of an increase in the use of cocaine in Western and Central Europe, while its use has stabilized at high levels in North America;

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

(d) The use of amphetamines, especially methamphetamine, is considered to be increasing in many parts of Asia and in North America, whereas in Western and Central Europe the use of amphetamines, especially in high-prevalence countries, is either declining or remains stable;

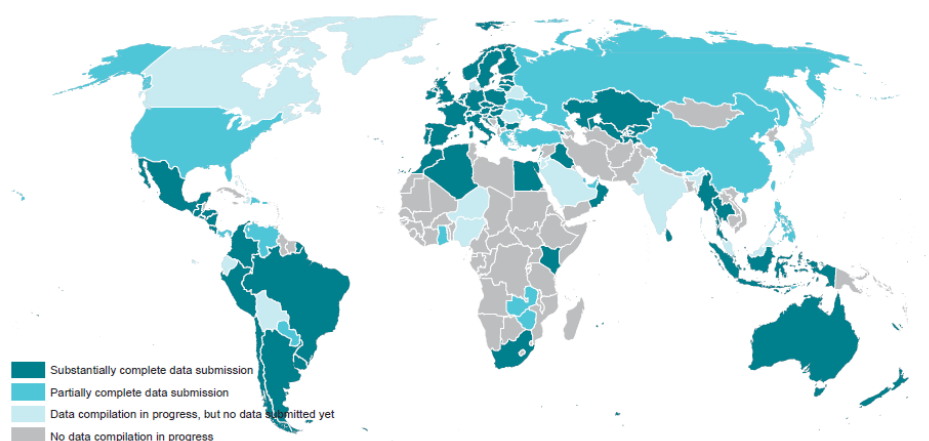
(e) As an outcome of the measures to prevent or slow down the spread of the coronavirus disease (COVID-19) in different parts of the world, experts responding to a survey have suggested that there has been an increase in the use of cannabis, sedatives and tranquillizers (benzodiazepines) and pharmaceutical opioids. At the same time, they considered that the use of opiates, amphetamines and cocaine in their countries appeared to have declined. Available information also suggests that there has been an increase in, or a shift towards, injecting drug use as well as an increase in drug-related morbidity and mortality among regular drug users.

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

2. Member States' responses to the annual report questionnaire form the basis on which the global extent of and trends in drug use are reported each year. As at 8 December 2021, 86 out of 200 States and territories had submitted responses to modules of the new online annual report questionnaire on the extent and patterns of and trends in drug use related to 2020. Overall, 74 per cent of the modules submitted by Member States were substantially completed, meaning that the State had provided information on more than half of the indicators of drug use and its health consequences through the six modules of the questionnaire.

3. A breakdown by module shows that 82 States submitted responses to module A01 (Prevalence and extent of drug use), of which 55 per cent were substantially completed; 77 States submitted responses to module A02 (Registries of drug users), all of which were substantially completed; 72 States submitted responses to module A03 (People who inject drugs), of which 67 per cent were substantially completed; 68 States submitted responses to module A04 (People with drug use disorders), all of which were substantially completed; 67 States submitted responses to module A05 (Drug-related mortality), all of which were substantially completed; and 58 States submitted responses to module A06 (Drug-related treatment), of which 78 per cent were substantially completed. In terms of coverage, the 86 Member States that returned responses to the modules represented almost 55 per cent of the world's population (see figure I).

Figure I
Responses to the annual report questionnaire
Member States that provided annual report questionnaire drug demand data for 2020*



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

Dashed lines represent undetermined boundaries. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

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

* Reflects status of submissions as at 8 December 2021.

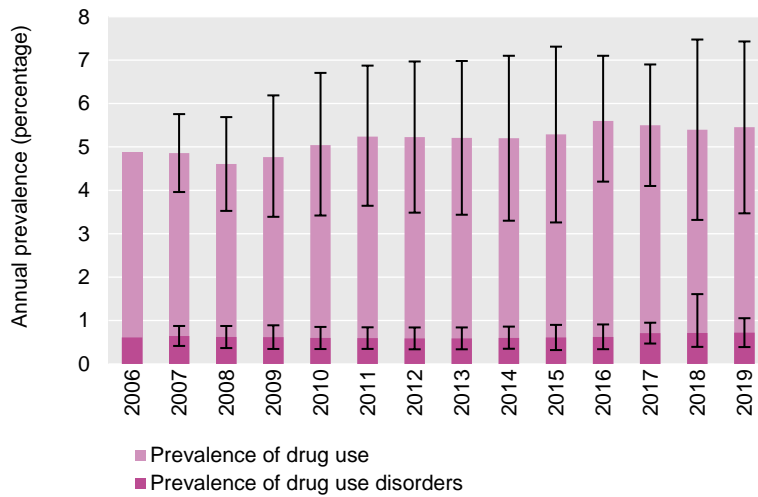
II. Global overview

A. Extent of drug use

4. In 2019, an estimated 275 million people worldwide aged 15–64, or 1 in every 18 people in that age group, had used drugs at least once in the previous year (range: 175 million to 374 million). This corresponds to 5.5 per cent of the global population aged 15–64 (range: 3.5 to 7.4 per cent).

5. Between 2010 and 2019, the estimated number of past-year users of any drug globally increased from 226 million to 275 million, or by 22 per cent; that increase occurred in part as a result of growth in the global population, which increased by 10 per cent among those aged 15–64. However, considering the wide uncertainty intervals of these estimates and that in any given year the global estimates represent the best available data, any comparison of the estimates over time should be undertaken with caution.

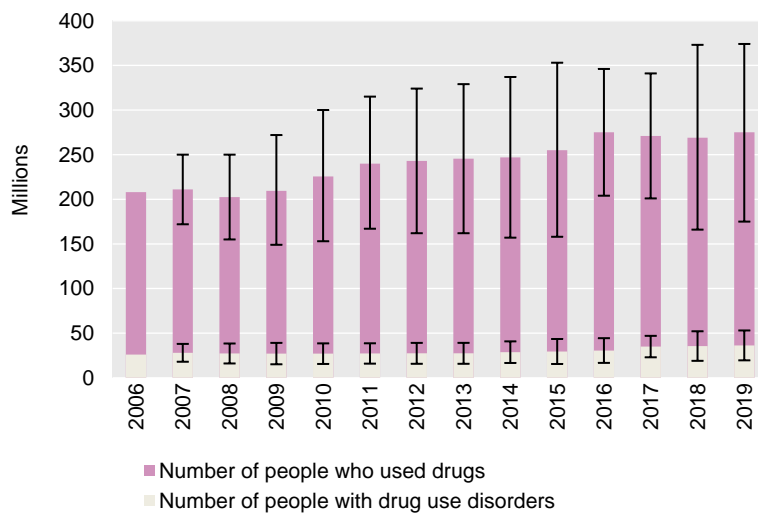
Figure II
Annual prevalence of drug use and drug use disorders, 2006–2019



Source: UNODC, responses to the annual report questionnaire.

Note: Annual prevalence estimates are based on the percentage of adults (aged 15–64) who used drugs in the past year. The global estimates of the extent of drug use and drug use disorders reflect the best available information for 2019. Changes compared with previous years largely reflect the information updated by countries for which new data on the extent of drug use were made available in 2020. Therefore, the global and regional estimates presented in a given year are based on both the new estimates that were available for a particular country in the reference year and the most recent estimates available for the other countries. For 2019, the estimated global prevalence of drug use is based on estimates from 141 countries, covering 88 per cent of the world’s population. Of those 141 countries, 13 reported new data.

Figure III
Numbers of people who used drugs and people with drug use disorders, 2006–2019



Source: UNODC, responses to the annual report questionnaire.

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

6. Overall drug use remains lower among women than among men. At the global level, women are three times less likely than men to use cannabis, cocaine or amphetamines, and only one in five people who inject drugs is a woman. By contrast, women are more likely than men to misuse pharmaceutical drugs, in particular pharmaceutical opioids and tranquillizers. This mainly reflects differences in

exposure and opportunities to use drugs owing to the influence of social or cultural environments, rather than intrinsic gender vulnerability.¹

7. Over the past decade, there has been a diversification of the substances available on the drug markets. In addition to traditional plant-based substances (cannabis, cocaine and heroin), the past decade has witnessed the expansion of a dynamic market for synthetic drugs and an increase in the non-medical use of pharmaceutical drugs. Many drugs are more potent nowadays and are increasingly available on the market, and many are also used in a consecutive or sequential manner among occasional or regular drug users, which poses an even greater challenge than in the past in terms of preventing drug use, treating drug use disorders and addressing the adverse health consequences thereof.

8. Nearly one in eight people who use drugs, or 36.3 million people, are estimated to suffer from drug use disorders, meaning that their pattern of drug use is harmful or they may experience drug dependence and/or require treatment. This corresponds to a global prevalence of drug use disorders of 0.7 per cent (range: 0.4 to 1.1 per cent) among the population aged 15–64.

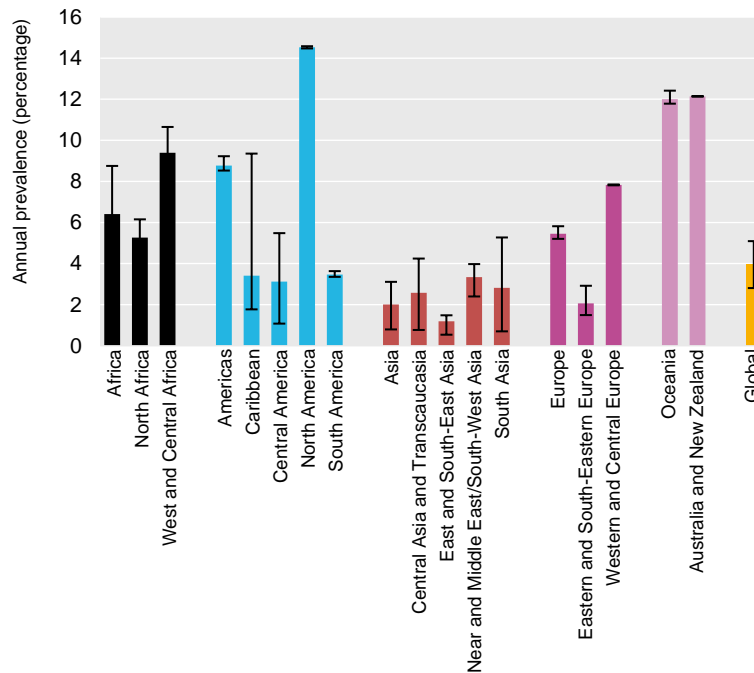
9. Between 2010 and 2016, the prevalence of drug use disorders remained rather stable globally, with the number of people suffering from such disorders increasing over that period mainly as a result of population growth. However, the estimated prevalence of drug use disorders has increased since 2017; the prevalence of such disorders (0.7 per cent) in 2019 was higher than in the past (0.6 per cent in 2016), contributing, along with population growth, to a change in the estimated number of people suffering from drug use disorders from 30.5 million in 2016 to 36.3 million in 2019.

10. Worldwide, there were an estimated 200 million past-year users of cannabis in 2019, corresponding to 4.0 per cent of the global population aged 15–64. The annual prevalence of the use of cannabis remains highest in North America (14.5 per cent), Australia and New Zealand (12.1 per cent) and West and Central Africa (9.4 per cent).

11. Just over a decade ago, in 2010, cannabis use, particularly among young people, was reported as stabilizing or declining in countries with established cannabis markets, such as those in Western and Central Europe, North America and parts of Oceania (Australia and New Zealand). However, that trend has been offset since then by increasing use in many countries in Africa and Asia. The global number of past-year cannabis users increased by 18 per cent between 2010 and 2019.

¹ *World Drug Report 2018*, booklet 5, *Women and Drugs: Drug Use, Drug Supply and Their Consequences* (United Nations publication, 2018).

Figure IV
Use of cannabis, by region, 2019



Source: UNODC, responses to the annual report questionnaire.

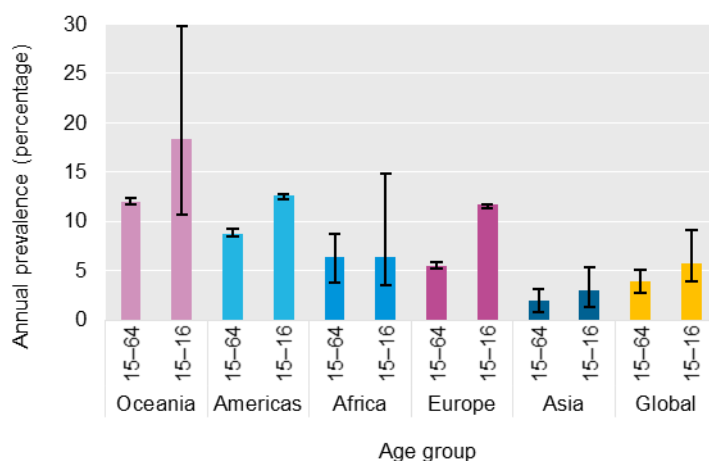
12. Cannabis is the drug most widely used among young people. Globally, it is estimated that there were about 14 million past-year users of cannabis among students aged 15 and 16 in 2019. This corresponds to an annual prevalence of cannabis use of 5.7 per cent in that age group, a rate that is higher than among the general population aged 15–64 (4.0 per cent) at the global level and in most regions.

13. Over the past decade, an increasing number of cannabis products with high levels of potency have been introduced onto the cannabis market in some regions. These products tend to be high in *delta*-9-tetrahydrocannabinol (*delta*-9-THC), the main psychoactive component in cannabis, and low in cannabidiol, a cannabinoid which, unlike *delta*-9-THC, is not intoxicating.²

14. The percentage of *delta*-9-THC in cannabis products increased from about 4 per cent to 16 per cent in the United States of America over the period 1995–2019, and from about 6 per cent to 11 per cent in Europe over the period 2002–2019. Although there is evidence that *delta*-9-THC is responsible for the development of mental health disorders in long-term, heavy users of cannabis, the percentage of adolescents who perceive the regular use of cannabis as harmful decreased by as much as 40 per cent during the same period. Surveys of schoolchildren and young adults in the United States and Europe bear out this finding. Limited evidence from other parts of the world suggests a similar pattern.

² World Health Organization (WHO), Expert Committee on Drug Dependence, *Critical Review: Cannabis Plant and Cannabis Resin* (Geneva, 2018), sect. 1.

Figure V
Estimates of cannabis use among young people and among the general population, 2019



Source: UNODC, responses to the annual report questionnaire; and other government reports.

15. Opioids remain a major concern in many countries because of the severe health consequences associated with their use, including non-fatal and fatal overdoses. For example, in 2019, the use of opioids accounted for more than 70 per cent of the 18 million years of healthy life lost as a result of disability and premature death (i.e. disability-adjusted life years) attributed to drug use disorders, as well as for all deaths that were attributed to such disorders.

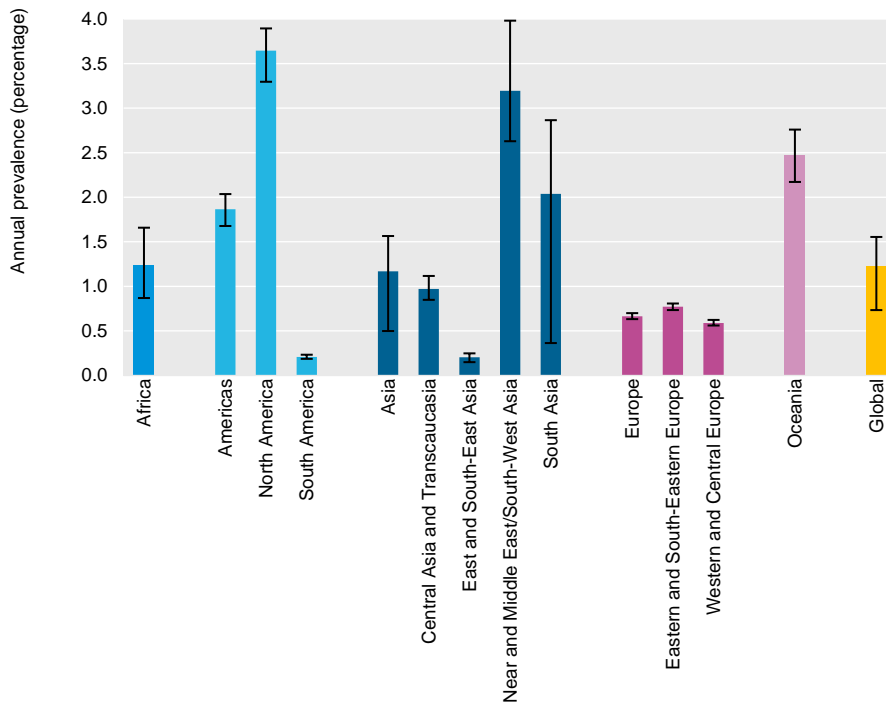
16. In 2019, 62 million people worldwide were estimated to have used opioids (i.e. opiates and pharmaceutical and/or synthetic opioids) in a non-medical context in the past year. This corresponds to 1.2 per cent (range: 0.7 to 1.6 per cent) of the global population aged 15–64.

17. The subregions with the highest past-year prevalence of non-medical use of opioids were North America (3.6 per cent), the Near and Middle East and South-West Asia (3.2 per cent) and Oceania (2.5 per cent; essentially Australia and New Zealand). Asia, where the past-year prevalence of opioid use is at a comparable level to the global average, accounts for more than half (58 per cent) of the estimated global number of opioid users.

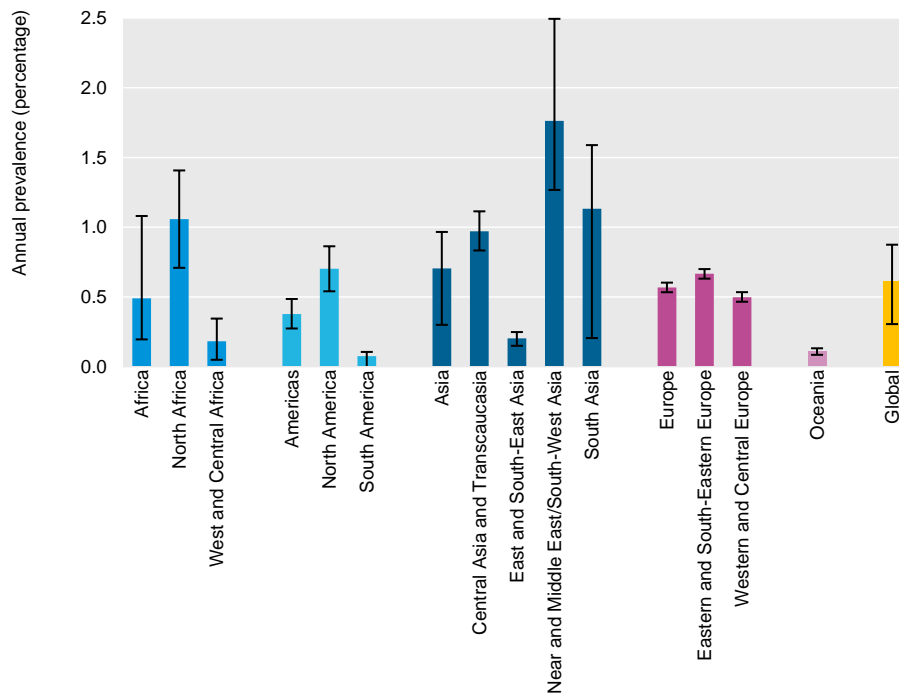
18. Almost half of the estimated number of past-year users of opioids – nearly 31 million – were users of opiates (heroin and opium) in 2019, corresponding to 0.6 per cent of the global population aged 15–64. The subregions with the highest annual prevalence of opiate use were the Near and Middle East and South-West Asia (1.8 per cent), South Asia (1.1 per cent), North Africa (1.1 per cent) and Central Asia and Transcaucasia (1 per cent). Nearly 70 per cent of the estimated global number of opiate users reside in Asia.

Figure VI
Use of opioids and opiates, by region, 2019

Opioids



Opiates



Source: UNODC, responses to the annual report questionnaire.

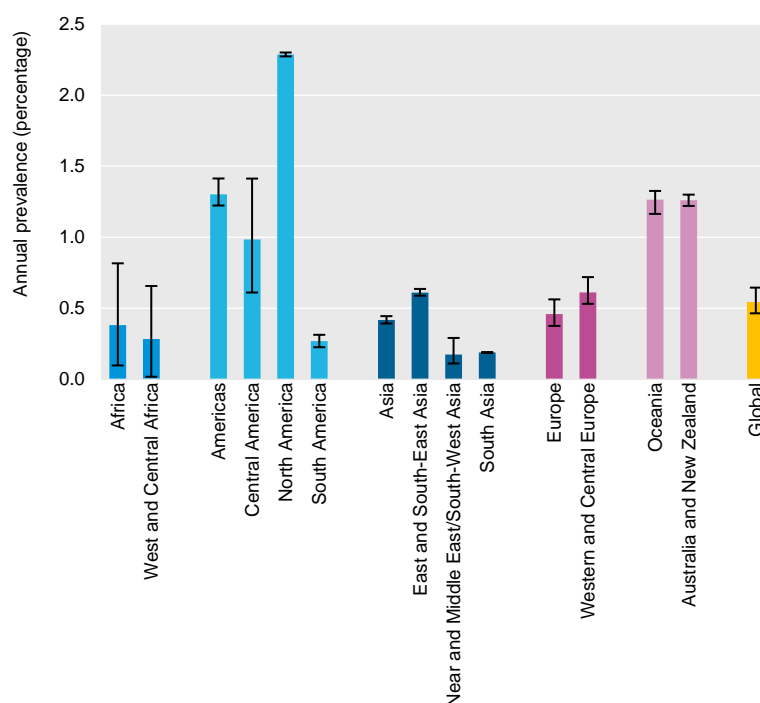
19. The opioid crisis continues in North America, reflected in particular in the continuing increase in the number of opioid overdose deaths attributed to the use of fentanyl. The other opioid crisis, which concerns the non-medical use of tramadol, a synthetic opioid not under international control that has emerged in recent years as an opioid of public health concern in many subregions, also continues, in particular in West, Central and North Africa. This is reflected in the number of people in treatment

for tramadol-related problems and the number of tramadol overdose deaths reported in some countries in those subregions. There are also increasing signs of non-medical use of pharmaceutical opioids in Western and Central Europe, as reflected in the increasing proportion of people accessing treatment services for such use in the subregion.

20. Worldwide, there were an estimated 27 million past-year users of amphetamines in 2019, corresponding to 0.5 per cent of the global population aged 15–64. The highest past-year prevalence of use of amphetamines among the population aged 15–64 was estimated for North America (2.3 per cent) and for Australia and New Zealand (1.3 per cent).

21. Since 2010, the situation regarding the use of amphetamines reported in most countries in Western and Central Europe, based on population surveys, has been relatively stable; however, data based on wastewater analyses showed an increase in 2018 and 2019 in the consumption of amphetamines in nearly half (21 out of 41) of the cities for which data were available in that subregion. There are indications of an increase in methamphetamine use in North America and in East and South-East Asia, and qualitative information on trends and limited data from countries in the latter subregion suggest an increase in the use of crystalline methamphetamine in particular. More than one third of the estimated global number of users of amphetamines reside in East and South-East Asia.

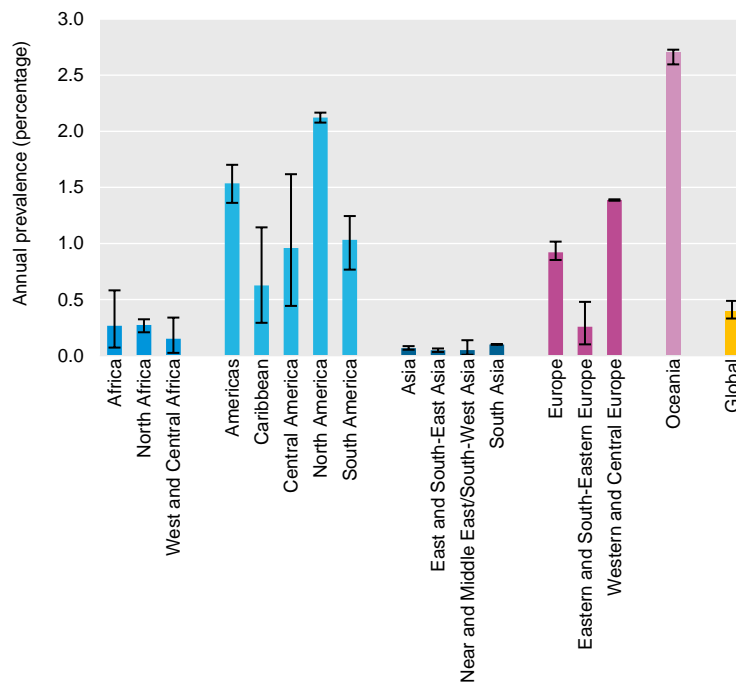
Figure VII
Use of amphetamines, by region, 2019



Source: UNODC, responses to the annual report questionnaire.

22. Globally, an estimated 20 million people were past-year users of cocaine in 2019, corresponding to 0.4 per cent of the global population aged 15–64. The prevalence of past-year use of cocaine is comparatively high in Oceania (2.7 per cent, mainly reflecting the situation in Australia and New Zealand), North America (2.1 per cent), Western and Central Europe (1.4 per cent) and South America (1.0 per cent).

Figure VIII
Use of cocaine, by region, 2019



Source: UNODC, responses to the annual report questionnaire.

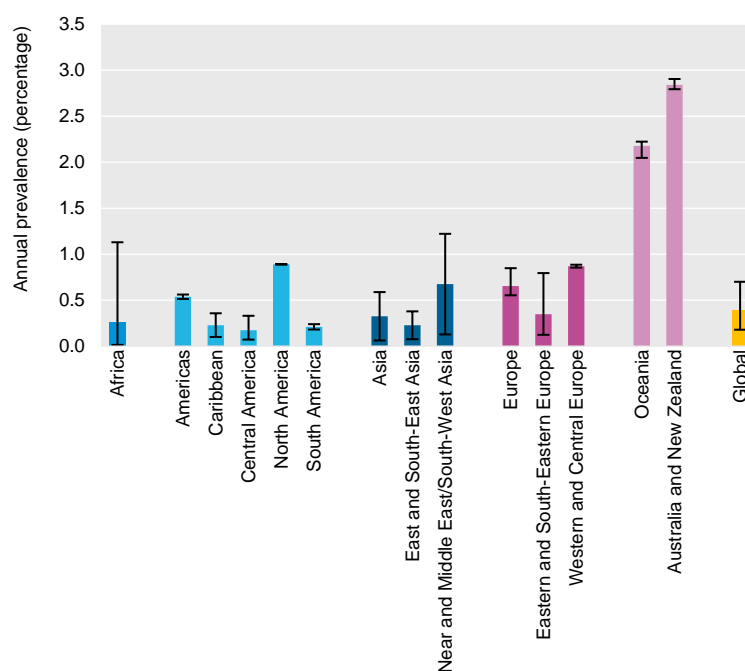
23. Prior to 2010, stable trends were reported in the use of cocaine in Central America, South America and Europe, while decreasing cocaine use was reported in North America. More recently, in Western and Central Europe, findings from both wastewater analysis and population-based surveys in some countries suggest an increase in cocaine consumption and the prevalence of use in that subregion. As for North America, cocaine use in the United States has been fluctuating around a fairly stable trend line over the past few years. Although survey data reported from South America are limited, some countries in that subregion have reported mixed trends in cocaine use in recent years. Meanwhile, in parts of Asia and West Africa, increasing amounts of cocaine have reportedly been seized, which indicates that cocaine use could potentially increase, especially among affluent, urban segments of the population, in subregions where such use had previously been low.

24. In 2019, nearly 20 million people globally were estimated to have used 3,4-methylenedioxymethamphetamine (MDMA, commonly known as “ecstasy”) in the past year, corresponding to 0.4 per cent of the global population aged 15–64. Past-year use of the substance is relatively high in Australia and New Zealand (2.8 per cent), Western and Central Europe (0.9 per cent) and North America (0.9 per cent). The use of “ecstasy” is mainly associated with recreational nightlife settings, with higher levels of use among younger people.³ The trend in the use of the substance may have reversed in those established markets during the COVID-19 pandemic.

25. While recent survey reports from countries in Western and Central Europe show a stable overall trend in the use of “ecstasy”, the forms of the substance on the market have diversified; high-purity powder and crystalline forms of the drug have become more readily available and are now commonly used in established “ecstasy” markets, alongside tablets with a high content of MDMA.

³ European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), *Monitoring Drug Use in Recreational Settings across Europe: Conceptual Challenges and Methodological Innovations*, Technical Report (Luxembourg, Publications Office of the European Union, 2018).

Figure IX
Use of “ecstasy”, by region and in selected subregions, 2019



Source: UNODC, responses to the annual report questionnaire.

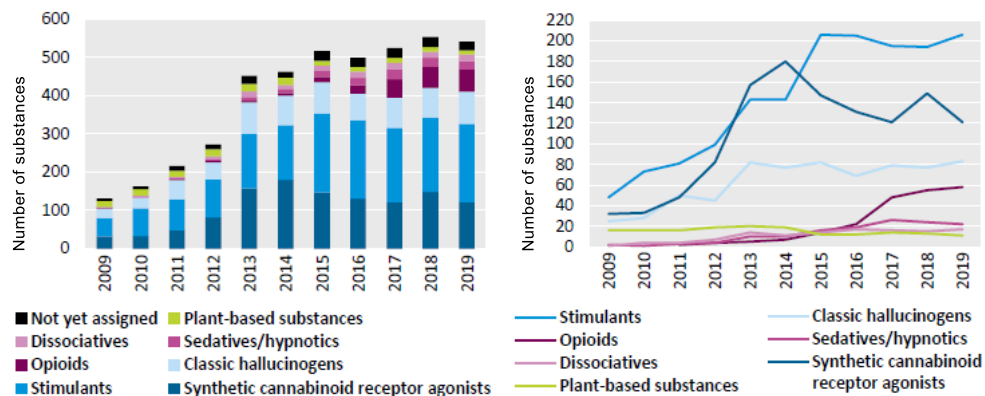
26. Following the rapid expansion of the market for new psychoactive substances between 2009 and 2015, the number of different substances of this type identified each year at global level has stabilized. In 2019, although 541 different new psychoactive substances were identified and reported by Member States, many of the substances had, in fact, come onto the global market in previous years, with just 71 being identified for the first time at the global level in 2019, down from a peak of 163 substances in 2013.

27. The majority of the new psychoactive substances identified and reported continue to be stimulants, followed by synthetic cannabinoid receptor agonists, while an increasing number of new psychoactive substances are opioids (fentanyl analogues or research opioids). The fast-changing nature of the market for these substances continues to challenge policies and programmes that address their emergence and proliferation, with health consequences affecting users of new psychoactive substances at the individual and general population levels.

28. The harms caused by the use of different new psychoactive substances vary in their intensity and outcomes as health consequences and depend on different factors related to the class and group of substances, their chemical structure and the group of users. However, at the population level, with the notable exception of some new psychoactive substances with opioid effects, the extent of the acute effects or harm caused by most new psychoactive substances appears to be much less than that of controlled drugs. Moreover, the different new psychoactive substances do not seem to have established sizeable markets that may pose a threat to public health globally. However, certain patterns of use of new psychoactive substances, in particular the use of synthetic cannabinoid receptor agonists among marginalized, vulnerable and socially disadvantaged groups, including homeless people and those in prison or on probation, have been observed.⁴ Moreover, the injecting of stimulant new psychoactive substances remains a concern, in particular in view of the reported high-risk injecting practices associated with such use.

⁴ *World Drug Report 2021*, booklet 2, *Global Overview: Drug Demand and Drug Supply* (United Nations publication, 2021).

Figure X
New psychoactive substances identified in Member States, by effect group,
2009–2019



Source: UNODC early warning advisory on new psychoactive substances, 2020.

B. Consequences of drug use

29. The adverse health consequences of drug use may include a range of outcomes, such as drug use disorders, mental health disorders, HIV infection, liver cancer and cirrhosis associated with hepatitis, overdose and premature death. The greatest harms to health are those associated with opioid use disorders and injecting drugs, because of the risk of overdose and of acquiring HIV or hepatitis C through unsafe injecting practices.

30. In recent decades, recognition of co-occurring mental health disorders among people with substance use disorders has been growing. Although substance use disorders commonly occur together with other mental illnesses, it is often unclear whether one is a cause of the other or if common underlying risk factors contributed to both disorders.⁵ The relevance of the comorbidity of substance use and mental health disorders is related not only to the high prevalence of that comorbidity, but also to the difficulty of managing it, particularly given the lack of integration of drug treatment and mental health services in many countries.^{6,7} People with co-occurring mental health disorders and substance use disorders also report lower rates of treatment success, a higher rate of psychiatric hospitalizations and a higher prevalence of suicide than those without comorbid mental disorders.^{8,9}

1. People with drug use disorders in drug treatment

31. There is overwhelming evidence that the cost of providing evidence-based treatment for drug use disorders is much lower than the cost of untreated drug dependence.¹⁰ Scientific evidence-based treatment of drug use disorders not only helps to reduce drug-related harm but also improves the health, well-being and

⁵ WHO and United Nations Office on Drugs and Crime (UNODC), *International Standards for the Treatment of Drug Use Disorders: Revised Edition Incorporating Results of Field-Testing* (Geneva; Vienna, 2020).

⁶ Ibid.

⁷ A. Thomas McLellan and others, "Reconsidering the evaluation of addiction treatment: from retrospective follow-up to concurrent recovery monitoring", *Addiction*, vol. 100, No. 4 (April 2005), pp. 447–458.

⁸ Michael Gossop and others, "The National Treatment Outcome Research Study (NTORS): 4–5 year follow-up results", *Addiction*, vol 98, No. 3 (April 2003), pp. 291–303.

⁹ Marta Torrens, Joan-Ignasi Mestre-Pintó and Antònia Domingo-Salvany, *Comorbidity of Substance Use and Mental Disorders in Europe*, EMCDDA Insights Series, No. 19 (Luxembourg, Publications Office of the European Union, 2015).

¹⁰ WHO and UNODC, *International Standards for the Treatment of Drug Use Disorders*.

recovery of people with drug use disorders while reducing drug-related crime and increasing public safety and positive community outcomes, for example, by reducing homelessness, requirements for social welfare and unemployment.¹¹ Nevertheless, in many countries, there remains a major shortfall in national capacities and in the provision of evidence-based drug treatment services as part of the public health-care system. For people with drug use disorders, the availability of and access to treatment services, in particular science-based services, remains limited at the global level, as only one in eight people with drug use disorders receives drug treatment each year. Moreover, although women account for one in three drug users, they continue to account for only one in five people in treatment.

32. Opioids remain the main drug type for which people receive treatment in Europe (particularly Eastern and South-Eastern Europe), North America and Asia. In Europe, the use of opioids (mostly heroin) was the main reason for entering specialized treatment for drug use in 2019; opioids accounted for 40 per cent of treatment admissions in Western and Central Europe and 74 per cent of such admissions in Eastern and South-Eastern Europe. In most regions, people provided with treatment for opioid use disorders tend to be older (in their mid-thirties) than those treated for most other drugs, and one quarter to one third of them are first-time entrants.¹²

33. While an increase was observed between 2010 and 2014 in all regions, except for Africa, in the proportion of people provided with treatment for the use of cannabis as the primary drug of concern, among all drug treatment admissions, trends have varied across subregions since 2014. However, in 2019, nearly half of the people treated for drug use disorders in Africa, Oceania (mainly Australia and New Zealand) and Latin America were being treated for the use of cannabis as the primary drug of concern.

34. Some of the factors that may have influenced the increase in the number of people in treatment for cannabis use disorders include changes in the number of people who actually need treatment, changes in the treatment referral system, changes in awareness of potential problems associated with cannabis use disorders and changes in the availability of and access to treatment for such disorders.

35. Treatment for the use of amphetamines is more common in Asia (predominantly for the use of methamphetamine), Oceania (based on data from Australia and New Zealand, for methamphetamine) and North America than elsewhere, with more than one quarter of people in treatment in those regions and that subregion being treated for amphetamine use disorders. In many countries in East and South-East Asia, people receiving treatment for the use of methamphetamine account for more than three quarters of those in treatment for drug use. In general, people with amphetamine use disorders who are in drug treatment tend to be younger (in their mid-twenties) than those in treatment for the use of opioids or cocaine, and the majority of them are first-time entrants.

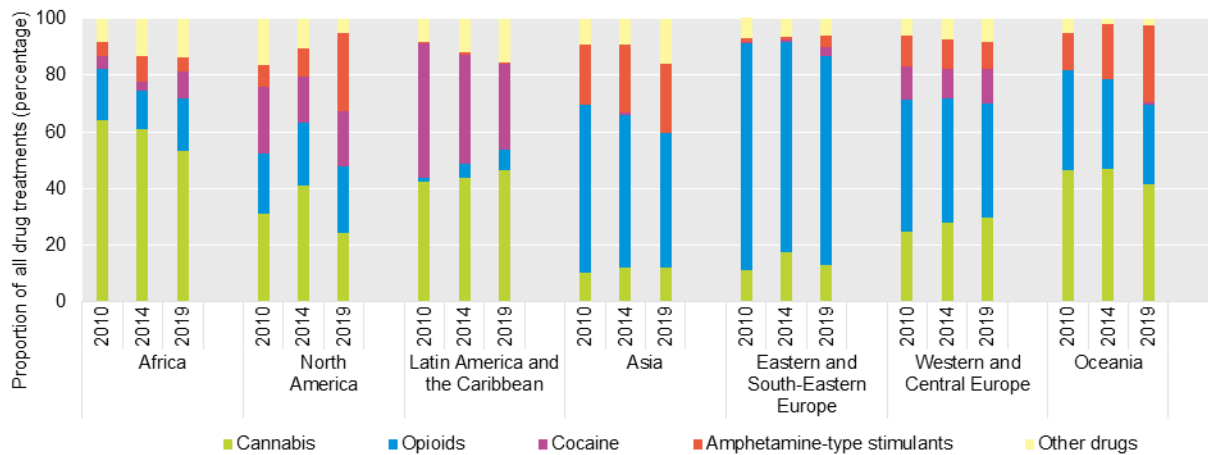
36. The provision of treatment for people with cocaine use disorders is seen mainly in the Americas, in particular in Latin America and the Caribbean. In Latin America, as in other subregions, people entering treatment for cocaine use disorders tend to be in their mid-thirties, and 30 to 40 per cent are first-time entrants.¹³

¹¹ Ibid.

¹² UNODC, responses to the annual report questionnaire. Based on an analysis of data related to the provision of drug treatment reported by countries for the period 2015–2019.

¹³ UNODC, responses to the annual report questionnaire. Based on an analysis of data related to the provision of drug treatment reported by countries for the years 2015–2019.

Figure XI
Trends in the primary drug of concern in drug treatment admissions, by region, 2010, 2014 and 2019



Source: UNODC, responses to the annual report questionnaire.

2. People who inject drugs

37. People who inject drugs constitute a particularly vulnerable population who may experience multiple adverse health consequences as a result of injecting drug use. They are at increased risk of acquiring life-threatening infectious diseases, such as HIV and hepatitis C, through the sharing of contaminated needles and syringes and are also at high risk of non-fatal and fatal overdoses.^{14,15}

38. The joint UNODC, World Health Organization (WHO), Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Bank estimate of the number of people who inject drugs worldwide for 2019 is 11.2 million (range: 8.9 million to 14.2 million), corresponding to 0.22 per cent (range: 0.18 to 0.28 per cent) of the population aged 15–64. This estimate is based on data on injecting drug use reported by 122 countries, covering 90 per cent of the global population aged 15–64.

39. Injecting drug use remains highly prevalent in Eastern Europe, Central Asia and Transcaucasia, and North America, with rates that are 5.7, 2.8 and 2.5 times the global average, respectively.

40. The prevalence of HIV and that of hepatitis C are disproportionately high among people who inject drugs, and injecting drug use is a major contributor to the global hepatitis C epidemic. WHO estimates that, in 2015, almost one quarter (23 per cent) of the 1.7 million new hepatitis C infections globally were attributable to injecting drug use.¹⁶ Moreover, UNAIDS estimates that, in 2019, people who inject drugs accounted for approximately 1 in 10 new adult HIV infections globally.

41. In 2019, the risk of acquiring HIV was estimated to be 29 times greater among people who inject drugs than among people who do not inject drugs. In addition, people who inject drugs accounted for almost half of new adult HIV infections in Eastern Europe and Central Asia (48 per cent) and in the Middle East and North Africa (43 per cent).¹⁷ Importantly, outside sub-Saharan Africa, people who inject drugs and

¹⁴ Bradley M. Mathers and others, “Mortality among people who inject drugs: a systematic review and meta-analysis”, *Bulletin of the World Health Organization*, vol. 91, No. 2 (February 2013), pp. 102–123.

¹⁵ Samantha Colledge and others, “The prevalence of non-fatal overdose among people who inject drugs: a multi-stage systematic review and meta-analysis”, *International Journal of Drug Policy*, vol. 73 (2019), pp. 172–184.

¹⁶ WHO, *Global Hepatitis Report 2017* (Geneva, 2017).

¹⁷ UNAIDS, *Global AIDS Update 2020: Seizing the Moment — Tackling Entrenched Inequalities to End Epidemics* (Geneva, 2020).

their sexual partners are estimated to account for approximately one quarter of all people newly infected with HIV.¹⁸

42. The joint UNODC, WHO, UNAIDS and World Bank estimate of the prevalence of HIV among people who inject drugs worldwide for 2019 is 12.6 per cent, amounting to 1.4 million people who inject drugs living with HIV. This estimate is based on data on the prevalence of HIV among people who inject drugs reported by 121 countries, covering 96 per cent of the estimated number of people who inject drugs globally.

43. The highest prevalence of HIV among people who inject drugs is estimated to be in South-West Asia and Eastern Europe, with rates that are 2.3 and 2.1 times the global average, respectively. In terms of the actual numbers of people who inject drugs living with HIV worldwide, most reside in Eastern Europe (32 per cent), East and South-East Asia (20 per cent) and South-West Asia (15 per cent). In East and South-East Asia, the prevalence of both injecting drug use and HIV among people who inject drugs are below the global averages.

3. HIV and hepatitis C among people who inject drugs

44. As noted above, injecting drug use is a major contributor to the hepatitis C epidemic worldwide. Projections based on data modelling suggest that as many as two out of five new hepatitis C infections (or about 43 per cent) globally could be prevented if the risk of transmission through injecting drug use was removed.¹⁹

45. The prevalence of hepatitis C among people who inject drugs is 37.2 times greater than the prevalence of hepatitis C among the general population. This difference is more pronounced in East and South-East Asia, Western and Central Europe and the Caribbean. While people who currently inject drugs account for an estimated 5.5 per cent (range: 2.7 to 12.1 per cent) of the 71 million people living with hepatitis C globally, the proportion of those with hepatitis C who have a history of injecting drugs at some point in their lives is much larger.²⁰

46. The joint UNODC, WHO, UNAIDS and World Bank estimate of the prevalence of hepatitis C among people who inject drugs worldwide for 2019 is 50.2 per cent, corresponding to an estimated 5.6 million people who inject drugs living with hepatitis C. This estimate is based on information on the prevalence of hepatitis C among people who inject drugs reported by 108 countries, covering 94 per cent of the estimated global population of people who inject drugs.

47. More than one third (35 per cent) of people who inject drugs living with hepatitis C worldwide reside in East and South-East Asia, the subregion with the largest number of people who inject drugs and a high prevalence of hepatitis C among them.

48. Among people who inject drugs who are living with HIV, an estimated 82 per cent, or 1.2 million, are also living with hepatitis C. By contrast, among people in the general population living with HIV, an estimated 2.4 per cent are also living with hepatitis C. People living with HIV experience more rapid hepatitis C disease progression, and hepatitis C co-infection may complicate HIV treatment.²¹

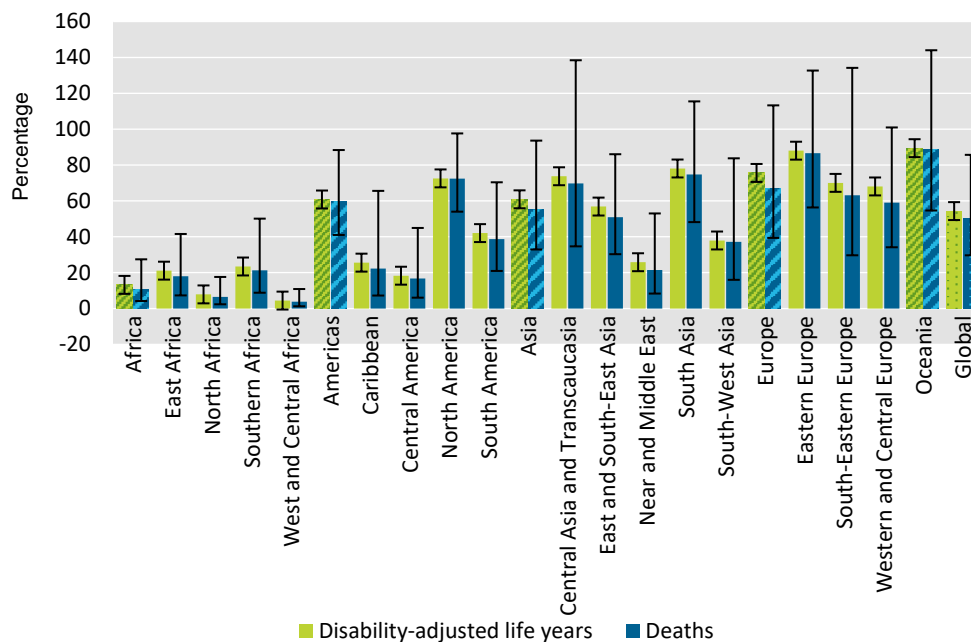
¹⁸ UNAIDS, *Health, Rights and Drugs: Harm Reduction, Decriminalization and Zero Discrimination for People Who Use Drugs* (Geneva, 2019).

¹⁹ Adam Trickey and others, "The contribution of injection drug use to hepatitis C virus transmission globally, regionally, and at country level: a modelling study", *The Lancet Gastroenterology and Hepatology*, vol. 4, No. 6 (June 2019), pp. 435–444.

²⁰ CDA Foundation, Polaris Observatory, Viremic HCV infections 2017. Available at <https://cdafound.org/polaris/>.

²¹ Lucy Platt and others, "Prevalence and burden of HCV co-infection in people living with HIV: a global systematic review and meta-analysis", *Lancet Infectious Diseases*, vol. 16, No. 7 (July 2016), pp. 797–808.

Figure XII
Deaths and disability-adjusted life years linked to hepatitis C attributable to drug use, 2019



Source: Department of Global HIV, Hepatitis and Sexually Transmitted Infections Programmes of WHO, based on data from the Institute for Health Metrics and Evaluation, “Global Burden of Disease Study 2019 Data Resources: GBD Results Tool”.

Note: The upper and lower bounds of the estimates in the graph are calculated as follows: lower bound = “lower number of disability-adjusted life years from drug use” divided by “upper number of total disability-adjusted life years”; upper bound = “upper number of disability-adjusted life years from drug use” divided by “lower number of total disability-adjusted life years”.

49. The joint UNODC, WHO, UNAIDS and World Bank global estimate for 2019 of the prevalence of hepatitis B among people who inject drugs is 8.7 per cent; in other words, an estimated 0.97 million people who injected drugs worldwide were living with an active hepatitis B infection. This estimate is based on information on the prevalence of hepatitis B among people who inject drugs reported by 94 countries, covering 71 per cent of the estimated global population of people who inject drugs.

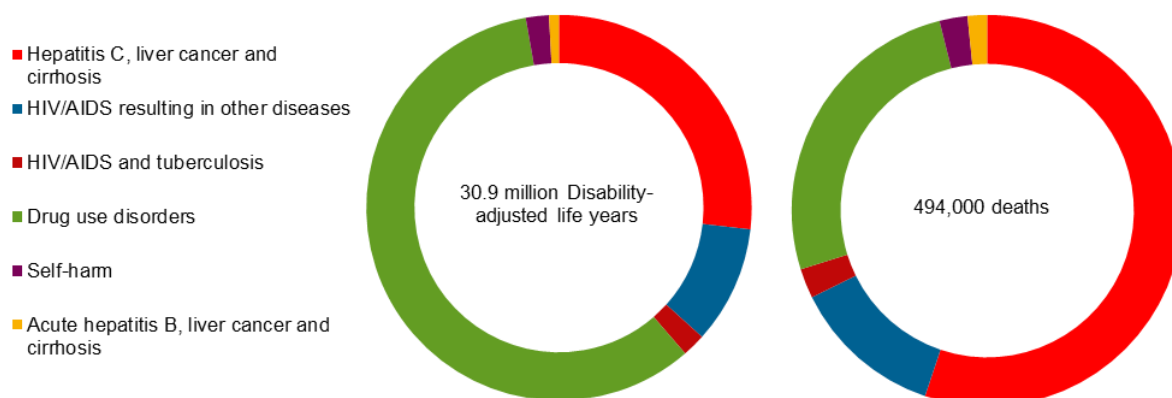
4. Disability-adjusted life years and drug-related deaths

50. Drug-related deaths include deaths that are directly attributable to drug use disorders, primarily overdose, and deaths that result from other risk factors, such as HIV and AIDS, tuberculosis, hepatitis C and liver cancer or cirrhosis among people who use drugs.

51. In 2019, the Global Burden of Disease Study estimated that 30.9 million healthy years of life were lost as a result of drug use, more than half of which were attributed to drug use disorders. An estimated 494,000 deaths were attributed to drug use globally in 2019; more than half of those deaths were attributable to liver cancer, cirrhosis or other chronic liver diseases among people who use or inject drugs, while one quarter were directly attributable to drug use disorders (128,000 deaths), 69 per cent of which were attributable to opioid use disorders (88,300 deaths).

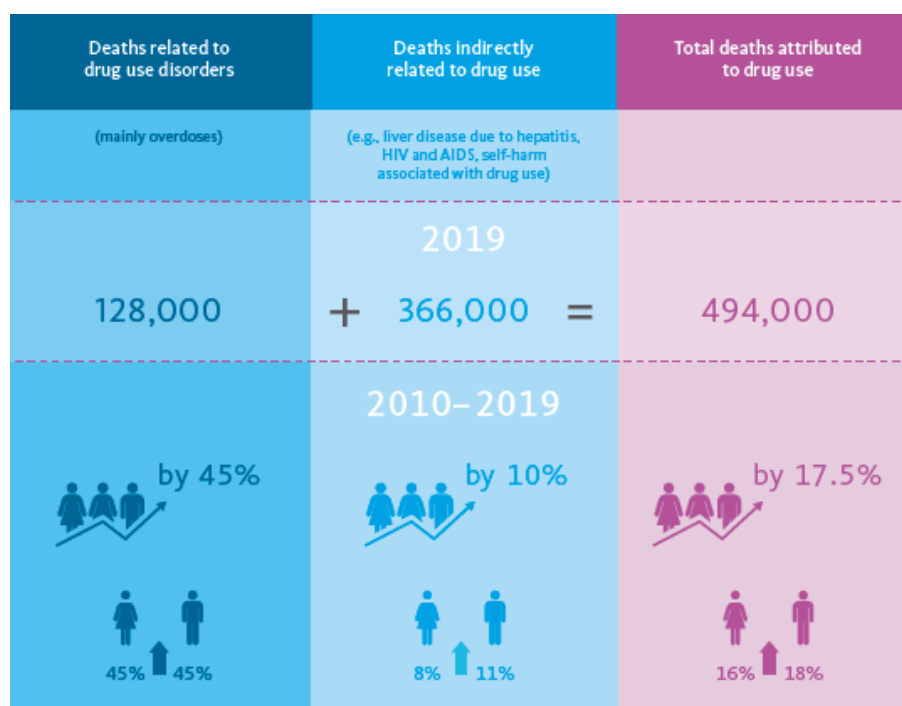
Figure XIII
Leading causes of disability-adjusted life years and deaths attributable to drug use, 2019

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



Source: UNODC, based on data from the Global Burden of Disease Study 2019.

Figure XIV
Trends in drug-related deaths, 2010–2019



Source: UNODC, based on data from the Global Burden of Disease Study 2019.

III. Impact of COVID-19 on drug use

52. The lockdowns and other restrictions on movement implemented to contain the spread of COVID-19, together with the subsequent unemployment, stress, physical distancing and related isolation and boredom, as well as changes in the availability of certain substances, have contributed to some changes in drug use behaviour around the world, in particular during the first phase of the pandemic. The evidence, however,

remains patchy, and such changes have not yet translated into measurable changes in the global prevalence of drug use in the course of the pandemic.

53. Nevertheless, a few common trends seem to have emerged across different countries: an increase in the consumption of cannabis, although it is not clear whether it reflects the prevalence or the frequency of drug use, or both; an increase in the non-medical use of pharmaceutical drugs, such as tramadol, benzodiazepines and barbiturates; and a reduction in the use of drugs that are mainly consumed in social or recreational settings and contexts, such as cocaine or “party drugs”, such as MDMA, mostly as a result of the widespread implementation of lockdown measures and closures of entertainment and night-life venues. For those who use other drugs, there does not seem to have been a substantial change in patterns of use, although the available information is still too limited to draw definitive conclusions.²²

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

55. In certain circumstances, the health risks for people who use drugs have been aggravated during the pandemic. In North America, for example, the already high number of fatal overdose cases increased further in 2021. Reports from some African countries have pointed to an increase in cases of non-fatal overdose during lockdown periods, as people who were relying on opioid substitution treatment switched to other substances when such treatment became less available.²³

56. A global survey²⁴ among experts, mainly addiction medicine specialists, from 77 countries²⁵ on changes in the use of alcohol and drugs during April and May 2020 showed perceived changes in overall drug use during the early stages of the COVID-19 pandemic, although the changes had not been homogeneous across countries or substances. For example, increases in the use of alcohol and the non-medical use of sedatives (benzodiazepines and barbiturates) and pharmaceutical opioids were reported by experts in the majority of the countries surveyed. An increase in cannabis use was also reported quite often, but the trends reported by addiction medicine professionals with regard to the use of other substances were more heterogeneous.

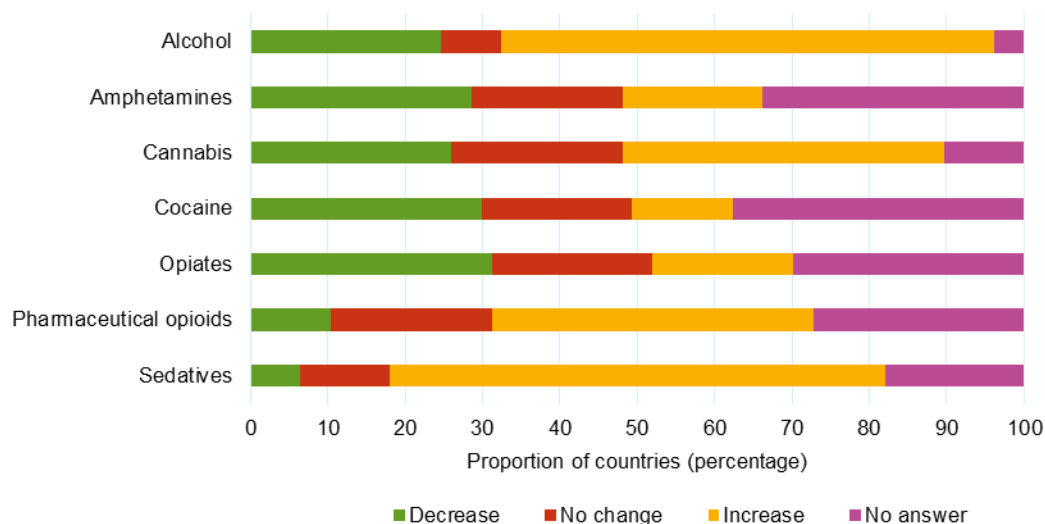
²² *World Drug Report 2021* (United Nations publication, 2021).

²³ UNODC field office assessment based on the collection of qualitative and quantitative information in West and Central Africa.

²⁴ Ali Farhoudian and others, “A global survey on changes in the supply, price and use of illicit drugs and alcohol, and related complication during the 2020 COVID-19 pandemic”, *Frontiers in Psychiatry*, vol. 12 (2021).

²⁵ The number of addiction medicine professionals participating in the survey ranged from 1 to 13 per country.

Figure XV
Trends in drug use during the early stages of the COVID-19 pandemic, as reported by national addiction medicine professionals, by substance, April and May 2020



Source: Ali Farhoudian and others, “A global survey on changes in the supply, price and use of illicit drugs and alcohol, and related complications during the 2020 COVID-19 pandemic”, *Frontiers in Psychiatry*, vol. 12 (2021).

Note: Data are based on the responses of experts from 77 countries in all regions.

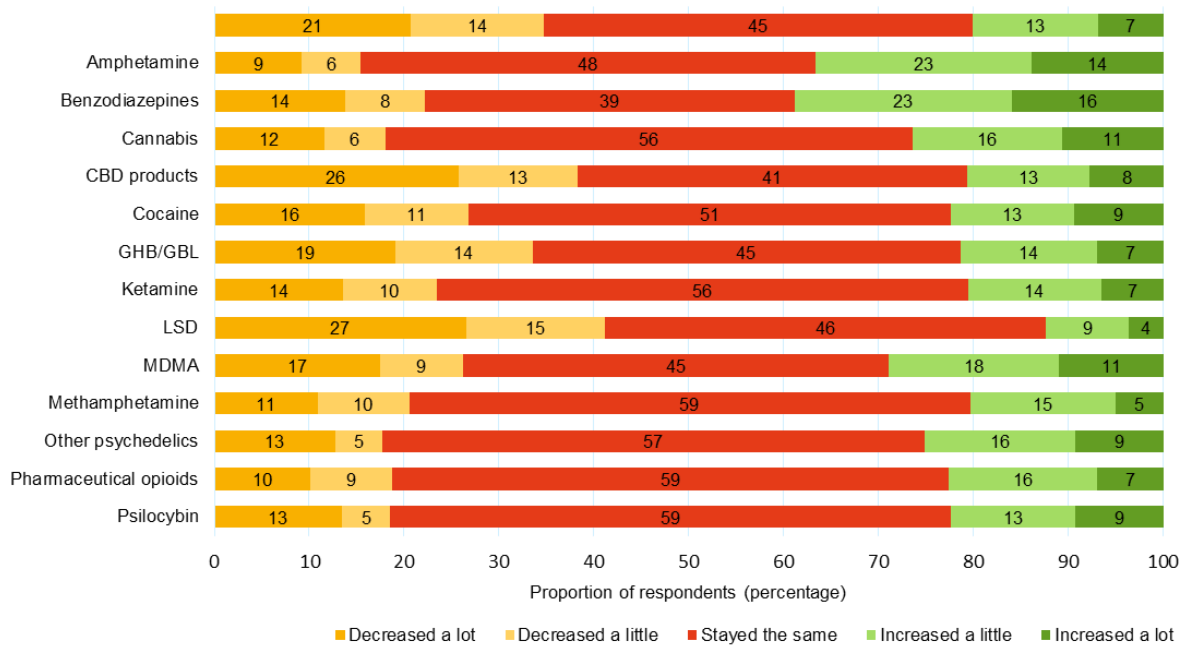
Respondents were asked to report changes in the use of alcohol, amphetamines, cannabis, cocaine, opiates, pharmaceutical opioids and sedative-hypnotics in their countries, with the following options for responses: “increased”, “decreased”, “no change”, “I do not know” and “The number of users is very low/none”. Country data trends were calculated by taking the averages of the responses of all respondents in each country. The category “No answer” reflects responses in which respondents indicated a lack of information or a reluctance to respond to the question.

57. Similar findings were reported by the Global Drug Survey,²⁶ an online survey with 55,000 participants, mostly from Western Europe, the Americas and Australia and New Zealand. The survey revealed an increase in the frequency of use of cannabis and benzodiazepines and a decrease in the frequency of use of MDMA and cocaine during the pandemic; for other drugs, the pattern of use was less clear. It should be noted, however, that the frequency of use among many of the respondents – between 39 and 59 per cent of them, depending on the substance – did not change compared with the period prior to the onset of the COVID-19 pandemic.²⁷

²⁶ Global Drug Survey, “GDS COVID-19 special edition: key findings report” (2020).

²⁷ Global Drug Survey, “GDS COVID-19 special edition”.

Figure XVI
Global trends in the frequency of drug use among people who reported having used drugs recently, compared with the period prior to the onset of the COVID-19 pandemic, May and June 2020



Source: Global Drug Survey, “GDS COVID-19 special edition: key findings report”, August 2020.

Note: Data are based on a survey of 55,000 respondents who had used alcohol or drugs recently and had access to the Internet. Drug types for which the global sample size was less than 500 are not shown.

Abbreviations: CBD, cannabidiol; GHB, *gamma*-hydroxybutyric acid; GBL, *gamma*-butyrolactone; LSD, lysergic acid diethylamide; MDMA, 3,4-methylenedioxymethamphetamine.

58. The COVID-19 pandemic and mobility restrictions to contain the spread of the virus have limited the availability of and access to services for people who use drugs across all regions. The restrictions have disrupted, at least partially, the treatment of drug use disorders, the prevention of adverse health consequences of drug use and the treatment of comorbidities such as HIV, hepatitis C and tuberculosis.

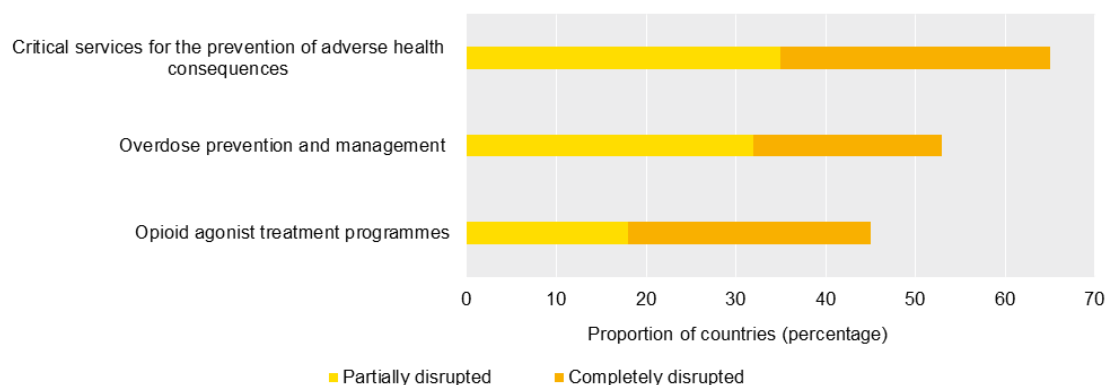
59. Not being able to access drug treatment services is a matter of particular concern for clients in opioid agonist maintenance therapy who need to obtain medication on a daily basis; interruptions in medication can increase the risk of relapse, overdose or death. In some countries, the limited access to drug treatment services intersected with disruptions in the supply of opiates during the initial lockdown periods. With people who regularly use opioids not being able to manage their drug use dependence, services in many countries across all regions witnessed an increase in withdrawal symptoms and therefore in the demand for treatment for opioid use disorders, including opioid agonist treatment.

60. A rapid global assessment, conducted between June and August 2020, of service delivery for mental health and neurological and substance use disorders during the early stages of the COVID-19 pandemic²⁸ revealed that critical services for the prevention of adverse health consequences among people with drug use disorders were partially or completely disrupted in 65 per cent of reporting countries; the same

²⁸ WHO, *The Impact of COVID-19 on Mental, Neurological and Substance Use Services: Results of a Rapid Assessment* (Geneva, 2020).

applied to opioid agonist treatment for opioid use disorders in 45 per cent of countries and to overdose prevention and management programmes in 53 per cent of countries.

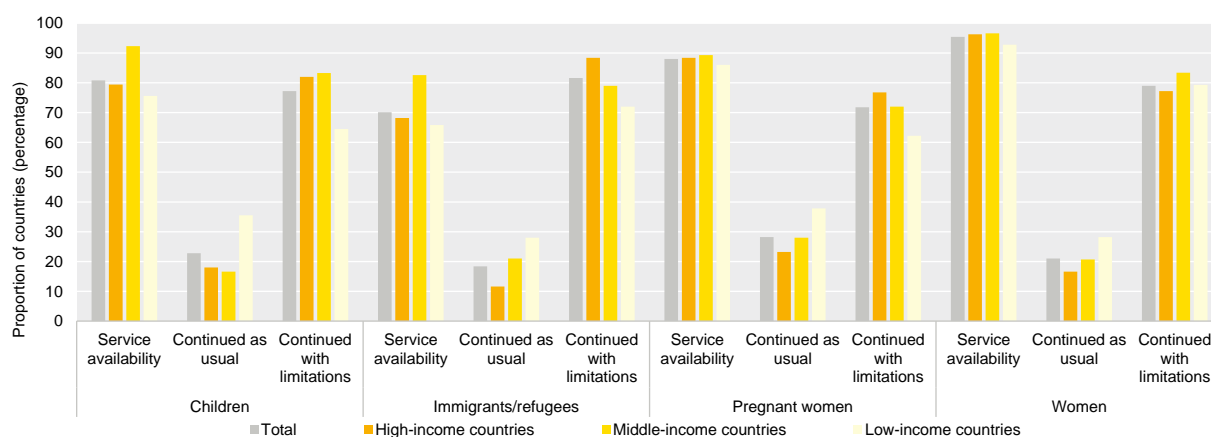
Figure XVII
Disruptions to substance use disorder services during the early stages of the COVID-19 pandemic



Source: WHO, The Impact of COVID-19 on Mental, Neurological and Substance Use Services: Results of a Rapid Assessment (Geneva, 2020), p. 14.

Note: Based on data from 130 countries. Data were collected between June and August 2020. Partially disrupted services are defined as those services that were unable to serve between 5 and 50 per cent of patients as usual; completely disrupted services are defined as those that were unable to serve more than 50 per cent of patients as usual.

Figure XVIII
Availability of drug treatment services for certain population groups during the initial stages of the COVID-19 pandemic, 2020



Source: Seyed Ramin Radfar and others, “Reorganization of substance use treatment and harm reduction services during the COVID-19 pandemic: a global survey”, *Frontiers in Psychiatry*, vol. 12 (2021).

Note: Data are based on the responses of experts from 77 countries in all regions. Averages of the responses were calculated without regard to the number of respondents in each country.

61. In order to overcome the limitations stemming from the COVID-19 crisis in the delivery and accessibility of services to people who use drugs, many countries have developed innovative approaches to ensure the continuation of treatment and care of people who use drugs. This has included the following: (a) the modification of national regulations and guidelines on drug use treatment; (b) an increase in the use of telemedicine and in the flexibility of drug treatment schemes, for example in the dispensation modalities of opioid agonist treatment medications; and (c) novel ways of providing access to needles and syringes and supplies of naloxone despite mobility restrictions and reduced social contact. The effectiveness of those approaches is still to be assessed.

IV. Conclusions and recommendations

62. Given the increased evidence of the non-medical use of pharmaceutical opioids in different regions, it is important to analyse the emergence and consequences of their non-medical use. In order to facilitate access to pain medication for those who need it, while at the same time preventing the diversion and misuse of such medication, countries may consider developing guidelines on pain management, developing an early warning system and enhancing evidence-based prevention systems to strengthen consistent messaging related to the development of skills such as decision-making at developmentally appropriate ages.

63. It is also important to increase the accessibility, availability, coverage and quality of interventions for the prevention of drug use and the treatment of drug use disorders in line with the UNODC/WHO *International Standards on Drug Use Prevention* and the *International Standards for the Treatment of Drug Use Disorders*.

64. Furthermore, to ensure equity in responses, it is recommended to strengthen prevention responses that take the form of selective interventions for at-risk groups over and beyond the general population, as well as to strengthen treatment responses both at the community level and for people in especially vulnerable circumstances, including people in contact with the criminal justice system, in prison and in humanitarian settings.

65. The evidence base for policies and programmes at the national, regional and international levels requires reliable and valid data on the drug situation and responses. That makes it necessary to improve the evidence base through support in the implementation of drug monitoring systems on the basis of epidemiological indicators of drug use, including by building the capacity of experts in high-priority countries and regions, and developing innovative methods and the use of new technology, such as the use of social media and big data (large data sets) in order to understand the patterns and trends of drug use and associations relating to people's behaviour and to predict health outcomes.

66. The strengthening and expansion of the global base of scientific evidence also requires investing in the monitoring and evaluation of the process, outcome and impact of drug prevention and treatment strategies to ensure their effectiveness and minimize the risk of negative outcomes.

67. Some indicators for monitoring the drug situation that require particular attention are the development and implementation of innovative and cost-effective methods for estimating the extent of drug use in both the general population and high-risk drug users, including those who inject drugs, in resource-constrained countries; drug related mortality; the number and extent of people with drug use disorders; and coverage of treatment interventions for drug use disorders. The latter two are the key components of the monitoring and reporting of Sustainable Development Goal indicator 3.5.1.
