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

The present report summarizes the most up-to-date information available to the United Nations Office on Drugs and Crime on the illicit demand for drugs throughout the world. Compared with the estimates in 2009, there does not appear to be a significant change in the prevalence and number of people illicitly using drugs in 2010. However, an increasingly multifaceted picture of illicit drug use is emerging, with the use of synthetic substances and non-medical use of prescription drugs such as opioids, tranquillizers and prescription stimulants replacing the use of traditional drugs, most noticeably in North America and Europe. The introduction of newer synthetic substances based on precursors that are not under international control and less researched for their potential harm poses additional public health challenges. The stabilizing or decreasing trends in the use of traditional drugs of abuse such as heroin and cocaine especially evident in North America and Europe is, however, offset by increasing use of those drugs in parts of Africa, South America and Asia. The use of amphetamine-type stimulants continues to increase, most noticeably in Africa, Latin America and Asia, in particular parts of East and South-East Asia.

At the global level, cannabis remains the most commonly used drug and is increasingly mentioned in relation to treatment demand occasioned by its use and associated psychiatric disorders. Opioids continue to cause the most harm globally,

* E/CN.7/2013/1.



measured in terms of treatment demand, injecting drug use and HIV infections and drug-related deaths. Overall between 99,000 and 253,000 deaths were estimated as being attributable to illicit drug use; most of those deaths, which could have been prevented, were fatal overdose cases among opioid users. There remains a major gap in delivery of evidence-based drug dependence treatment and care in most regions, with only 20 per cent of estimated problem drug users having access to treatment in 2010.

Overall there continues to be a low rate of response to the annual report questionnaire and a lack of objective and up-to-date information on most epidemiological indicators of drug use. The response rate for the annual report questionnaire, part III, in 2012 was 40 per cent and 21 per cent of those Member States which did respond returned the questionnaire with information on fewer than half of the indicators or blank. Information on trends in illicit drug use is not available from major parts of Africa, South and South-West Asia, the Middle East and to a lesser extent from Latin America and the Caribbean, South-East Asia, and Eastern and South-Eastern Europe. The lack of sustainable drug information systems and drug observatories continues to hamper the monitoring of current and emerging trends in illicit drug use in most regions, as well as the implementation and evaluation of evidence-based responses to counter the illicit demand for drugs. In order to improve that situation, Member States may consider reviewing the mechanism for submission, follow-up and reporting of the annual report questionnaire, as well as taking stock of existing gaps in capacities for the collection, analysis and reporting of data through the questionnaire.

I. Introduction: emerging global trends

1. The present report contains a summary of the most up-to-date information available to the United Nations Office on Drugs and Crime (UNODC) on the extent and patterns of and trends in illicit drug use worldwide. Some of the trends observed in the past year include:

(a) There are stabilizing or decreasing trends in the use of cocaine and heroin in North America and Europe, while there are indications of increased use in parts of Africa, South America (the Southern Cone countries) and South-Eastern Europe;

(b) With indications of increased trafficking in cocaine through West African coastal areas and in heroin on East African coasts, the trends in cocaine and heroin use in those regions need to be monitored;

(c) Cannabis use is stabilizing or declining in Europe at high levels, while there is an increase in Africa, in parts of North America and in South America;

(d) The use of amphetamine-type stimulants continues to increase in Africa, South America, East and South-East Asia and Eastern and South-Eastern Europe;

(e) The non-medical use of synthetic and prescription opioids and stimulants remains a growing concern in North America, Europe and Oceania. The non-medical use of prescription opioids and other prescription drugs is also being reported from parts of Africa and Asia;

(f) In parts of Europe, heroin use is stabilizing or decreasing, but it is being replaced by the use of prescription opioids and similar substances;

(g) The introduction of newer psychoactive substances based on precursors that are not under international control and mimic the effects of illicit drugs continues to increase and to raise public health concerns;

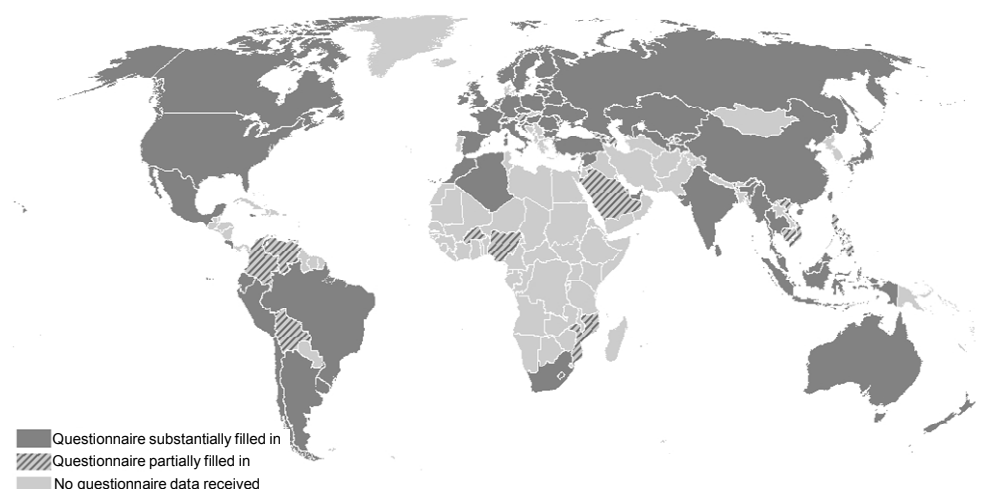
(h) The low rate of response to the annual report questionnaire and the lack of objective information from many parts of the world remain a major challenge to ascertaining the extent of illicit drug use, to monitor trends and to adequately address the world drug problem with evidence-based strategies and interventions.

Challenges in understanding levels of and trends in illicit drug use

2. For the most part, Member States' submissions in response to the annual report questionnaire form the basis of the information system by which global trends in drug use are reported each year. The extent and quality of the information provided by Member States is therefore reflected in the present report. As at 6 December 2012, 82 out of a total of 193 Member States and 2 out of 15 territories had returned the annual report questionnaire, part III, on the extent and patterns of and trends in drug use (see map 1). This reflects a 40 per cent response rate among Member States. Of the questionnaires returned by Member States, 21 per cent were "partially" filled in or were returned blank, while the rest were filled in "substantially", that is, States provided information on more than half of the indicators of drug use.

Map 1

Member States that used the annual report questionnaire to provide data for 2011 on demand for illicit drugs



Notes:

The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations.

Dashed lines represent undetermined boundaries. 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 Republic of Sudan and the Republic of South Sudan has not yet been determined.

3. The 40 per cent of Member States returning the annual report questionnaire cover two thirds (75 per cent) of the world population, but even so the regions from which responses were not received include Africa — in particular West, Central and East Africa — South-West Asia and the Middle East, and to a lesser extent Latin America and the Caribbean, South-East Asia and Eastern and South-Eastern Europe.

4. The declining and low rate of response and the lack of objective or up-to-date information on drug use from regions such as Africa and Asia, as well as from countries with large populations such as China and India, make it difficult to perform a meaningful analysis of the world situation with regard to drug use and to inform policymaking bodies of the actions needed. Given this lack of data supplied through the annual report questionnaire, efforts have been made to supplement the information from other government sources and published reports on the drug use situation, especially from regions where a major part of the information was missing. For the most part, the trends in drug use reported here are based on the expert perceptions reported by Member States in response to the annual report questionnaire.

5. In order to gain an improved understanding of regional and global trends in drug use — a key indicator measuring the progress and results achieved in implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World

Drug Problem¹ — it is crucial that information on drug use be available from a larger number of Member States. For this reason, it is imperative at this stage for Member States to take stock of the situation and to review the status of their reporting to the annual report questionnaire, the quality and the extent of the information that is being provided, the need for capacity development to address any gaps in data collection and reporting and, most importantly, the mechanism for submission, follow-up and return of responses to the annual report questionnaire to UNODC.

II. Global overview

A. Extent of drug use

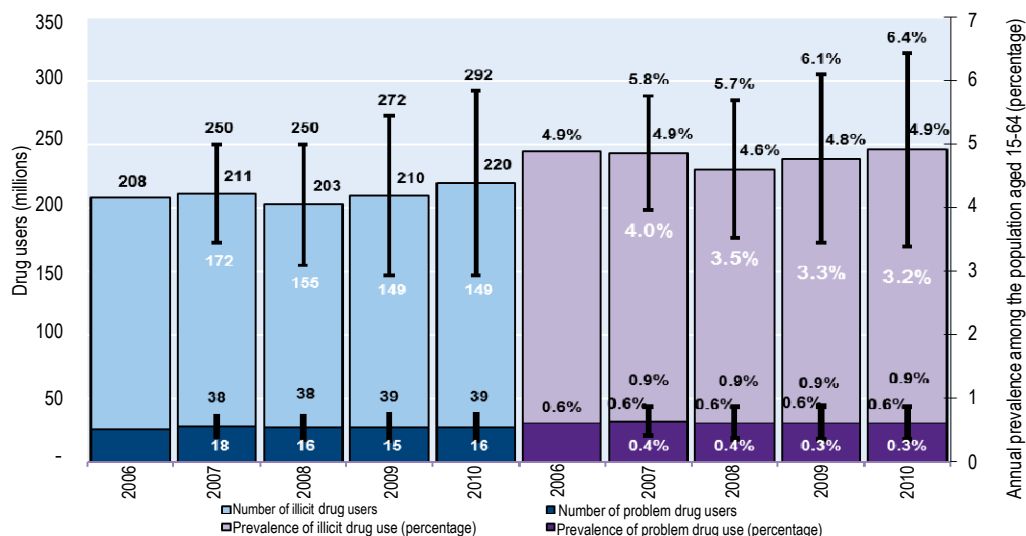
6. Drug use surveys that are representative of the general population, including young people, provide an objective assessment of the extent of drug use in a country. As a general practice, population-based surveys on drug use should be carried out every 3-5 years. Such population-based surveys are made regularly in Europe, North America and, to some extent, South America, while in most parts of Africa and Asia representative population surveys on drug use are a rare occurrence, for varied reasons, including the social and cultural stigma attached to the illicit use of substances. Global and regional data on the extent of drug use thus remain at best very sketchy and do not necessarily reflect changes from one year to another.

7. In 2010, UNODC estimated that between 153 million and 300 million people, representing between 3.4 and 6.6 per cent of the world's population aged 15-64, had illicitly used a substance at least once in the previous year (see figure I).² The overall extent of illicit drug use remained stable between 2006 and 2010, but different trends in drug use were observable in different regions and a more multifaceted picture of drug use is emerging, as shown in figure II.

¹ See *Official Records of the Economic and Social Council, 2009, Supplement No. 8 (E/2009/28)*, chap. I, sect. C.

² "Preceding" or "previous" year would refer in this case to illicit drug use in the 12 months since the data were reported in a survey.

Figure I

Annual prevalence of illicit drug use among the population aged 15-64, 2006-2010

Source: *World Drug Report 2012* (United Nations publication, Sales No. E.12.XI.1).

8. Cannabis remains the most widely used substance: it is estimated that between 119 million and 224 million persons aged 15-64 had used cannabis at least once in the previous year (see table 1). Globally, the annual prevalence of cannabis use remained stable in 2010, with the highest prevalence being reported in West and Central Africa, followed by Oceania (essentially Australia and New Zealand), North America and Western and Central Europe. While the prevalence of cannabis use in Asia is lower than the global average, given that continent's large population, the absolute numbers — estimated at between 26 million and 92 million — remain the highest.

Table 1
Subregions with high prevalence of cannabis use

Area	Annual prevalence (percentage)	Estimated number
World	3.8	170 070 000
West and Central Africa	12.4	27 260 000
Oceania	10.9	2 630 000
North America	10.8	32 950 000
Western and Central Europe	6.9	22 530 000

9. Amphetamine-type stimulants are the second most commonly used substances globally (see table 2). In 2010, between 14 million and 52.5 million people used amphetamine-type stimulants at least once in the past 12 months. The use of amphetamine-type stimulants was highest in Oceania (Australia and New Zealand). In North America and Central America, the prevalence was higher than the global average. In South-East Asia, although the use of amphetamine-type stimulants was lower — 0.6 per cent of the adult population — while the use of methamphetamine

posed a major problem that was also reflected in a higher proportion of treatment admissions for drug use disorders.

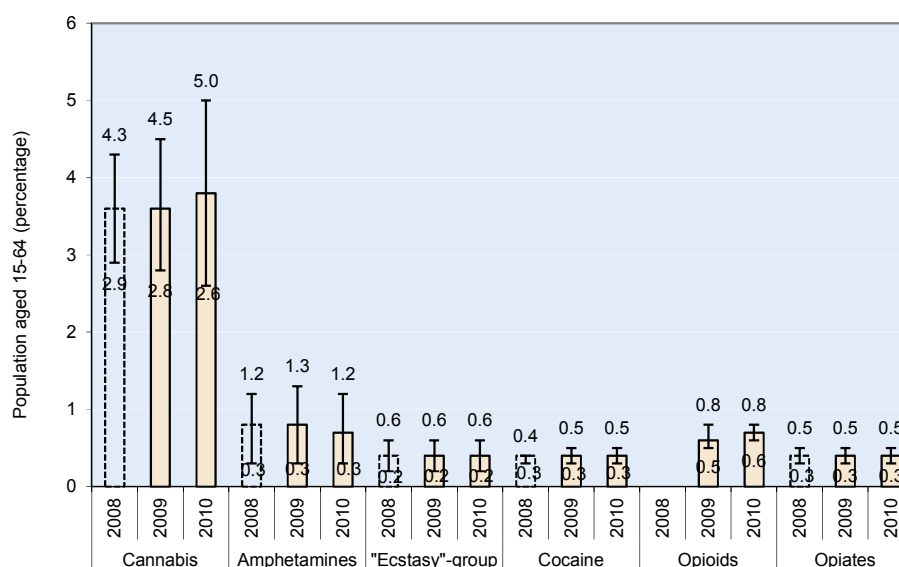
Table 2

Subregions with high prevalence of use of amphetamine-type stimulants

<i>Area</i>	<i>Annual prevalence (percentage)</i>	<i>Estimated number</i>
World	0.7	33 240 000
Oceania	2.1	510 000
North America	1.3	3 920 000
Central America	1.3	330 000
South-East Asia	0.6	8 400 000

10. At the global level, between 10.5 million and 28 million persons aged 15-64 were estimated to have used “ecstasy”-group substances at least once in the previous 12 months. A higher prevalence of “ecstasy”-group substances is reported in Oceania, followed by North America and Europe. The use of those substances, which include primarily methylenedioxymethamphetamine (MDMA) and its analogues, have been associated with young people and those attending recreational and nightlife settings, for example, in Europe, out of the 2 million past-year users of “ecstasy”, 1.5 million were between 15 and 34 years old.³

Figure II

Annual prevalence of different illicit drugs, 2008-2010


Source: *World Drug Report 2012* (United Nations publication, Sales No. E.12.XI.1).

³ European Monitoring Centre for Drugs and Drug Addiction, *Annual Report 2012: The State of the Drugs Problems in Europe* (Luxembourg, Publications Office of the European Union, November 2012).

11. The prevalence of opioids, including heroin, opium and prescription opioids, has remained stable overall at 0.6-0.8 per cent of the population aged 15-64. Estimates show that nearly half of opioid users had used opiates, heroin in particular, in the past year, with the annual prevalence ranging between 0.3 and 0.5 per cent. Within regions the use of opioids varied considerably. The highest prevalence of opioid use was estimated to be in North America and Australia and New Zealand, which in fact reflected the misuse of prescription painkillers. In Eastern and South-Eastern Europe and South-West Asia (Afghanistan, Iran (Islamic Republic of) and Pakistan) and Central Asia, the prevalence of opioid use was also high. However, in those subregions heroin, opium and locally made concoctions of opium were the predominant substances used. In Western and Central Europe, while heroin remained a major problem drug, its use had stabilized or was decreasing, while in some countries it had been replaced by synthetic opiates, such as fentanyl in Estonia, buprenorphine in Finland,³ and locally made preparations such as desomorphine in the Russian Federation and neighbouring countries.

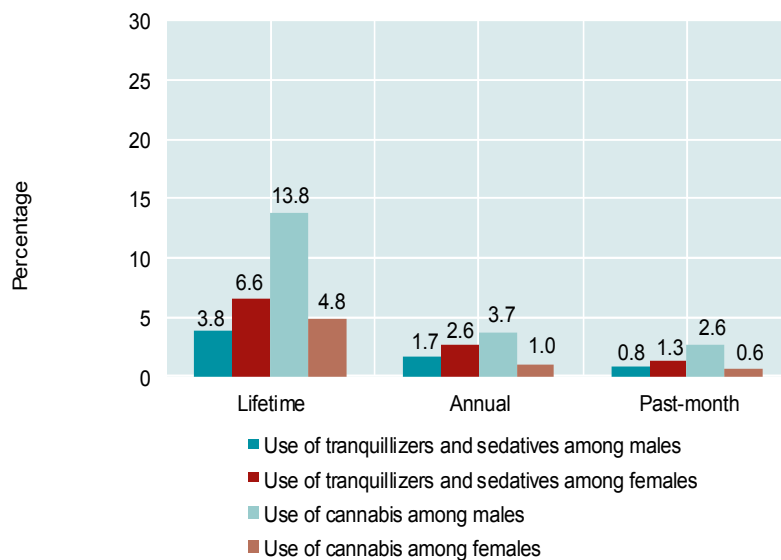
12. In 2010, between 13 million and 19.5 million people aged 15-64 were estimated to have used cocaine in the previous year. North America, the Caribbean, Western and Central Europe and Oceania (Australia and New Zealand) showed high prevalence of cocaine use. In the past few years, cocaine use appeared to have declined in North America, but it remained stable in the other regions. In Central and South America the prevalence of cocaine use remained comparatively low (0.5 and 0.7 per cent, respectively), but cocaine use seemed to be increasing in some countries, in particular in Brazil, Costa Rica and Peru. While there were limited data available on cocaine use in Africa and parts of Asia, there were indications of some increase in cocaine use that could be linked with an increase in cocaine seizures reported in those regions.

13. While global estimates of non-medical use of prescription drugs other than opioids and stimulants are not available, their misuse continued to be a major public health concern (see figure III). In countries from which data are available, non-medical use of prescription drugs was more common among young adults, women, elderly patients and health-care professionals. The misuse of tranquillizers and sedatives was particularly high among females: according to data for 2005-2010 from 8 countries in South and Central America and 14 countries in Europe, the prevalence⁴ of tranquillizer and sedative use among females exceeded that of males. In South America and Central America the lifetime prevalence of tranquillizer and sedative use for females was 6.6 per cent, compared with 3.8 per cent for males, while the corresponding rates in Europe were 13 per cent for females and 7.7 per cent for males. Prescription drugs are also thought to be misused by regular users of drugs such as cocaine or heroin, who may use prescription drugs in combination with their preferred drug of abuse to enhance its effects or to replace it with prescription drugs in cases of temporary disruption of supply.

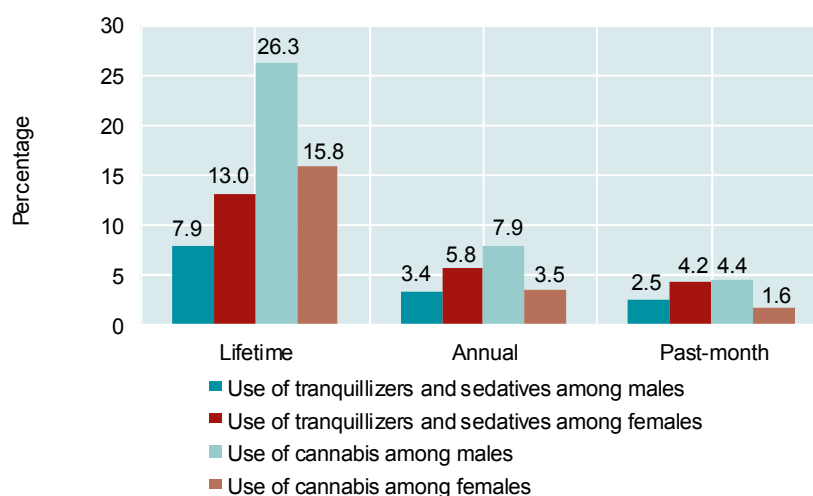
⁴ Including lifetime, annual and past-month prevalence.

Figure III
Population-weighted prevalence of tranquillizer, sedative and other drug use in
South America and Europe (selected countries), 2005-2010

A. South America



B. Europe



Source: *World Drug Report 2012* (United Nations publication, Sales No. E.12.XI.1).

14. New psychoactive substances — substances that are chemically modified in such a way that they remain outside the scope of international control regimes yet mimic the effects of controlled substances — have become a major concern not only because of their increasing use but also because of the lack of scientific research and understanding of their adverse effects. The emergence of new psychoactive substances calls for an improved understanding of these substances on the part of policymakers and professionals and for the putting in place of mechanisms to

closely monitor the emergence of new substances and to deal with them in a timely manner. Many countries in North America, Europe and Oceania (Australia and New Zealand) continue to report identification and use of new psychoactive substances. In 2011, 49 new psychoactive substances were reported for the first time among European Union member States, compared with 41 substances in 2010 and 24 in 2009.³ In 2011, two thirds of the newly identified substances in Europe were synthetic cannabinoids or synthetic cathinones³ considered to possess amphetamine-like properties. Among cathinones the most noteworthy substances were the methcathinone analogue 4-methyl-methcathinone (also known as mephedrone) and methylenedioxypyrovalerone (MDPV), commonly known and sold as “bath salts”. Other substances monitored and identified in Europe and other regions included phenethylamines, tryptamines and piperazines.

B. Consequences of drug use

1. Problem drug use

15. The extent of problem drug use, including estimates of regular drug users, injecting drug users and drug-dependent persons, is an important indicator in understanding the cost and consequences of drug use. Global estimates of problem drug users and of those injecting drugs have remained stable in recent years. In 2010, between 15.5 million and 38.6 million people were estimated to be problem drug users — most of them regular users of opioids and cocaine — constituting between 10 and 13 per cent of all estimated drug users globally. Similarly, between 11 million and 21 million people are estimated to be injecting opioids, with heroin, methamphetamine and “crack” cocaine some of the main substances. Regions with a higher prevalence of those substances also tend to show a higher burden of drug use disorders. Among estimated injecting drug users, more than a quarter were in Western and Eastern Europe and a quarter in East and South-East Asia.⁵

2. Drug-related morbidity

16. Injecting drug use and sharing of contaminated needles and syringes are important modes of transmission for blood-borne viruses such as HIV and hepatitis B and C. This in turn is a major health concern in terms of the burden of disease and caring for those infected. Among injecting drug users, about 3 million are estimated to be living with HIV.⁵ While the use of contaminated needles and syringes has been the major cause of HIV infection among drug users, several studies also indicate the link between the use of “crack” cocaine or amphetamine-type stimulants and risky sexual behaviour, such as unprotected sex, as constituting an increased risk of HIV infection among subgroups of stimulant users.⁶

17. In 2010, UNODC estimated that nearly half of all injecting drug users were infected with hepatitis C, which meant that over 7 million injecting drug users also needed to be treated for hepatitis C infection and related complications. Similarly, about 15 per cent of injecting drug users were infected with hepatitis B.

⁵ Reference Group to the United Nations on HIV and Injecting Drug Use (2008 estimates).

⁶ G. Colfax and others, “Amphetamine-group substances and HIV”, *The Lancet*, vol. 376, No. 9739 (7 August 2010).

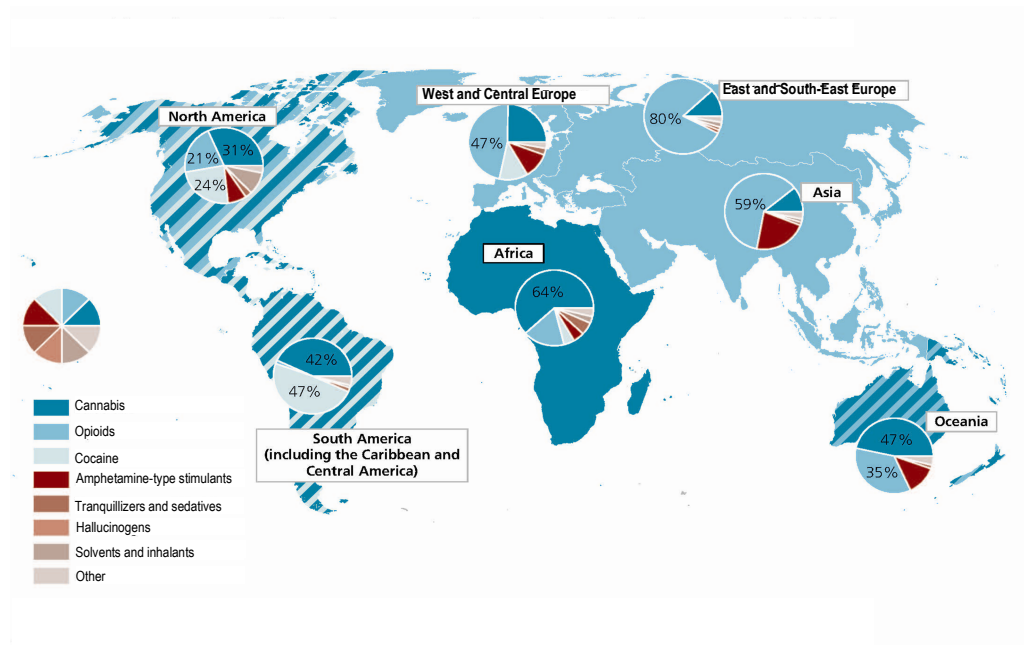
3. Treatment demand

18. It is estimated that in 2010 up to 20 per cent of problem drug users received treatment for their drug use disorders or drug dependence (see map 2). Opioids, mainly heroin, continued to be the dominant drug accounting for treatment demand in Asia and Europe, in particular in Eastern and South-Eastern Europe, where they accounted for almost four out of every five drug users in treatment. Opioids were also reportedly one of the major substances accounting for treatment for drug dependence in Africa, North America and Oceania (Australia and New Zealand). Only in South America was the demand for treatment for opioid use negligible.

19. Cannabis remained the most reported primary substance accounting for treatment for drug use disorders in Africa, North America and Oceania, and the second most reported primary substance accounting for such treatment in South America and Europe.

Map 2

Main problem drugs as reflected in treatment demand, 2010 (or latest year available) (percentage)



Notes:

Percentages are unweighted means of treatment demand from reporting countries.

Number of countries reporting: Africa (26), North America (3), South America (21), Asia (42), Europe (44) and Oceania (3).

Data generally account for primary drug use. Polydrug use may increase totals beyond 100 per cent.

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

20. Treatment for cocaine use disorders was largely reported in the Americas, especially South America, where it accounted for nearly half of all treatment demand. Demand for treatment related to the use of amphetamine-type stimulants

was most noticeable in Asia, where they were the second most common primary substances accounting for treatment, while treatment demand for amphetamine-type stimulant use was also substantial in North America, Western and Central Europe and Oceania (Australia and New Zealand).

4. Drug-related deaths

21. Deaths resulting from or attributable to drug use, most of which are premature and preventable, are the most extreme manifestation of drug use (see table 3). In 2010, UNODC estimated that between 99,000 and 253,000 deaths were attributable to drug use, or between 22.0 and 55.9 deaths per million inhabitants aged 15-64. Drug-related deaths accounted for between 0.5 per cent and 1.3 per cent of all-cause mortality globally among persons aged 15-64,⁷ but figures varied considerably within regions. The highest proportion of deaths related to drug use were reported in North America and Oceania (Australia and New Zealand), accounting for 1 in every 20 deaths among those aged 15-64. The higher rates of drug-related deaths in North America and Oceania were attributable not only to the higher proportion of the population with drug use disorders, but also to the better monitoring and reporting of drug-related deaths.

22. In Asia, drug-related deaths accounted for approximately 1 in 100 deaths, in Europe 1 in 110, in Africa 1 in 150 and in South America approximately 1 in every 200 deaths. Globally, nearly half of the reported deaths were attributed to fatal overdoses — a preventable situation if only adequate interventions were in place. Except for South America, where cocaine was ranked as the main substance, in all other regions opioids were ranked as the main substance causing drug-related deaths. However, substantial numbers of drug-related deaths occurred in a context of polydrug use, for example, among deaths attributed to heroin use in Europe, other substances found included alcohol, benzodiazepines, other opioids and in some cases cocaine.³

Table 3

Number of drug users, prevalence of drug use, number of drug-related deaths and mortality rate per million inhabitants aged 15-64

<i>Region</i>	<i>Number of drug users (thousands)^a</i>	<i>Prevalence of drug use (percentage)</i>	<i>Number of drug- related deaths^a</i>	<i>Mortality rate per million inhabitants aged 15-64</i>
Africa	22 000-72 000	3.8-12.5	13 000-41 700	22.9-73.5
North America	45 000-46 000	14.7-15.1	44 800	147.3
South America	10 000-13 000	3.2-4.2	3 800-9 700	12.2-31.1
Asia	38 000-127 000	1.4-4.6	14 900-133 700	5.4-48.6
Europe	36 000-37 000	6.4-6.8	19 900	35.8
Oceania	3 000-5 000	12.3-20.1	3 000	123.0
World total	153 000-300 000	3.4-6.6	99 000-253 000	22.0-55.9

Source: World Drug Report 2012 (United Nations publication, Sales No. E.12.XI.1).

^a Estimates.

⁷ All-cause mortality among persons aged 15-64 is taken as 18.74 million. (United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2010 Revision*. Available from <http://esa.un.org/undp/wpp>.)

III. Regional summaries

A. Africa

23. Africa remained the region with the least systematic information available either on the extent or patterns of or trends in drug use. Most of the information available from Africa is based on limited research studies that can provide only glimpses of the drug situation among subsections of the population. In the seven responses from Member States that provided expert perceptions on drug use, opioids stood out as the main group of substances whose use was perceived to be increasing considerably (see table 4). Burkina Faso, Morocco, Mozambique, Nigeria and South Africa reported an increase in the use of opioids. Most of those countries also reported an increase in the use of cannabis, amphetamine-type stimulants and cocaine.

Table 4

Africa: expert perceptions of trends in drug use, by drug type

Drug type	Member States providing perception data		Member States reporting an increase in drug use		Member States reporting stable drug use		Member States reporting a decrease in drug use	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Cannabis	7	13	3	43	3	43	–	–
Amphetamine-type stimulants	5	9	2	40	3	60	–	–
“Ecstasy”	2	4	–	–	2	100	–	–
Opioids	6	11	5	83	1	17	–	–
Cocaine	5	9	2	40	1	20	2	40

24. Cannabis use remained particularly high in Africa (between 3.8 and 10 per cent), much higher than the global average prevalence of 3.8 per cent. Cannabis use was especially high in West and Central Africa.

25. In West Africa, it was speculated that increased trafficking in cocaine through the coastal countries could lead to an increase in cocaine use, while heroin trafficking through the coastal regions of East Africa was seen as the cause of the increase in heroin use and injecting drug use. A recent study in the Dakar area indicated that, while heroin use had declined since 2000, use of “crack” cocaine had increased in the region,⁸ but that currently between 70 and 80 per cent of “crack” users were also using heroin. Female sex workers were also reported to have increased their injecting of “crack” and heroin.

26. In Nigeria, cannabis use remained the most commonly used substance, but opioid use was also perceived to be increasing, and the misuse of prescription opioids such as pentazocine and codeine contained in cough syrups was seen as particularly problematic.⁹

⁸ Gilles Raguin and others, “Drug use and HIV in West Africa: a neglected epidemic”, *Tropical Medicine and International Health*, vol. 16, No. 9 (2011), pp. 1131-1133.

⁹ Annual report questionnaire replies submitted by Nigeria for 2011.

27. In South Africa, an increase in the use of heroin, methamphetamine and methcathinone was reported.¹⁰ Treatment facilities across the country reported that cannabis remained the most commonly used substance, especially among young people. Treatment demand for methamphetamine-related problems remained stable in 2011. Similarly, admissions related to cocaine use disorders remained low and stable, while heroin use seemed to be a growing concern. Polydrug use appeared to be a common phenomenon among drug users in treatment: among those reporting methamphetamine as their primary substance, cannabis and methaqualone (Mandrax) were the most common secondary drugs of abuse, while drug users reporting heroin as their primary substance reported methamphetamine as their secondary substance of abuse. Other secondary substances commonly reported among drug users in treatment included methcathinone, benzodiazepines, narcotic analgesics and codeine contained in preparations.¹¹

28. While there was limited information available from North Africa, in Algeria an increase in the use of cannabis and tranquillizers and sedatives was reported. While the use of opioids and amphetamine-type stimulants was considered to be stable, an increase in injecting amphetamine-type stimulants was reported.¹² In Morocco cannabis and amphetamine-type stimulant use was reported as stable, while the use of cocaine and opioids was reported to have increased. Similarly, an increase in injecting heroin and a 6.3 per cent HIV prevalence among injecting drug users was reported by Morocco.¹³

B. The Americas

29. Except for opiates (heroin and opium), prevalence of all other illicit drugs in the region remained at levels higher than the global average (see table 5). Overall, except for cannabis and cocaine use, the use of other illicit substances was perceived to be stabilizing. However, trends differed between different parts of the region.

Table 5

The Americas: expert perceptions of trends in drug use, by drug type

Drug type	Member States providing perception data		Member States reporting an increase in drug use		Member States reporting stable drug use		Member States reporting a decrease in drug use	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Cannabis	11	31	4	36	1	9	4	36
Amphetamine-type stimulants	8	23	1	13	4	50	3	38
“Ecstasy”	6	17	2	33	3	50	1	17
Opioids	8	23	—	—	5	63	3	38
Cocaine	9	26	4	44	3	33	2	22

¹⁰ Annual report questionnaire replies submitted by South Africa for 2011.

¹¹ Siphokazi Dada and others, “Monitoring alcohol and drug abuse trends in South Africa (July 1996-June 2011): phase 30”, *SACENDU Research Brief*, vol. 14, No. 2 (2011).

¹² Annual report questionnaire replies submitted by Algeria for 2011.

¹³ Annual report questionnaire replies submitted by Morocco for 2011.

1. North America

30. In North America, past-year use of cannabis remained high, while past-year use of amphetamine-type stimulants increased from 3.46 million in 2009 to an estimated 3.92 million in 2011. The number of cocaine users declined from 5.69 million (1.9 per cent in 2009) to an estimated 5 million (1.6 per cent in 2010). North America as a whole had the highest drug-related mortality rate in the world: per million inhabitants aged 15-64, 147.3 died in 2011 from drug-related causes. The higher rates of drug-related deaths in North America were due not only to the high prevalence of drug use, but also to better monitoring and reporting of drug-related deaths.

31. In the United States of America, past-year illicit drug use remained stable overall, estimated at 14.9 per cent of the population aged 12 years and older in 2011, compared with 15.3 per cent in 2010. Prevalence of cannabis use, though at high levels, remained stable (annual prevalence of 11.5 in 2011 compared with 11.6 per cent in 2010). However, among secondary school students cannabis use continued to increase. In 2011, an estimated 1 in 15 students aged 17-18 was a current daily or near daily user. Synthetic marijuana, often sold under the brand name Spice, was evaluated for the first time and approximately 11.4 per cent of students aged 17-18 reported having used it in the previous year.

32. Arrestee data in the United States also showed stable drug testing prevalence for opiates, cocaine and cannabis, but an increase since 2009 for methamphetamines, with the highest figures in Sacramento, California, and Portland, Oregon.¹⁴

33. The non-medical use of prescription drugs remained a major problem and ranked second in prevalence to cannabis use. However, the overall percentage of non-medical use of psychotherapeutics — pain relievers, tranquillizers and sedatives and stimulants — in the past year among persons 12 or older declined slightly, from 6.3 per cent in 2010 to 5.7 in 2011.

34. As part of the national survey on drug use in the United States, past-year non-medical users of psychotherapeutic drugs were asked how they had obtained the drugs they had “most recently used non-medically”. Rates averaged for 2010 and 2011 showed that over one half of the non-medical users of pain relievers, tranquillizers and sedatives, and stimulants aged 12 years or older had obtained the prescription drugs they had most recently used “from a friend or relative for free”. About four in five of those users who obtained prescription drugs from a friend or relative indicated that that person had obtained the drugs from a doctor.¹⁵

35. In the United States, the estimated number of emergency department visits related to the non-medical use of opioid painkillers increased by 79 per cent

¹⁴ United States of America, Executive Office of the President, Office of National Drug Control Policy, *ADAM II: 2011 Annual Report—Arrestee Drug Abuse Monitoring Program II* (Washington, D.C., May 2012).

¹⁵ United States, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-44, HHS Publication No. SMA 12-4713 (Rockville, Maryland, 2012).

(from 201,280 in 2006 to 359,921 in 2010).¹⁶ Deaths from the non-medical use of prescription painkillers also exceeded the combined number of deaths due to heroin and cocaine use.

36. Estimates of “ecstasy” use in 2011 remained stable among the general population in the United States,¹⁵ but past-year use of “ecstasy” increased among students aged 17-18 and declined slightly among students aged 13-14 and 15-16.¹⁷ Other substances, such as inhalants, cocaine, prescription painkillers, amphetamine and tranquillizers, all showed signs of decrease among secondary school students.

37. In Canada, reported use of cannabis in the past year declined from 10.7 per cent in 2010 to 9.1 per cent in 2011. The use of other substances, including opioids, cocaine and methamphetamine, was reported as stable. However, owing to the high sampling variability and/or low number of responses, the 2011 estimates for opioids, methamphetamine and tranquillizers and sedatives were not reportable, while estimates for amphetamine and “ecstasy” (0.6 and 0.8 per cent respectively) reportedly needed to be interpreted with caution.¹⁸ As noted previously, the use of the psychoactive plant *Salvia divinorum* among young people in Canada remained of concern.

38. For Mexico, in the absence of updated estimates of prevalence of illicit drug use since 2005, expert perception indicated a substantial increase in the use of cocaine and amphetamine-type stimulants. While there was some increase in the use of cannabis, the use of opioids and tranquillizers and sedatives was perceived to be stable.¹⁹

2. South America and Central America and the Caribbean

39. In South America and in Central America and the Caribbean, the annual prevalence of cocaine use remained high, but had declined from 2009 estimates (estimated between 2.36 million and 2.48 million in 2009 and between 1.76 million and 1.91 million in 2010). Despite the drop in recent overall estimates, experts reported a perceived increase in cocaine use in Brazil, Costa Rica and Peru — essentially the Southern Cone countries — and stable or no change in its use in Argentina.

40. In Brazil, though new prevalence estimates were not reported, use of cocaine and “ecstasy” was perceived to have increased. The use of amphetamine-type stimulants and cannabis was considered to have decreased, while the use of opioids and cannabis remained stable.

¹⁶ “Estimated number of buprenorphine- and hydromorphone-related ED visits more than doubles from 2006 to 2010”, *Cesar Fax*, vol. 21, No. 31 (6 August 2012).

¹⁷ Lloyd D. Johnston and others, *Monitoring the Future: National Results on Adolescent Drug Use—Overview of Key Findings, 2011* (Ann Arbor, Michigan, University of Michigan, Institute for Social Research, 2012).

¹⁸ Annual report questionnaire replies submitted by Canada for 2011. With high sampling variability and a coefficient of variation between 16.7 per cent and 33.3 per cent, the estimates of amphetamine, “ecstasy”, and lysergic acid diethylamide (LSD) should be interpreted with caution, because a coefficient of variation greater than 33.3 per cent and/or the number of observations of less than 6, the past-year estimates for opioids, tranquillizers and sedatives, and *Salvia divinorum* are suppressed and not reported.

¹⁹ Annual report questionnaire replies submitted by Mexico for 2011.

41. The use of other illicit substances remained at low levels in the subregion. However, among countries that responded to the annual report questionnaire, Costa Rica, Peru and Uruguay reported increased use of cannabis, while use remained stable in Argentina. The use of amphetamine-type stimulants either decreased (Chile and Peru) or remained stable (Argentina, Costa Rica and Uruguay). Use of “ecstasy” in the subregion remained low and in 2011 there were mixed trends: Argentina reported stable trends, while Chile reported a decrease and Peru a perceived increase in its use.

42. Opioid use in the region related mostly to non-medical use of pharmaceutical preparations containing opioids and was reported at levels lower than the global average. In 2011, countries either reported a stable trend (Argentina and Uruguay) or reported a decrease in use of opioids (Costa Rica and Peru).

43. Drug-related deaths in South America and in Central America and the Caribbean were well below the global average, estimated at a rate of 12.2 to 31.1 per million inhabitants aged 15-64. Throughout the region, cocaine continued to be ranked as the main substance to which drug-related deaths were attributable.

C. Asia

44. Overall drug use in Asia remained at low levels, with annual prevalence rates between 1.4 per cent and 4.6 per cent of the population aged 15-64 (see table 6). Amphetamine-type stimulant use remained high in the region, with an estimated prevalence of 0.7 per cent, which was comparable to the global average. Most countries returning the annual report questionnaire reported an increase in amphetamine-type stimulant use in 2011. While the prevalence of opiate use remained at the same level as the global average, 60 per cent of the estimated opiate (heroin and opium) users were in Asia.

Table 6

Asia: expert perceptions of trends in drug use, by drug type

Drug type	Member States providing perception data		Member States reporting an increase in drug use		Member States reporting stable drug use		Member States reporting a decrease in drug use	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Cannabis	21	47	3	14	5	24	6	29
Amphetamine-type stimulants	13	29	7	54	3	23	3	23
“Ecstasy”	10	22	2	20	5	50	3	30
Opioids	17	38	5	29	5	29	7	41
Cocaine	7	16	1	14	6	86	—	—

1. East and South-East Asia

45. Although the annual prevalence of amphetamine-type stimulant use (0.6 per cent of the population aged 15-64) in the subregion remained below the global average, the number of amphetamine-type stimulant users represented a quarter of all estimated users globally. In 2011, the countries in the region that reported an increase in the use of amphetamine-type stimulants included Brunei Darussalam, Cambodia, China (including Macao), Myanmar and Singapore.

46. Within the subregion, methamphetamine tablets were used predominantly in Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam. Crystalline methamphetamine was the main drug of concern in Brunei Darussalam, Cambodia, Indonesia, Japan, the Philippines and the Republic of Korea.

47. The use of opioids (0.3 per cent of the adult population), though low, also remained of concern in the subregion. Increasing trends in opioid use were reported in Japan and Singapore, while China reported a decrease in opioid use.

48. While opioid use still remained high in China, there was a decrease in the number of registered opioid users in 2011 (among the total registered drug users 66 per cent were opioid users in 2011 compared with 70 per cent in 2010), while the number of registered users of amphetamine-type stimulants has increased (24 per cent of such users were registered in 2011 compared with 20 per cent in 2010).

49. In Singapore a large increase in the use of prescription opioids was also reported. While an increase in the injecting of prescription opioids was reported from Indonesia, among injecting drug users more than 85 per cent were believed to be injecting heroin. Injecting of opioids was also common in Myanmar, where nearly 25 per cent of opioid users were reported to be injecting.

50. The use of ketamine also remained widespread in some countries in the subregion, but appeared to have stabilized in recent years. Ketamine use was reported in Brunei Darussalam, China, Indonesia, Malaysia and Singapore.

2. South Asia

51. Limited information was available on trends in drug use in South Asia. Cannabis remained the main substance used. Although the prevalence of cannabis use was slightly below the global average, the number of cannabis users within the subregion represented nearly 20 per cent of total estimated users globally. Opioids also remained of concern in the region: in 2011, though India reported a perceived decrease, Sri Lanka reported a perceived increase in opioid use. The non-medical use of prescription opioids and painkillers continued to be reported in the subregion.

3. South-West and Central Asia

52. In South-West and Central Asia, the use of opiates, especially heroin and opium, remained of primary concern. In 2011, most countries reporting from the region indicated declining trends in opioid use, reflected essentially in the number of opioid users registered; Azerbaijan was the only country in the region that reported an increase in its use. Similarly, cannabis use was reported to be stable in most countries, whereas Uzbekistan reported an increase and Kazakhstan and Tajikistan reported a declining trend in its use.

53. Limited information was also available from the Near and Middle East. Israel reported an increase in cannabis and amphetamine-type stimulant use, while the use of opioids was believed to have decreased, and there was a stable trend in the use of tranquillizers, *gamma*-hydroxybutyric acid (GHB) and ketamine. Lebanon reported an increase in the use of opioids, especially heroin, and tranquillizers, and a

decrease in the use of amphetamine-type stimulants. Overall, the use of amphetamine-type stimulants remained of primary concern in the Middle East.

D. Europe

54. In Europe the most commonly used substance remained cannabis (annual prevalence: 5.2 per cent), followed by cocaine (0.8 per cent), opioids (0.7 per cent) and amphetamine-type stimulants (0.5 per cent). The prevalence of past-year cocaine use in Europe was twice the global figure. In 2011, most of the countries returning the annual report questionnaire perceived substantial increase in the use of amphetamine-type stimulants, while the use of opioids was considered overall to be stable. Mixed trends in cocaine use were reported from Europe as a whole, with an equal proportion of countries reporting an increase or stable trend in its use (see table 7).

Table 7

Europe: expert perceptions of trends in illicit drug use, by drug type

Drug type	Member States providing perception data		Member States reporting an increase in drug use		Member States reporting stable drug use		Member States reporting a decrease in drug use	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Cannabis	28	62	7	25	8	29	7	25
Amphetamine-type stimulants	19	42	10	53	6	32	3	16
“Ecstasy”	17	38	3	18	8	47	6	35
Opioids	20	44	4	20	12	60	4	20
Cocaine	19	42	7	37	7	37	5	26

1. Western and Central Europe

55. In Western and Central Europe — essentially the member States of the European Union — there were indications of declining or stabilizing trends in the use of all illicit substances. However, the replacement of heroin with the use of prescription opioids and methamphetamine with amphetamines in some parts, and the continuous increase in the introduction and use of new psychoactive substances remained of concern.

56. Except for the use of amphetamine-type stimulants, the use of all illicit substances in Western and Central Europe remained higher than the global average. In most countries, except for Estonia and Finland, however, declining or stable trends of cannabis use were observed.²⁰ The annual prevalence of cocaine use (1.2 per cent) was nearly three times that of the global average, but its use was also reported as showing a downward trend.

57. The latest school survey of 15 and 16-year-olds in 36 European countries showed evidence of a reduction or stabilization in use for all major substances. Use of the most commonly used drug, cannabis, had remained stable since 2007.²¹ The

²⁰ European Monitoring Centre for Drugs and Drug Addiction, *Annual Report 2012: The State of the Drugs Problems in Europe*.

²¹ B. Hibell and others, *The 2011 ESPAD Report: Substance Use among Students in 36 European Countries* (Stockholm, Swedish Council for Information on Alcohol and Other Drugs, 2012).

Czech Republic and France were the only two countries with higher lifetime prevalence of cannabis use among 15 and 16-year-olds than the United States.²¹

58. Overall, the use of “ecstasy” and amphetamine-type stimulants remained stable in the subregion. While methamphetamine use was previously restricted to the Czech Republic and Slovakia, sporadic reports of methamphetamine smoking and availability of crystal methamphetamine were made elsewhere in the subregion.²⁰

59. With 1.4 million people currently estimated to have used opioids — especially injecting heroin — there were signs of a decline in its use, with almost half of the estimated problem opioid users (710,000) currently receiving opioid substitution and maintenance therapy.

60. There was also a declining trend in injecting among new heroin users. Only one third (36 per cent) of those entering treatment for heroin problems reported injecting as the main method of use. Of concern among injectors were reports of contamination with anthrax reported in five European Union member States, possibly related to a common source of contaminated heroin.

61. Indicators from countries also showed that heroin had become less available in recent years and had in some countries been replaced with other substances such as fentanyl and buprenorphine. This was mostly the situation in Estonia and Finland, with continuous reporting of use from countries such as Greece, Italy and the United Kingdom of Great Britain and Northern Ireland.

62. In the last two years there have been time-limited outbreaks of fentanyl injection, linked with acute shortages of heroin, in Bulgaria and Slovakia. Similarly, Finland, Germany and Sweden reported localized increases in the use of fentanyl and in fentanyl-related deaths in recent years. In Estonia, use of fentanyl was described as endemic among injecting drug user populations.²⁰

63. While there were stable or declining trends in HIV among injecting drug users, outbreaks of HIV infections were reported among injecting drug users in Greece (an increase from 9-19 cases per year to 241 in Athens in 2011), Romania (from 1-6 cases per year to 114 in 2011), Lithuania and Luxembourg.

64. The number of people using substances such as GHB, *gamma*-butyrolactone (GBL), ketamine and, more recently, mephedrone were low, but high levels of use were found in some subpopulations, and those drugs appeared to have the potential for more widespread diffusion. There were reports of health problems linked with the substances, including dependence among chronic users, and some unexpected conditions such as the bladder disease seen in ketamine users. In 2011, 49 new psychoactive substances were identified in Europe that included synthetic cannabinoids, cathinones, phenethylamines, tryptamines and piperazines.

2. Eastern and South-Eastern Europe

65. Except for prevalence of opioid use, which was estimated at 1.2 per cent of the adult population, the use of other illicit substances was low in the subregion compared with global levels.

66. Among the countries that responded to the annual report questionnaire, Belarus reported an increase in opioid use, while in Bulgaria and the Republic of

Moldova its use was reported as stable and decreasing trends were noted in the Russian Federation and Ukraine. Cannabis use remained stable overall in the subregion, while Belarus, Bulgaria and the Russian Federation reported increasing trends in the use of amphetamine-type and other stimulants, including cocaine.

67. In Belarus 68 per cent of opioid users were injecting mostly locally made preparations of opium such as “kompot” or “cherniashka”,²² but recent trends indicated a reduction in injecting and stable HIV rates among injecting drug users. Nearly half of the drug users in treatment in 2011 were for opioid use-related problems.²³

68. With a decrease in the availability of heroin in the Russian Federation, its use had been replaced with local and readily available substances such as acetylated opium, as in Belarus, and with desomorphine, a homemade preparation made from products containing codeine available over the counter. Increasing use of stimulants and new psychoactive substances by young people in recreational settings was also reported in the Russian Federation.

69. Injecting drug use was still a major cause of the HIV infections reported in several Eastern European countries, with a prevalence rate greater than 10 per cent reported in Estonia, Lithuania, Romania, the Russian Federation, Slovakia and Ukraine. New outbreaks of HIV infection were reported in Bulgaria (Sofia).

E. Oceania

70. Reflecting the situation in Australia and New Zealand, prevalence of the use of most substances remained quite high in Oceania: high prevalence rates were reported for cannabis (10.9 per cent), opioids (3 per cent), “ecstasy” (2.9 per cent), amphetamine-type stimulants (2.1 per cent) and cocaine (1.5 per cent).

71. In Australia, the use of cannabis, cocaine, hallucinogens and solvents was considered to have increased, while the use of opioids, tranquillizers and sedatives, ketamine and GHB was seen as stable. In New Zealand, the use of cannabis and amphetamine-type stimulants was perceived to be stable and the use of prescription opioids was thought to have increased.

72. A new development in Australia has been a decrease in the use of “ecstasy” among police detainees: only 5 per cent of police detainees in 2010 and 2011 were reported to be using “ecstasy”, a 50 per cent decrease since 2009. An increasing interest in synthetic cannabis products was also reported. In New Zealand, GHB/GBL was reportedly being sold with methamphetamine as a package to help users with the comedown effects of methamphetamine.

73. In Australia and New Zealand, the use of drugs by injection, especially the use of pharmaceutical opioids and methamphetamine, was thought to have increased. While HIV prevalence among injecting drug users remained low, at 1.2 per cent in Australia and 0.3 per cent in New Zealand, half of the injectors were reportedly infected with the hepatitis C virus.

²² “Kompot” is a crude preparation from poppy straw, while “cherniashka” is made by mixing locally grown opium poppy with acetic anhydride.

²³ Annual report questionnaire replies submitted by Belarus for 2011.

74. In order to improve the information on the extent of drug use available from the Pacific island States, UNODC and Australia organized a four-day workshop on national information systems for monitoring the drug situation for selected countries in the region. During the workshop participants indicated that cannabis use was quite widespread in their countries, while non-medical use of prescription drugs such as tramadol, benzodiazepines and other sedatives was reported to be common among some segments of the population.

IV. Conclusions and recommendations

75. Globally, there is a shifting away from the use of traditional substances (especially heroin and cocaine) in developed countries and towards the use of synthetic drugs, including new psychoactive substances that are not under international control, and the misuse of prescription drugs.

76. The phenomenon of polydrug use in many countries also makes for a more diversified and multifaceted picture of the situation regarding illicit drug use, which continues to obliterate distinctions between different types of drug user.

77. While heroin use seems to be stabilizing in some parts of the world, it is being replaced with the use of prescription opioids or similar substances. Overall opioid use continues to constitute a major public health concern in terms of overdose cases, drug-related deaths, injecting drug use and the transmission of infectious diseases. All of these new developments and emerging trends need to be closely monitored in the different regions.

78. There is little objective information available on the extent and patterns of and trends in drug use, especially in the regions where it is perceived to be increasing and evolving. Data have shown that countries that have set up integrated drug use monitoring systems are in a better position to address their drug use situation in an effective manner.

79. Given that Member States will be reviewing their progress made in implementing the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem in 2014, credible and high-quality information on the extent of and trends in drug use will form the basis of their assessment of the progress made. Ensuring the availability of objective information will require concerted efforts and immediate remedial action by Member States.

80. The Commission on Narcotic Drugs may wish to call on Member States to consider reviewing the entire mechanism of submission, follow-up and reporting of the annual report questionnaire to UNODC. In that regard, existing gaps in capacities for collection, analysis and reporting of high-quality data from major regions, especially in Africa and Asia, need to be examined. Member States need to provide the necessary resources to address those constraints in the setting up of effective drug-monitoring systems.