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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: follow-up to the high-level review by the Commission on Narcotic Drugs, in view of the special session of the General Assembly on the world drug problem to be held in 2016

World situation with regard to drug abuse

Report of the Secretariat

Summary

The present report summarizes the most current information available to the United Nations Office on Drugs and Crime (UNODC) on the illicit global demand for drugs. In 2011, between 3.6 and 6.9 per cent or people aged 15-64 (between 167 million and 315 million people), were estimated to have illicitly used drugs at least once in the preceding year. Since 2009, there has been a slight overall increase in the prevalence and number of people illicitly using drugs. UNODC has provided new estimates for 2011 of people who inject drugs and people who inject drugs living with HIV: 14 million people (range of 11.2 million to 22.0 million) were estimated to be injecting drugs, while 1.6 million (range of 1.2 million to 3.9 million) people who inject drugs were estimated to be living with HIV. Globally, an increasingly multifaceted picture of 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.

Recent drug use trends in Europe show a decrease or stabilization in the use of cannabis, cocaine and heroin, but an increase in the use of amphetamine-type stimulants and new psychoactive substances. In the United States of America and

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Mexico, cannabis use has increased. Its use also appears to be increasing in Africa, Latin America and parts of Asia. While heroin use appears to be stabilizing, the non-medical use of prescription opioids continues to increase in most regions. The use of amphetamine-type stimulants continues to increase, most noticeably in Asia, Africa and parts of Latin America.

Globally, cannabis remains the most commonly used drug and its use is increasingly mentioned in relation to treatment demand and associated psychiatric disorders. Opioids continue to be the drugs causing most harm globally in terms of treatment demand, injecting drug use and HIV infections, and drug-related deaths. Globally, about 210,000 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. In 2011, nearly one in six problem drug users were estimated to have received treatment for drug use disorders and dependence. However, disparities remain in the delivery of evidence-based drug dependence treatment and care in many regions.

There continues to be an overall low rate of response to the annual report questionnaire and a lack of objective and current information on most epidemiological indicators of drug use. The lack of sustainable drug information systems and drug observatories continues to hinder the monitoring of current and emerging drug trends in most regions, as well as the implementation and evaluation of evidence-based responses to counter the illicit demand for drugs.

I. Introduction: emerging global trends

1. 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 and patterns of and trends in illicit drug use worldwide. Some of the trends observed in the past year include:

(a) There are decreasing or stabilizing trends in the use of cocaine in Europe and North America, while there are indications of increased use in parts of South America and Oceania. The lack of information from Asia does not allow a comprehensive assessment of cocaine use in the region, but seizures of non-negligible quantities of cocaine in some parts of Asia may indicate the emergence of a new market in the region;

(b) In 2011, 14 million (range of 11.2 million to 22.0 million) people aged 15-64 were estimated to be injecting drugs, while 1.6 million (range of 1.2 million to 3.9 million) people who inject drugs were estimated to be living with HIV. The changes reported since previous national, regional and global estimates on injecting drug use and HIV among people who inject drugs[1] are the result of a combination of factors, including improved availability of more reliable data in

[1] See Bradley Mathers and others, “Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review”, *The Lancet*, vol. 372, No. 9651 (November 2008).

many countries, that need to be considered to avoid misinterpretation of the results. Therefore, caution needs to be used when assessing regional and global changes over time;

(c) In Europe, cannabis use is declining or stabilizing at high levels. Cannabis use has increased in parts of North America, as well as in Latin America and Africa;

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

(e) In parts of Western and Central Europe, there are concerns over the replacement of amphetamine use by the use of methamphetamine;

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

(g) The introduction of newer psychoactive substances that are 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;

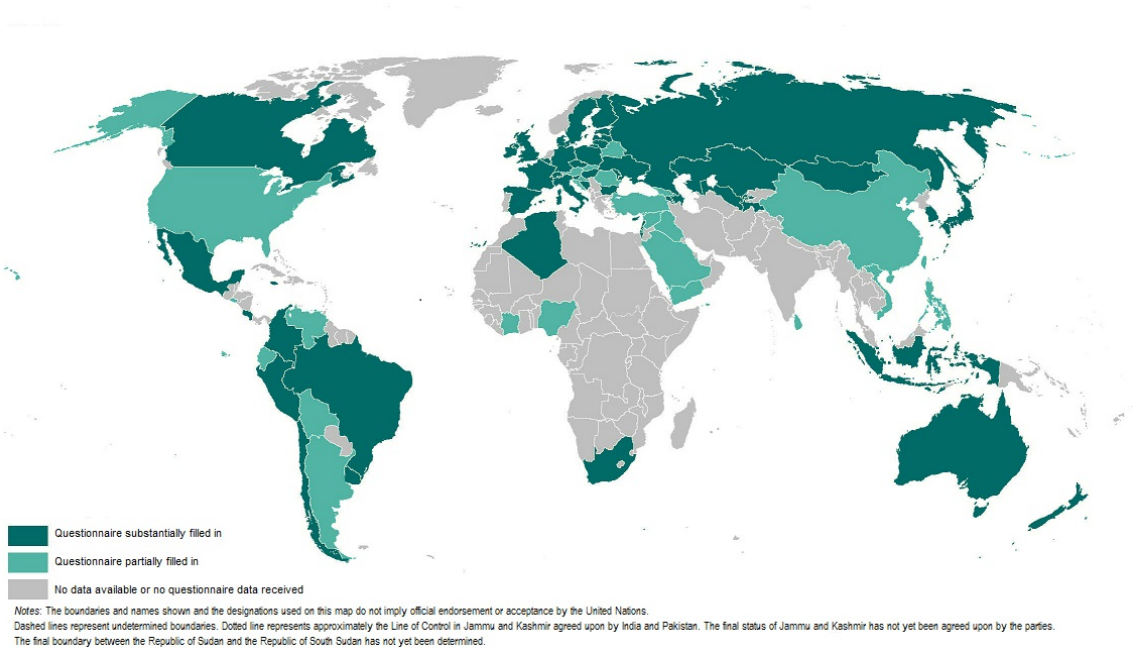
(h) The lack of objective information from many parts of the world remains a major challenge to ascertaining the extent of illicit drug use, to monitor trends and to adequately address the world drug problem with evidence-based strategies and interventions.

Challenges in understanding levels of and trends in drug use

2. For the most part, Member States' submissions of 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 29 November 2013, 83 out of a total of 194 Member States and 2 out of 15 territories had returned part III of the annual report questionnaire, on the extent and patterns of and trends in drug use (see map). This reflects a 40 per cent response rate among Member States. Of the questionnaires returned by Member States, 33 per cent were "partially" filled in or were returned blank, while the remaining were filled in "substantially", i.e. the States had provided information on more than half of the indicators of drug use.

Map

Member States that used the annual report questionnaire to provide data for 2012 on demand for illicit drugs



3. In terms of coverage, 40 per cent of the Member States returning the annual report questionnaire represent 75 per cent of the global population. Nevertheless, the regions from which responses were not received include most of Africa (only four Member States from Africa returned the questionnaire), most of the Middle East, South and South-West Asia, the Caribbean and Central America.

4. As in previous years, the low rate of response and the lack of objective or recent 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 required. Given that lack of data, efforts have been made to supplement the information from other government sources and published reports on the drug use situation, especially from countries where a major part of the information was missing.

5. As part of the mid-term review of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, it is important that Member States take stock of the situation on the availability and quality of data on drug use indicators and the need for capacity development to address gaps in data collection and reporting.

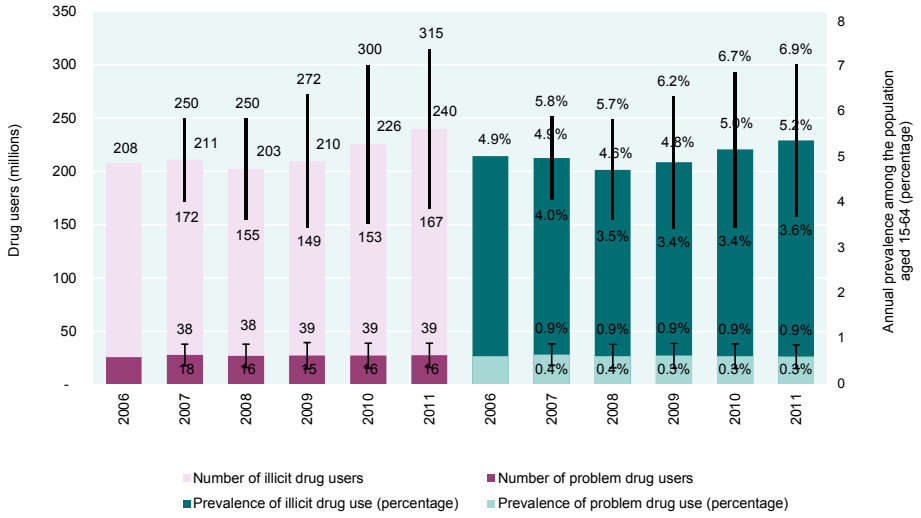
II. Global overview

A. Extent of drug use

6. The main source of information on the extent of drug use in a country is general population surveys. That information is often complemented by estimates of problem or high-risk drug users, such as regular heroin users, that are derived from indirect methods of estimating the size of the target population. As most countries that conduct population-based surveys on drug use limit the surveys to a few subregions and carry them out only once every 3 to 5 years, global and regional information on the extent of drug use not only remains sketchy, but allows for only a very cautious analysis of trends over time.

7. In 2011, UNODC estimated that between 167 and 316 million people, representing between 3.6 and 6.9 per cent of the world's population aged 15-64, had illicitly used a substance in the previous year (see figure I). The prevalence of illicit drug use and the numbers of problem drug users — those with drug use disorders or dependence — have remained stable,[2] but different trends in drug use were observable in different regions and countries and a multifaceted picture of drug use can be observed.

Figure I
Annual prevalence of illicit drug use among the global population aged 15-64, 2006-2011



Source: *World Drug Report 2013* (United Nations publication, Sales No. E.12.XI.1).

[2] The number of problem drug users is driven mainly by the estimated number of cocaine and opiate users and therefore reflects the overall stable trends in the use of those drugs.

8. Nevertheless, since 2008, there has been an overall 18 per cent increase in the estimated total number of people who had used an illicit substance in the previous year, which to some extent reflects both an increase in the global population and an increase in the prevalence of illicit drug use.

9. Cannabis remains the most widely used substance: it is estimated that between 129 million and 230 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 has increased, particularly in Asia and the Americas, since 2009. Although epidemiological data are not available, experts from the region report a perceived increase in use. The regions with a higher prevalence of cannabis use than the global average continue to be West and Central Africa, Oceania (essentially Australia and New Zealand), North America and Western and Central Europe. However, cannabis use in most parts of North America and Western and Central Europe is considered to be stable or declining.

Table 1
Subregions with high prevalence of cannabis use, 2011

	Annual prevalence (percentage)	*Estimated number*
World	3.9	180 620 000
West and Central Africa	12.4	27 990 000
Oceania	10.9	2 630 000
North America	10.7	32 700 000
Western and Central Europe	7.6	24 680 000

10. The use of amphetamine-type stimulants, excluding “ecstasy”, remains widespread globally and appears to be increasing. Although recent prevalence estimates are not available from Asia and Africa, experts from those regions continue to report a perceived increase in the use of such stimulants. There are reports of increasing diversion of precursor chemicals and increased seizures and manufacture of methamphetamine, as well as an increase in the use of methamphetamine in those regions. Current data from the drug use survey in Pakistan, for instance, support that assessment. Use of amphetamine-type stimulants is emerging in Pakistan, with a reported annual prevalence of 0.1 per cent among the general population.[3] High levels of the use of amphetamine-type stimulants were reported in Oceania (Australia and New Zealand), Central and North America and Southern Africa, while the estimated annual prevalence of the use of such stimulants in South-East Asia is comparable with the global average (see table 2).

[3] United Nations Office on Drugs and Crime, Ministry of Interior and Narcotics Control of Pakistan and Pakistan Bureau of Statistics, *Drug Use in Pakistan* (forthcoming).

Table 2
Subregions with high prevalence of use of amphetamine-type stimulants, 2011

	Annual prevalence (percentage)	*Estimated number*
World	0.7	33 750 000
Oceania	2.1	530 000
North America	1.3	3 990 000
Central America	1.3	330 000
South-East Asia	0.6	8 740 000
Southern Africa	0.7	600 000

11. The use of opioids (heroin, opium and prescription opioids) has increased in East, South-East, Central and South-West Asia since 2009. While reliable data do not exist for most parts of Africa, experts report an increase in the use of opioids there. The prevalence of opioid use in North America, Oceania, the Near and Middle East and South-West Asia, Eastern and South-Eastern Europe and Central Asia is higher than the global average. The use of opiates (heroin and opium) has remained stable, however. Nevertheless, a high prevalence of opiate use is reported in the Near and Middle East and South-West Asia — primarily in Afghanistan, Iran (Islamic Republic of) and Pakistan, as well as in Central Asia, Eastern and South-Eastern Europe, North America and West and Central Africa (see table 3).

Table 3
Subregions with a high prevalence of opioid and opiate use, 2011

	Opioids		*Opiates*	
	Annual prevalence (percentage)	*Estimated number*	*Annual prevalence (percentage)*	*Estimated number*
Global	0.7	31 900 000	0.4	16 490 000
North America	3.9	12 060 000	0.5	1 400 000
Oceania	3.0	730 000	0.2	40 000
Near and Middle East and South-West Asia	1.9	5 140 000	1.2	3 180 000
Eastern and South-Eastern Europe	1.2	2 800 000	0.8	1 890 000
Central Asia and Transcaucasia	0.9	470 000	0.8	430 000
West and Central Africa	0.44	1 000 000	0.4	980 000

12. Globally, between 13.9 and 20.7 million people were estimated to have used cocaine in the previous 12 months. The two major markets for cocaine, North America and Western and Central Europe, registered a decrease in cocaine use between 2010 and 2011, with the annual prevalence of its use among the adult population in Western and Central Europe decreasing from 1.3 per cent in 2010 to 1.2 per cent in 2011, and from 1.6 per cent to 1.5 per cent in North America. While cocaine use in many South American countries has decreased or remained stable,

there has been an increase in Brazil that is substantial enough to be reflected in the regional prevalence rate for 2011. Australia has also reported an increase in cocaine use.

13. Between 10 million and 28.8 million people were estimated to have used methylenedioxymethamphetamine (MDMA, commonly known as "ecstasy") in the previous year. While the use of "ecstasy" has been declining overall, it seems to be increasing in Europe. The three regions with a high prevalence of "ecstasy" use continue to be Oceania (2.9 per cent), North America (0.9 per cent) and Europe (0.7 per cent). Use continues to be associated with young people and with recreational and nightlife settings in urban centres.

14. While global estimates of non-medical use of prescription drugs are not available, such use remains a major public health concern. The misuse or non-medical use of tranquillizers and sedatives such as benzodiazepines and barbiturates remain high and, at times, higher than that of many illicit substances. Among the 103 countries that have provided information to UNODC on the non-medical use of tranquillizers and sedatives through the annual report questionnaire, nearly 60 per cent ranked them as among the three most misused types of substances in their country, while nearly 15 per cent of countries[4] ranked them as the most commonly misused substances. In countries with data on the annual prevalence of the non-medical use of tranquillizers and sedatives, the prevalence rate varied between 1.9 per cent in Australia and 12.9 per cent in Estonia (see figure II). Along with the single use of tranquillizers (e.g. benzodiazepines), the non-medical use of prescription drugs is commonly observed among polydrug users, especially users of heroin and those taking methadone, who use benzodiazepines to enhance their effects.[5] Benzodiazepines are also often cited among the substances reported in both fatal and non-fatal overdose cases among opioid users.[6]

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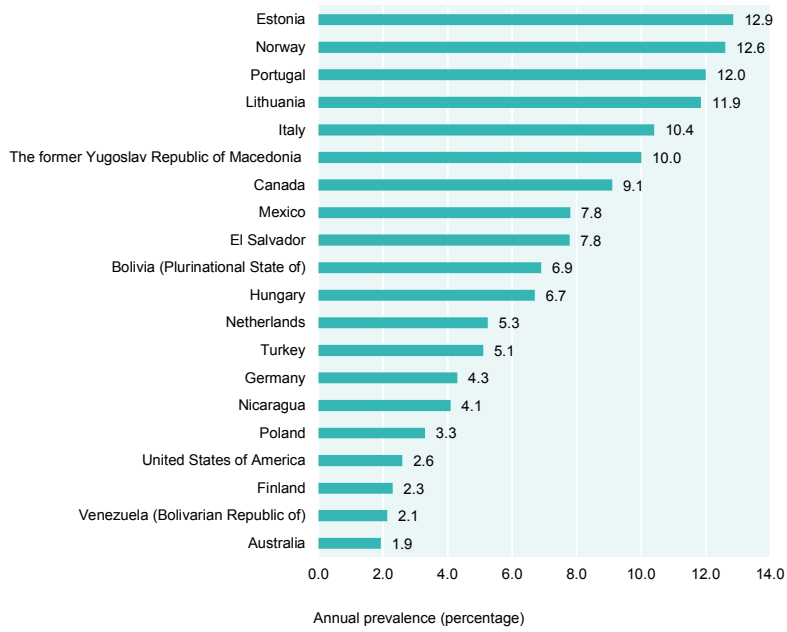
[4] Algeria, Bulgaria, Burkina Faso, Estonia, Honduras, Hungary, Italy, Netherlands, Nicaragua, Peru, Poland, Romania, Serbia and Venezuela (Bolivarian Republic of).

[5] Markus Backmund and others, "Co-consumption of benzodiazepines in heroin users, methadone-substituted and codeine-substituted patients", *Journal of Addictive Diseases*, vol. 24, No. 4 (2006).

[6] Phillip Oliver, Robert Forrest and Jenny Keen, "Benzodiazepines and cocaine as risk factors in fatal opioid overdoses", Research Briefing, No. 31 (London, National Treatment Agency for Substance Misuse, 2007). Available from www.nta.nhs.uk/uploads/nta_rb31_benzos_cocaine_in_fatal_opioid_overdose.pdf.

Figure II

Annual prevalence of non-medical use of tranquillizers and sedatives among the general population in countries with a high prevalence of such use



Source: UNODC, annual report questionnaire replies for 2007-2011.

15. 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 and pose a health threat — have become a major concern not only because of their increasing use but also because of the lack of scientific research on and understanding of their adverse effects. Many countries in all regions of the world are reporting the emergence of new psychoactive substances. The number of such substances reported by Member States to UNODC has more than doubled, from 166 at the end of 2009 to 351 by August 2013.[7] The most commonly reported new psychoactive substances include synthetic cannabinoids (23 per cent), phenethylamines (23 per cent), cathinones (18 per cent), tryptamines (10 per cent), piperazines (5 per cent) and ketamine. Among cathinones, the most noteworthy substances are the methcathinone analogue 4-methyl-methcathinone (also known as mephedrone) and methylenedioxypyrovalerone (MDPV), commonly known and sold as “bath salts”. Plant-based new psychoactive substances whose use was reported include substances such as khat, kratom and *Salvia divinorum*.[8]

[7] See the UNODC Early Warning Advisory on New Psychoactive Substances. Available from www.unodc.org/LSS/Home/NPS.

[8] For further information, see UNODC, *World Drug Report 2013* (United Nations publication, Sales No. E.13.XI.6).

B. Consequences of drug use

1. People who inject drugs

16. UNODC estimates that, worldwide, between 11.2 million and 22 million people injected drugs in 2011 (corresponding to between 0.24 and 0.48 per cent of the global population aged 15-64). While the estimates of people who inject drugs have remained within the same range as those from 2008 (between 11 million and 21 million), there have been upward revisions in nearly 38 per cent of countries, and there have been downward revisions for nearly eight countries with large populations. At the regional level, a high prevalence of people who inject drugs was reported by countries in Eastern and South-Eastern Europe and Central Asia and Transcaucasia. Those subregions account for 25 per cent of the total estimated number of people who inject drugs. China, the Russian Federation and the United States account for 46 per cent of the people who inject drugs globally (see table 4).

Table 4
Estimated number and prevalence of people who inject drugs, 2011

		Injecting drug users					
		Estimated number			*Prevalence (percentage)*		
Region	*Subregion*	*Low*	*Best*	*High*	*Low*	*Best*	*High*
Africa		**304 925**	**997 574**	**6 608 038**	**0.05**	**0.17**	**1.12**
America		**2 908 787**	**3 427 561**	**4 019 041**	**0.47**	**0.55**	**0.64**
	North America	1 935 144	2 006 470	2 101 572	0.63	0.65	0.68
	Latin America and the Caribbean	973 643	1 421 091	1 917 468	0.31	0.45	0.61
Asia		**4 328 212**	**5 692 005**	**7 031 647**	**0.16**	**0.20**	**0.25**
	Central Asia and Transcaucasia	659 582	699 191	758 421	1.25	1.33	1.44
	East and South-East Asia	2 959 863	3 786 472	4 677 484	0.19	0.25	0.30
	Near and Middle East and South-West Asia	462 269	952 948	1 334 013	0.17	0.36	0.50
	South Asia	246 498	253 394	261 729	0.03	0.03	0.03
Europe		**3 553 859**	**3 777 948**	**4 156 492**	**0.64**	**0.68**	**0.75**
	Eastern and South-Eastern Europe	2 821 599	2 907 484	2 987 155	1.23	1.26	1.30
	Western and Central Europe	732 260	870 464	1 169 337	0.23	0.27	0.36
Oceania		**118 628**	**128 005**	**158 919**	**0.49**	**0.53**	**0.66**
	Global	**11 214 411**	**14 023 092**	**21 974 136**	**0.24**	**0.31**	**0.48**

Sources: UNODC annual report questionnaires and other UNODC data; progress reports of the Joint United Nations Programme on HIV/AIDS (UNAIDS) on the global AIDS response (various years); Reference Group to the United Nations on HIV and Injecting Drug Use; national Government reports.

2. HIV among people who inject drugs

17. Among the estimated 14 million people who inject drugs, between 1.16 million and 3.86 million are estimated to be living with HIV. That represents a global HIV prevalence of 11.5 per cent among people who inject drugs. The highest prevalence of people who inject drugs living with HIV is in South-West Asia, followed by Eastern and South-Eastern Europe and North America (see table 5). China, the Russian Federation and the United States of America together account for nearly half of the global number of people who inject drugs living with HIV.

18. Since the previous estimates, published in 2008,[9] estimates of the prevalence of HIV among people who inject drugs were revised upwards in 40 per cent of the countries (notably in Belarus, the Czech Republic, Greece and the Philippines); whereas in several countries with large populations the revised estimated number of people who inject drugs living with HIV was notably lower than the previous estimate. There are nine countries that, together, account for more than 85 per cent of the reported global estimates of people who inject drugs living with HIV: Brazil, China, Indonesia, Kenya, Russian Federation, Thailand, Ukraine and United States.

19. It is important to note that the regional and global estimates of people who inject drugs as well as of those living with HIV can be influenced by a combination of factors, including changes in drug use patterns away from injecting to other routes of drug administration and changes in national estimates as a result of improvements in the estimation methods applied, and in particular the increased implementation of integrated biological and behavioural surveys in several countries over the last decade. The changes reported since the previous national, regional and global estimates on injecting drug use and HIV among people who inject drugs are the result of a combination of those and other factors, including methodological differences. Therefore, the new estimates cannot be used to reliably assess global changes or trends in the epidemic.

Table 5
Estimates of people who inject drugs living with HIV, 2011

		HIV among injecting drug users			
		Estimated number			*Prevalence best estimate (percentage)*
Region	*Subregion*	*Low*	*Best*	*High*	
Africa		**36 506**	**117 502**	**1 837 542**	**11.8**
America		**222 053**	**369 445**	**560 134**	**10.8**
	North America	159 836	270 749	383 041	13.5
	Latin America and the Caribbean	62 217	98 696	177 093	6.9
Asia		**440 559**	**637 271**	**928 476**	**11.2**
	Central Asia and Transcaucasia	54 858	59 193	71 352	8.5
	East and South-East Asia	256 396	328 101	519 982	8.7
	Near and Middle East and	108 539	228 765	315 430	24.0

[9] Bradley Mathers and others, “Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review”.

Region	Subregion	HIV among injecting drug users: Estimated number: Low	Best	High	Prevalence best estimate (percentage)
	South-West Asia				
	South Asia	20 767	21 212	21 712	8.4
Europe		**466 243**	**492 054**	**532 304**	**13.0**
	Eastern and South-Eastern Europe	419 715	433 836	448 183	14.9
	Western and Central Europe	46 528	58 217	84 120	6.7
Oceania		**1 095**	**1 308**	**1 635**	**1.0**
	Global	**1 166 456**	**1 617 580**	**3 860 091**	**11.5**

Sources: UNODC annual report questionnaires and other UNODC data; progress reports of the Joint United Nations Programme on HIV/AIDS (UNAIDS) on the global AIDS response (various years); Reference Group to the United Nations on HIV and Injecting Drug Use; national Government reports.

3. Hepatitis among people who inject drugs

20. Among people who inject drugs, hepatitis C appears to be much more prevalent than any other infection. UNODC estimated that half of the people who inject drugs, or 7.2 million people, were infected with hepatitis C. The global prevalence of hepatitis B among people who inject drugs was estimated at 8.4 per cent, or 1.2 million people. Both of those co-morbidities contribute significantly to the burden of disease for treatment and care of people using drugs.

4. Treatment demand

21. In 2011, it was estimated that, globally, one in six problem drug users (those with drug use disorders or dependence) received treatment. However, there were great variations in the provision of drug dependence services and interventions between regions. In Africa, 1 in 18 problem drug users had received treatment, while in Latin America and the Caribbean and Eastern and South-Eastern Europe, approximately 1 in 11 problem drug users had been provided with treatment. The regional differences in the unmet need for treatment may reflect varying reporting systems, but they also demonstrate the wide disparities in the availability and accessibility of drug dependence treatment services in the different regions.[10]

5. Drug-related deaths

22. Drug-related deaths show the extreme harm that can result from drug use. Such deaths are invariably premature and most can be prevented. UNODC estimated that there were between 102,000 and 247,000 drug-related deaths in 2011,

[10] For more information on the implementation of drug dependence treatment worldwide, see the report of the Executive Director on action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (E/CN.7/2014/7).

corresponding to a mortality rate of between 22.3 and 54.0 deaths per million inhabitants aged 15-64 (see table 6). That represents between 0.54 per cent and 1.3 per cent of mortality from all causes globally among those aged 15-64. The extent of drug-related deaths has essentially remained unchanged globally and within regions. Globally, nearly half of drug-related deaths reported are attributed to fatal overdoses — a preventable situation if adequate interventions are 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 the context of polydrug use. For example, among deaths attributed to heroin use in Europe, other substances found in toxicological reports included alcohol, benzodiazepines and other opioids (fentanyl, methadone and buprenorphine).[11]

Table 6
Estimated number of drug-related deaths and mortality rate per million inhabitants aged 15-64, 2011

	Number of drug-related deaths			*Mortality rate per million inhabitants aged 15-64*		
Region	*Estimate*	*Lowest estimate*	*Highest estimate*	*Estimate*	*Lowest estimate*	*Highest estimate*
Africa	36 435	17 336	55 533	61.9	29.4	94.3
North America	47 813	47 813	47 813	155.8	155.8	155.8
Latin America and the Caribbean	4 756	3 613	8 097	15.0	11.4	25.6
Asia	104 116	16 125	118 443	37.3	5.8	42.4
Western and Central Europe	8 087	8 087	8 087	24.9	24.9	24.9
Eastern and South-Eastern Europe	7 382	7 382	7 382	32.1	32.1	32.1
Oceania	1 957	1 685	1 980	80.8	69.6	81.8
Global	**210 546**	**102 040**	**247 336**	**45.9**	**22.3**	**54.0**

Sources: UNODC, annual report questionnaires; Inter-American Drug Abuse Control Commission; European Monitoring Centre for Drugs and Drug Addiction; Louisa Degenhardt and others, "Illicit drug use", in *Comparative Quantification of Health Risks: Global and Regional Burden of Disease Attributable to Selected Major Risk Factors*, vol. 1, chapter 13, Majid Ezaati and others, eds. (Geneva, World Health Organization, 2004).

Note: Data for Africa have been adjusted to reflect the 2011 population. The wide range in the estimates for Asia reflects the low level of reporting from countries in the region. The best estimate for Asia is towards the upper end of the range, because a small number of highly populated countries reported a relatively high mortality rate, which produced a high regional average.

[11] European Monitoring Centre for Drugs and Drug Addiction, *European Drug Report: Trends and Developments 2013* (Luxembourg, 2013). Available from www.emcdda.europa.eu/publications/edr/trends-developments/2013 (accessed 18 December 2013).

III. Regional summaries

23. Major trends in the different regions and new information, where it was available, are highlighted below.

A. Africa

24. Although there is only limited information available on the drug use situation in Africa, the use of cannabis in the region remained high (7.5 per cent of the population aged 15-64), in comparison with the global average (3.9 per cent). The use of cannabis was especially high in West and Central Africa, where the annual prevalence of its use was 12.4 per cent among those aged 15-64. Similar or lower levels of consumption than the global average were noted for opioids (0.33 per cent), opiates (0.3 per cent), cocaine (0.4 per cent), amphetamine-type stimulants, excluding "ecstasy" (0.9 per cent) and "ecstasy" (0.2 per cent). There were incomplete data available regarding experts' perceptions of recent changes in drug use. In the information provided, there was some evidence of an increase in the use of cannabis and amphetamine-type stimulants.

25. A survey conducted in Cabo Verde in 2012 found that 7.6 per cent of the population had used an illicit substance at least once in their lifetime, 2.7 per cent had used an illicit substance in the past year, and 1.6 per cent had used an illicit substance in the previous 30 days. Cannabis was the most popular drug (with 2.4 per cent reporting use in the previous year), followed by cocaine (0.2 per cent annual prevalence). The survey also found that use of a "cocktail" containing "crack" cocaine and cannabis was widespread among current drug users. Although use of amphetamine-type stimulants was low (0.1 per cent lifetime prevalence), their use seemed to be increasing.

26. In Nigeria, expert perceptions indicated a large increase in the use of cannabis, with some increase in the use of amphetamine-type stimulants.[12] According to the National Survey on Alcohol and Drug Use in Nigeria, conducted in 2009, apart from alcohol, the non-medical use of tranquillizers had the highest annual prevalence (5.5 per cent) among the population aged 15-64 years. The reported annual prevalence of the misuse of prescription opioids, at 3.6 per cent, was higher than that of heroin, which was 2.2 per cent. High levels were also reported of the annual prevalence of use of other substances: cannabis (2.6 per cent), amphetamine (1 per cent), methamphetamine (1.6 per cent), "ecstasy" (1.7 per cent), cocaine (1.6 per cent) and "crack" cocaine (2 per cent). The annual prevalence of the injecting of drugs was reported as 1.9 per cent.[13]

27. In Algeria, according to its 2010 national survey on drug use, the overall level of illicit drug use was low (1.15 per cent of the population aged 12 years and over).

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[12] Annual report questionnaire replies submitted by Nigeria for 2012.

[13] Federal Neuropsychiatric Hospital, Aro, *Substance Abuse in Perspective in Nigeria* (Abeokuta, Nigeria, 2012). Available from http://neuroaro.com/national_documents?page=1 (accessed 18 December 2013).

The use of tranquillizers and sedatives had the highest prevalence (0.59 per cent), followed by cannabis (0.52 per cent). Expert perception was that the use of both of those drugs was increasing, while all other illicit drug use remained stable. Among the youth population, only the use of tranquillizers and sedatives were mentioned.[14]

28. In South Africa, expert perception was that there had been some increase in the use of heroin and methamphetamine and some decrease in the use of "crack" cocaine (with the use of other drugs remaining stable).[15] Treatment facilities across the country reported that cannabis remained the most common substance used, particularly among young people, with the admission of almost half of the attendees at specialist treatment centres related to cannabis use. Polydrug use appeared to be a common phenomenon among drug users in treatment.[16]

B. The Americas

29. Cannabis was the most common illicit substance used in the Americas (see table 7), with an annual prevalence of 7.9 per cent among inhabitants aged 15-64. That rate was double the global average, although high levels of cannabis use were driven mainly by use in North America. Opioids were the second most consumed drug, with an annual prevalence of 2.1 per cent, some three times the global average. The annual prevalence of cocaine use in the region was also one of the highest (1.3 per cent — more than three times the global average).

Table 7
The Americas: expert perceptions of trends in drug use, by drug type, 2012

	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*	
Drug type	*Number*	*Percentage*	*Number*	*Percentage*	*Number*	*Percentage*	*Number*	*Percentage*
Cannabis	10	29	6	60	2	20	2	20
Amphetamine-type stimulants	9	26	3	33	3	33	3	33
"Ecstasy"	8	23	5	63	2	25	1	13
Opioids	9	26	3	33	3	33	3	33
Cocaine	8	23	4	50	2	25	2	25

1. North America

30. In North America, all drug types were consumed at levels greater than the global average. Cannabis was the most widely consumed substance (10.7 per cent of the population had used it in the previous year), but the consumption of opioids (mainly prescription opioids and painkillers) and cocaine were also high compared

[14] Annual report questionnaire replies submitted by Algeria for 2012.
[15] Annual report questionnaire replies submitted by South Africa for 2012.
[16] Siphokazi Dada and others, "Alcohol and drug abuse trends" Update, June 2013 (Cape Town, South Africa, South African Community Epidemiology Network on Drug Use, 2013). Available from www.sahealthinfo.org/admodule/sacendu.htm.

with global levels. The annual prevalence of opioid use was 3.9 per cent, whereas that of opiate use was 0.5 per cent and that of cocaine use was 1.5 per cent (nearly four times the global average). The use of amphetamine-type stimulants and "ecstasy" were also well above the average global levels of consumption (with an annual prevalence of 1.3 per cent and 0.9 per cent respectively).

31. In the United States, past-year illicit drug use by persons aged 12 or older increased from 14.9 per cent in 2011 to 16.0 per cent in 2012, to reach the highest number of illicit drug users over the previous 10 years. The prevalence of cannabis use rose from 11.5 per cent to 12.1 per cent and the non-medical use of psychotherapeutics,[17] particularly prescription opioids, rose, following a decline in 2011, from 5.7 per cent to 6.4 per cent. The use of cocaine also increased slightly in 2012, following several years of decline.[18] Among the population aged 12-17, past-year illicit drug use declined from 19 per cent in 2011 to 17.9 per cent in 2012, to reach the lowest level in the previous 10 years. Compared with 2011, a decline in use of almost all drug types was observed in 2012 for this age group.[19]

32. The increasing non-medical use of pain relievers (prescription opioids), was reflected in the continuing increase in the proportion of treatment admissions for opiates other than heroin,[20] which surpassed the proportion of treatment admissions for cocaine and methamphetamine.[21]

33. The number of deaths resulting from prescription painkiller overdoses also continued to rise, especially among women.[22] In addition, medical emergencies related to the non-medical use of prescription drugs increased by 132 per cent over the period 2004-2011, with opiate and opioid involvement in such emergencies rising by 183 per cent.[23]

34. In Canada, past-year use of cannabis among the population aged 15 years and over remained unchanged in 2012 from the previous year, while there was an increase in cannabis use among those aged 25 years and over, from 6.7 per cent in

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[17] Including prescription opioids, tranquillizers, sedatives and stimulants.

[18] United States, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Results from the 2012 National Survey on Drug Use and Health: Detailed Tables*, NSDUH Series H-46, HHS Publication No. SMA 13-4795 (Rockville, Maryland, 2013), tables 7.1A and 7.2B.

[19] Ibid., table 7.5B.

[20] The category "opiates other than heroin" includes non-prescription methadone, buprenorphine, codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol and any other drug with morphine-like effects.

[21] United States, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, *Treatment Episode Data Set (TEDS): 2001-2011. National Admissions to Substance Abuse Treatment Services*, BHSIS Series S-65, HHS Publication No. SMA 13-4772 (Rockville, Maryland, 2013).

[22] Centers for Disease Control and Prevention, "Prescription painkiller overdoses: a growing epidemic, especially among women", 3 July 2013, available from www.cdc.gov/vitalsigns/PrescriptionPainkillerOverdoses.

[23] United States, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Network, 2011: National Estimates of Drug-Related Emergency Department Visits*, DAWN Series D-39, HHS Publication No. SMA 13-4760 (Rockville, Maryland, 2013).

2011 to 8.4 per cent in 2012. Past-year illicit use of other substances was estimated at around 1 per cent and there were no changes observed in the prevalence of those substances between 2011 and 2012 or between 2004 and 2012.[24]

35. In Mexico, there was an increase in the consumption of cannabis among males, from 1.7 per cent in 2008 to 2.2 per cent in 2011. The illicit consumption of other drugs remained essentially stable among males and stable or slightly on the decline for females.[25]

36. In June 2013, the Federal District of Mexico released the results of a survey on the use of drugs among students in Mexico City. Based on a sample of over 26,500 high school and higher education students, the survey revealed an increase in illegal drug use, led by cannabis, cocaine, "crack" cocaine and hallucinogenics. The most significant increase was noted for cannabis: past-year use rose from 8.2 per cent in 2009 to 12.2 per cent in 2012. In contrast to declining prevalence rates for cocaine abuse in North America as a whole, the figures for past-year cocaine abuse among high school and higher education students in Mexico City rose from 1.7 per cent in 2009 to 2.5 per cent in 2012.

2. South America and Central America and the Caribbean

37. In South and Central America and the Caribbean, the reported levels of cocaine use remained high. In South America, the annual prevalence of cocaine use was estimated to have increased from 0.7 per cent in 2010 (1.84 million users) to 1.3 per cent in 2011 (3.29 million users), levels comparable to cocaine use in North America. Cocaine use in Central America and in the Caribbean remained at lower levels (0.6 per cent and 0.7 per cent respectively).

38. The illicit use of other substances remained at low to moderate levels in the subregion, with the exception of amphetamine-type stimulants (excluding "ecstasy") in Central America, where the annual prevalence of their use was 1.3 per cent, compared with the global average of 0.7 per cent.

39. According to a recent survey conducted among university students in the four Andean countries, the annual prevalence of cannabis use ranged between 15.2 per cent in Colombia and 3.6 per cent in Bolivia (Plurinational State of). Cocaine use was also high in Colombia (2.2 per cent), compared with 1.1 per cent in Ecuador, 0.5 per cent in Peru and 0.3 per cent in Bolivia (Plurinational State of). The prevalence of the use of amphetamine-type stimulants was reported as 0.9 per cent in Colombia, 0.7 per cent in Ecuador and 0.5 per cent in Peru. Comparing the trends between 2009 and 2012, there was an overall increase in cannabis use among students in the four countries, from 4.8 per cent in 2009 to 7.9 per cent in 2012, and there was a small increase in the use of amphetamine-type stimulants. Cocaine usage remained stable. A major finding of the survey was the high prevalence of the use of lysergic acid diethylamide (LSD) among university students. Such use

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[24] Health Canada, *2012 Canadian Alcohol and Drug Use Monitoring Survey* (Ottawa, 2013).

[25] J. A. Villatoro Velázquez and others, *Encuesta Nacional de Adicciones 2011: Reporte de Drogas* (Federal District of Mexico, Mexico, National Psychiatry Institute Ramón de la Fuente Muñiz, National Institute for Public Health and Ministry of Health, 2012).

increased from 0.2 per cent in 2009 to 0.95 per cent in 2012.[26] LSD use was reported as particularly high among students in Colombia.[27]

C. Asia

40. Though reliable estimates of the prevalence rates for the use of different drugs were available for only a few countries in Asia, the levels of consumption of illicit substances in the region as a whole were comparable to or below global levels. Cannabis was the most commonly used, with an annual prevalence of 1.9 per cent among those aged 15-64, followed by amphetamine-type stimulants (excluding "ecstasy") (0.7 per cent), "ecstasy" (0.4 per cent), opiates (0.4 per cent) and cocaine (0.05 per cent) (see table 8).

Table 8
Asia: expert perceptions of trends in drug use, by drug type, 2012

	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*	
Drug type	*Number*	*Percentage*	*Number*	*Percentage*	*Number*	*Percentage*	*Number*	*Percentage*
Cannabis	16	36	8	50	3	19	5	31
Amphetamine-type stimulants	11	24	4	36	1	9	6	55
"Ecstasy"	7	16	0	0	2	29	5	71
Opioids	15	33	5	33	2	13	8	53
Cocaine	9	20	2	22	4	44	3	33

1. East and South-East Asia

41. Although the illicit use of other substances remained low in the subregion, it was estimated that a quarter of the global total number of users of amphetamine-type stimulants (excluding "ecstasy") resided in East and South-East Asia.

42. In the absence of reliable survey data, there were indications that the use of amphetamine-type stimulants had both increased and diversified. Such stimulants had been ranked one of the three most commonly used substances in the subregion since 2009. The reported use of methamphetamine continued to rise in most countries in the subregion, with accompanying seizures of methamphetamine in pill and crystalline forms reaching record levels in 2012. Methamphetamine pills were predominantly used in countries such as Cambodia, 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

[26] Communidad Andina, *II Estudio Epidemiologico Andino sobre Consumo de Drogas en la Población Universitaria, Informe Regional, 2012* (Lima, 2013).

[27] The forensic experts of the Attorney General's Office of Colombia analysed samples of substances sold as LSD, following a reported increase in its use and unusual health effects reported by users. The results from samples obtained in three major cities revealed that substances sold as LSD did not contain that substance, but the synthetic phenethylamines 25B-NBOMe and 25C-NBOMe (UNODC, *Global SMART Update 2013*, vol. 10, September 2013).

Philippines and the Republic of Korea.[28] There was also a resurgence in the "ecstasy" market, with increased use reported in a number of countries in 2012, following a decline over several years. "Ecstasy" seizures more than tripled in 2012 compared with the previous year. The market for new psychoactive substances was also growing rapidly in the subregion. The use of ketamine remained widespread in East and South-East Asia, although it appeared to be stabilizing. Kratom continued to be used as a traditional stimulant in Malaysia, Myanmar and Thailand. The use of synthetic cannabinoids was also reported in China, Indonesia, Japan, the Republic of Korea and Singapore.

43. China reported that the consumption of cannabis, cocaine and tranquillizers and sedatives had stabilized. Opioid use remained high in China, with 1.27 million opioid users registered by the end of 2012,[29] compared with 1.18 million in 2011. However, among registered drug users, the proportion of heroin users decreased in 2012. A large increase in the use of methamphetamine resulted in the number of registered users of amphetamine-type stimulants increasing more than the number of registered heroin users.[30]

44. A large number of people (3.8 million) who injected drugs resided in the subregion, representing 27 per cent of the total global number. In Cambodia and Indonesia, the prevalence of HIV among people who inject drugs was greater than 20 per cent.

2. South Asia

45. Limited information was available on drug use in South Asia, especially concerning the consumption of cocaine and amphetamine-type stimulants. The annual prevalence of cannabis use was estimated at 3.5 per cent and that of opiates at 0.3 per cent, both slightly below their respective global average.

46. In Maldives, the first ever drug use survey was conducted during the period 2011-2012. Cannabis was found to be the most commonly used substance, followed by opiates (annual prevalence of 2.5 per cent and 1.5 per cent respectively). The use of prescription opioids, cocaine, amphetamine-type stimulants, sedatives and tranquillizers was less common.[31]

3. South-West and Central Asia

47. Recent and reliable information on drug use trends was not available for most parts of South-West and Central Asia; however, there was a high prevalence of opiate use in the subregion.

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[28] UNODC, *Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Challenges for Asia and the Pacific* (Vienna, November 2013). Available from www.unodc.org/documents/scientific/2013_Regional_ATS_Report_web.pdf.

[29] China National Narcotics Control Commission, *Annual Report on Drug Control in China* (Beijing, 2012).

[30] Annual report questionnaire replies submitted by China for 2012.

[31] UNODC, *National Drug Use Survey: Maldives* — 2011/2012 (Male, 2013).

48. A drug use survey conducted in Pakistan in 2012[32] found that 6 per cent of the population aged 15-64 had used an illicit substance in the previous year. Cannabis was the most commonly used illicit substance, consumed by 3.6 per cent of the population aged 15-64, with nearly 70 per cent of past-year users classified as dependent according to criteria based on the International Classification of Diseases. The use of opiates was high, with 1 per cent of the population aged 15-64 consuming heroin or opium in the past year. The annual prevalence of misuse of opioid-based painkillers was also high, with 1.5 per cent of the population aged 15-64 reporting non-medical use of them during the previous year. Alarming trends in Pakistan were the increase in the number of people injecting drugs, from an estimated 125,000 in 2006 to 430,000 in 2012, and the high proportion of people who inject drugs living with HIV (37 per cent).

49. In Central Asia, the annual prevalence of cannabis use was consistent with global levels, however, the use of opiates in the subregion (by 0.8 per cent of the adult population) remained considerably higher than the global average. Central Asia was also the subregion with the highest prevalence of people who inject drugs. At 1.33 per cent of the population aged 15-64, it was more than four times the global average (0.31 per cent). The prevalence of HIV among people who inject drugs also remained high in the subregion, at 8.5 per cent.

D. Europe

50. Cannabis remained the most commonly consumed substance (see table 9), with an estimated 30.9 million past-year users (5.6 per cent of inhabitants aged 15-64), followed by cocaine, with 4.6 million past-year users (0.8 per cent of inhabitants aged 15-64). The use of opioids and opiates was comparable to global average levels. Amphetamine-type stimulants (excluding “ecstasy”) were consumed at a level slightly below the global average, but the use of “ecstasy” was much higher, with an annual prevalence of 0.7 per cent compared with the global average of 0.4 per cent.

51. Patterns of illicit drug consumption were quite different between the two subregions in Europe. The use of cannabis and cocaine was much higher in Western and Central Europe, whereas the consumption of opioids and opiates was much higher in Eastern and South-Eastern Europe.

[32] UNODC and Pakistan, Ministry of Narcotics Control, *Drug Use in Pakistan*, 2013.

Table 9
Europe: expert perceptions of trends in drug use, by drug type, 2012

	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*	
Drug type	*Number*	*Percentage*	*Number*	*Percentage*	*Number*	*Percentage*	*Number*	*Percentage*
Cannabis	23	51	8	35	8	35	7	30
Amphetamine-type stimulants	23	51	8	35	8	35	7	30
"Ecstasy"	16	36	3	19	4	25	9	56
Opioids	23	51	5	22	13	57	5	22
Cocaine	23	51	7	30	8	35	8	35

1. Western and Central Europe

52. Though cannabis use remained high in Western and Central Europe (7.6 per cent annual prevalence), there was evidence of it decreasing, especially in countries with long and established use.[33] There was also an increasing diversity in the subregion in the types of cannabis products available, for example high-potency herbal cannabis and synthetic cannabis-like products. Cannabis use among 15- and 16-year-old school students had remained stable overall since 2007 (17 per cent lifetime prevalence), but its use increased significantly in 11 countries and declined in 5 countries.[34] A significant trend in the subregion was the increasing demand for treatment for cannabis-use disorders. In 2011, cannabis was the second-most reported primary drug for clients entering specialized drug treatment.[35]

53. The annual prevalence of cocaine use within Western and Central Europe remained high, at 1.2 per cent of the adult population. However, countries with high levels of use, such as Denmark, Italy, Spain and the United Kingdom of Great Britain and Northern Ireland, reported a downward trend in cocaine use as well as in treatment demand for cocaine use.[36]

54. Past-year use of opioids, mainly heroin, was estimated as 0.4 per cent of the population aged 15-64. However, in Western and Central Europe, other opioids, such as buprenorphine, fentanyl and even methadone were available on the illicit market, with a reported replacement of heroin with fentanyl and buprenorphine in some countries. Overall, most countries in the subregion reported downward trends in the use of heroin.[37]

55. The number of heroin users entering treatment for the first time has been declining, resulting in an ageing cohort of heroin users currently in treatment. Injecting heroin has also been declining and, coupled with other interventions, that

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[33] *European Drug Report: Trends and Developments 2013*.

[34] Swedish Council for Information on Alcohol and Other Drugs, *The 2011 European School Survey Project on Alcohol and Other Drugs (ESPAD) Report: Substance Use Among Students in 36 European Countries* (Stockholm, 2012).

[35] *European Drug Report: Trends and Developments 2013*.

[36] Ibid.

[37] Ibid.

trend was likely to have attributed to the decline in the number of new HIV infections of heroin injectors.[38]

56. Amphetamine and "ecstasy" remained common synthetic stimulants in the subregion, with the annual prevalence of their use being 0.7 per cent and 0.8 per cent of the adult population respectively. Rates of amphetamine injection also remained significant among chronic drug use populations. While amphetamine use has been stabilizing in parts of the subregion, there were concerns over its replacement by methamphetamine, especially considering the increasing availability of methamphetamine in some markets.

57. "Ecstasy" use had been declining since 2006, mainly as a result of low purity levels or the tablets not actually containing MDMA. However, with increasing purity of "ecstasy", there were indications that its use might increase.

58. The emergence and use of new psychoactive substances remained a major challenge in Western and Central Europe. Apart from the regular synthetic cannabinoids, phenethylamines and cathinones, a recent development was the increasing proportion of substances from less well-known or obscure chemical groups.[39] Given the nature of new psychoactive substances and the lack of pharmacological and toxicological data on them, it was difficult to determine their long-term health effects. Nevertheless, there were increasing reports of their use being associated with fatalities and adverse health consequences such as the bladder disease and urinary tract symptoms reported by ketamine users.[40]

2. Eastern and South-Eastern Europe

59. The main concern in Eastern and South-Eastern Europe was the high level of consumption of opioids and opiates, with annual prevalence rates of 1.2 per cent and 0.8 per cent respectively. Use of "ecstasy" was also well above the global average levels, with an annual prevalence of 0.6 per cent. The subregion also had one of the highest prevalence rates of people who inject drugs (1.26 per cent) and a high prevalence of people who inject drugs living with HIV (14.9 per cent).

60. Two of the countries with higher rates of opiate use, Belarus and Ukraine, reported a significant increase in the use of opium. Belarus also reported a significant increase in the use of heroin (heroin use was reported as stable in Ukraine).

61. The Russian Federation had the highest prevalence of opiate use within the region. However, as a result of targeted law enforcement efforts, heroin was reportedly being replaced by cheaper and more readily available prescription or over-the-counter preparations containing opioids. The use of amphetamine-type

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[38] Ibid.

[39] Ibid.

[40] R. Pal and others, "Ketamine is associated with lower urinary tract signs and symptoms". *Drug and Alcohol Dependence*, vol. 132, Nos. 1-2 (September 2013).

stimulants, synthetic opioids and synthetic cannabinoids also appeared to be increasing, particularly among the youth population.[41]

E. Oceania

62. Information on drug use in Oceania was limited to Australia and New Zealand; therefore, the reported trends essentially reflect the situation in those two countries. The region had high prevalence rates 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).

63. In Australia, expert perceptions reported an increase in consumption of cannabis, cocaine, hallucinogens and solvents and inhalants, but a decline in the use of "ecstasy". A wide range of drug analogues and new psychoactive substances were available on the Australian illicit drug market. In recent years, those substances had been primarily cathinone-type substances, novel amphetamine-type stimulants and synthetic cannabinoids. In 2012, cathinone-type substances accounted for the majority of border seizures analysed by number and were second only to other novel substances by weight. In 2012, the number of detections at the Australian border for performance- and image-enhancing drugs, anaesthetics and pharmaceuticals were the highest reported in the last decade.[42]

64. In New Zealand, there was some increase reported in the use of heroin, pharmaceutical opioids, prescription stimulants and synthetic cannabinoids. New drugs were available in a wide variety of forms, for example a range of synthetic drugs sold under the broad name "ecstasy", a large number of new synthetic cannabinoids and new analogues of existing controlled drugs and "research chemicals".[43]

IV. Conclusions and recommendations

65. Globally, there is still a shift in developed countries away from the use of heroin and cocaine towards the use of synthetic drugs, including new psychoactive substances that are not under international control, and the misuse of prescription drugs. In developing countries, the situation with regard to drug use has diversified and evolved, presenting a multifaceted picture of drug use.

66. The phenomenon of polydrug use also continues to obliterate distinctions between different types of drug users and continues to present a mix of substance use trends at the global level.

67. 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 present a major public health concern in terms of overdose cases,

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[41] Annual report questionnaire replies submitted by the Russian Federation for 2012.
[42] Annual report questionnaire replies submitted by Australia for 2012.
[43] Annual report questionnaire replies submitted by New Zealand for 2012.

drug-related deaths, injecting drug use and the transmission of infectious diseases. All of those developments and emerging trends need to be closely monitored in the different regions.

68. There is limited 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.

69. UNODC, in consultation with the World Health Organization (WHO), the World Customs Organization, the Inter-American Drug Abuse Control Commission, the European Monitoring Centre for Drugs and Drug Addiction, and the Global Tobacco Surveillance System of the Centers for Disease Control and Prevention of the United States and WHO, has prepared a report for the forty-fifth session of the Statistical Commission on improving the availability and quality of drug statistics.[44] The report outlines the current status and challenges faced by countries and international and regional organizations in the collection and reporting of data on supply and use of drugs. It also proposes a set of actions to improve the availability and quality of drug statistics at the national, regional and international levels.

70. As part of the midterm review of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, it is important that Member States take stock of the situation on the availability and quality of data on drug use indicators and consider strategies to improve the situation, taking into account the existing gaps in capacities for collection, analysis and reporting of quality data, especially in Africa and Asia. Member States also need to provide the necessary resources to address gaps in setting up drug monitoring systems.

[44] To be issued as document E/CN.3/2014/19.