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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 matters

World situation with regard to drug abuse

Report of the Secretariat

Summary

The present report summarizes the most current information available to the United Nations Office on Drugs and Crime on the global demand for illicit drugs. Compared with the situation in 2007, there does not appear to have been a significant increase in the number of people using illicit drugs in 2008. Worldwide, between 155 and 250 million persons aged 15-64 years (3.5-5.7 per cent of that age group) used an illicit drug at least once in 2008. While there are stabilizing or decreasing trends for traditional drugs of abuse (heroin and cocaine) in regions of greatest consumption, this gain is being offset by the considerable increase in the use of synthetic and prescription drugs. Globally, cannabis remains the most consumed illicit drug. However, in terms of harm associated with use, opiates rank highest. Cannabis use, particularly among young people, is stabilizing or declining in Western Europe, North America and parts of Oceania (Australia and New Zealand), but this trend is being offset by increasing consumption in other parts of the world, particularly in Africa. Similarly, the use of opioids, cocaine and amphetamine-type stimulants in high-consumption countries is stabilizing or decreasing. However, the use of amphetamine-type stimulants is increasing in Asia, with methamphetamine use increasing in parts of East and South-East Asia and amphetamine abuse increasing in the Near and Middle East. Abuse of prescription drugs, such as synthetic opioids, benzodiazepines and synthetic prescription stimulants, is also a

* E/CN.7/2011/1.



growing health problem in a number of developed and developing countries. Provision of evidence-based drug dependence treatment and care remains a challenge worldwide, with 11-33.5 million problem drug users estimated to have an unmet need for treatment. There is a lack of current information on most of the epidemiological indicators of drug use. The lack of sustainable drug information and monitoring systems continues to hinder the monitoring of changing and emerging trends, the implementation of evidence-based responses and the ability to assess the effectiveness of those responses.

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I. Global overview and emerging 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 demand for illicit drugs worldwide, as reported by Member States through the annual report questionnaire. As response rates have continued to worsen, the data are complemented by information from national and regional sources and scientific literature.

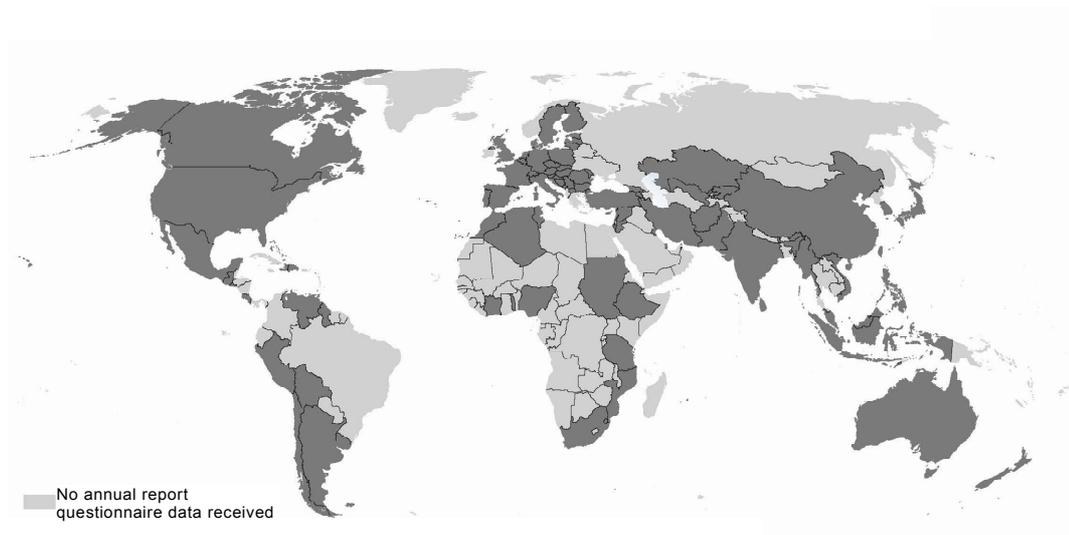
2. The key to achieving meaningful progress in making quality data available at the global level is the strategic development of drug information and monitoring systems through capacity development and support in generating data in regions where large gaps remain. This also requires developing cost-effective methods for increasing data collection on drug use by integrating it with other existing data collection systems and initiatives. Such a strategy would entail strengthening the role of UNODC headquarters and regional and country offices as the provider of technical assistance to Member States in generating data, and developing close collaboration with other international, regional and national data collection and reporting mechanisms through an international epidemiological working group.

A. Understanding the context of drug use data

3. Member States' replies to the annual report questionnaire form the basis of the global drug use information system. There has been a continuing downward trend in the number of Member States submitting data on the drug use situation in their country through the questionnaire. Less than half the world's countries are represented in the present report due to a lack of information. As at 1 November 2010, 94 Member States had returned annual report questionnaire data for the year 2009 (see map 1). There continues to be a lack of reporting throughout most of Africa, parts of East Asia, parts of Latin America and the Caribbean and nearly all of the small Pacific island States. Many Member States are unable to report fully or consistently, making year-on-year assessments of trends difficult.¹

¹ Only 11 per cent of countries in Africa, 42 per cent of countries in Europe, 29 per cent of countries in Asia, 18 per cent of countries in the Americas and two countries in Oceania have reported in a significant number of reporting cycles in the past decade.

Map 1
Member States that submitted replies to the annual report questionnaire for 2009
(As at 1 November 2010)

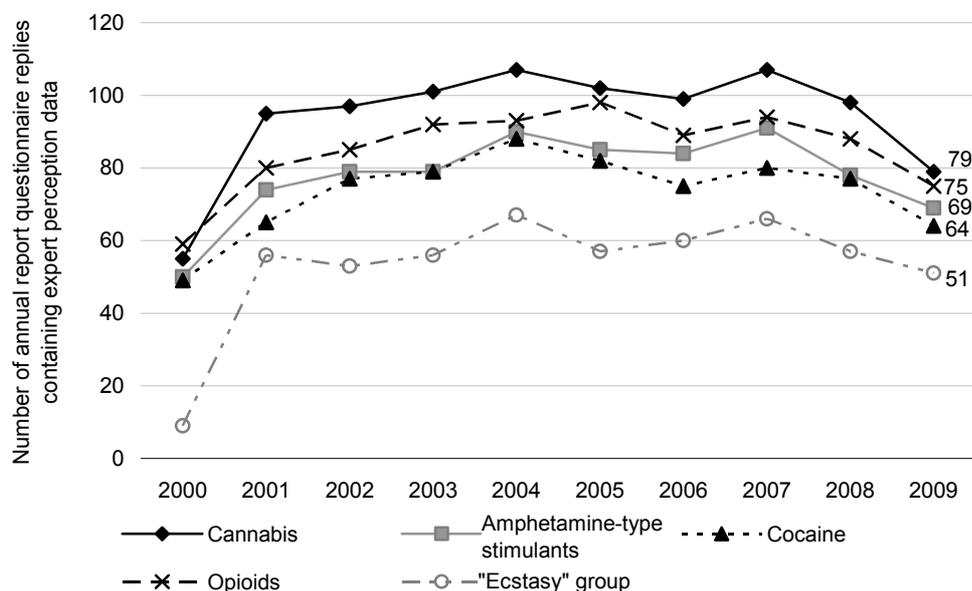


Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

B. Perception of drug use

4. Fewer than half of all countries report on the expert perception of drug use each year (see figure I). The change in the number of countries reporting an increase or decrease in drug use can provide useful qualitative information on general regional trends. However, expert perceptions of drug use might not rely on objective data and should therefore be interpreted more cautiously than information based on objective measurements.

Figure I
Number of Member States providing expert perception data, by drug group, 2000-2009
 (As at 1 November 2010)



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

5. There is a general perceived increase in the use of cannabis and opioids in Asia and Africa, but a perceived stabilizing or decreasing trend is reported by more than half of countries reporting worldwide. Cocaine use is perceived to be on the rise by about half of reporting countries. Amphetamine-type stimulant use is thought to be increasing, particularly in Asia, while use of "ecstasy"-group substances seems to have stabilized in all regions.

6. Experts in developing countries perceived a greater increase in drug use over the previous year than did experts in developed countries, reflecting the growing consumption of illicit drugs in developing countries, where the great majority of the world's inhabitants live. For example, in 2009, the average perceived use of amphetamine-type stimulants was higher in countries not members of the Organization for Economic Cooperation and Development (OECD) than in OECD countries.²

² *World Drug Report 2010* (United Nations publication, Sales No. E.10.XI.13).

Table 1
Global drug use trends perceived by Member State experts, by drug group, 2009

Drug	Member States providing perception data		Member States reporting increasing use		Member States reporting stable use		Member States reporting decreasing use	
	Number	Proportion (percentage)	Number	Proportion (percentage)	Number	Proportion (percentage)	Number	Proportion (percentage)
Cannabis	78	41	35	45	35	45	8	10
Amphetamine-type stimulants	68	35	29	43	30	44	9	13
“Ecstasy” group	50	26	15	30	24	48	11	22
Opioids	74	39	28	38	28	38	18	24
Cocaine	63	33	29	46	26	41	8	13

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

C. Estimates of the prevalence of drug use

7. An objective assessment of the extent and magnitude of drug use can be derived from surveys of the general or youth populations or from indirect estimation methods. However, only three countries conduct annual representative population-based surveys of drug use.³ Other countries that regularly conduct population-based surveys typically do so every 3-5 years. Additionally, many developing countries have never conducted a representative population-based survey of drug use. Therefore, accurately assessing year-on-year changes in past-year drug use is difficult, and assessing the extent of problem drug use among the population is even more challenging. Problem drug users tend to be more marginalized and less likely to be captured in a population-based survey; thus, special methods and techniques are required to estimate the size of that subgroup.

8. In 2008, estimates of drug use among the global population of 4.4 billion persons aged 15-64 years found that between 155 and 250 million persons (3.5-5.7 per cent) had used illicit drugs at least once in the prior year, with no major change since 2007.⁴ The large range includes the infrequent/experimental users and the smaller yet significant number of dependent problem drug users, who may use drugs regularly. The global population of problem drug users is estimated to be 16-38 million persons, of which 11-21 million are injecting drug users.

9. Cannabis continues to be the most commonly used illicit drug in the world, with 129-191 million users (2.9-4.3 per cent of the population aged 15-64 years). The highest levels of cannabis use continue to be those in the developed countries of North America, Western Europe and Oceania, although rates have generally declined in recent years, particularly among young people.

10. Globally, there are more amphetamine-type stimulant users than opioid and cocaine users combined. Amphetamine-type stimulants account for the second

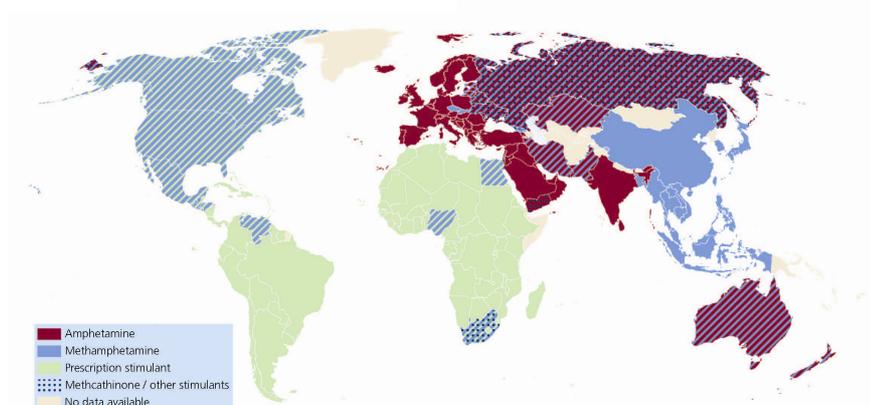
³ Canada, the United Kingdom of Great Britain and Northern Ireland and the United States of America.

⁴ *World Drug Report 2010*.

greatest number of users, with 14-53 million past-year users (0.3-1.2 per cent of the population aged 15-64 years) of amphetamine-group substances⁵ and 10-26 million users (0.2-0.6 per cent) of the “ecstasy”-group substances.⁶ Amphetamine-group substance users in East and South-East Asia and Oceania primarily consume methamphetamine. Tablets containing amphetamine and sold as Captagon are used throughout the Near and Middle East. In Europe, abusers of amphetamine-group substances primarily consume amphetamine, whereas stimulant users in North America typically use methamphetamine and abuse prescription stimulants. The use of amphetamine-type stimulants in high-consumption countries in North America, Europe and Oceania is either stabilizing or decreasing. However, the use of amphetamine-type stimulants is increasing in Asia, with methamphetamine use increasing in parts of East and South-East Asia. Amphetamine use is also increasing in the Near and Middle East (see map 2).

Map 2

Main types of amphetamine-group substances used, 2008



Source: World Drug Report 2010 and World Drug Report 2000 (United Nations publication, Sales No. G.V.E.00.0.10).

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

11. “Ecstasy” is commonly found throughout the markets of developed countries, with the highest prevalence reported in Oceania, North America and Europe. New combinations of so-called “legal highs” (synthetic substances chemically engineered to remain outside international controls) are increasingly being identified in the “ecstasy” markets. The most notable of these include the methcathinone analogue 4-methyl-methcathinone (also known as “mephedrone”).

12. Past-year opioid users totalled 15-21 million people (0.3-0.5 per cent of the population aged 15-64 years) and consumed heroin primarily. More than half the world’s estimated opioid-using population lives in Asia. Europe has the largest

⁵ Predominately, methamphetamine, amphetamine (often sold as Captagon) and methcathinone.

⁶ These include methylenedioxyamphetamine (MDA), methylenedioxyamphetamine (MDMA), 3,4-methylenedioxyethylamphetamine (MDEA) and those drugs commonly sold as “ecstasy”, which may or may not contain MDMA or its analogues.

opioid market in economic terms, and use of opioids is stabilizing in many Western and Central European countries. Globally, prescription opioids are increasingly being abused. However, actual prevalence of use remains unknown, as systematic data collection is non-existent in most countries.

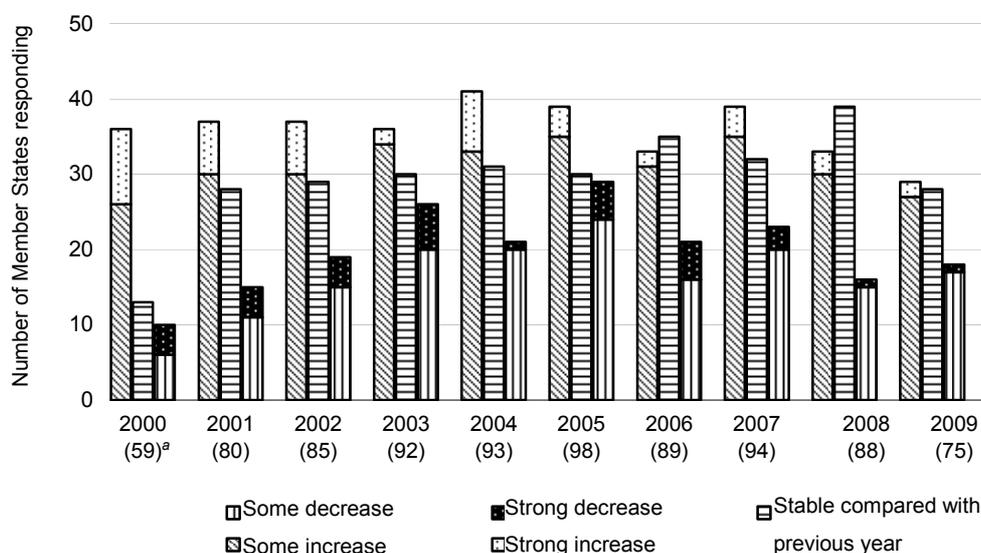
13. Between 15 and 19 million people aged 15-64 years (0.3-0.4 per cent of the population) are estimated to have consumed cocaine in 2008. North America, Western and Central Europe, Latin America and the Caribbean and Oceania have the highest prevalence rates for cocaine consumption. Although North America still has one of the world's highest prevalence rates for cocaine use, declines have been reported there. The growth in cocaine use in Western European countries may be slowing, with use in several of the larger European markets showing signs of stabilization. However, its use appears to be increasing in some Central American and Caribbean countries. There are also initial signs of new cocaine trafficking in some Asian countries, which could potentially start cocaine consumption in countries where cocaine has been virtually unknown.

14. Overall, Member States have reported an overall increasing trend of drug use since 2000. However the number of countries that have reported an increase in cocaine use are more than those reporting an increase in use of opioids or other drugs (see figures II-IX).

Figure II

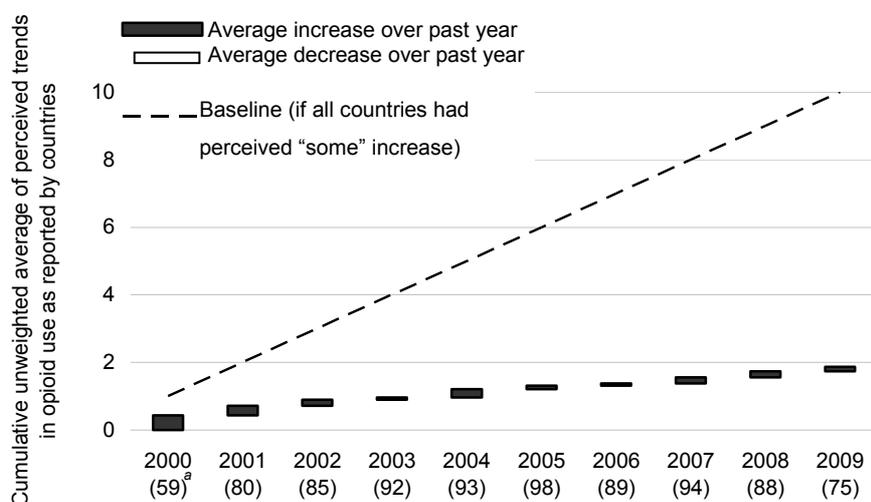
Number of countries reporting a perceived increase, decrease or stability in past-year opioid use, 2000-2009

(As at 1 November 2010)



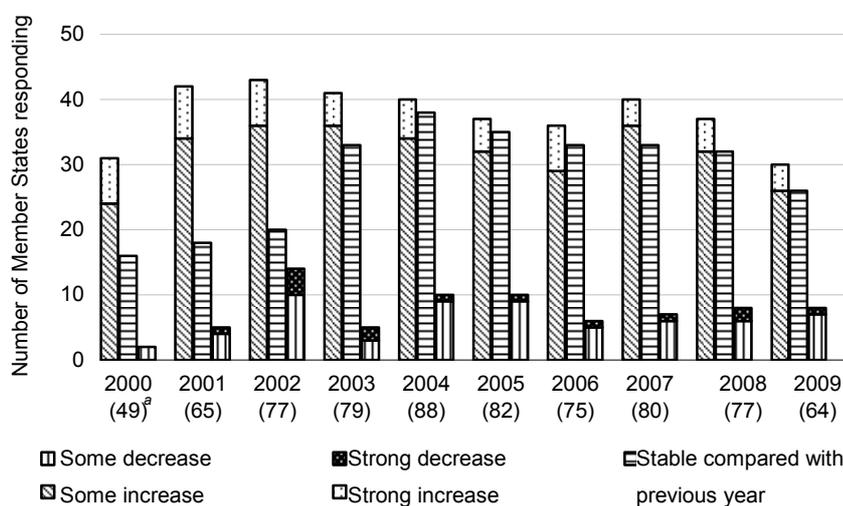
^a Number of Member States providing perception data for that year is contained in parentheses.

Figure III
Cumulative unweighted average of perceived trends in opioid use as reported by countries, 2000-2009



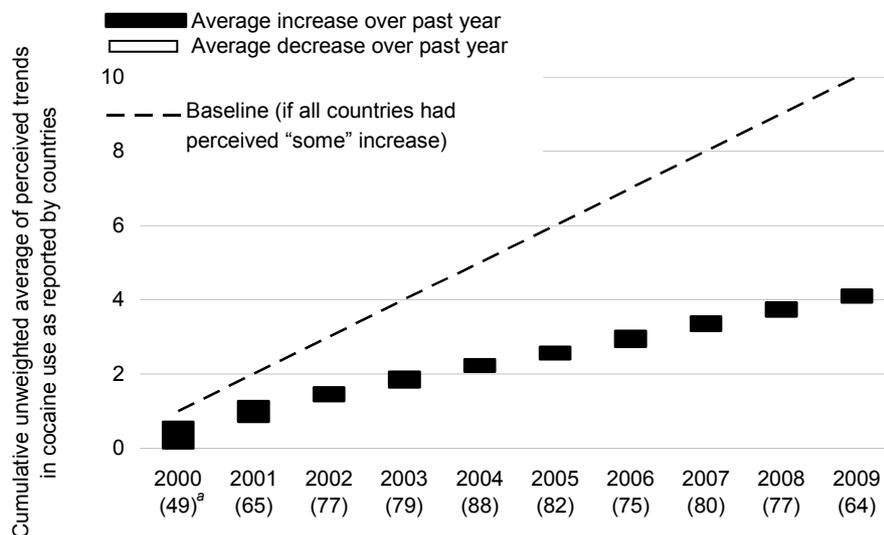
^a Number of Member States providing perception data for that year is contained in parentheses.

Figure IV
Number of countries reporting a perceived increase, decrease or stability in past-year cocaine use, 2000-2009
 (As at 1 November 2010)



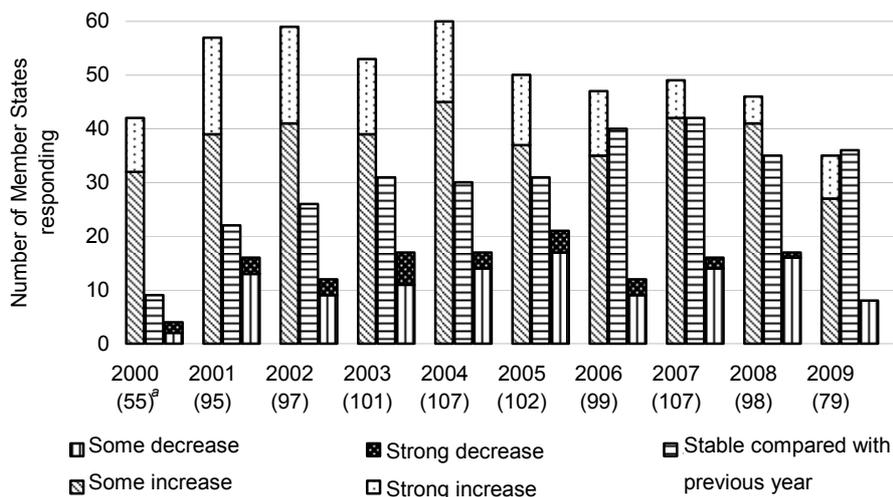
^a Number of Member States providing perception data for that year is contained in parentheses.

Figure V
Cumulative unweighted average of perceived trends in cocaine use as reported by countries, 2000-2009



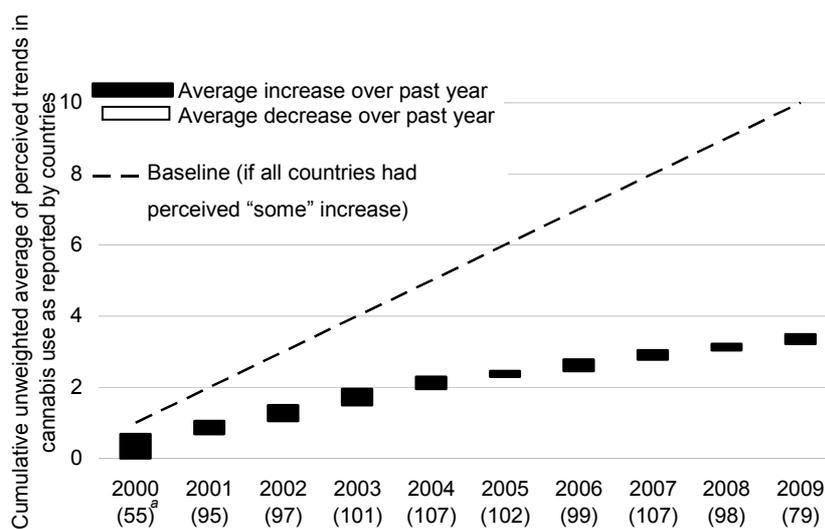
^a Number of Member States providing perception data for that year is contained in parentheses.

Figure VI
Number of countries reporting a perceived increase, decrease or stability in past-year cannabis use, 2000-2009
 (As at 1 November 2010)



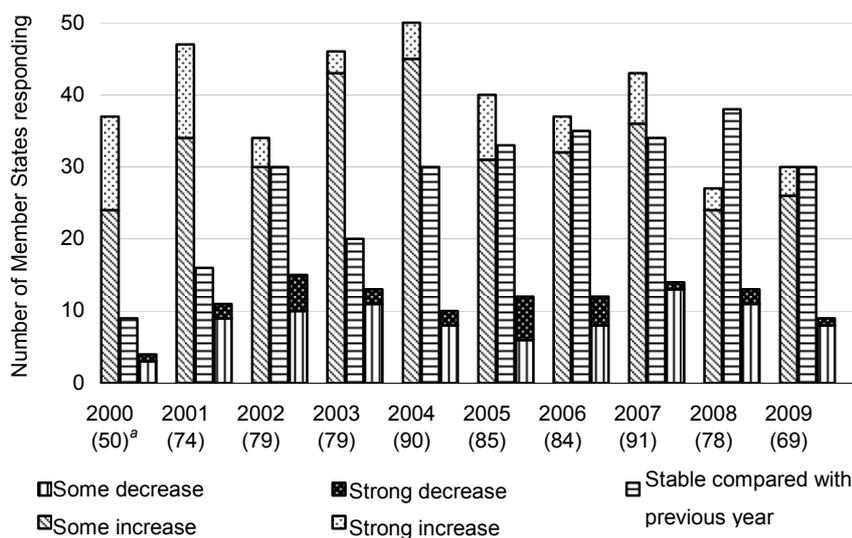
^a Number of Member States providing perception data for that year is contained in parentheses.

Figure VII
Cumulative unweighted average of perceived trends in cannabis use as reported by countries, 2000-2009



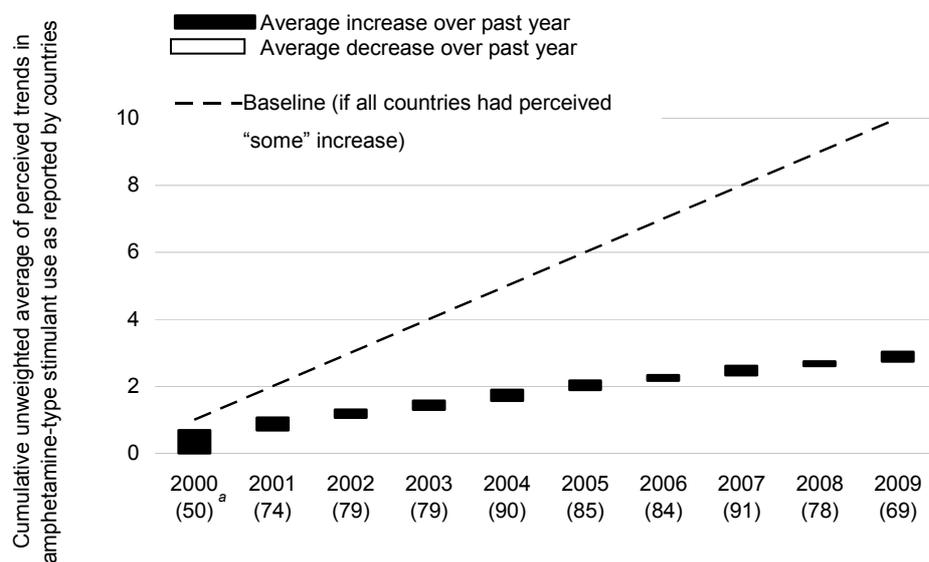
^a Number of Member States providing perception data for that year is contained in parentheses.

Figure VIII
Number of countries reporting a perceived increase, decrease or stability in past-year amphetamine-type stimulant use, 2000-2009
 (As at 1 November 2010)



^a Number of Member States providing perception data for that year is contained in parentheses.

Figure IX
Cumulative unweighted average of perceived trends in amphetamine-type stimulant use as reported by countries, 2000-2009



^a Number of Member States providing perception data for that year is contained in parentheses.

Table 2
Number of persons aged 15-64 years who used illicit drugs in 2008, by region and subregion
 (Expressed as a rounded estimated range)

<i>Region/subregion</i>	<i>Estimated number of cannabis users (millions)</i>	<i>Estimated number of users of amphetamine-group drugs (millions)</i>	<i>Estimated number of users of "ecstasy"-group drugs (millions)</i>	<i>Estimated number of opioid users (millions)</i>	<i>Estimated number of cocaine users (millions)</i>
Africa	27.7-52.8	1.6-5.2	0.3-1.9	0.7-2.9	1.0-2.7
North Africa	4.7-10.4	0.3-0.5	<i>a</i>	0.1-0.5	0.03-0.05
West and Central Africa	14.1-22.0	<i>a</i>	<i>a</i>	0.2-0.3	0.6-0.8
Eastern Africa	4.5-9.2	<i>a</i>	<i>a</i>	0.2-1.7	<i>a</i>
Southern Africa	4.5-11.2	0.3-1.1	0.2-0.4	0.2-0.3	0.3-0.9
Americas	38.2-40.0	4.8-5.9	3.0-3.3	2.3-2.4	8.7-9.1
North America	30.0-30.0	3.1-3.2	2.5-2.5	1.3-1.4	6.2-6.2
Central America	0.6-0.6	0.3-0.3	0.02-0.03	0.1-0.1	0.1-0.1
Caribbean	0.4-1.7	0.03-0.5	0.01-0.2	0.06-0.1	0.1-0.3
South America	7.3-7.5	1.3-1.9	0.5-0.5	0.8-0.8	2.3-2.5
Asia	31.5-64.6	4.4-38.0	2.4-15.6	6.5-12.5	0.4-2.3
East/South-East Asia	5.4-23.9	3.4-20.7	1.5-6.9	2.8-5.1	0.4-1.1
South Asia	16.5-27.6	<i>a</i>	<i>a</i>	1.4-3.3	<i>a</i>
Central Asia	1.9-2.1	<i>a</i>	<i>a</i>	0.3-0.3	<i>a</i>
Near and Middle East	7.8-11.0	<i>a</i>	<i>a</i>	1.9-3.8	<i>a</i>
Europe	29.4-30.0	2.5-3.2	3.8-4.1	3.3-3.8	4.6-5.0
Western/Central Europe	20.9-21.0	1.6-1.7	2.2-2.2	1.1-1.4	4.1-4.1
Eastern/South-Eastern Europe	8.5-9.0	0.9-1.5	1.7-1.9	2.2-2.5	0.5-0.8
Oceania	2.1-3.4	0.5-0.6	0.8-0.9	0.1-0.2	0.3-0.4
Global estimate	129.0-190.8	13.7-52.9	10.5-25.8	12.8-21.9	15.1-19.4

Source: World Drug Report 2010.

^a Estimate cannot be calculated.

D. Estimating the extent of problem drug use

15. Estimates of past-year drug use are a convenient albeit broad indicator of the global drug situation, as totals encompass the full range of user behaviour ranging from experimental use to drug dependence. However, it is important to estimate the number of drug-dependent persons, as this group is likely to come into contact with public health and law enforcement agencies and would thus benefit greatly from appropriate drug treatment and care interventions. UNODC estimated that of the 155-250 million persons aged 15-64 years that had used illicit drugs at least once in 2008, 16-38 million were problem drug users.⁷

16. Treatment demand is another indicator of problem drug use, and different regions have different drug problems (see map 3). The main problem drug in Africa and Oceania is cannabis, while in Europe and Asia, it is opiates, and in the Americas, cocaine.⁸ Trends in the past 10 years of the main drug for treatment admissions show that cannabis is an increasingly problematic drug in Europe, South America and Oceania, whereas treatment for cocaine use has been declining in North America, and treatment related to opiate use has been declining in Oceania and Europe. In North America, synthetic opioids (prescription medicines) are increasingly reported as the main problem drug. The treatment demand related to use of amphetamine-type stimulants is relatively small, but it has considerably increased worldwide over the past decade, especially in South-East Asia, Oceania and North America.

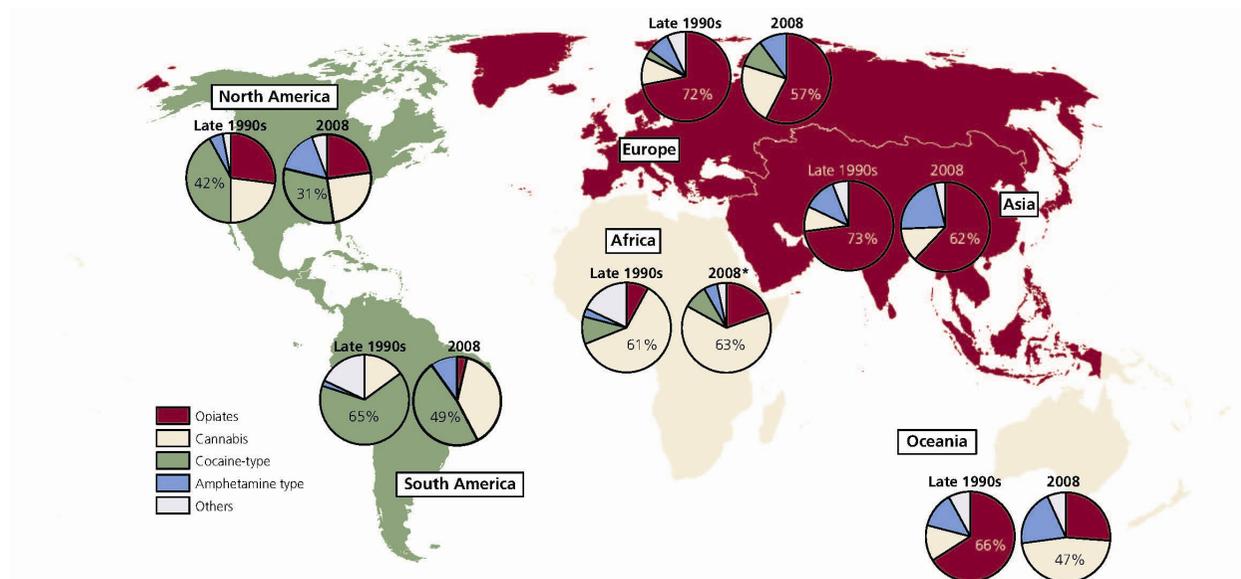
17. In 2009, between 12 and 30 per cent of the estimated problem drug users received treatment for their drug dependence, which means that 11-33.5 million problem drug users worldwide had an unmet need for treatment interventions. As shown by research, the cost of delivery of evidence-based treatment is considered to be much lower than the indirect costs incurred by untreated drug dependence (costs of prisons, unemployment, law enforcement and health consequences).⁹

⁷ Problem drug use is defined differently in each country and region and may refer to injecting drug use or the long duration and/or regular use of a substance. The term can also be used to designate those users of drugs whose dependency has led them into contact with law enforcement, hospitalization or drug treatment services.

⁸ Treatment data reflect the extent of services provided. The number of people who receive treatment for drug dependence is not equivalent to the number of people who need (or want) treatment, as the number of individuals in treatment may be limited by the capacity of treatment services. Additionally, treatment data, particularly in developing countries, are often outdated and incomplete.

⁹ United Nations Office on Drugs and Crime and the World Health Organization, "Principles of Drug Dependence Treatment", discussion paper, March 2008.

Map 3
Comparison of the proportion of treatment admissions, by drug group, in the late 1990s and 2008



Source: *World Drug Report 2010* and *World Drug Report 2000* (United Nations publication, Sales No. G.V.E.00.0.10).

Note: Percentages are unweighted means of treatment demand from reporting countries. Number of countries reporting data for 2008: Europe (45); Africa (26); North America (3); South America (24); Asia (42); Oceania (2). 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.

* Treatment data dating back more than 10 years were removed from the 2008 estimates and therefore caution should be taken comparing the data from 2008 with previous years.

II. Regional summaries

A. Africa

18. Data on drug use in Africa are largely derived from limited treatment data, school surveys, rapid assessments and expert perceptions. In 2009, only 11 African countries provided information on expert perceptions of drug use through the annual reports questionnaire, whereas general population-based surveys have been conducted in only four countries in the past decade. As urban population increases in Africa, the perceived increase of drug use can have an exponential effect on perceived drug use worldwide.¹⁰

19. Since 2000, more experts in Africa have perceived increases in drug use than have observed declines, especially with respect to cannabis and opioids (see table 3). Cannabis is the most widely used drug in Africa, as the continent remains one of the world's largest producers of cannabis herb and resin.

20. There are between 27.7 and 52.8 million past-year cannabis users in Africa, of which the majority reside in West and Central Africa. Cannabis is reportedly the main problem drug in Africa, where 63 per cent of the treatment demand was for cannabis use.

Table 3

Drug use trends in Africa perceived by Member State experts, by drug group, 2009

Drug	Member States providing perception data		Member States reporting increasing use		Member States reporting stable use		Member States reporting decreasing use	
	Number	Proportion (percentage)	Number	Proportion (percentage)	Number	Proportion (percentage)	Number	Proportion (percentage)
Cannabis	11	21	7	64	3	27	1	9
Amphetamine-type stimulants	5	9	2	40	2	40	1	20
"Ecstasy" group	3	6	1	33	2	67	0	0
Opioids	10	19	6	60	1	10	3	30
Cocaine	8	15	4	50	2	25	2	25

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

21. Current estimates place the number of past-year opioid users in Africa at between 0.7 and 2.9 million persons, the majority of whom reside in Eastern Africa, with the highest estimated past-year prevalence in Mauritius (1.95 per cent). Opioids are the second most common drug group in terms of numbers of individuals seeking treatment, accounting for an estimated 20 per cent of total treatment demand.

¹⁰ Africa's population exceeded 1 billion in 2009, of which nearly 40 per cent live in urban areas. Estimates indicate that African city population will more than triple over the next 40 years. United Nations Human Settlements Programme, *The State of African Cities 2010: Governance, Inequality, and Urban Land Markets* (Nairobi, UN-Habitat, 2010).

22. There is speculation that increasing smuggling of cocaine through Africa is leading to increasing use of cocaine in that continent. However, there is very limited information to enable an assessment of such a hypothesis. According to a 2007 household survey in Kenya, past-month cocaine use among those 15-65 years old was 0.2 per cent.¹¹ South Africa reported that cocaine use within the past three months was 0.6 per cent for those aged 15 years and older in 2008. This percentage has increased over past surveys, with primary or secondary treatment admissions for cocaine use accounting for 11 per cent of all admissions in 2009.¹²

23. South Africa reports use of amphetamine-type stimulants in the past three months at 0.7 per cent of the general population, which is reflected in treatment admissions. Treatment admissions for methamphetamine as the primary or secondary drug of use in 2009 accounted for nearly 18 per cent of total admissions in 2009. There are indications that use of amphetamine-type stimulants is spreading to other areas and has been reported in several countries such as Cape Verde, Egypt, Ghana and Nigeria,¹³ among others.

B. Americas

24. Cocaine use remains one of the most significant drug problems for the Americas, although notable declines have been observed in the largest market, North America. Treatment admissions for cocaine use accounts for 30 per cent of drug treatment in North America and 46 per cent in Latin America and the Caribbean, both were decreasing somewhat over the level in 2008. Cannabis, although more widely used, accounts for 25 per cent of drug treatment episodes in North America, and 37 per cent in the rest of the Americas. Admission for opioid-related treatment accounts for 23 per cent of the total in North America and have increased to 4 per cent in Latin America and the Caribbean, both increasing slightly over the level in 2008. The proportion of treatment admissions for amphetamine-type stimulant abuse in North America is 16 per cent, compared with 10 per cent in Latin America and the Caribbean.

¹¹ National Campaign against Drug Abuse Authority, "Rapid situation assessment of drug and substance abuse in Kenya, 2007" (NACADA, 2007).

¹² A. Plüddemann and others, "Monitoring alcohol and drug abuse trends in South Africa: July 1996-December 2009 (Phase 2)", *South African Community Epidemiology Network on Drug Use (SACENDU) Research Brief*, vol. 13, No. 1 (2010).

¹³ United Nations Office on Drugs and Crime and the Commission for Drug Control Coordination of the Cape Verde Ministry of Justice, *Study on the Situation of Drug Abuse-related HIV/AIDS in Cape Verde: Rapid Situation Assessment* (January 2008); I. Ghaz, *National Study of Addiction, Prevalence of the Use of Drugs and Alcohol in Egypt* (Cairo, 2007); and A. B. Makanjuola, T. O. Daramola and A. O. Obembe, "Psychoactive substance use among medical students in a Nigerian university", *World Psychiatry*, vol. 6, No. 2 (2007), pp. 112-114; A. A. Abdulkarim, O. A. Mokuolu and A. Adeniyi, "Drug use among adolescents in Ilorin, Nigeria", *Tropical Doctor*, vol. 35, No. 4 (2005), pp. 225-228.

Table 4
Drug use trends in the Americas perceived by Member State experts, by drug group, 2009

Drug	Member States providing perception data		Member States reporting increasing use		Member States reporting stable use		Member States reporting decreasing use	
	Number	Proportion (percentage)	Number	Proportion (percentage)	Number	Proportion (percentage)	Number	Proportion (percentage)
Cannabis	15	43	5	33	10	67	0	0
Amphetamine-type stimulants	11	31	4	36	6	55	1	9
“Ecstasy” group	6	17	1	17	5	83	0	0
Opioids	10	29	4	40	6	60	0	0
Cocaine	15	43	5	33	7	47	3	20

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

1. North America

25. In North America, cannabis is the most commonly used illicit drug, while problem drug use remains related to cocaine, as shown by the greatest proportion of treatment admissions for cocaine use. Non-medical use of prescription drugs, especially opioids, is also of increasing concern in North America.

26. In the United States, the 2009 household survey found an overall increase in annual prevalence of illicit drug use (from 14.2 per cent in 2008 to 15.1 per cent). Increases were reported in cannabis consumption (from 10.3 to 11.3 per cent) and for amphetamine-type stimulants, with past-year “ecstasy” and methamphetamine use increasing from 2.1 to 2.8 million and 0.85 to 1.17 million persons, respectively.¹⁴ Slight decreases were reported in past-year cocaine use among the general population, with current use at the lowest level in a decade. Canada’s new annual national household survey of the general population (aged 15 years and older) for 2009 found some decrease in annual prevalence of cocaine use (from 1.6 per cent to 1.2 per cent) over 2008, as well as decreases in all other categories of illicit drug use.

27. The abuse of prescription and over-the-counter drugs remains a significant problem in North America, with the United States of America reporting it as the second largest drug problem after cannabis abuse. In 2009, past-year non-medical use of prescription drugs increased from 6.1 to 6.4 per cent among the general population. This problem also extends to youth, where 6 per cent of grade 10 students in the United States reported using cough medicines to “get high” in 2009. The 2008/09 Canadian school survey found that among students aged 15-19, past-year use of prescription opioids and stimulants to “get high” stood at 6.1 per cent and 4.5 per cent, respectively.

¹⁴ United States of America, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings*, NSDUH Series H-38A, HHS Publication No. SMA 10-4586Findings (Rockville, Maryland, 2010).

2. Latin America and the Caribbean

28. While cannabis remains the most widely consumed illicit drug in Latin America and the Caribbean, cocaine continues to be the predominant problem drug. In 2009, cocaine use was perceived by experts to be generally stable, with the exception of increases in four Central American and Caribbean countries.

29. In 2009, four countries of Latin America and the Caribbean reported results of surveys of young people that identified cannabis as the most commonly used drug in the past year, varying from 0.9 to 16.2 per cent of that group. The surveys found past-year cocaine use ranging between 0.3 and 4.7 per cent, and amphetamines use between 0.3 and 3.4 per cent.

30. Synthetic psychotropic substances are increasingly being encountered throughout South America, particularly among younger persons. A 2009 nationwide study of university students in Brazil identified high levels of use of amphetamine-type stimulants, with past-month use of amphetamine (excluding other forms of amphetamine-type stimulants) at 8.7 per cent, rivalling past-month use of cannabis, which stood at 9.1 per cent.¹⁵ A similar study to assess the knowledge, attitudes, risks and use of synthetic substances¹⁶ among university students in the Andean Community identified lifetime prevalence as highest among students in Colombia (4.6 per cent), followed by Peru and the Plurinational State of Bolivia, both at 1.6 per cent, and Ecuador at 1.5 per cent.¹⁷

C. Asia

31. Asia's large and diverse area is reflected in its distinct subregional drug problems: methamphetamine and opioids in East and South-East Asia; opioids in South, Central and West Asia; and amphetamine in the Near and Middle East. It is estimated that Asia contains more than half the world's population using amphetamines and methamphetamines (4.4-38 million persons) and opioids (6.5-12.5 million persons). In 2009, experts from 26 countries in Asia (58 per cent) indicated a perceived increasing use of amphetamine-type stimulants, cocaine cannabis and opioids (see table 5). Only "ecstasy" use was perceived to be in decline (particularly in East and South-East Asia). Although opioids remain the major problem drug, amphetamine-type stimulant treatment demand is increasing, noticeably in South Asia, accounting for 22 per cent of total treatment demand in 2008. Many countries in South Asia are now reporting growing concern at increasing abuse of ketamine.¹⁸

¹⁵ Brazil, Secretaria Nacional de Políticas sobre Drogas, *I Levantamento Nacional sobre o Uso de Alcool, Tabaco e Outras Drogas entre Universitários das 27 Capitais Brasileiras* (Brasília, 2010).

¹⁶ Synthetic drugs included drugs sold as "ecstasy" (MDMA), amphetamine, methamphetamine, lysergic acid diethylamide (LSD), ketamine, and *gamma*-hydroxybutyric acid (GHB).

¹⁷ Andean Community, *Estudio Epidemiológico Andino sobre Consumo de Drogas Sintéticas en la Población Universitaria de Bolivia, Colombia, Ecuador y Perú, 2009* (Lima, 2009).

¹⁸ Ketamine is a licit pharmaceutical illicitly used as a hallucinogen, most often found in powder or liquid form, that is increasingly encountered on amphetamine-type stimulant markets, either in connection with the "club drug" scene or found as an active ingredient in what is sold on illicit markets as "ecstasy".

Table 5
Drug use trends in Asia perceived by Member State experts, by drug group, 2009

Drug	Member States providing perception data		Member States reporting increasing use		Member States reporting stable use		Member States reporting decreasing use	
	Number	Proportion (percentage)	Number	Proportion (percentage)	Number	Proportion (percentage)	Number	Proportion (percentage)
Cannabis	22	49	11	50	8	36	3	14
Amphetamine-type stimulants	24	53	14	58	5	21	5	21
“Ecstasy” group	17	38	6	35	3	18	8	47
Opioids	26	58	12	46	4	15	10	38
Cocaine	13	29	7	54	3	23	3	23

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

1. East and South-East Asia

32. Cannabis, amphetamine-type stimulants (primarily methamphetamine) and opioids continue to be the main drugs used in East and South-East Asia. Opioids and methamphetamine comprise the bulk of treatment demand for problem drug use. As of 2009, amphetamine-type stimulants were identified as the primary or secondary drug of abuse under international control in 10 countries in East and South-East.¹⁹ Thailand has the largest market for methamphetamine in the Greater Mekong area of South-East Asia, and has seen increases in treatment demand since 2004, with over 106,000 admissions in 2009, of which 82 per cent were for methamphetamine.²⁰

33. China continues to report increases in use of cocaine and amphetamine-type stimulants among its population, particularly among younger persons. To date, there has never been a representative drug use survey, which prevents a full understanding of the drug situation and trends in the world’s most populous country. The abuse of ketamine is also a growing concern in China’s provinces and special administrative regions. In Hong Kong, China, the use of low-price ketamine has increased concurrently with decreases in use of “ecstasy”, with the number of reported drug registry cases for ketamine reaching 36 per cent.²¹ In Taiwan Province of China, the number of positive drug tests for ketamine use in 2009 (5,620) was nearly double the number in 2008, reaching the highest number on record, with increases continuing into 2010.²²

34. The number of users of opioids in East and South-East Asia (estimated at 2.8-5.1 million persons aged 15-64 years in 2009) is perceived by experts to have decreased or stabilized.²³ In 2008, opium use prevalence in Myanmar was higher in opium-growing villages (1.7 per cent) than in non-opium growing areas

¹⁹ *Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Asia and the Pacific, 2010*, published by the United Nations Office on Drugs and Crime in November 2010.

²⁰ Ibid.

²¹ Ibid.

²² *Global SMART Update*, vol. 4, October 2010.

²³ *Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Asia and the Pacific, 2010*.

(0.6 per cent).²⁴ China accounts for the largest number of opioid consumers (predominately heroin), with past-year use estimated at between 1.8 and 2.9 million persons in 2005.²⁵

2. Central and South-West Asia

35. Opioid use remains the most prominent illicit drug problem throughout Central and South-West Asia. Afghanistan has one of the highest prevalence rates of opiate use, ranging between 2.3 per cent and 2.9 per cent of those aged 15-64 years. In Afghanistan, from 2005 to 2009, the estimated number of regular opium users increased from 150,000 to 230,000 persons and the number of regular heroin users from 50,000 to 120,000.²⁶ In the Islamic Republic of Iran, 1.5-3.2 per cent of the adult population were estimated to be opiate users in 2007. However, experts in the Islamic Republic of Iran have perceived a slight decrease in opiate use in recent years.^{27, 28} In 2006, 0.7 per cent of the population aged 15-64 years in Pakistan were estimated to be regular opiate users.²⁹ However, experts in Pakistan also perceived a slight decrease in opiate use in recent years. Similarly in Central Asia (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan), experts perceived a stabilizing trend of opiate use, but the proportion of heroin users among those officially registered continues to increase, with the proportion ranging between 47 per cent in Kyrgyzstan to 82 per cent of all registered drug users in 2008.³⁰ The HIV epidemic in Central Asia continues to affect primarily drug users injecting opioids.

36. With an increasing number of cases of illicit manufacture of and trafficking in amphetamine-type stimulants in the subregion, amphetamine-type stimulants use is likely to increase as well. While some countries in the subregion have reported stable trends in use of amphetamine-type stimulants, experts in Armenia and Georgia and Pakistan, have indicated increasing trends in amphetamine-type stimulants use.

3. South Asia

37. India has the largest opioid-using population in South Asia, last estimated at 3.2 million persons in 2000. However, there are no recent data on the size of the opioid-using population. Some studies have suggested that heroin use is common

²⁴ *South-East Asia: Opium Survey 2010 — Lao PDR, Myanmar*, published by the United Nations Office on Drugs and Crime in December 2010.

²⁵ F. Lu and others, "Estimating the number of people at risk for and living with HIV in China in 2005: methods and results", *Sexually Transmitted Infections*, vol. 82, suppl. III (2006), pp. iii87-iii91.

²⁶ "Drug use in Afghanistan: 2009 survey", published by the United Nations Office on Drugs and Crime in 2009.

²⁷ *World Drug Report 2010*.

²⁸ Islamic Republic of Iran, Drug Control Headquarters, *Policies, Achievements, Ongoing Programs and Future Plans* (Tehran, 2007).

²⁹ "Illicit drug trends in Pakistan", published by the United Nations Office on Drugs and Crime and the Paris Pact Initiative in April 2008; United Nations Office on Drugs and Crime and Pakistan, Ministry of Narcotics Control, *Problem Drug Use in Pakistan: Results from the Year 2006 National Assessment* (Tashkent, 2007).

³⁰ "Compendium of drug related statistics: 2009", published by the Regional Office for Central Asia of the United Nations Office on Drugs and Crime (Tashkent, 2009).

among illicit drug users in Bangladesh, Nepal³¹ and India,³² and injecting buprenorphine has been identified as a significant phenomenon among drug users in these countries. There are recent indications that amphetamine-type stimulant use, particularly methamphetamine, may be increasing in the subregion, as more cases of illicit manufacture and trafficking are being reported. Past surveys of illicit drug use among the general population in the subregion did not include indicators for amphetamine-type stimulants.

4. Near and Middle East

38. While cannabis is the most commonly used drug in the subregion, dramatic increases in the use of amphetamine-type stimulants (predominately, fake pharmaceuticals sold as Captagon, containing amphetamine) have been reported by experts. Increased use of synthetic drugs has also been reported in a number of countries, including Jordan, Qatar and the United Arab Emirates. However, the subregion lacks the essential capacity to collect, analyse and report data on drug demand.

D. Europe

39. Many European countries regularly collect data on drug use among the general and student populations, as well as drug treatment data. Cannabis remains the illicit drug most widely used among the general population, followed by cocaine and amphetamine-type stimulants. Opioids remain the main problem drug in Europe, representing 56 per cent of treatment admissions, followed by cannabis (22 per cent), amphetamine-type stimulants (10 per cent) and cocaine (10 per cent).³³ There has been a decline over the past decade in the proportion of heroin users entering treatment with an increase in treatment demand for cannabis, amphetamine-type stimulants and cocaine.

40. According to expert perceptions, overall drug use appears to have increased in Europe in the period 2000-2009, with the strongest increases reported for cannabis, cocaine and “ecstasy”. In 2009, cocaine use was perceived to be increasing in 14 countries and stabilizing in 13 countries, and no country reporting a decrease (see table 6). Over the past several years, deaths associated with cocaine use have increased, with roughly 1,000 cocaine-related deaths now being reported annually.³⁴ Abuse of other drugs was perceived to be generally stable or slightly increasing in 2009.

³¹ *Rapid Situation and Response Assessment of Drugs and HIV in Bangladesh, Bhutan, India, Nepal and Sri Lanka: A Regional Report*, published by the Regional Office for South Asia of the United Nations Office on Drugs and Crime in 2008.

³² L. Degenhardt and others on behalf of the Reference Group to the United Nations on HIV and injecting drug use, *Benefits and Risks of Pharmaceutical Opioids: Essential Treatment and Diverted Medication — A Global Review of Availability, Extra-medical Use, Injection and the Association with HIV* (Sydney, University of New South Wales, National Drug and Alcohol Research Centre, 2008).

³³ Unweighted averages, excluding smoking and alcohol-related treatment episodes (*World Drug Report 2010*).

³⁴ European Monitoring Centre for Drugs and Drug Addiction, *Annual Report 2010: The State of the Drugs Problem in Europe* (Luxembourg, Publications Office of the European Union, 2010).

Table 6
Drug use trends in Europe perceived by Member State experts, by drug group, 2009

Drug	Member States providing perception data		Member States reporting increasing use		Member States reporting stable use		Member States reporting decreasing use	
	Number	Proportion (percentage)	Number	Proportion (percentage)	Number	Proportion (percentage)	Number	Proportion (percentage)
Cannabis	30	67	12	40	14	47	4	13
Amphetamine-type stimulants	28	62	10	36	16	57	2	7
“Ecstasy” group	24	53	8	33	13	54	3	13
Opioids	28	62	7	25	16	57	5	18
Cocaine	27	60	14	52	13	48	0	0

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

1. Western and Central Europe

41. Cannabis is the most widely used illicit drug in Western and Central Europe; use of cannabis increased throughout the 1990s and has declined since then. About 21 million individuals consumed cannabis in 2008.³⁵ Most recent data point to stable or declining levels of past-year cannabis use among the general population in Belgium (2008), Germany (2009), Sweden (2008) and the United Kingdom, where it reached the lowest level reported in the past decade.³⁶

42. Cocaine is the second most commonly used illicit drug in Europe, being used by about 4.1 million people in Western and Central Europe in 2008.³⁷ Increases in past-year cocaine use were reported in some parts of the subregion, while some countries have reported decreases or stabilization. The latest general population surveys conducted in Belgium, Germany and Sweden suggest that the prevalence of past-year cocaine use has generally stabilized in those countries, while decreases were reported by the United Kingdom. Treatment admissions for cocaine use account for nearly 15 per cent of total admissions, and health concerns continue unabated, with increases in first-time treatment demand, drug-related fatalities and concern expressed at the harmful adulterants increasingly being added to the drugs.

43. Of the estimated 3.3-3.8 million past-year opioid users in Europe, 1.1-1.4 million are in Western and Central Europe, and the majority of them use heroin. The long intervals between estimates of problem opioid use makes the annual assessment of trends difficult. However, recent reports from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) suggest a relatively stable situation.³⁸ Just under half of all treatment demand in the region is for opioid

³⁵ *World Drug Report 2010*.

³⁶ Results for England and Wales only. J. Hoare and D. Moon, eds., *Drug Misuse Declared: Findings from the 2009/10 British Crime Survey — England and Wales*, Home Office Statistical Bulletin 132/10 (London, Home Office, July 2010).

³⁷ *World Drug Report 2010*.

³⁸ *Annual Report 2010: The State of the Drugs Problem in Europe*.

abuse. However, a large proportion of that group are in long-term opioid substitution programmes.

44. Amphetamine use overall appears stable, with about 1.7 million past-year users (of the total of 2.5-3.2 million past-year users of amphetamine-type stimulants in Europe), accounting for 1 in 10 treatment admissions. However, there remain large variations in amphetamines use, with higher prevalence in pockets of Northern, Western and Central Europe. In the United Kingdom, the largest market in terms of absolute number of users, the past-year prevalence has stabilized at about 1 per cent of the general population.³⁹ Although amphetamine is commonly encountered throughout the region, there are indications of increased availability of methamphetamine, particularly in Northern Europe, where it may be sold as a substitute.⁴⁰

45. "Ecstasy" was used by an estimated 2.2 million persons in Western and Central Europe in 2008, and its use was more common among young people. Between 1995 and 2007, there were reported overall increases in lifetime use of "ecstasy" by European students aged 15-16 years. Other psychoactive substances are increasingly being sold as "ecstasy" or as legal substitutes of "ecstasy", such as various piperazines and analogues of methcathinone (mephedrone).⁴¹ A record number of new synthetic psychotropic substances (24 in total) were reported to EMCDDA or the European Police Office in 2009, double the number of new synthetic substances reported in 2008.⁴²

2. Eastern and South-Eastern Europe

46. Data on registered drug users show that the availability and use of heroin, cocaine and amphetamine-type stimulants increased markedly in the mid-1990s. In 2009, increases in opioid use were reported by experts in Bosnia and Herzegovina, Latvia, Lithuania, the Republic of Moldova and the former Yugoslav Republic of Macedonia. Opioids account for two-thirds of all treatment demand in Eastern and South-Eastern Europe. Specialized studies have estimated that injecting drug use is prevalent in many Eastern European countries and that HIV infection is common among people who inject drugs,⁴³ in particular in Belarus, the Russian Federation and Ukraine.⁴⁴

47. The Russian Federation has the largest opioid-using population in Eastern Europe, with some estimating 1.7 million users in the country (1.6 per cent of the population aged 15-64 years).⁴⁵ The Federal Drug Control Service of the Russian

³⁹ Hoare and Moon, *Drug Misuse Declared: Findings from the 2009/10 British Crime Survey*.

⁴⁰ European Monitoring Centre for Drugs and Drug Addiction, "Problem amphetamine and methamphetamine use in Europe" (Luxembourg, Publications Office of the European Union, 2010).

⁴¹ *World Drug Report 2010*.

⁴² *Annual Report 2010: The State of the Drugs Problem in Europe*.

⁴³ United Nations Office on Drugs and Crime, Global Assessment Programme on Drug Use (GAP), National Addiction Centre of the Russian Federation; E. A. Koshkina, *Dynamics of Drug-Related Disorders in the Russian Federation* (2008).

⁴⁴ B. M. Mathers and others, "Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review", *The Lancet*, vol. 372, No. 9651 (2008), pp. 1733-1745.

⁴⁵ "Illicit drug trends in the Russian Federation", published by the United Nations Office on Drugs and Crime and the Paris Pact Initiative in 2008; "Dynamics of drug-related disorders in the

Federation estimates that 10,000 dependent heroin users die from overdose annually and nearly 65 per cent of newly identified HIV cases are linked to injecting drug use.⁴⁶ A new household survey conducted in the provinces of Arkhangelsk, Ivanovo and Samara shows past-year opium use at 0.6 per cent, heroin use at 0.3 per cent, amphetamine use at 1.4 per cent, “ecstasy” use at 1.0 per cent and use of cannabis at 5.6 per cent.

48. The Ukraine has the second largest opioid-using population, with between 320,000-423,000 past-year opioid users (1-1.3 per cent), predominately an aging cohort.⁴⁷ Experts in Ukraine also report that various amphetamine-type stimulants such as amphetamine, methamphetamine, methcathinone and cathinone are used by an emerging cohort of young injecting drug users.⁴⁸ A recent study using the “capture-recapture” method in Belarus estimated the number of injecting drug users at between 1.2 per cent and 1.4 per cent of the population aged 15-54 years.⁴⁹

E. Oceania

49. Annual report questionnaire data from Oceania reflect the situation in Australia and New Zealand, because none of the other 12 small Pacific island States respond to the annual report questionnaire. Both Australia and New Zealand have well-established illicit drug surveillance systems and conduct regular household surveys of drug use.

50. Broadly, Australia and New Zealand share similar patterns of illicit drug use, with cannabis being the most commonly used drug, followed by amphetamine-type stimulants. Since 2000, surveys and treatment data show declines in the use of cannabis, methamphetamine and heroin but not in the use of “ecstasy” or cocaine.

51. Australia’s 2007 national household survey reported that 9.1 per cent of the population aged 14 years and older had used cannabis in the past year, 3.5 per cent had used “ecstasy”, 2.3 per cent had used amphetamines and 1.6 per cent had used cocaine.⁵⁰ The survey of injecting drug users in 2010 found that the majority had used heroin (64 per cent) and methamphetamine (60 per cent) in the past

Russian Federation”, published by the United Nations Office on Drugs and Crime and the National Addiction Centre of the Russian Federation, 2007.

⁴⁶ *Report of the International Narcotics Control Board for 2009* (United Nations publication, Sales No. E.10.XI.1).

⁴⁷ *World Drug Report 2010*.

⁴⁸ Natalia Pohorila and others, *Analytical Report Based on Results of Linked Survey: Behavior Monitoring and HIV-Infection Prevalence among Injection Drug Users* (Kiev, 2010); “Peculiarities of stimulators using in Ukraine by the example of Donetsk region”, paper presented by V. Pavlenko, Regional Coordinator of the International HIV/AIDS Alliance in Ukraine, at the first Global Conference on Methamphetamine, Prague, 15-16 September 2008; O. Zeziulin, K. Dumchev and J. Schumacher, “Injection stimulant use and HIV risk in Ukraine”, paper presented at the first Global Conference on Methamphetamine, Prague, 15-16 September 2008.

⁴⁹ H. Vinitskaya, Yu Razvodovsky and V. Lelevich, “On estimation of psychoactive drug use prevalence in the Republic of Belarus”, *Issues on the Organisation and Informatization of the Health Care System*, vol. 4, 2008, pp. 46-49.

⁵⁰ Australian Institute of Health and Welfare, *2007 National Drug Strategy Household Survey: First Results*, Drug Statistics Series No. 20 (Canberra, 2008).

six months.⁵¹ The survey of regular “ecstasy” users found that in 2010 “ecstasy” was significantly more difficult to obtain than in 2009; however, 48 per cent of respondents also reported recent use of cocaine, the highest level since 2003.⁵² Increases were also noted in use of synthetic drugs such as lysergic acid diethylamide (LSD) (from 28 per cent in 2003 to 38 per cent in 2010) and the new synthetic stimulant 4-methyl-methcathinone (“mephedrone”), which 16 per cent of respondents reported to have used recently.

52. The New Zealand 2008 household survey of drug use of those aged 16-64 years found past-year cannabis use was 14.6 per cent, followed by “ecstasy” at 2.6 per cent, amphetamines at 2.1 per cent, opioids at 1.1 per cent, cocaine at 0.6 per cent and synthetic stimulant “party pills”⁵³ at 5.6 per cent.⁵⁴ The 2009 survey of regular drug users reported that although methamphetamine prices are increasing, the proportion of drug users injecting methamphetamine was also increasing.⁵⁵ Frequent drug users also reported using ketamine, oxycodone, methylphenidate, amyl nitrate and mephedrone for the first time in 2009.

Small Pacific island States

53. There is no formal drug surveillance system at the national or regional level among the small Pacific island States. Nor do they respond to the annual report questionnaire. The main drugs of use in many of those countries include traditional psychoactive substances such as kava (*Piper methysticum*) and cannabis.⁵⁶ However, data from the Youth Risk Behavior Surveillance System show an elevated lifetime prevalence of methamphetamine use among secondary students in five Pacific island States, ranging from 4.9 per cent in the Northern Mariana Islands to the unusually high figure of 13.1 per cent in the Marshall Islands.⁵⁷ High levels of lifetime injecting drug use were also reported among students.

III. Conclusions and recommendations

54. Over the previous year, there has not been a significant increase in the total number of illicit drug users worldwide. In the major consumption markets in North America and Europe, there is a stabilizing or decreasing trend in use of traditional drugs of abuse (cocaine and heroin), while there has been a considerable increase in the use of synthetic and prescription drugs, as also observed in parts of Asia. In

⁵¹ Jennifer Stafford and Lucy Burns, “An overview of the 2010 IDRS: the injecting drug users survey key findings”, *IDRS Drug Trends Bulletin*, October 2010.

⁵² Natasha Sindicich and Lucy Burns, “An overview of the 2010 EDRS: the regular ecstasy user survey findings”, *EDRS Drug Trends Bulletin*, October 2010.

⁵³ “Party pills” often contain, inter alia, *N*-benzylpiperazine (BZP).

⁵⁴ New Zealand, Ministry of Health, *Drug Use in New Zealand: Key Results of the 2007/08 New Zealand Alcohol and Drug Use Survey* (Wellington, 2010).

⁵⁵ C. Wilkins, R. Griffiths and P. Sweetsur, *Recent Trends in Illegal Drug Use in New Zealand, 2006-2009: Findings from the 2006, 2007, 2008 and 2009 Illicit Drug Monitoring System (IDMS)* (Auckland, Massey University, 2010)

⁵⁶ *Patterns and Trends of Amphetamine-Type Stimulants and Other Drugs: Asia and the Pacific, 2010*.

⁵⁷ J. Lippe and others, “Youth risk behavior surveillance: Pacific Island United States territories, 2007”, *MMWR Surveillance Summaries*, vol. 57, No. SS212, 21 November 2008, pp. 28-56.

contrast, in Asia and Africa, there are trends of increasing cocaine and heroin use. Cannabis is also emerging as a problematic drug of abuse in many regions.

55. There is a need to explore the various interacting factors that may have resulted in decreasing or stabilizing trends in use of certain drugs. Emerging trends in drug use, and the worrying potential consequences, require close monitoring, in particular the following issues:

(a) Trends of increasing abuse of amphetamine-type stimulants and prescription drugs should be monitored, especially in regions with currently low prevalence rates;

(b) Trends in treatment demand should be monitored through the identification of the major substances causing problems and harm and for which people are seeking treatment, and the measurement of the unmet need for treatment interventions for problem drug users, in order to plan for new services based on the need. In this context, the increasing harmful levels of cannabis indicated by the data on treatment delivery require particular attention;

(c) Trends in cocaine use in Africa and Asia should be monitored. While anecdotal evidence shows that the recent cocaine trafficking in Africa has triggered an increased use of cocaine in the whole continent, the lack of recent and reliable data on drug use in virtually all African countries prevents an assessment of the magnitude of the problem. Recent reports of new cocaine smuggling routes in Asia can potentially have the same impact on drug use, a situation which may require timely monitoring in order to detect a potential problem before it increases in magnitude;

(d) The emergence of new synthetic substances that are currently of considerable concern — ketamine in South-East Asia and mephedrone in Europe — should be monitored. The constantly evolving market of ever newer synthetic substances not under international control requires investment in monitoring and reporting to assess risks and threats posed by these substances.

56. Objective and up-to-date information on drug use trends is not available in many developing countries. There is a lack of crucial information not just in a few individual countries but in entire subregions, such as West and Central Africa, South Asia and parts of East Asia, the Caribbean and other parts of Latin America and nearly all small Pacific island States. Data have shown that countries with improved capacity to monitor their drug demand situation are in a better position to stabilize and reduce their national illicit drug consumption.

57. The Commission on Narcotic Drugs, in its resolution 53/16, adopted the revised annual report questionnaire with the aim of improving the existing data collection mechanisms of the United Nations. UNODC, in its efforts to improve the availability of quality and comparable data globally, has prepared a programme proposal: “PROMISE: Programme on monitoring information on drug supply statistics and epidemiology”. The programme is aimed at improving the capacity of Member States to collect, analyse and report comparable data through the newly approved annual report questionnaire. Experience has shown that long-term investment in the reporting capacity of Member States improves reporting accuracy, timeliness and the usefulness of internationally comparable drug demand data and is a key prerequisite for developing successful evidence-based drug demand policies.