



UNODC
United Nations Office on Drugs and Crime



EXECUTIVE SUMMARY CONCLUSIONS AND POLICY IMPLICATIONS

WORLD ∞
DRUG
REPORT 2014

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PREFACE

Both the range of drugs and drug markets are expanding and diversifying as never before. The findings of this year's *World Drug Report* make clear that the international community needs to step up its responses to cope with these challenges.

We are facing a potential supply-driven expansion of drug markets, with production of opium and manufacture of cocaine at the highest levels ever recorded. Markets for cocaine and methamphetamine are extending beyond their usual regions and, while drug trafficking online using the darknet continues to represent only a fraction of drug trafficking as a whole, it continues to grow rapidly, despite successes in shutting down popular trading platforms.

Non-medical use of prescription drugs has reached epidemic proportions in parts of the world. The opioid crisis in North America is rightly getting attention, and the international community has taken action. In March 2018, the Commission on Narcotic Drugs scheduled six analogues of fentanyl, including carfentanil, which are contributing to the deadly toll. This builds on the decision by the Commission at its sixtieth session, in 2017, to place two precursor chemicals used in the manufacture of fentanyl and an analogue under international control.

However, as this *World Drug Report* shows, the problems go far beyond the headlines. We need to raise the alarm about addiction to tramadol, rates of which are soaring in parts of Africa. Non-medical use of this opioid painkiller, which is not under international control, is also expanding in Asia. The impact on vulnerable populations is cause for serious concern, putting pressure on already strained health-care systems.

At the same time, more new psychoactive substances are being synthesized and more are available than ever, with increasing reports of associated harm and fatalities.

Drug treatment and health services continue to fall short: the number of people suffering from drug use disorders who are receiving treatment has remained low, just one in six. Some 450,000 people died in 2015 as a result of drug use. Of those deaths, 167,750 were a direct result of drug use disorders, in most cases involving opioids.

These threats to health and well-being, as well as to security, safety and sustainable development, demand an urgent response.

The outcome document of the special session of the General Assembly on the world drug problem held in 2016 contains more than 100 recommendations on promoting evidence-based prevention, care and other measures to address both supply and demand.

We need to do more to advance this consensus, increasing support to countries that need it most and improving international cooperation and law enforcement capacities to dismantle organized criminal groups and stop drug trafficking.

The United Nations Office on Drugs and Crime (UNODC) continues to work closely with its United Nations partners to assist countries in implementing the recommendations contained in the outcome document of the special session, in line with the international drug control conventions, human rights instruments and the 2030 Agenda for Sustainable Development.

In close cooperation with the World Health Organization, we are supporting the implementation of the *International Standards on Drug Use Prevention* and the international standards for the treatment of drug use disorders, as well as the guidelines on treatment and care for people with drug use disorders in contact with the criminal justice system.

The World Drug Report 2018 highlights the importance of gender- and age-sensitive drug policies, exploring the particular needs and challenges of women and young people. Moreover, it looks into

increased drug use among older people, a development requiring specific treatment and care.

UNODC is also working on the ground to promote balanced, comprehensive approaches. The Office has further enhanced its integrated support to Afghanistan and neighbouring regions to tackle record levels of opiate production and related security risks. We are supporting the Government of Colombia and the peace process with the Revolutionary Armed Forces of Colombia (FARC) through alternative development to provide licit livelihoods free from coca cultivation.

Furthermore, our Office continues to support efforts to improve the availability of controlled substances for medical and scientific purposes, while preventing misuse and diversion – a critical challenge if we want to help countries in Africa and other regions come to grips with the tramadol crisis.

Next year, the Commission on Narcotic Drugs will host a high-level ministerial segment on the 2019 target date of the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. Preparations are under way. I urge the international community to take this opportunity to reinforce cooperation and agree upon effective solutions.



Yury Fedotov
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EXPLANATORY NOTES

The boundaries and names shown and the designations used on maps do not imply official endorsement or acceptance by the United Nations. A dotted line represents approximately the line of control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Disputed boundaries (China/India) are represented by cross-hatch owing to the difficulty of showing sufficient detail.

The designations employed and the presentation of the material in the *World Drug Report* do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area, or of its authorities or concerning the delimitation of its frontiers or boundaries.

Countries and areas are referred to by the names that were in official use at the time the relevant data were collected.

All references to Kosovo in the *World Drug Report*, if any, should be understood to be in compliance with Security Council resolution 1244 (1999).

Since there is some scientific and legal ambiguity about the distinctions between “drug use”, “drug misuse” and “drug abuse”, the neutral terms “drug use” and “drug consumption” are used in the *World Drug Report*. The term “misuse” is used only to denote the non-medical use of prescription drugs.

All uses of the word “drug” in the *World Drug Report* refer to substances controlled under the international drug control conventions.

All analysis contained in the *World Drug Report* is based on the official data submitted by Member States to the United Nations Office on Drugs and Crime through the annual report questionnaire unless indicated otherwise.

The data on population used in the *World Drug Report* are taken from: *World Population Prospects: The 2017 Revision* (United Nations, Department of Economic and Social Affairs, Population Division).

References to dollars (\$) are to United States dollars, unless otherwise stated.

References to tons are to metric tons, unless otherwise stated.

The following abbreviations have been used in the present booklet:

- GHB** *gamma*-Hydroxybutyric acid
- ha** hectares
- LSD** Lysergic acid diethylamide
- MDMA** 3,4-Methylenedioxymethamphetamine
- NPS** new psychoactive substances
- PWID** people who inject drugs
- UNODC** United Nations Office on Drugs and Crime
- WHO** World Health Organization



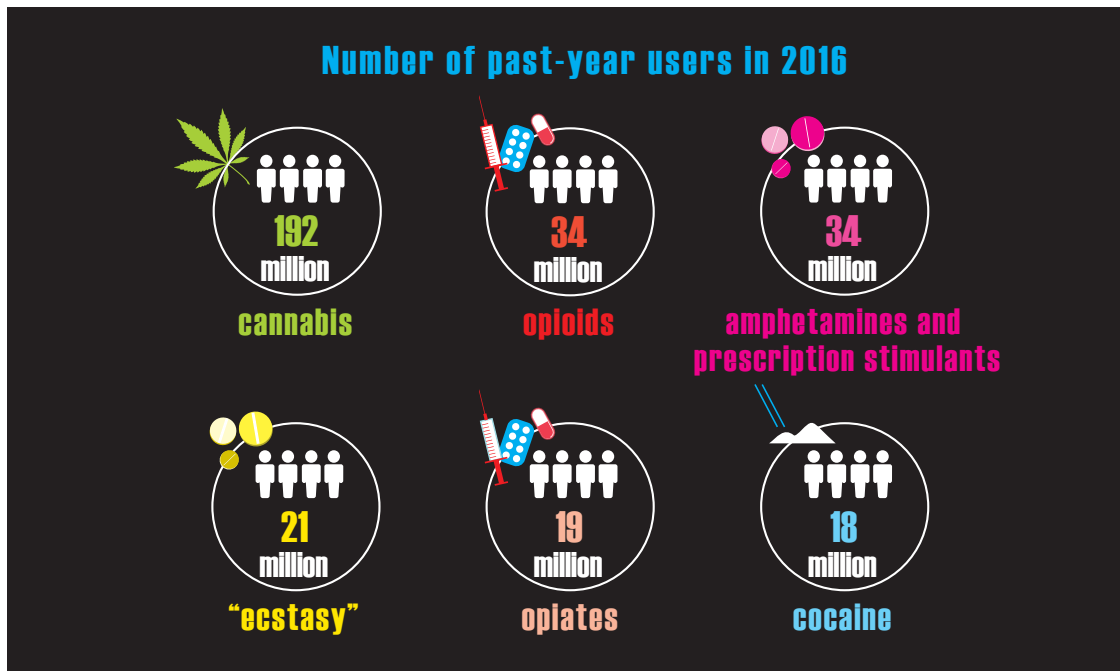
EXECUTIVE SUMMARY

About 275 million people worldwide, which is roughly 5.6 per cent of the global population aged 15–64 years, used drugs at least once during 2016. Some 31 million of people who use drugs suffer from drug use disorders, meaning that their drug use is harmful to the point where they may need treatment. Initial estimations suggest that, globally, 13.8 million young people aged 15–16 years used cannabis in the past year, equivalent to a rate of 5.6 per cent.

Roughly 450,000 people died as a result of drug use in 2015, according to WHO. Of those deaths, 167,750 were directly associated with drug use disorders (mainly overdoses). The rest were indirectly attributable to drug use and included deaths related to HIV and hepatitis C acquired through unsafe injecting practices.

Opioids continued to cause the most harm, accounting for 76 per cent of deaths where drug use disorders were implicated. PWID — some 10.6 million worldwide in 2016 — endure the greatest health risks. More than half of them live with hepatitis C, and one in eight live with HIV.

The headline figures for drug users have changed little in recent years, but this stability masks the striking ongoing changes in drug markets. Drugs such as heroin and cocaine that have been available for a long time increasingly coexist with NPS and there has been an increase in the non-medical use of prescription drugs (either diverted from licit channels or illicitly manufactured). The use of substances of unclear origin supplied through illicit channels that are sold as purported medicines but are destined for non-medical use is also on the increase. The range of substances and combinations available to users has never been wider.



LATEST TRENDS

Record levels of plant-based drug production have been reached

Afghan opium poppy cultivation drives record opiate production

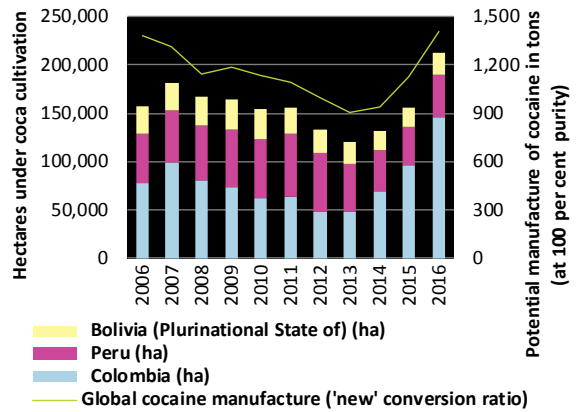
Total global opium production jumped by 65 per cent from 2016 to 2017, to 10,500 tons, easily the highest estimate recorded by UNODC since it started monitoring global opium production at the beginning of the twenty-first century.

A marked increase in opium poppy cultivation and a gradual increase in opium poppy yields in Afghanistan resulted in opium production in the country reaching 9,000 tons in 2017, an increase of 87 per cent from the previous year. Among the drivers of that increase were political instability, lack of government control and reduced economic opportunities for rural communities, which may have left the rural population vulnerable to the influence of groups involved in the drug trade.

The surge in opium poppy cultivation in Afghanistan meant that the total area under opium poppy cultivation worldwide increased by 37 per cent from 2016 to 2017, to almost 420,000 ha. More than 75 per cent of that area is in Afghanistan.

Overall seizures of opiates rose by almost 50 per cent from 2015 to 2016. The quantity of heroin

Global coca bush cultivation and cocaine manufacture, 2006–2016



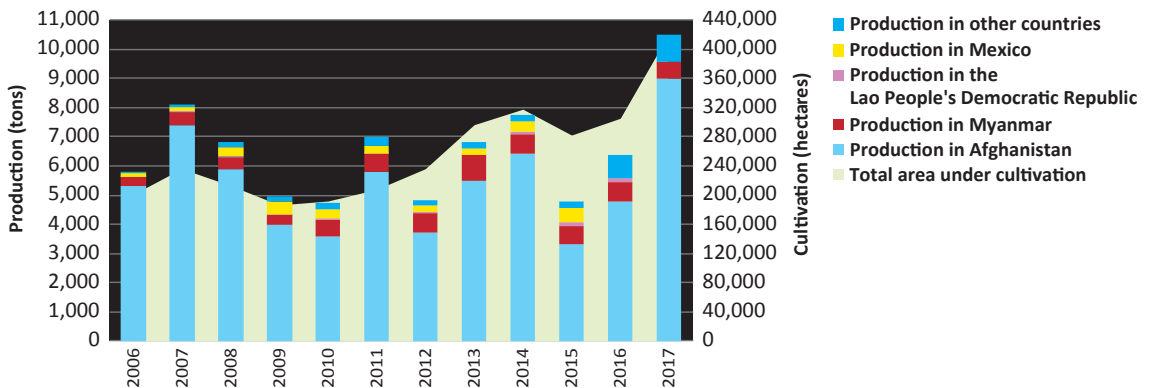
Sources: UNODC, coca cultivation surveys in Bolivia (Plurinational State of), Colombia and Peru, 2014 and previous years.

seized globally reached a record high of 91 tons in 2016. Most opiates were seized near the manufacturing hubs in Afghanistan.

A notable increase has been seen in cocaine production

Global cocaine manufacture in 2016 reached its highest level ever: an estimated 1,410 tons. After falling during the period 2005–2013, global cocaine manufacture rose by 56 per cent during the period 2013–2016. The increase from 2015 to 2016 was 25 per cent.

Opium poppy cultivation and production of opium, 2006–2017^a



Sources: UNODC, calculations are based on UNODC illicit crop monitoring surveys and the responses to the annual report questionnaire.

^a Data for 2017 are still preliminary.

Most of the world's cocaine comes from Colombia, which boosted its manufacture by more than one third from 2015 to 2016, to some 866 tons. The total area under coca bush cultivation worldwide in 2016 was 213,000 ha, almost 69 per cent of which was in Colombia.

The dramatic resurgence of coca bush cultivation in Colombia — which had almost halved from 2000 to 2013 — came about for a number of reasons related to market dynamics, the strategies of trafficking organizations and expectations in some communities of receiving compensation for replacing coca bush cultivation, as well as a reduction in alternative development interventions and in eradication. In 2006, more than 213,000 ha were eradicated. Ten years later, the figure was less than 18,000 ha.

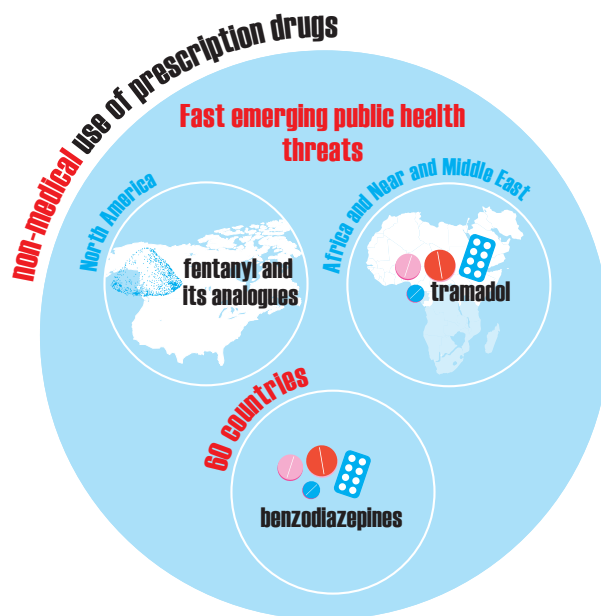
The result has been a perceived decrease in the risk of coca bush cultivation and a dramatic scaling-up of manufacture. Colombia has seen massive rises in both the number of cocaine laboratories dismantled and the amount of cocaine seized.

Non-medical use of prescription drugs is becoming a major threat around the world

The non-medical use of pharmaceutical opioids is of increasing concern for both law enforcement authorities and public health professionals. Different pharmaceutical opioids are misused in different regions. In North America, illicitly sourced fentanyl, mixed with heroin or other drugs, is driving the unprecedented number of overdose deaths. In Europe, the main opioid of concern remains heroin, but the non-medical use of methadone, buprenorphine and fentanyl has also been reported. In countries in West and North Africa and the Near and Middle East, the non-medical use of tramadol, a pharmaceutical opioid that is not under international control, is emerging as a substance of concern.

Non-medical use of and trafficking in tramadol are becoming the main drug threat in parts of Africa

The focus for global seizures of pharmaceutical opioids is now firmly on countries in West and Central Africa and North Africa, which accounted for 87 per cent of the global total in 2016. Countries in



Asia, which had previously accounted for more than half of global seizures, reported just 7 per cent of the global total in 2016.

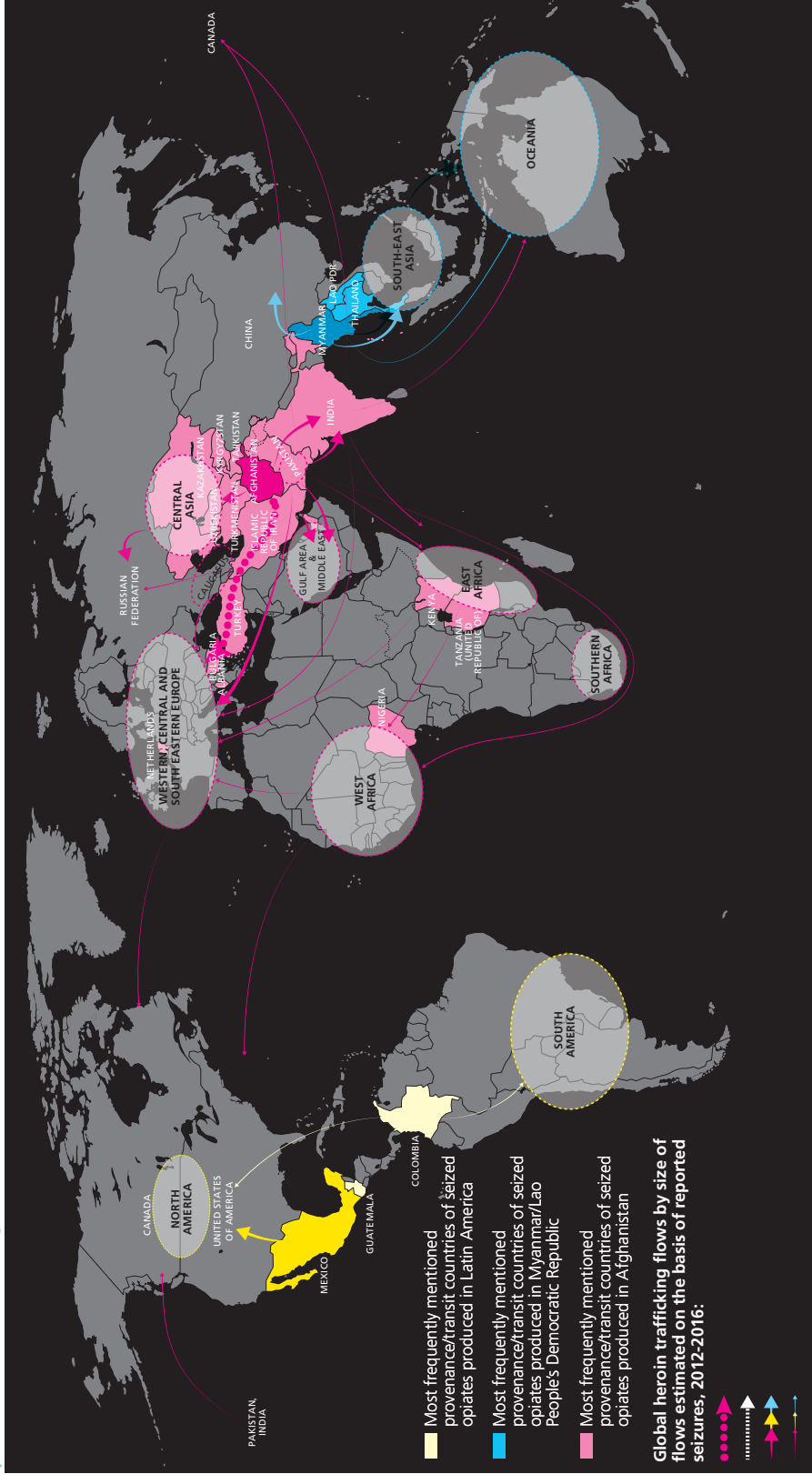
The rise in seizures of pharmaceutical opioids in Africa is mostly due to the worldwide popularity of tramadol, an opioid used to treat moderate and moderate-to-severe pain that is widely trafficked for non-medical use in the region. Tramadol is smuggled to various markets in West and Central Africa and North Africa, from where some of it is trafficked onwards to countries in the Near and Middle East. Countries in those subregions have reported the rapid expansion of the non-medical use of tramadol, in particular among some vulnerable populations. The drug is not yet under international control and is perceived by recreational users as a way of boosting energy and improving mood. However, tramadol can produce physical dependence, with WHO studies showing that this dependence may occur when it is used daily for more than a few weeks.

While some tramadol is diverted from licit channels, most of the tramadol seized worldwide in the period 2012–2016 appears to have originated in clandestine laboratories in Asia.

Non-medical use of pharmaceutical opioids reaches epidemic proportions in North America

In 2015 and 2016, for the first time in half a century, life expectancy in the United States of America

Main heroin trafficking flows, 2012–2016



Sources: UNODC, responses to the annual report questionnaire and individual drug seizure database.

Notes: The size of the trafficking flow lines is based on the amount of heroin seized in a subregion and the number of mentions of countries from where the heroin has departed (including reports of "origin" and "transit") to a specific subregion over the period 2012–2016. A darker shade indicates that the country represents more than 50 per cent of heroin production in the region. The trafficking flows are determined on the basis of country of origin/departure, transit and destination of seized drugs as reported by Member States in the annual report questionnaire and individual drug seizure database: as such, they need to be considered as broadly indicative of existing trafficking routes while several secondary flows may not be reflected. Flow arrows represent the direction of trafficking: origins of the arrows indicate either the area of manufacture or the one of last provenance, end points of arrows indicate either the area of consumption or the one of next destination of trafficking. The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations. Dashed lines represent undetermined boundaries. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been determined. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Republic of Sudan and the Republic of South Sudan has not yet been determined. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

declined for two consecutive years. A key factor was the increase in unintentional injuries, which includes overdose deaths.

In 2016, 63,632 people died from a drug overdose in the United States, the highest number on record and a 21 per cent increase from the previous year. This was largely due to a rise in deaths associated with pharmaceutical opioids, including fentanyl and fentanyl analogues. This group of opioids, excluding methadone, was implicated in 19,413 deaths in the country, more than double the number in 2015. Evidence suggests that Canada is also affected, with a large number of overdose deaths involving fentanyl and its analogues in 2016.

Illicit fentanyl and its analogues are reportedly mixed into heroin and other drugs, such as cocaine and MDMA, or “ecstasy”, or sold as counterfeit prescription opioids. Users are often unaware of the contents of the substance they are taking, which inevitably leads to a great number of fatal overdoses.

Outside North America, the impact of fentanyl and its analogues is relatively low. In Europe, for example, opiates such as heroin and morphine continue to predominate, although some deaths involving fentanyl analogues have started to emerge in the region. A notable exception is Estonia, where fentanyl has long been regarded as the most frequently misused opioid. The downward trend in opiate use since the late 1990s observed in Western and Central Europe appears to have come to an end in 2013. In that subregion as a whole, 12 countries reported stable trends in heroin use in 2016, two reported a decline and three an increase.

Misuse of sedatives and stimulants brings growing risks

Many countries are now reporting the non-medical use of benzodiazepines as one of the main drug use problems

Non-medical use of the common sedative/hypnotic benzodiazepines and similar substances is now one of the main drug use problems in some 60 countries.

The misuse of benzodiazepines carries serious risks, not least an increased risk of overdose when used in combination with heroin. Benzodiazepines are frequently reported in fatal overdose cases involving opioids such as methadone.

A market for non-controlled benzodiazepine-type substances, used alone or in combination with controlled benzodiazepines, is emerging in some Western countries. These substances are marketed legally as tranquillizers and are sold under names such as “legal benzodiazepines” or “designer benzodiazepines”. In specific cases, a large proportion of drug-related deaths is related to benzodiazepine-type NPS.

Kratom, a plant-based substance used as traditional medicine in some parts of Asia, is emerging as a popular plant-based new psychoactive substance

Kratom products are derived from the leaf of the kratom tree, which is used in South-East Asia as a traditional remedy for minor ailments and for non-medical purposes. Few countries have placed kratom under national legal control, making it relatively easy to buy.

There are now numerous products around the world advertised as containing kratom, which usually come mixed with other substances. People who use opioids in the United States have reported using kratom products for the self-management of withdrawal symptoms. Some 500 tons of kratom were intercepted during 2016, triple the amount of the previous year, suggesting a boom in its popularity.

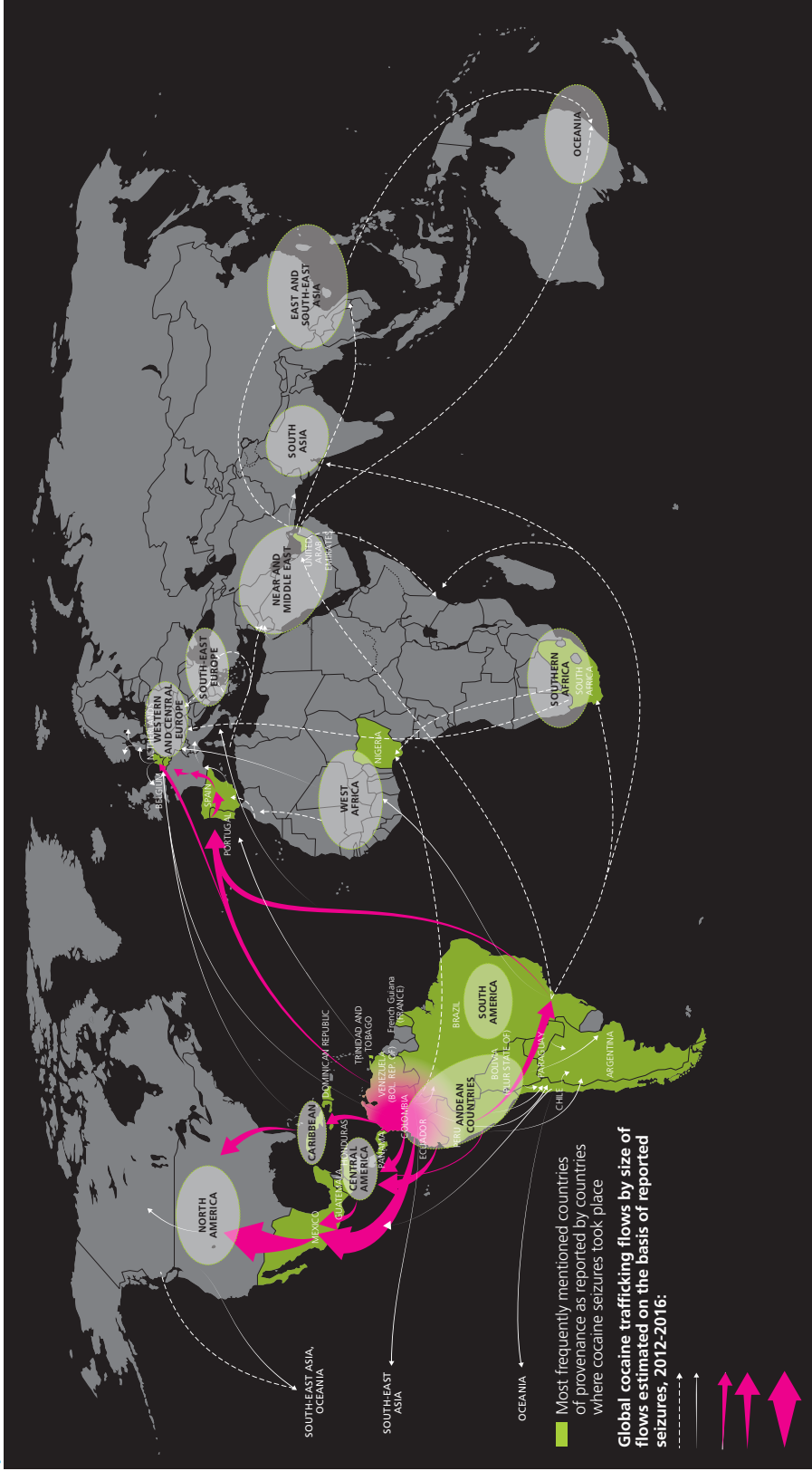
MARKET DEVELOPMENTS

Cannabis remains the world's most commonly used drug

Cannabis was the most commonly used drug in 2016, with 192 million people using it at least once in the past year. The global number of cannabis users continues to rise and appears to have increased by roughly 16 per cent in the decade ending 2016, which is in line with the increase in the world population.

The quantities of cannabis herb seized globally declined by 27 per cent, to 4,386 tons, in 2016. The decline was particularly marked in North America, where the availability of medical cannabis in many jurisdictions and the legalization of cannabis for recreational use in several states of the United States may have played a role.

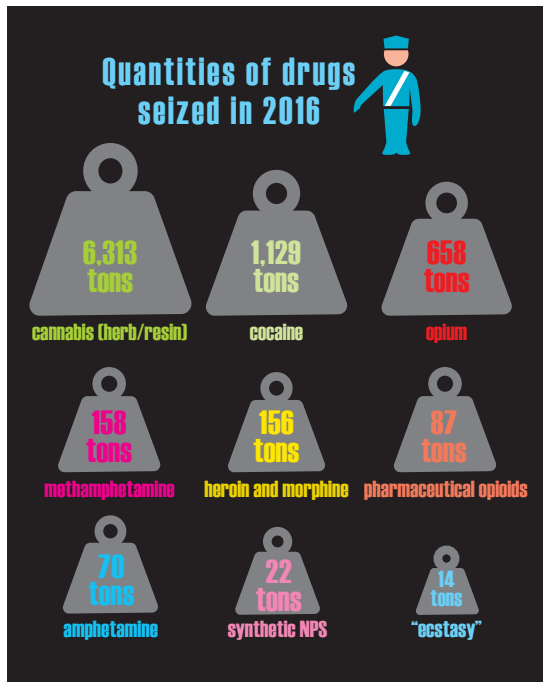
Main cocaine trafficking flows, 2012–2016



Sources: UNODC, responses to the annual report questionnaire and individual drug seizure database.

Notes: The size of the trafficking flow lines is based on the amount of cocaine seized in a subregion and the number of mentions of countries from where the cocaine has departed (including reports of "origin" and "transit") to a specific subregion over the period 2012–2016. The trafficking flows are determined on the basis of country of origin/departure, transit and destination of seized drugs as reported by Member States in the annual report questionnaire and individual drug seizure database: as such, they need to be considered as broadly indicative of existing trafficking routes while several secondary flows may not be reflected. Flow arrows represent the direction of trafficking: origins of the arrows indicate either the area of manufacture or the one of last provenance, end points of arrows indicate either the area of consumption or the one of next destination of trafficking.

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Too early to determine the impact of latest developments in recreational cannabis regulations

Since 2017, the non-medical use of cannabis has been allowed in eight state-level jurisdictions in the United States, in addition to the District of Columbia. Colorado was one of the first states to adopt measures to allow the non-medical use of cannabis in the United States. Cannabis use has increased significantly among the population aged 18–25 years and older in Colorado since legalization, while it has remained relatively stable among those aged 17–18 years. However, there has been a significant increase in cannabis-related emergency room visits, hospital admissions and traffic deaths, as well as instances of people driving under the influence of cannabis in the State of Colorado.

In Uruguay, up to 480 grams per person per year of cannabis can now be obtained through pharmacies, cannabis clubs or individual cultivation. Cannabis regulation in the country allows for the availability of cannabis products with a tetrahydrocannabinol content of up to 9 per cent and a minimum cannabidiol content of 3 per cent. In mid-2017, the registration of those who choose to obtain cannabis

for non-medical use through pharmacies began, as did the sale of the drug through a network of 16 pharmacies.

Effect of the crackdown on darknet drug dealers is not yet clear

In July 2017, police forces from several countries worked together to take down the largest drug-trading platform on the darknet, the part of the “deep web” containing information that is only accessible using special web browsers. Before it was closed, AlphaBay had featured more than 250,000 listings for illegal drugs and chemicals. It had had over 200,000 users and 40,000 vendors during its existence. The authorities also succeeded in taking down the trading platform Hansa, described as the third largest criminal marketplace on the dark web.

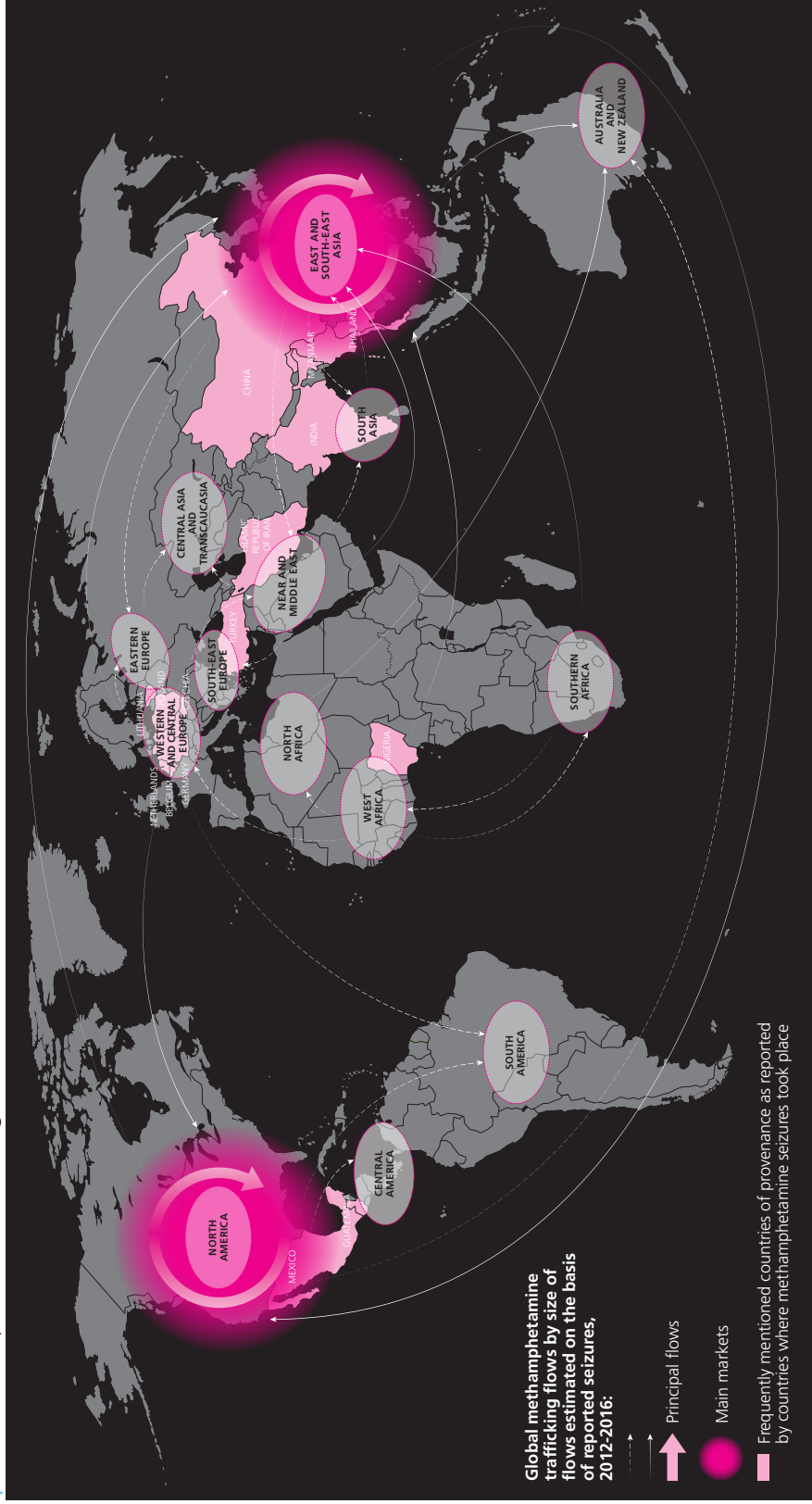
It is not yet clear what effect the closures will have. According to an online survey in January 2018, 15 per cent of those who had used darknet sites for purchasing drugs said that they had used such markets less frequently since the closures, and 9 per cent said they had completely stopped. However, more than half did not consider themselves to have been affected by the closures.

Although the scale of drug trafficking on the darknet remains limited, it has shown signs of rapid growth. Authorities in Europe estimated that drug sales on the darknet from 22 November 2011 to 16 February 2015 amounted to roughly \$44 million per year. However, a later study estimated that, in early 2016, drug sales on the darknet were between \$14 million and \$25 million per month, equivalent to between \$170 million and \$300 million per year.

Africa and Asia have emerged as cocaine trafficking and consumption hubs

Most indicators from North America suggest that cocaine use rose between 2013 and 2016. In 2013, there were fewer than 5,000 cocaine-related deaths in the United States, but by 2016 the figure was more than 10,000. Although many of those deaths also involved synthetic opioids and cannot be attributed exclusively to higher levels of cocaine consumption, the increase is nonetheless a strong indicator of increasing levels of harmful cocaine use.

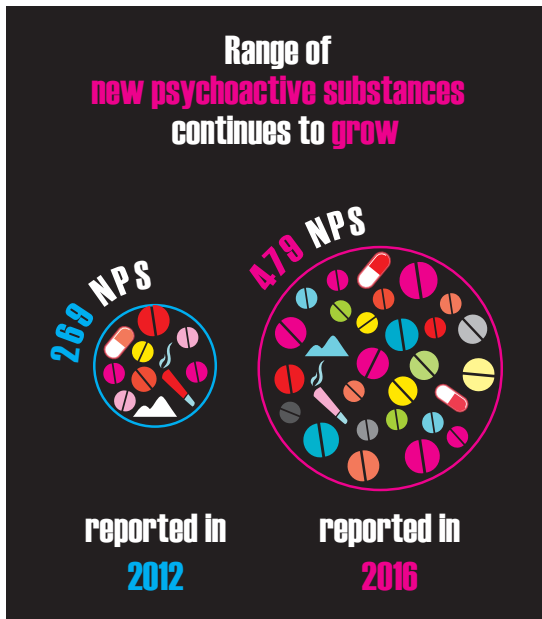
Main methamphetamine trafficking flows, 2012–2016



Sources: UNODC, responses to the annual report questionnaire and individual drug seizure database.

Notes: The size of the trafficking flow lines is based on the amount of methamphetamine seized in a subregion and the number of mentions of countries from where the methamphetamine has departed (including reports of "origin" and "transit") to a specific subregion over the period 2012–2016. The trafficking flows are determined on the basis of country of origin/department, transit and destination of seized drugs as reported by Member States in the annual report questionnaire and individual drug seizure database; as such, they need to be considered as broadly indicative of existing trafficking routes while several secondary flows may not be reflected. Flow arrows represent the direction of trafficking; origins of the arrows indicate either the area of manufacture or the one of last provenance, end points of arrows indicate either the area of consumption or the one of next destination of trafficking.

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The biggest growth in cocaine seizures in 2016 took place in Asia and Africa, reflecting the ongoing spread of cocaine trafficking and consumption to emerging markets. Although starting from a much lower level than North America, the quantity of cocaine seized in Asia tripled from 2015 to 2016; in South Asia, it increased tenfold. The quantity of cocaine seized in Africa doubled in 2016, with countries in North Africa seeing a sixfold increase and accounting for 69 per cent of all the cocaine seized in the region in 2016. This was in contrast to previous years, when cocaine tended to be seized mainly in West and Central Africa.

Trafficking in and use of synthetic drugs expands beyond established markets, and major markets for methamphetamine continue to grow

East and South-East Asia and North America remain the two main subregions for methamphetamine trafficking worldwide. In North America, the availability of methamphetamine was reported to have increased between 2013 and 2016, and, in 2016, the drug was reported to be the second greatest drug threat in the United States, after heroin.

Based on qualitative assessments, increases in consumption and manufacturing capacity and increases in the amounts seized point to a growing

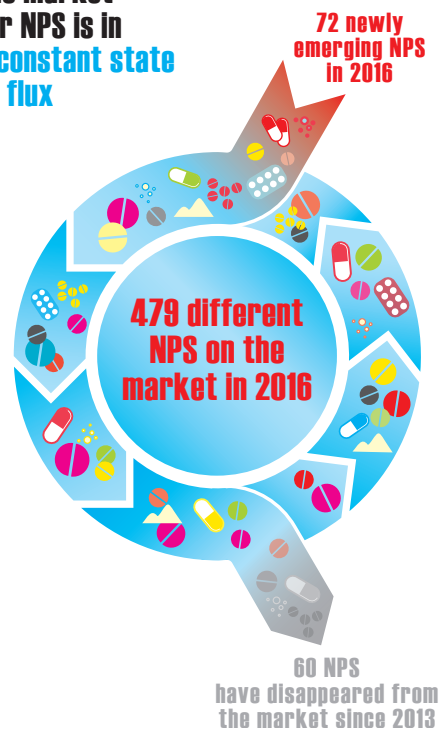
market for methamphetamine in East and South-East Asia and Oceania, where the use of crystalline methamphetamine in particular has become a key concern.

For many years, amphetamine dominated synthetic drug markets in the Near and Middle East and Western and Central Europe, but recent increases in the quantities seized in North Africa and North America point to growing activity in other subregions. While the reasons for the spike in the quantity of amphetamine seized in North Africa are not entirely clear, it may be related to the trafficking of amphetamine destined for the large market in the neighbouring subregion of the Near and Middle East.

Growth in the complexity and diversity of the synthetic drug market is leading to an increase in related harm

In recent years, hundreds of NPS have been synthesized and added to the established synthetic drug market for amphetamine-type substances. Grouped according to their main pharmacological effect, the largest portion of NPS reported since UNODC began monitoring are stimulants, followed

The market for NPS is in a constant state of flux



by cannabinoid receptor agonists and classic hallucinogens.

A total of 803 NPS were reported in the period 2009–2017. However, while the global NPS market remains widely diversified, with the exception of a few substances, NPS do not seem to have established themselves on drug markets or replaced traditional drugs on a larger scale.

Although the overall quantity of NPS seized fell in 2016, an increasing number of countries have been reporting NPS seizures, and concerns have been growing over the harm caused by the use of NPS. In several countries, an increasing number of NPS with opioid effects emerging on the market have been associated with fatalities. The injecting use of stimulant NPS also remains a concern, in particular because of reported associated high-risk injecting practices. NPS use in prisons and among people on probation remains an issue of concern in some countries in Europe, North America and Oceania.

VULNERABILITIES OF PARTICULAR GROUPS

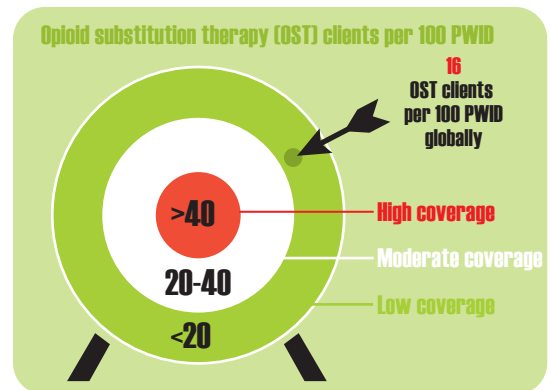
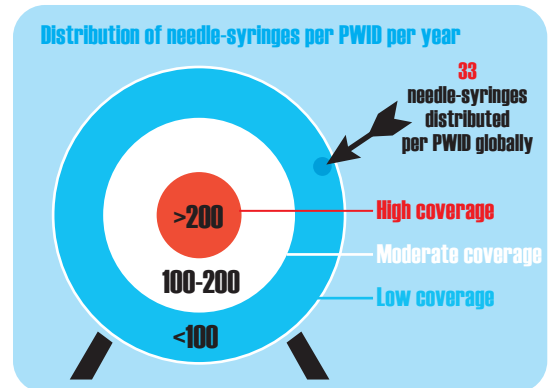
Many countries still fail to provide adequate drug treatment and health services to reduce the harm caused by drugs

One in six people suffering from drug use disorders received treatment for those disorders during 2016, which is a relatively low proportion that has remained constant in recent years.

Some of the most adverse health consequences of drug use are experienced by PWID. A global review of services aimed at reducing adverse health consequences among PWID has suggested that only 79 countries have implemented both needle and syringe programmes and opioid substitution therapy. Only four countries were classified as having high levels of coverage of both of those types of interventions.

Information on the availability of HIV testing and counselling and antiretroviral therapy remains sparse: only 34 countries could confirm the availability of HIV-testing programmes for PWID, and 17 countries confirmed that they had no such

Global targets for the distribution of needle-syringes and opioid substitution therapy missed



programmes. There was no information on the availability of antiretroviral therapy for 162 countries.

Drug use and the associated harm are highest among young people

Surveys on drug use among the general population show that the extent of drug use among young people remains higher than that among older people, although there are some exceptions associated with the traditional use of drugs such as opium or khat. Most research suggests that early (12–14 years old) to late (15–17 years old) adolescence is a critical risk period for the initiation of substance use and that substance use may peak among young people aged 18–25 years.

Cannabis is a common drug of choice for young people

There is evidence from Western countries that the perceived easy availability of cannabis, coupled with

perceptions of a low risk of harm, makes the drug among the most common substances whose use is initiated in adolescence. Cannabis is often used in conjunction with other substances and the use of other drugs is typically preceded by cannabis use.

Two extreme typologies of drug use among young people: club drugs in nightlife settings; and inhalants among street children

Drug use among young people differs from country to country and depends on the social and economic circumstances of those involved.

Two contrasting settings illustrate the wide range of circumstances that drive drug use among young people. On the one hand, drugs are used in recreational settings to add excitement and enhance the experience; on the other hand, young people living in extreme conditions use drugs to cope with their difficult circumstances.

The typologies of drugs used in these two different settings are quite different. Club drugs such as “ecstasy”, methamphetamine, cocaine, ketamine, LSD and GHB are used in high-income countries, originally in isolated “rave” scenes but later in settings ranging from college bars and house parties to concerts. The use of such substances is reportedly much higher among young people. Among young

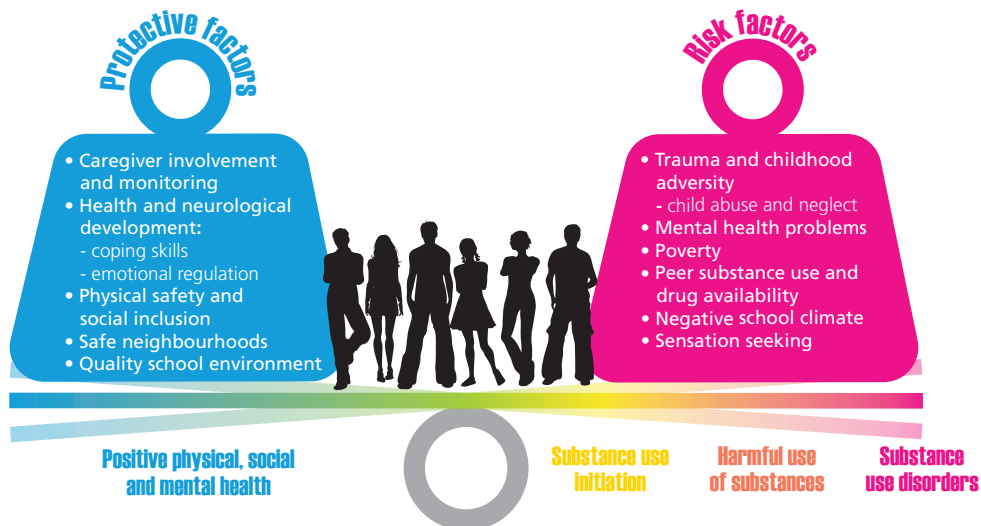
people living on the street, the most commonly used drugs are likely to be inhalants, which can include paint thinner, petrol, paint, correction fluid and glue.

Many street children are exposed to physical and sexual abuse, and substance use is part of their coping mechanism in the harsh environment they are exposed to on the streets. The substances they use are frequently selected for their low price, legal and widespread availability and ability to rapidly induce a sense of euphoria.

Young people’s path to harmful substance use is complex

The path from initiation to harmful use of substances among young people is influenced by factors that are often out of their control. Factors at the personal level (including behavioural and mental health, neurological developments and gene variations resulting from social influences), the micro level (parental and family functioning, schools and peer influences) and the macro level (socioeconomic and physical environment) can render adolescents vulnerable to substance use. These factors vary between individuals and not all young people are equally vulnerable to substance use. No factor alone is sufficient to lead to the use of substances and, in many instances, these influences change over time. Overall, it is the critical combination of the risk

Protective factors and risk factors for substance use



factors that are present and the protective factors that are absent at a particular stage in a young person's life that makes the difference in their susceptibility to drug use. Early mental and behavioural health problems, poverty, lack of opportunities, isolation, lack of parental involvement and social support, negative peer influences and poorly equipped schools are more common among those who develop problems with substance use than among those who do not.

Harmful substance use has multiple direct effects on adolescents. The likelihood of unemployment, physical health problems, dysfunctional social relationships, suicidal tendencies, mental illness and even lower life expectancy is increased by substance use in adolescence. In the most serious cases, harmful drug use can lead to a cycle in which damaged socioeconomic standing and ability to develop relationships feed substance use.

Poverty and a lack of opportunities for social and economic advancement can lead young people to become involved in the drug supply chain

Young people are also known to be involved in the cultivation, manufacturing and production of and trafficking in drugs. In the absence of social and economic opportunities, young people may deal drugs to earn money or to supplement meagre wages. Young people affected by poverty or in other vulnerable groups, such as immigrants, may be recruited by organized crime groups and coerced into working in drug cultivation, production, trafficking and local-level dealing. In some environments, young people become involved in drug supply networks because they are looking for excitement and a means to identify with local groups or gangs. Organized crime groups and gangs may prefer to recruit children and young adults for drug trafficking for two reasons: the first is the recklessness associated with younger age groups, even when faced with the police or rival gangs; the second is their obedience. Young people involved in the illicit drug trade in international markets are often part of large organized crime groups and are used mainly as "mules", to smuggle illegal substances across borders.

Drug use among older people requires attention

Increases in rates of drug use among older people are partly explained by ageing cohorts of drug users

Drug use among the older generation (aged 40 years and older) has been increasing at a faster rate than among those who are younger, according to the limited data available, which are mainly from Western countries.

People who went through adolescence at a time when drugs were popular and widely available are more likely to have tried drugs and, possibly, to have continued using them, according to a study in the United States. This pattern fits in particular the so-called "baby boomer" generation in Western Europe and North America. Born between 1946 and 1964, baby boomers had higher rates of substance use during their youth than previous cohorts; a significant proportion continued to use drugs and, now that they are over 50, this use is reflected in the data.

In Europe, another cohort effect can be gleaned from data on those seeking treatment for opioid use. Although the number of opioid users entering treatment is declining, the proportion who were aged over 40 increased from one in five in 2006 to one in three in 2013. Overdose deaths reflect a similar trend: they increased between 2006 and 2013 for those aged 40 and older but declined for those aged under 40. The evidence points to a large cohort of ageing opioid users who started injecting heroin during the heroin "epidemics" of the 1980s and 1990s.

Older people who use drugs require tailored services, but few treatment programmes address their specific needs

Older drug users may often have multiple physical and mental health problems, making effective drug treatment more challenging, yet little attention has been paid to drug use disorders among older people. There were no explicit references to older drug users in the drug strategies of countries in Europe in 2010 and specialized treatment and care programmes for older drug users are rare in the region; most initiatives are directed towards younger people.

Older drug users account for an increasing share of deaths directly caused by drug use

Globally, deaths directly caused by drug use increased by 60 per cent from 2000 to 2015. People over the age of 50 accounted for 39 per cent of the deaths related to drug use disorders in 2015. However, the proportion of older people reflected in the statistics has been rising; in 2000, older people accounted for just 27 per cent of deaths from drug use disorders.

About 75 per cent of deaths from drug use disorders among those aged 50 and older are linked to the use of opioids. The use of cocaine and the use of amphetamines each account for about 6 per cent; the use of other drugs makes up the remaining 13 per cent.

Women's drug use differs greatly from men's

Non-medical use of tranquillizers and opioids is common

The prevalence of the non-medical use of opioids and tranquillizers by women remains at a comparable level to that of men, if not actually higher. On the other hand, men are far more likely than women to use cannabis, cocaine and opiates. Women continue to account for only one in five people in treatment. The proportion of females in treatment tends to be higher for tranquillizers and sedatives than for other substances.

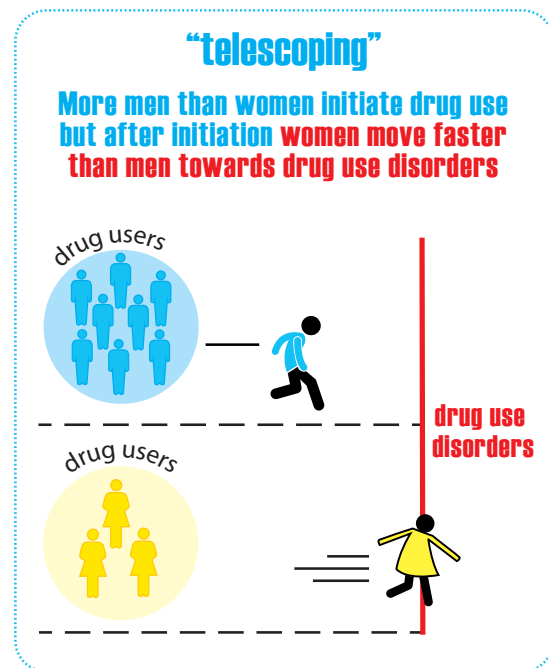
While women who use drugs typically begin using substances later than men, once they have initiated substance use, women tend to increase their rate of consumption of alcohol, cannabis, cocaine and opioids more rapidly than men. This has been consistently reported among women who use those substances and is known as “telescoping”. Another difference is that women are more likely to associate their drug use with an intimate partner, while men are more likely to use drugs with male friends.

Women who have experienced childhood adversity internalize behaviours and may use drugs to self-medicate

Internalizing problems such as depression and anxiety are much more common among women than among men. Men are more likely than women to

suffer from externalizing behaviour problems such as conduct disorder, attention-deficit hyperactivity disorder and anti-social personality disorder. Women with substance use disorders are reported to have high rates of post-traumatic stress disorder and may also have experienced childhood adversity such as physical neglect, abuse or sexual abuse. Women who use drugs may also have responsibilities as caregivers, and their drug use adversely affects their families, in particular children. Such adverse childhood experiences can be transgenerational and impart the risks of substance use to the children of women with drug use disorders.

Post-traumatic stress disorder among women is most commonly considered to have derived from a history of repetitive childhood physical and sexual abuse. Childhood adversity seems to have a different impact on males and females. Research has shown that boys who have experienced childhood adversity use drugs as a means of social defiance. On the other hand, girls who have experienced adversity are more likely to internalize it as anxiety, depression and social withdrawal and are more likely to use substances for self-medication.



Women are at a higher risk for infectious diseases than men

Women make up one third of drug users globally and account for one fifth of the global estimated number of PWID. Women have a greater vulnerability than men to HIV, hepatitis C and other blood-borne infections. Many studies have reported female gender as an independent predictor of HIV and/or hepatitis C among PWID, particularly among young women and those who have recently initiated drug injection.

The relationship between women and the drug trade is not well understood

Women may not only be victims but also active participants in the drug trade

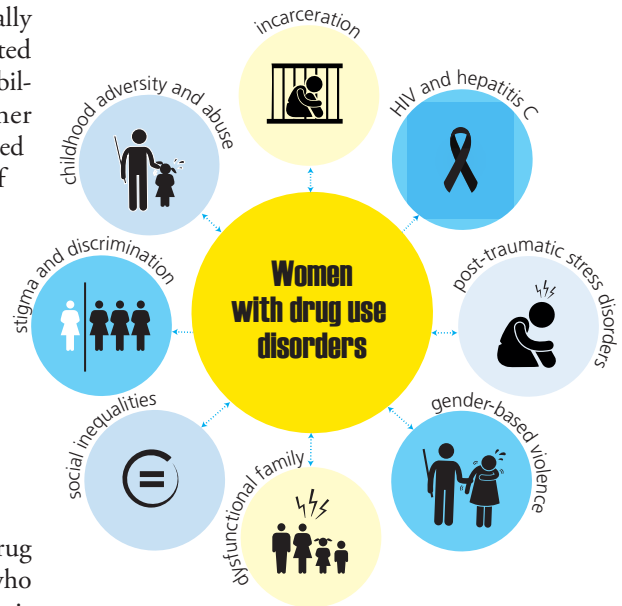
Women play important roles throughout the drug supply chain. Criminal convictions of women who presided over international drug trafficking organizations — particularly in Latin America, but also in Africa — attest to this. Women's involvement in opium poppy cultivation in Afghanistan and coca cultivation in Colombia is well documented, as is the role that women play in trafficking drugs, as drug mules.

However, there is a lack of consistent data from Governments to enable a deeper understanding of those roles: 98 countries provided sex-disaggregated drug-related crime data to UNODC for the period 2012–2016. Of the people arrested for drug-related offences in those countries during that period, some 10 per cent were women.

As suggested in several studies, women may become involved in drug trafficking to sustain their own drug consumption; however, as shown in other studies, some women involved in trafficking in drugs are victims of trafficking in persons, including trafficking for the purposes of sexual exploitation.

Women's participation in the drug supply chain can often be attributed to vulnerability and oppression, where they are forced to act out of fear. Moreover, women may accept lower pay than men: some researchers have noted that women may feel compelled to accept lower rates of payment than men to carry out drug trafficking activities, which means

Causes and consequences of drug use disorders among women



that some drug trafficking organizations may be more likely to use women as “mules”.

Another narrative has emerged critiquing this approach and arguing that women might be empowered key actors in the drug world economy. Cases have also been documented in which women are key actors in drug trafficking, by choice. Neither explanation provides a complete picture of women's involvement in the drug supply chain — some are victims, others make their own decisions. Involvement in the illicit drug trade can offer women the chance to earn money and achieve social mobility, but it can also exacerbate gender inequalities because they may still be expected to perform the traditional gender roles of mothers, housekeepers and wives.

Overall, although a multiplicity of factors are behind the participation of women in the drug trade, it has been shown to be shaped by socioeconomic vulnerability, violence, intimate relationships and economic considerations.

Prisoners, in particular women, are at higher risk for infectious diseases but are poorly served

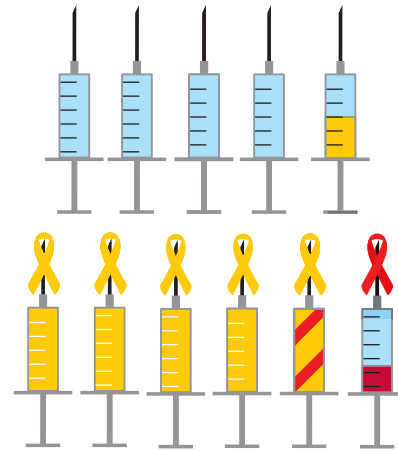
People in prisons and other closed settings are at a much greater risk of contracting infections such as

tuberculosis, HIV and hepatitis C than the general population, but access to treatment and prevention programmes is often lacking. Even where such programmes are available, they are not necessarily of the same standard as those provided in the community. The lack of access to prevention measures in many prisons can result in the rapid spread of HIV and other infections.

People who use heroin are exposed to a severe risk of death from overdose after release from prison, especially in the first two weeks. Such deaths are related to a lowered tolerance to the effects of heroin use developed after periods of relative abstinence, including during incarceration. However, released prisoners are rarely able to access overdose management interventions, including prevention medications such as naloxone, or treatment for substance dependence, including methadone.

Women who are incarcerated have even less access than their male counterparts to health-care services to address their drug use, other health conditions and sexual and reproductive health needs. In addition, fewer women than men generally receive enough preparation and support for their return to their family or to the community in general. Upon release, women face the combined stigma of their gender and their status as ex-offenders and face challenges, including discrimination, in accessing health-care and social services.

Almost 11 million people inject drugs



1.3 million people who inject drugs are living with HIV

5.5 million are living with hepatitis C

1.0 million are living with both hepatitis C and HIV

A higher proportion of women than men are in prison for drug-related offences



Source: Based on Roy Walmsley, "World prison population list", 11th ed. (Institute for Criminal Policy Research, 2016) and Roy Walmsley, "World female imprisonment list", 4th ed. (Institute for Criminal Policy Research, 2017). Share of prisoners for drug offences based on 50 Member States (UNODC, Special data collections on persons held in prisons (2010-2014), United Nations Surveys on Crime Trends and the Operations of Criminal Justice Systems (UN-CTS).



CONCLUSIONS AND POLICY IMPLICATIONS

The information presented in the *World Drug Report 2018* illustrates the unprecedented magnitude and complexity of the global drug markets. The adverse health consequences caused by drug use remain significant, drug-related deaths are on the rise and there are ongoing, concentrated opioid epidemics.

This situation calls for renewed efforts to support the prevention and treatment of drug use and the delivery of services aimed at reducing the adverse health consequences of drug use, in line with targets 3.5 and 3.3 of the Sustainable Development Goals. Young people need to be made aware not only of the medical but also of the socioeconomic harm associated with drug use. Efforts to support the prevention and treatment of drug use also include providing people who use drugs with the necessary knowledge and skills to prevent overdoses, including through the administration of naloxone; providing continuity of health-care services for those in prison and upon their release; and scaling up core interventions, as outlined in the *WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*, to help prevent the spread of HIV and hepatitis C among PWID.

These efforts can only be effective if they are based on scientific evidence and respect for human rights and if the stigma associated with drug use is removed. Such stigma can be overcome by increasing understanding of drug use disorders as complex, multifaceted and relapsing chronic conditions that require continuing care and interventions from many disciplines.

There are emerging trends that have the potential to trigger a supply-driven expansion of the illicit markets for heroin, prescription opioids and cocaine. These new dynamics are of concern as they can have a particularly detrimental effect on countries with limited resources, where they can take a heavy toll on health and may weaken the security situation.

Tramadol, the double tragedy of developing countries, requires greater attention

The rapid expansion in Africa and Asia of the use of illicitly supplied tramadol, a synthetic opioid used to treat moderate and moderate-to-severe pain, is posing serious public health challenges. While many patients continue to have insufficient access to necessary pain medication and would benefit from greater accessibility to opioids for medical use, the increasing flow of synthetic opioids destined for non-medical consumption could lead to an increase in the number of people developing opioid use disorders. This puts additional pressure on the already fragile health systems of the affected countries, which already struggle to meet basic health-care needs, in particular those of the poor and disadvantaged, and have limited availability and coverage of services for substance use disorders.

Although the opioid overdose crisis in North America has received international attention, the growing problem associated with the non-medical use of synthetic opioids such as tramadol in developing countries has remained under-researched and has so far gone largely unnoticed.

New efforts are needed to better understand the challenges associated with the illicit supply of synthetic opioids and the problems that their non-medical use cause to public health in developing countries. In the spirit of shared responsibility, the international community has a role in addressing the challenges faced by affected countries in Asia and Africa. It needs to invest in improving understanding of the nature and cause of the problem and to help the countries concerned to develop drug prevention, treatment, care and rehabilitation services to minimize the public health problems related to the non-medical use of prescription opioids such as tramadol. The flow of synthetic opioids packaged and destined for non-medical purposes also needs to be stopped.

Health and security threats posed by record high production of opiates and the manufacture of cocaine call for enhanced coordinated responses by countries along the supply chain

The massive increase in opiate production in Afghanistan and cocaine manufacture in Colombia threatens the security system in those two countries. In Afghanistan, the increased profits generated by the record production of opiates are likely to further fuel instability and insurgency and increase funding to terrorist groups both inside and outside the country. The expanding illicit economy, which has made many communities dependent on the income from opium poppy cultivation, is also likely to further constrain the development of the licit economy and to fuel corruption in Afghanistan. Most of the profit generated by trafficking in Afghan opiates are made in the major consumer markets, mainly in Europe and Asia. Those profits also fund organized crime, corruption and the illicit economy in destination countries. The expanding cocaine market in Colombia poses a challenge to the implementation of the peace accord and it is bound to augment the power and wealth of trafficking groups in the Americas, Africa and Europe. The increase in opium poppy and coca bush cultivation cannot be reversed unless communities in cultivating areas are provided with the means to develop an alternative livelihood. In Colombia, for example, alternative development initiatives have undergone a period of transition from an approach based on crop elimination to an approach based on promoting the rule of law.

The expansion of the global cocaine and opiate markets suggests that there will be a substantial increase in the profits derived from drug trafficking and related illicit financial flows, which may also contribute to the financing of other threats such as terrorism. The cocaine- and opiate-related economy is already having a major impact not only on the licit economy but also on democratic processes. By threatening the implementation of the rule of law and governance in general, the illicit drug economy is having a detrimental impact on the development of effective, accountable and inclusive institutions at all levels, undermining efforts to achieve Sustainable Development Goal 16. While this phenomenon

was for a long time limited to the main cocaine and opiate production areas, it is now spreading to transit countries in Latin America, West Asia and Africa and has the potential to expand into other regions such as Central and East Asia, suggesting the possible extension of that detrimental impact to destination markets. These dynamics call for more research to help understand the links between drugs and terrorism, organized crime and corruption, as well as coordinated action to invest in long-term alternative development, integration efforts and international cooperation.

While the toll on health from cocaine and opiate consumption has long been borne mainly by countries that are the destination markets, it is increasingly becoming a challenge for other regions where cocaine markets are emerging and opiate markets seem to be expanding. The increases in opiate production and cocaine manufacture will have major implications for drug use globally. Increasing numbers of shipments of opiates from Afghanistan to destination markets in neighbouring countries and in Europe, and along the main trafficking routes worldwide, may have spillover effects in the next few years. More high-quality, low-cost heroin is likely to reach consumer markets across the world, with increased consumption and related harms the likely consequences. Increased awareness among users and potential users of the implications of their behaviour on communities in producing countries is needed.

The implications of the record cocaine production in Colombia are already visible in the two main established markets for the drug, North America and Western and Central Europe, where there are signs of an increase in use. It is likely, however, that some cocaine will also find its way to new markets, supplying the growing middle class in the large economies in Asia, where the drug has started to appear, and with possible spillover along the way, in particular in Africa.

Timely assessments are needed for countries that could be affected by increased trafficking to allow them to understand the magnitude of trafficking flows and equip themselves appropriately so that they can provide services to prevent the expansion of drug use and provide treatment and services in order to minimize the adverse health consequences

that drug use can cause. Comprehensive approaches need to be implemented that are truly global and encompass all facets of the current threat.

Health and security threats posed by the expansion of methamphetamine trafficking also call for enhanced coordinated responses by countries along the drug supply chain

In terms of synthetic drugs, the expansion of methamphetamine trafficking in East and South-East Asia poses a serious health and security challenge to the population in the subregion. The increasing flow of methamphetamine is likely to increase the number of people suffering from the negative health consequences of methamphetamine use and developing a substance use disorder, but not all countries in the subregion are equipped to serve an increasing demand for treatment. More investment in prevention and treatment and closer collaboration in drug control will be needed at the regional and international level to develop effective responses to these challenges.

Increasing drug use among older people requires new responses

There has been an increase in global deaths directly related to the use of drugs among older people, and an increase in drug use among older people in the few countries where information is available. This calls for targeted efforts to prevent, treat and minimize the impact of drug use among this population group. There are particular and wide-ranging health issues that arise from drug use among older users, in particular for those with a history of drug use disorders and dependence. Treatment for substance use is more complicated because there are multiple physical and mental health issues among older people who use drugs.

Infrastructure is not yet in place to deal with the growing number of older drug users and their health needs over the coming decades. There is often no explicit reference to older users in drug strategies in countries with ageing populations, which is where this issue requires most attention. Specialized treatment and care programmes for older drug users are rare; most initiatives are directed towards younger people.

Treatment and care will need to incorporate specialized drug treatment programmes with mainstream health-care and social support services. Novel, integrated and multidisciplinary approaches to care are required to address the health and social needs of older drug users.

Effectively addressing and countering the world drug problem to achieve progress on sustainable development goals related to young people and women

The 2030 Agenda for Sustainable Development and its goals affirm that “there can be no sustainable development without peace and no peace without sustainable development”. This draws together the strands of peace, rule of law, human rights, development and equality to form a comprehensive and forward-looking framework. Countering the world drug problem and efforts to achieve the Sustainable Development Goals are thus complementary and mutually reinforcing.

Goal 4 of the agenda for sustainable development is aimed at ensuring inclusive and equitable quality education and to promote lifelong learning opportunities for all. The entrapment of young people in both drug use and the illicit drug trade itself poses distinct barriers in the development of individuals and communities. Strategies to break the cycle of vulnerability of young people through science-based effective prevention, and to provide young people with the skills, education and opportunities relevant for legitimate employment, can address that goal.

Goal 5 of the agenda for sustainable development is aimed at achieving gender equality and empowering all women and girls. To achieve this goal, strategies to counter the world drug problem need to consider the special needs of women and the great level of stigmatization that they endure. Prevention programmes, treatment interventions for drug use disorders and alternative development programmes, as well as the criminal justice response to drug related offences, need to be gender sensitive.

Preventing drug use and the adverse health consequence of drug use among young people requires a culture of understanding, underpinned by scientific research

Not all young people are equally vulnerable to substance use, and once drug use has been initiated, not all young people are equally vulnerable to the development of drug use disorders. In many instances, risk factors associated with drug use disorders are both beyond the control of young people and preventable.

Preventing the initiation of substance use, as well as the development of substance use disorders, can be successful only if protective factors are strengthened while risk factors are attenuated or prevented. The UNODC and WHO *International Standards on Drug Use Prevention* contain a summary of the current scientific evidence on strategies that are effective in preventing substance use, including drug use; effective prevention contributing significantly to the positive engagement of young people with their families, schools and community. Prevention interventions need to start at an early age and address the developmental stage and needs of children, adolescents and young people. For young people who have initiated substance use, screening and brief interventions are effective in preventing progression to substance use disorders.

In some countries, the middle or upper socioeconomic classes are associated with “recreational” use of drugs, which may be a manifestation of their purchasing power or reflect their willingness or opportunity to experiment with drugs. While those socioeconomic groups may have a greater propensity to use drugs than lower socioeconomic groups, it is the lower socioeconomic groups that tend to pay a higher price for drug use, as they are more likely to develop drug use disorders. Poverty, along with other factors such as social exclusion and neighbourhood deprivation, can have adverse educational, health and behavioural outcomes and has major implications for the risk of both initiating drug use and developing drug use disorders.

Many of the factors influencing substance use among adolescents, such as mental health conditions

and parental neglect, are also linked with other risk behaviours and health conditions, such as dropping out of school, delinquency, aggressiveness, violence and attempted suicide. Drug use prevention programmes can help prevent those risk behaviours.

Drug use treatment and HIV prevention, treatment and care should be tailored to the specific needs of women

The majority of people who use drugs are men, but women have specific drug use patterns, as they internalize traumatic experiences in childhood differently from men, have different psychiatric comorbidities and have specific needs when it comes to treatment and other public health services related to drug use disorders.

The UNODC and WHO *International Standards for the Treatment of Drug Use Disorders* and the WHO *Guidelines for the Identification and Management of Substance Use and Substance Use Disorders in Pregnancy* describe how the specific issues and needs of women in treatment and in the community can be addressed. These include treatment of medical and psychiatric comorbidities, responding to domestic violence and sexual abuse, addressing needs during pregnancy and sexual and reproductive health and providing child care, social support and social care. Treatment programmes can be effective for women if they are tailored to women’s needs in all aspects of design and delivery, including location, staffing, child-friendliness and content. Furthermore, a guide published by UNODC, entitled *Addressing the Specific Needs of Women Who Inject Drugs: Practical Guide for Service Providers on Gender-Responsive HIV Services*, supports efforts to address the specific needs of women who inject drugs.

Crime prevention and criminal justice professionals need to recognize the distinctive needs and particular backgrounds of women

When women are brought into contact with the criminal justice system, it is often for drug-related offences. In terms of sentencing, a higher proportion of women than men are sentenced for drug-related offences. As the criminal justice system is predominantly designed to deal with male offenders, it is often ill equipped to address women’s

particular backgrounds (for example, care-providing responsibilities, history of violence or specific mental health-care needs) and women may be placed in a situation of vulnerability and face gender-based stereotypes, stigma and social exclusion. Given the disproportionate increase in the imprisonment of women for drug-related offences, sentencing should be matched with gender-sensitive alternatives to conviction or punishment in appropriate cases, in line with the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules). The flexibility inherent in the international drug control conventions should, to the maximum extent possible, be used to offer individuals (men, women and children) with drug use disorders the possibility to choose treatment as an alternative to conviction or punishment. The UNODC and WHO handbook entitled *Treatment and Care for People with Drug Use Disorders in Contact with the Criminal Justice System* contains good practices in this field.

Women are often more adversely affected by being incarcerated than men. Prior to going to prison they may have been subject to physical and sexual abuse to a greater extent than men and may suffer more than men from drug use disorders and psychiatric conditions such as post-traumatic stress disorder. Women may also suffer the additional psychological burden of not fulfilling the traditional role of care providers and, when released, may be subject to greater stigma than men and lose any social support that could help them settle in the community.

Women prisoners typically have requirements that are very different to those of men. As outlined in the UNODC *Handbook on Women and Imprisonment*, prison management should be gender-sensitive. The recognition of women's needs should be reflected in the management ethos of prisons that house female inmates, with the management style, assessment and classification, programmes offered and health care being adapted accordingly. Consideration should also be given to the treatment of female prisoners with children. Prisons should adhere to the Bangkok Rules.

Providing for the special needs of women in the criminal justice system for drug-related offences is not discriminatory but essential.

Crime prevention and criminal justice professionals also need to recognize the distinctive needs of children

The international legal framework in the area of children's rights, including the Convention on the Rights of the Child and the United Nations Model Strategies and Practical Measures on the Elimination of Violence against Children in the Field of Crime Prevention and Criminal Justice, are benchmarks for action targeting children who have substance use problems or who have committed drug-related criminal offences and are in contact with the criminal justice system. The specific vulnerabilities and needs of children who come into contact with the criminal justice system and who have substance use issues need to be addressed. Violence against children and the abuse of children suffering from drug use disorders need to be prevented, while ensuring that treatment and support is offered to detained children that takes into account their needs, according to age, sex and other factors.

More research is needed to help understand the role of women and young people in drug supply

Research on the role of women and young people in the drug supply chain is very scarce. There is a paucity of research on the involvement of women and young people in drug cultivation, production and trafficking. While data and analysis on the drug supply chain are more widely available at the international level than those on drug use, the vast majority of information available is not age- or sex-disaggregated. There is a need to systematize, across all data collection and research, a gender- and age-sensitive approach in order to ensure the availability of evidence for establishing gender- and age-sensitive drug policies.

Growing complexity requires research, investment and innovation

The coexistence on the illicit drug market of established drugs, NPS, prescription drugs diverted from licit channels and a growing stream of substances of unclear origin that are sold as medicines but are destined for non-medical use, together with polydrug use, polydrug trafficking and the darknet as a marketplace for drugs, is adding unprecedented levels of complexity to the drug problem.

Such complexity poses a number of challenges to the development of appropriate responses. Isolated actions focusing on single substances or single responses to the drug problem become ineffective or counterproductive if the interconnectivity between drug markets and different types of interventions are not well understood and taken into account. In general, most evidence-based prevention is not substance-specific, as it targets general vulnerability factors. In addition, with users consuming a wide range of substances, some of which may be new on the market, treatment services need to be multidimensional and multisectoral. Integrating programmes for polysubstance use disorders into public health responses helps to better meet the needs of users. Forensic and toxicology laboratories and law enforcement agencies can be successful in their analysis and actions only if they adopt new methods and more sophisticated instruments that can better capture the wide range of psychoactive substances on the market and the *modi operandi* employed by traffickers. With the primary objective of protecting the health of humankind and maximizing access to necessary medications, innovative strategies and operational interventions are needed to respond to the continuing emergence of NPS not yet under control, as well as of new illicitly supplied medicines for non-medical use.

Most of the current instruments for monitoring drug issues at the national and international levels were not designed to capture the new complexity of the global drug market. Current systems tend to focus on limited aspects of drug use and supply that underestimate the magnitude of the interlinkages between the use of established drugs, the non-medical use of prescription medicines and other psychoactive substances. Early warning systems can help to monitor the growing complexity and move towards a proactive approach. Countries with limited resources require assistance to collect and analyse the most basic information. The international data-collection system, which uses the UNODC annual report questionnaire as a basis, also needs to capture the new reality better in order to ensure that the international community maintains a grasp on the multifaceted drug problem.



GLOSSARY

amphetamine-type stimulants — a group of substances composed of synthetic stimulants controlled under the Convention on Psychotropic Substances of 1971 and from the group of substances called amphetamines, which includes amphetamine, methamphetamine, methcathinone and the “ecstasy”-group substances (3,4-methylenedioxymethamphetamine (MDMA) and its analogues).

amphetamines — a group of amphetamine-type stimulants that includes amphetamine and methamphetamine.

annual prevalence — the total number of people of a given age range who have used a given drug at least once in the past year, divided by the number of people of the given age range, and expressed as a percentage.

coca paste (or coca base) — an extract of the leaves of the coca bush. Purification of coca paste yields cocaine (base and hydrochloride).

“crack” cocaine — cocaine base obtained from cocaine hydrochloride through conversion processes to make it suitable for smoking.

cocaine salt — cocaine hydrochloride.

drug use — use of controlled psychoactive substances for non-medical and non-scientific purposes, unless otherwise specified.

new psychoactive substances — substances of abuse, either in a pure form or a preparation, that are not controlled under the Single Convention on Narcotic Drugs of 1961 or the 1971 Convention, but that may pose a public health threat. In this context, the term “new” does not necessarily refer to new inventions but to substances that have recently become available.

opiates — a subset of opioids comprising the various products derived from the opium poppy plant, including opium, morphine and heroin.

opioids — a generic term applied to alkaloids from opium poppy (opiates), their synthetic analogues (mainly prescription or pharmaceutical opioids) and compounds synthesized in the body.

problem drug users — people who engage in the high-risk consumption of drugs; for example, people who inject drugs, people who use drugs on a daily basis

and/or people diagnosed with drug use disorders (harmful use or drug dependence), based on clinical criteria as contained in the Diagnostic and Statistical Manual of Mental Disorders (fifth edition) of the American Psychiatric Association, or the International Classification of Diseases and Related Health Problems (tenth revision) of the World Health Organization.

people who suffer from drug use disorders/people with drug use disorders — a subset of people who use drugs. People with drug use disorders need treatment, health and social care and rehabilitation. Harmful use of substances and dependence are features of drug use disorders.

harmful use of substances — defined in the International Statistical Classification of Diseases and Related Health Problems (tenth revision) as a pattern of use that causes damage to physical or mental health.

dependence — defined in the International Statistical Classification of Diseases and Related Health Problems (tenth revision) as a cluster of physiological, behavioural and cognitive phenomena in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviours that once had greater value. A central descriptive characteristic of dependence syndrome is the desire (often strong, sometimes overpowering) to take psychoactive drugs.

substance or drug use disorders — the Diagnostic and Statistical Manual of Mental Disorders (fifth edition) of the American Psychiatric Association also refers to “drug or substance use disorder” as patterns of symptoms resulting from the use of a substance despite experiencing problems as a result of using substances. Depending on the number of symptoms identified, substance use disorder may vary from moderate to severe.

prevention of drug use and treatment of drug use disorders — the aim of “prevention of drug use” is to prevent or delay the initiation of drug use, as well as the transition to drug use disorders. Once a person develops a drug use disorder, treatment, care and rehabilitation are needed.



REGIONAL GROUPINGS

The World Drug Report uses a number of regional and subregional designations. These are not official designations, and are defined as follows:

- East Africa: Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Mauritius, Rwanda, Seychelles, Somalia, Uganda and United Republic of Tanzania
- North Africa: Algeria, Egypt, Libya, Morocco, South Sudan, Sudan and Tunisia
- Southern Africa: Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe
- West and Central Africa: Benin, Burkina Faso, Cabo Verde, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone and Togo
- Caribbean: Antigua and Barbuda, Bahamas, Barbados, Bermuda, Cuba, Dominica, Dominican Republic, Grenada, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines and Trinidad and Tobago
- Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama
- North America: Canada, Mexico and United States of America
- South America: Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname, Uruguay and Venezuela (Bolivarian Republic of)
- Central Asia and Transcaucasia: Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan
- East and South-East Asia: Brunei Darussalam, Cambodia, China, Democratic People's Republic of Korea, Indonesia, Japan, Lao People's Democratic Republic, Malaysia, Mongolia, Myanmar, Philippines, Republic of Korea, Singapore, Thailand, Timor-Leste and Viet Nam
- South-West Asia: Afghanistan, Iran (Islamic Republic of) and Pakistan
- Near and Middle East: Bahrain, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, State of Palestine, Syrian Arab Republic, United Arab Emirates and Yemen
- South Asia: Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka
- Eastern Europe: Belarus, Republic of Moldova, Russian Federation and Ukraine
- South-Eastern Europe: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, Romania, Serbia, the former Yugoslav Republic of Macedonia and Turkey
- Western and Central Europe: Andorra, Austria, Belgium, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Netherlands, Norway, Poland, Portugal, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland and United Kingdom of Great Britain and Northern Ireland
- Oceania: Australia, Fiji, Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, New Zealand, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and small island territories

Following last year's 20th anniversary edition, the *World Drug Report 2018* is again presented in a special five-booklet format designed to enhance reader friendliness while maintaining the wealth of information contained within.

Booklet 1 summarizes the content of the four subsequent substantive booklets and presents policy implications drawn from their findings. Booklet 2 provides a global overview of the latest estimates of and trends in the supply, use and health consequences of drugs. Booklet 3 examines current estimates of and trends in the cultivation, production and consumption of the three plant-based drugs (cocaine, opiates and cannabis), reviews the latest developments in cannabis policies and provides an analysis of the global synthetic drugs market, including new psychoactive substances. Booklet 4 looks at the extent of drug use across age groups, particularly among young and older people, by reviewing the risks and vulnerabilities to drug use in young people, the health and social consequences they experience and their role in drug supply, as well as highlighting issues related to the health care needs of older people who use drugs. Finally, Booklet 5 focuses on the specific issues related to drug use among women, including the social and health consequences of drug use and access to treatment by women with drug use disorders; it also discusses the role played by women in the drug supply chain.

Like all previous editions, the *World Drug Report 2018* is aimed at improving the understanding of the world drug problem and contributing towards fostering greater international cooperation for countering its impact on health and security.

The statistical annex is published on the UNODC website:
<https://www.unodc.org/wdr2018>



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