

Factsheet: Demand reduction and related measures*

In 2011, between 167 and 315 million people aged 15–64 were estimated to have used an illicit substance in the last 12 months. This corresponds to between 3.6 and 6.9 per cent of the adult population. The prevalence of illicit drug use and the numbers of people suffering from drug use disorders or dependence have remained stable since 2009, although the quality of available data varies widely and there are significantly differing trends in terms of different regions and different substances. UNODC estimates that there were between 102,000 and 247,000 drug-related deaths in 2011. The extent of drug-related deaths has essentially remained unchanged globally and within regions. It should be noted, however, that drug-related deaths are generally under-reported

Data suggest that **opioid use** (opium, heroin, prescription opioids) has gone up in parts of Asia and Africa since 2009. While overall, the use of opiates remains stable (around 16.5 million people), there are indications that heroin use is declining in Europe. While, earlier, North America and Central/Western Europe dominated the demand for cocaine, today they account for approximately one half of users globally. Significant increases have been noted in Asia, Oceania and Central and South America and the Caribbean.

The use of **amphetamine-type stimulants (ATS)**, excluding “ecstasy”, remains widespread globally, and appears to be increasing in most regions. In 2011, an estimated 0.7 per cent of the global population aged 15-64, or 33.8 million people, had used ATS in the last 12 months. While use is steady in the traditional markets of North America and Oceania, there seems to be an increase in the market in Asia’s developed economies, notably in East and South-East Asia, and there is also an emerging market in Africa.

Cannabis remains the most widely used illicit substance. There was a minor increase in the prevalence of cannabis users (180.6 million or 3.9 per cent of the population aged 15-64) as compared with previous estimates in 2009.

The number of **new-psychoactive substances (NPS)** rose from 166 at the end of 2009 to 251 by mid-2012, an increase of more than 50 per cent. For the first time, the number of NPS actually exceeded the total number of substances under international control (234).

Injecting drug use continues to drive the expansion of the **HIV epidemic** in many countries around the world. In 2013, UNODC estimates that there are 14.0 million people who inject drugs worldwide, and of these, 1.6 million are living with HIV. Very high prevalence of injecting drug use is found in Eastern and South-Eastern Europe and in Central Asia - 1.3 per cent of the population aged 15-64 (i.e. four times greater than the global average).

Hepatitis C, also transmitted through contaminated injection equipment, represents another major health challenge for people who inject drugs. Globally, approximately 150 million people are infected with

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hepatitis C: HIV and hepatitis C transmission are further fuelled by incarceration. Globally each year at least 30 million men, women and children go through prison systems, where high-risk behaviours and HIV transmission are highly prevalent. The prevalence of HIV, sexually transmitted infections, hepatitis B and C and tuberculosis (TB) is 2 to 20 times - and up to 50 times - higher in prison populations than in the general population.

Achievements

- More and more countries recognize drug use as a health issue and drug dependence as a multi-factorial health disorder which needs to be treated and not punished. Many countries have reported adopting written national strategies that covers prevention, treatment, rehabilitation and social reintegration services, services to prevent the health and social consequences of drug use and drug monitoring and research.

- HIV prevention, treatment, care and support services, for people who inject drugs and people in prisons and other closed settings have been scaled up in countries which have adequately invested in these services. Significant progress has also been made in several countries in improving gender responsive drug dependence and HIV services, including the prevention of mother-to-child transmission of HIV (PMTCT) and the provision of gender-specific treatment facilities.

- Civil society organizations (CSOs) have been more closely engaged in different aspects of the response with regard to drug dependence treatment, drug use prevention, HIV and drug use, and HIV in prison settings.

Challenges

- A health-centred approach to drug use and dependence is still not sufficiently implemented: It is suggested that several national drug control systems over-rely on sanctions and imprisonment, not health care; that compulsory treatment and punitive practices in the name of treatment are still applied; and that stigma, discrimination and violation of human rights towards people using drugs, people dependent on drugs and living with HIV/AIDS are common.

- Access to controlled drugs for medical purposes is also severely limited, particularly in low- and middle-income countries, in spite of clear input from the three drug Conventions.

- Some countries do not appear to have adopted standards with regard to drug prevention, treatment, care and rehabilitation interventions and services, including the prevention of health and social consequences, especially HIV/AIDS, as well as to the competencies of the policy makers, practitioners, and researchers involved. Training is not institutionalised on an on-going basis.

- The role of the CSOs, including those representing affected populations (people using drugs, people who used to use drugs, parents, partners,

etc.), in the development of policy and in accessing funding mechanisms remains limited, in spite of their substantial involvement in the delivery of drug prevention, treatment, care and rehabilitation interventions.

– There is a grave need to increase domestic investments in HIV services for people who inject drugs. Globally, fewer than 8 in 100 people who inject drugs have access to therapy. HIV services are often not responsive to the specific needs of particularly vulnerable groups of drug users, in particular women and young people.

– New risks of HIV associated with injecting drug use are emerging in regions with already high rates of HIV infection, particularly in Africa.