Progress made in the implementation of all international drug policy commitments to address and counter the world drug problem

Report of the Executive Director – ADVANCE VERSION

I. Introduction

1. In the Ministerial Declaration on Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem, adopted in 2019, Member States acknowledged that tangible progress had been achieved over the past decade, but also noted with concern the persistent and emerging challenges posed by the world drug problem. They committed to accelerating, based on the principle of common and shared responsibility, the full implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem of 2009, the Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action and the outcome document of the thirtieth special session of the General Assembly, entitled “Our joint commitment to effectively addressing and countering the world drug problem”.

2. States further committed in the Ministerial Declaration of 2019 to ensuring that the Commission-led follow-up on the implementation of all commitments to address and counter the world drug problem made since 2009 was done in a single track, which entailed, inter alia, ensuring that collection of reliable and comparable data, through a strengthened and streamlined annual report questionnaire, reflected all commitments. In its decision 63/15, entitled “Improved and streamlined annual report questionnaire”, the Commission adopted that questionnaire. The Commission also requested Member States to submit their responses to the questionnaire, to the best of their capabilities and in accordance with national
legislation, promptly and not later than 30 June of each year. It also requested Member States to appoint a national focal point for the completion of the questionnaire, in order to improve the quality and timeliness of national replies. The web-based data collection platform – the ARQ Data eXchange Platform (ARQ-DXP) – was launched in April 2021 to facilitate reporting by Member States. The questionnaire is divided into annual modules (to be submitted on an annual basis) and rotating modules (to be submitted every two, three or five years). Annex II of document E/CN.7/2020/12 shows the list of modules and their periodicity.

3. In the Ministerial Declaration, States requested the Executive Director of the United Nations Office on Drugs and Crime (UNODC) to adapt the existing biennial report, transforming it into a single report, to be prepared on a biennial basis, within existing resources, on the basis of the responses provided by Member States to the strengthened and streamlined annual report questionnaire on progress made to implement all commitments at the national, regional and international levels. The first of these reports (E/CN.7/2022/6) was submitted for consideration by the Commission at its sixty-fifth session, in 2022; the second biennial report will be considered by the Commission on Narcotic Drugs at its sixty-seventh session, to be held in March 2024. To provide input to the preparations in the lead-up to the CND 2024 midterm review of progress made in the implementation of all international drug policy commitments, the present advance version of the report in the format of a Conference Room Paper is made available to the Commission before the second round of intersessional Thematic Discussions (4–6 December 2023) and the reconvened sixty-sixth session, scheduled to be held on 7–8 December 2023.

4. The 2021 questionnaire (distributed in 2022) was submitted by 125 countries, an increase by 15 countries compared to the 2020 questionnaire (distributed in 2021) (110 countries). The present advance version of the report is mostly based on replies to the annual report questionnaire distributed in 2022. The replies to the annual report questionnaires distributed in 2021 were used for comparative purposes. This information has been complemented, where necessary, by information contained in the World Drug Report and other publications, as well as information collected through the UNODC early warning advisory on new psychoactive substances (NPS).

5. As of 27 September 2023, the 2022 annual report questionnaire (distributed in 2023) had been fully or partially submitted by 78 countries and territories. As this data collection was at the time of the preparation still ongoing, this information remained to be analysed in the final version of the report to be submitted to the Commission at its sixty-seventh session, held in March 2024 (E/CN.7/2024/6). This final version would not only provide an update to the present CRP, but also include information on the replies on those rotating modules for which new data have been collected in 2023.

II. **Challenge 1: the range of drugs and drugs markets are expanding and diversifying**

6. Globally, problems associated with drug markets are increasing.\(^1\) This includes the expansion of drug markets into new geographical areas and the diversification into new drugs or drug mixtures in other regions.

7. Although demand for drugs remains a critical factor, recent shifts in drug markets have been driven rather by innovations related to supply, for example, by emerging substances that mimic the effects of traditional drugs and are introduced by suppliers who seek to circumvent existing drug laws or to tap into larger markets when using online distribution and delivery systems. The continued move away from plant-based drugs to those of synthetic origin further reduces the risk for drug producers and contributes to the expansion of drug production to new places. Synthetic drugs can be produced wherever there is access to chemicals and the respective knowledge. Drug synthesis laboratories were increasingly detected in new geographical areas that had not been associated with drug production in earlier years.

\(^1\) The following analysis is based on World Drug Report 2023, booklet 1.
In addition to more mobile drug production, drug synthesis can be quickly scaled, allowing for rapid increase of production volumes depending on new demand. For example, some longstanding heroin markets in North America, in a matter of a few years, have been overtaken by more potent synthetic opioids, like fentanyl.

8. These supply-side innovations benefit criminals, allowing them to overcome law enforcement efforts by relocating or concealing production. The growing range of new and emerging synthetic drugs is often associated with increased risks for drug users, for example, through drugs of unknown composition or quality. The impact on people who use drugs is measurable, for example, in increased prevalence rates (see below paras. 9–14) and overdose deaths (see below paras. 42–44).

III. Challenge 2: the abuse, illicit cultivation and production and manufacture of narcotic drugs and psychotropic substances, as well as the illicit trafficking in those substances and in precursors, have reached record levels, and the illicit demand for and the domestic diversion of precursor chemicals are on the rise

A. Abuse

9. Through the annual report questionnaire distributed in 2022, 66 countries provided information on module A.01 (prevalence and extent of drug use), out of which 25 per cent were from Africa, 12 per cent from America, 28 per cent from Asia, 34 per cent from Europe and 1 per cent from Oceania. While the number of replies received was higher than in 2021, the geographical distribution of the replies was comparable to the previous questionnaire.

10. Out of the 66 countries that provided replies, 44 per cent reported that cannabis use had remained stable,1 a rate comparable to the previous report. However, 19 per cent reported a large increase in that data wave, compared to 10 per cent in the previous one. With regard to opioid use, 53 per cent of countries reported a stable situation; however, 10 per cent reported a large increase4 in comparison to 4 per cent in the previous report. As for amphetamines, 43 per cent of countries reported a stable situation, while 19 per cent reported a large increase in comparison to 11 per cent in the previous report. This points to an accelerated increase of the use of these three groups of drugs (replies to data item A01.03, trends in drug use).

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2 In the following analysis of the eleven challenges identified in the Ministerial Declaration, the years indicated reflect the year in which the questionnaire was distributed, not the year of reference for the data.

3 That is, plus or minus 5 per cent compared with the previous report.

4 Increase of more than 10 per cent compared with the previous report.
11. Globally, cannabis and heroin were ranked the most used drugs among people with drug use disorders. Cannabis was the main substance used among people with drug use disorders in Africa and the Americas, while it was heroin in Asia and Europe (replies to data item A04.01, ranking of drugs used by people with drug use disorders).

12. Nevertheless, it is important to note that the data regarding trends in the abuse of narcotic drugs and psychotropic substances was not comprehensive and did not provide a balanced geographical representation. This made it challenging to draw definitive conclusions on a broader scale. As a result, the initial analysis in the current report is supplemented by figures provided in the 2023 World Drug Report (WDR).

13. According to the WDR (2023), one in 17 people aged 15–64 worldwide had used a drug in the past 12 months, with an estimated number of users amounting to 296 million in 2021 (5.8 per cent of the global population aged 15–64). This represents a 23 per cent increase compared with 2011 of 240 million users, which is partly attributed to population growth (approximately a growth of 850 million people between 2011 and 2021). Moreover, in 2021, 5.3 per cent of the 15–16-year-old world population (13.5 million individuals) had consumed cannabis in the previous year. In the Oceania and Europe region, the number of people aged 15–16 consuming cannabis significantly surpassed that of those in the general population aged 15–64. In the Americas as well as in Africa, people aged 15–16 consuming cannabis are almost as many as those aged 15–64. An estimated 39.5 million people worldwide were suffering from drug use disorders in 2021, out of the 296 million users, which is a 30 per cent increase compared with 2016 (30.5 million people).

14. The WDR analysis confirms the finding of the analysis of the 2022 questionnaires with regard to the main substances of concern. Cannabis users amounted to 219 million in 2021 (70 per cent men and 30 per cent women), making it the most commonly consumed drug globally. Even though global cannabis users were mostly men, the gender gap was shrinking. In some subregions such as in North America, women accounted for 42 per cent of cannabis users. Opioids were second in terms of global consumption by people who use drugs, with 60 million users in 2021; 31.5 million out of the 60 million used opiates, mainly heroin (75 per cent men and 25 per cent women). This was followed by amphetamines, with an estimated 36 million users in 2021. Women constituted 45 per cent of amphetamines users worldwide.

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_5_ According to the 11th revision of the International Classification of Diseases (ICD) (WHO, 2019a) the term “drug use disorder” comprises two major health conditions: “harmful pattern of drug use” and “drug dependence”. For further details see UNODC/WHO International standards for the treatment of drug use disorders, page 8.


_7_ World Population Prospects 2022, Summary of Results (United Nations publication, 2022).
B. Illicit cultivation

15. Alternative development continues to be an important pillar of the international drug control strategy. This strategic supply reduction instrument aims to provide sustainable livelihoods and broader social and economic development to local communities in settings where a dependence on the illicit drug economy has been caused or deepened by various possible factors, such as poverty, conflict or a lack of state presence, basic infrastructure or land ownership and rights.

16. In 2022, eleven Member States out of 69 replying to data item A09.08 (alternative development activities) reported carrying out alternative development activities replies in 2021, four of them in Asia, four in Latin America, two in Africa and one in Europe. The rate of countries reporting alternative development activities had remained relatively stable, when compared with ten out of 61 replies in total in the year before (four in Asia, four in Latin America, one in Africa and one in Europe).

17. Further in 2022, 21 countries out of 65 replying countries in total reported carrying out activities or being a donor or partner in alternative development interventions (six in Latin America, seven in Asia; four in Africa; and four in Europe) (data item R08.02, list of alternative development projects conducted during the reference period).

18. In the 2022 reporting on data items A09.08 and R08.02 (list of alternative development projects conducted during the reference period), an increased attention for environmental protection and sustainability has been observed, which showed that alternative development had increasingly become embedded in broader national and international efforts of climate change mitigation and environmental protection. Some Member States reported on projects complementing alternative development, or planning to do so, with market-based environmental policy instruments such as payments for environmental services or carbon credits. One Member State mentioned the involvement of a private sector partner in providing training and data collection specifically on environmental and social aspects of sustainable coffee production. Some Member States reported on projects focused on climate change adaptation, biodiversity and natural resources in protected areas, payments for environmental services, ancestral plants for nutritional purposes, sustainable livestock farming, reforestation and the regeneration of soils close to water sources that had been degraded by illicit crop cultivation.

19. The alternative crops, products and related livelihoods used in projects reported in 2022 showed the diversity of alternative development interventions and responded to the need for tailored responses based on agro-climatic conditions, social acceptance but also marketing opportunities. Eleven Member States (out of 17 replies in total) reported the alternative livelihoods of cassava, cocoa, coffee, specialty coffee, plantain, banana, pineapple, rice, barley and corn, rubber, medicinal and aromatic plants, various fruit trees such as fig, olive and avocado, dairy, aquaculture and beekeeping (R08.03.3, types of alternative development activities).

20. Based on replies by 20 Member States to data item R08.07 (number of beneficiaries of alternative development projects), the number of reported households benefiting directly from alternative development intervention was almost 180,000. This number increased by about 100,000 if also the indirect beneficiaries were included. From the direct beneficiaries, just over 300 households were reported to be from indigenous communities, with a higher number reported by one country when considering the number of indigenous households indirectly benefitting from alternative development.

21. Only two States, one in Latin America and one in Asia, reported on private sector partnerships (A09.08). Private sector partnerships are of strategic importance for alternative development as they can facilitate access to markets, boost quality through technical assistance and can also fund the costs associated, for example, with organic or fair-trade certification. Between 2020 and 2021 only three more countries had provided information regarding private sector investment in alternative development. Among the private entities mentioned were an organic seed company, specialty coffee sourcing companies and an urban and rural development NGO.
Support provided by the private sector ranged from providing seeds and training to machinery and processing capacity. In one reply, a big multinational coffee chain was mentioned as the ultimate buyer of the specialty coffee.

22. Two countries, one in Asia and one in Latin America, reported alternative development projects in non-traditional settings in response to drug trafficking challenges (A09.08). This confirms a new trend of alternative development in non-traditional settings, including in urban areas, preventive interventions and livelihood initiatives in areas affected by forced migration, drug trafficking or other illicit economies such as illegal mining or wildlife trafficking. This has been recently discussed at the international level, inter alia, during the Second Intraregional Dialogue Forum on Development of COPOLAD (Mexico City, September 2023), the Expert Group Meeting on Alternative Development and the annual meeting of the Inter-American Drug Abuse Control Commission (CICAD)’s Group of Experts on Comprehensive and Sustainable Alternative Development (GEDAIS), both held in Lima in October 2023. Discussions during these fora suggest that more countries are implementing alternative development or similar livelihood initiatives than the actual number of Member States reporting on them.

C. Production and manufacture of narcotic drugs and psychotropic substances, trafficking in those substances and in precursors; illicit demand for and domestic diversion of precursor chemicals

23. 48 Member States replied to A08.03 (new developments in the illicit manufacture of drugs) of the questionnaire in 2022. Of those, 40 per cent were from Europe, 25 per cent from the Americas, 19 per cent from Asia, 13 per cent from Africa, and 4 per cent from Oceania. Across these countries, several trends in illicit drug manufacturing have emerged. Member States from Southern, West and Central Africa reported dismantling clandestine laboratories and movement of ephedrine from West to East and noted concerns about the presence of clandestine laboratories in the West and Central Africa Subregions. In North America, an increase in domestic fentanyl production and a decrease in methamphetamine production were reported. Member States in South America reported no significant changes in the number of cocaine-producing laboratories. However, an increase in the discovery of infrastructure for artisanal potassium permanganate production from manganese oxide or pyrolusite, a crucial precursor for cocaine hydrochloride production, was reported. Additionally, clandestine laboratories producing ‘Tussi’ (a substance combining elements of LSD and MDMA) were also reported. Member States in Central Asia and Transcaucasia subregion reported production of mephedrone. Meanwhile, Western and Central Europe reported the presence of both industrial and various scales of clandestine laboratories producing amphetamine and methamphetamine as well as ATS, mephedrone, clephedrone and other NPS. One Member State reported the production of ketamine from precursors based on the reported high international market demand, resulting in substantial profits. In Oceania the extraction of precursors, including iodine, red phosphorous, or pseudoephedrine, was observed. Investigations revealed the import of uncontrolled bulk quantities of sodium hypophosphite monohydrate, a pre-precursor of hypophosphorous acid. Additionally, investigations uncovered the import of uncontrolled bulk quantities of potassium iodide, which can be used to extract the precursor iodine.

24. 110 Member States (34 per cent from Europe, 27 per cent from Asia, 24 per cent from Americas, 20 per cent from Africa, and 2 per cent from Oceania) reported about law enforcement agencies involved in data collection under data item A07.04 (law enforcement agencies involved in data collection and recording drug seizures) (see figure below). The most frequently mentioned law enforcement agency for collecting data on illicit drug trafficking is the police, as 62 per cent of Member States reported that the police were responsible for data collection. "Specialised agencies", dedicated units or agencies were also significant contributors to data collection and actively engaged in tracking and reporting on illicit drug trafficking. Further, customs agencies featured prominently in data collection efforts, due to their critical role in monitoring the movement of goods and potentially detecting drug smuggling through border
control and trade channels. The involvement of gendarmerie forces, typically responsible for rural and border policing, in data collection underscores the importance of monitoring drug trafficking activities in both urban and rural areas, including border regions. Member States’ Ministries of Interior, which often oversee various aspects of internal security, were also reported to be actively engaged in collecting data on drug trafficking. In summary, the prominence of police, special agencies, customs and gendarmerie in this role highlights the collaborative efforts of various agencies to address drug-related challenges. Additionally, the engagement of the Ministries of Interior and the military underscores the multifaceted approach taken by Member States to address drug trafficking issues comprehensively.

Figure 2

**Law Enforcement Agencies reported to be involved in data collection**

![Graph showing involvement of different agencies in data collection](image)

*Source: Annual report questionnaire, data item A07.04 (number of replies: 110)*

25. With regard to drug trafficking routes, 100 Member States provided information on the top three countries associated with the departure, origin, and destination of illicit drug trafficking (data items A07.08, countries of departure, A07.09, countries of transit, and A07.10, countries of destination). Given that the dataset does not cover all countries comprehensively, the following analysis may not fully represent the comprehensive global landscape of illicit drug trafficking.

26. In Africa, the trafficking patterns of illicit drugs varied according to the type of drugs. Trafficking of some drugs predominantly occurred within the region. This was the case for “ecstasy”-type substances and amphetamine-type stimulants, although a small number of countries reported destinations of amphetamine-type stimulants in other regions such as Asia, and Europe. Also, cannabis-type drug trafficking was mostly confined within the African region, although a few countries in the Middle East, Central Asia and Transcaucasia and Europe were identified as key destinations. Cocaine-type drugs trafficking from Africa extended to multiple countries in the region and Europe, and opioids, including opiates, primarily flew within the African region but also reached countries in Europe and the Americas.

27. Member States in Asia reported that opioids, including opiates, originated from within Asia and reached countries within the region but also in Oceania, the Americas, and the Near and Middle East as well as South and West Asia. Amphetamine-type
stimulants were reported to primarily be trafficked towards countries in East and South-East Asia. Cannabis-type drugs trafficking was reported to be prevalent within the Asian region.

28. A few European Member States reported the trafficking of “ecstasy”-type substances to other countries within Europe. For amphetamine-type stimulants seized in Europe, 17 out of 29 Member States reported that departure points were located within Europe and 33 out of 35 destination countries also were known to be within Europe.

29. Member States in the Americas reported that cocaine-type drugs primarily transited through countries within the region and exceptionally from few Member States in Europe, with their ultimate destinations spanning across the Americas and Europe. On the other hand, most of the “ecstasy”-type substances seized in the Americas were reported to have originated from European countries. Opioids, including opiates reaching the Americas, were reported to have mostly transited through countries in South Asia and the Middle East.

30. In the Oceania region, opioids have been reported to transit from select countries in Asia and Europe.

31. In their replies to data item A08.05 (clandestine laboratories detected) in 2022, out of 24 replying Member States, several provided information about clandestine laboratories. The data on clandestine labs producing amphetamine reveals a stable situation with minor fluctuations of up to 10 per cent in the majority of countries. The data on trends on heroin producing clandestine laboratories indicate a mixed picture: While some countries have experienced a significant decrease of more than 25 per cent in heroin production, others have reported an increase in the range of 10–25 per cent. Additionally, some Member States reported that heroin producing clandestine laboratories have remained relatively stable, with fluctuations within a range of approximately 10 per cent.

32. In their replies to data item A.13.03 (comprehensive approach to drug demand and supply reduction) of the annual report questionnaire in 2022, the majority of 58 replying Member States indicated that as a component of their holistic efforts to address both drug supply and demand, they had already implemented or were in the process of formulating national strategies and action blueprints on drugs which encompassed – among other strategies to reduce the drug supply and demand, combat organized crime, and address the threat posed by corruption – measures to control precursors and pre-precursors. Some States also reported that precursors were regulated by law and that their import and export required authorization from the relevant entities. Some States reported active use of the Precursors Incident Communication System and the Pre-Export Notification Online (PEN Online) system of the International Narcotics Control Board. Several European Union Member States referred to the European Multidisciplinary Platform Against Criminal Threats and the European Union Drugs Strategy 2021–2025, which places significant emphasis on efforts to prevent precursor diversion and trafficking, alongside the exploration of alternative chemical solutions, as key strategic priorities.

IV. **Challenge 3: Synthetic opioids and the non-medical use of prescription drugs pose increasing risks to public health and safety, as well as scientific, legal and regulatory challenges, including with regard to the scheduling of substances**

33. To date, over 1,230 NPS, about 12 per cent of which are synthetic opioids, have been reported to the UNODC early warning advisory on NPS. An analysis of NPS with opioid effects and their chemical structures, carried out on the basis of data in the early warning advisory, reveals ongoing innovation and diversification. Although fentanyl analogues still constitute the majority (64 per cent) of opioids reported, the number of non-fentanyl-related synthetic opioids has increased steadily over the last decade, in particular 17 derivatives of the controlled substances clonitazene and etonitazene have emerged since 2019. Of these, five have since been placed under
international control.

34. As reported in the previous report in 2022, data collected during the implementation of the UNODC Opioid Strategy keep showing that Member States in priority regions have strengthened their capacity to identify, interdict and safely handle cases of synthetic opioid trafficking.

35. Member States and the international community have continued to respond to the non-medical use of prescription drugs. At the international level, since 2022, six additional synthetic opioids have been placed under international control. In addition, two additional primary precursors for the manufacture of fentanyl and its analogues have been placed under international control to address the illicit manufacture of drugs. At the national level, more countries have extended control over fentanyl analogues, including through the use of innovative approaches such as structure/effect-based class definitions and analogue legislation and increased cooperation with international and domestic partners to tackle illicit activities relating to these substances.

36. In addition, Member States have strengthened their response through the development and use of national early warning systems, recognizing the important role of early warning in identifying emerging threats and risks related to the non-medical use of prescription drugs.

V. Challenge 4: drug treatment and health services continue to fall short of meeting needs and deaths related to drug use have increased

A. Drug treatment and health services

37. A total of 61 countries reported on available treatment interventions through the 2022 Annual Report Questionnaire. Of those, 75 per cent were high- or middle-income countries, in comparison to 65 per cent in the previous report. Nevertheless, 60 per cent of overall treatment interventions were reported to be less than adequate,\(^8\) compared to 54 per cent in 2021. Zooming in to the types of interventions, the provided data suggests that 44 per cent of the pharmacological treatment interventions, 51 per cent of the psychosocial and behavioural interventions, and 43 per cent of the rehabilitation and aftercare interventions were less than adequate, in comparison to 39 per cent, 42 per cent and 46 per cent, respectively in 2021. This indicates that despite the overrepresentation of high-income countries, a decline in the adequacy of treatment and health services is noticeable, especially for pharmacological as well as psychosocial and behavioural interventions (data item A06.06. treatment coverage).

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\(^8\) Coverage of less than 50 per cent.
38. The analysis of the available data from the replies to the 2022 annual report questionnaire, complemented by the World Drug Report of 2023, points to a challenging decline in terms of drug treatment and health services at the global level. While 39.5 million people worldwide were suffering from drug use disorders in 2021, according to the WDR 2023, only one in five received drug treatment, reflecting a global gap in access to services, which was exacerbated by the COVID-19 pandemic. Out of the 46 countries regularly reporting to UNODC on people in drug treatment, 40 per cent reported a decline in the number of people in treatment during the pandemic.

39. Besides the pandemic, various barriers to treatment persist, with women being the most affected. Although women progress faster to drug use disorders than men, they are still underrepresented in treatment. Globally, women constitute just 22 per cent of those in drug-related treatment, with the lowest proportions found in Asia (2.8 per cent) and Africa (8.7 per cent). For instance, although 45 per cent of amphetamine users are women, only 27 per cent of the people seeking amphetamine-related treatment are women. Similarly, although 22 per cent of NPS users are women, only 6 per cent in NPS-related treatment are women. In addition to the family expectations and responsibilities that they face, women may experience further barriers in accessing treatment that include increased fear of legal sanctions, increased social stigma, lack of childcare and fear of losing custody of children while in treatment. Women who use drugs and are also members of certain population groups, for example, trauma and violence survivors, people with comorbidities, sex workers, prisoners or members of ethnic minorities, face more severe vulnerabilities, including higher levels of stigma and discrimination. Additionally, drug users, particularly women, are at a higher risk of exacerbated vulnerabilities, stigma, and discrimination, if they also belong to certain populations such as prisoners, minorities, sex workers, violence survivors and more.⁹

40. Regarding the number of people seeking help or referred by the criminal justice system or by their families by main drug of concern. Thirty-nine countries responded to data item A06.09 (number of people in treatment and/or treatment episodes by primary drug and intervention: data on CLIENTS) of the 2022 questionnaire on the pathway of referral to treatment, out of which none from the Africa region. With regard to people requiring treatment for amphetamines use, 76 per cent were referred to treatment through the criminal justice system, namely courts or police services. For those requiring treatment for cannabis use, 36 per cent were referred to treatment through the criminal justice system and 43 per cent through their families or friends. As for people requiring treatment for cocaine, 56 per cent mostly voluntarily sought treatment (self-referral). Moreover, 38 per cent of people who were in treatment for

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opioid use were referred by family or friends and 22 per cent by the criminal justice system.

41. Globally, opioids account for 38 per cent of the cases being treated for drug use disorders in 2021. However, there are clear regional differences in the primary drug reported by people entering drug treatment. In most of Europe and most of the subregions of Asia, opioids are the most frequent primary drug of people in drug treatment, whereas in Latin America it is cocaine; in parts of Africa, especially in West and Central Africa, it is cannabis; and in East and South-East Asia as well as Oceania and North America it is methamphetamine. It is important to note that in Africa and Asia, women in treatment for opioid disorders account for only 6 per cent of the overall number. Additionally, in Asia, women constitute only 6.4 per cent (lowest recorded) of the overall number of people in treatment for amphetamine use disorders. In 2021, the number of people receiving treatment for cannabis dependency as their primary substance of concern fluctuated among different regions and subregions but accounted for almost half of those seeking treatment in Africa.10

B. Overdose prevention

42. In the data collection through the annual report questionnaire in 2022, 26 countries confirmed the availability of antagonists to counter drug overdoses, with the majority (23) from Europe and only three from Africa. In total, 83 per cent of the reporting countries confirmed that naloxone was the main available antagonist.

Figure 5
Geographical distribution of Member States confirming the availability of antagonists to counter drug overdoses

Source: Annual report questionnaire, data item R02.05, availability of and access to antagonist drugs registered in the country

43. According to the World Drug Report 2023, in general, drug overdoses account for 25 per cent of drug-related deaths. Opioids continue to cause the most severe drug-related harm and the leading cause of death in fatal overdoses. In North America, the opioid crisis has seen a rise in overdose deaths attributed to the use of fentanyls. Over 80,000 opioid overdose deaths were recorded in the United States in 2021, out of which 70,000 that were attributed primarily to fentanyls, reflecting almost a quadrupling in numbers of such overdose deaths in comparison to 2010. Out of the overall number of overdose deaths and of those attributed to opioids in the United States, women constitute approximately 30 per cent of cases. Similarly in Canada, the number of drug overdose deaths in relation to the proliferation of synthetic opioids (mainly fentanyls) has been on the rise in the first half of 2021 (amounting to 8,000 deaths in 2021), as 86 per cent of the people who had died from an opioid overdose were found to be positive for fentanyls.

44. Drug mixtures for the sake of creating novel drugs increase the risk of overdoses, as drug users are most of the time only partially or not at all aware of the content or composition of the drug mixture they are consuming, which puts them at a higher risk of overdose due to the potential interaction between different active ingredients in a person’s body.

VI. **Challenge 5: the rate of transmission of HIV, the hepatitis C virus and other blood-borne diseases associated with drug use, including injecting drug use in some countries, remains high**

45. The joint UNODC, WHO, UNAIDS and World Bank global estimate for people who inject drugs living with HIV is nearly 12 per cent, so 1.6 million people (1 in every 8 people) injecting drugs is living with HIV. The joint UNODC, WHO, UNAIDS and World Bank global estimate for people who inject drugs living with HIV is nearly 12 per cent, so 1.6 million people (1 in every 8 people) injecting drugs is living with HIV.11 At the end of 2021, an estimated 11.2 million persons were held in prisons across the world, marking a 17 per cent increase in prison population since 2000. Although men comprise the majority (94 per cent) of persons detained globally, the number of women in prisons has increased at a faster pace (35 per cent increase) than men (16 per cent increase) over the last two decades.12 The median HIV prevalence among the prison population was at 1.4 per cent.13 The female prison population had increased by nearly 60 per cent since 2000, while the male prison population has increased by 22 per cent during the same period.14

46. In the reporting period, people who use drugs and people in prisons remained underserved with HIV prevention, treatment and care services. Based on the reporting by 15 Member States, there was an increase in HIV prevalence among people in prisons who inject drugs between 2020 and 2022 (data item R01.09, injecting drug use among people held in prison). Interventions aimed at preventing infectious diseases were predominantly stable, according to replies from 57 Member States across all regions (data item R05.02, trends in the provision of interventions aimed at preventing drug use between the reference year and year before). However, large increases in the provision of interventions have been noted in African and Asian regions, while a significant decline was observed in the majority of regions for interventions such as prevention, vaccination, diagnosis and treatment for viral hepatitis, HIV testing services (HTS), Needle and syringe programmes (NSPs), and opioid agonist therapy (OAT). Overall coverage of these interventions varied substantially across states and regions. Out of 60 Member States, high coverage of NSP was indicated by 17 countries, 21 countries reported high coverage of OAT, 17 indicated high coverage of anti-retroviral treatment and 17 Member States reported a high coverage of HIV testing (data item R05.07 Coverage of interventions for the prevention of infectious diseases).

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12 UNAIDS special analysis, 2022.
14 Global HIV & AIDS statistics – Fact sheet | UNAIDS.
Figure 6
Trends in the reported provision of interventions aimed at preventing drug-related infectious diseases across regions

Source: ARQ, data item R05.02, Trends in the provision of interventions aimed at preventing drug use between the reference year and year before (Number of replies: 57)

Figure 7
Coverage of reported HIV prevention, treatment and care interventions across regions

Source: ARQ, data item R05.07 (number of replies: 60)

47. Progress in HIV response has been strongest in the countries and regions with the highest financial commitments to address the HIV epidemic. However, resource availability for HIV response differs substantially across regions, which often face a significant gap to meet the 2025 AIDS targets. Moreover, domestic HIV funding has been overburdened with competing priorities on public spending and a precarious macroeconomic situation in many low- and middle-income countries, resulting in decrease in domestic financing of HIV response and overdependence on external funding support.16

48. Based on the reporting of 61 Member States on the 2022 annual report questionnaire, when ranking the types of funding for the prevention of infectious diseases among people who use drugs according to their importance, public (Government) funding played the most important role (1), followed by mixed (2) and private (3) funding. Those countries that prioritize public funding (49 Member States), finance a large scope of interventions for prevention, treatment and care of infectious diseases (low threshold services, OAT, NSP), which are often implemented jointly with non-governmental organizations that are mostly funded by international donors (R05.05, funding of programmes for the prevention of infectious diseases).

Figure 8
Member States’ reported types of funding for the prevention of drug-related infectious diseases

Source: ARQ, data item R05.05, funding of programmes for the prevention of infectious diseases (Number of replies: 61)

VII. Challenge 6: the adverse health consequences of and risks associated with new psychoactive substances have reached alarming levels

49. According to information collected through the UNODC early warning advisory on NPS, 1230 individual NPS have been identified in 141 countries and territories worldwide. Stimulants continue to constitute the largest group of NPS, followed by synthetic cannabinoid receptor agonists. NPS with opioid effects are now the third largest group with 135 individual substances reported as of 2023.

50. Polydrug use continues to be an important feature and consideration in NPS substance casework reported to the early warning advisory. In post-mortem cases associated with the use of NPS reported in 2022–23, 87 per cent involved multiple substances, with cocaine, fentanyl and benzodiazepines being the most common substances.
VIII. **Challenge 7: the availability of internationally controlled substances for medical and scientific purposes, including for the relief of pain and palliative care, remains low to non-existent in many parts of the world**

51. In 2021, between 29 and 45 Member States had provided information in response to the questions on the access to internationally controlled medications (module R.13). A number of them had reported shortages of, inter alia, fentanyl, and identified restrictions that most contributed to lower rates of availability of controlled medicines, in particular, national legislation and regulatory systems, health-care systems, international legislation and regulatory systems, and affordability.\(^\text{17}\)

52. In 2022, no data was collected under module R13, access to internationally controlled medications. Updated information will be provided in the final version of the report (E/CN.7/2024/6).

53. In the meantime, the World Drug Report 2023 suggested that the availability of internationally controlled medicines, in particular opioids, was still characterized by significant inequalities. Overall, low- and middle-income countries had 40 times less opioids available per capita for pain management and palliative care than high-income countries. In this regard, it was estimated that 86 per cent of the world’s population lived without adequate access to pharmaceutical opioids for pain relief and care. Low- and middle-income countries had in the last two decades seen some progress towards the availability of controlled medicines, particularly methadone and buprenorphine. However, high availability was still more concentrated in North America, Oceania and Western Europe. On the other hand, Africa and Asia struggled with extremely low levels of opioids availed for medical purposes.

54. Further, several countries had in 2022 reported on amendments to legislation to ensure continued access to medications with narcotic drugs and psychotropic substances during the pandemic. Countries reported on such measures as waivers of requirements for export and import authorizations, approvals of verbal prescriptions, transfer and extension of prescriptions by pharmacists, as well as private delivery of medication (data item A13.01 (new legal instruments)).

IX. **Challenge 8: increasing links between drug trafficking, corruption and other forms of organized crime, including trafficking in persons, trafficking in firearms, cybercrime and money-laundering and, in some cases, terrorism, including money-laundering in connection with the financing of terrorism, are observed**

55. More than 142 countries provided responses regarding trends related to drug-related offences and numbers of persons convicted of drug offences between 2021 and 2022 (module A.12, Drug-related criminal justice process: 90 responses in 2021, 54 responses in 2022). In 2021, more than 80 per cent indicated a stable situation regarding the number of drug-related offences within their territories. Less than 60 per cent of responses indicated a stable situation in 2022. On the other hand, only 5 per cent indicated an increase in the number of drug related offences in 2022 ARQ (A12.01, trends).

56. 94 Member States responded in 2021 on the number of persons brought into formal contact with the police in relation to drug related offences (A12.01), and 55 countries reported on the same data item in 2022. In 2021, 40 per cent of reporting Member States indicated a stable situation, while only 25 per cent did so in 2022. 30 per cent indicated a small increase in 2021 and 17 per cent in 2022. On the other hand, in 2022, 4 per cent reported a large increase, compared to 5 per cent in 2021. At the same time, almost 16 per cent reported a small decrease in 2021 compared to

\(^{17}\) E/CN.7/2022/6.
57. Most Member States indicated that law enforcement efforts had increased during the COVID-19 pandemic. For the replies from both the 2021 and 2022 questionnaires, some countries especially in Africa and Asia noted an increase in the number of drug-related offences, mostly related to cannabis. On the other hand, countries in North America reported an increase in the number of opioid-related drug offences during the pandemic. Several countries in Europe reported no significant developments regarding the time during the pandemic. Some countries also mentioned an increase of cannabis cultivation, including indoor cultivation, for personal use. Several countries reported on increased links between drug-related offences and other forms of crime during the pandemic, such as money-laundering, human trafficking and homicides; for example, some countries mentioned an increase in the recruitment of persons into drug trafficking syndicates due to loss of income during the pandemic. Some also mentioned the detection of new uncontrolled drugs, including NPS (ketamine, captagon, tropicamide drops and others). In 2022, some Member States also noted an increase in the number of minors involved in drug trafficking crimes, while other noted that the average age of drug users was becoming lower (data item A12.02, new developments in drug-related crime in the country).

58. Between 2021 and 2022, more than 20 countries reported on the enactment or review of anti-money laundering legislation aimed at strengthening investigations into financial crimes, including those related to drug trafficking offences. Furthermore, more than 30 countries mentioned enacting legislation to address offences related to the diversion of precursor chemicals into illicit channels. One country indicated that some parts of its jurisdiction had decriminalized, or legalized, cannabis possession, use and sale (data item A12.02).

X. Challenge 9: the value of confiscated proceeds of crime related to money-laundering arising from drug trafficking at the global level remains low

59. In 2021, 41 Member States had provided responses to questions related to this challenge. Three of them reported that trafficking in drugs along routes such as the one between Latin America and Europe had become more costly for organized criminal groups owing to restrictions and controls resulting from the COVID-19 pandemic, and several countries reported on changed methods of money-laundering observed. Member States also reported increased measures to locate and confiscate assets, and on increased volumes of assets seized or frozen. 18

60. In 2022, the Annual Report Questionnaire did not collect information relating to this challenge (module R11, illicit financial flows and money-laundering). Updated information will be provided in the final version of the report (E/CN.7/2024/6).

XI. Challenge 10: the criminal misuse of information and communications technologies for illicit drug-related activities is increasing

61. Organized crime groups are using both the dark and clear nets (including social media and dating apps) to advertise, negotiate, sell and coordinate shipment and trafficking of precursors, synthetic drugs and opioids through legitimate air and/or sea transport services. 19 Although more than 30 countries from Southeast Asia, Latin America, Africa and Europe (out of a total of 64 replies to the different data items of module A11, sales of drugs using the Internet and related technologies) linked drug-related activities to the criminal misuse of information and communication technologies, the vast majority of Member States did not provide specific data on the

18 E/CN.7/2022/6.
19 UNODC, The Online Trafficking of Synthetics Drugs and Synthetic Opioids in Latin America and the Caribbean, 2021.
topic. A change in the modus operandi and expansion of the drug trafficking market, including of synthetic opioids and precursors, was reported by three countries of the Western European and others Group.

62. Money product of drug trafficking was also increasingly laundered with the use of the blockchain technology benefitting from its pseudo-anonymous and decentralized structure, which aligns with the nature of darknet markets. One country of the Eastern European Group reported that authorities identified a criminal group operating in the darknet platform Versus Market, as one of the top three drug trafficking groups ordering large amounts of drugs using addresses of family members and acquaintances to receive deliveries and payments in bitcoins, providing an example of current findings into the preferred methods of operation in drug trafficking.

63. A small number of Member States reported increased measures to strengthen institutional response capacities. At the policy level, some States reported on the development of cross-cutting measures, such as measures to increase the capacity, ability and technical tools to strengthen counter-narcotic work in the digital era, on online drug trafficking and the inclusion of institutional and operational strengthening of responses against organized crime, including the link of drug trafficking and cybercrime. Some also reported on amended legislation to increase cyber investigations and the operationality of criminal justice measures in cyberspace. One country in South-East Asia shared information on the development of reporting mechanisms in online platforms to report drug-related information in communities.

64. Out of the 32 Member States that replied to data items A11.02, 03, 04 und 05, only few Member States reported case-by-case actions to tackle the misuse of information and communications technology (ICTs), which might show low capacities of detection, reporting and investigation in cyberspace. Nineteen Member States reported processing cases of drug trafficking in relation to cybercrime activities.

XII. **Challenge 11:** responses not in conformity with the three international drug control conventions and not in conformity with applicable international human rights obligations pose a challenge to the implementation of joint commitments based on the principle of common and shared responsibility

65. Seventeen Member States from all regions submitted replies on module A12.02 (trends relating to the drug-related criminal justice process). Most of them reported no new developments in drug-related crime and criminal justice processes in 2022. Others reported that recorded cases or arrests for drug-related crime had increased or decreased, or observed mixed trends, such as less arrests for drug-related offences but more arrests for participation in an organized criminal group, or less drug smuggling but more offences without the purpose of selling drugs. Other developments included amendments of national drug laws, an increased public visibility of drug-related violence, a younger age of drug users and an increase in children involved in drug-related offences.

XIII. **Conclusion**

66. The present advance version of the biennial report on progress made in the implementation of all international drug policy commitments to address and counter the world drug problem is the first document that allows for comparisons of the situation between the first and the second year of collection of information with the new Annual Report Questionnaire. In the final version that will be brought to the attention of the Commission at its sixty-seventh session in 2024, the third year will be added. In this initial comparison, some trends can be identified. Without being
exhaustive, the following can serve as examples:

- The available data suggest an accelerated increase of the use of cannabis, opioids and amphetamines.

- Environmental awareness in alternative development projects and the expansion of alternative development to non-traditional settings seem to be increasing.

- A number of emerging modi operandi and new drug trafficking routes have been observed.

- Continuing innovation and diversification can be observed with regard to NPS. Stimulants continue to constitute the largest group of NPS, followed by synthetic cannabinoid receptor agonists and NPS with opioid effects.

- Member States in priority regions have strengthened their capacity to identify, interdict and safely handle cases of synthetic opioid trafficking.

- A challenging decline in the adequacy of treatment and health services is noticeable, especially for pharmacological as well as psychosocial and behavioural interventions.

- An increase in HIV prevalence among people in prisons who inject drugs was observed. Large increases in interventions aimed at prevention of infectious diseases were noted in Africa and Asia, while a significant decline was observed in other regions.

- The availability of internationally controlled medicines, in particular opioids, is still characterized by significant inequalities.

- The COVID-19 pandemic had, and in some respects continues to have, visible impact on drug trafficking and related law enforcement actions.

- Drug trafficking through the Internet seems to grow, but data are particularly scarce in this field.

- Increased legislative and operational efforts were observed regarding the availability of internationally controlled substances for medical and scientific purposes, money-laundering, cybercrime and, to some extent, the drug-related criminal justice process.

67. The Commission may wish to consider all conclusions that can be drawn from the present analysis during the preparations for the CND 2024 midterm review of progress made in the implementation of all international drug policy commitments.

68. The volume, representation and comparability of data remains insufficient and inconsistent. The Commission may wish to consider requesting Member States to strengthen their drug monitoring systems and their contribution to international data reporting mechanisms, including the new Annual Report Questionnaire, with a view to support analysis of the drug problem through the next World Drug Report and biennial reports. In particular, the Commission may wish to encourage Member States that have not yet done so to nominate a national annual report questionnaire focal point. The Commission may also wish to raise awareness of the importance of providing drug-related data and qualitative information to ensure that analytical products are based on comprehensive and timely evidence. The Commission may wish to invite donors to provide resources for capacity-building programmes to support countries in producing high-quality information on drugs and reporting through the Annual Report Questionnaire.