IMPLEMENTATION OF ALL OUR INTERNATIONAL DRUG POLICY COMMITMENTS, FOLLOWING UP TO THE 2019 MINISTERIAL DECLARATION

"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"

MULTI-YEAR WORKPLAN 2019-2023
NOTE BY THE SECRETARIAT[1]

Introduction

At its 62nd session in March 2019 the Commission adopted by consensus the Ministerial Declaration entitled *"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"*. In the 2019 Ministerial Declaration, Member States, while acknowledging that tangible progress had been achieved over the past decade, noted with concern the persistent and emerging challenges posed by the world drug problem and committed to accelerating, based on the principle of common and shared responsibility, the full implementation of the 2009 Political Declaration and Plan of Action, the 2014 Joint Ministerial Statement and the 2016 UNGASS outcome document, aimed at achieving all commitments, operational recommendations and aspirational goals set out therein.

Member States committed in para 7 of the "Way forward" to support the CND in continuing transparent and inclusive discussions involving all relevant stakeholders on effective strategies to address and counter the world drug problem, including through the sharing of information, best practices and lessons learned. Member States further resolved to review in the CND in 2029 the progress in the implementation of all international drug policy commitments, with a mid-term review in 2024.

Following the format used for the thematic discussions held within the CND since 2016, this multi-year workplan foresees the organization of inter-active meetings, every autumn, in the period up to 2024, to address the challenges identified in the "Stocktaking"- part of the Declaration, through the implementation of the provisions and recommendations contained in the three policy documents (2016, 2014, 2009) as committed to in the "Way forward"- part of the 2019 Ministerial Declaration. According to the multi-year workplan, the Commission decided to focus its **thematic discussions in autumn 2019,** on the following challenges:

- both the range of drugs and drugs markets are expanding and diversifying;
- 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 that the illicit demand for and the domestic diversion of precursor chemicals are on the rise;
- 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;

Based on the findings of the 2019 World Drug Report (https://wdr.unodc.org/wdr2019/) and contributions by the UNODC substantive sections, this note by the Secretariat aims to provide background information on the challenges under discussion in autumn 2019 to facilitate a dialogue during the Commission's thematic sessions.

[1] *The information in the background note is taken from the UNODC 2019 World Drug Report and from contributions by the UNODC substantive sections*

BOTH THE RANGE OF DRUGS AND DRUGS MARKETS ARE EXPANDING AND DIVERSIFYING

The range of drugs is expanding and diversifying[2]

According to the 2019 World Drug Report, there has been over the last decade a diversification of the substances available on the drug markets. In addition to traditional plant-based substances – including cannabis, cocaine and heroin – the last decade has witnessed the expansion of a dynamic market for synthetic drugs and the non-medical use of pharmaceuticals[3]. More potent drugs are available and the increasing number of substances, as well as their potential combinations, pose a greater risk to public health. In this context the nonmedical use of pharmaceuticals often contributes to overall polydrug use patterns and of the adverse health consequences of drug use.

In recent years, hundreds of new psychoactive substances ("NPS"), substances that mimic substances under international control but are not under international control themselves, have been synthesized.

New Psychoactive Substances

The NPS market is diverse and dynamic, with new substances being synthesized regularly and often sold as "legal highs" – as alternatives to, or mixed with, controlled substances. The analysis of NPS identified annually by the forensic laboratories of national authorities and reported to the UNODC Early Warning Advisory suggests a proliferation of new individual NPS until 2015, and a subsequent trend towards a stabilization in the number of new substances arriving on the market, at a rate of about 500 NPS per year (492 in 2017). This needs to be seen in the context of the number of countries reporting to the Early Warning Advisory[4] increasing significantly, and thus of more comprehensive reporting.

Source: 2019 World Drug Report

273 psychoactive substances were under international control at the end of 2018. By comparison, the number of NPS identified by authorities worldwide and reported to the UNODC Early Warning Advisory is already three times higher, having reached a total of 892 substances in December 2018, up from 166 in 2009. It should be noted, however, that not all NPS identified may merit being put under international control, as taking such a step

[2] The information contained in this chapter can be found in the following parts of the World Drug Report 2019: Booklet 1 page 14; Booklet 2 page 9, 48 and 50-51; Booklet 3 page 29.

[3] Note: While the Ministerial Declaration specifically identifies "that … 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;" this background note will be referring to "pharmaceuticals", as this term is more inclusive of substances that may not be under control either at the international or national level (e.g. tramadol), but that are being used for non-medical purposes.

[4] The UNODC Early Warning Advisory (EWA) on NPS was launched in June 2013 as a response to the emergence of NPS at the global level. The EWA aims to monitor, analyze and report trends on NPS, as a basis for effective evidence-based policy responses. It also serves as a repository for information/data on these substances and a platform for providing technical assistance to Member States. The EWA was recently enhanced with the Toxicology-Portal, an online tool developed in collaboration with The International Association of Forensic Toxicologists (TIAFT), which collects data on toxicology and harm related to the use of NPS at a global level. The EWA plays a key role in monitoring, early detection and timely responses to emerging drug threats, and contributes to identifying the most harmful, prevalent and

depends on the harm they can cause as well as their persistence on the market: very few NPS have established a long-term niche for themselves. Evidence suggests that legal changes aimed at controlling NPS may have discouraged their use among the general population, although they have established themselves among small subpopulation groups.

While recent years have seen a decrease in the number of new synthetic cannabinoids arriving on the market, the number of NPS with stimulant effects has increased and, in relative terms, the number of newly emerging opioid NPS has risen sharply, from just 1 substance in 2009 to 15 in 2015, 22 in 2016 and 46 in 2017. Those increases are equivalent to an increase of less high than 1 per cent of all identified NPS in 2009, 4 per cent in 2016 and 9 per cent in 2017. Of the 78 NPS that emerged for the first time at the global level in 2017, synthetic opioid receptors agonists accounted for 29 per cent of the total, slightly less than the percentage of NPS with stimulant effects, which accounted for 33 per cent, but more than the percentage of cannabinoids receptor agonists (19 per cent).

Opioid NPS

The main concern for the authorities in a number of countries has been the emergence of new synthetic opioid receptor agonists (opioid NPS) [5] in recent years, often fentanyl analogues. With the aim of developing more effective medications for pain management, both for medicinal and veterinary use, a number of synthetic opioid receptor agonists have been developed by the pharmaceutical industry in the past five decades. After initial research, however, many of the substances were not further developed, or were considered "not suitable for human consumption". In recent years, along with fentanyl analogues, many other opioid receptor agonists derived from information published in the research publications of pharmaceutical companies or patents have emerged in the illicit drug markets. In the scientific literature they are often referred to as "research opioids" or "novel synthetic opioids". From the perspective of UNODC, since these substances are not under international control they have been labelled as "NPS with opioid effects" or "NPS opioids". They prove to be particularly harmful, leading to growing numbers of NPS-related deaths, in particular in North America and, to a lesser extent, in Europe.

persistent NPS as an important step towards prioritizing NPS for international review in the framework of the International Drug Control Conventions.

[5] For more information on synthetic opioids please also refer to the challenge "synthetic opioids and the non-medical use of pharmaceuticals pose increasing risks to public health and safety, as well as scientific, legal and regulatory challenges, including with regard to the scheduling of substances" (see page: 13)

Drug markets are expanding and diversifying[6]

Findings of the 2019 World Drug Report reveal the record levels of cocaine and opiate production together with a still expanding market for synthetic drugs such as illicitly manufactured fentanyl and its analogues. Cocaine use is on the rise in North America and Western and Central Europe, while methamphetamine use causes rising concern across several regions, in particular South-East Asia and North America. Furthermore, trafficking in fentanyl and its analogues rises and expands outside North America, whereas hallucinogen trafficking is more geographically clustered than trafficking in other drug types.[7]

Opioids

Quantities of opiates seized globally reached an all-time high in 2017. Some 693 tons of opium were seized, which was five per cent more than in the previous year. In addition, 103 tons of heroin were intercepted, 13 per cent more than in 2016, and 87 tons of morphine, a 33 per cent rise. Expressing these seizures in common heroin equivalents, heroin seizures exceed those of morphine and opium. Some 86 per cent of all opiates seized in 2017 were intercepted in Asia, the region that accounts for more than 90 per cent of global illicit opium production. In the past few decades, the quantities of heroin seized tended to be larger than those of pharmaceutical opioids, but data show that the quantities of pharmaceutical opioids seized in 2017 were larger, for the third time since 2014. Opioids are a major concern in many countries because of the severe health consequences associated with their non-medical use. There were an estimated 53.4 million past-year users of opioids (both persons who use opiates and persons who use pharmaceutical opioids for non-medical purposes) globally in 2017. Among users of opioids, 29.2 million were past-year users of opiates (heroin and opium) in 2017, corresponding to 0.6 per cent of the global population aged 15–64. While North America has been experiencing an opioid crisis as seen in a rising number of overdose deaths resulting from the use of opioids that involved fentanyl or fentanyl analogues, West and Central and North Africa are currently experiencing a crisis of another synthetic opioid: tramadol, which has been used as a painkiller for decades. Global seizures of tramadol rose from less than 10 kg in 2010 to almost 9 tons in 2013 and reached a record high of 125 tons in 2017.

Cocaine

Global cocaine manufacture increased by 25 per cent from 2016 to 2017, to reach 1,976 tons. The global quantity of cocaine seized in 2017 increased by 13 per cent from the previous year, reflecting in increase in all regions except Asia. The sharpest increases were reported in Oceania (94 per cent) and Europe (53 per cent), where the increases in the quantities of cocaine seized in recent years reflect the increase in the availability of cocaine and an expansion of the cocaine market, as suggested by increases in the use and purity of cocaine. Globally, an estimated 18.1 million people were past-year users of cocaine in 2017. in Western and Central Europe, wastewater analysis and survey results in some countries suggest an increase in cocaine consumption in the subregion. In North America, there are signs of an increase in cocaine use; there have also been reported increases in cocaine use in some countries in South America. In addition, the use of cocaine base paste, previously confined to cocaine-manufacturing countries, has spread to countries further south in the subregion. In parts of Asia and West Africa, increasing amounts of cocaine have reportedly been seized, which indicates that cocaine use could potentially increase, especially among the affluent, urban segments of the population, in subregions where such use had previously been low.

[6] The information contained in this chapter can be found in the following parts of the World Drug Report 2019: Booklet 1 page 9-11, 14-15 and 25; Booklet 2 page 9 and 48-51; Booklet 3 page 29; Booklet 4 page 20.

[7] For more information on the expansion of drug markets please also refer to the challenge "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 that the illicit demand for and the domestic diversion of precursor chemicals are on the rise". (see page: 7)

Hallucinogens

If calculated in terms of doses rather than by weight, LSD would account for 95 per cent of the hallucinogens seized in the past 20 years. Ketamine, a substance not under international control, accounts for 87 per cent of the quantity of hallucinogens seized in the last five years – although a typical dose of ketamine is far larger than a typical dose of lysergic acid diethylamide (LSD). Over the period 2013–2017, 96 per cent of all ketamine quantities seized worldwide were reported by authorities in Asia, mostly in East and South-East Asia. However, ketamine trafficking appears to be spreading to other regions, including Europe, the Americas and Oceania.

Fentanyls

North America is the principal market for fentanyls,[8] but seizure data suggest that trafficking has expanded worldwide. While just four countries reported fentanyl seizures to UNODC in 2013, 12 countries did so in 2016 and 16 countries in 2017. Europe hosts a small but growing market for fentanyls. Seizures or use have been reported in most European countries. In Western and Central Europe, seizures have risen from 1 kg in 2013 to 5 kg in 2016 and 17 kg in 2017. The substances are often sold on the Internet, sometimes as "legal" replacements for controlled opioids.

Amphetamines

The quantities of amphetamine seized increased markedly over the period 1998–2007 and, continued to rise rapidly, reaching a peak in 2016. Most of the quantitates of amphetamine seized has been linked to the production and trafficking of "captagon" tablets i.e., amphetamine tablets mixed with caffeine, in the Near and Middle East Seizure data for 2017 show an ongoing increase from the previous year in the quantity of methamphetamine seized at the global level (an increase of 16 per cent) while that of amphetamine decreased (a decrease of 18 per cent). Since 2010, there has been a relatively stable situation in use of amphetamines in most countries in Western and Central Europe, although data based on the analysis of wastewater have shown an increase in recent years. In North America, there are indications of an increase in methamphetamine use, while the use of methamphetamine, in particular crystalline methamphetamine, has continued to be reported as increasing in East and South-East Asia.

29 million persons used amphetamines and 21 million "ecstasy" in the past year according to 2017 estimates, with more than one third of users living in East and South-East Asia. Methamphetamine is the primary ATS drug of concern and global quantities seized increased more than sevenfold from 25 tons in 2008 to 185 tons in 2017. At the same time, street prices fell while the purity of methamphetamine sold in crystalline form increased. North America and East and South-East Asia where, in 2018, most countries reported methamphetamine as their primary drug of concern, remain the two main regional hubs for methamphetamine trafficking. More recent patterns of use show an increased use of crystalline methamphetamine, which is associated with a high level of health risk for users. Oceania and Africa account for much smaller but growing shares of global seizures. Quantities seized in Europe increased 8-fold since 2008 and reached 2.6 tons in 2017.

[8] For more information on fentanyls please also refer to the challenge "synthetic opioids and the non-medical use of pharmaceuticals pose increasing risks to public health and safety, as well as scientific, legal and regulatory challenges, including with regard to the scheduling of substances" (see page: 13).

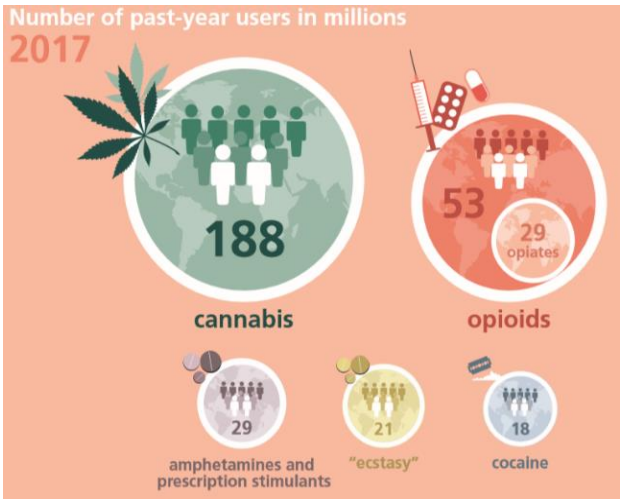
Discussion questions

- Which NPS were identified in your country in recent years, and has the number increased or decreased? Did you report the detected NPS to a national, regional or international early warning mechanism?
- How do you address challenges related to NPS at the national level?
- Did the NPS establish themselves on the market or did they quickly disappear?
- Do you observe changing or expanding drug markets in your country, or region?
- Do you observe changing drug use patterns and types of drugs used in your country? Are different sub-groups of the population (e.g. women and youth) changing their drug use patterns?
- Have you considered the risks of HIV/HBV/HCV transmission among key populations attributed to NPS use?

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 THAT THE ILLICIT DEMAND FOR AND THE DOMESTIC DIVERSION OF PRECURSOR CHEMICALS ARE ON THE RISE;

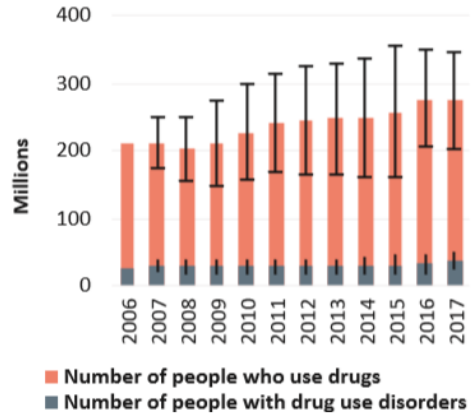
The abuse of narcotic drugs and psychotropic substances has reached record levels[9]

In 2017, an estimated 271 million people worldwide aged 15–64 had used drugs at least once in the previous year. This corresponds to 5.5 per cent of the global population aged 15–64, representing one in every 18 people. While that figure is similar to the 2016 estimate, a longer-term view reveals that the number of people who use drugs is now 30 per cent higher than it was in 2009, when 210 million had used drugs in the previous year. While that increase was in part due to a 10 per cent growth in the global population aged 15–64, data show a higher prevalence of the use of opioids in Africa, Asia, Europe and North America and of the use of cannabis in North America, South America and Asia.



Source: 2019 World Drug Report

FIG. 1 Global trends in the estimated number of people who use drugs and those with drug use disorders, 2006–2017



Source: UNODC, responses to the annual report questionnaire.
Note: Estimates of people who use drugs are for adults (aged 15–64) who used drugs in the past year.

Among the estimated 271 million past-year users of any drug, some 35.0 million, or almost 13 per cent, are estimated to suffer from drug use disorders, meaning that they may experience drug dependence and/or require treatment. This corresponds to a prevalence of drug use disorders of 0.71 per cent globally among the population aged 15–64.

Between 2009 and 2016, the prevalence of drug use disorders remained essentially stable globally, with the number of people suffering from drug use disorders changing over that period in line with population growth. However, in 2017, the prevalence of drug use disorders (0.71 per cent) was higher than previously estimated (0.62 per cent in 2016), corresponding to a change in the estimated number of people suffering from drug use disorders from 30.5

[9] The information contained in this chapter can be found in the following parts of the World Drug Report 2019: Booklet 1 page 7; Booklet 2 pages 11, 20, 21, 22, and 27.

million to 35.0 million. Given the wide uncertainty intervals of the estimates, comparisons over time should be undertaken with caution.

The joint UNODC/WHO/UNAIDS/World Bank estimate for the number of people who inject drugs (PWID) worldwide in 2017 is 11.3 million (range: 8.9 million to 15.0 million), corresponding to 0.23 per cent (range: 0.18 to 0.30 per cent) of the population aged 15–64. The proportions of the populations aged 15–64 who inject drugs are relatively high in Eastern and South-Eastern-Europe and in Central Asia and Transcaucasia, with rates that are almost four times higher (3.6 and 3.4, respectively) than the global average. In terms of the actual numbers of PWID, most reside in East and South-East Asia (28 per cent of the global total), even though the prevalence of injecting drug use is relatively low in that subregion. A large number of PWID also reside in Eastern and South-Eastern Europe (16 per cent of the global total) and North America (16 per cent of the global total). Combined, those three subregions account for almost two thirds (60 per cent) of the global number of PWID.

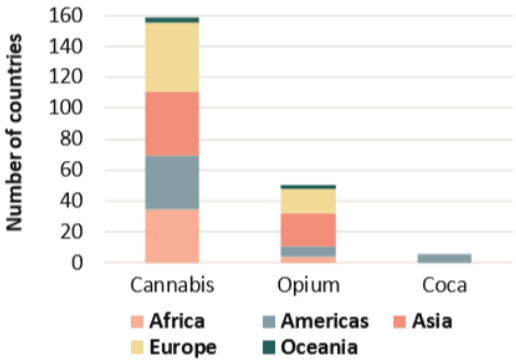
The joint UNODC/WHO/UNAIDS/World Bank estimate for the prevalence of HIV among PWID worldwide in 2017 is 12.7 per cent, amounting to 1.4 million PWID living with HIV. Based on estimates of the prevalence of HIV among PWID from 121 countries, the available data cover 95 per cent of the number of estimated PWID globally. The prevalence of HIV among PWID is highest in South-West Asia and in Eastern and South Eastern Europe, with rates that are 2.3 and 1.8 times the global average, respectively. Over the past decade, Europe has experienced a decline in the number of new cases of HIV among PWID. This decline is consistent with the scaling up in the coverage of prevention measures and an overall long-term decline in injecting drug use. While favourable outcomes have been achieved in many countries, HIV among PWID remains a challenge in many parts of the world. Even in well resourced, high-income countries, localized outbreaks of HIV among PWID in recent years have been documented in Europe and North America.

The joint UNODC/WHO/UNAIDS/World Bank estimate for the prevalence of hepatitis C among PWID worldwide in 2017 was 49.3 per cent, with an estimated 5.6 million PWID living with hepatitis C. This estimate is based on information on the prevalence of hepatitis C among PWID from 102 countries, covering 94 per cent of the estimated global PWID population. In comparison, the prevalence of hepatitis C infection among the general population (for all ages) worldwide in 2015 was estimated as 1.0 per cent (range: 0.8–1.1 per cent).

The illicit cultivation and production and manufacture of narcotic and psychotropic substances have reached record levels[10]

According to the 2019 World Drug Report, illicit drug crop cultivation and plant-based manufacture are at historically high levels. Despite a decline in 2018, the area under opium poppy cultivation and global opium production remain at high levels, and coca bush cultivation and the global manufacture of cocaine have also reached record levels.

FIG. 19 Number of countries reporting illicit drug cultivation,[a] 2010–2017



Source: UNODC, responses to the annual report questionnaire.

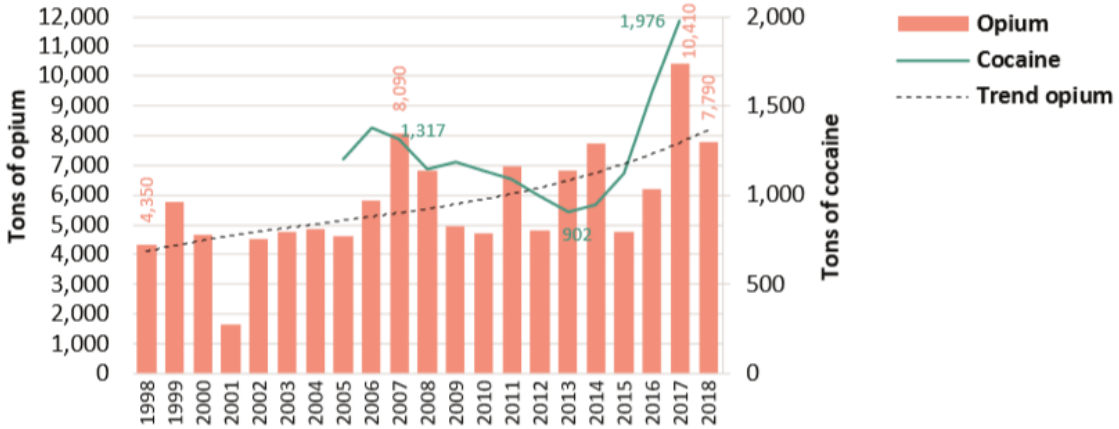
[a] *Countries reporting the cultivation, production and eradication of cannabis plants, opium poppy and coca bush, countries reporting seizures of cannabis plants, opium poppy plants and coca bush, and countries identified by other Member States as countries of origin of cannabis plants, opium poppy plants, opium and coca leaf.*

Opium

Despite a decline of roughly 17 per cent in 2018, to 346,000 ha, the global area under illicit opium poppy cultivation continues to be more than 60 per cent larger than it was a decade ago and significantly larger than the global area under coca bush cultivation.

Global opium production has followed a long-term upward trend over the past two decades, although with significant annual fluctuations. In 2018, global opium production fell by 25 per cent compared with the previous year, to 7,790 tons, which is still the third-largest total since UNODC started systematically monitoring opium production, in the1990s. Despite the decline in global opium production in 2018, there are no indications of a shortage in the supply of heroin to consumer markets. Estimated opium production in 2018 would have been sufficient to manufacture 486–736 tons of heroin (expressed at export purity), once opium consumption is taken into account.

FIG. 21 Global opium production and cocaine[a] manufacture, 1998–2018



Sources: UNODC, Coca and opium surveys in various countries; responses to the annual report questionnaire; and United States of America, Department of State, *International Narcotics Control Strategy Report*, various years.

[a] *Expressed at a hypothetical manufacturing output level of 100 per cent pure cocaine; actual cocaine manufacturing output, unadjusted for purity, is significantly higher.*

Coca

Having declined by 45 per cent over the period 2000–2013, global coca bush cultivation showed a clear upward trend over the period 2013–2017, increasing by more than 100 per cent. It increased by 36 per

[10] The information contained in this chapter can be found in the following parts of the World Drug Report 2019: Booklet 1 page 23; Booklet 2 page 43-45; Booklet 5 10-11.

cent annually from 2015 to 2016 and 15 per cent from 2016 to 2017, reaching an all-time high of 245,000 ha. Global cocaine manufacture, which had fallen by 35 per cent over the period 2006–2013, more than doubled over the period 2013–2017 and increased by 25 per cent from 2016 to 2017, to reach 1,976 tons (expressed at a purity of 100 per cent).

Cannabis

In contrast to the production of other plant-based drugs, which is concentrated in a limited number of countries, cannabis is produced in almost all countries across the world. Cannabis plant cultivation was reported to UNODC through either direct indicators (cultivation or eradication of cannabis plants and eradication of cannabis-producing sites) or indirect indicators (seizure of cannabis plants, origin of cannabis seizures reported by other Member States) by 159 countries, covering 97 per cent of the world's total population, over the period 2010–2017.

Trend data (based on qualitative information reported by Member States) suggest that both outdoor and indoor cannabis cultivation increased at the global level over the period 2013–2017, although the increase in indoor cultivation appears to have been larger than that in outdoor cultivation. The increasing importance of indoor cannabis cultivation is closely associated with an overall increase in the THC content of cannabis on the main markets over the past two decades.

The illicit trafficking of narcotic and psychotropic substances has reached record levels[11]

A total of 71 Member States reported 2.5 million seizure cases to UNODC in 2016 and 2.7 million seizure cases in 2017, half of which were of cannabis, mostly in herbal form. UNODC's most comprehensive data set is on the quantities of drugs seized, comprising data from 202 countries over the period 1998–2017 (an average of 155 countries per year). While the quantity of cannabis seized in that period grew by 60 per cent, the quantity of opiates and of cocaine seized tripled, the quantity of opioids (opiates and synthetic opioids) seized quintupled and the quantity of ATS seized increased more than tenfold. The first seizures of synthetic NPS recorded in the UNODC database took place in 2001. Compared with the amounts reported seized in 2001, the quantities of synthetic NPS[12] seized in 2017 were more than 400 times larger. All of this indicates that the most marked increase in the drugs seized over the past two decades has been in synthetic drugs, i.e., synthetic NPS, followed by ATS and synthetic opioids[13].

[11] The information contained in this chapter can be found in the following parts of the World Drug Report 2019: Booklet 1 page 8-9 and 13; Booklet 2 page 45-48.

[12] For more information on NPS please also refer to the challenge "both the range of drugs and drugs markets are expanding and diversifying". (see page: 4)

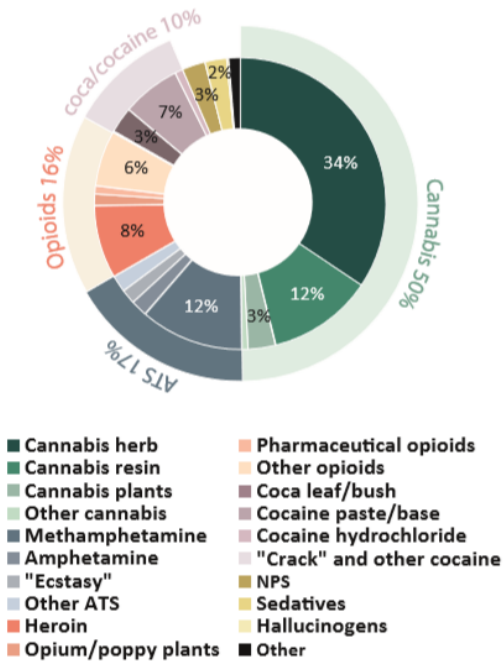
[13] For more information on synthetic opioids please also refer to the challenge "synthetic opioids and the non-medical use of prescription drugs pose increasing risks to public health and safety, as well as scientific, legal and regulatory challenges, including with regard to the scheduling of substances". (see page: 13)

Opioids

Over the period 2013–2017, opioids accounted for the largest increase in the quantities of a drug seized: the quantities doubled over that period, reflecting, among other things, the current opioid crisis in North America. Quantities of opiates seized globally again reached an all-time high in 2017. Some 693 tons of opium were seized, which was five per cent more than in the previous year. In addition, 103 tons of heroin were intercepted, 13 per cent more than in 2016, and 87 tons of morphine, a 33 per cent rise. Expressing these seizures in common heroin equivalents, heroin seizures exceed those of morphine and opium. Some 86 per cent of all opiates seized in 2017 were intercepted in Asia, the region that accounts for more than 90 per cent of global illicit opium production. Global interceptions of heroin have increased at a faster pace than production, suggesting a likely increase in the efficiency of law enforcement efforts and international cooperation.

Given that far more doses can be obtained from fentanyl (and its analogues) than from any other opioid, that drug accounted for the most doses of pharmaceutical opioids seized in both 2016 and 2017. Indeed, expressed in "daily defined doses for statistical purposes", almost 80 per cent of all the pharmaceutical opioids seized in 2017 were fentanyl (and its analogues).

FIG. 22 Global distribution of number of drug seizure cases, 2016–2017, by drug type



Source: UNODC, responses to the annual report questionnaire.

Note: The calculations are based on a breakdown of 5.3 million seizures cases reported to UNODC over the period 2016–2017 (2.54 million cases in 2016 and 2.73 million cases in 2017). Seizure case data is based on information from 70 countries for 2016 and 71 countries for 2017.

Cocaine

The global quantity of cocaine seized in 2017 was 1,275 tons – the largest quantity ever reported, and an increase compared to the previous year of 13 per cent. While cocaine seizures have risen by 74 per cent over the past decade, production has risen by 50 per cent. Overall, the interceptions mean that the amount of cocaine available for consumption has increased at a slower rate than has manufacture. This suggests that at the global level, law enforcement efforts and international cooperation have likely become more effective with the interception of a larger share of cocaine products than in the past. The bulk of cocaine seizures are in the Americas, which accounted for almost 90 per cent of the global total in 2017.The quantities of cocaine HCl seized turned out to be not only larger than those of coca base, coca paste and "crack" cocaine, but also larger than those of coca leaf and coca bush.

Amphetamine-type stimulants

Reflecting data reported over the past two decades, the largest quantities of amphetamine-type stimulants ("ATS") seized in 2017 were of methamphetamine, followed by amphetamine and "ecstasy".[14] Quantities of methamphetamine seized in East and South-East Asia rose more than eightfold between 2007 and 2017 to 82 tons – 45 per cent of global seizures. Preliminary data for 2018 indicate a further steep increase to roughly 116 tons. Some 745 million methamphetamine tablets were reported seized in East and South-East Asia in 2018.

[14] For more information on the development of the methamphetamine market please also refer to the challenge "both the range of drugs and drugs markets are expanding and diversifying" (see page: 4).

Other substances

Dominated in the past by LSD, in 2017, seizures of hallucinogens were dominated by dimethyltryptamine (DMT). While the largest quantities of plant-based NPS seized in 2017 were, for the second year in a row, kratom (Mitragyna speciosa), followed by khat and smaller quantities of the hallucinogen Datura stramonium, none of which are under international control. The largest quantities of synthetic NPS[15] seized in 2017 continued to be of synthetic cannabinoids, followed by ketamine, synthetic cathinones, tryptamines and phenetylamines.

Drug prevention strategies and treatment, care and rehabilitation services

The development described in the previous sections takes place against a backdrop of insufficient availability of drug prevention strategies and treatment, care and rehabilitation services. According to the 2019 World Drug Report, only 1 in 7 people with drug use disorders are in treatment and an authoritative estimate of coverage of prevention strategies does not exist. The situation is worse for women with drug use disorders and/or people in prison settings. The limited information available points to the fact that only a minority of existing prevention strategies and treatment services are evidence-based: For example, according to the 2018 Report by the Executive Director on action taken by Member States to implement the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, less than 10% of prevention strategies reported by Member States have been evaluated.

Scientific evidence points to a menu of strategies that have been shown to be effective in preventing drug use, as well as other risky behaviours. Such evidence has been most recently summarised in the UNODC/WHO International Standards on Drug Use Prevention, Second Updated Edition, identifying strategies at all stages of development of children and youth, starting from ante-natal services, through strategies in infancy and childhood, as well as early adolescence and then later adolescence and adulthood. In early years, effective strategies mainly support parents and schools in their role of socialising agents of children and youth, whilst in adolescence effective strategies support wellbeing through a larger range of settings (workplace, community, health sector, entertainment venues, etc.).

Similarly, the UNODC/WHO International Standards for the Treatment of Drug Use Disorders – Draft for field testing summarises the existing science with regard to providing effective treatment, health care, social protection and rehabilitation services to people with drug use disorders. Whilst gaps do exist with regard to emergency responses to intoxication from NPS, as well as pharmacological treatment of stimulant use disorders, a large body of scientific evidence supports a range of pharmacological and psychosocial services addressing all stages of the disorders through outreach, outpatient and inpatient settings, preventing health and social consequences (including overdose, HIV/AIDS and other infectious diseases) and reducing drug use disorders and other co-morbid mental health disorders.

Of crucial importance is the increase in collaboration between the health and the criminal justice sectors and the increased provision of treatment as an alternative to imprisonment and punishment for people with drug use disorders, thereby decreasing drug use disorders, crime and recidivism. As noted above, services in prison settings should also be increased, ensuring continuity with services in the community to ensure the prevention of overdose.

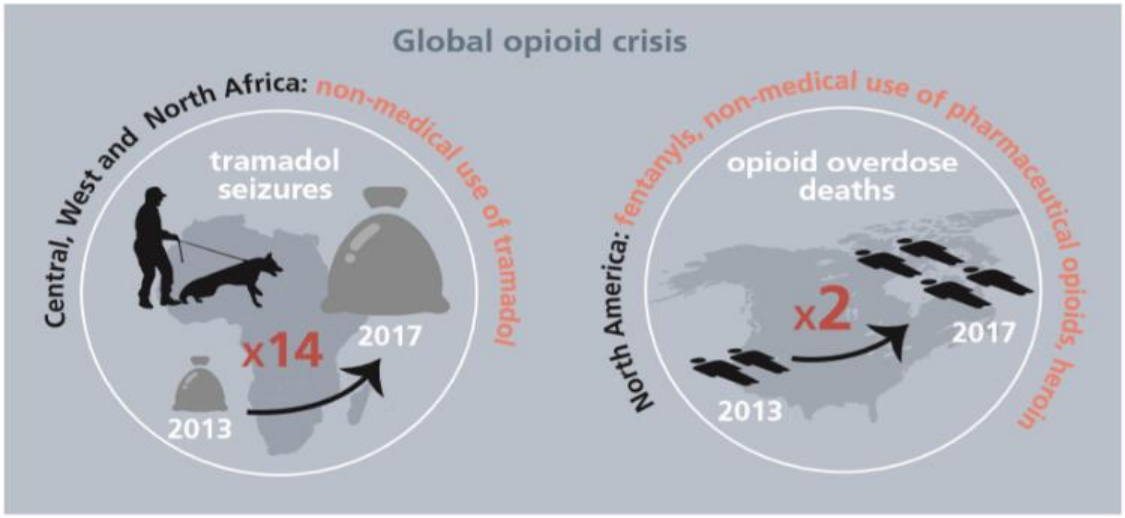
[15] For more information on NPS please also refer to the challenge "both the range of drugs and drugs markets are expanding and diversifying" (see page: 4).

Discussion questions

- With seizures as an important indicator of drug markets, did you record an increase and or decrease in seizures of specific substances under international control in your country? Does this reflect developments taking place at the global level?
- In your country, what changes do you observe in drug cultivation, production and trafficking of drugs, including on the Internet via the darknet? Are new technologies used for the trafficking and sale of illicit drugs (e.g. dark net)?
- How did the cultivation, production and manufacture of substances change in your country? Do you link your national policies with the 2030 Agenda for Sustainable Development?
- How do you address domestic diversion of precursor chemicals? Do you cooperate with the private sector, industry?
- How has the number of drug users evolved in your country in the recent years? Are specific sub-groups in the population particularly affected?
- What concrete initiatives is your country undertaking to improve the coverage of prevention of drug use and treatment, health care, social protection and rehabilitation services for people with drug use disorders?

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

According to the 2019 World Drug Report, the non-medical use of pharmaceuticals is a major component of the overall polydrug use patterns and of the adverse health consequences of drug use. People misuse pharmaceuticals to self-medicate, especially in the context of a weak health system; to intensify the effects of the main substance used; to overcome the side effects of the main drug, or to alleviate the adverse effects and severity of withdrawal symptoms.



Source: 2019 World Drug Report

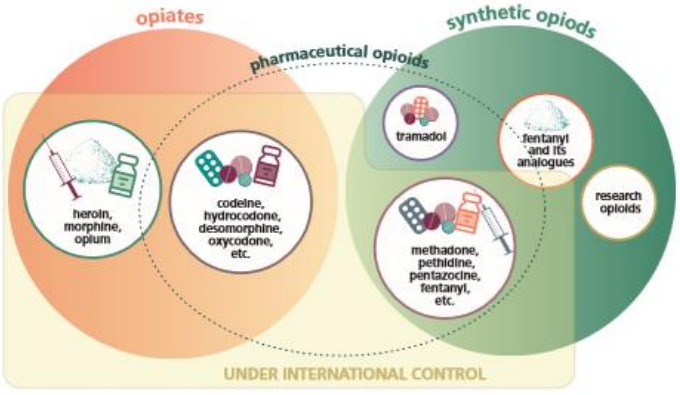
The non-medical use of sedatives and tranquillizers was reported in all regions in 2017. Women are particularly affected by this kind of substance use. In countries in South and Central America, the nonmedical use of tranquillizers in the past year concerns more than 2 per cent of the general population, and such use is higher among women than among men. Similarly, 14 countries in Western and Central Europe reported on the non-medical use of tranquillizers in 2017, and in all countries the rate was higher among women than among men. Also, in 8 of the 14 countries, the non-medical use of tranquillizers was more prevalent than the use of cannabis.

Synthetic opioids continue to pose a serious threat to health, with overdose deaths rising in North America and trafficking in fentanyl and its analogues expanding in Europe and elsewhere.[17] While global estimates are not available, the nonmedical use of pharmaceutical opioids is reported in many countries, for example, in West and North Africa and in the Near and Middle East (tramadol), and in North America (hydrocodone, oxycodone, codeine, tramadol and fentanyl). There are also signs of increasing non-medical use of pharmaceutical opioids in Western and Central Europe, as reflected in the increasing proportion of admissions to treatment for the use of those substances. Synthetic opioids have become the second most important substance group, after stimulants, in terms of newly reported NPS[18]. The group accounted for 29 per cent of the newly identified NPS in 2017.

[16] The information contained in this chapter can be found in the following parts of the World Drug Report 2019: Booklet 1 page 1, 10-11, 18 and 20 and 24; Booklet 2 page 12.

[17] For more information on the expansion of drug markets please also refer to the challenge "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 that the illicit demand for and the domestic diversion of precursor chemicals are on the rise". (see page: 7)

[18] For more information on NPS please also refer to the challenge "both the range of drugs and drugs markets are expanding and diversifying". (see page: 4)



Source: 2019 World Drug Report

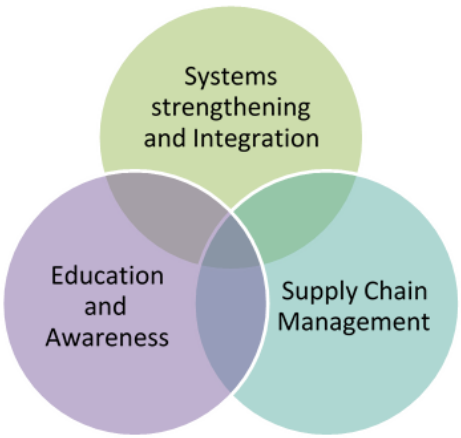
Limited information on the supply of tramadol for non-medical use points to tramadol being (illicitly) manufactured in South Asia and trafficked to African countries and parts of the Middle East. Global seizures of tramadol rose from less than 10 kg in 2010 to almost 9 tons in 2013 and reached a record high of 125 tons in 2017.[19]

Data that can help explain whether pharmaceutical opioids are diverted from the licit to the illicit market or are illicitly produced at source are limited, although the situation varies depending on the substance and region. In the case of fentanyl, for example, the bulk of the substance found on the illicit market comes from illicit manufacture. The large market for tramadol for non-medical use in North Africa and the Near and Middle East also seems to be supplied by tramadol specifically manufactured and trafficked for the illegal market, but information remains limited.

Ensuring availability of opioids for medical and scientific purposes, while preventing their diversion

Rational use of internationally controlled essential medicines – i.e. those medicines listed in the Schedules of the international drug control treaties and contained in the WHO Model List, is essential to optimal health outcomes. Medicines used to treat moderate to severe pain include non-opioids, opioids and adjuvant medicines. Despite the universally recognized indispensability of narcotic drugs and psychotropic substances in tackling pain in medical settings, under-treatment of pain due to unavailability of controlled medicines, represents a fundamental global inequity.

Under-treatment results in people suffering from unnecessary moderate and severe pain in more than 150 countries, accounting for about 80% of the world's population. While the rational use of opioids is essential to health, their non-medical use can also produce serious negative health consequences, including death. Opioids are subject to national and international control under the international drug control conventions to ensure that they are prescribed only for legitimate medical purposes, and that patients' needs are met through a safely and securely managed supply chain, to prevent possible diversion.



The principle of balance between provision and control of essential medicines listed in the Schedules of the drug conventions ensures the protection and promotion of health and public safety. The goal of controlling for diversion and non-medical use should not interfere with, or limit, the rational and use of essential medicines for patients with legitimate medical needs. While there are international mandates and policy documents to guide actions at the national level, the complexities of the unique situations in each country make it difficult to create a "one

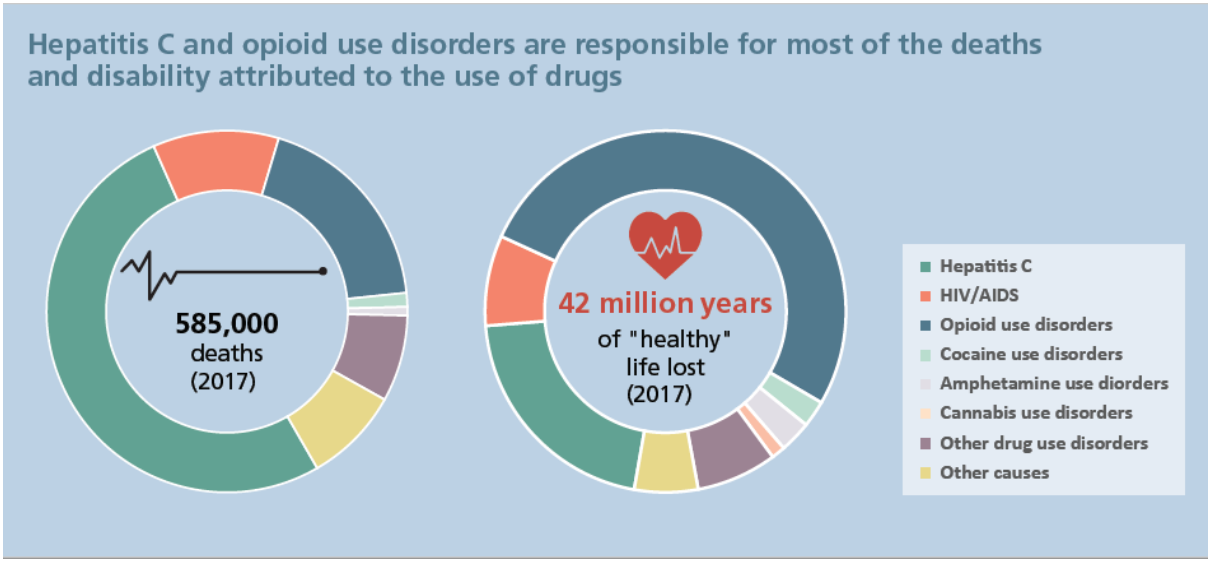
[19] For more information on the seizure of drugs please also refer to the challenge "the abuse, illicit cultivation and production and manufacture of narcotic drugs and psychotropic substances, as well as the illicit trafficking in those substances and in precursors, have reached record levels, and that the illicit demand for and the domestic diversion of precursor chemicals are on the rise". (see page: 7)

size fits all step-by-step template" to increase access to and availability of controlled medicines. However, three components consistently remain the core areas of focus and it is essential for Member States to simultaneously take action in all three areas with a strategic view to balancing the impact of each. These three "core" areas are:

- Systems integration
- Education and awareness
- Supply chain management

A coordinated, multi-sectoral response is required to ensure consistent momentum with resulting positive impact on patients with medical needs receiving the medication and treatment interventions appropriate for their care.

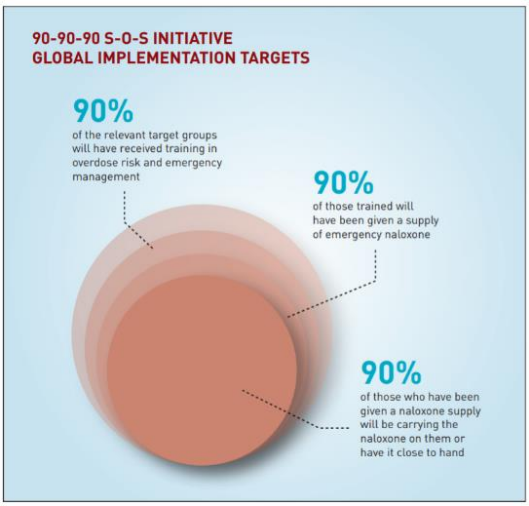
Prevention/treatment (Naloxone response) – SOS Initiative



Sources: Institute for Health Metrics and Evaluation, "Global Burden of Disease Study 2017", Global Health Data Exchange.

In 2017, out of the estimated 585,000 drug related death, 167,000 deaths were attributed to drug use disorders (mainly drug overdose) and of those 67% were attributed to opioids (and were, therefore, largely preventable). North America has seen a rising number of overdose deaths resulting from the use of opioids with more than half attributed to synthetic opioids such as fentanyl and its analogues. Whilst comparatively much smaller, it should also be noted the number of overdose deaths attributed to the use of psychostimulants including methamphetamine has also risen considerably. In Europe, heroin or its metabolites, often in combination with other substances, are present in the majority of fatal overdoses, with the most recent data showing an increase in the number of heroin-related deaths.

A comprehensive system to prevent and manage overdose, particularly of opioids would include: the provision of evidence-based pharmacological and psychosocial treatment of opioid use disorders, as well as continuity of care between the prison settings and the community; as well as, the promotion of access to naloxone and the training of potential first responders (including peers and family members) in overdose management. Naloxone is a short-acting opioid antagonist with no psychoactive effect and with a long clinical history of successful use for the treatment of opioid overdose. UNODC has launched the SOS (Stop Overdose Safely) initiative aiming at providing training to 90% of individuals likely to witness an overdose, with 90% of them having been provided with naloxone and 90% of these keeping it at hand. UNODC is undertaking a feasibility study in four countries.



Discussion questions

- What policies do you have in place to ensure that controlled substances are available for medical and scientific purposes, while preventing their diversion?
- What challenges do you experience with synthetic opioids and the non-medical use of pharmaceuticals in your country? How do you address these challenges?
- Do you have specific policies and programmes with regard to preventing and addressing the abuse of synthetic opioids and the non-medical use of pharmaceuticals?
- How do you address the challenge, in particular, of the non-medical use of pharmaceutical opioids as well as NPS opioids and their health consequences including overdose?