



# KEY FINDINGS AND CONCLUSIONS



W	O	R	L	D	2 0 2 4
	D	R	U	G	
R	E	P	O	R	T

© United Nations, June 2024. All rights reserved worldwide.

This publication may be reproduced in whole or in part and in any form for educational or non-profit purposes without special permission from the copyright holder, provided acknowledgement of the source is made. The United Nations Office on Drugs and Crime (UNODC) would appreciate receiving a copy of any publication that uses this publication as a source.

Suggested citation:  
UNODC, *World Drug Report 2024* (United Nations publication, 2024).

No use of this publication may be made for resale or any other commercial purpose whatsoever without prior permission in writing from UNODC. Applications for such permission, with a statement of purpose and intent of the reproduction, should be addressed to the Research and Trend Analysis Branch of UNODC.

#### DISCLAIMER

The content of this publication does not necessarily reflect the views or policies of UNODC or contributory organizations, nor does it imply any endorsement.

Comments on the report are welcome and can be sent to:

Research and Trend Analysis Branch  
United Nations Office on Drugs and Crime  
PO Box 500  
1400 Vienna  
Austria  
E-mail: [wdr@un.org](mailto:wdr@un.org)

Website: <https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2024.html>

UNITED NATIONS OFFICE ON DRUGS AND CRIME  
Vienna

# WORLD DRUG REPORT 2024



UNITED NATIONS  
New York, 2024



## PREFACE

I am proud to present the 2024 edition of UNODC's flagship *World Drug Report*, which delves into the major developments in the manufacture and trafficking of drugs, and examines patterns of drug use and related harms.

This comprehensive report lays bare the ever-evolving challenges of the world drug problem, and paints a stark picture of suffering, death and violence linked to the illicit drug trade.

Organized criminal groups are exploiting instability and gaps in the rule of law to expand their drug trafficking operations, while damaging fragile ecosystems and perpetuating other forms of organized crime such as human trafficking. Cocaine production is reaching record highs, with production climbing in Latin America, coupled with drug use and markets expanding in Europe, Africa, and Asia. Synthetic drugs are also inflicting great harm on people and communities, caused by an increase in methamphetamine trafficking in South-West Asia, the Near and Middle East, and South-Eastern Europe, and fentanyl overdoses in North America. Meanwhile, the opium ban imposed by the de facto authorities in Afghanistan is having a significant impact on farmers' livelihoods and incomes, necessitating a sustainable humanitarian response.

This year's report features special chapters dedicated to the impact of the opium ban in Afghanistan, the disproportionate use of synthetic drugs among women who face limited access to treatment, the nexus between drug trafficking and organized crime in the Golden Triangle, and an overview of regulatory and legislative changes concerning cannabis and psychedelics.

For the first time, the report also includes a chapter on the right to health and drug use, which we hope will provide a starting point for future discussions on fulfilling this right and assessing progress. Far too many people affected by the world drug problem are denied their right to health, particularly women who continue to face stigma and discrimination for drug use. The right to health is

universal to all, and people who use drugs must enjoy that right, along with all members of their communities. This means providing drug treatment, care, and services that are comprehensive, effective, voluntary, and available to all without discrimination, and that preserve people's dignity.

Alongside health interventions, the report calls for more strategic justice interventions that target the illicit drug market. The latest data shows that 7 million people were in contact with the law for drug-related offenses, yet two-thirds of them were for drug use or possession for use. Justice responses must focus on the top-level actors that are critical in fuelling the drug trade, looking to hold traffickers accountable while helping drug users with treatment.

In addition, long-term efforts to dismantle drug economies must provide socioeconomic opportunities and alternatives, which go beyond merely replacing illicit crops or incomes and instead address the root structural causes behind illicit crop cultivation, such as poverty, underdevelopment, and insecurity. They must also target the factors driving the recruitment of young people into the drug trade, who are at particular risk of synthetic drug use.

In shedding light on these patterns and trends, I hope this report will serve as a crucial resource and evidence-base for policymakers, researchers, and all stakeholders in shaping policy responses and mobilizing action to address the challenges posed by the world drug problem, as we work to safeguard the health, safety, and dignity of all.



Ghada Waly, Executive Director  
United Nations Office on Drugs and Crime

## Acknowledgements

The *World Drug Report 2024* was prepared by the Research and Trend Analysis Branch, Division for Policy Analysis and Public Affairs, United Nations Office on Drugs and Crime (UNODC), under the supervision of Jean-Luc Lemahieu, Director of the Division, and Angela Me, Chief of the Research and Trend Analysis Branch, and the coordination of Chloé Carpentier, Chief of the Drug Research Section.

### Content overview

Chloé Carpentier  
Angela Me

### Research, analysis and drafting

Hussain Alnaser  
Liz Barrett  
Hernan Epstein  
Kamran Niaz  
Bryce Pardo  
Thomas Pietschmann  
Alison Ritter  
Inshik Sim  
Jirka Taylor  
Danica Thanki  
Kevin Woods  
Sonya Yee

### Data management and estimate production

Sonia Arias Garcia (UNAIDS)  
Antonela Guberac  
Natalia Ivanova  
Virginia Macdonald (WHO)  
Andrea Oterová  
Anton Radinov  
Umidjon Rakhmonberdiev  
Ali Saadeddin  
Keith Sabin (UNAIDS)  
Maryam Salehi Alavi  
Markus Schwabe

### Review and comments

The *World Drug Report 2024* benefited from the expertise of and invaluable contributions from UNODC colleagues in all divisions and from the INCB Secretariat.

The Research and Trend Analysis Branch acknowledges the invaluable contributions and advice provided by the *World Drug Report* Scientific Advisory Committee:

Jonathan Caulkins  
Paul Griffiths  
Marya Hynes

Vicknasingam B. Kasinather  
Charles Parry

Afarin Rahimi-Movaghar  
Peter Reuter

Alison Ritter  
Francisco Thoumi

The production of the chapter “*Illegal supply of drugs in the Golden Triangle: confluence with other crimes and impacts*” was made possible thanks to the generous financial contribution of France.

The production of the chapter “*Gender, age and synthetic drugs*” was made possible thanks to the generous financial contribution of the United States of America.

The production of the chapter “*Drug use and the right to health: towards an assessment framework*” was made possible thanks to the generous financial contributions of the Netherlands (Kingdom of), Norway, Sweden and Switzerland.

### Qualitative interviews

Apinun Aramrattana  
Pablo Carvacho  
Catalina Droppelmann  
François Patuel  
Mariya Prilutskaya  
Anna Quarrey  
Cecilia Rossa  
Christina Steenkamp  
Mayyada Wazaify

### Online platform development

Gerald Kandulu

### Mapping

Juan Ardila  
Coen Bussink  
Francesca Massanello  
Irina Tsoy  
Lorenzo Vita  
Viviana Viveros

### Graphic design and production

Suzanne Kunnen  
Kristina Kuttinig  
Ivana Lazić  
Maria Moser

### Editing

Jonathan Gibbons

### Research support

Clemens Bauer-Mitterlehner  
Jennifer Estigene  
Lara Kuschlanski  
Marta Proietto

### Administrative support

Andrada-Maria Filip  
Iulia Lazar  
Luka Žagar

## EXPLANATORY NOTES

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

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

For this edition of the *World Drug Report*, the Amazon Basin was defined as comprising the maximum area of the hydrographic basin, the Amazon biome and the administrative regions that are part of the Amazon, with boundaries provided by the Amazon Network of Georeferenced Socioenvironmental Information (RAISG).

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

All uses of the word “drug” and the term “drug use” in the *World Drug Report* refer to substances controlled under the international drug control conventions, and their non-medical use.

The term “seizures” is used in the *World Drug Report* to refer to quantities of drugs seized, unless otherwise specified.

All analysis contained in the *World Drug Report* is based on the official data submitted by Member States to UNODC through the annual report questionnaire, unless indicated otherwise. Sex-disaggregated analysis has been included wherever possible.

The data on population used in the *World Drug Report* are taken from: *World Population Prospects: The 2022 Revision* (United Nations, Department of Economic and Social Affairs, Population Division).

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

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

The following abbreviations have been used in the present booklet:

ATS	amphetamine-type stimulants
CBD	cannabidiol
CITES	Convention on International Trade in Endangered Species of Wild Fauna and Flora
COVID-19	coronavirus disease
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
HIV	human immunodeficiency virus
INCB	International Narcotics Control Board
MDMA	3,4-methylenedioxymethamphetamine
NPS	new psychoactive substances
PWID	people who inject drugs
SDG	Sustainable Development Goal
THC	tetrahydrocannabinol
UN-CTS	United Nations Survey of Crime Trends and Operations of Criminal Justice Systems
UNODC	United Nation Office on Drugs and Crime
WHO	World Health Organization

## Annual report questionnaire focal points

The UNODC gratefully acknowledges the continuous efforts of the Annual report questionnaire focal points in the Member States to collate and report national data on drug demand and supply, which form the basis of the *World Drug Report*:

Daniela Hoxhallari (Albania), Amina Boussaha (Algeria), Djazia Dehimi (Algeria), Mohamed Oundi (Algeria), Gemma Raduan (Andorra), John Swift (Antigua and Barbuda), Adrián Betti (Argentina), Elisa Sproviero (Argentina), Davit Petrosyan (Armenia), Andrew Courir (Australia), Andrea Zehner (Austria), Daniel Lichtenegger (Austria), Raphael Bayer (Austria), Wolfgang Pfneiszl (Austria), Asiman Mehdiyev (Azerbaijan), Azad Veliyev (Azerbaijan), Said Asadli (Azerbaijan), Terrance Fountain (Bahamas), Galina Pyschnik (Belarus), Olegovich Pruchkovskiy (Belarus), Katia Huard (Belgium), Lies Gremeaux (Belgium), Nele Van Tomme (Belgium), Stéphanie Ovaere (Belgium), Latifou Sam Adekambi (Benin), Judith Segnon-Agueh (Benin), Dawa Dawa (Bhutan), Sonam Tashi (Bhutan), Tshering Choden (Bhutan), Carla Choque Soto (Bolivia (Plurinational State of)), Wilson Salinas Olivares (Bolivia (Plurinational State of)), Dragan Vukadin (Bosnia and Herzegovina), José Gutemberg Lima Rodrigues (Brazil), Natalia Nersi (Brazil), Rafael Corassa (Brazil), Ragniehl Bertolini (Brazil), Aimi Jamain (Brunei Darussalam), Pg Rosni (Brunei Darussalam), Slaveika Nikolova (Bulgaria), Boukary Traore (Burkina Faso), Soutongo Sita Sandrine Ouedraogo (Burkina Faso), Colette Taka (Cameroon), Christina Arruda (Canada), Jennifer Salahub (Canada), Mahamat Marc Breau (Chad), Emilse Pizarro (Chile), Jose Marin (Chile), Yan Zheng (China), Charlie Ching (China, Hong Kong SAR), Wai Hon (China, Macao SAR), Oscar Ricardo Santa Lopez (Colombia), Instituto Costarricense sobre Drogas (Costa Rica), Ernest Zotoua (Côte d'Ivoire), Innocent Atse (Côte d'Ivoire), Roger Badou N'Guessan (Côte d'Ivoire), Elise Yra Ouattara (Côte d'Ivoire), Soualiho Ouattara (Côte d'Ivoire), Hrvoje Paljan (Croatia), Lara Jezic (Croatia), Mirela Kovacevic (Croatia), Gavriel Efstratiou (Cyprus), Ioanna Yiasemi (Cyprus), Katerina Horackova (Czechia), Lars Petersen (Denmark), Tammi Hansen (Denmark), Gilda Maria Francisco Espinal (Dominican Republic), Moises Gomez Trabous (Dominican Republic), Estefanía Encalada Sandoval (Ecuador), Verónica Cuzco Quinatoa (Ecuador), Rasha Elsharkawy (Egypt), Alma Cecilia Escobar de Mena (El Salvador), Roxana Geraldine Sigüenza (El Salvador), Katri Abel-Ollo (Estonia), Kristiin Mikko (Estonia), Peep Rausberg (Estonia), Jari Leskinen (Finland), Jarkko Helin (Finland), Leena Kovanen (Finland), Marja-Liisa Helminen (Finland), Claire Jounet-Arenes (France), Joséphine Affres (France), Sara Antunes (France), Demba Jammeh (Gambia), Maia Tsotsoria (Georgia), Tamta Babunashvili (Georgia), Anna-Lena Metterhausen (Germany), Saskia Jensen (Germany), Manjeed Mumuni (Ghana), Rosemond Agbefu (Ghana), Elfetheria Kanavou (Greece), Ioannis Marouskos (Greece), Ioulia Bafi (Greece), Jullio Quijivix (Guatemala), Ousmane Yansane (Guinea), Thierno Bah (Guinea), Dos Santos (Guinea-Bissau), Gabrielle Bazile (Haiti), Jean Alain Bernadel (Haiti), Joseph Yves Max Gabeaud (Haiti), Secretariat of State (Holy See), Alex Villanueva Meza (Honduras), Gloria Diaz (Honduras), Anna Péterfi (Hungary), Peter Foldi (Hungary), Narcotics Control (India), Agus Irianto (Indonesia), Aws Salh (Iraq), Imad Abdel Raziq Abdel Gani (Iraq), Alan Bell (Ireland), Conor Brennan (Ireland), Eti Kahana (Israel), Andrea Zapparoli (Italy), Elisabetta Simeoni (Italy), Yuki Maehira (Japan), Kusainov Ke (Kazakhstan), Morris Kamenderi (Kenya), Pauline Ochieng (Kenya), Stephen Kimani (Kenya), Chyngyz Kalmataev (Kyrgyzstan), Agnese Zile-Veisberga (Latvia), Diana Vanaga-Araja (Latvia), Zeinab Abbass (Lebanon), Aušra Dovydeniene (Lithuania), Aušra Lazauskiene (Lithuania), Brigita Rasimaite (Lithuania), Evelina Pridotkiene (Lithuania), Ruta Lazauskiene (Lithuania), Michel Goergen (Luxembourg), Nadine Berndt (Luxembourg), Rita Cardoso Seixas (Luxembourg), Nor-kumala Abdul Rahman (Malaysia), Abdelaye Keita (Mali), Souleymane Coulibaly (Mali), Yamoussa Diarra (Mali), John Testa (Malta), Victor Pace (Malta), Ainina Sogho (Mauritania), Corceal Sewraz (Mauritius), Mangatha Amreeta (Mauritius), Martha Vazquez (Mexico), Jasna Sekulic (Montenegro), Amarbayasgalan Chuluun (Mongolia), Gordana Milutinovic (Montenegro), Ljiljana Golubovic (Montenegro), Jasna Sekulic (Montenegro), Nevena Markovic (Montenegro), Abderrahim Matraoui (Morocco), Ayoub Aboujafer (Morocco), El Maaroufi Abdelhafid (Morocco), Mustapha El Alami El Fellousse (Morocco), Nadia Chouaib (Morocco), Jossyel José Mussa Mac Tacula (Mozambique), Orlando Carlos Alberto (Mozambique), Zaw Lin Oo (Myanmar), Johannes Gaeseb (Namibia), Guus Cruys (Netherlands (Kingdom of the)), Sophie Harvey (New Zealand), Manuel García Morales (Nicaragua), Abdoul Aziz Garba Yayé (Niger), Issou Fou Abdoulaye (Niger), Ibiba Jane Odili (Nigeria), Daniel Bergsvik (Norway), Elisabeth Kvaavik (Norway), Mahmood Al Abri (Oman), Mohamed Amin (Oman), Syed Sijjeel Haider (Pakistan), Tasiq Rasheed (Pakistan), Arnulfo Castillero (Panama), Rubielys Saladana (Panama), Tatiana Tesis (Panama), Christian Gomez (Paraguay), Laura Reinoso (Paraguay), Manuel Benítez (Paraguay), Mathías Jara (Paraguay), Marcos Bravo (Peru), Bob Cañega (Philippines), Corazon P. Mamigo (Philippines), Mary Grace C. Cortez (Philippines), Rebecca F. Arambulo (Philippines), Yvonne B. San Pascual (Philippines), Lukasz Jedruszak (Poland), Ana Sofia Santos (Portugal), Elsa Maia (Portugal), Qatar ARQ team (Qatar), Jongmoo Hong (Republic of Korea), Jun Namkung (Republic of Korea), Victor Tacu (Republic of Moldova), Ciprian Zetu (Romania), Oleg Lozhkin (Russian Federation), Saud Alsabhan (Saudi Arabia), Baye Cheikh Hane (Senegal), Commissaire Mame Ndew Sene (Senegal), Dusan Ilic (Serbia), Sibylla Mederic (Seychelles), Evelyn Low (Singapore), Thamarachelvan Meyappan (Singapore), Eva Debnarová (Slovakia), Ivana Bucková (Slovakia), Jože Hren (Slovenia), Staša Šavelj (Slovenia), Vathiswa Dlangamandla (South Africa), Elena Alvarez Martín (Spain), Patricia Martín (Spain), Thamara Darshana (Sri Lanka), Sabrina Rootharam (Suriname), Ellinor Lithner (Sweden), Jennie Hagelin (Sweden), Joakim Strandberg (Sweden), Julia Ahlin (Sweden), Lucien Colliander (Switzerland), Seymour Mizrahi (Switzerland), Mohannad Asber (Syrian Arab Republic), Odilbekiyon Satrina Aydimamadukht (Tajikistan), Prang-Anong Saeng-Arkass (Thailand), Mouzinho T. Correia (Timor-Leste), Abi Kemeya-Abalo (Togo), Awi Essossimna (Togo), Nadine Beeka (Trinidad and Tobago), Sheena Arneaud (Trinidad and Tobago), Rim Mansouri (Tunisia), Mohamed Ali Chouaibi (Tunisia), Resul Olukman (Türkiye), A Ihor Yehorov (Ukraine), Oleksandr Skoliarov (Ukraine), Volodymyr Lytyvynov (Ukraine), Artem Bonevych (Ukraine), Amal Ahmed Ali Alzeyoudi (United Arab Emirates), Noora Abdullatif Saeed Almeiri (United Arab Emirates), Alberto Oteo (United Kingdom of Great Britain and Northern Ireland), Alexandra Shafkova (United Kingdom), Jacob Jeffrey (United Kingdom), Domician Mutayoba Dominic (United Republic of Tanzania), Nicholas Wright (United States of America), Maria Elisa Cabrera (Uruguay), Daniel Umpiérrez (Uruguay), Khatam Djalalov (Uzbekistan), Carlos Javier Capote (Venezuela (Bolivarian Republic of)), Johanna Jaimes Valero (Venezuela (Bolivarian Republic of)), Rita Kaonga (Zambia), Anan Mohammad Hassan Theeb (State of Palestine), Penny Garcia (Gibraltar)



# CONTENTS

<b>PREFACE</b>	5
<b>EXPLANATORY NOTES</b>	7
<b>WHAT TO WATCH?</b>	11
<b>DRUG USE HARMS AND IMPACTS</b>	43
<b>DRUG POLICY LANDSCAPES AND RESPONSES</b>	67
<b>GLOSSARY</b>	79
<b>REGIONAL GROUPINGS</b>	81



# KEY FINDINGS AND CONCLUSIONS

---

## WHAT TO WATCH?



# KEY FINDINGS AND CONCLUSIONS

## WHAT TO WATCH?



### Key message

Transnational organized crime groups have taken over some tri-border areas, taking advantage of limited governance, as is the case in the Golden Triangle where groups are diversifying their portfolios beyond drug trafficking into a growing array of illicit activities such as wildlife trafficking, illegal resource extraction, and financial fraud



### Findings

Criminal activity and trafficking are common in remote regions with multiple borders and limited governance. Tri-border areas, such as the Triple Frontier in South America, share similarities with the Golden Triangle in South-East Asia in terms of the varied nature of the illicit economies generated there. Both regions are notorious for drug trafficking, with diverse criminal organizations collaborating with armed groups, sometimes out of strategic political or financial needs. In the Triple Frontier area of Argentina, Brazil and Paraguay, drug trafficking organizations capitalize on the porous borders, engaging in money-laundering and the smuggling of drugs and counterfeit goods. Similarly, the Golden Triangle, spanning the Lao People's Democratic Republic, Myanmar and Thailand, is a hub for opium and synthetic drug production and, more recently, wildlife trafficking and illicit resource extraction.

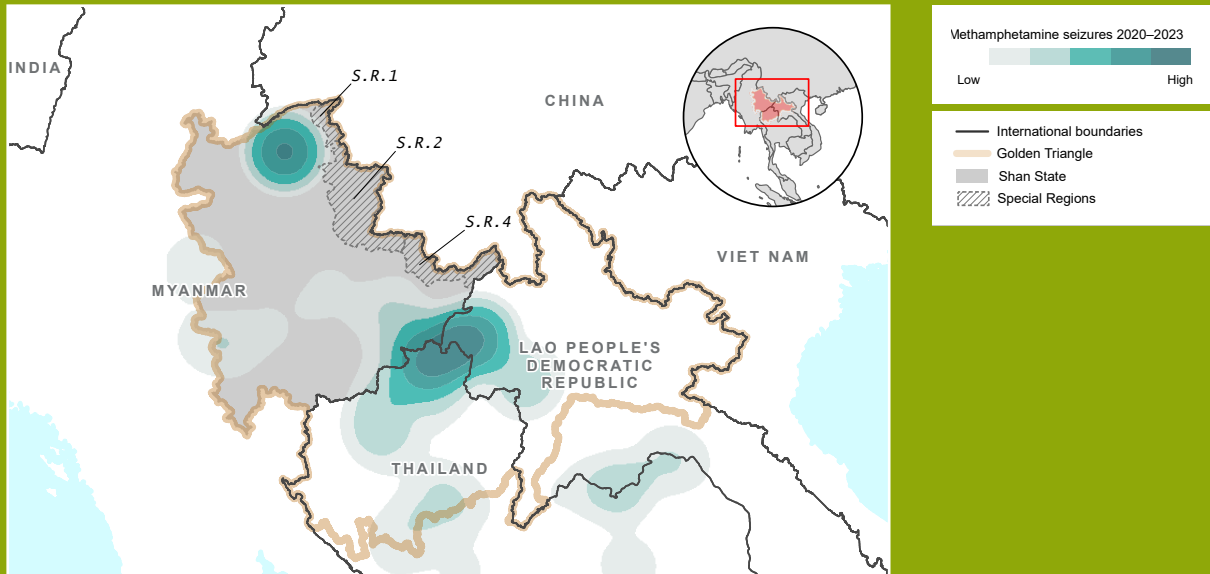
Illegal opium production in the Golden Triangle thrives due to the region's favourable climate and geography. However, opium's dominance as the main source of illegal revenues has declined over the past 30 years as a result of internal conflicts and a shift towards synthetic drugs like methamphetamine. Methamphetamine is now the dominant drug according to seizure data, with seizures having grown fourfold between 2013 and 2022. Methamphetamine from the Golden Triangle now reaches markets across the region and elsewhere in Asia and Oceania. Criminal groups, benefiting from the illegal trade in opium and methamphetamine, have recently diversified into other illicit activities, including online scams, wildlife trafficking and money-laundering, often using casinos and special economic zones to conceal their operations. Ongoing political instability and corruption, particularly in Shan State in Myanmar, exacerbate the situation, undermining governance, security and environmental stability.

Criminal organizations and armed groups in the Golden Triangle often collaborate, aligning political and economic goals with the illicit economy. The diversification of illegal activities in the region has been facilitated by expanded cross-border markets and limited governance. The growing operations of major casinos in remote border towns exemplify this nexus, linking powerful armed groups in Myanmar to drug trafficking, illegal resource extraction, money-laundering and bribery. Wildlife trafficking is increasingly attractive as a diversification strategy, given law enforcement's focus on drugs and a steady demand for wildlife products within the region and neighbouring countries.

In turn, the intertwined nature of the drug economy, other illegal activities and armed conflict exacerbates human insecurity, destabilizes local communities and negatively affects fragile environments.



### CONCENTRATION OF METHAMPHETAMINE SEIZURES IN THE GOLDEN TRIANGLE, 2020–2023

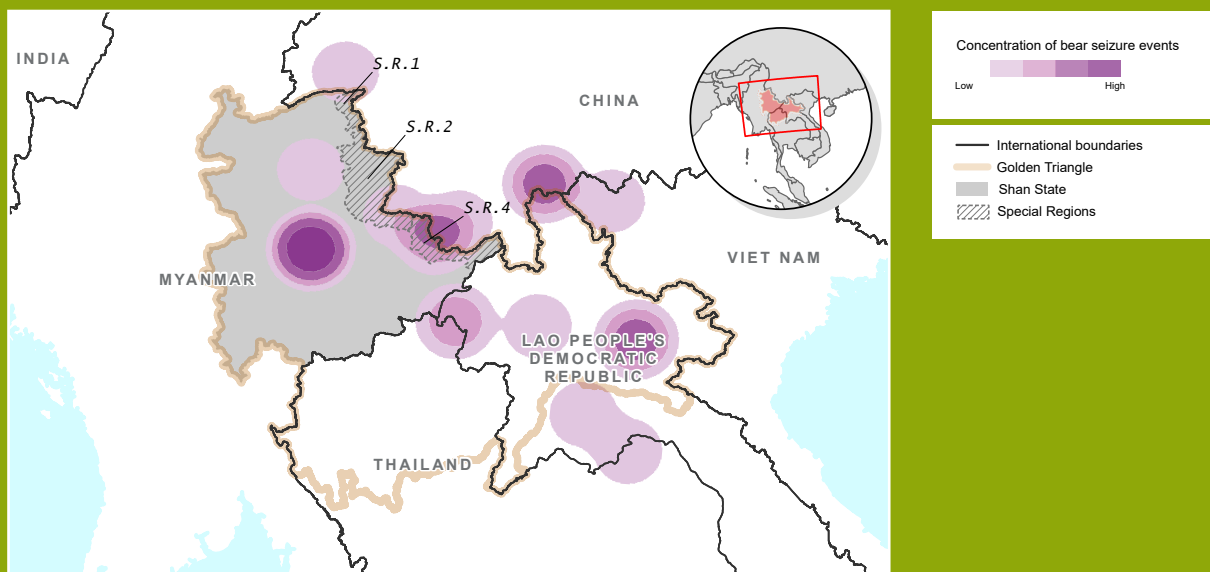


The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: UNODC, Drugs Monitoring Platform.

Note: Concentration of methamphetamine seizures based on observed seizure events reported on the UNODC Drugs Monitoring Platform. These are general areas where drug seizures most frequently occur.

### CONCENTRATION OF WILDLIFE SEIZURES INVOLVING BEAR PARTS, 2006–2022



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

Source: CITES World WISE Data.

# KEY FINDINGS AND CONCLUSIONS

## WHAT TO WATCH?



### Key message

**In the Golden Triangle, the intertwined nature of the drug economy, other illegal activities and armed conflict exacerbates human insecurity, destabilizes local communities and negatively affects fragile environments**

### Findings

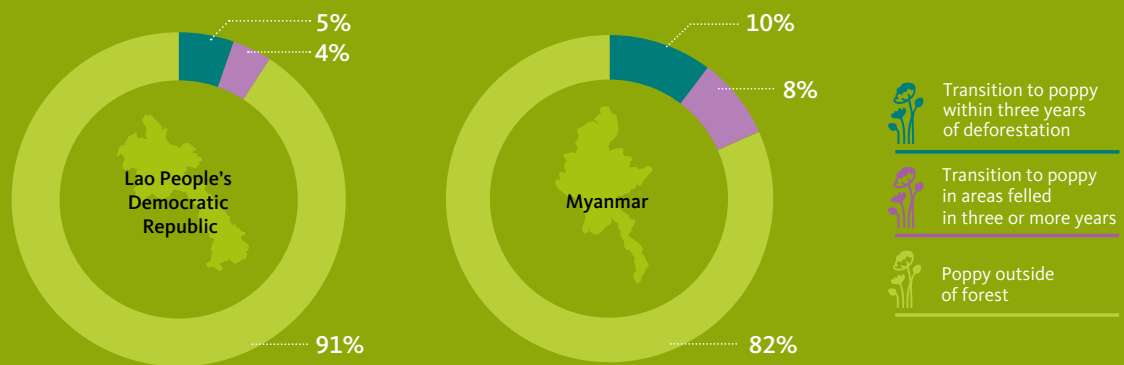
Taking advantage of limited governance and instability, criminal organizations in the Golden Triangle have diversified their portfolios beyond opium and methamphetamine trafficking into a growing array of socially and environmentally harmful illicit activities such as wildlife trafficking, illegal resource extraction, and financial fraud.

The intertwined nature of the drug economy, other illegal activities and armed conflict exacerbates human insecurity, destabilizes local communities and negatively affects fragile environments. Conflict-driven displacement and rural poverty contribute to illicit activities such as drug cultivation and illegal resource extraction. Armed groups often coerce or co-opt State apparatuses, deepening the cycle of exploitation. The cultivation of opium poppy creates economic dependency, trapping rural communities in cycles of debt and making them vulnerable to exploitation. Methamphetamine use perpetuates exploitation and health risks, while mining and logging camps foster drug consumption, human trafficking and other forms of exploitation.

These illicit activities contribute to environmental degradation through deforestation, the dumping of toxic waste and chemical contamination. Estimates of waste from illegal manufacture of methamphetamine in the Golden Triangle alone could amount to 1,900-3,800 metric tons annually for recent years. Several of these chemicals can harm the environment, especially in the immediate area where production occurs, but also other environments if they are discharged into waterways or incinerated. Several environmental harms, such as contamination of local waterways and soil erosion, have been documented as resulting from the clandestine manufacture of methamphetamine elsewhere in the world. In turn, this poses significant threats to local ecosystems and communities.

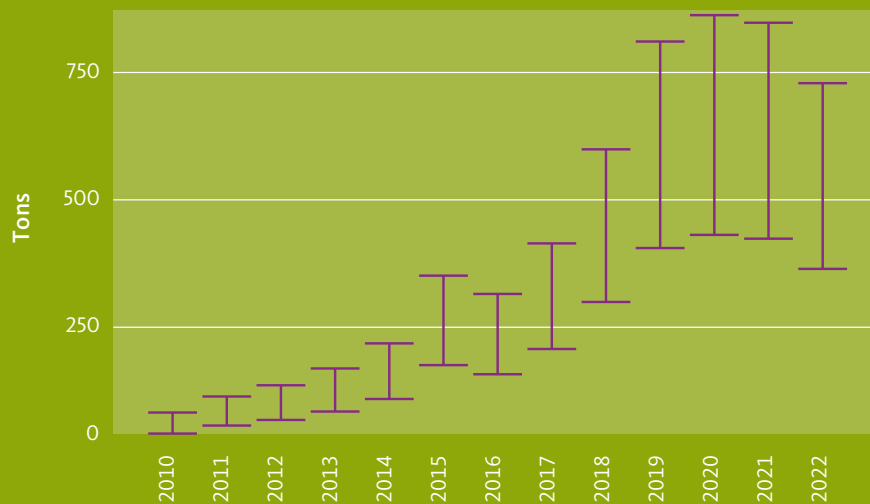


### DISTRIBUTION OF OPIUM POPPY PLOTS BY DEFORESTATION STATUS SINCE 2000 (PERCENTAGE OF HECTARES)



Source: UNODC analysis using Global Forest Change data and opium survey data from M. C. Hansen et al., "High-Resolution Global Maps of 21st-Century Forest Cover Change", Science 342, No. 6160 (November 15, 2013): 850–53.

### ESTIMATED CHEMICAL WASTE GENERATED IN THE GOLDEN TRIANGLE RELATIVE TO METHAMPHETAMINE SEIZED IN EAST AND SOUTH-EAST ASIA, 2010–2022



Source: DAINAP.

Note: Assumed average purity of 15 per cent for tablets and 90 per cent for crystal methamphetamine. Upper and lower bounds are plotted based on adjustments for average purity by formulation and using an estimated 5-10 kg range of waste per 1 kg of methamphetamine. Purity information is based on average purity-adjusted methamphetamine seizures in the Lao People's Democratic Republic, Myanmar and Thailand. Countries in the region include Brunei Darussalam, Cambodia, China, Hong Kong, China, Indonesia, Japan, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Republic of Korea, Singapore, Thailand, Viet Nam, and Mongolia.

# KEY FINDINGS AND CONCLUSIONS

## WHAT TO WATCH?



### Key message

**A dramatic contraction of the Afghan opiate market has made Afghan farmers poorer and some traffickers richer, while the long-term implications may soon be felt in countries of transit and destination for Afghan opiates**

### Findings

Following a drastic decrease in opium production in Afghanistan in 2023 (by 95 per cent from 2022) and an increase in Myanmar (by 36 per cent), global opium production fell by 74 per cent in 2023.

The drastic decrease in Afghanistan was the result of a drug ban announced by the Taliban in April 2022, which was too late to affect the 2022 harvest, but had a major impact on the decisions of farmers in the autumn of 2022 when winter crops were sowed in prevision of the 2023 harvest and many farmers decided to replace opium with cereals.

The implications of this decline in Afghan opium production were multiple. Opium and heroin prices skyrocketed in Afghanistan in 2023, increasing the profits of those who had opium inventories, while the income of opium farmers declined by 92 per cent, exacerbating an already precarious socioeconomic situation in rural areas. Reported individual heroin seizures, a subset of total seizures, linked to Afghan opiates, continued to decline from 2022 into the third and fourth quarters of 2023, suggesting a reduced supply of opiates along the traditional trafficking routes.

Heroin seizures related to Afghan opiates had already dropped by some 30 per cent in 2022, before the clear reduction in opium production became apparent, as drug traffickers probably retained supply in anticipation of future shortages and higher prices.

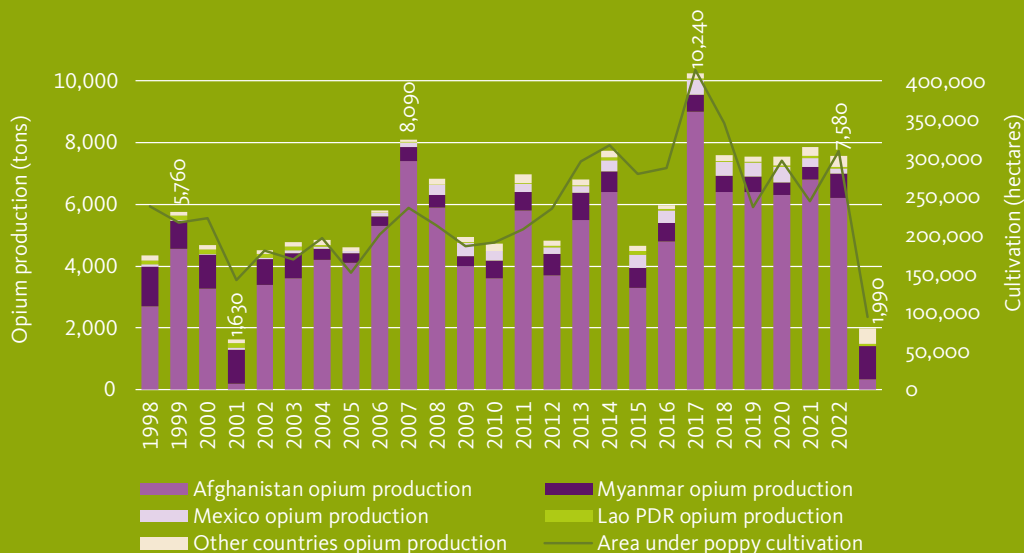
No real shortages in the main destination markets for Afghan opiates were reported until early 2024, but this situation may change if future harvests continue to be contained.

At the time of writing (June 2024) some of the opium harvest is still ongoing and it is not possible to estimate the total size of the 2024 harvest, but preliminary field observations indicate that in 2024 opium production in Afghanistan may have increased slightly from 2023, although it is unlikely to reach the very high production observed in the years before 2023.



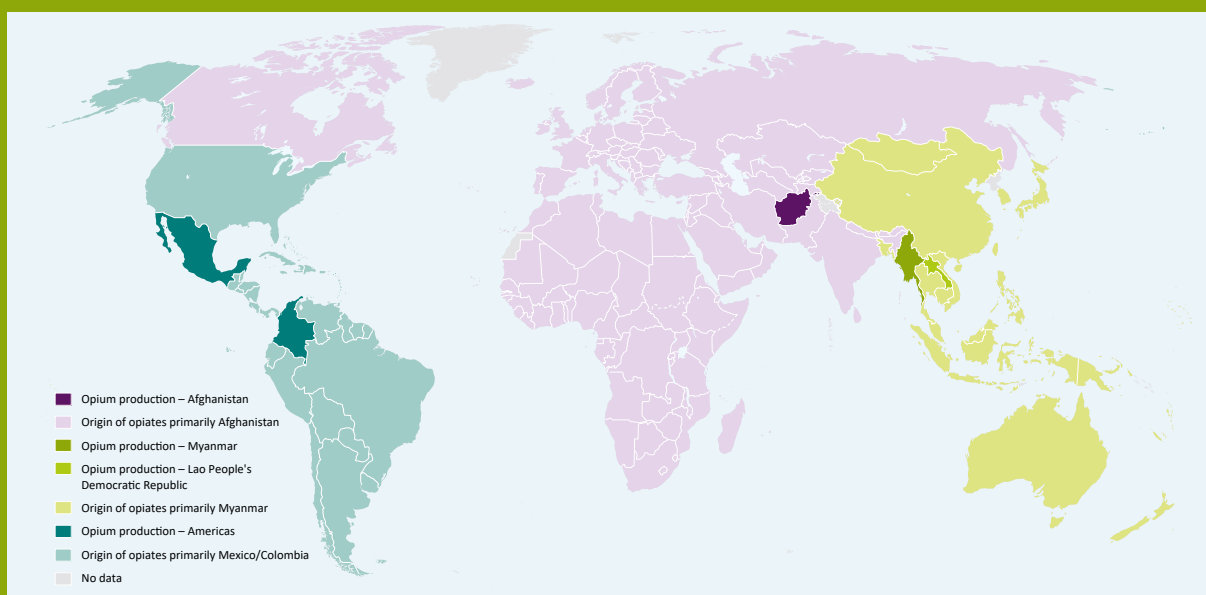


## GLOBAL OPIUM POPPY CULTIVATION AND OPIUM PRODUCTION 1998–2023



Sources: UNODC calculations based on UNDDC and national Government opium surveys and UNODC, responses to the annual report questionnaire.

## MAIN IDENTIFIED SOURCE COUNTRIES OF OPIATES IN CONSUMER MARKETS, 2018–2022



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. The final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

Sources: UNODC, responses to the annual report questionnaire; and UNODC, Drugs Monitoring Platform.

## KEY FINDINGS AND CONCLUSIONS

### WHAT TO WATCH?

#### Findings (continued)

The result of a prolonged shortage of Afghan opiates could have multiple consequences in Afghanistan and in countries of transit and destination for Afghan opiates. The purity of heroin on the market is expected to decline, leading to an increase in purity-adjusted heroin prices.

The impact of the contraction of the opiate market on opiate users will depend on circumstances in different countries. Demand for opiate treatment services, including for methadone, buprenorphine, and slow-release morphine treatment, may rise, but if these services are insufficient, heroin users may switch to other opioids. Such a switch may pose significant risks to health and lead to an increase in overdoses, especially if the alternative opioids include highly potent substances such as some fentanyl analogues or nitazenes that have already emerged in some European countries in recent years.

The impact within Afghanistan will be reflected in rural areas, with farmers struggling to adhere to the drug ban if alternative livelihood opportunities do not emerge. Opiate users may also feel the shortage of opiates and look for alternatives. Moreover, the Afghan drug economy may switch to methamphetamine.

It is less clear whether the drug ban announced by the Taliban in April 2022 has also impacted the production of methamphetamine in Afghanistan and exports of the drug. There are indications that the de facto authorities have been targeting methamphetamine manufacture and the collection and sale of the *Ephedra* plant, which produces ephedrine, a precursor used in the manufacture of methamphetamine. However, seizures of methamphetamine up until the end of 2023 in countries reporting seizures of the drug originating from Afghanistan did not indicate much of a slowdown in methamphetamine trafficking.



## TRENDS IN SIGNIFICANT INDIVIDUAL DRUG SEIZURES POTENTIALLY RELATED TO DRUG PRODUCTION IN AFGHANISTAN, 2020–2023

Heroin seized in South-West Asia, South Asia, Near and Middle East, Southern and Eastern Africa and Europe



Methamphetamine seized in South-West Asia, Central Asia and the Gulf of Oman



Sources: UNODC calculations based on UNDDC and national Government opium surveys and UNODC, responses to the annual report questionnaire.

# KEY FINDINGS AND CONCLUSIONS

## WHAT TO WATCH?



### Key message

**A prolonged surge in cocaine supply and demand is bringing violence to countries along the supply chain and increased health harms at destination, most notably in Western and Central Europe**



### Findings

Global cocaine supply reached a record high in 2022, with more than 2,700 tons of cocaine produced that year, 20 per cent more than in the previous year, and 355,000 ha under coca bush cultivation.

The main cocaine trafficking flows continue to run from the Andean region to other countries in the Americas and to Western and Central Europe, the second largest cocaine market after North America, although cocaine reaches all regions of the world. More than 90 per cent of reporting countries have seized the drug since 2019, and the quantity of cocaine seized globally (not adjusted for purity), after years of marked increase, stabilized at a record level of just over 2,000 tons in 2022.

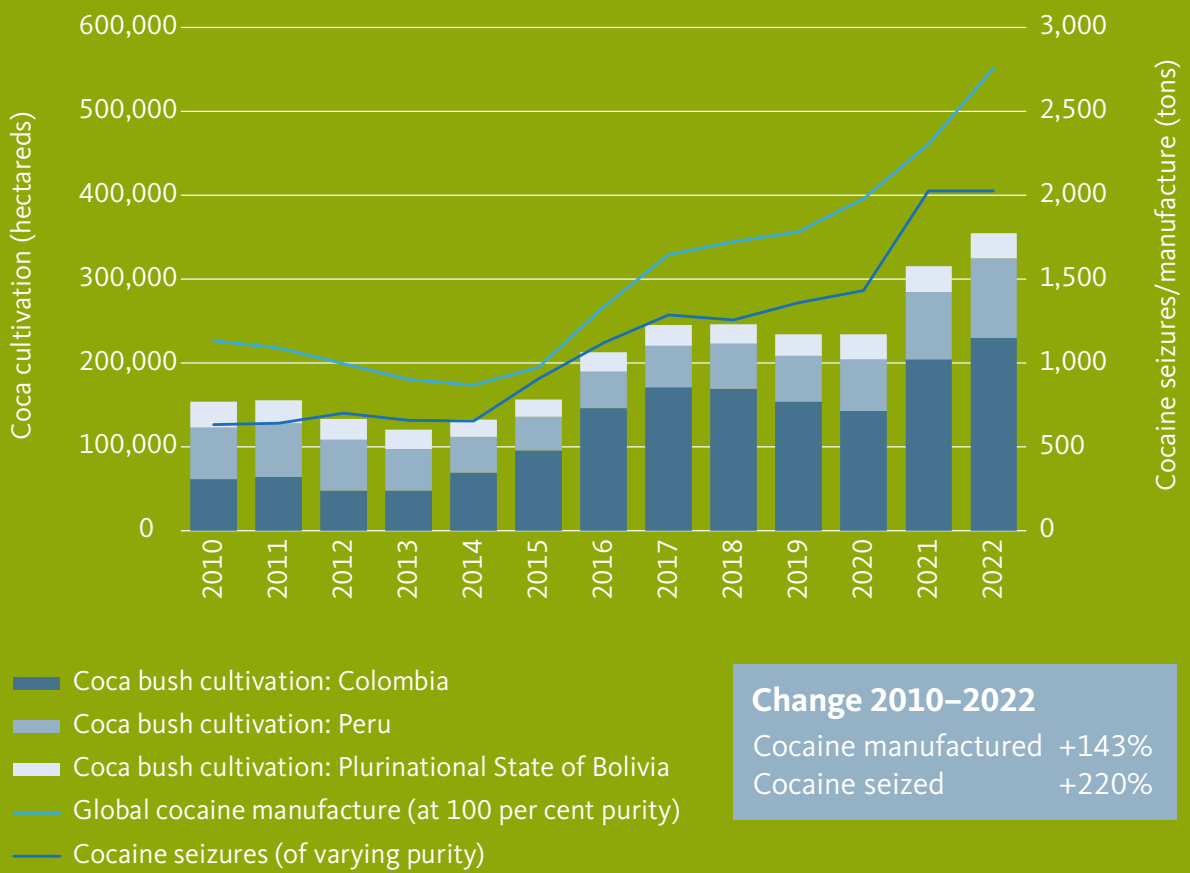
Despite an overall stabilization of seizure quantities in South America, countries in the Southern Cone, as well as Colombia, Ecuador and Peru, reported larger seizures in 2022 than in 2021. The impact of increased cocaine trafficking has been felt in Ecuador in particular, which has seen a wave of lethal violence in recent years linked to both local and transnational crime groups, most notably from Mexico and the Balkan countries. Indeed, cocaine seizures and homicide rates increased five-fold between 2019 and 2022 in Ecuador, with the highest such rates reported in the coastal areas used for trafficking the drug to major destination markets in North America and Europe.

In the Caribbean, increases in cocaine seizures also went in parallel with increased violence (homicides), largely stemming from increasing competition between criminal gangs over drug markets. By contrast, in Central America, the dismantling of a significant number of violent drug gangs appears to have contributed to a reduction in cocaine trafficking through the subregion in 2022.

In Western and Central Europe, North Sea ports are consolidating their position as the main entry point to the large cocaine market in the subregion. Rising levels of crime, including corruption, intimidation and violence, have been observed, particularly in countries with large ports where competition within the cocaine market may have become an important driver of violence between criminal groups. Despite a decline in seizures in 2022, the role of Eastern and South-Eastern Europe as a transit area for cocaine to western European markets has increased over the years and the subregion has been increasingly affected by use of the drug.



### GLOBAL CULTIVATION OF COCA BUSH, COCAINE SEIZURES AND COCAINE PRODUCTION, 2012-2022



**Change 2010-2022**  
 Cocaine manufactured +143%  
 Cocaine seized +220%

Sources: UNODC and national governments, Coca cultivation surveys, 2022 and previous years; UNODC, responses to the annual report questionnaire.

## KEY FINDINGS AND CONCLUSIONS

### WHAT TO WATCH?

#### Findings (continued)

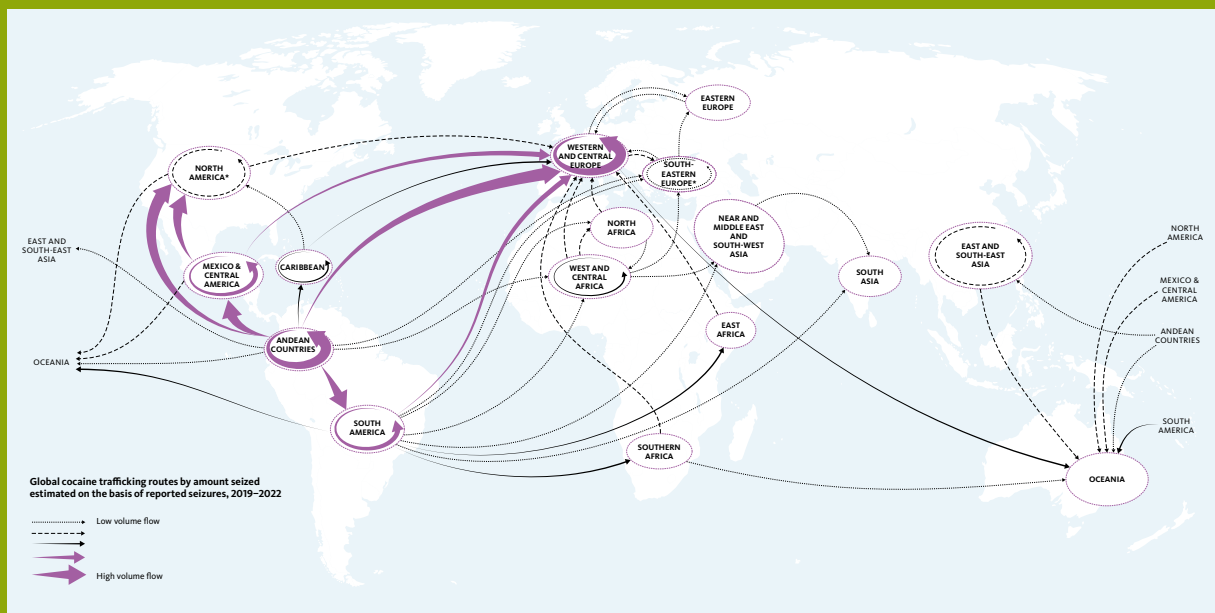
In contrast to the large cocaine market in the United States, which appears to be contracting, markets in Western and Central Europe and in South-Eastern Europe continue to expand and become more harmful. The quantities of cocaine consumed, as evidenced in wastewater, continued to increase in 2023 in cities in Western and Central and South-Eastern Europe, marking an 80 per cent increase since 2011. Cocaine treatment demand has also shown a clear upward trend, rising by almost 60 per cent from 2011 to 2022 in those subregions, while in the United States demand fell by more than 50 per cent between 2011 and 2021, the latest year with available data. “Crack” cocaine, the use of which is generally more harmful than other forms of cocaine, is increasingly motivating treatment demand for cocaine use disorders in Western and Central Europe; the number of people in treatment for “crack” cocaine use disorders tripled between 2014 and 2021, representing in 2021 19 per cent of all cocaine treatment in 2021 (an increase from 10 per cent in 2014), pointing to the increasing severity of the cocaine problem in parts of Europe. By contrast, the United States, which has faced a more severe cocaine problem for decades, experienced a slight decrease in the proportion of “crack”-related cases among new cocaine-related treatment admissions (from 66 per cent in 2014 to 59 per cent in 2021). More recently, however, the prevalence of past-year “crack” cocaine users in the general population increased in 2021 and 2022 compared with 2018–2020.

In the past decade, Africa has been increasingly used as a transit area for cocaine trafficked from Latin America to Europe via West and North Africa. As a result of a spillover effect on local markets, cocaine is also emerging as a harmful drug in the region, with people starting to enter drug treatment for cocaine use disorders.

Cocaine trafficking has expanded eastwards during the past decade. Some countries in Asia have reported very large instances of seizures of the drug in recent years, with the demand for the drug increasing in some emerging markets in the region. In Oceania, based on seizures, it appears that cocaine trafficking continued to expand in 2022.



## MAIN COCAINE TRAFFICKING FLOWS AS DESCRIBED IN REPORTED SEIZURES, 2019–2022



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

Sources: UNODC, responses to the annual report questionnaire; and UNODC, Drugs Monitoring Platform.

*Note: The size of the route is based on the total amount seized on that route, according to the information on trafficking routes provided by Member States in the annual report questionnaire, individual drug seizures and other official documents, over the 2019–2022 period. The routes are determined on the basis of reported country of departure/transit and destination in these sources. As such, they need to be considered as broadly indicative of existing trafficking routes while several secondary routes may not be reflected. Route arrows represent the direction of trafficking; origins of the arrows indicate either the area of departure or the one of last provenance, end points of arrows indicate either the area of consumption or the one of next destination of trafficking. Therefore, the trafficking origin may not reflect the country in which the substance was produced. Please see the Methodology section of this document.*

\* North America excluding Mexico. South-Eastern Europe including Turkey.

# KEY FINDINGS AND CONCLUSIONS

## WHAT TO WATCH?



### Key message

**Synthetic drugs bring new challenges to security and public health**

### Findings

Synthetic drugs offer flexibility, as they have shorter production times and no fixed geography. They do not require large areas of land or labour but only cheap chemical inputs that can be relatively easy to source. Their illegal manufacture, which is readily scalable and mobile, is expanding in low- and middle-income countries and even in countries with a strong rule of law. Laboratories producing various stimulants, depressants and novel dissociatives have been found in Central Asia, South-East Asia, the Near and Middle East, Africa, Europe and North America.

In 2022, an estimated 30 million people had used amphetamines in the past year. According to qualitative assessments, their use has become increasingly global in nature over the past decade. Moreover, data on wastewater show that consumption of both amphetamine and methamphetamine has been rising over the long term in some regions, in particular in Western and Central Europe and in South-Eastern Europe. In contrast, in East and South-East Asia, a subregion with a traditionally high prevalence of methamphetamine use, there are signs of stabilization and decrease in the use of the drug.

The global number of “ecstasy” users is lower, estimated at about 20 million in 2022, but there is a re-emergence of its use, following a hiatus during the COVID-19 pandemic, in Western and Central Europe and in Australia and New Zealand – two subregions with significant use of the drug.

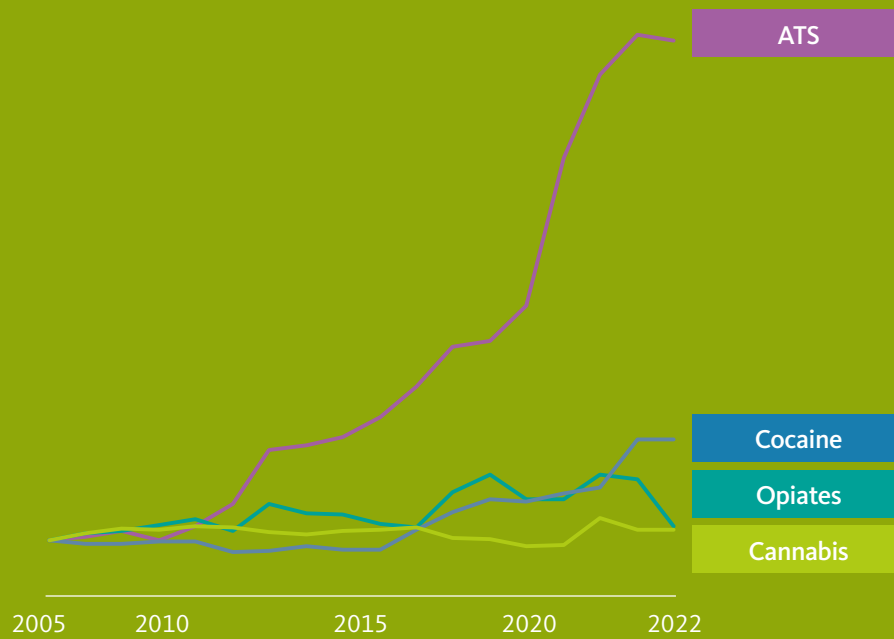
Consumers face increasing risks from synthetic drugs due to their unknown pharmacology and harms, a lack of treatments and dangerous drug mixtures in retail markets, evident from the rise in overdoses, mostly in North America but elsewhere as well, due to a growing mix of substances in the drug supply.

Although harm resulting from methamphetamine use is on the rise, in particular in North America and in Australia and New Zealand, the highest levels of harm remain associated with the use of opioids, in particular synthetic opioids. Tramadol, a synthetic opioid used for non-medical purposes mostly in Africa and in the Near and Middle East, continues to pose a health risk and leads to acute toxicity (fatal and non-fatal overdoses) in those regions and beyond. In North America, the overdose crisis attributed to the use of opioids, in particular potent illicitly manufactured fentanyls, continues to result in an unprecedented number of overdose deaths, although the number of such deaths may be tapering off. In 2022, Canada reported 7,500 opioid deaths (or 19.6 per 100,000 population), almost three times more than in 2016, when national monitoring of such deaths started. In the United States, opioid deaths in 2022 increased only slightly from the previous year, to just under 82,000 (or 25 per 100,000 population), marking an overall 24-fold increase since 2010, and preliminary data for 2023 point to a stabilization at just over 81,000 opioid deaths. Over the years, there has also been an increase in overdose deaths attributed to methamphetamine in North America, although the majority of those deaths also involve synthetic opioids (mainly fentanyls).

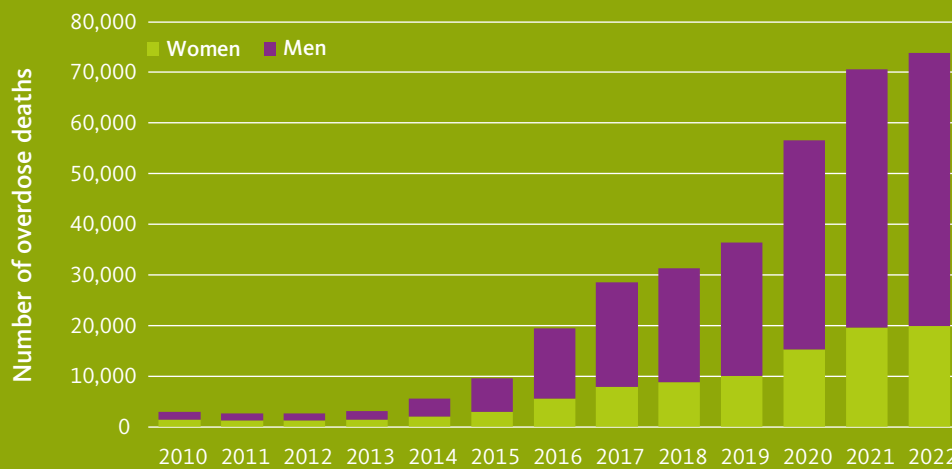
The use of synthetic drugs in a sexual context, among different groups of men who have sex with men and among heterosexual partners, has been associated with high-risk sexual behaviours, including unprotected sex with multiple partners, and with an increased risk of contracting sexually transmitted infections such as HIV and viral hepatitis. Similarly, the relatively shorter duration of the rush and the “pleasurable effects” of some synthetic drugs can necessitate frequent intake or injecting, raising concerns about the harms of unsafe injecting practices and the risks of contamination with blood-borne diseases.



### TRENDS IN QUANTITY OF DRUGS SEIZED, 2005–2022



### UNITED STATES, OVERDOSE DEATHS ATTRIBUTED TO SYNTHETIC OPIOIDS, 2010–2022



Source: Centres for Disease Control and Prevention, CDC WONDER system, Multiple causes of death, 2024.

# KEY FINDINGS AND CONCLUSIONS

## WHAT TO WATCH?



### Key message

**Methamphetamine markets continue to expand in East and South-East Asia and in South-West Asia**

### Findings

After an upward trend lasting several years, quantities of methamphetamine seizures at the global level started to decline in 2022 (by 7 per cent), although it is not clear whether this is an indication of the beginning of a general contraction of the global market. Indeed, expert assessments of trends in the use of ATS and data on treatment for ATS use (mostly methamphetamine) show an ongoing global upward trend until 2022. Data for 2023 available in some subregions also suggest a continuing increase in trafficking in the drug, on the basis of seizure data. In East and South-East Asia, seizures continued to increase in 2023 after a decline in 2022, while preliminary seizure data for 2023 on significant individual methamphetamine seizures (a subset of overall seizure data) suggest a continued increase in methamphetamine trafficking in South-West Asia, as well as an increase in seizures made in “oceans and seas”, mainly reflecting seizures made in the Gulf of Oman, the Arabian Sea and the Indian Ocean, that is, mainly of methamphetamine exported from South-West Asia.

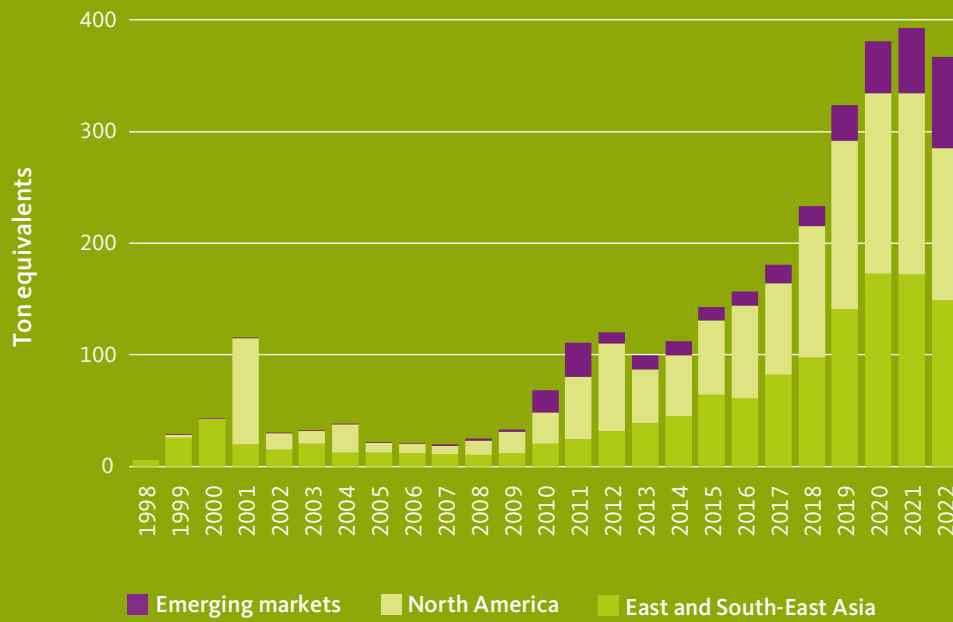
Despite the decline in global seizures in 2022, North America and East and South-East Asia remain the two largest markets globally, together accounting for 78 per cent of methamphetamine seizures worldwide.

Methamphetamine seizures outside these two largest markets continued to rise in 2022 (a 38 per cent increase compared with 2021).

The two largest emerging methamphetamine markets in recent years have been the Near and Middle East/South-West Asia and South-Eastern Europe. In addition, data indicate an ongoing expansion of methamphetamine seizures in a number of other markets, including Oceania (mostly Australia and New Zealand), Africa (due to increases in West and Central Africa and North Africa), as well as South America and Central America.

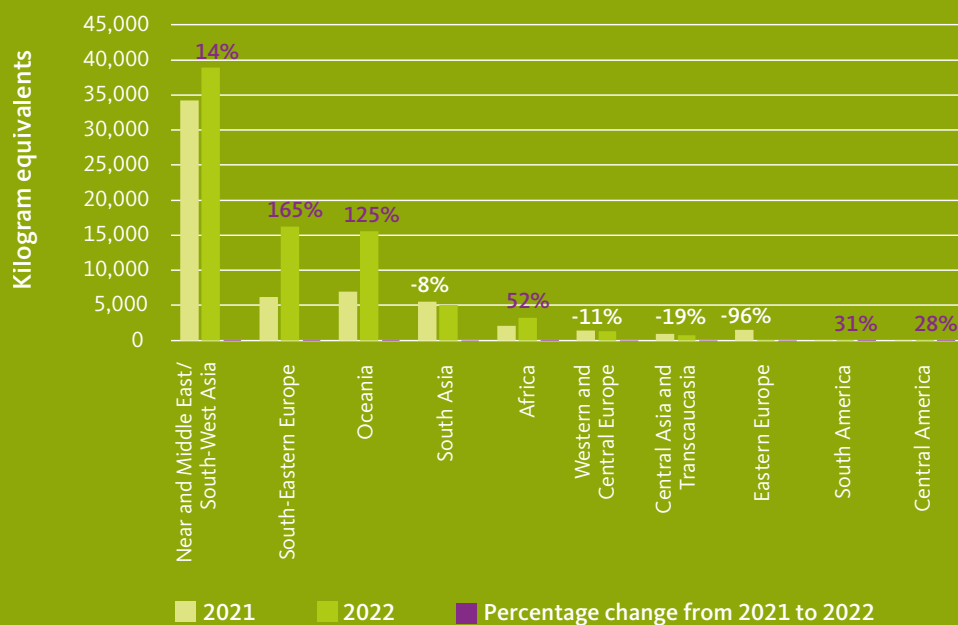


### GLOBAL METHAMPHETAMINE SEIZURES, 1998–2022



Source: UNODC, responses to the annual report questionnaire.

### METHAMPHETAMINE SEIZURES IN EMERGING MARKETS, 2021 AND 2022



Source: UNODC, responses to the annual report questionnaire.

## KEY FINDINGS AND CONCLUSIONS

### WHAT TO WATCH?

#### Findings (continued)

In Europe, preliminary data for 2023 on significant individual methamphetamine seizures indicate a moderate decline in the region that year. Similarly, wastewater data for Europe suggest a modest fall in methamphetamine consumption in 2023, following several years of a steady upward trend.

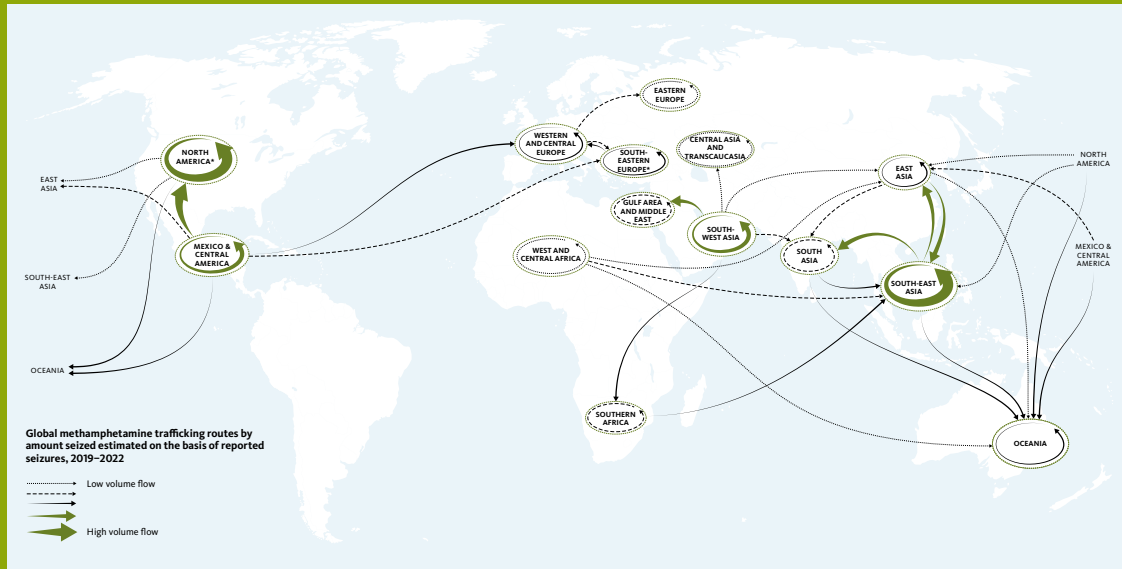
While methamphetamine may be manufactured in many countries, large-scale production remains concentrated in a few geographically limited hot spots where rule of law is weak, mainly in Myanmar and neighbouring countries and in Mexico, and where significant quantities of the methamphetamine supplied to the two largest markets of East and South-East Asia and North America are manufactured.

Trafficking in methamphetamine has traditionally been intraregional rather than interregional. Thus, in the period 2018–2022, in Asia, the Americas, Europe and Africa 80 per cent or more of identified countries of origin or departure of methamphetamine were in the same region as the country to which the drug was seized. Nonetheless, interregional trafficking flows of methamphetamine have also been identified in recent years, and there are indications that these interregional trafficking flows may have grown in importance.

In contrast to the stabilization of methamphetamine seizure trends at the global level in recent years, methamphetamine use trends, as reported by Member States, show ongoing increases (that is, more countries are reporting increases than declines in methamphetamine use), including in 2020, 2021 and 2022. The increases in the most recent years, however, have been exclusively due to the trends reported in emerging markets. In contrast, the trends reported in countries that constitute the traditional markets – North America and East and South-East Asia – showed overall declines in both 2021 and 2022.



## TRAFFICKING FLOWS AS DESCRIBED IN REPORTED SEIZURES, 2019–2022



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

*Note: The size of the route is based on the total amount seized on that route, according to the information on tracking routes provided by Member States in the annual report questionnaire, individual drug seizures and other social documents, over the 2019–2022 period. The routes are determined on the basis of reported country of departure/transit and destination in these sources. As such, they need to be considered as broadly indicative of existing trafficking routes while several secondary routes may not be reflected. Route arrows represent the direction of trafficking; origins of the arrows indicate either the area of departure or the one of last provenance, end points of arrows indicate either the area of consumption or the one of next destination of trafficking. Therefore, the trafficking origin may not reflect the country in which the substance was produced. Please see the Methodology section of this document.*

\*North America excluding Mexico. South-Eastern Europe including Turkey.

## QUALITATIVE REPORTS OF TRENDS IN METHAMPHETAMINE USE AT THE GLOBAL LEVEL, 2010–2022



Source: UNODC calculations based on UNODC, responses to the annual report questionnaire.

# KEY FINDINGS AND CONCLUSIONS

## WHAT TO WATCH?



### Key message

**In the Near and Middle East, “captagon” and methamphetamine markets seem to be converging, with a sharp increase in seizures reported and an expansion outside traditional markets**

### Findings

The Near and Middle East continues to be the largest market worldwide for “captagon”, an illicitly manufactured substance containing various concentrations of amphetamine originating mainly in the Syrian Arab Republic and, to a lesser extent, Lebanon. Levels of trafficking in “captagon” remain high in the Gulf countries, the traditional main destination markets for this drug, and are rapidly increasing in other countries in the Middle East. In Iraq, for example, “captagon” seizures rose by a factor of 34, from 118 kg to over 4 tons, between 2019 and 2023.

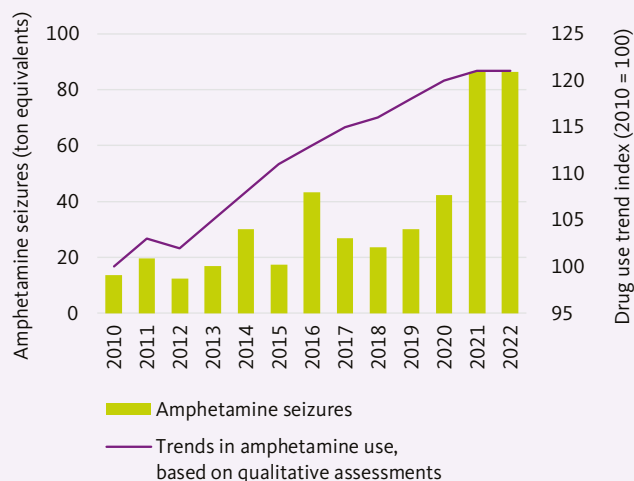
Although practically all countries in the Near and Middle East are affected by “captagon” trafficking, the largest seizures of amphetamine over the past five years have been reported by Saudi Arabia, followed by the United Arab Emirates, the Syrian Arab Republic and Lebanon, pointing to major trafficking routes within the region.

The main area of departure for “captagon” continues to be the Levant (the Syrian Arab Republic and, to a lesser extent, Lebanon), with destinations in the Gulf countries (notably Saudi Arabia, followed by the United Arab Emirates), which are reached either directly by land (via Jordan and Iraq) or sea, or indirectly through other regions, such as Southern, Eastern and Western Europe. In addition, some seizures point to North Africa being a potential destination or transit location and West Africa being a transit location for “captagon” destined for markets in the Gulf countries.

In parallel to “captagon” trafficking, a methamphetamine market has been developing in the Near and Middle East, as evidenced by a rise in seizures in recent years outside traditional markets. Iraq, for example, reported an increase in methamphetamine seizures of nearly 600 per cent between 2019 and 2023. Seizures of both “captagon” and methamphetamine along similar routes seem to indicate that traffickers have the capacity to make the markets for these two substances converge in the region.

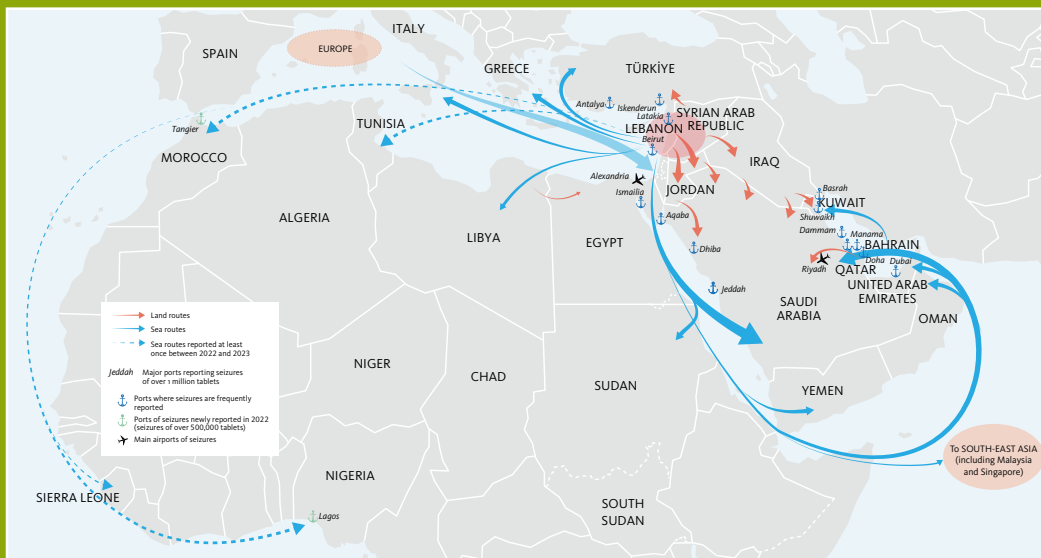
Amid a rapid increase in both the scale and sophistication of drug trafficking operations in the region over the past decade, a particular challenge facing countries across the Near and Middle East is the existence of armed groups with cross-border affiliations and transborder economic interests. Alongside a recent history marked by armed conflict and corruption in the region, this situation has contributed to increased drug manufacturing and trafficking.

**SEIZURES OF AMPHETAMINE (MOSTLY “CAPTAGON”) AND QUALITATIVE TRENDS IN AMPHETAMINE USE REPORTED BY MEMBER STATES, NEAR AND MIDDLE EAST, 2010–2022**



Source: UNODC, responses to the annual report questionnaire.

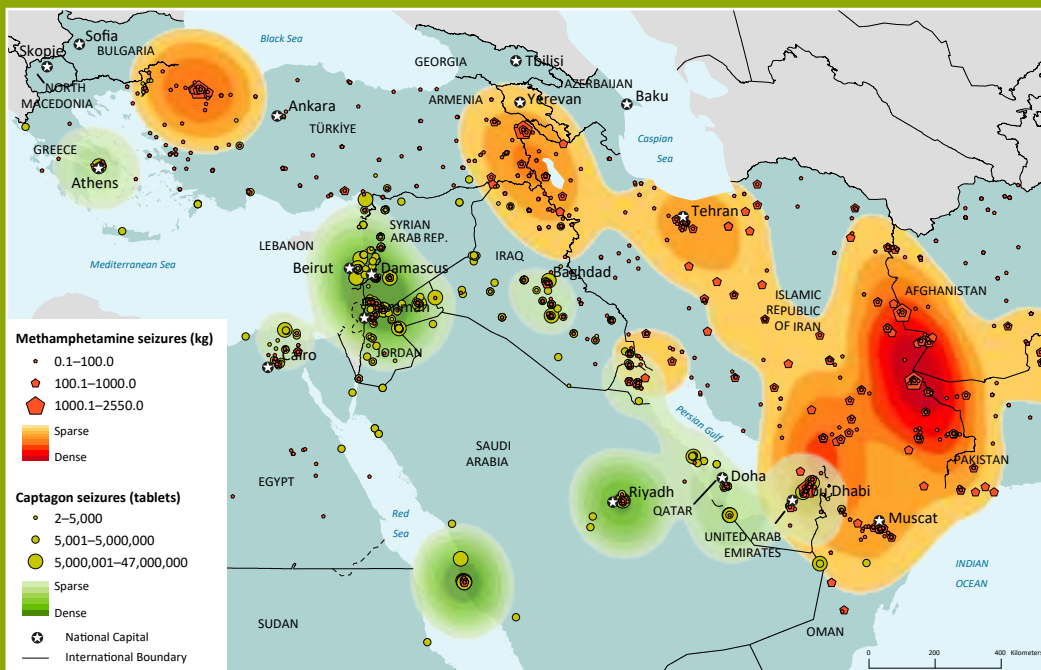
### MAIN TRAFFICKING ROUTES FOR COUNTERFEIT “captagon”, 2021-2023



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

Sources: UNODC, based on a number of sources, including the following: UNODC, responses to the annual report questionnaire; UNODC, Drugs Monitoring Platform.

### MAIN SEIZURES OF METHAMPHETAMINE AND “CAPTAGON” REPORTED IN THE NEAR AND MIDDLE EAST AND NEIGHBOURING SUBREGIONS, 2019-2023



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

Sources: UNODC, Drugs Monitoring Platform.

# KEY FINDINGS AND CONCLUSIONS

## WHAT TO WATCH?



### Key message

The market for ketamine is rapidly expanding into new geographical areas

### Findings

The illicit supply and use of ketamine (a dissociative anaesthetic not under international control but used in medicine) is increasing in East and South-East Asia, the traditional market for non-medical use of the drug, and in new markets in Western and Central Europe, Oceania and North America.

The drug, illicitly produced for the non-medical market, can take various forms and has recently been marketed in various sensory attractive mixtures and concoctions (“pink cocaine”, “tucibi”, or “happy water”), while several ketamine analogues, used as substitutes for ketamine, have recently been reported in East and South-East Asia and Oceania, raising new concerns.

Global seizures of ketamine reached a record high in 2022, with an increase of 70 per cent compared with 2021 in East and South-East Asia and notable increases in other subregions, illustrating the geographical diversification in trafficking of the drug. Large increases in seizures of ketamine were reported in particular in North America, the Near and Middle East/South-West Asia, Western and Central Europe, Southern Africa, the Caribbean and South-Eastern Europe.

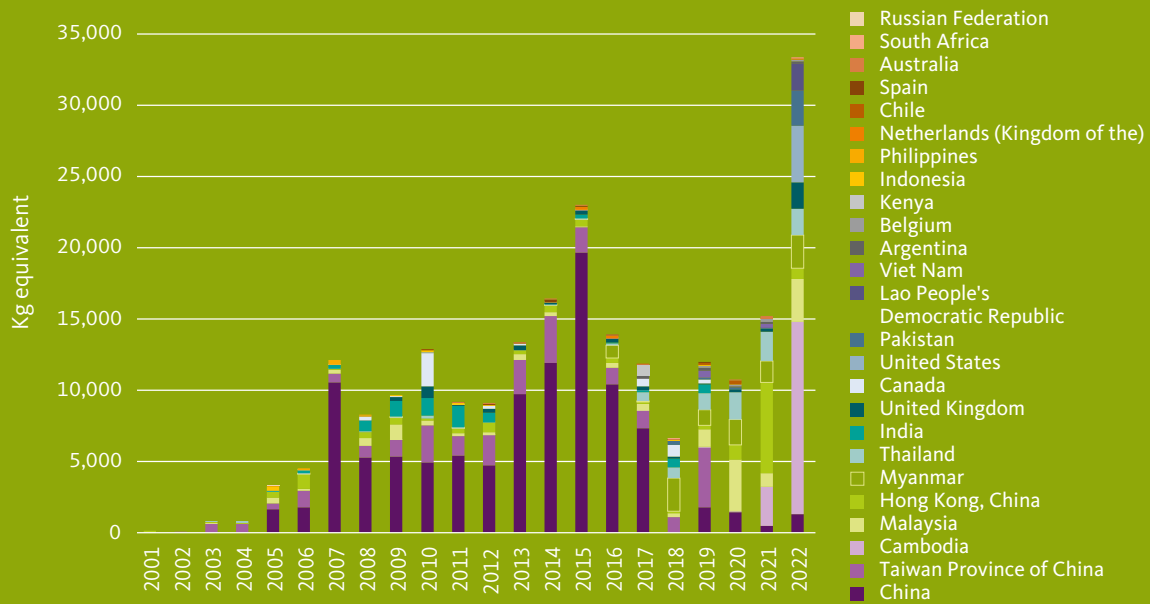
Ketamine consumption is increasing in Western and Central Europe, where a rise in ketamine loads in wastewater was observed in 12 out of 15 cities that were monitored in 2022 and 2023. Non-medical use of ketamine can lead to substantial health harms and ketamine use disorders, in particular in chronic users; some countries in the subregion have reported increased treatment requests related to ketamine, and the overall number of treatment requests related to the substance doubled between 2017 and 2021, although it remains below the number of persons treated for controlled drugs such as cannabis, opioids, cocaine and amphetamines. In the United Kingdom and Australia, two countries monitoring the non-medical use of ketamine, use of the drug has been increasing in recent years, especially among young people.

In East and South-East Asia, expert perceptions of the non-medical use of ketamine are mixed, with increases reported in Brunei Darussalam, Cambodia and Singapore and decreases reported in Thailand, China and Hong Kong, China, in 2022. There is also growing evidence that non-medical use of ketamine may be increasing in Japan and the Republic of Korea.





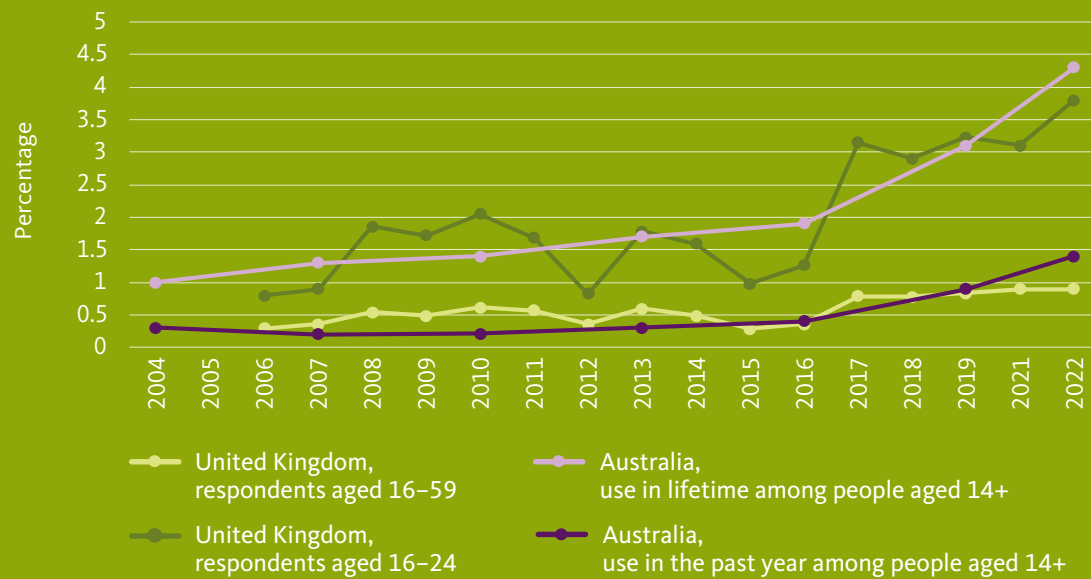
### QUANTITIES OF KETAMINE SEIZED BY COUNTRIES REPORTING TO UNODC, 2001–2022



Source: UNODC, responses to the annual report questionnaire.

Note: Only countries or geographical areas that reported seizures of 100 kg or more during the entire period were included.

### KETAMINE USE IN AUSTRALIA AND IN THE UNITED KINGDOM (ENGLAND AND WALES), 2004–2022



Sources: Australian Institute of Health and Welfare, National Drug Strategy Household Survey 2022-23 and United Kingdom Office for National Statistics, Crime Survey for England and Wales, various years.

# KEY FINDINGS AND CONCLUSIONS

## WHAT TO WATCH?



### Key message

The number of NPS on the market has stabilized, amid the emergence of nitazenes, a group of synthetic opioids that is increasingly posing major health risks in some countries

### Findings

Traffickers are continuing to innovate, although the pace of emergence of new substances on the market appears to have slowed. The range of NPS – substances not under international control that may pose a public health threat – available on the global market has remained rather stable since 2018, except for the peak of 618 substances in 2021. There were 566 different NPS on the global market in 2022, 44 of which were newly identified that year.

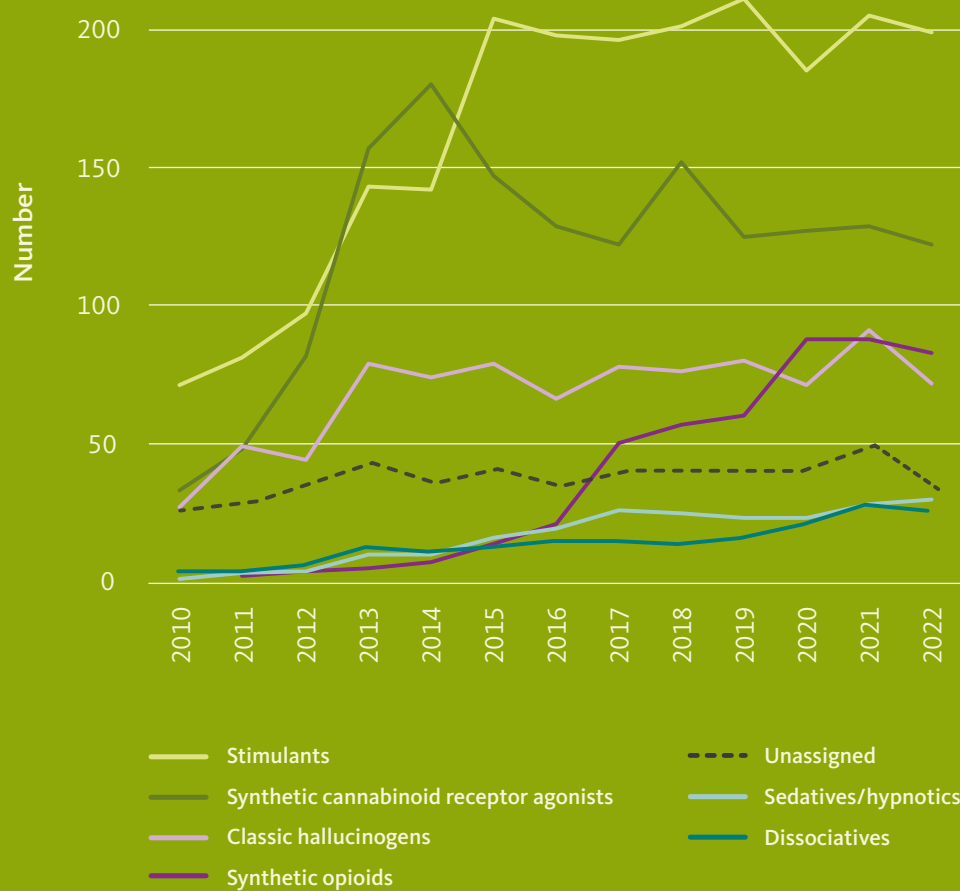
The cumulative number of NPS identified since 1995 reached 1,209 in 2022 and, according to preliminary data, 1,240 in 2023, about four times more than the number of substances under internal control.

Following year-on-year increases, the number of opioid NPS on the global market has stabilized since 2020, but preliminary data for 2023 show a marked decrease in fentanyl analogues. Meanwhile, nitazenes, another group of synthetic opioids that emerged recently, continue to be reported. The number of new unique nitazenes at the global level is now approaching the number of fentanyl analogues not under international control, while the number of new unique nitazenes reported in Europe has been higher than the number of fentanyl analogues since 2021.

Some nitazenes are more potent than fentanyl and have led to fatal outcomes in a number of countries. Significant numbers of overdoses linked to etonitazepine have been reported in the United States and, to a lesser extent, in Canada, and the substance has been also identified in Belgium, Slovenia and the United Kingdom. Etonitazepine and protonitazepine started being sold as heroin in Ireland in late 2023, which led to a wave of overdoses, while the United Kingdom saw the emergence of high-potency nitazenes on the market in 2023, sold as or mixed with other substances such as other opioids, benzodiazepines and synthetic cannabinoids, which also led to a number of deaths. Data from the Baltic countries also show that the introduction of nitazenes can rapidly affect trends in drug-related deaths, with substances such as isotonitazene, protonitazene and metonitazene increasingly identified in drug deaths in Estonia and Latvia.



### NPS IDENTIFIED IN MEMBER STATES, BY EFFECT GROUP, 2010–2022



Source: UNODC early warning advisory on new psychoactive substances.

## KEY FINDINGS AND CONCLUSIONS

### WHAT TO WATCH?



#### Key message

**Synthetic cathinones are increasingly dominating the combined drug market in Eastern Europe, Central Asia and Transcaucasia, while methadone has started to play a more significant role in Ukraine**

#### Findings

One of the most striking changes worldwide in drug trafficking and drug use over the past decade has taken place in Central Asia and Transcaucasia and Eastern Europe. The past decade has seen a gradual shift in these regions – where trafficking had once been dominated by opiates, mostly originating in Afghanistan – towards the use of synthetic stimulants, notably cathinones such as mephedrone, N-methylephedrone (metamfetramone, also known as dimethylcathinone), alpha-pyrrolidinopentiophenone (alpha-PVP), cathinone, methcathinone and 4-CMC (4-chloromethcathinone, also known as clephedrone).

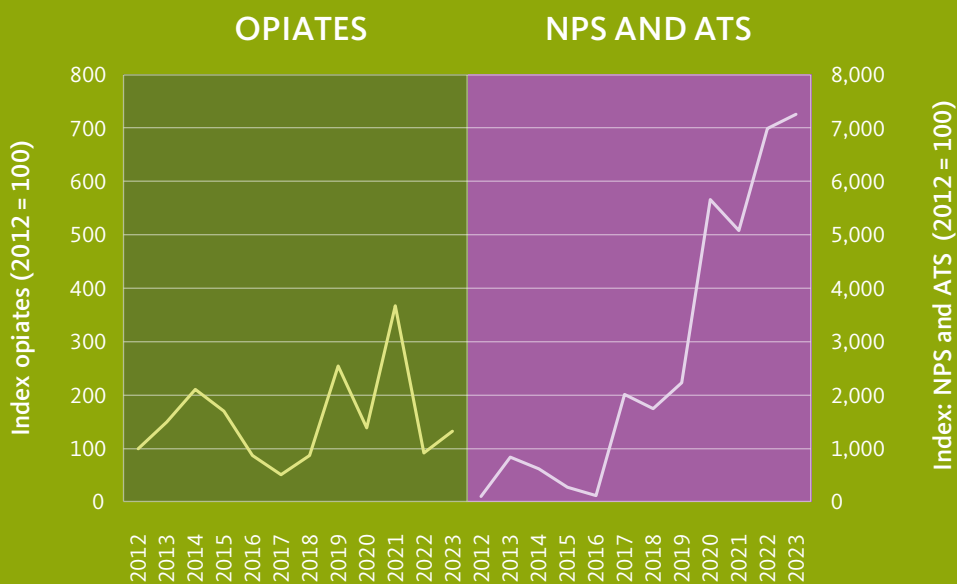
There is hardly any other region where cathinones play such a significant role. Their manufacture within Central Asia, Transcaucasia and Eastern Europe seems to be done using many precursors that are not internationally controlled, such as valerophenone, a precursor of alpha-PVP; 2-bromo-4'-methylpropiofenone, a precursor of mephedrone; or 2-bromo-4'-chloropropiofenone, a precursor of 4-CMC and of other 4-chloro-substituted cathinone derivatives.

The expansion of cathinones in the last few years has been facilitated by the Russian language-oriented darknet market Hydra which, before its dismantling in April 2022, accounted for 80–90 per cent of all drug sales on the dark web. In contrast to almost all other darknet markets, drug sales on Hydra over the period 2018–2022 were dominated by stimulants, notably cathinones, and only then followed by cannabis and other drugs.

The shift of the drug market in the region from opiates to synthetic drugs is reflected in data for drug seizures and for drug treatment. Quantities of NPS and ATS seized tripled between 2019 and 2022, while seizures of opiates declined. Most of the increase in seizures of NPS and ATS was in Eastern Europe, although such seizures also increased strongly in the Central Asia and Transcaucasia subregion, starting from far lower levels.

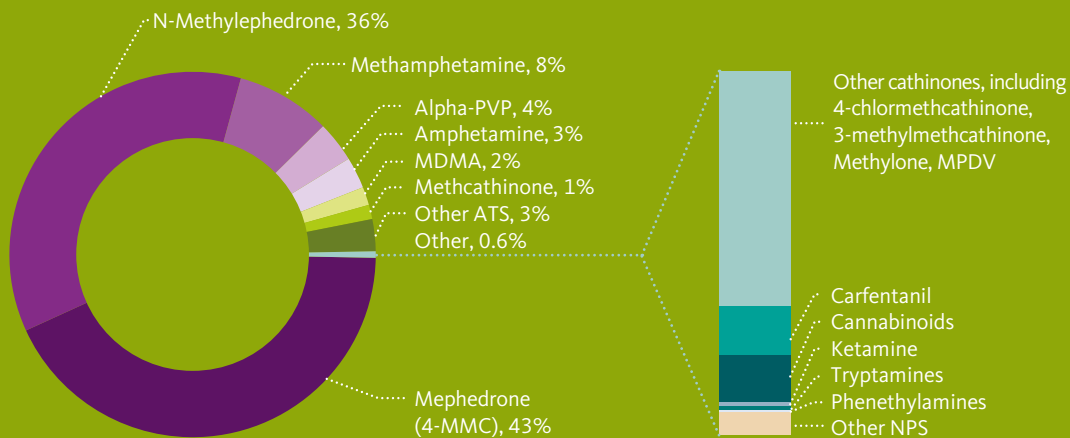


### TREND IN INDIVIDUAL SEIZURES OF OPIATES AND OF NPS AND ATS IN CENTRAL ASIA, TRANSCAUCASIA AND EASTERN EUROPE, 2012–2023



Source: UNODC, Drugs Monitoring Platform.

### DISTRIBUTION OF NPS AND ATS REPORTED IN INDIVIDUAL DRUG SEIZURES IN EASTERN EUROPE, CENTRAL ASIA AND TRANSCAUCASIA, 2020–2023



Source: UNODC, Drugs Monitoring Platform.

## KEY FINDINGS AND CONCLUSIONS

### WHAT TO WATCH?

#### Findings (continued)

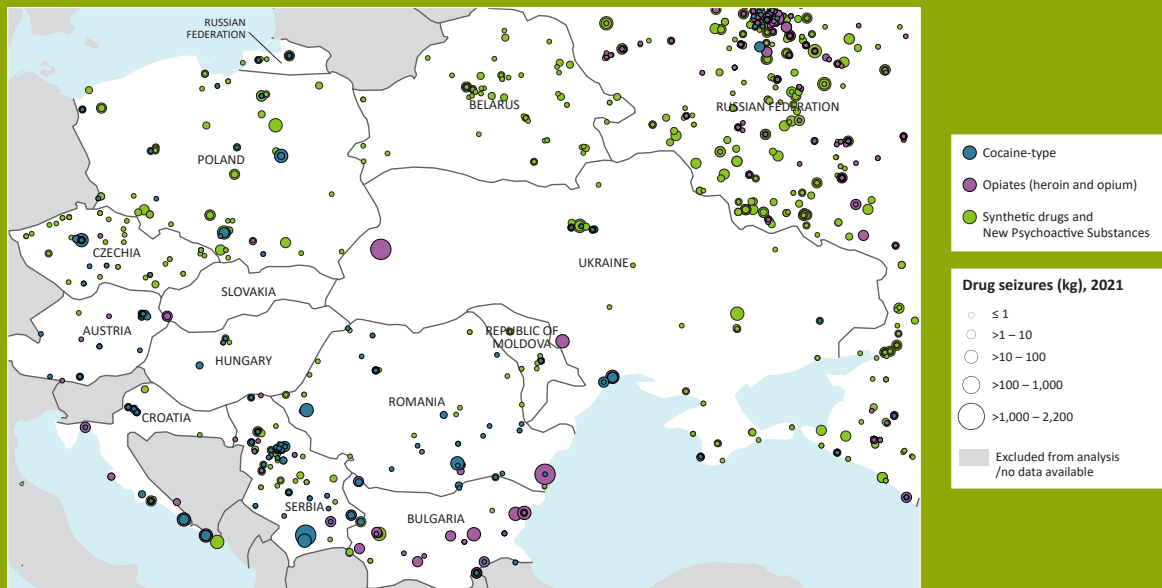
Treatment data and data on registered drug users, wherever available, also suggest a stagnation or decline in the number of opiate users and an increase in the number of NPS and ATS users in the two subregions of Eastern Europe and Central Asia and Transcaucasia in recent years.

Individual drug seizures for the region suggest that the observed upward trend of NPS and ATS seizures, which had tripled between 2019 and 2022, continued in 2023, albeit at a slower pace than before. This may have been linked to the dismantling of the Hydra darknet market, although a number of new Russian-language markets (such as the Kraken, Blacksprut and Mega markets) have started to emerge on the dark web.

Ukraine has seen a trend towards an increased consumption of ATS, synthetic opioids and NPS, in particular cathinones. Before 2022, the country was a noted transit hub for different drugs, with the main points of entry being the Odesa port and Boryspil airport. With the conflict entering its third year, suppliers appear to be adapting their trafficking methods and stepping up local production in order to meet domestic demand, but there are also signs of increasing cross-border trafficking of synthetic drugs and cannabis. As transit routes have closed, heroin use has fallen and Ukraine has seen an increase in the non-medical use of methadone, which is produced domestically to meet local demand.



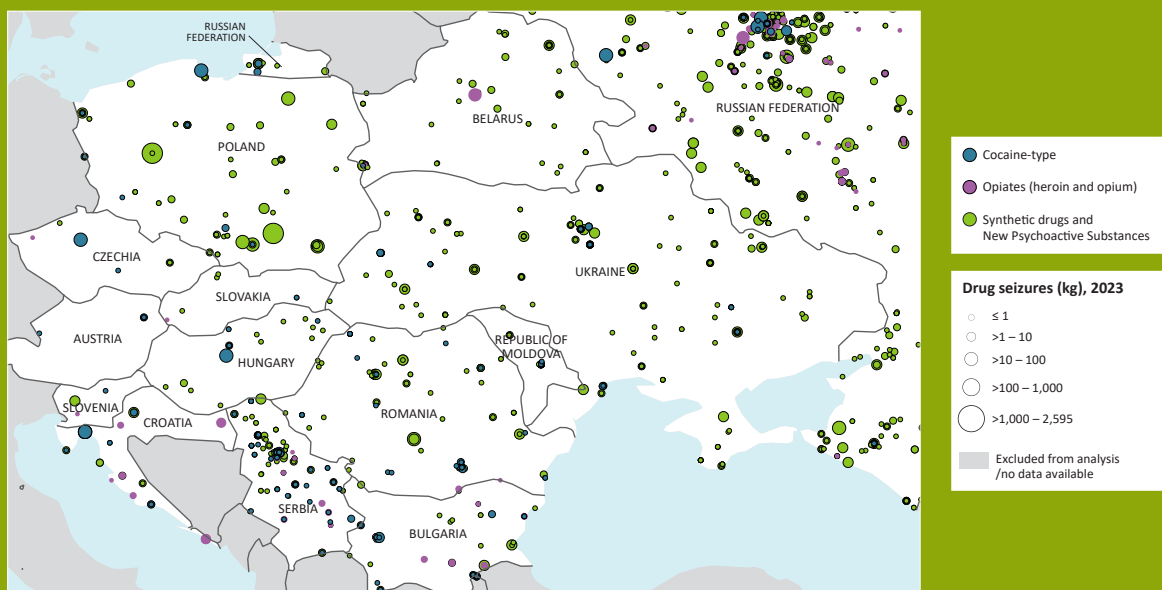
## SIGNIFICANT SEIZURES OF OPIATES (EXCLUDING MORPHINE), COCAINE AND SYNTHETIC DRUGS IN UKRAINE AND NEIGHBOURING COUNTRIES, 2021



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

Source: UNODC, Drugs Monitoring Platform and Individual Drug Seizure data collection.

## SIGNIFICANT SEIZURES OF OPIATES (EXCLUDING MORPHINE), COCAINE AND SYNTHETIC DRUGS IN UKRAINE AND NEIGHBOURING COUNTRIES, 2023



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

Source: UNODC, Drugs Monitoring Platform and Individual Drug Seizure data collection.

# KEY FINDINGS AND CONCLUSIONS

## WHAT TO WATCH?



### Key message

Public health concerns are growing in Africa, where drug markets are rapidly diversifying from large markets of domestically sourced cannabis to markets that now include a multitude of transiting drugs such as cocaine and heroin, in addition to illicitly manufactured pharmaceuticals and new domestic harmful combinations with unclear content

### Findings

While cannabis remains the main drug sourced, trafficked and used in Africa, in the past decade, the continent has been increasingly used as a transit area for drugs such as cocaine, heroin and methamphetamine. Cocaine is trafficked from Latin America to Europe via West and North Africa. Heroin is trafficked from South-West Asia to Europe via East and Southern Africa, and methamphetamine is trafficked from South-West Asia to Southern Africa and East Africa for local consumption and for re-export to other countries – mainly in East and South-East Asia. Drugs transiting through Africa have now penetrated the local markets, thus adding to the existing health challenges related to cannabis use.

Cannabis remains one of the most harmful drugs on the continent and is the drug for which the highest proportion of people enter drug treatment. In addition, Africa is the region where cannabis use is growing the fastest, according to qualitative data.

Another typical pattern of use found in North, West and Central Africa is the non-medical use of tramadol, a pharmaceutical opioid not under international control. Tramadol used non-medically is typically illicitly manufactured and marketed in packages of higher doses than normally found in medical supplies. More than 90 per cent of the total amount of tramadol seized by law enforcement authorities worldwide in the past five years has been seized in Africa. Continuing the past trend, most of the tramadol seized in Africa originates in South Asia.

Cocaine is also emerging as a harmful drug in the region, with people starting to enter drug treatment for dependence and drug use disorders due to its use. Heroin use and heroin use disorders are also an issue, especially in East Africa, North Africa and some parts of Southern Africa.

Representing a potential threat to public health is the emergence in Africa of mixtures and concoctions such as nyaope and, more recently, karkoubi and kush, among many others. Some such mixtures are home-made, and the actual composition of other mixtures may not be known to users. According to the limited evidence available, the mixtures often contain a number of harmful substances, such as various controlled drugs, pharmaceutical drugs (e.g. benzodiazepines), alcohol and solvents.

### DRUG TRAFFICKING INTO AND TRANSITING AFRICA



- **Cannabis**  
(large domestic trafficking within Africa)
- **Methamphetamine**  
(from South-West Asia to Southern Africa)
- **Heroin**  
(from South-West Asia to Eastern and Southern Africa and trafficking to Europe)
- **Synthetic Opioids**  
(from South Asia to Western and Northern Africa)
- **Cocaine**  
(from Latin America to Western Africa and then to Europe)

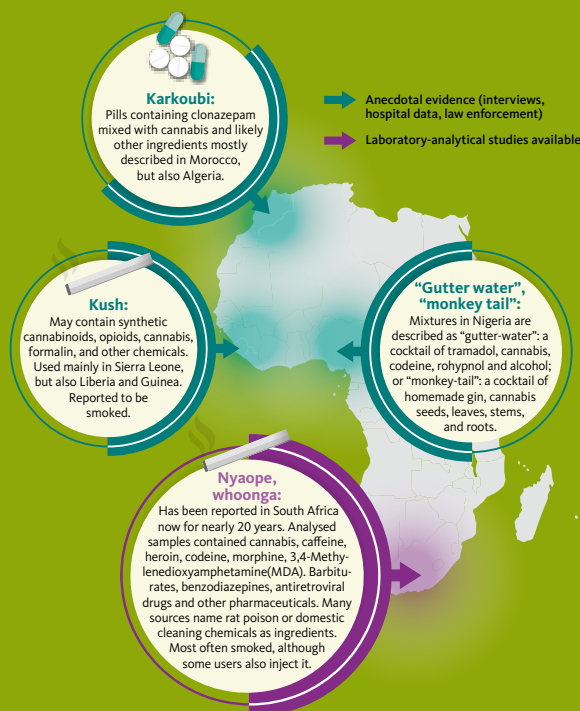


### QUALITATIVE ASSESSMENTS REPORTED BY MEMBER STATES OF TRENDS IN CANNABIS USE, BY REGION, 2010–2022

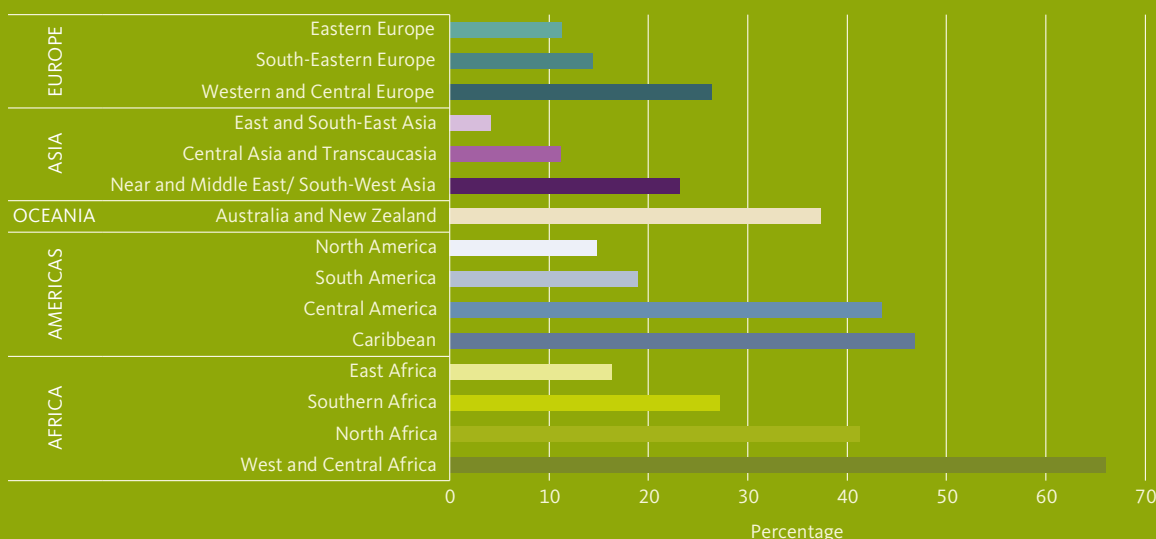


Source: UNODC, responses to the annual report questionnaire.

### SELECTED DRUG MIXTURES AND CONCOCTIONS REPORTED IN AFRICA



### PROPORTION OF PERSONS IN DRUG TREATMENT WITH CANNABIS AS THEIR PRIMARY DRUG, BY SUBREGION, 2022 OR THE MOST RECENT YEAR FOR WHICH DATA ARE AVAILABLE



Source: UNODC, responses to the annual report questionnaire.



# KEY FINDINGS AND CONCLUSIONS

---

## DRUG USE HARMS AND IMPACTS



# KEY FINDINGS AND CONCLUSIONS

## DRUG USE HARMS AND IMPACTS



### Key message

Almost 292 million, or 1 in 18, people used a drug in 2022, 20 per cent more than a decade earlier

### Findings

Drug use has been increasing over the past decade. New and more accurate data put the global estimate of people who used a drug in the past year at 292 million (or 5.6 per cent of the population aged 15 to 64) in 2022. This is 20 per cent more than a decade earlier, partly due to population growth.

In 2022, cannabis remained the most used drug worldwide, with an estimated 228 million users in the past year, followed by opioids, with 60 million, amphetamine-type stimulants, with 30 million, and cocaine and “ecstasy”, with 23 million and 20 million, respectively. The range of drugs available to consumers has expanded, making patterns of use increasingly complex and polydrug use a common feature in most drug markets.

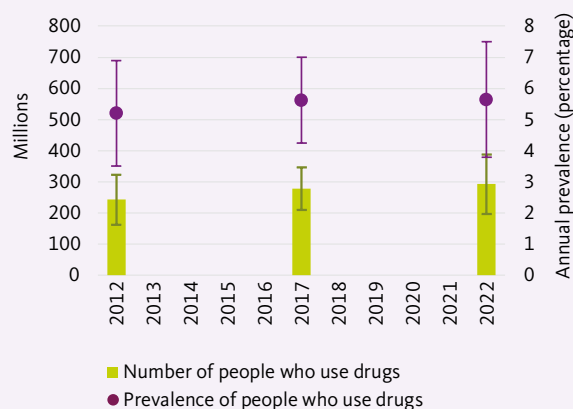
There are multiple harmful consequences of drug use. The largest global burden of disease continues to be attributed to opioids, use of which appears to have remained stable at the global level since 2019, in contrast to other drugs, although opioid-related deaths continue to increase in some regions. The harmful use of drugs can lead to drug use disorders, and the latest estimates based on a new methodology suggest that one in 81, or 64 million, people worldwide were suffering from a drug use disorder in 2022, an increase of 3 per cent compared with 2018.

The practice of injecting drugs can also lead to increased health risks, in particular the transmission of blood-borne diseases. An estimated 13.9 million people injected drugs in 2022, with the largest number living in North America and East and South-East Asia. However, Eastern Europe (1.3 per cent of the adult population) and North America (1.0 per cent) remain the subregions with the highest proportions of PWID.

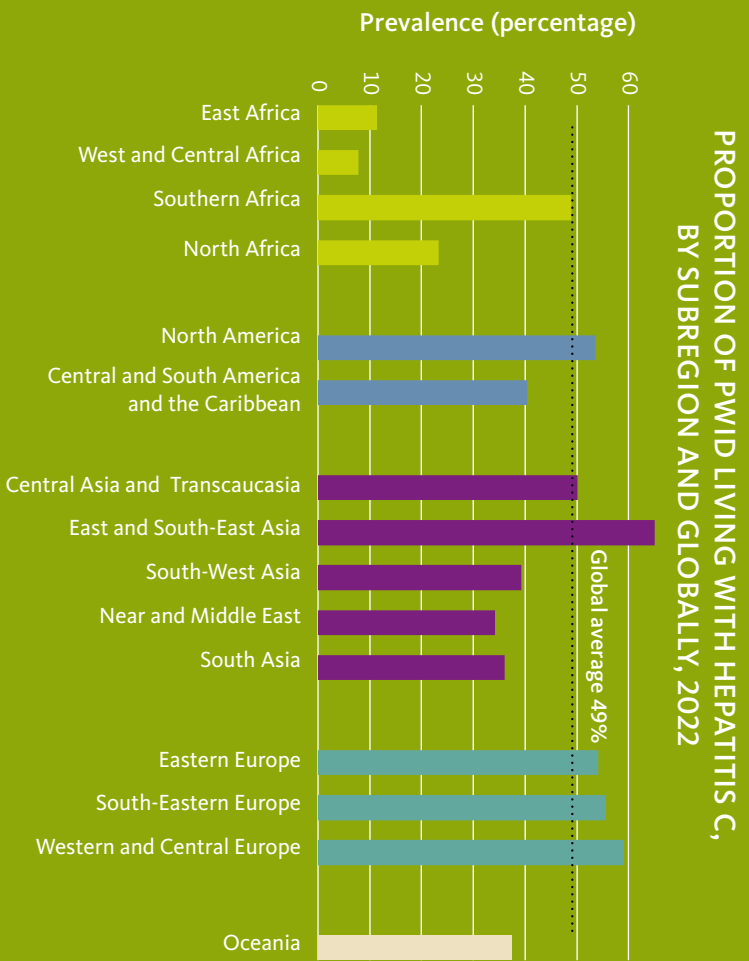
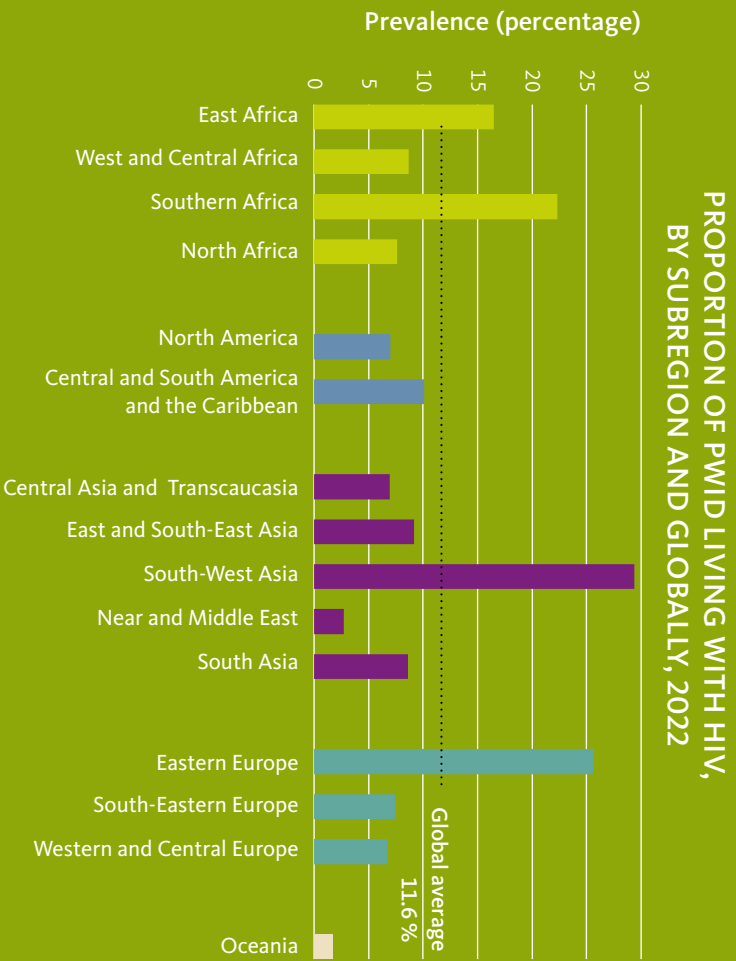
The relative risk of acquiring HIV is 14 times higher for those who inject drugs than in the wider population globally. About one in eight PWID (an estimated 1.6 million) were living with HIV in 2022. The highest proportions of PWID who live with HIV continue to be reported in South-West Asia (29.4 per cent), Eastern Europe (25.6 per cent) and Southern Africa (22.3 per cent), with rates twice as high as the global average (11.6 per cent).

Injecting drug use continues to be a significant driver of the global hepatitis C epidemic, with WHO estimating that 23 per cent of new hepatitis C infections are attributable to unsafe drug injecting practices. Nearly every second person injecting drugs is living with hepatitis C (an estimated 6.8 million people in 2022). Overall, liver diseases caused by hepatitis C account for more than half the deaths attributed to the use of drugs.

**GLOBAL PREVALENCE AND NUMBER OF PEOPLE WHO USE DRUGS IN THE GLOBAL POPULATION AGED 15 TO 64, IN 2012, 2017 AND 2022**



Source: UNODC, responses to the annual report questionnaire.



Sources: UNODC, responses to the annual report questionnaire; UNAIDS Global AIDS Monitoring; and published peer-reviewed articles and government reports.

# KEY FINDINGS AND CONCLUSIONS

## DRUG USE HARMS AND IMPACTS



### Key message

There has been a marked increase in the use of stimulant drugs such as cocaine and “ecstasy” after the COVID-19 pandemic

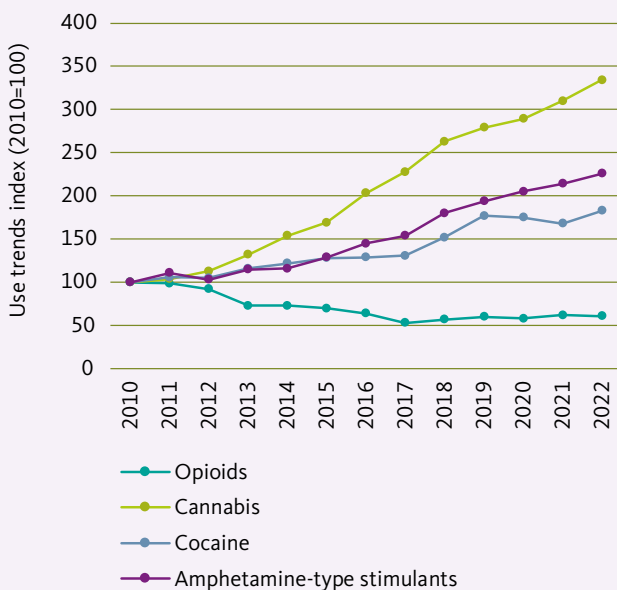


### Findings

The use of stimulant drugs such as ATS and cocaine is on the rise globally, contrasting with the use of opioids, which has remained stable over the past five years. Cannabis use is also on the rise, with 228 million people estimated in 2022 to have used the drug in the past year, the highest estimate to date. While global estimates may conceal national differences, there are indications that a key contributing factor to the most recent increases in drug use is the revival of drug markets following a hiatus during the COVID-19 pandemic and the related health measures that restricted people’s movements worldwide.

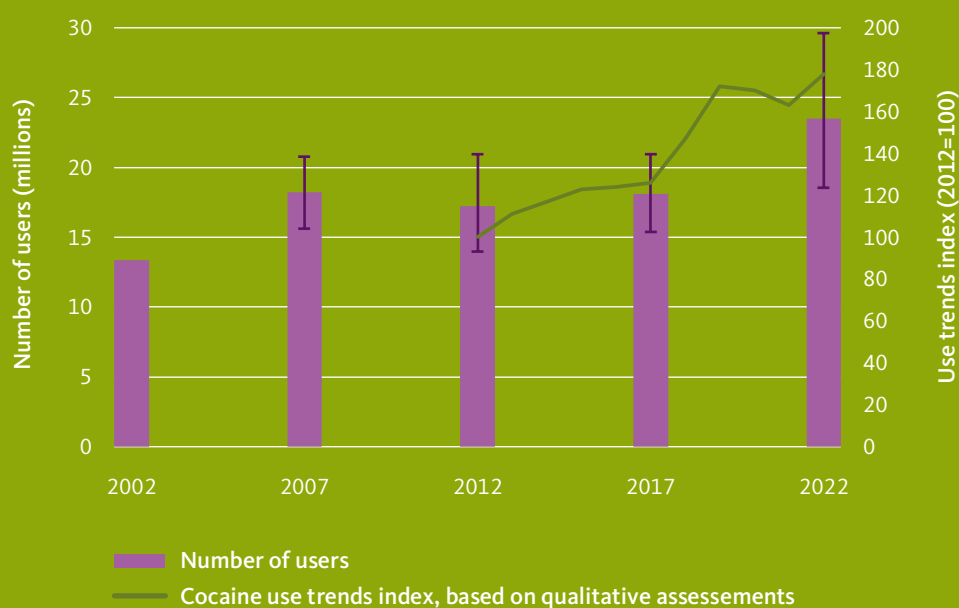
An example of this trend is the clear upturn in the use of “ecstasy” (typically MDMA and other similar substances). According to wastewater analysis, consumption of MDMA increased in 2023 after a sharp decline from 2020 to 2022 in New Zealand and Western and Central Europe, while indicators of prevalence of use in Australia also showed a marked increase between 2022 and 2023. Similarly, global cocaine use is at an all-time high; increases in the use of the drug were particularly steep after the COVID-19 pandemic, following a pause during the pandemic in the long-term increasing trend in that use. Wastewater data on cocaine consumption confirm such trends in Europe and New Zealand.

TRENDS IN THE USE OF SELECTED DRUG GROUPS BASED ON QUALITATIVE ASSESSMENTS, 2010–2022



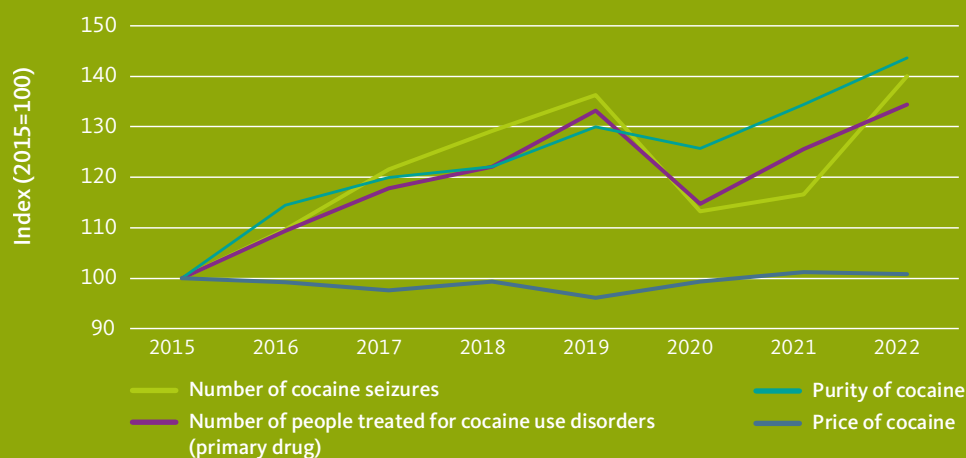
Source: UNODC, responses to the annual report questionnaire.

## GLOBAL ESTIMATE OF THE NUMBER OF PEOPLE WHO USE COCAINE AND TREND IN COCAINE USE BASED ON QUALITATIVE ASSESSMENTS, 2002–2022



Source: UNODC, responses to the annual report questionnaire.

## TRENDS IN INDICATORS OF COCAINE AVAILABILITY AND USE, WESTERN AND CENTRAL EUROPE, 2015–2021



Source: UNODC analysis of data from EMCDDA.

Note: The annual differences in indices represent the percentage of change in comparison with 2015 (where the value for 2015 equals 100 per cent).

# KEY FINDINGS AND CONCLUSIONS

## DRUG USE HARMS AND IMPACTS



### Key message

**Men make up the large majority of people who use drugs, but women who use drugs face greater harms and more barriers to entering treatment**

### Findings

Men are in general more likely to use drugs than women; they make up more than three quarters of people who use drugs at the global level. This is especially true for drugs like cannabis, amphetamines, opiates and cocaine. However, when it comes to the non-medical use of pharmaceutical drugs such as sedatives and tranquilizers, pharmaceutical opioids and pharmaceutical stimulants, the number of women using such substances can be substantially higher and, in some cases, nearly equal to the number of men, based on available data from a limited number of countries.

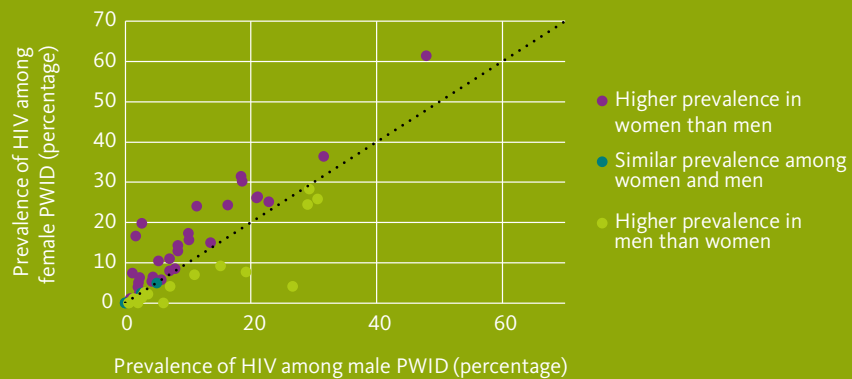
The proportion of women who use drugs also varies by geographical location. For example, only 9 per cent of cannabis users in Asia are women, while women account for 45 per cent of such users in North America.

As is the case with drug use in the past year more men than women inject drugs. About one in five PWID is a woman (based on limited data from 18 countries). However, women who inject drugs carry a higher burden of health and social consequences; they are 1.2 times more likely than men to be living with HIV (based on data from 58 countries). The vulnerability of women stemming from conventional gender roles and gender power structures and relations may also increase their vulnerability to unsafe sexual and injecting behaviours. Women who inject drugs are likely to have a male intimate partner who initiated them into drug use; they are also likely to ask their male partner to inject them. Women who use, including those who inject, drugs are also vulnerable to gender-based violence and sexual abuse perpetrated by both their intimate partners and by other people who use drugs around them, law enforcement officers and drug service providers.



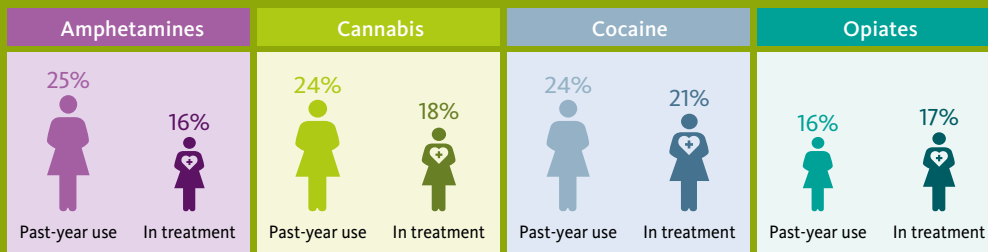


### PREVALENCE OF HIV AMONG PWID BY SEX, 2022 OR LATEST DATA



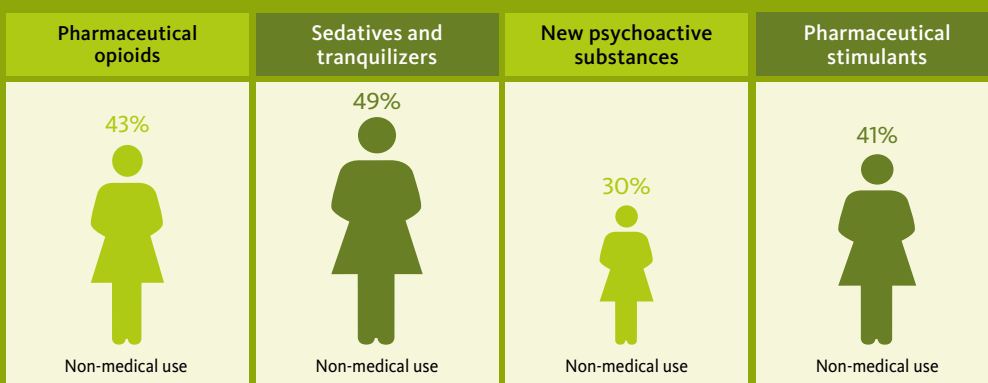
Source: UNODC, responses to the annual report questionnaire; UNAIDS Global AIDS Monitoring sources (various years); and published peer-reviewed articles and government reports.

### GLOBAL ESTIMATES OF WOMEN AMONG PEOPLE WHO USE DRUGS AND AMONG PEOPLE IN DRUG TREATMENT, 2022 OR LATEST YEAR AVAILABLE



Source: UNODC estimates, based on responses to the annual report questionnaire.

### PROPORTION OF WOMEN AMONG PEOPLE WHO USE DRUGS, BASED ON AVAILABLE DATA FROM A LIMITED NUMBER OF COUNTRIES, 2022 OR LATEST YEAR AVAILABLE



Source: UNODC estimates, based on responses to the annual report questionnaire.

## KEY FINDINGS AND CONCLUSIONS

### DRUG USE HARMS AND IMPACTS

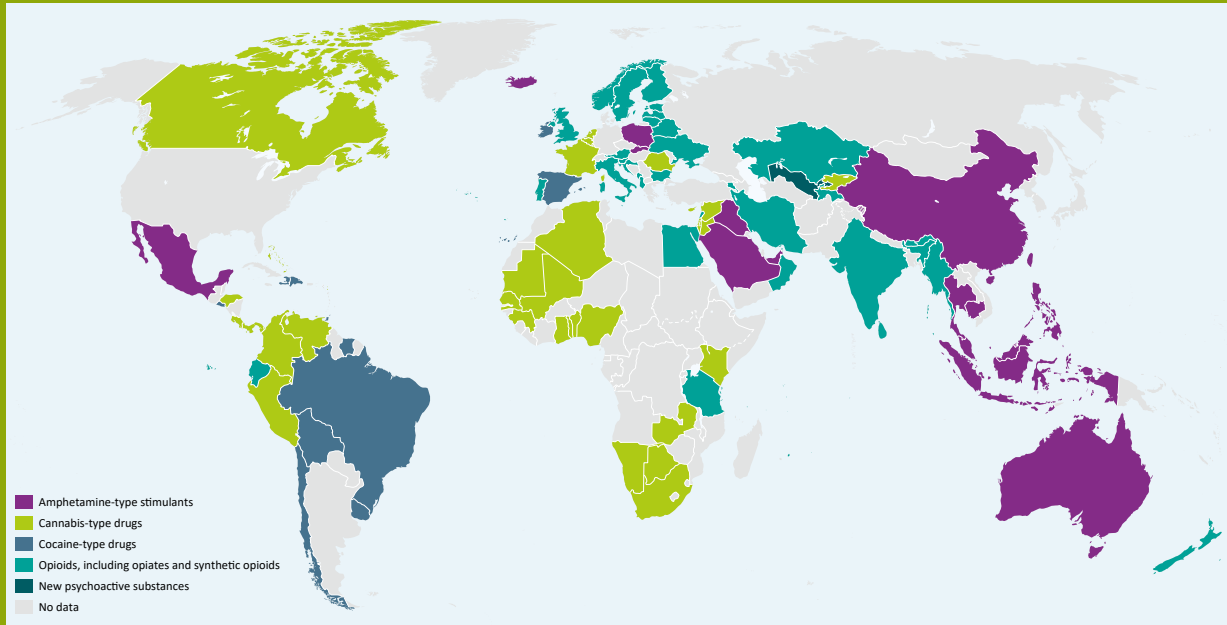
#### Findings (continued)

There are multiple barriers to accessing treatment and other health and social services for people who use drugs or are suffering from drug use disorders with women being most affected. Such services may lack a gender-specific approach, but women who use drugs may also not always be aware of the drug services available. Moreover, women face the double stigma and discrimination of being both a woman and a person who uses drugs. Stigma, discrimination and fear of losing custody of their children prevent many women who use drugs from accessing and utilizing drug services.

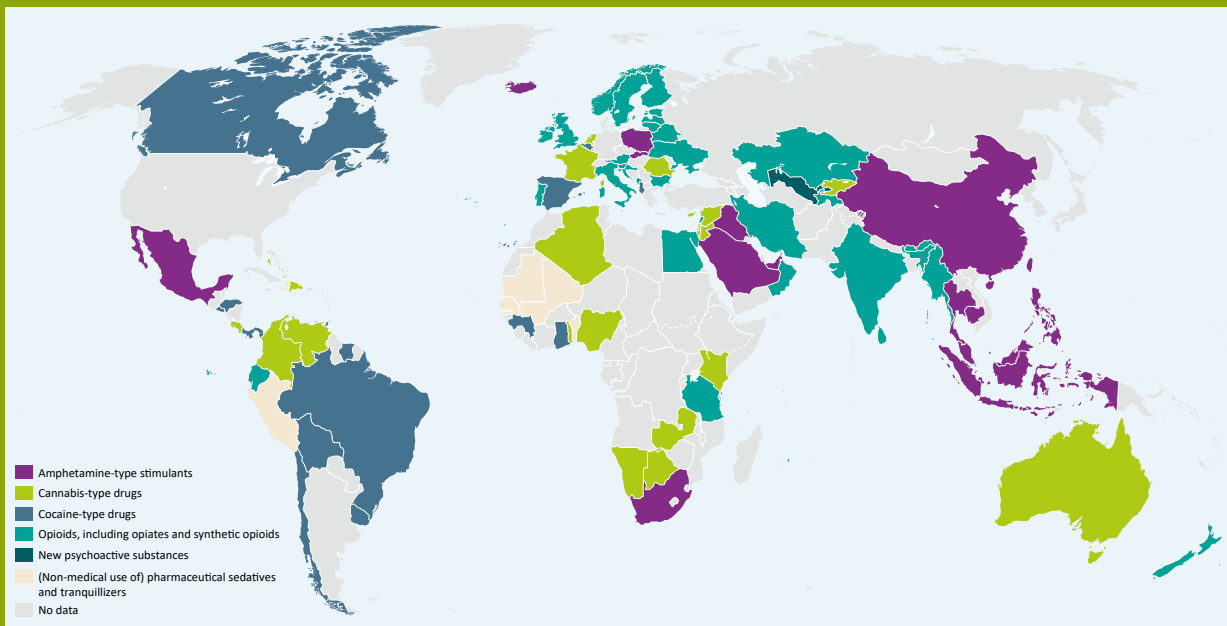
Women who use drugs tend to progress to drug use disorders faster than men, but they continue to be underrepresented in drug treatment. In 2022, while one in four persons who used drugs was a woman, women constituted only about one in five persons who were treated for drug use disorders. This gap exists at the global level for almost all drugs but is most acute for women who use ATS . While 25 per cent of people using ATS globally are women, only 16 per cent of those in treatment are women. There are also geographical differences; in some subregions there may be a similar share of women among those treated and those using drugs, for example in the case of cannabis in Australia and New Zealand, amphetamines in North America and cocaine in several subregions.



## MOST FREQUENTLY REPORTED DRUG GROUP FOR WHICH TREATMENT IS SOUGHT AMONG MEN, 2022 OR LATEST YEAR AVAILABLE



## MOST FREQUENTLY REPORTED DRUG GROUP FOR WHICH TREATMENT IS SOUGHT AMONG WOMEN, 2022 OR LATEST YEAR AVAILABLE



The boundaries and names shown and the designations used on this maps do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

Source: UNODC, responses to the annual report questionnaire.

# KEY FINDINGS AND CONCLUSIONS

## DRUG USE HARMS AND IMPACTS



### Key message

Although men account for a far larger share of offences related to drug trafficking and use, women tend to have greater involvement with synthetic drugs than with plant-based drugs and once involved they suffer from higher levels of harm than men

### Findings

Men are overwhelmingly represented in offences involving drug supply and use irrespective of whether the drug is plant-based or synthetic.

While overall drug use remains lower among women than men, differences between genders vary substantially by region and by drug type. Globally, about a quarter of people who use amphetamines, cannabis, cocaine or heroin are women, but in the case of certain synthetic drugs the share of women is higher in some countries, and in some cases almost the same as that of men, in particular in the non-medical use of pharmaceutical drugs such as pharmaceutical opioids or stimulants, and sedatives and tranquilizers.

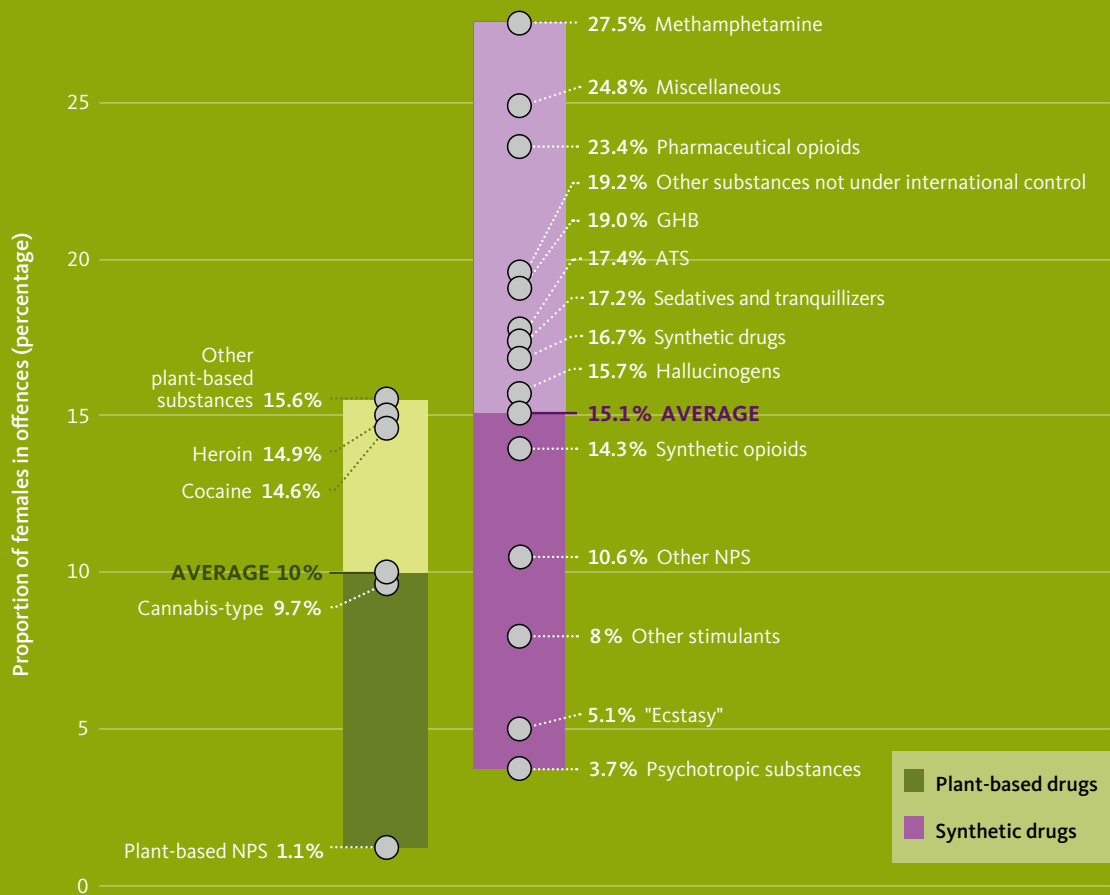
The greater participation of men in drug markets makes the aggregated adverse health and social consequences of drugs larger for men than for women, but when women are involved in drug trafficking or use, they suffer from higher levels of harm than men. Women in drug treatment are more likely to present a more severe profile of drug use disorders. Women are more vulnerable to abuse and violence, face greater stigma and greater barriers to treatment. Women are also exposed to a higher risk of becoming infected with HIV, hepatitis and other infectious diseases. For example, women who inject drugs are 1.2 times more likely than men to be living with HIV.

There is a wide range of explanations for these differences, including neurobiological, psychological, and environmental. Studies have indicated, for example, that women are more likely to misuse pharmaceutical opioids to self-medicate for issues such as anxiety or tension. Men, on the other hand, report more frequent use of heroin, suggesting that women may be more averse than men to sourcing drugs from illegal markets, to avoid the risk of violence or engaging in criminal activity.

Data on people who had formal contact with the police for drug offences show that the proportion of women in such contact is higher overall in the case of synthetic drugs (15.1 per cent in the period 2015–2019) than of plant-based drugs (10 per cent in the same period). This applies both to possession for personal use and trafficking. At the same time, data also show that the proportion of women arrested for possession of drugs is higher overall than for drug trafficking, irrespective of the drug category. In general, men and women were arrested in relation to seizures of about the same size, but women were involved in larger shipments of ATS than men (median weight of 10.3 kg for women versus 5.76 kg for men).

As global drug markets continue to develop and synthetic drug manufacture becomes more common across new and emerging markets, and as women increasingly participate in economic activities, the role that women play in the drug phenomenon may become increasingly important. For example, a shift away from plant-based drug production may affect many women in rural households involved in opium poppy and coca bush cultivation. Additionally, the synthesis of drugs could in some cases shorten the supply chain and relocate production. In turn, this could expose more individuals, including women, to involvement in the illegal supply and use of synthetic drugs.

### PROPORTION OF WOMEN AMONG PEOPLE WHO HAD FORMAL CONTACT WITH THE POLICE FOR DRUG LAW OFFENCES, BY DRUG, 2015–2019



Source: UNODC, responses to the annual report questionnaire.

# KEY FINDINGS AND CONCLUSIONS

## DRUG USE HARMS AND IMPACTS



### Key message

Use of cannabis among adolescents remains a concern in many regions, with the additional challenge of the practice of vaping that is spreading in North America, at an age when drug use can cause lasting damage to brain development

### Findings

Early adolescence is a critical period of neurodevelopment, which occurs gradually during an adolescent's development. The initiation of cannabis use during adolescence and the regular and frequent use of high potency cannabis have been associated with the risk of developing cannabis use disorders, psychiatric comorbidities and other developmental issues in adulthood. Yet the prevalence of cannabis use among adolescents as young as 15 and 16 years old in the past year is higher than that of adults globally (5.5 per cent compared with 4.4 per cent, respectively), and in particular in Oceania and Europe.

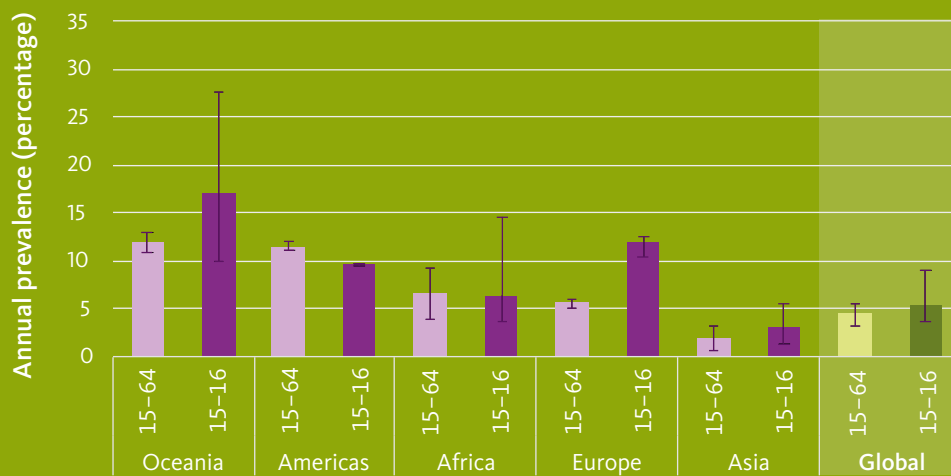
In some cases, drug use in young people is so intense that it requires treatment. Africa, Central America and the Caribbean and South America have the largest proportions of young people in drug treatment. Drug use disorders at a young age are particularly concerning, because they can lead to a vicious circle involving lower educational attainment and impaired chances of social reintegration.

Vaping devices, also known as e-cigarettes, have become popular among adolescents and young people in some regions. Originally designed to deliver nicotine via vapour as a substitute for tobacco cigarettes, vaping products now also typically contain flavourings, other chemicals, CBD and even THC. In North America, the seemingly stable trend in cannabis use among adolescents is masking an increase in cannabis vaping among adolescents; in Canada and the United States, the past year and past month use of cannabis through vaping has increased twofold or more since 2017.

The popularity of vaping is driven by the wider accessibility of vaping devices, as well as the promotion of their use on social media platforms. Among the various cannabis products, cannabis oil and concentrates with high THC potency appear to be the products most commonly vaped by young people in North America.



### GLOBAL AND REGIONAL USE OF CANNABIS AMONG PEOPLE AGED 15 AND 16 AND AMONG THE GENERAL POPULATION AGED 15 TO 64, 2022 OR THE LATEST YEAR FOR WHICH DATA ARE AVAILABLE



Source: UNODC, responses to the annual report questionnaire; and other government reports.

### PROPORTION OF PEOPLE IN DRUG-RELATED TREATMENT BY AGE GROUP, BY REGION AND IN SELECTED SUBREGIONS, 2022 OR THE LATEST YEAR FOR WHICH DATA ARE AVAILABLE



Source: UNODC, responses to the annual report questionnaire.

\*Values for the Australia and New Zealand subregion are based on data available for Australia

# KEY FINDINGS AND CONCLUSIONS

## DRUG USE HARMS AND IMPACTS



### Key message

Some population groups, such as homeless people, are disproportionately affected by drug use and its harmful patterns; although they require tailored drug treatment and care, they often face both stigma and discrimination when accessing drug services

### Findings

Specific population groups can present a number of risk factors, including a history of trauma, certain personality traits, adverse childhood experiences, social isolation and a lack of social capital, that increase their vulnerability to drug use and drug use disorders. In turn, drug use disorders may exacerbate their vulnerability and the harms they may experience due to their situation. An environment of exclusion or marginalization creates barriers for some specific population groups to access drug treatment and health-care; sometimes, they are even denied such services. Furthermore, in most circumstances drug treatment and other medical and social services do not cater for or address the specific, and multiple, needs of such population groups.

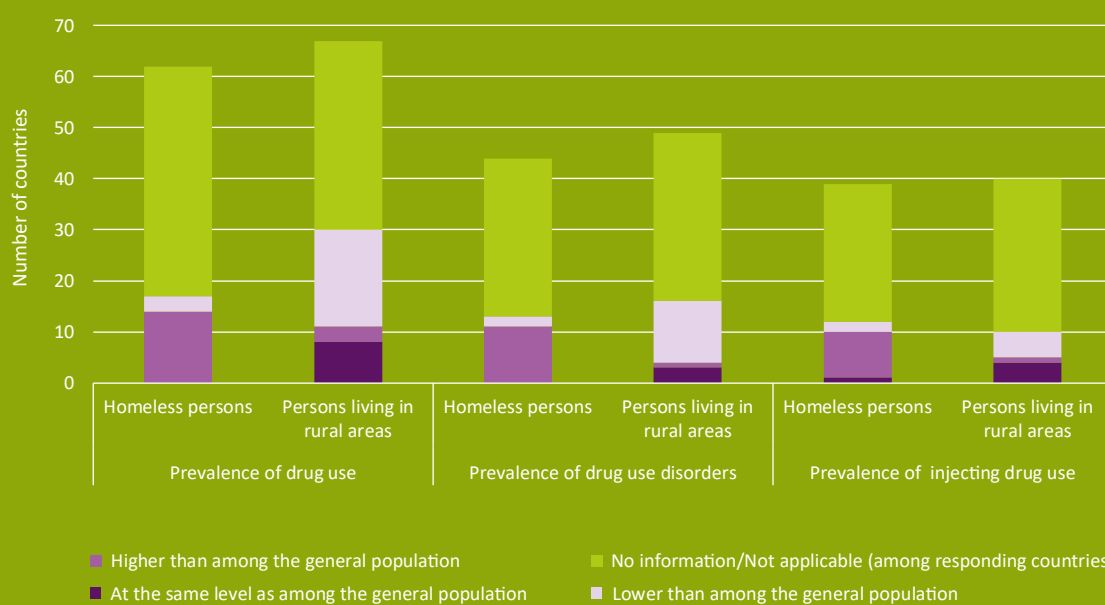
Research has shown a strong association between homelessness and drug use disorders, including injecting drug use. Drug use and drug use disorders are reported to be much more prevalent among homeless people than the general population. Common predisposing factors can increase the risk of both mental health conditions and drug use disorders. Often, mental health conditions precede and increase the risk of developing drug use disorders, but drug use and drug use disorders can also precede and increase the risk of developing mental health conditions. Compared with the general population, displaced populations also experience an elevated level of vulnerability to substance use and substance use disorders. This may result from greater exposure to risk factors associated with substance use and substance use disorders. Sexual minority groups, including men who have sex with men, face additional risks connected with the use of substances in sexualized contexts, such as “chemsex”, and the risk of contracting HIV and other infections.

Despite the heightened need, some of these population groups appear in drug treatment infrequently, suggesting possible unmet needs. However, most countries do not have information on use of drugs, intervention needs and service provision among these specific population groups, which prevents representative analysis at the global level.

In contrast, other groups seem to be more resilient to drug use. Based on data from a small number of countries, persons living in rural areas, for example, seem to engage in less drug use – in the large majority of the 30 reporting countries, drug use was lower among those living in such areas compared with the general population.



## NUMBER OF COUNTRIES PROVIDING COMPARATIVE ASSESSMENTS OF DRUG USE LEVELS AMONG HOMELESS PERSONS AND PERSONS LIVING IN RURAL AREAS, 2022 OR THE LATEST YEAR FOR WHICH DATA ARE AVAILABLE



Source: UNODC, responses to the annual report questionnaire.

# KEY FINDINGS AND CONCLUSIONS

## DRUG USE HARMS AND IMPACTS



### Key message

**Opioids continue to be the most harmful drug class in terms of drug-related deaths, but in half of the reporting countries, cannabis is the drug that most often leads to drug use disorders**

### Findings

Many of the 292 million people who have used a drug in the past year experience health consequences, depending on the drug they use and the accessibility of the relevant health systems.

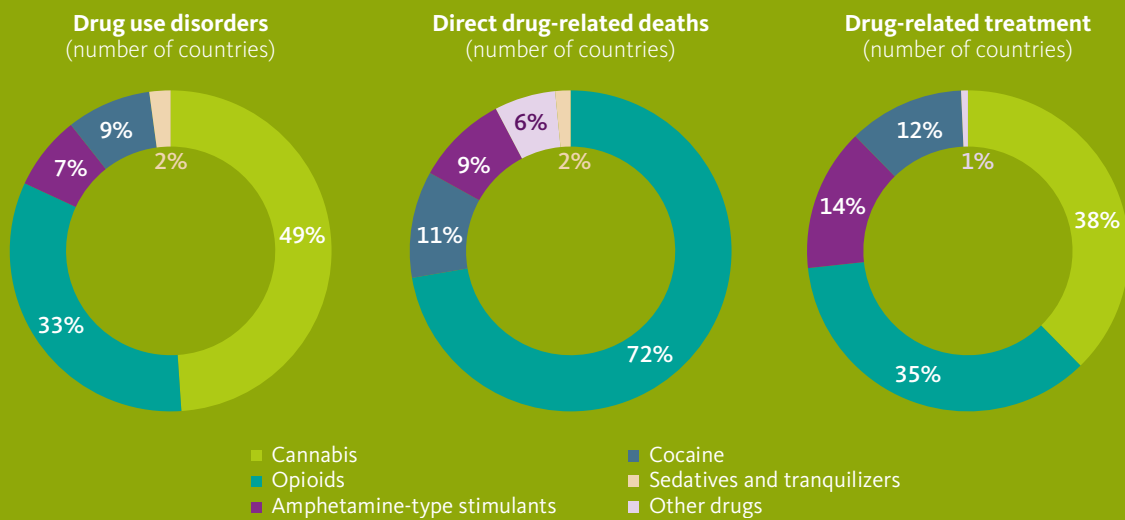
Globally, an estimated 64 million people were suffering from drug use disorders in 2022. Most drug use disorders are related to the harmful patterns of use of cannabis and opioids, which are also the two drug types for which most people seek drug treatment worldwide. However, opioid use can have more serious health consequences than cannabis. Therefore, opioid use disorders account globally for the largest burden of disease attributed to drug use disorders; they account for the majority of healthy years of life lost due to premature death and disability (71 per cent, 2019) and the highest share of global overdose deaths (69 per cent, 2019).

While cannabis is rarely associated with direct drug-related mortality, it accounts for a substantial share of global drug-related harm, due in large part to its high prevalence rates and to increasingly harmful patterns of use in some regions. Nearly half of the reporting countries reported cannabis as responsible for the greatest number of drug use disorders, and 38 per cent reported it as the main drug responsible for people entering drug treatment.

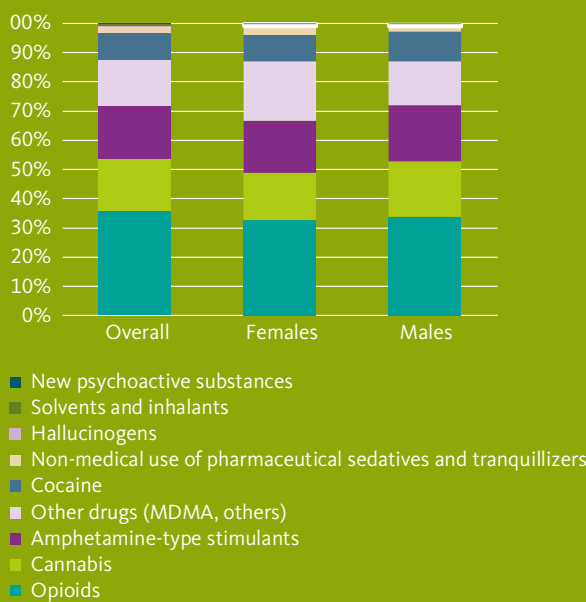
People with drug use disorders also suffer from other medical and psychiatric comorbidities. Mental health conditions often precede and increase the risk of people developing drug use disorders, whereas drug use and drug use disorders can also precede and increase the risk of people developing mental health conditions. Major depression and anxiety are the most common psychiatric comorbidities observed among people with drug use disorders.

People who inject drugs are one of the key populations for the transmission of HIV; they contributed to more than half of the new HIV infections that occurred in 2022. People who inject drugs also carry a high burden of other infections, and nearly one of every two people who inject drugs is living with hepatitis C. Hepatitis C infections among people who inject drugs are also a driver of the global pool of hepatitis C infections. Liver diseases attributed to hepatitis C are a major cause of drug-related deaths, accounting globally for more than half of the total number of deaths attributed to the use of drugs in 2019.

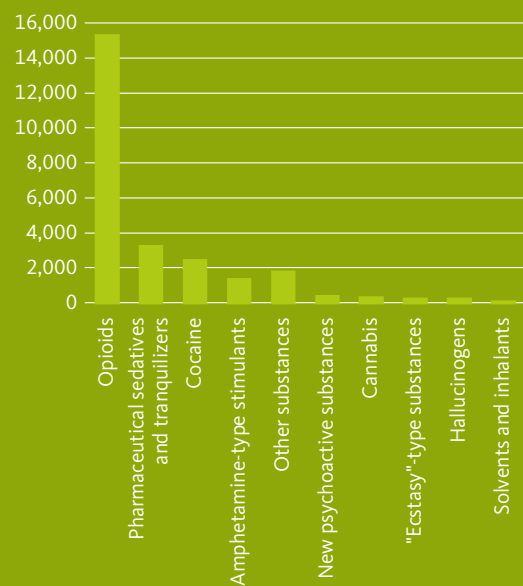
### SHARE OF COUNTRIES REPORTING DRUGS MOST HARMFUL FOR DIFFERENT MEASURES OF HARM, 2022 OR LATEST YEAR AVAILABLE



### PRIMARY DRUG OF CONCERN AMONG PEOPLE IN DRUG TREATMENT, 2022 OR LATEST YEAR AVAILABLE



### TOXICOLOGICAL FINDINGS IN REPORTED CASES OF OVERDOSES IN 66 COUNTRIES, 2022 OR LATEST YEAR AVAILABLE



Source: UNODC, responses to the annual report questionnaire.

# KEY FINDINGS AND CONCLUSIONS

## DRUG USE HARMS AND IMPACTS



### Key message

About 1 in 11 people with drug use disorders receive drug treatment globally, with major differences between regions and by sex

### Findings

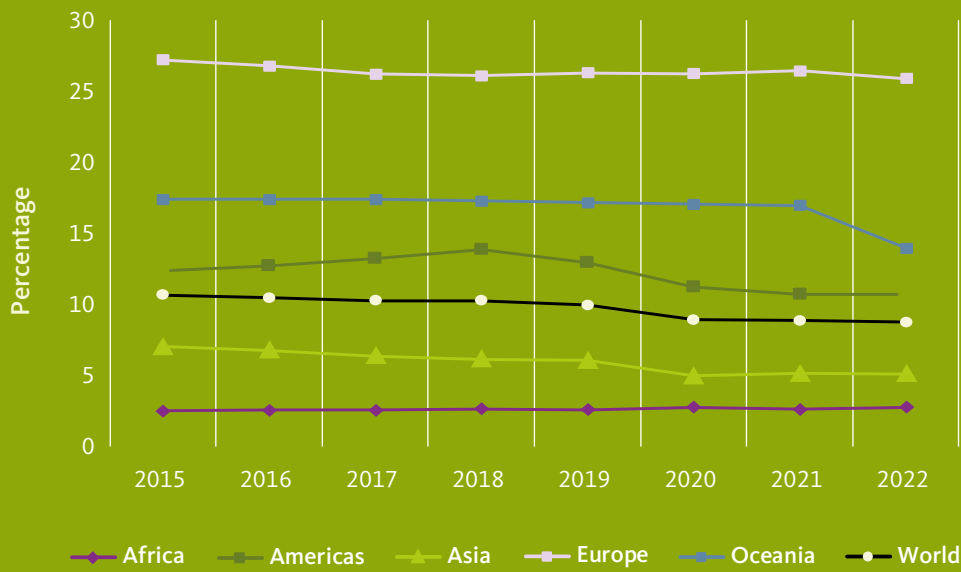
According to newly available estimates, in 2022 only about 1 in 11 people with drug use disorders received drug treatment globally. The coverage of drug treatment has been decreasing, from 11 per cent of people with drug use disorders receiving drug treatment in 2015 to less than 9 per cent doing so in 2022. This decline has happened in a context in which global crises, such as the COVID-19 pandemic, have posed major obstacles to the provision of health services to those in need.

Certain regions show larger gaps than others in the provision of drug-related treatment. Europe and Oceania reported the highest drug treatment coverage in 2022, with 26 per cent and 14 per cent respectively of people with drug use disorders receiving treatment, that proportion rising to about 1 in 3 people in subregions such as Western and Southern Europe. In Africa and Asia, drug treatment coverage is rather low, at 2.8 per cent and 5.1 per cent respectively in 2022. The provision of drug-related treatment seems to have slowed down in the aftermath of the COVID-19 pandemic and not yet recovered, especially in the Americas and Asia, where the proportion of people with drug use disorders receiving treatment between 2020 and 2022 was notably lower than that observed between 2015 and 2019.

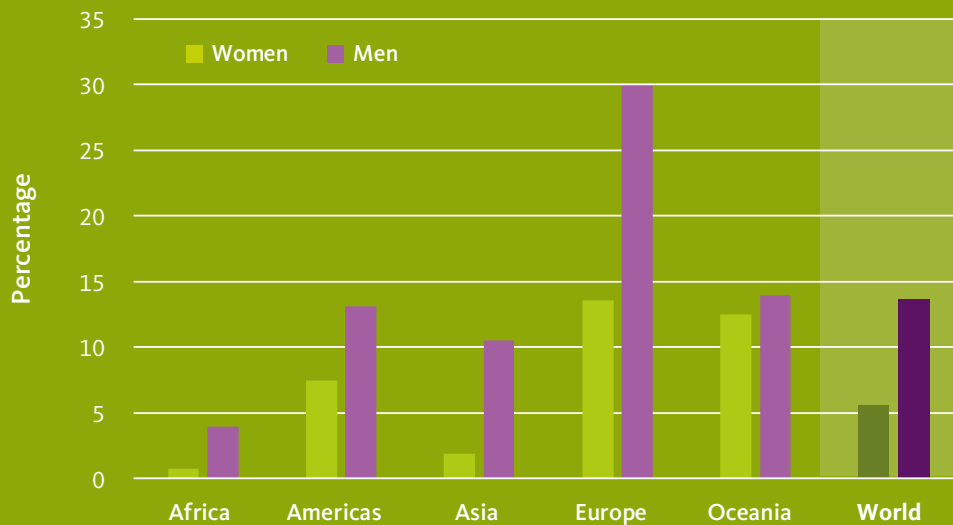
Furthermore, drug-related treatment coverage is lower among women than it is among men in all five global regions. About 1 in 18 women with drug use disorders received treatment globally in 2022, while the number was 1 in 7 for men. In regions like Africa and Asia, men in need of drug use treatment were over five times more likely to be treated than women, while in Europe men with drug use disorders were more than twice as likely as women to be treated.



### PROPORTION OF PEOPLE WITH DRUG USE DISORDERS WHO RECEIVED DRUG TREATMENT, GLOBALLY AND BY REGION, 2015–2022



### PROPORTION OF PEOPLE WITH DRUG USE DISORDERS WHO RECEIVED DRUG TREATMENT, BY REGION AND SEX, 2022



Note: Estimates for Africa are less reliable as they are based on a small number of countries with available data.

# KEY FINDINGS AND CONCLUSIONS

## DRUG USE HARMS AND IMPACTS



### Key message

**Socioeconomic characteristics of people in drug treatment and pathways to treatment vary across regions**

### Findings

Drug use disorders are multifactorial in nature and often follow the course of a relapsing and remitting chronic disease that requires a continuum of care. Scientific evidence-based drug treatment has been shown to be cost-effective and to result in improved health outcomes for both those suffering from drug use disorders and those around them. In recent years, at least 6 million people a year have received drug-related treatment worldwide. Data on their social status and pathway to treatment are limited, but the information provided by the few countries that have reported data can provide some initial evidence to support international discussions on the process of recovery and social reintegration.

There appear to be some similarities in the socioeconomic characteristics of people in drug treatment across regions. For example, the proportion of people in drug treatment who do not have access to stable housing (including persons experiencing homelessness) is very similar across subregions and is estimated at about 10 per cent. The level of education of people in drug treatment also tends to be lower than that of the general population in most subregions.

But other characteristics vary across regions. In Europe, women in drug-related treatment tend to have a higher level of education than their male counterparts, while there is no observable difference in other regions with available data. In Asia, people undergoing drug treatment are more likely to be employed compared with other regions, while the opposite is true in most subregions of Africa. Only Western and Central Europe and South America report sizeable proportions of people in drug treatment who are economically inactive, mostly receiving some type of social security system benefits.

The pathways that people take to drug treatment also vary across regions and subregions and, to some extent, by gender. In Africa, referral by friends and family and self-referral were the most common ways people entered treatment, while in Asia most people entered treatment through contact with the criminal justice system.



## POINTS OF INTEREST IN THE CHARACTERISTICS OF DRUG-RELATED TREATMENT PATIENTS



### TREATMENT COVERAGE



### PRIMARY DRUG



### PATHWAY OF REFERRAL

<b>Africa</b>	2.8% of people with Drug Use Disorders in treatment in 2022	Cannabis is most common, followed by Opioids	Referral by friends and family and self referral are most common
<b>Americas</b>	10.7% of people with Drug Use Disorders in treatment in 2022 - 7.5% for women, 13.1% for men	Opioids is most common, but ATS and cannabis are also significant	Varies across subregions but referral from other health care service is more common than in other regions
<b>Asia</b>	5.1% of people with Drug Use Disorders in treatment in 2022 - 1.9% for women, 10.5% for men	Amphetamine-type stimulants is most common, followed by Opioids	Criminal justice system is the most common pathway of referral
<b>Europe</b>	25.9% of people with Drug Use Disorders in treatment in 2022 - 13.6% for women, 29.9% for men	Opioids is most common	Self referral and referral by friends and family are the most common
<b>Oceania</b>	14% of people with Drug Use Disorders in treatment in 2022 - 12.5% for women, 14% for men	Amphetamine-type stimulants is the most common, followed by Cannabis	Different pathways of referral observed



### TYPES OF TREATMENT



### EMPLOYMENT STATUS



### EDUCATION LEVEL

<b>Africa</b>	Both psychosocial/behavioural and pharmacological interventions are common	Treated persons are more often unemployed than in other regions	In Southern Africa, level of education of people in treatment is comparable to that of the general population unlike in other parts of the world
<b>Americas</b>	Psychosocial and behavioural interventions are the most common	Subregions with sizeable proportions of economically inactive people	Lower education level among persons in treatment than in the general population
<b>Asia</b>	Pharmacological interventions are the most common	More often employed, in multiple subregions this is the most commonly reported employment status	Generally lower education level than in the general population
<b>Europe</b>	Pharmacological interventions are the most common	Subregions with sizeable proportions of economically inactive people	Generally lower education level than in the general population and higher education level among women in treatment than among men
<b>Oceania</b>	–	–	–

# KEY FINDINGS AND CONCLUSIONS

## DRUG USE HARMS AND IMPACTS



### Key message

Viewing drug use through a right-to-health lens entails the responsibility to provide services, avoid discrimination and ensure participation in health decision-making, not only for people who use drugs but also for those affected by their drug use

### Findings

The right to health is an internationally recognized fundamental human right. Everyone has the right to enjoy the highest attainable standard of physical and mental health, including complete physical, mental and social well-being and not merely the absence of disease or infirmity; it is indivisible from other human rights.

The right to health applies equally to people who use drugs, their children and other family members, and people in the community impacted by their drug use. It is an inalienable right of all human beings, regardless of a person's drug use status and whether a person is imprisoned, detained or incarcerated.

Fulfilling the right to health for people who use drugs entails making evidence-based health services and programmes available, accessible and acceptable for all their physical and mental health needs (whether related to drug use or not), without any stigma or discrimination, and creating environments free from violence and abuse that enable them to realize the highest attainable standard of health. People who use drugs also have the right to privacy and confidentiality of their health information, to bodily autonomy and to informed consent. Compulsory treatment infringes the right to informed consent of people with drug use disorders, as well as their personal liberty and security, and has not been shown to produce better outcomes than voluntary treatment. Treatment offered as an alternative to imprisonment or other criminal punishment, also referred to as coercive treatment, is different from compulsory treatment and may have similar outcomes to voluntary treatment.

Drug use may negatively affect families and whole communities. Protecting the right to health of people who use drugs, their family members and communities requires a comprehensive, community-oriented approach that respects and enhances the well-being of each individual. Protecting children is particularly important – States have an obligation to take all appropriate measures to protect children from the use of narcotic drugs, including in cases where a child's parents use drugs or have a drug use disorder. Fulfilling the right to health in the context of drug use involves measures that extend to people who are affected by the drug use of others in terms of accessibility of services, participation, non-discrimination and protection from violence and abuse.





## MULTIDIMENSIONS OF RIGHT TO HEALTH IN DRUG USE

Ensuring access to internationally controlled drugs for medical use, including for pain management and palliative care.

1



4

Ensuring equity and non-discrimination in the realization of the right to health.

Making available accessible, acceptable, and quality age- and gender-appropriate drug prevention interventions, including addressing the underlying (social and commercial) determinants of health.

2



5

Ensuring meaningful participation in all health-related decisions to address the problems related to drug use.

Making available accessible, acceptable, quality, age- and gender-appropriate, scientific evidence-based drug treatment and care services, including measures aimed at minimizing the adverse public health and social consequences of drug use.

3





# KEY FINDINGS AND CONCLUSIONS

---

## DRUG POLICY LANDSCAPES AND RESPONSES



# KEY FINDINGS AND CONCLUSIONS

## DRUG POLICY LANDSCAPES AND RESPONSES



### Key message

**Drug use or possession for use is the type of drug offence with the highest share of people arrested, prosecuted and convicted globally**

### Findings

In 2022, an estimated 7 million people were in formal contact with the police (arrests, cautions and warnings) for drug offences at the global level, with about two thirds of this total being due to drug use or possession for use. In addition, 2.7 million people were prosecuted for drug offences during the year and over 1.6 million were convicted globally, with slightly more people prosecuted and convicted for drug use or possession offences than for drug trafficking.

Europe shows the highest rates of people arrested, prosecuted and convicted for drug trafficking and use or possession per 100,000 population among all regions. The rate of persons arrested for drug use or possession offences in the Americas is one of the highest, at 144 arrests per 100,000 population, second only to Europe, but the region has the lowest conviction rate for such offences, with only 2.7 convictions per 100,000 population. These regional differences are affected by many factors, particularly the size of the population who uses drugs and the level of interdiction. Higher rates of drug use and interdiction likely result in higher rates of people in the criminal justice system for drug offences.

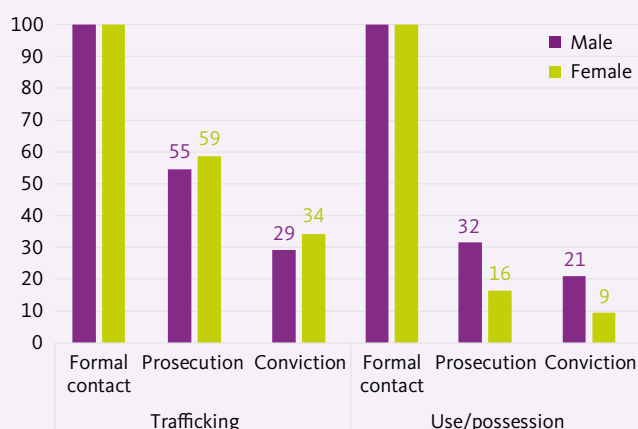
At the global level, people arrested for drug trafficking are more likely to be prosecuted and convicted for such offences than are those arrested for drug use or possession. However, in regions such as Africa (based on the limited data available) and Asia, the opposite is true: people arrested for drug use or possession are more likely to be prosecuted and convicted than those arrested for drug trafficking.

Most arrestees for drug offences are men: about 9 in 10 people in 2022. While this is true for both drug trafficking and use or possession offences, there are some observable differences between regions. The proportion of women in the criminal justice system for drug offences is highest in the Americas and Oceania, and lowest in Asia and (based on the limited data available) Africa.

At the global level, women arrested for drug trafficking have a higher likelihood of being prosecuted and convicted than men. However, in regions such as Europe, Oceania and (based on the limited data available) Africa, the opposite has been observed.

In turn, across virtually all regions, women have a lower chance of being prosecuted and convicted than men when being arrested for drug use or possession.

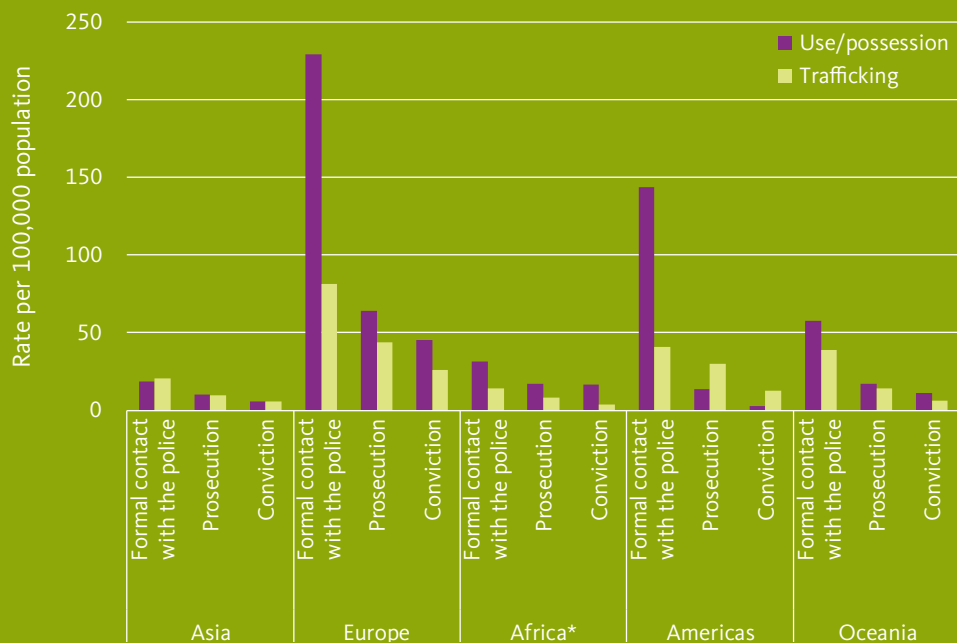
**GLOBAL NUMBER OF PEOPLE PROSECUTED AND CONVICTED FOR DRUG OFFENCES FOR EVERY 100 PERSONS ARRESTED, BY SEX, 2022**



### ESTIMATED NUMBER OF PEOPLE IN THE CRIMINAL JUSTICE SYSTEM FOR DRUG OFFENCES, 2022



### RATE OF PERSONS ARRESTED, PROSECUTED AND CONVICTED FOR DRUG OFFENCES PER 100,000 POPULATION, BY REGION, 2022



Sources: UNODC, responses to the annual report questionnaire and to UN-CTS; other governmental publications; and World Population Prospects.

\* Estimates for Africa on use or possession at the prosecution and conviction levels are based on the limited data available.

# KEY FINDINGS AND CONCLUSIONS

## DRUG POLICY LANDSCAPES AND RESPONSES



### Key message

Available data indicate that more punitive measures are imposed for drug use or possession in Asia compared with other regions, while the Americas and Asia are the most punitive regions for drug trafficking

### Findings

National legislative frameworks govern the responses of criminal justice systems to the world drug problem. In the vast majority of countries, illicit cultivation of drug crops, diversion of precursors and drug trafficking are criminal offences, but the criminal nature of drug use or possession for use varies across countries and regions.

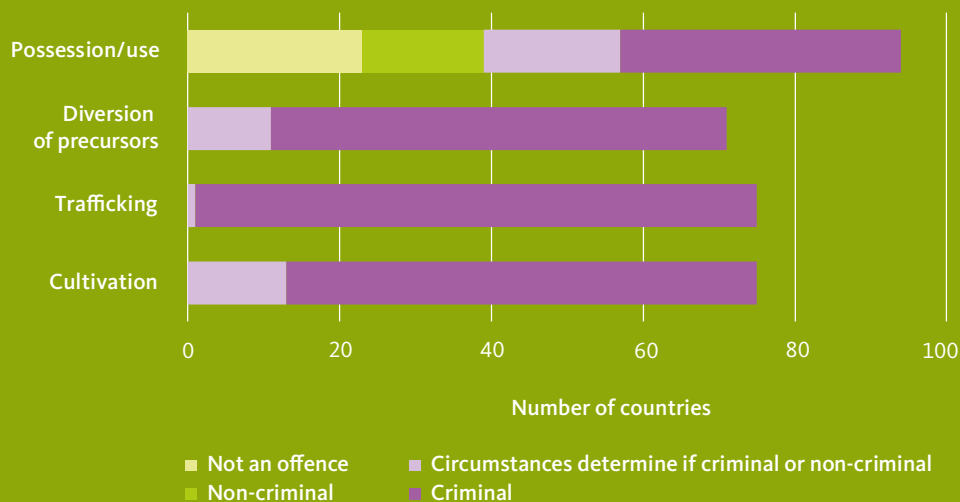
Drug use or possession is considered a criminal offence in about 40 per cent of the 94 countries where data are available, representing a significant proportion of the global population. Drug possession or use can be a criminal offence in the majority of Asian and African countries where data are available, but most jurisdictions with data in the Americas consider these activities either not to be an offence or to be a non-criminal offence. While a few countries and territories in Europe consider drug use or possession to be a criminal offence, in the majority of the jurisdictions in the region it is considered either to be a non-criminal offence or not to be an offence.

Custodial sentences for drug use or possession are rare among reporting countries in the Americas, while they exist in the majority of reporting countries in Asia and in the few countries with data in Africa.

The limited data available indicate that sentences for drug trafficking are longer than for drug use or possession in all regions, even though more than 55 per cent of the possible sentences for drug use or possession are one year or more in length. These data suggest that countries in Asia are most punitive for drug use or possession, while the sentences for such offences in Western and Central Europe are the shortest of all regions. Countries in the Americas and Asia are most punitive with regard to drug trafficking.



### CRIMINAL STATUS OF DRUG OFFENCES, 2020



Sources: UNODC, responses to the annual report questionnaire; EMCDDA.

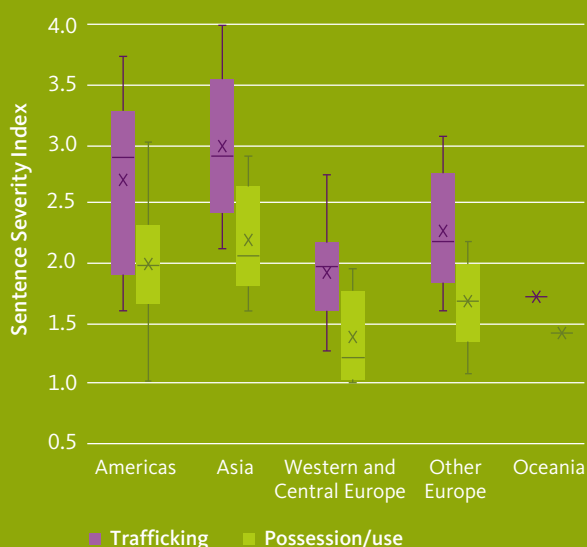
### DISTRIBUTION OF LENGTH OF SENTENCE BY DRUG OFFENCE TYPE IN COUNTRIES WITH AVAILABLE DATA, 2020–2022



Source: UNODC, responses to the annual report questionnaire.

Note: Data available on trafficking for 41 countries (114,000 sentences), and on drug use/possession for 33 countries (40,000 sentences).

### LEVEL OF SEVERITY OF SENTENCES FOR DRUG OFFENCES, BY REGION, 2020–2022



Source: UNODC, responses to the annual report questionnaire.

Note: Higher values indicate more severe sentences; black dots represent outliers.

# KEY FINDINGS AND CONCLUSIONS

## DRUG POLICY LANDSCAPES AND RESPONSES



### Key message

**Large inequalities remain in the availability of pharmaceutical opioids for medical consumption**

### Findings

Some 87 per cent of the world's population live without adequate access to pharmaceutical opioids for pain relief and palliative care. Major inequalities remain in the availability of controlled pharmaceutical opioids for medical consumption. Despite progress in recent years and a slight reduction in the gap between high-income and low- and middle-income countries, there continued to be a large (46-fold) difference in the availability of opioids per capita for pain management and palliative care between the two sets of countries in 2022.

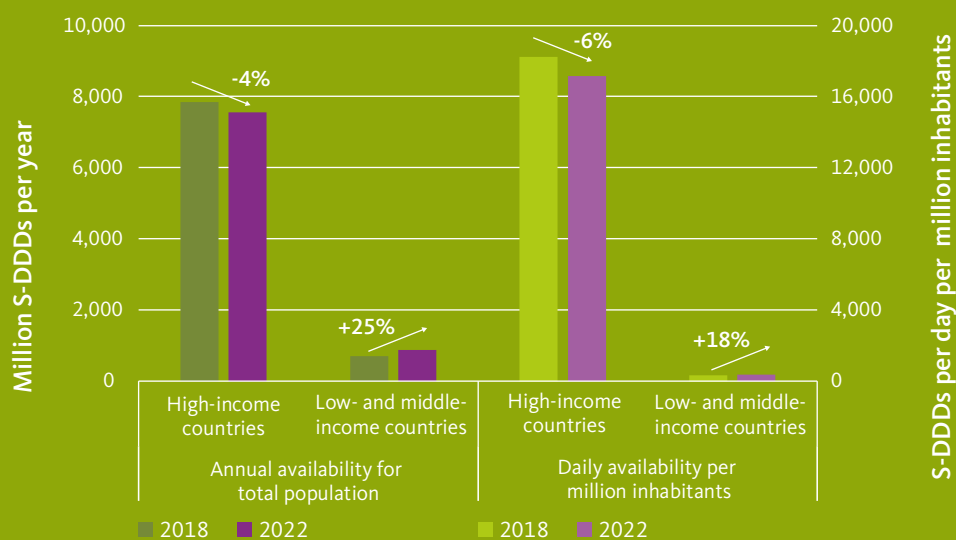
While a number of countries in North America, Oceania and Western Europe have comparably high levels of availability of opioids for medical use, most other countries have extremely low levels of availability, especially countries in Africa, Asia and the Pacific. Levels of per capita use in Africa are just 0.4 per cent of those in North America, and in West and Central Africa the proportion is even lower (0.06 per cent).

In the past two decades, overall progress has been made with regard to the global availability of methadone and buprenorphine, two opioids that are used not only as analgesics but also as opioid agonist medication in the treatment of opioid use disorders. However, since 2019 their availability for medical use has remained rather stable at the global level.



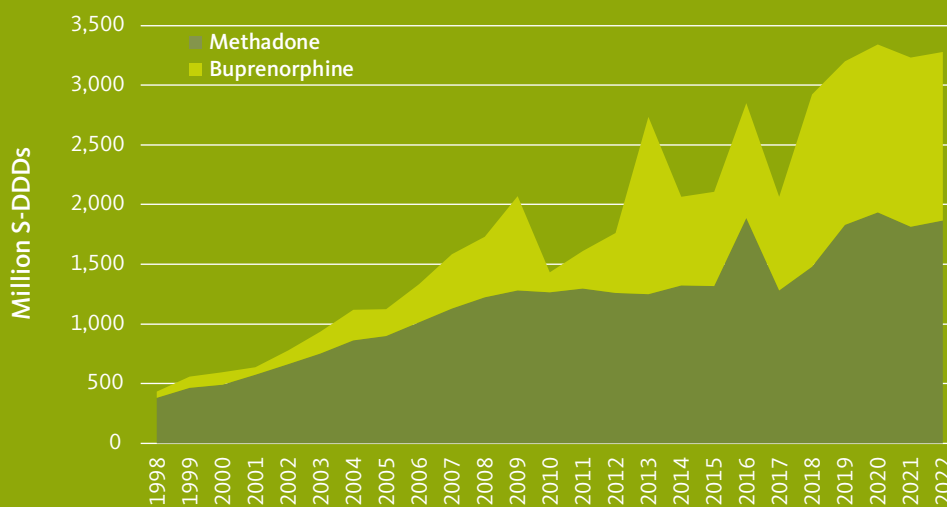


### AMOUNT OF OPIOIDS UNDER INTERNATIONAL CONTROL (EXCLUDING PREPARATIONS) AVAILABLE FOR MEDICAL CONSUMPTION, BY COUNTRY INCOME LEVEL GROUP, 2018 AND 2022



Sources: UNODC calculations based on the World Bank classification of countries by income levels; INCB, Narcotic Drugs 2023: Estimated World Requirements for 2024 – Statistics for 2022 (E/INCB/2023/2); and INCB, Psychotropic Substances 2023: Statistics for 2022 – Assessments of Annual Medical and Scientific Requirements for 2024 (E/INCB/2023/3).

### METHADONE AND BUPRENORPHINE AVAILABLE FOR MEDICAL CONSUMPTION (EXCLUDING PREPARATIONS), 1998–2022



Sources: UNODC calculations based on the World Bank classification of countries by income levels; INCB, Narcotic Drugs 2023: Estimated World Requirements for 2024 – Statistics for 2022 (E/INCB/2023/2); and INCB, Psychotropic Substances 2023: Statistics for 2022 – Assessments of Annual Medical and Scientific Requirements for 2024 (E/INCB/2023/3).

# KEY FINDINGS AND CONCLUSIONS

## DRUG POLICY LANDSCAPES AND RESPONSES



### Key message

**An increasing number of countries are introducing policy changes granting varying degrees of regulated access to cannabis for non-medical use**

### Findings

As at January 2024, Canada, Uruguay and 27 jurisdictions in the United States had enacted legal provisions allowing the production and sale of cannabis for non-medical use through either popular ballot or legislative measures. Most of the jurisdictions in Canada and the United States where the non-medical use of cannabis has been legalized allow production and sale by for-profit industry, while in Uruguay there is a partially controlled, State-regulated retail market with limited commercialization.

Other legislative approaches have also emerged recently in other countries, especially in Europe, that offer varying degrees of regulated access to cannabis for non-medical use. Malta (in 2021), Luxembourg (in 2023) and Germany (in 2024) have regulated access by adults to non-medical cannabis, allowing home cultivation of a fixed number of plants and the possession of limited quantities of cannabis for personal use. Additionally, Malta and Germany have allowed collective cannabis cultivation by associations that grow and supply fixed quantities of cannabis to their members. However, the development of a commercial supply chain for access to non-medical cannabis has not been allowed in these countries. In Thailand, the lack of clarity regarding the legal status of cannabis has resulted in an unregulated commercial market for non-medical cannabis, although the Government is planning to introduce new legislation to address the issue.

Other countries, such as Netherlands (Kingdom of the) and Switzerland, are conducting experiments and trials to better understand the impact of different models of supply and distribution of non-medical cannabis in several localities.

In addition, some jurisdictions in the United States that had decriminalized the possession for personal use of cannabis or other drugs are either reconsidering or reversing their earlier decisions. In Oregon, Measure 110, which was aimed at decriminalizing the possession of all drugs, was reversed in early 2024 due to challenges in the implementation of its various provisions, a lack of funding and limited drug service delivery. Meanwhile, drug possession in public spaces was recriminalized in British Columbia, Canada, in

2024 to prevent drug use in public. These recent developments highlight that the outcomes of drug policy reforms can be highly dependent on the specific context. These outcomes must be clearly defined and assessed when attempting to draw inferences about causal effects of policy changes.

In the jurisdictions in the Americas that have legalized the supply chain for non-medical cannabis, the process appears to have accelerated harmful use of the drug, especially among young adults, in particular daily use, and it has led to a diversification in cannabis products, many with high-THC content. While legalization has not so far led to an increase in cannabis smoking among adolescents (for whom access to the non-medical market remains prohibited), it seems that the regular vaping of cannabis has increased in recent years among this population group, raising new concerns.

Hospitalizations related to cannabis use disorders and the proportion of people with psychiatric disorders, suicidal ideation and attempted suicide associated with regular cannabis use have also increased in Canada and the United States, especially among young adults.

In some jurisdictions, the size of the illegal cannabis market appears to be decreasing. However, that illegal market, which often operates alongside the legal and quasi-legal markets, may remain attractive to consumers and suppliers for reasons related to, among other things, price, quality, accessibility, licensing, taxation, regulations and overproduction.

The decriminalization or legalization of cannabis has led to a major reduction in the number and rate of people arrested for cannabis-related offences in the United States. However, racial disparities persist in arrests for such offences, including in relation to minors, for whom cannabis possession remains illegal. Furthermore, the process of expunging criminal records that has been introduced may affect economically and socially disadvantaged groups differently, potentially reinforcing ongoing racial disparities in criminal offences related to cannabis.

**SUMMARY OF RECENT POLICY DEVELOPMENTS IN COUNTRIES  
PERMITTING VARYING LEVELS OF CANNABIS CULTIVATION  
AND SALE FOR NON-MEDICAL USE**

<b>Germany</b>	The Cannabis Act of April 2024, regulating controlled access to non-medical cannabis among adults, allowing home cultivation for personal consumption and non-commercial cultivation of cannabis within cannabis associations or clubs. Pillar 2 of the Act envisages setting up regional pilot projects for commercial supply chains for cannabis for non-medical use.
<b>Luxembourg</b>	Since June 2023, legalization of the non-medical cultivation and possession of cannabis at home and reduced penalties for small amounts of cannabis possession in public.
<b>Malta</b>	Since 2021, legalization of the non-medical use, home cultivation and cultivation by licensed non-profit associations of cannabis for adults.
<b>Netherlands (Kingdom of the)</b>	The controlled cannabis supply chain experiment in 10 municipalities starting with the municipalities of Breda and Tilburg, allowing the cultivation of non-medical cannabis with formalized and controlled supply. Aimed at examining the possible decriminalization of good-quality cannabis supply, reviewing the most suitable implementation methods, and assessing the ensuing effects of such decriminalization on public health and safety.
<b>Switzerland</b>	Since 2021, collaborative pilot trials by local-level organizations to assess the impact of alternative regulatory strategies on non-medical cannabis use and to inform decision-making with evidence on the possibilities and limitations of regularizing the Swiss cannabis market.
<b>South Africa</b>	The Cannabis for Private Purposes Bill of 2023, setting forth legal provisions for the cultivation, possession and consumption of cannabis by adults in private dwellings: approved by the National Assembly and now with the upper body of the Parliament, where it is expected to be discussed during 2024.
<b>Thailand</b>	Lack of clarity regarding the legal status of cannabis use and supply for non-medical purposes following recent legal notifications. The removal of cannabis from the list of prohibited substances has created a legal vacuum, followed by multiple notifications to regulate its non-medical use.

# KEY FINDINGS AND CONCLUSIONS

## DRUG POLICY LANDSCAPES AND RESPONSES



### Key message

**Burgeoning commercial interests and popular movements are creating an enabling environment that is supporting access to the unsupervised, “quasi-therapeutic”, non-medical use of psychedelics with the potential to compromise public health and increase harm**

### Findings

In recent decades, driven in part by the globally increasing burden of disease attributed to mental health disorders, there has been a renewed interest in the therapeutic use of different psychedelic substances (for example LSD, MDMA, psilocybin, ketamine), that are controlled under the international drug Conventions, and investment in clinical research has shown the potential for their use, coupled with psychotherapy, in the treatment of a range of mental health disorders.

Some of these scientific developments are quite advanced but have not yet resulted in scientific standard guidelines for medical use. The encouraging results of the ongoing medical research have, however, led to policy changes that have allowed access to psychedelics for “quasi-therapeutic” use in a couple of jurisdictions in the United States, and for medical use in Australia and in one jurisdiction in Canada.

In addition, within the broader “psychedelic renaissance”, there are popular movements that are distinct from traditional use by Indigenous communities and are contributing to burgeoning commercial interest and to the creation of an enabling environment that encourages broad access to the unsupervised, “quasi-therapeutic” and non-medical use of psychedelics. Such movements have the potential to outpace the scientific therapeutic evidence and the development of guidelines for medical use of psychedelics. According to the Convention on Psychotropic Substances, 1971, substances such as LSD, MDMA or psilocybin are only allowed for scientific and very limited medical purposes by duly authorized persons.

The spread of popular perceptions of the therapeutic benefits and low risk of psychedelics mirror the cultural

environment that led to broad access to non-medical cannabis in some jurisdictions, although the spread of this perception seems to be faster in the case of psychedelics. One major difference is that, while the processes to legalize or regulate cannabis for non-medical use have mostly been driven by normalizing recreational use, the impulse to legalize psychedelics or to deregulate psychedelics seems to be motivated more by the desire for unsupervised therapeutic use within the overall realm of mental health, mindfulness, spirituality and overall well-being.

While some medical research on psychedelics has advanced quite rapidly, recent reviews of clinical trials involving psychedelics have identified some challenges and expressed concerns about the implementation of such trials, citing small sample sizes, absence of control groups, biases in the selection of study participants, short study duration, lack of safeguards, missing information on abuse and other adverse events, among others. Another concern that has also arisen recently relates to whether a drug regulatory body can approve medication-assisted psychotherapy beyond its purview of approving medicines and medicinal products.

This highlights the complexity and constraints of a medical therapy that could eventually come out of experimentation. These constraints have the potential to open up parallel markets for psychedelics used for alleged medical benefits outside a formal medically-approved context. Such a practice could potentially compromise public health objectives of improving health, social well-being and quality of life and increase the health risks associated with the unsupervised use of psychedelics with also an expansion of the illegal supply of these substances.

## PSYCHEDELIC RENAISSANCE





## GLOSSARY

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

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

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

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

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

*cocaine salt* — cocaine hydrochloride.

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

*fentanyls* — fentanyl and its analogues.

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

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

*opioids* — a generic term that refers both to opiates and their synthetic analogues (mainly prescription or pharmaceutical opioids) and compounds synthesized in the body.

*problem drug users* — people who engage in the high-risk consumption of drugs. For example, people who inject drugs, people who use drugs on a daily basis and/or people diagnosed with drug use disorders (harmful use or drug dependence), based on clinical criteria as contained in the *Diagnostic and Statistical Manual of Mental Disorders* (fifth edition) of the American Psychiatric Association, or the *International Classification of Diseases and Related Health Problems* (tenth revision) of WHO.

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

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

*dependence* — defined in the *International Statistical Classification of Diseases and Related Health Problems* (tenth revision) as a cluster of physiological, behavioural and cognitive phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

*substance or drug use disorders* — referred to in the *Diagnostic and Statistical Manual of Mental Disorders* (fifth edition) as patterns of symptoms resulting from the repeated use of a substance despite experiencing problems or impairment in daily life as a result of using substances. Depending on the number of symptoms identified, substance use disorder may be mild, moderate or severe.

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





## REGIONAL GROUPINGS

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

### AFRICA

- East Africa: Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Mauritius, Rwanda, Seychelles, Somalia, South Sudan, Uganda, United Republic of Tanzania and Mayotte
- North Africa: Algeria, Egypt, Libya, Morocco, Sudan and Tunisia
- Southern Africa: Angola, Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia, Zimbabwe and Reunion
- West and Central Africa: Benin, Burkina Faso, Cabo Verde, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone, Togo and Saint Helena

### AMERICAS

- Caribbean: Antigua and Barbuda, Bahamas, Barbados, Cuba, Dominica, Dominican Republic, Grenada, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, Anguilla, Aruba, Bonaire, Netherlands (Kingdom of the), British Virgin Islands, Cayman Islands, Curaçao, Guadeloupe, Martinique, Montserrat, Puerto Rico, Saba, Netherlands (Kingdom of the), Sint Eustatius, Netherlands (Kingdom of the), Sint Maarten, Turks and Caicos Islands and United States Virgin Islands
- Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama
- North America: Canada, Mexico, United States of America, Bermuda, Greenland and Saint-Pierre and Miquelon
- South America: Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname, Uruguay, Venezuela (Bolivarian Republic of) and Falkland Islands (Malvinas)

### ASIA

- Central Asia and Transcaucasia: Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan
- East and South-East Asia: Brunei Darussalam, Cambodia, China, Democratic People's Republic of Korea, Indonesia, Japan, Lao People's Democratic Republic, Malaysia, Mongolia, Myanmar, Philippines, Republic of Korea, Singapore, Thailand, Timor-Leste, Viet Nam, Hong Kong, China, Macao, China, and Taiwan Province of China
- Near and Middle East: Bahrain, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, United Arab Emirates, Yemen and State of Palestine
- South Asia: Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka
- South-West Asia: Afghanistan, Iran (Islamic Republic of) and Pakistan

### EUROPE

- Eastern Europe: Belarus, Republic of Moldova, Russian Federation and Ukraine
- South-Eastern Europe: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, North Macedonia, Romania, Serbia, Türkiye and Kosovo<sup>1</sup>
- Western and Central Europe: Andorra, Austria, Belgium, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Netherlands (Kingdom of the), Norway, Poland, Portugal, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom of Great Britain and Northern Ireland, Faroe Islands, Gibraltar and Holy See

### OCEANIA

- Australia and New Zealand: Australia and New Zealand
- Polynesia: Cook Islands, Niue, Samoa, Tonga, Tuvalu, French Polynesia, Tokelau and Wallis and Futuna Islands
- Melanesia: Fiji, Papua New Guinea, Solomon Islands, Vanuatu and New Caledonia
- Micronesia: Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Palau, Guam and Northern Mariana Islands

1 References to Kosovo shall be understood to be in the context of Security Council resolution 1244 (1999).



# UNODC

United Nations Office on Drugs and Crime

Vienna International Centre, PO Box 500, 1400 Vienna, Austria  
Tel: +(43) (1) 26060-0, Fax: +(43) (1) 26060-5866, [www.unodc.org](http://www.unodc.org)



A global reference on drug markets, trends and policy developments, the *World Drug Report* offers a wealth of data and analysis and in 2024 comprises several elements tailored to different audiences. The web-based **Drug market patterns and trends** module contains the latest analysis of global, regional and subregional estimates of and trends in drug demand and supply in a user-friendly, interactive format supported by graphs, infographics and maps. The **Key findings and conclusions** booklet provides an overview of selected findings from the analysis presented in the **Drug market patterns and trends** module and the thematic **Contemporary issues on drugs** booklet, while the **Special points of interest** fascicle offers a framework for the main takeaways and policy implications that can be drawn from those findings.

As well as providing an in-depth analysis of key developments and emerging trends in selected drug markets, the **Contemporary issues on drugs** booklet looks at several other developments of policy relevance. The booklet opens with a look at the 2022 Taliban ban on the cultivation and production of and trafficking in drugs in Afghanistan and its implications both within the country and in transit and destination markets elsewhere. This is followed by a chapter examining the convergence of drug trafficking and other activities and how they affect natural ecosystems and communities in the Golden Triangle in South-East Asia. The chapter also assesses the extent to which drug production and trafficking are linked with other illicit economies that challenge the rule of law and fuel conflict. Another chapter analyses how the dynamics of demand for and supply of synthetic drugs vary when the gender and age of market participants are considered. The booklet continues with an update on regulatory approaches to and the impact of legalization on the non-medical cannabis market in different countries, and a review of the enabling environment that provides broad access to the unsupervised, “quasi-therapeutic” and non-medical use of psychedelic substances. Finally, the booklet offers a multi-dimensional framework on the right to health in the context of drug use; these dimensions include availability, accessibility, acceptability, quality, non-discrimination, non-stigmatization and participation.

The *World Drug Report 2024* is aimed not only at fostering greater international cooperation to counter the impact of the world drug problem on health, governance and security, but also at assisting Member States in anticipating and addressing threats posed by drug markets and mitigating their consequences.

The *World Drug Report 2024* is published on the UNODC website:

<https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2024.html>

