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UNITED NATIONS OFFICE ON DRUGS AND CRIME
Vienna

WORLD DRUG REPORT 2025

UNITED NATIONS
New York, 2025

PREFACE

Every year, the *World Drug Report* aims to provide an accurate, scientific and impartial overview of drug trends and patterns around the world. This year's report paints a picture of a global market that is growing steadily and shifting rapidly, with serious consequences for people in every part of the world.

As at 2023, some 316 million people worldwide had used drugs in the past year, representing an increase over the past decade that outpaces population growth, which indicates a higher prevalence of drug use. We are witnessing growing demand fuelled by a combination of factors, as well as growing supply from a relentless and adaptive illicit trade, both of which inflame – and are inflamed by – global instability, in a vicious cycle.

The synthetic drug market has expanded rapidly in the recent past and shows no signs of slowing down. Seizures of amphetamine-type stimulants worldwide broke records in 2023 and represented close to half of all synthetic drug seizures. Synthetic opioids also remained a major challenge, and the swift and concerning emergence of nitazenes continued in some markets. Global cocaine production has hit an all-time high once again, accompanied by significant increases in cocaine seizures, cocaine users and – most tragically – cocaine-related deaths in many countries in recent years.

In some regions of the world, drug-related trends are being consolidated and confirmed. Western and Central Europe continue to report more cocaine seizures than North America, thus representing the new primary destination for the drug; synthetic opioids continue to present an acute threat in North America, although the number of related deaths has decreased; the non-medical use of tramadol continues to plague West and Central Africa; and methamphetamine has maintained its upward trend in South-East Asia.

In other parts of the world, events have disrupted recent patterns and left the future uncertain. "Captagon" originating in the Syrian Arab Republic has flooded the Near and Middle East in recent years, but the country's political transition may trigger shifts in both production and trafficking. Opium production has remained comparatively low following the 2022 drug ban in Afghanistan, but economic pressures faced by farmers threaten this trajectory, while the emergence of synthetic opioids as an alternative for opiate users is also a danger. These volatile situations will present challenges and opportunities in the coming period.

What is clear from the research is that drugs and the ever-changing illicit drug market have a very real impact on our lives and our societies. For the first time, this year's report dedicates a chapter to the many impacts of drugs, encompassing the impacts on individuals and the well-being of families and communities.

One major concern is drug use among young people, which can be particularly damaging, resulting in higher rates of healthy years of life lost. On average, young people around the world use drugs at least as much as adults. Another notable challenge is the persistent difference in how drugs affect different people, including men and women, and the gaps in treatment available to them.

Beyond drug use itself, the illicit drug market has far-reaching consequences. Drug trafficking continues to drive organized crime and generate criminal profits, and associated violence has risen rapidly in some instances, including in countries of origin, transit and destination.

The good news is that many of the losses and tragedies caused by drugs are not inevitable, but preventable. Much of the evidence in this edition of the *World Drug Report* speaks for itself. It speaks for investing in the prevention of drug use at an early age; for science-based, voluntary and equally accessible treatment and services; for criminal justice responses that focus on disrupting the illicit market while treating all people with dignity; and for measures that are tailored to context and responsive to the particular needs of people.

I hope that this edition of the *World Drug Report* can provide clarity on global and regional drug patterns and help advocate an approach that places science and people at the centre.

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

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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.

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 pharmaceutical 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 2024 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 module:

ATS	amphetamine-type stimulants
CO_2e	carbon dioxide equivalent
COVID-19	coronavirus disease
DALYs	disability-adjusted life years
FARC-EP	*Fuerzas Armadas Revolucionárias de Colombia – Ejército del Pueblo* (Revolutionary Armed Forces of Colombia – People's Army)
GBL	*gamma*-butyrolactone
GDP	gross domestic product
GHB	*gamma*-hydroxybutyric acid
HCV	hepatitis C virus
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
INCB	International Narcotics Control Board
LSD	lysergic acid diethylamide
MDMA	3,4-methylenedioxymethamphetamine
MDMA HCl	3,4-methylenedioxymethamphetamine hydrochloride
NPS	new psychoactive substances
PCC	*Primeiro Comando Capital*
PTSD	post-traumatic stress disorder
UNODC	United Nations Office on Drugs and Crime
S-DDDs	defined daily doses for statistical purposes
THC	tetrahydrocannabinol
WHO	World Health Organization

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LATEST TRENDS IN DRUG MARKETS

Key message

The global cocaine market continues to break its own records.

Findings

Most indicators – those for production, seizures and use, and related treatment and deaths – point to 2023 being a record-breaking year for the global cocaine market.

At more than 3,708 tons, global estimated illegal production of cocaine reached a new high in 2023, almost a third more (34 per cent) than in the previous year. This is primarily a reflection of an increase in the size of the area under illicit coca bush cultivation in Colombia and updated yield data that resulted in a production estimate for the country that was some 50 per cent higher than that estimated in the previous year. The concentration of coca leaf production and manufacture of cocaine in high-yielding areas of Colombia also increased. By contrast, the area under coca leaf production in the Plurinational State of Bolivia stabilized in 2023, while the area of coca leaf production in Peru declined slightly.

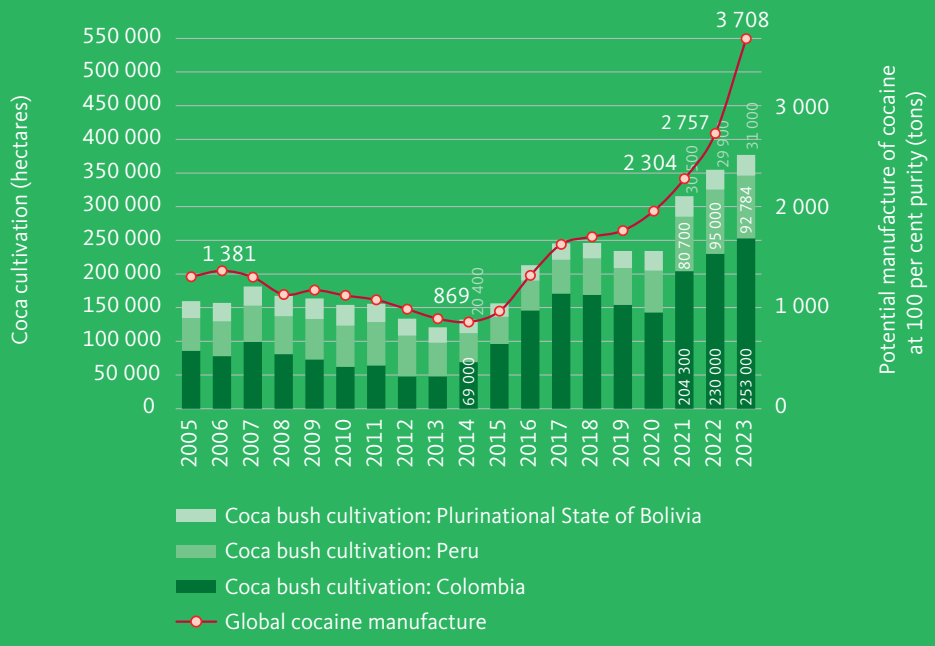
Global cocaine seizures also reached a record high in 2023, and increases were reported in all regions. Over the period 2019–2023, there was a 68 per cent rise in the quantity of cocaine seized worldwide.

The number of cocaine users globally has also continued to grow: an estimated 25 million people used the drug in 2023, up from 17 million in 2013. This represents an increase in the prevalence of cocaine use among people aged between 15 and 64 from 0.36 per cent to 0.47 per cent over the same period. North America, Western and Central Europe and South America continue to constitute the largest markets for cocaine, on the basis of the number of people who used drugs in the past year and on data derived from wastewater analysis.

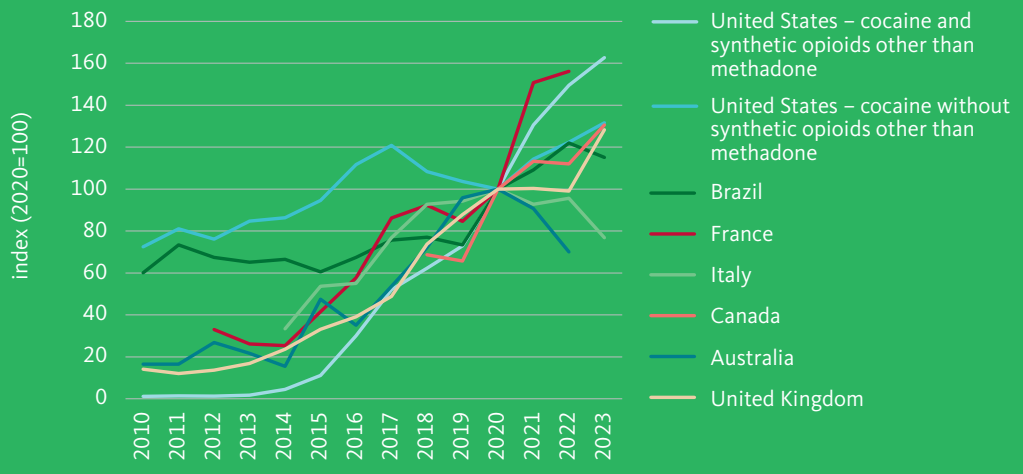
In all the subregions with available data, the number of people in cocaine-related treatment rose significantly between 2012 and 2019 and again after 2020, when there was a temporary drop during the coronavirus (COVID-19) pandemic. Moreover, countries with a sizeable cocaine market have recorded over the past decade an increase in deaths directly related to cocaine use.

The main cocaine trafficking flows continue to be from the Andean countries to North America and from the Andean countries to Europe, either directly or, to a lesser extent, by way of West and Central Africa. Flows of cocaine to Europe have increased dramatically in recent years, which is reflected both in rising seizures and increasing cocaine consumption as indicated by wastewater analysis in European cities. Cocaine seizures reported in Western and Central Europe in 2023 exceeded those reported in North America for the fifth year in a row.

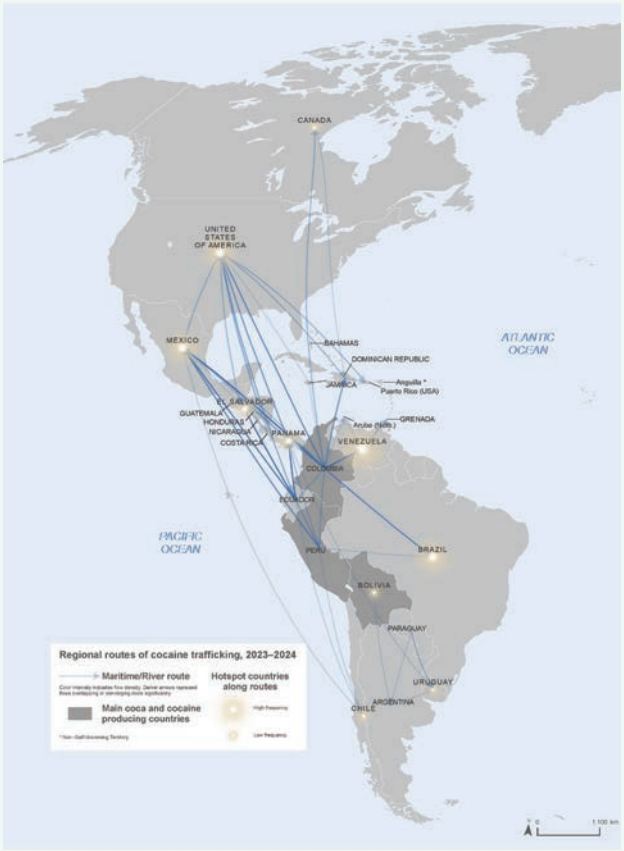
ILLICIT COCA CULTIVATION AND COCAINE PRODUCTION, 2005–2023



TRENDS IN DEATHS DIRECTLY ATTRIBUTABLE TO COCAINE USE IN COUNTRIES WITH HIGH PREVALENCE OF COCAINE USE AND AVAILABLE DATA, INDEXED (2020 = 100), 2010–2023



MAIN COCAINE TRAFFICKING ROUTES WITHIN THE AMERICAS BY WATER, 2023–2024



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A dispute exists between the Government of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

Findings (continued)

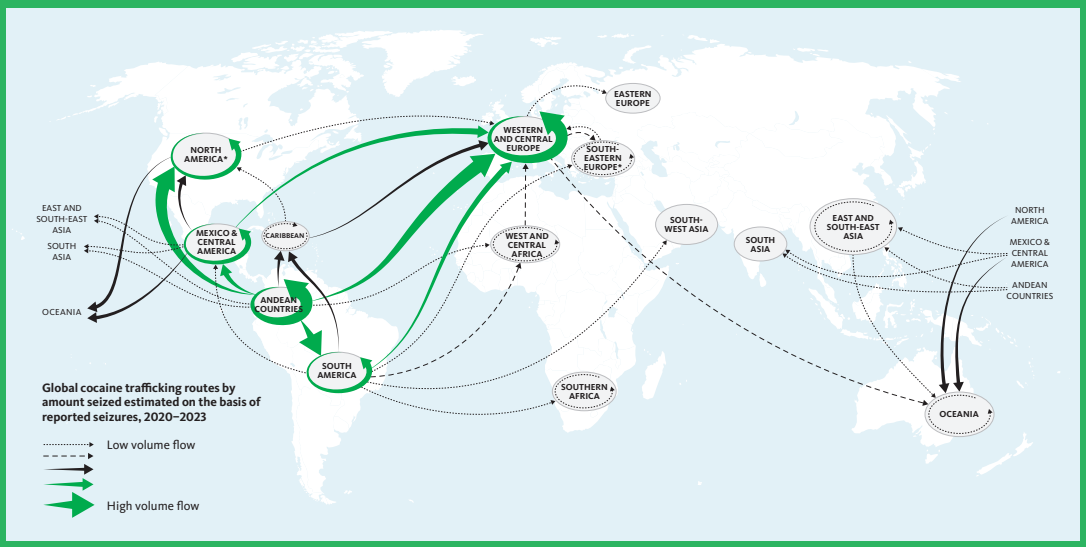
Cocaine seizures in the longstanding markets in the Americas, Europe and Oceania (Australia and New Zealand) rose by 12 per cent in 2023 to reach 2,235 tons, representing 98 per cent of the global total of such seizures. However, the increase in cocaine seizures in the emerging markets for the drug and on its trans-shipment routes through Africa and Asia was far sharper, rising by 85 per cent from the previous year.

Indeed, there are indications that cocaine supply has already increased significantly in areas where cocaine demand was previously limited, such as in Africa or Asia. These areas include countries where the prevalence of cocaine use was previously low, such as China and Japan. In other countries, such as Türkiye and a number of countries in Africa (Angola, Cabo Verde, Côte d'Ivoire, Ghana, Liberia, Morocco, Mozambique, the Niger, Senegal, Seychelles, Sierra Leone, South Africa and Zambia), drug treatment admissions for cocaine use disorders have also increased. Although seizures made in emerging markets are on the rise, they were still less than 2 per cent of global seizures in 2022 and less than 3 per cent in 2023.

Last but not least, violence related to cocaine trafficking has been particularly visible among criminal groups operating in the Americas. Violence has surged in Ecuador, for example, where the homicide rate increased from 7.8 per 100,000 population in 2020 to 45.7 per 100,000 population in 2023. Moreover, the overall increase in cocaine seizures in recent years appears to have occurred in parallel with increasing violence in the Caribbean, largely stemming from increasing competition between criminal gangs over drug markets. This increase in seizures may also have affected the levels of violence between groups operating in West and Central Africa as a result of shifting cocaine trafficking patterns. To a lesser extent, the effects of this increase have also been visible among groups operating in Western and Central Europe, where cocaine-related violence has erupted in some countries that have emerged as major entry points for cocaine shipments into Europe.

For more information on data sources and analyses, please visit the interactive drug market patterns and trends segment at https://www.unodc.org/unodc/en/data-and-analysis/wdr-drug-market-patterns-trends.html (navigate to analysis by market -> cocaine).

MAIN COCAINE TRAFFICKING FLOWS, AS SHOWN BY REPORTED SEIZURES, 2020–2023



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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 official documents, over the period 2020–2023. 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 tracking routes while several secondary routes may not be reflected. Route arrows represent the direction of tracking: 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 tracking. Therefore, the tracking 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 Türkiye.*

COCAINE TRAFFICKING FLOWS DEPARTING THE AMERICAS AS DESCRIBED IN REPORTED SEIZURES, 2023–2024

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.
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.

KEY FINDINGS
LATEST TRENDS IN DRUG MARKETS

Key message

Afghan opium and heroin production remain at the lowest levels since 2001 and, although stocks continue to be drawn on, there are initial signs of opiate shortages, raising the risk of a possible shift to synthetic opioids as an alternative.

Findings

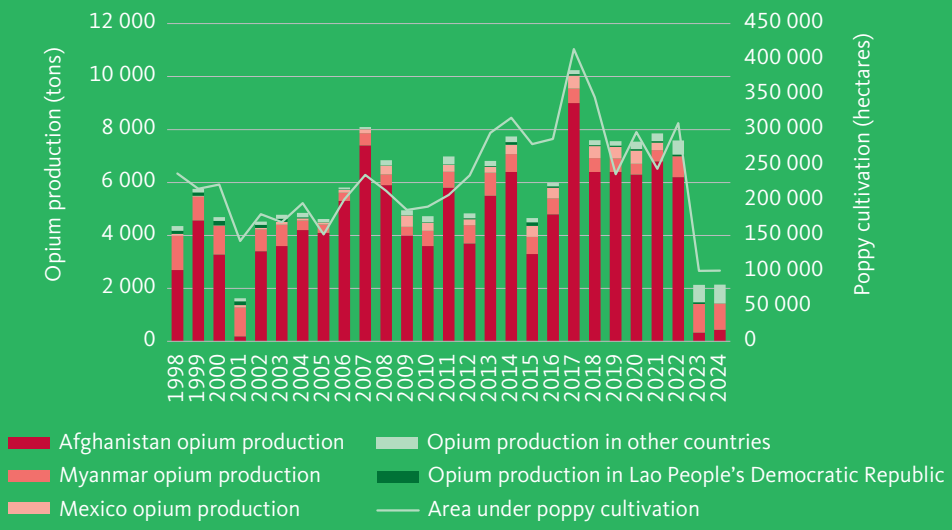
The level of global illicit opium poppy cultivation and opium production remained virtually unchanged from 2023 to 2024 but was well below the 2022 level. This was primarily due to the drug ban imposed in Afghanistan in April 2022 on the cultivation, transportation, trade, and selling of all drugs, which resulted in the global area under opium poppy cultivation being 68 per cent smaller and global opium production being 72 per cent lower in 2024 than in 2022.

Illicit opium cultivation in Afghanistan actually increased between 2023 and 2024 but was still about 95 per cent lower than in 2022, and opium production remained 93 per cent below the pre-ban level, at 433 tons. Consequently, dried opium now trades in Afghanistan at 10 times the pre-ban value, at roughly $750 per kg.

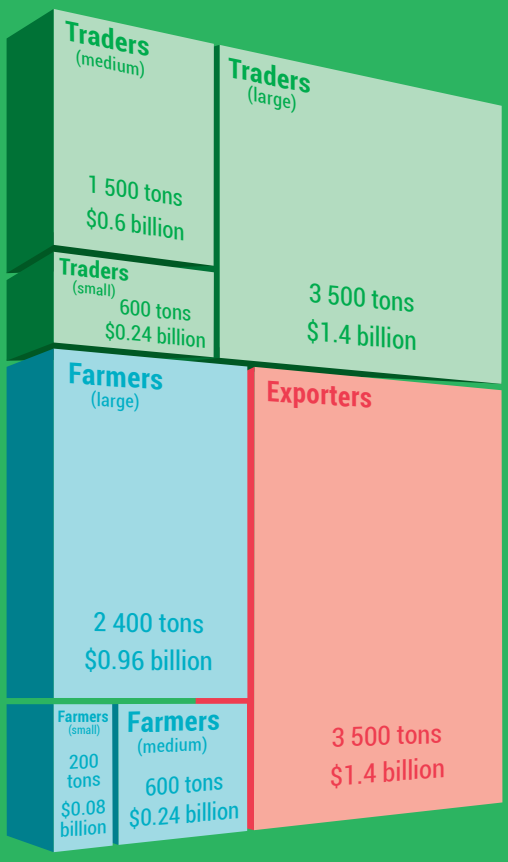
Meanwhile, the area under opium poppy cultivation in Myanmar shrank by 4 per cent from 2023 to 2024, and opium production fell by 8 per cent. Although the clear upward trend observed between 2020 and 2023 did not continue, the area under poppy cultivation in the country in 2024 was, at 45,200 hectares, still more than 50 per cent larger than in 2020. Furthermore, at 995 tons, opium production was higher.

Since opium is relatively non-perishable and can be stored for several years, some of the annual harvest has historically been stockpiled along the supply chain. The opium stockpiles in Afghanistan prior to the start of the 2023 harvest season are estimated to have totalled 13,200 tons, an amount sufficient to meet demand for Afghan opiates until the end of 2026. Most of the opium stockpiled in Afghanistan by the end of 2022 was probably held by large-scale traders and exporters, whereas the majority of small-scale farmers hold little to no stocks. Total stockpiles valued at 2023 prices could have been worth between $4.6 billion and $5.9 billion, which was almost one quarter of the country's GDP in 2023 and might have mitigated an immediate economic crisis.

GLOBAL OPIUM POPPY CULTIVATION AND PRODUCTION OF OPIUM, 1998–2024



ACCUMULATED OPIUM STOCKS IN TONS IN 2022 AND THEIR VALUE WITHIN AFGHANISTAN



Findings (continued)

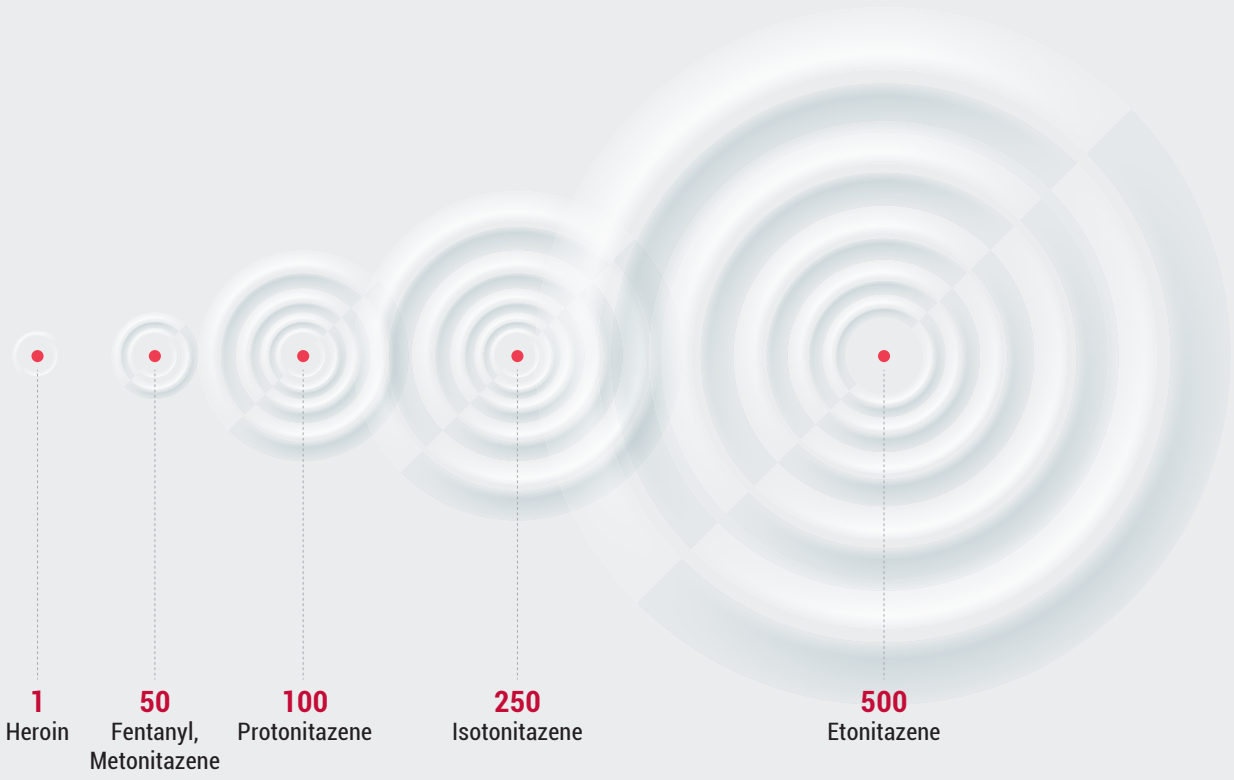
Opium stored in Afghanistan continues to be sold off, but seizure data and prices indicate opiate supply constraints within the country and surrounding areas. Global heroin seizures have fallen to almost 50 per cent of the 2021 level since the drug ban in Afghanistan became effective, and heroin prices in Afghanistan and some neighbouring countries have tripled, suggesting limited availability of the drug. Such high opium prices could encourage farmers in Afghanistan and nearby countries to engage in or resume poppy cultivation. By early 2025, some reports were indicating possible supply constraints in major destination markets.

Of serious concern in some major heroin markets is the continued development and introduction of new alternative synthetic opioids, such as nitazenes, and market-wide shifts to other opioids such as fentanyl. The sporadic emergence of potent synthetic opioids in some longstanding heroin markets in Europe has raised concerns about a larger possible shift. In 2023, 20 different nitazenes were reported by 28 countries to the UNODC Early Warning Advisory on New Psychoactive Substances (NPS), 12 of which are now under international control.

Preliminary reports by Estonia and Lativa suggest an increase in deaths linked to nitazenes and localized outbreaks of poisonings caused by nitazenes mis-sold as heroin have been reported in France and Ireland. In addition, since 2019, nitazenes, often mixed with other substances, have been increasingly detected in other regions, posing a growing public health concern due to their high potency and associated overdose risks.

For more information on data sources and analyses, please visit the interactive drug market patterns and trends segment at https://www.unodc.org/unodc/en/data-and-analysis/wdr-drug-market-patterns-trends.html (navigate to analysis by market -> opioids).

Some nitazenes can be 500 times more potent relative to heroin



KEY FINDINGS
LATEST TRENDS IN DRUG MARKETS

Key message

Synthetic drug market continues to expand globally.

Findings

The synthetic drug market continues to expand globally, aided by the fact that synthetic drugs can often be produced closer to destination markets than other types of drugs, which offers criminals advantages such as lower operational costs, few impediments to production and the reduced risk of detection, interdiction and prosecution.

Methamphetamine and amphetamine (including "captagon") continued to dominate the use of and trafficking in synthetic drugs worldwide in 2023. Seizures of amphetamine-type substances (ATS) reached a record high in 2023 and accounted for almost half of all seizures of synthetic drugs worldwide, reflecting increases in seizures of methamphetamine and "ecstasy". Some 31 million people worldwide used ATS in 2023; methamphetamine accounted for the largest share of ATS use and of ATS trafficked. However, in certain regions, amphetamine is the most used synthetic drug, most notably in Europe and the Near and Middle East.

While ATS is predominant at the global level, synthetic opioids pose a high level of health-related harm in some regions. The non-medical use of synthetic pharmaceuticals is of primary concern in certain geographical areas, such as the use of tramadol in West and Central Africa. Synthetic NPS are not widely used and trafficked globally, but concentrated markets can be found in Eastern Europe and Central Asia.

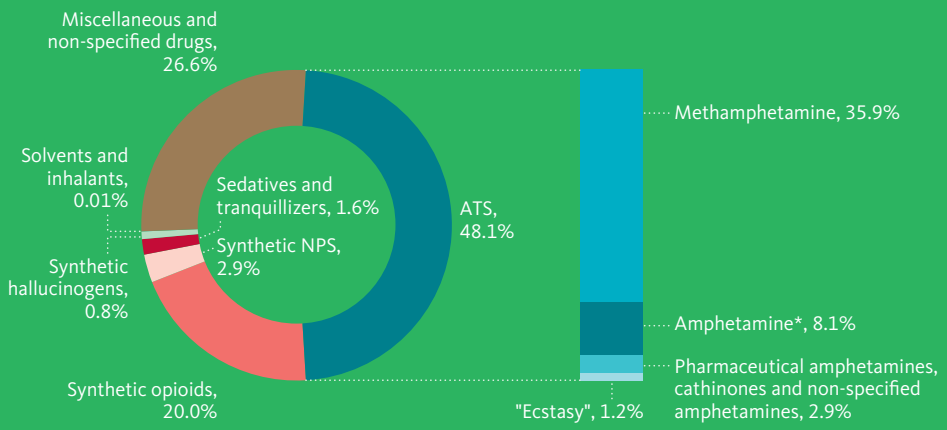
In terms of weight, synthetic opioids were the second most seized group of synthetic drugs worldwide in 2023, with fentanyl dominating in terms of the number of doses due to its high potency. Fentanyl trafficking is concentrated in North America, where it was originally used as a cutting agent for drugs that were already established in the market, such as heroin, cocaine and methamphetamine. However, a market for fentanyl itself has now developed, with some people specifically seeking it out owing to its high potency.

Fentanyl accounts for a large number of drug-related deaths, in particular in North America, where 48,422 deaths in the United States of America in 2024 were estimated (data published 13 June 2025) to be related to synthetic opioids (fentanyl). In Canada in 2023, fentanyl was involved in 7,057 deaths, and fentanyl analogues were involved in 3,356 deaths. Although definitions and monitoring processes differ between the two countries, the number of deaths related to fentanyls result in similar rates for people aged between 15 and 64. Nonetheless, in both the United States and Canada, there were initial signs of a decrease in the number of deaths resulting from fentanyl in the second half of 2023 and in 2024. In Mexico, by contrast, fentanyl led to a significant increase in the number of cases of people in drug use disorder treatment and care between 2018 and 2023.

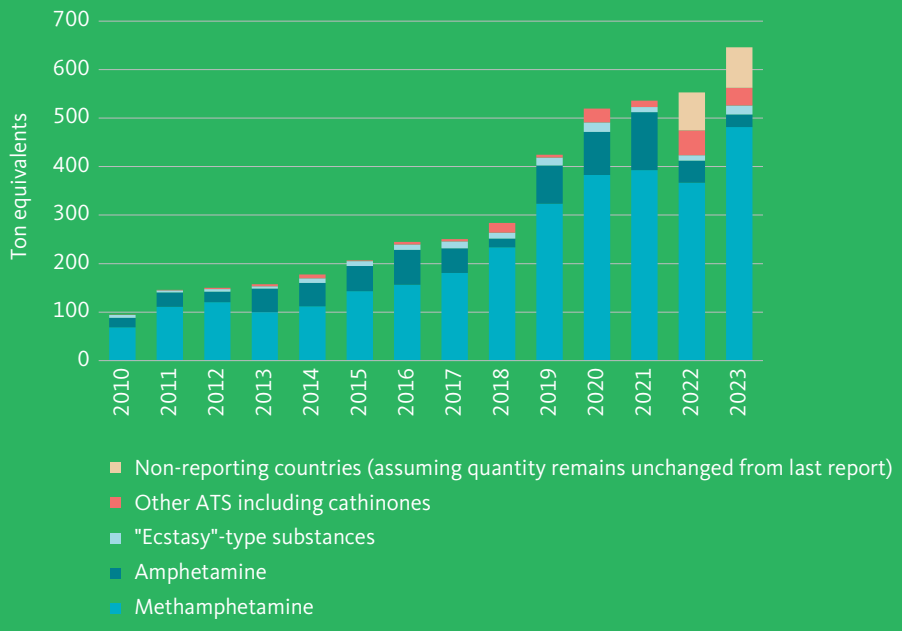
In the Baltic countries (most notably, Estonia and Latvia), where, until recently, fentanyl has played a major role in drug-related harm, particularly in the case of overdose deaths, the role of the drug has also diminished.

Other synthetic opioids have been emerging in some countries, most notably nitazenes, which have been related to high mortality rates due to their high potency. By 2024, more new nitazenes than new fentanyl analogues were being reported by Member States to UNODC and accounted for almost 50 per cent of all reported opioid NPS. In 2024, the most frequently identified nitazenes in forensic institutes worldwide were protonitazene (38 per cent), followed by N-pyrrolidino protonitazene (24 per cent), N-desethyl isotonitazene (10 per cent) and metonitazene (8 per cent).

SHARE OF SYNTHETIC DRUGS REPORTED SEIZED IN 2023 (IN KILOGRAM EQUIVALENTS)



SEIZURES OF ATS, 2010–2023



Findings (continued)

In most regions, there seems to have been a trend in recent years in the mostly inadvertent use of nitazenes that may be sold as other drugs, such as heroin, or added to other drugs, such as cocaine powder, benzodiazepines, GHB, "ecstasy", cannabis and other herbal products. Nitazenes have also been detected in a significant number of deaths in Europe, particularly in the United Kingdom of Great Britain and Northern Ireland (458 deaths from June 2023 to January 2025), Ireland (77 deaths reported in two cities in November and December 2023) and in Baltic countries. In 2023, 61 of 117 drug-related deaths in Estonia (52 per cent) and 101 of 154 drug-related deaths in Latvia (66 per cent) were associated with nitazenes. In the United States, 320 overdose deaths involving the presence of nitazenes were identified in 2023.

The number of countries reporting the identification of nitazenes in the analysis of drug samples more than doubled from 13 in the period 2019–2020 to 35 in the period 2023–2024. The countries reporting nitazenes in the period 2019–2020 were exclusively in North America and in Western and Central Europe, but in the period 2023–2024 they were also located in Asia (China, Malaysia and Singapore), Oceania (Australia and New Zealand), South America (Brazil) and Africa (Mauritius and some countries in Western Africa).

The International Narcotics Control Board (INCB) has issued several global alerts on nitazenes to government enforcement focal points since 2020, most of which have been added to international controls. For example, four additional nitazenes were placed under international control by the Commission on Narcotic Drugs at its sixty-eighth session in March 2025, bringing the total number of nitazenes under control to 12.

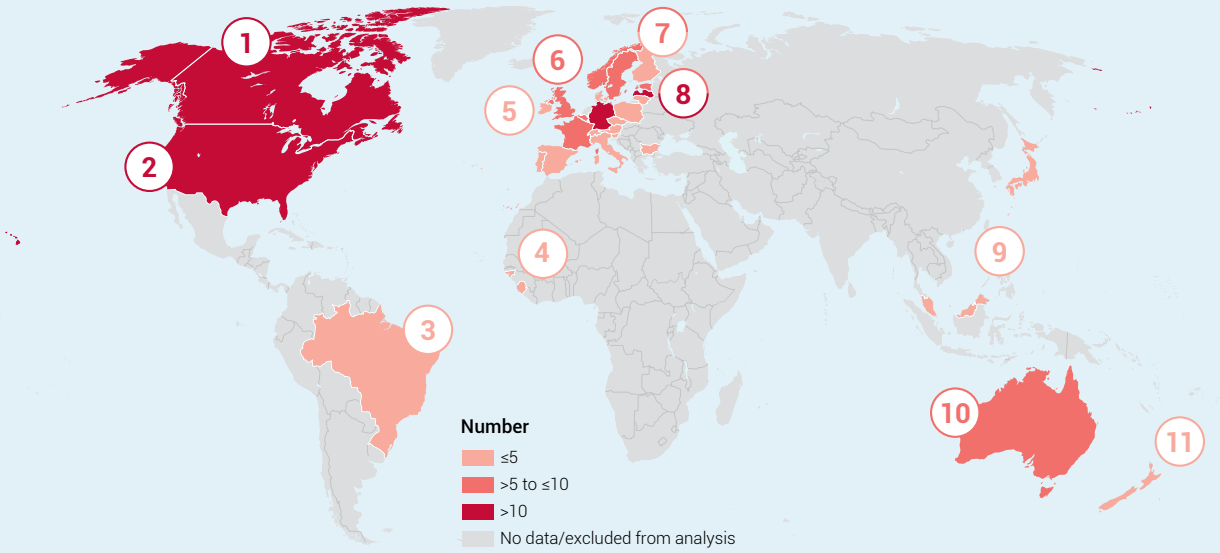
Substances belonging to the nitazenes group have apparently been identified in, among other things, products referred to as "kush", a drug that emerged in Sierra Leone in 2022 but spread rapidly across countries in West and Central Africa, including Liberia, the Gambia, Guinea, Guinea-Bissau and Senegal. After causing significant drug-related harm in Liberia and Sierra Leone in particular, this spread led the two countries to declare national emergencies to respond to the surge in the use of "kush". In Sierra Leone, "kush" has been identified as the substance leading to the largest number of people in drug use disorder-related treatment and care. Meanwhile, a school survey conducted in Guinea concluded that 0.94 per cent of school pupils surveyed used "kush", which is the third most reported drug used after cannabis and inhalants.

Among other synthetic drugs, the non-medical use of tramadol also poses a high level of drug-related harm in West and Central Africa, although data on use remain scarce and assessing patterns and trends remains difficult. Trafficking in and the non-medical use of tramadol also affect other regions, but to a lesser extent.

In the case of ketamine, more data are available and suggest a clear increase in seizures of the drug globally until 2022, although data for 2023 do not indicate a continuation of this trend. Global ketamine seizures are volatile from year to year but remain far higher than they were in the early 2000s. In addition, trafficking continues to be conducted predominantly in East and South-East Asia, but has recently also spread to other regions.

The non-medical use of pregabalin has also been reported in many subregions, including the Near and Middle East, North Africa, West and Central Africa and East Africa, as well as in Europe as a whole. However, the extent of the non-medical use of the drug is not well documented.

NUMBER OF UNIQUE NITAZENES DETECTED IN SELECTED COUNTRIES, 2019–2025



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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).

1 Since 2020, nitazenes have been reported by at least four provinces in Canada. In Quebec, isotonitazene was detected in 25 suspected overdose deaths and pronitazene in seven.

2 In 2023, 320 deaths attributed to nitazenes were reported in the United States. Most of the overdose deaths were due to metonitazene (190).

3 In Brazil between July 2022 and April 2023, nitazenes (mostly metonitazene) were the most frequently reported drugs in opioid seizures. Nitazenes have also been mixed with synthetic cannabinoids (MDMB-4en-PINACA) as well as cocaine.

4 Nitazenes (protonitazene) were identified together with synthetic cannabinoids (MDMB-4en-PINACA, ADB BUTINACA) and cocaine in samples of "kush", a drug that causes significant drug-related harm in Guinea-Bissau and Sierra Leone, including being the most frequently reported drug leading to drug-related treatment in Sierra Leone.

5 Etonitazene and protonitazene were sold as heroin on the streets of Dublin and Cork, Ireland, in late 2023, which led to a wave of overdoses according to media sources, totalling 77 cases in the two cities in November and December 2023.

6 Between June 2023 and January 2025, 458 deaths in the United Kingdom were directly related to the use of nitazenes. These numbers may be underestimates due to a lag in toxicology and forensic reporting.

7 Presence of nitazenes in counterfeit oxycodone or buprenorphine tablets have been reported in Sweden and Finland. In Norway 35 nitazene (mainly metonitazene) related deaths were reported between June 2023 and August 2024.

8 In 2023, 61 of 117 drug-related deaths in Estonia and 101 of 154 in Latvia were associated with nitazenes. Nitazenes have also been reported in syringe residues in the two countries.

9 Between 2022 and 2023, nitazenes were reported in Malaysia (metonitazene) and Singapore (butonitazene).

10 In Australia, protonitazene, metonitazene, isotonitazene, butonitazene, etodesnitazene and etonitazepyne were identified in 32 cases of emergency department presentations between July 2020 and February 2024, while 17 deaths due to nitazenes (etodesnitazene, metonitazene and protonitazene) toxicity were recorded between 2021 and early 2024. Nitazenes were detected in powders and pills sold as other drugs (including heroin, cocaine, "ecstasy", GHB, ketamine, and oxycodone).

11 In New Zealand in May 2024, N-desethyl etonitazene was reported in counterfeit tablets sold as benzodiazepine. In 2022, metonitazene was reported in yellow tablets and powders, and protonitazene and isotonitazene in an orange powder.

Findings (continued)

In most cases, pregabalin is being used for its dissociative and euphoric effects and is considered to be easily available. Pregabalin overdose cases have also been reported in some regions. More than 30 source countries of pregabalin have been identified across Asia, Europe and Africa, but the drug seems to originate mostly in India. The number of pregabalin seizures voluntarily communicated by the Governments of Member States to the INCB IONICS tool indicates a considerable increase in such seizures between 2022 and 2024. According to INCB, several countries in Africa have placed the substance under national control, as a result of concern about its trafficking and abuse.

On the basis of seizure information, trafficking in synthetic NPS remains concentrated in specific regions around the globe. Synthetic NPS trafficking (excluding ketamine) followed a downward trend from 2012 to 2022, before partly recovering in 2023. Most seizures of synthetic NPS (excluding ketamine) made during the period 2019–2023 were linked to synthetic cannabinoids (73 per cent), followed by synthetic cathinones (21 per cent) and phenethylamines (6 per cent).

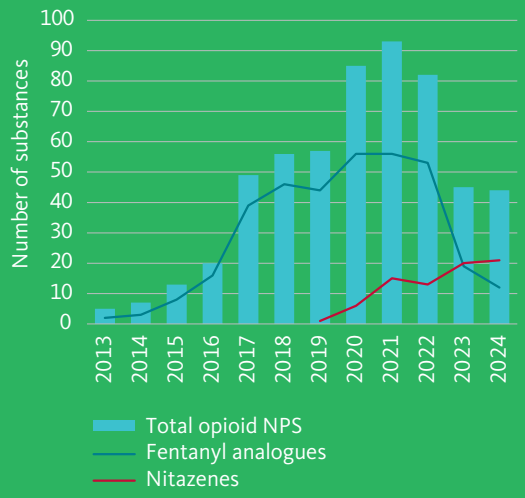
The vast majority of synthetic cathinones seized (79 per cent of the total) in the past decade were seized in Europe, and 68 per cent of the total was reportedly seized in Eastern Europe. Meanwhile, in recent years, reported seizures of cathinone NPS have declined sharply in most parts of the world, including Eastern Europe, as several synthetic cathinones have been scheduled and now fall under the broad category of ATS. Seizures of such ATS have increased, however, suggesting that the market for synthetic cathinones (irrespective of their legal control status) has continued expanding, both globally and in Eastern Europe in particular.

The prevalence of use of synthetic NPS cannot currently be estimated at the global level, but the median prevalence of any NPS use in the past year is 0.3 per cent among the 26 countries with available data – well below the prevalence of use of many controlled drugs.

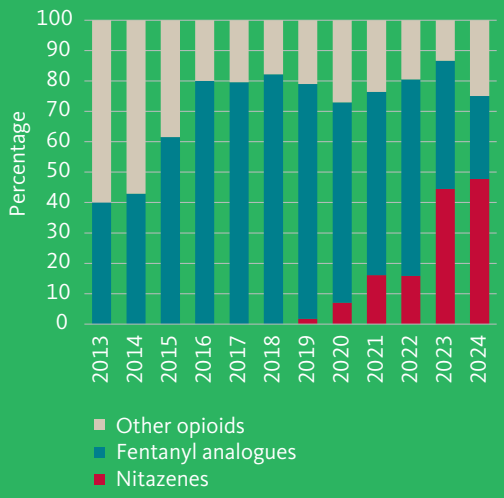
For more information on data sources and analyses, please visit the interactive drug market patterns and trends segment at https://www.unodc.org/unodc/en/data-and-analysis/wdr-drug-market-patterns-trends.html (navigate to analysis by market -> amphetamine-type stimulants (ATS)).

OPIOIDS REPORTED TO THE UNODC EARLY WARNING ADVISORY ON NPS, 2013–2024

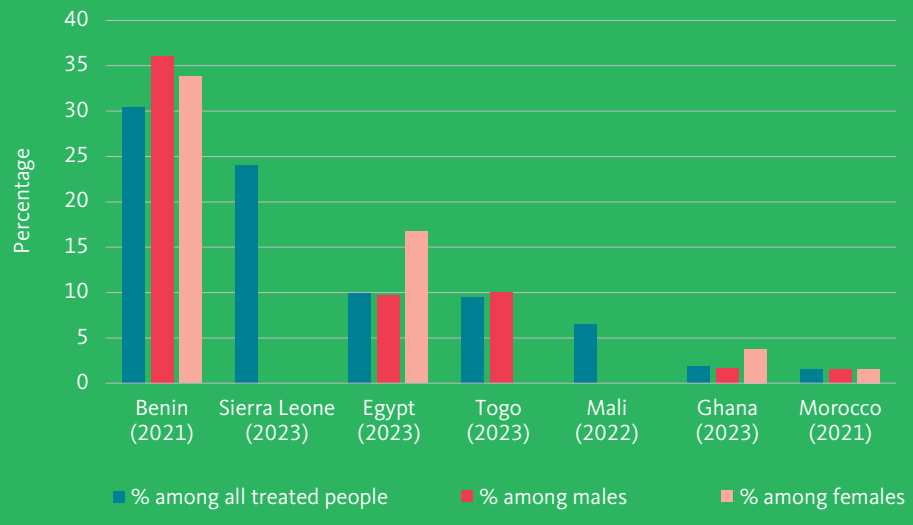
Number of unique fentanyl analogues, nitazenes and all opioid NPS



Proportion of nitazenes and fentanyl analogues in all opioid NPS



PROPORTION OF PERSONS TREATED WITH TRAMADOL AS THEIR PRIMARY DRUG OF CONCERN AMONG ALL TREATED IN DRUG-RELATED TREATMENT IN AFRICA, 2023 OR THE YEAR WITH LATEST AVAILABLE DATA



KEY FINDINGS
LATEST TRENDS IN DRUG MARKETS

Key message

The future of the "captagon" market is uncertain following recent developments in the Syrian Arab Republic.

Findings

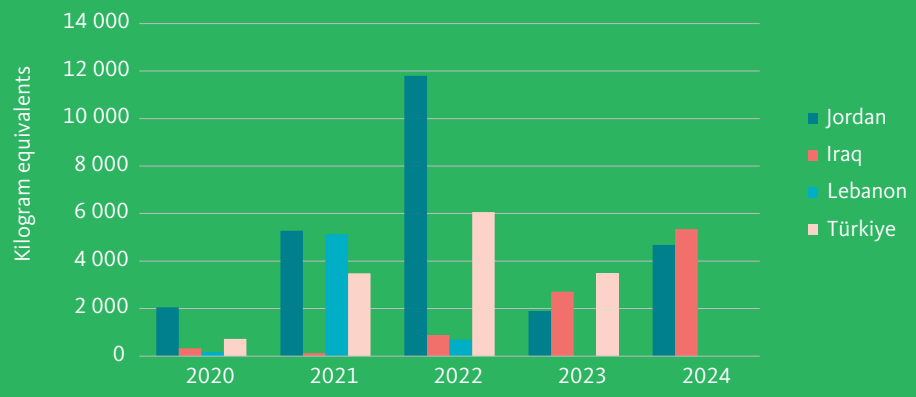
The Near and Middle East continues to be the region most affected by trafficking in and the use of "captagon", an illicitly manufactured substance that contains various concentrations of amphetamine and that originates mainly in the Syrian Arab Republic and, to a lesser extent, Lebanon. The future of the "captagon" market is uncertain, however, following the political transition and related security situation that began in 2024 in the Syrian Arab Republic. Those developments have uncovered large "captagon" manufacturing sites in the country, possibly disrupting the drug's supply, although the latest available seizure data, from 2024 and early 2025, confirm the persistence of "captagon" flows to other countries. This suggests that either pre-existing stockpiles of the drug are being released or production of it is continuing under different conditions or in different locations.

Countries of the Arabian Peninsula remain the primary destination markets for "captagon". However, a lack of official reporting of aggregated data from Saudi Arabia since 2022 has made it difficult to carry out a comprehensive regional trend analysis, because almost two thirds (67 per cent) of "captagon" tablets seized in the region between 2012 and 2021 were reported by that country. Nonetheless, data reported since 2020 by countries neighbouring the Syrian Arab Republic suggest an increasingly adaptive trafficking environment influenced by changes in border control measures, law enforcement capacity and shifts in the market. Aggregated annual quantities of "captagon" seized in those countries peaked in 2022, when the total quantity reached roughly 20 tons. Although this declined in 2023, Iraq recorded a steady year-on-year increase, culminating in the seizure of 5.3 tons of "captagon" in 2024. This upward trend may reflect the increasing entrenchment of this trafficking corridor, while also highlighting enhanced law enforcement efforts and detection capacities along the route.

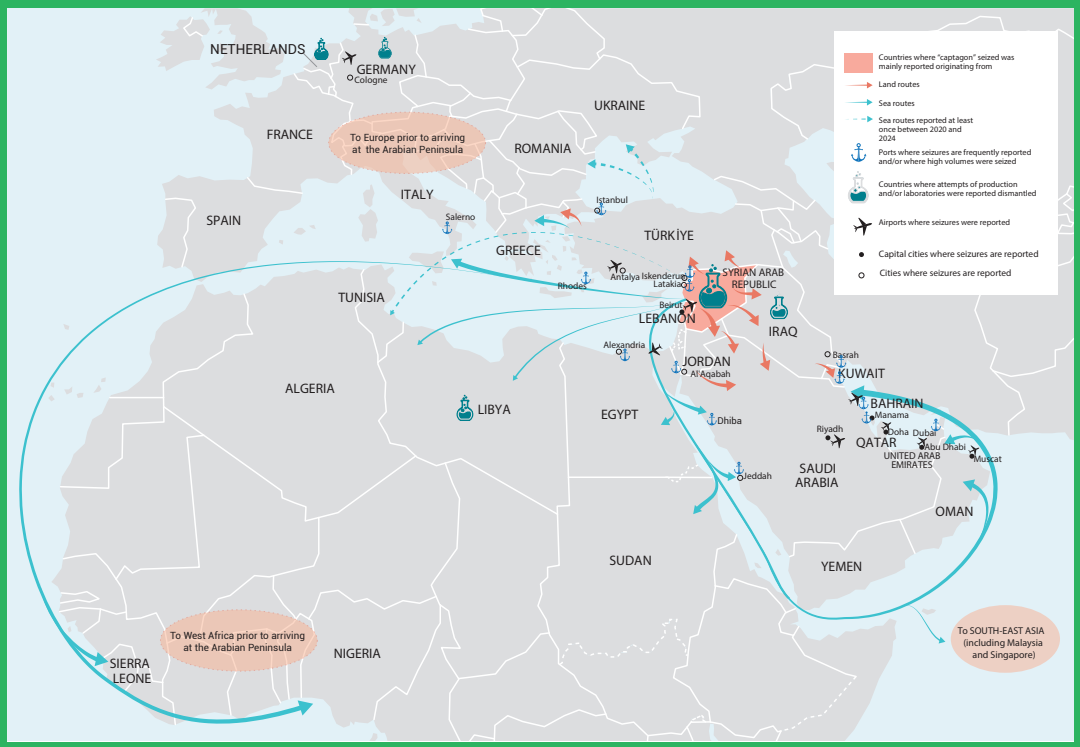
Seizures of "captagon" on the borders of the Syrian Arab Republic since late 2024 may indicate the release of previously accumulated stockpiles of the drug or the reactivation of trafficking channels. Several large seizures reported in late 2024 and early 2025 in neighbouring countries such as Iraq and Jordan, as well as Saudi Arabia, point to the continued use of established trafficking routes. Individual consignments ranged in size from 500,000 to 5 million "captagon" tablets (equivalent to 85 to 850 kg), underscoring the scale and continuity of trafficking operations. However, it remains unclear whether the consignments originated from residual stockpiles or newly resumed manufacture of the drug. This is a reflection of both the limited understanding of manufacturing dynamics in the Syrian Arab Republic and the continuing adaptability of drug trafficking networks operating in and around the country. While no systematic forensic analysis has been conducted on those consignments, analyses from the previous year revealed broad variation in amphetamine content, from as little as 7 mg per tablet to 50 mg or more.

The potential geographical relocation of production, combined with the continued expansion of "captagon" trafficking to Libya and Egypt, and emerging signs of use in countries previously considered peripheral to the core market such as Libya, raise concerns over the evolution and diversification of the "captagon" market. Although the extent of "captagon" use in North Africa is yet to be assessed, preliminary interviews with medical professionals and people who use drugs in Libya suggest growing demand for synthetic substances, including "captagon" in the subregion.

ANNUAL VOLUME OF "CAPTAGON" REPORTED SEIZED BY COUNTRIES NEIGHBOURING THE SYRIAN ARAB REPUBLIC, 2020–2024



MAIN TRAFFICKING ROUTES FOR COUNTERFEIT "CAPTAGON", 2020–2024



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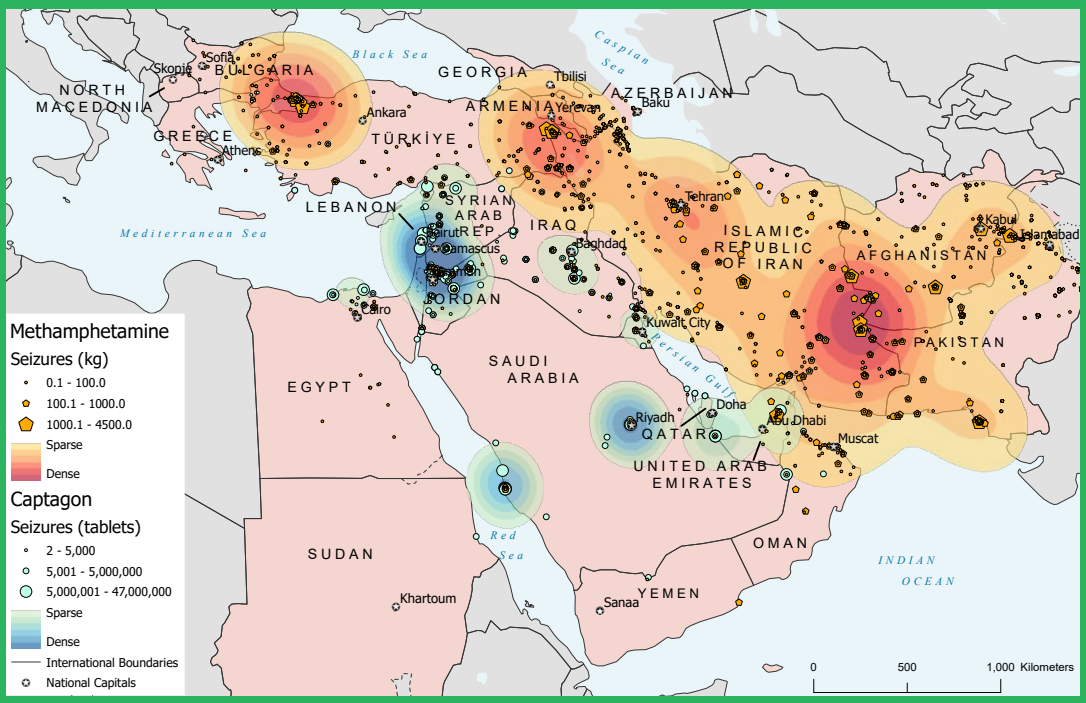
Findings (continued)

In parallel, methamphetamine trafficking continues to expand across the Near and Middle East and North Africa. The convergence of trafficking routes, concealment methods and distribution networks for "captagon" and methamphetamine highlights the increasing interconnection between the two markets. In the context of ongoing political and security shifts, as well as often inadequate drug treatment and care systems, questions remain as to how potential disruptions in "captagon" supply chains, in particular in the Syrian Arab Republic, may impact regional methamphetamine flows and demand and as to whether methamphetamine could eventually replace "captagon" in the region should manufacture of the latter decline. Methamphetamine and the amphetamine typically contained in "captagon" are similar in that both are ATS and have comparable psychoactive effects, although methamphetamine is generally more potent and associated with greater risks to individual health and well-being. A potential shift towards methamphetamine use could therefore pose heightened public health challenges and strain already limited drug treatment, and harm reduction and recovery support capacities in the region.

For more information on data sources and analyses, please visit the interactive drug market patterns and trends segment at https://www.unodc.org/unodc/en/data-and-analysis/wdr-drug-market-patterns-trends.html (navigate to analysis by market -> amphetamine-type stimulants (ATS)).

MAIN SEIZURES OF METHAMPHETAMINE AND "CAPTAGON" REPORTED IN AND AROUND THE NEAR AND MIDDLE EAST/SOUTH-WEST ASIA, 2020–2024



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KEY FINDINGS
LATEST TRENDS IN DRUG MARKETS

Key message

Methamphetamine markets continue to expand, with growth fastest in emerging markets.

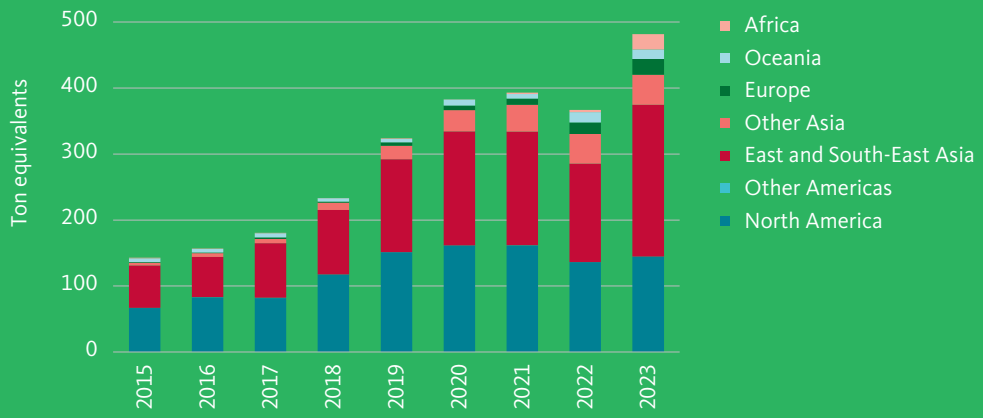
Findings

North America and East and South-East Asia continue to be the largest and most active methamphetamine markets, accounting for nearly 80 per cent of the 482 tons of methamphetamine seized globally in 2023. Large-scale methamphetamine manufacture remains concentrated in key subregional hubs, such as Mexico in North America and Myanmar in East and South-East Asia, as well as Afghanistan and the neighbouring region in South-West Asia, and Czechia and Netherlands (Kingdom of the) in Western and Central Europe, but the major markets have undergone some shifts in recent years.

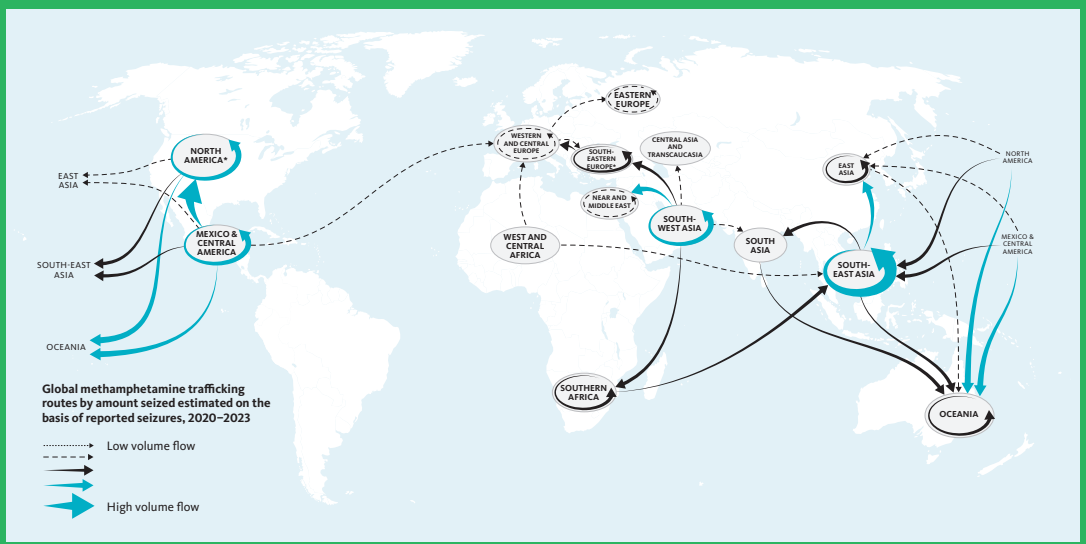
After years of increases in seizures of methamphetamine up to 2021, such seizures in North America declined in the following three years. In parallel, indicators of methamphetamine-related health harm in the United States and Canada seem to have stabilized at relatively high levels, and the first signs of a decrease in methamphetamine-related deaths appeared after 2021 in the United States and after 2023 in Canada. By contrast, data from Mexico show an increase in methamphetamine treatment admissions, especially for men.

Seizures of methamphetamine in South-East Asia have shown an overall upward trend over the past decade, while seizures in East Asia declined from their peak in 2015. In 2023, however, seizures of the drug in both subregions increased from the previous year. Methamphetamine remains the drug of major health concern in East and South-East Asia, where almost 70 per cent of people in drug use disorder treatment in recent years have been treated for the use of ATS, mostly methamphetamine. The consumption of methamphetamine continues to be primarily a male phenomenon across East and South-East Asia; males make up more than 90 per cent of people in drug use disorder-related treatment, and methamphetamine has been their primary drug in the subregion in recent years.

METHAMPHETAMINE SEIZURES, BY REGION AND SUBREGION, 2015–2023



MAIN METHAMPHETAMINE TRAFFICKING AS DESCRIBED IN REPORTED SEIZURES, 2020–2023



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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 2020–2023 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 Türkiye.*

Findings (continued)

Beyond the two major regional methamphetamine markets of North America and East and South-East Asia, there have been rapid and substantial increases in the rest of the world, with an average eightfold increase in methamphetamine seizures over the past decade. The sharpest annual increases have occurred in Europe, Africa, the Near and Middle East and South-West Asia. In Western and Central Europe and South-Eastern Europe, methamphetamine consumption increased by 47 per cent between 2014 and 2024, according to wastewater analysis, although the prevalence of use remains below that in the two major regional methamphetamine markets.

Moreover, on the basis of the location of individual seizures, methamphetamine trafficking is expanding geographically along the traditional Balkan route for heroin trafficking, in the Middle East and Gulf countries, and in West and Southern Africa. An increase in methamphetamine trafficking has also been reported in several small island countries in Oceania and the Pacific, a region that is used to traffic methamphetamine from the Americas to Oceania and East Asia.

Most methamphetamine trafficking continues to be primarily intraregional, that is, destined for markets in the region in which it originates. However, in addition to the significant intraregional methamphetamine trafficking flows, trafficking in the drug between regions has increased. Indeed, the ongoing expansion of methamphetamine trafficking is visible in several parts of the world, including in the Near and Middle East.

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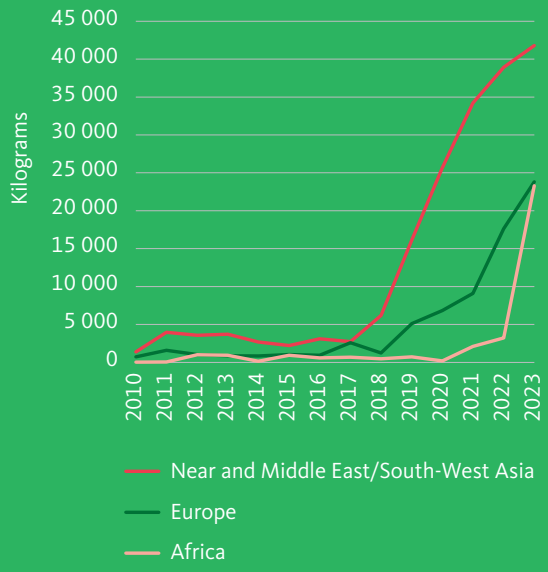
METHAMPHETAMINE SEIZURES IN EMERGING MARKETS WHERE DEMAND IS BEGINNING TO DEVELOP, 2010–2023



KEY FINDINGS
LATEST TRENDS IN DRUG MARKETS

Key message

Use of, trafficking in and harm caused by NPS remain more contained than those related to controlled drugs.

Findings

The number of NPS in the global drug market continues to decline. Beyond the misuse of certain pharmaceuticals such as tramadol and ketamine, which are not under international control, no one NPS has become predominant in the global drug market. Nevertheless, NPS remain a threat to those who use them and their use may be riskier than that of controlled substances. However, in global aggregated terms, the threat posed by NPS seems to have been contained, as the number of people using NPS is far smaller than the number of people using controlled drugs. Thus far, when a single NPS has become a sizeable health threat, it has been placed under international control and subsequently – in a number of cases – has largely disappeared from the global market. As at 9 June 2025, the international control system had placed 87 NPS under international control since 2014.

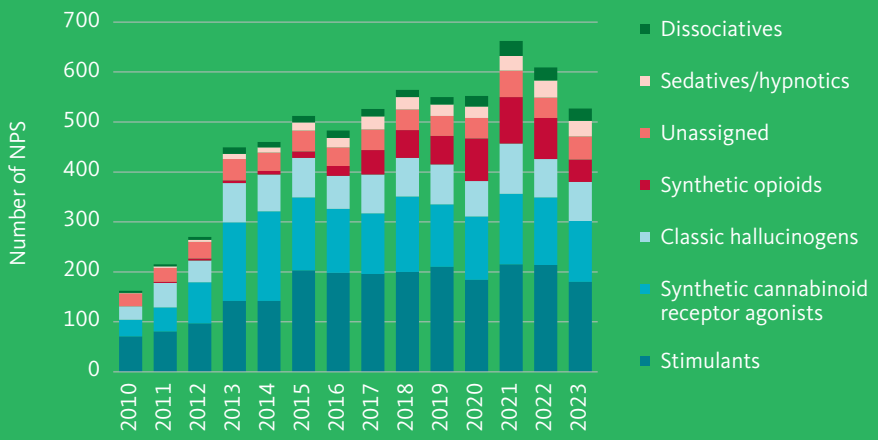
In 2023, 527 NPS were reported by Member States to UNODC as being in the global drug market, which was a decrease from the peak of 662 reported in 2021. Most of the NPS reported to be in the global drug market in the past five years were synthetic cannabinoids, followed by synthetic cathinones and phenethylamines.

On the basis of seizure data, trafficking in synthetic NPS cannabinoids seems to have increased in 2023, although ketamine continues to dominate synthetic NPS seizures globally. Trafficking in synthetic NPS has primarily affected countries in Asia, the Americas and Europe over the past decade. In 2023, 41 countries reported seizures of synthetic NPS, and Asia continued to account for the largest quantities of NPS seized. In 2023, a significant quantity of synthetic NPS was seized in Africa for the first time. Most notably, a substantial quantity of "kush" (which contain unknown quantities of various synthetic cannabinoids and other drugs) was reportedly seized in Sierra Leone and just over 1 ton of ketamine was seized in Kenya. Trafficking in plant-based NPS remains more geographically concentrated than that of synthetic NPS, as 19 countries reported seizures of plant-based NPS in 2023. Of those plant-based NPS, trafficking in khat and kratom is the most prevalent.

Monitoring the prevalence of NPS use remains a challenge due to uncertainty about the content of NPS, their labelling and because such substances tend to suddenly appear in the market and then just as suddenly disappear. The few studies available on the prevalence of NPS are concentrated in high-income countries, where they suggest a lower prevalence of NPS use than of controlled drugs, as the past-year median prevalence of NPS use is 0.3 per cent in the 26 countries with available data. That is lower than the prevalence of use of cannabis, opioids, amphetamines, cocaine or "ecstasy". Patterns of use vary in such studies, but, as in the case of controlled drugs, prevalence of use is lower among women than men and higher among high-school students (aged 15 and 16) than the adult population.

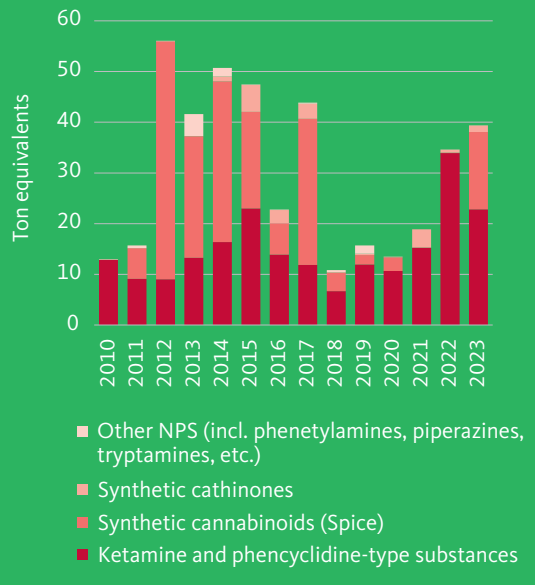
Monitoring the harm caused by the use of NPS is even more difficult than measuring their use. Given the large variety of NPS, defining their overall impact on health can be challenging. Nonetheless, in general terms the adverse effects of NPS on individuals may include somatic (including fatal and non-fatal poisonings) and psychiatric harm. In aggregated terms, however, health harm caused by the use of NPS seems to be at a lower level than that resulting from the use of controlled drugs, mostly because the number of people using NPS is much smaller than the number using controlled drugs.

NUMBER OF NPS REPORTED TO HAVE BEEN ON THE MARKET, 2010–2023

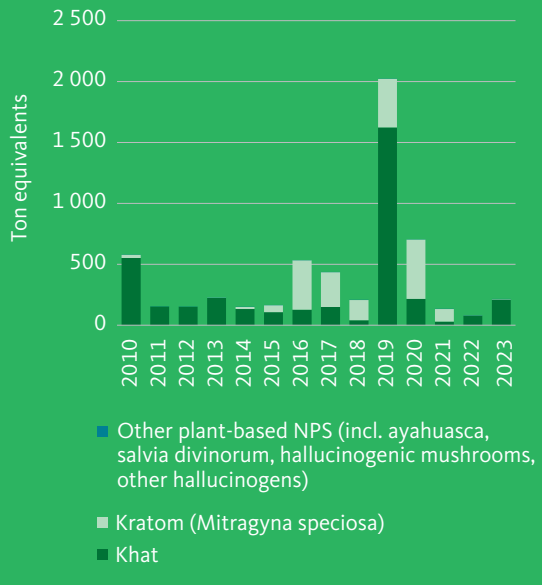


SEIZURES OF NPS, 2010–2023

Synthetic NPS



Plant-based NPS



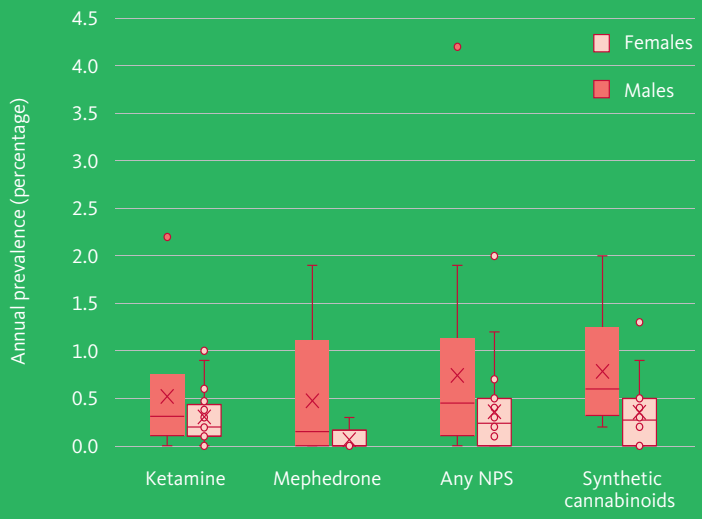
Findings (continued)

In terms of deaths, the aggregated health impact of NPS also seems much lower than that of controlled substances. An average of just 1.2 per cent of people who died from a direct drug-related cause in 2023 (or the latest year for which data are available) in 66 countries that reported data to UNODC (excluding the United States) had a toxicological finding of NPS in their system. A major issue with NPS is that people who use them may do so unwittingly, particularly when NPS are used to adulterate other drugs. In this way, NPS analogues of fentanyl have caused thousands of overdose deaths in North America and nitazenes have started to cause fatal overdoses, for example, in some parts of Europe.

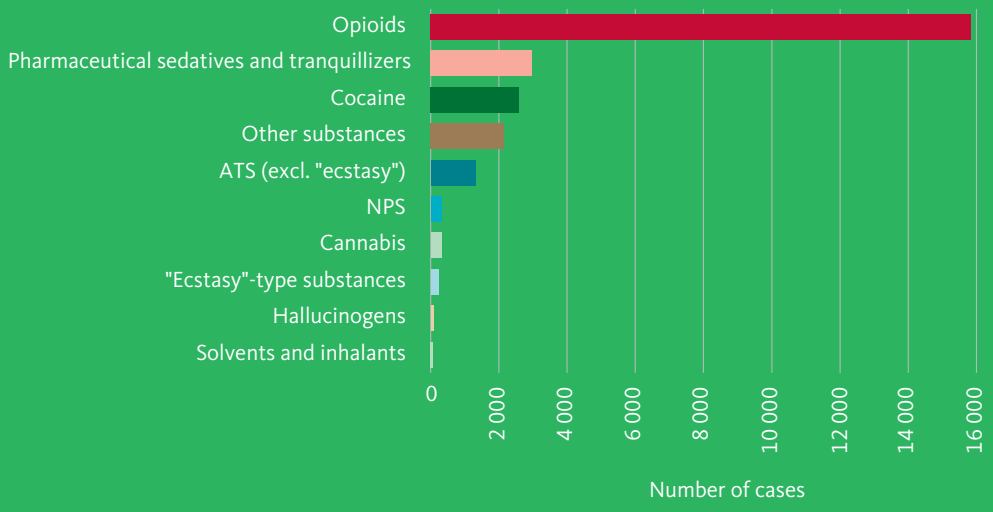
NPS are reportedly one of the main drug types leading people to enter treatment for drug use in Armenia, Kazakhstan, Kyrgyzstan, the Russian Federation and Uzbekistan. In 2021, the European Web Survey on Drugs, an online survey conducted among a relatively large but non-representative sample of people who use drugs, showed that while the past-year prevalence of NPS use among respondents was 16 per cent in European Union countries, it was 24 per cent in Georgia and 37 per cent in Ukraine.

For more information on data sources and analyses, please visit the interactive drug market patterns and trends segment at https://www.unodc.org/unodc/en/data-and-analysis/wdr-drug-market-patterns-trends.html (navigate to analysis by market -> new psychoactive substances (NPS)).

DISTRIBUTION OF PREVALENCE OF USE OF NPS AMONG THE GENERAL POPULATION IN 40 COUNTRIES WITH AVAILABLE DATA, BY SEX, 2023 OR THE MOST RECENT YEAR FOR WHICH DATA ARE AVAILABLE



TOXICOLOGICAL FINDINGS IN REPORTED CASES OF DIRECT DRUG-RELATED MORTALITY IN 66 COUNTRIES WITH DATA, 2023 OR THE MOST RECENT YEAR FOR WHICH DATA ARE AVAILABLE



KEY FINDINGS
LATEST TRENDS IN DRUG MARKETS

Key message

Mounting regional and global concerns about the non-medical use of and trafficking in pharmaceuticals.

Findings

Some substances that are widely used as medicines, such as codeine, tramadol, ketamine, fentanyl, methadone and pregabalin, are also found in illegal markets, some having been diverted from the legal supply, and some having been illegally manufactured.

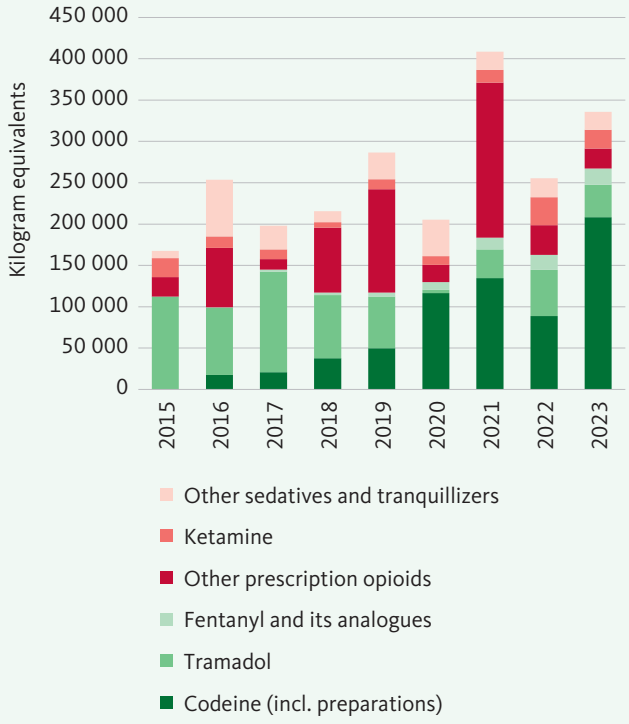
Codeine, fentanyl and methadone are controlled under the international drug conventions, but other substances, such as tramadol, ketamine and pregabalin, are not. The non-medical use of and trafficking in these pharmaceuticals have led to large markets becoming established in certain regions – an issue dominating public health concerns related to drug use in those regions.

Trend data on seizures and the limited reporting available on the use of pharmaceuticals suggest that trafficking in and the non-medical use of such substances increased between 2015 and 2023. The substances that have driven that global increase are pharmaceutical opioids, such as fentanyl and tramadol, and pharmaceutical sedatives and tranquillizers, such as benzodiazepines.

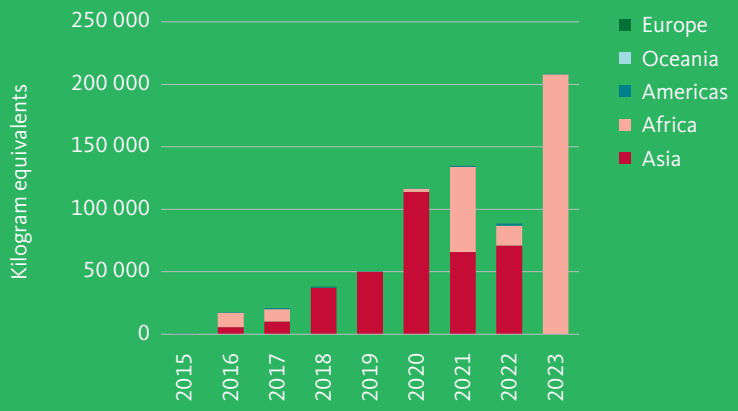
In the case of pharmaceutical opioids, there have been indications of different trafficking trends. Seizures of tramadol have declined and seizures of codeine have increased; the latter accounted for almost two thirds of all pharmaceutical opioids seized in 2023. However, seizures of fentanyl, most of which has been illicitly manufactured in clandestine laboratories, remain of principal concern. This is because, despite accounting for a relatively small share of total seizures of pharmaceuticals in terms of weight, fentanyl, owing to its high potency, accounts for 88 per cent of all pharmaceutical opioids seized in terms of standard daily doses.

Seizure data suggest that trafficking in sedatives and tranquillizers is dominated by GBL/GHB and benzodiazepines, with seizures of both having increased substantially. INCB has noted an increase in government exchanges involving falsified, substandard, unauthorized or illicitly manufactured pharmaceutical preparations that often contain NPS of the benzodiazepine or synthetic opioid class. By contrast, seizures of ketamine remained relatively stable between 2015 and 2023, and seizures of methadone and stimulant pharmaceuticals were much less substantial in terms of the quantity seized.

SEIZURES OF PHARMACEUTICAL DRUGS MOST SEIZED, 2015–2023



SEIZURES OF CODEINE, BY REGION, 2015–2023



SIGNIFICANT INDIVIDUAL SEIZURES OF CODEINE AND MAIN TRAFFICKING ROUTES, 2022–2024

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Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.
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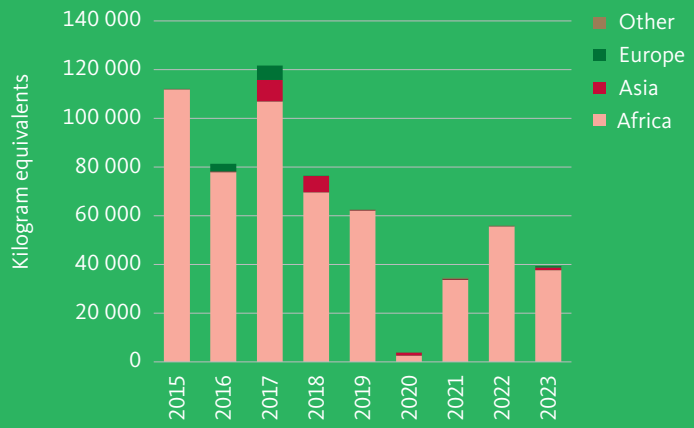
Findings (continued)

The concentration of seizures of certain pharmaceuticals suggests that trafficking in those drugs is spread across different regions, but there are distinct trafficking hubs for different substances. For example, fentanyl largely remains a North American phenomenon, tramadol seizures are concentrated in Africa, and seizures of codeine are concentrated in Asia and, more recently, in Africa, which is where almost all global seizures of codeine were effected in 2023.

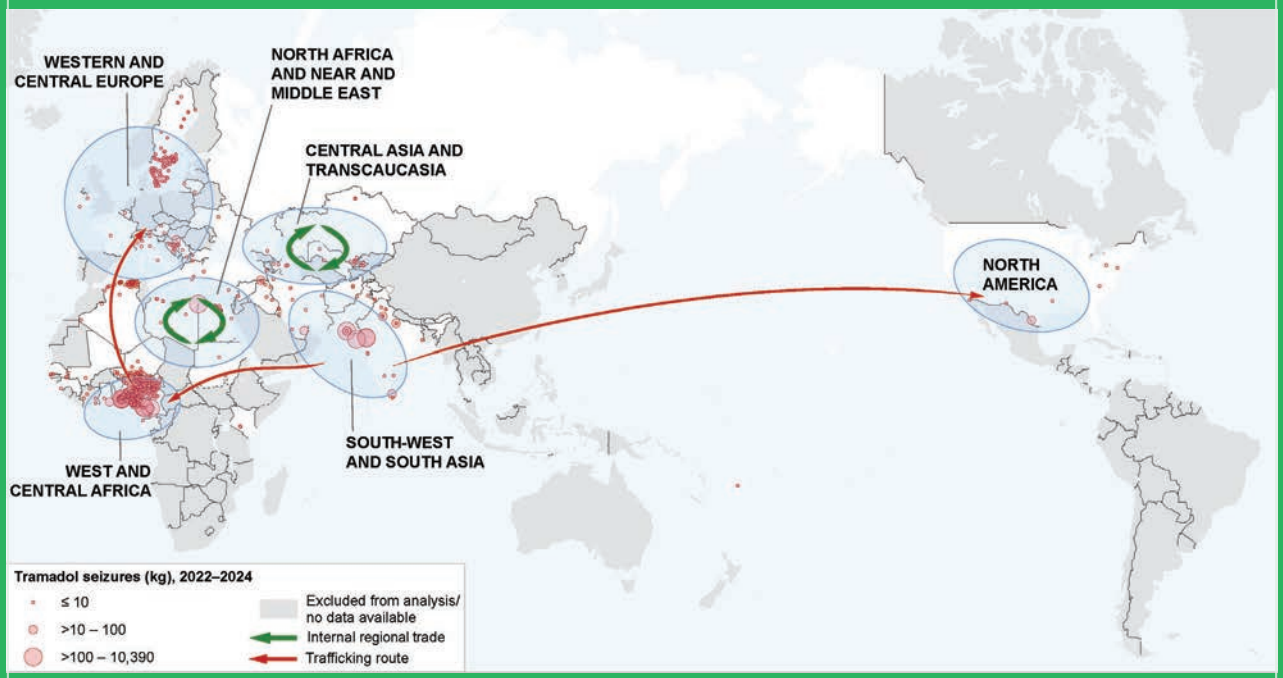
At the global level, seizures of codeine have risen dramatically from virtually no seizures in 2015 to seizures of over 200 tons in total in 2023. Data on significant individual drug seizures show that most trafficked codeine originated or departed from South Asia over the period 2022–2024.

The downward trend in seizures of tramadol to 39 tons in 2023 represents a 30 per cent decline from the previous year and a 68 per cent decline from the peak of 122 tons in 2017. Close to 90 per cent of all tramadol seized during the period 2015–2023 was reported to have been seized in West and Central Africa, but the geographical analysis of individual significant seizures shows that the drug is trafficked beyond that subregion and also affects illicit drug markets in North Africa, South-West Asia and South Asia, Western and Central Europe, North America and Central Asia and Transcaucasia. Data on drug use confirm that the non-medical use of tramadol is one of the major drug-related health concerns in West and Central Africa and North Africa, and that it is also of some concern in the other regions. Despite improved national control measures in India, most of the tramadol present in the illicit markets in Africa continues to depart from South Asia.

SEIZURES OF TRAMADOL, BY REGION, 2015–2023



SIGNIFICANT INDIVIDUAL SEIZURES OF TRAMADOL AND MAIN TRAFFICKING ROUTES, 2022–2024



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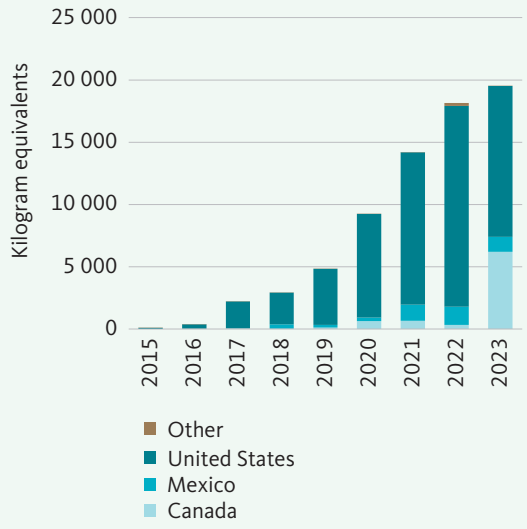
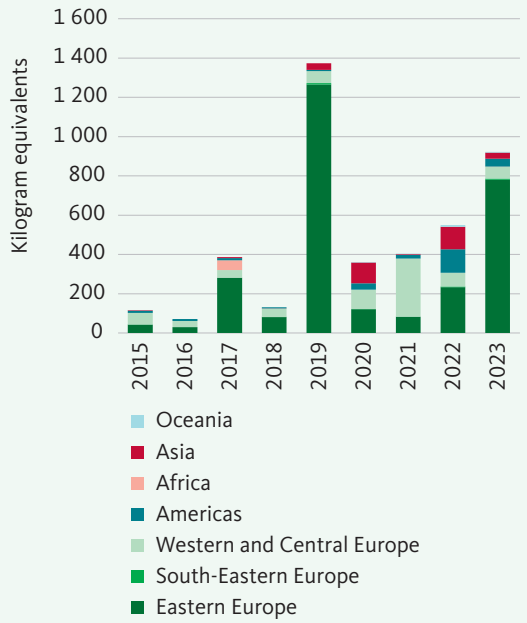
KEY FINDINGS
LATEST TRENDS IN DRUG MARKETS

SEIZURES OF FENTANYL, 2015–2023



SEIZURES OF METHADONE, BY (SUB)REGION, 2015–2023



Findings (continued)

Led foremost by seizures reported in North America (99 per cent of the global quantity seized), seizures of fentanyl have shown a clear upward trend since 2015, and 19.5 tons were seized globally in 2023, most notably in the United States, where seizures made during the period 2022–2024 mostly originated in Mexico. Nonetheless, the growth in seizures has slowed considerably and may now be stabilizing, while overdose deaths associated with fentanyl have started to decline. According to the latest estimates, in the United States, overdose deaths involving synthetic opioids fell by 36 per cent between 2023 and 2024, and in Canada, apparent opioid toxicity deaths declined by 12 per cent in January to September 2024 from the level in January to September 2023.

United States authorities reported signs of a declining fentanyl market in 2024, with declining purity and a smaller number of seizures of fentanyl pills. These changes have been attributed to reduced accessibility to precursors in Mexico, reflecting increased awareness among chemical suppliers of the international control applied to the chemicals. The non-medical use of fentanyl remains alarming in North America, however, and its use continues to displace that of opioids of traditional use, such as heroin. Fentanyl continues to be found on occasion as an adulterant in other non-opioid drug markets.

Some seizures of fentanyl have also been made outside North America, particularly in Europe, but the illegal supply of fentanyl in European drug markets remains limited for now. Although it has generated considerable attention both from policymakers and the general public, fentanyl has thus far not displaced heroin in major existing heroin markets outside North America.

The illegal manufacture of and trafficking in methadone has mostly been detected in Europe. Global seizures of methadone, although low in terms of total weight, increased between 2015 and 2023, with seizures mostly increasing in Eastern Europe, where they remain concentrated. Methadone trafficking in Eastern Europe is intraregional; the Russian Federation and Ukraine were reported to be the main departure countries of methadone seized between 2020 and 2024.

SIGNIFICANT INDIVIDUAL SEIZURES OF FENTANYL, 2022–2024

SIGNIFICANT INDIVIDUAL SEIZURES OF METHADONE AND MAIN TRAFFICKING ROUTES, 2022–2024

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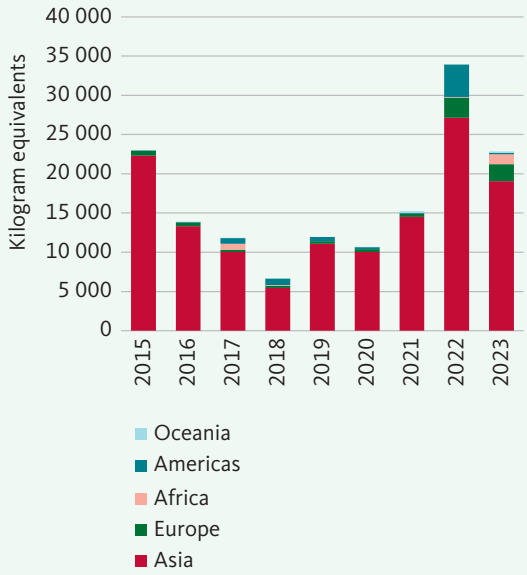
SEIZURES OF KETAMINE, BY REGION, 2015–2023



Findings (continued)

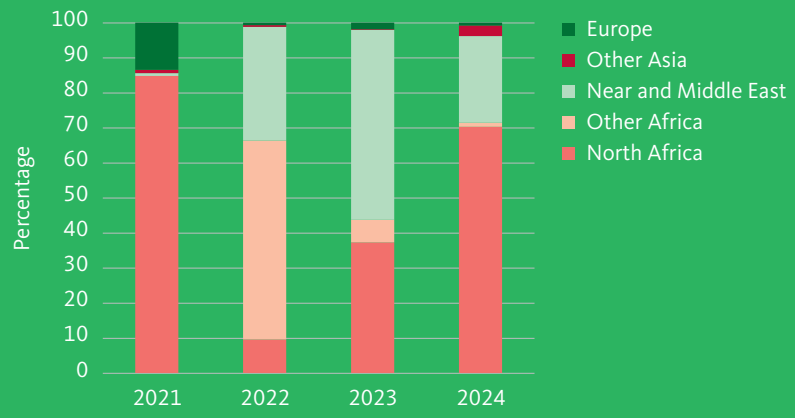
The illicit ketamine market remains heavily concentrated in Asia, although it has expanded geographically in the past few years. Global seizures of ketamine peaked in 2022 at 33.9 tons, and remained at a high level in 2023. Trafficking in ketamine has spread beyond East and South-East Asia to other regions, with seizures outside the region accounting for 16 per cent of the total seizures of ketamine in 2023.

Data also suggest that the countries that have been identified as the main countries of origin or departure of ketamine seized globally are located in Asia and Europe. In the past, ketamine use was most prevalent in East and South-East Asia, but it has spread to other regions over the past decade, as there have been increases in the use of the substance in Europe and Australia. Ketamine has been identified in increasing quantities in wastewater in Europe in recent years (2022–2024), and the number of people entering drug use disorder-related treatment for ketamine has been increasing in Western and Central Europe in particular.

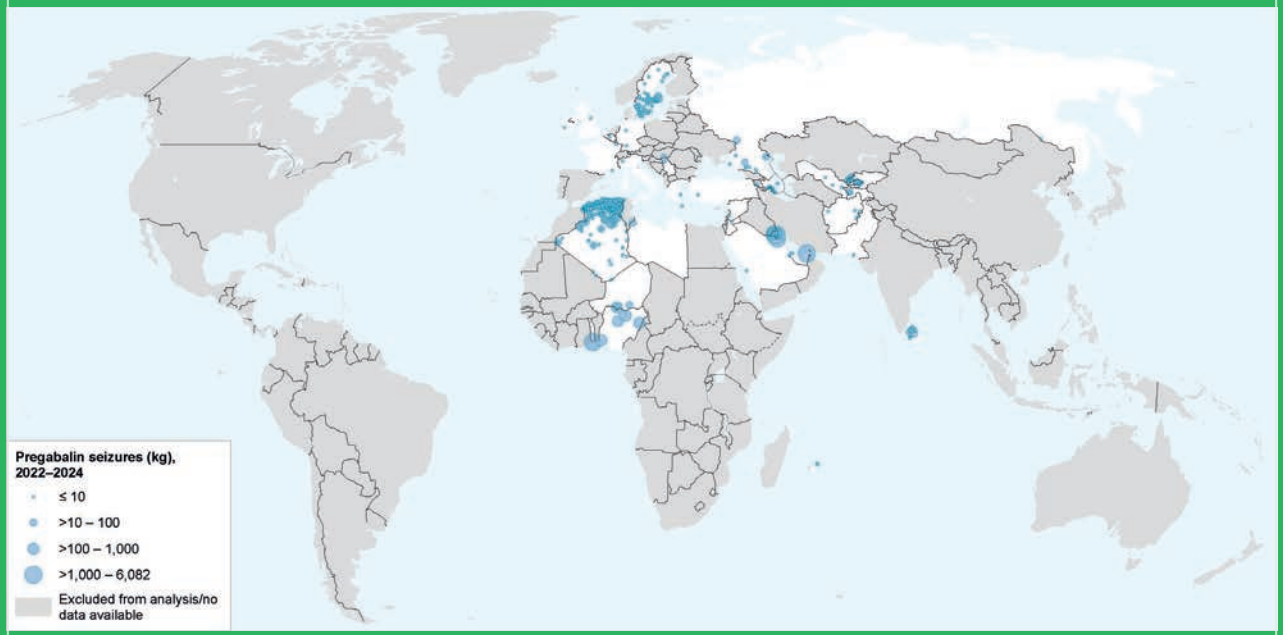
Although pregabalin is not under international control, in a number of countries it is a controlled pharmaceutical used to treat neuropathic pain. Patterns of significant individual drug seizures suggest that trafficking in pregabalin has increased in the last few years, there being clusters of seizures in North and West and Central Africa, the Near and Middle East, and some parts of Western and Central Europe. Seizure data on the countries of departure or origin suggest that the manufacture and departure of trafficked pregabalin is concentrated in South Asia, followed by North Africa.

For more information on data sources and analyses, please visit the interactive drug market patterns and trends segment at https://www.unodc.org/unodc/en/data-and-analysis/wdr-drug-market-patterns-trends.html (navigate to analysis by topic -> drug supply).

SIGNIFICANT INDIVIDUAL SEIZURES OF PREGABALIN, BY REGION, 2021–2024



SIGNIFICANT INDIVIDUAL SEIZURES OF PREGABALIN, 2022–2024



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KEY FINDINGS

LATEST TRENDS IN DRUG DEMAND AND HARM

KEY FINDINGS
LATEST TRENDS IN DRUG DEMAND AND HARM

Key message

Global estimates suggest drug use has reached historically high levels and the use of most drugs is higher in North America than in other subregions.

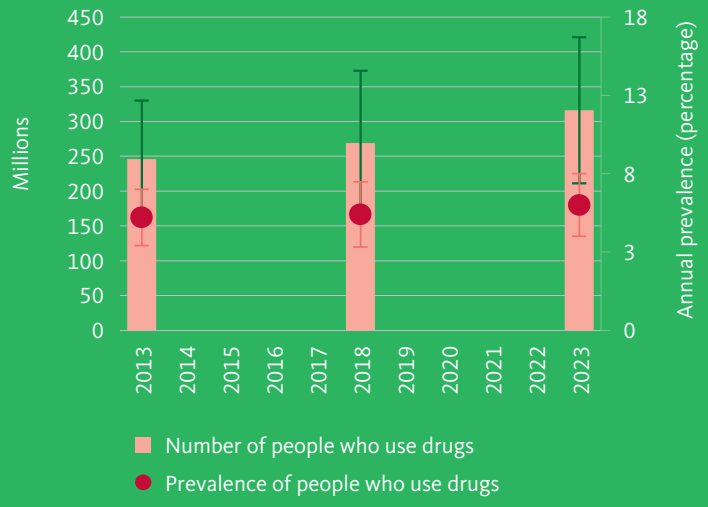
Findings

Drug use continues to increase worldwide. In 2023, the global number of people who used a drug in the past year was estimated at 316 million people, or 6 per cent of the global population aged between 15 and 64. Representing an increase from the estimated 246 million people who used a drug in 2013, this is partially a result of population growth but also reflects an increase in the prevalence of drug use, which increased from 5.2 per cent in 2013 to 6.0 per cent in 2023, and the availability of new and more accurate data. Used by an estimated 244 million people (4.6 per cent) in 2023, cannabis remains the most used controlled drug, followed by opioids, including synthetic opioids and natural opiates (61 million, or 1.2 per cent), amphetamines (31 million, or 0.6 per cent), cocaine (25 million, or 0.5 per cent) and “ecstasy” (21 million, or 0.4 per cent).

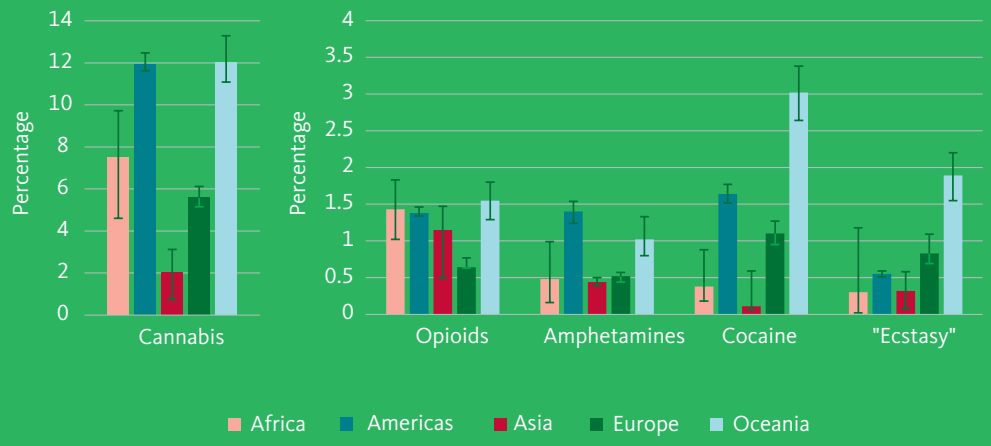
Globally, estimated opioid use has remained relatively stable since 2017. The number of people who use cannabis has grown by one third over the past decade, with the drug’s prevalence of use increasing from an estimated 3.9 per cent in 2013 to 4.6 per cent in 2023 (2.3 per cent among women, 7.0 per cent among men). Assessments by national experts suggest that the use of ATS has risen in most countries over the past decade. Yet the fastest-growing illicit drug market of all is that of cocaine, use of which has increased worldwide over the past two decades, with a particularly sharp rise since 2017.

Analysis has shown that cocaine use is more likely to increase in countries with a lower base prevalence of use, with cocaine demand and supply indicators suggesting faster growth in percentage terms in emerging markets than in the longstanding, largest markets such as Western and Central Europe and the Americas. This is particularly the case in Africa, most notably West and Central Africa and Southern Africa, but also in Asia. Despite this faster growth, limited data indicate that the overall prevalence of cocaine use in those regions has not reached the level seen in the main markets for the drug.

GLOBAL NUMBER OF PEOPLE WHO USE DRUGS AND PREVALENCE OF DRUG USE, 2013, 2018 AND 2023



ANNUAL PREVALENCE OF DRUG USE, BY DRUG AND BY REGION, 2023



Findings (continued)

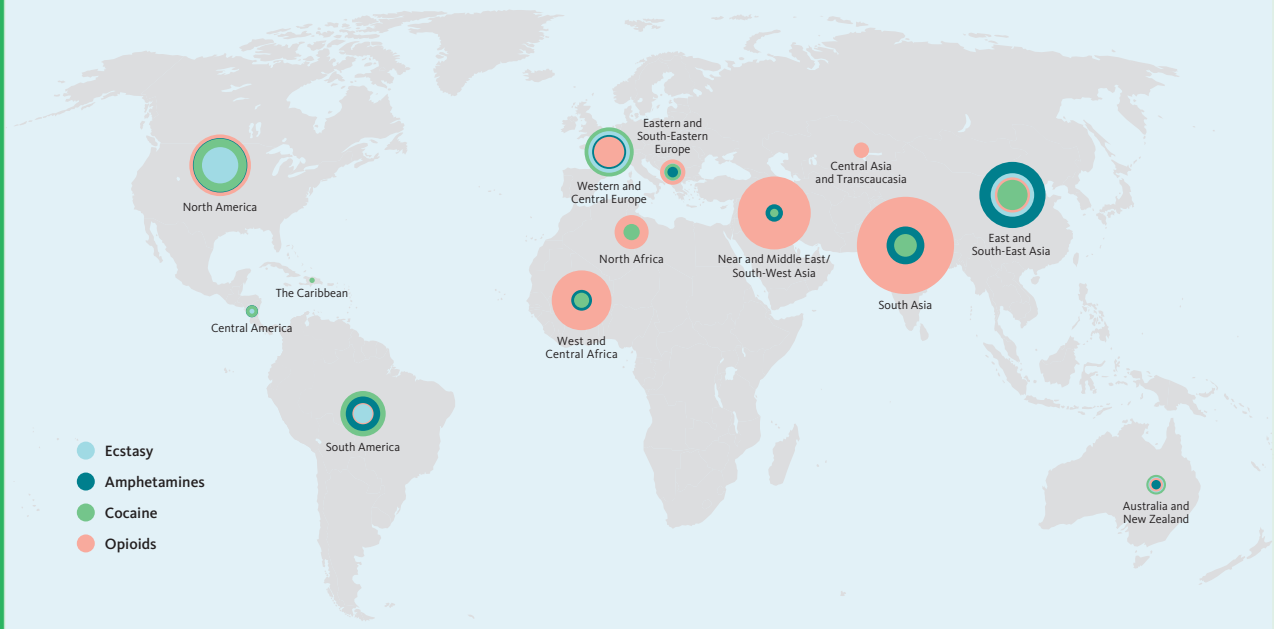
More people use cocaine in the Americas than in any other region, but the past-year prevalence of cocaine use is highest in Oceania, followed by the Americas and Western and Central Europe. North America has the largest number of individuals who use cannabis, followed by West and Central Africa and South Asia. The past-year prevalence of cannabis use is highest in North America as well, followed by Australia and New Zealand and West and Central Africa. In Oceania and Africa, in particular West and Central Africa, the proportion of people in drug-related treatment who reported cannabis as their main drug is the highest worldwide.

North America is also home to the highest prevalence of use of amphetamines, followed by Oceania, while East and South-East Asia and North America remain the largest markets for amphetamines in terms of number of people who use drugs. Moreover, North America is one of the subregions with a relatively high prevalence of past-year opioid use, as are the Near and Middle East and South-West Asia. The largest number of people who use opioids, however, live in South Asia, a fact that is related to population size.

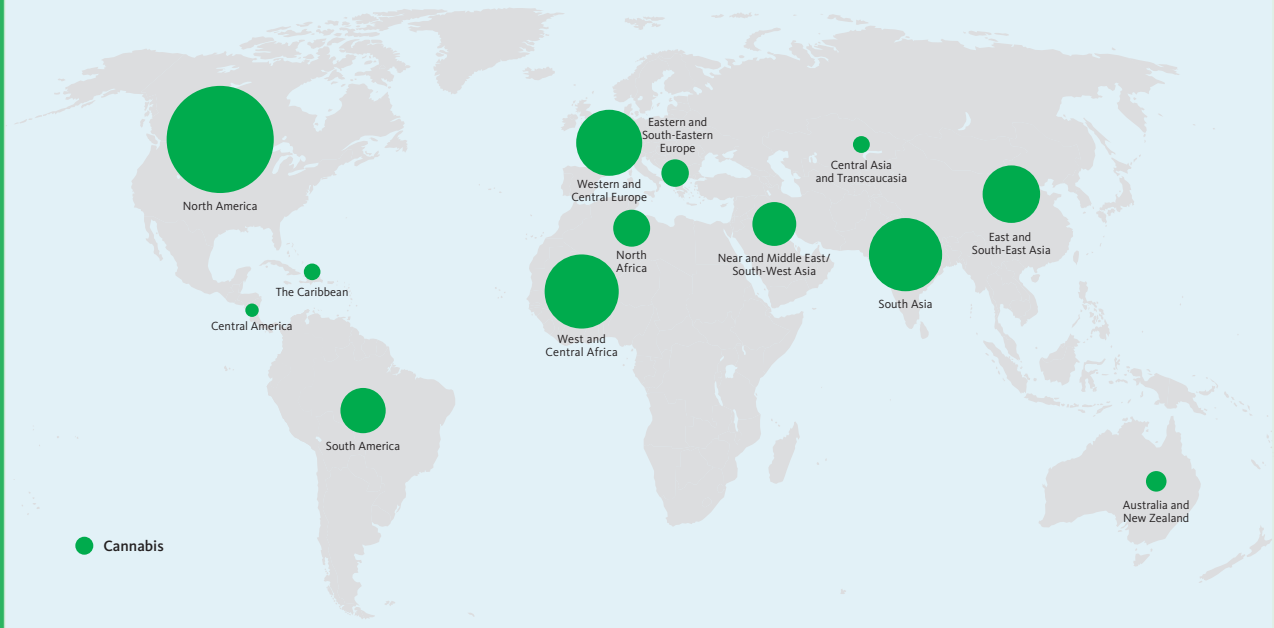
Based on the limited existing data, the largest consumer markets for "ecstasy"-type substances continue to be East and South-East Asia, and Western and Central Europe, while the highest prevalence of use can be found in Australia and New Zealand. That said, wastewater analysis suggests that the use of "ecstasy"-type substances in South-Eastern Europe could be higher than that reflected in population survey data.

For more information on data sources and analyses, please visit the interactive drug market patterns and trends segment at https://www.unodc.org/unodc/en/data-and-analysis/wdr-drug-market-patterns-trends.html (navigate to analysis by topic -> drug demand and health consequences).

ESTIMATED NUMBER OF PEOPLE WHO USE OPIOIDS, AMPHETAMINES, COCAINE AND "ECSTASY", BY SUBREGION, 2023



ESTIMATED NUMBER OF PEOPLE WHO USE CANNABIS, BY SUBREGION, 2023



KEY FINDINGS
LATEST TRENDS IN DRUG DEMAND AND HARM

Key message

Cannabis use continues to increase globally and is high among adolescents, for whom its consequences can be especially negative.

Findings

Almost 244 million people, or 4.6 per cent of those aged between 15 and 64, are estimated to have used cannabis in 2023. At 4.4 per cent, the prevalence of past-year cannabis use among young people aged 15 and 16 was almost at the same level.

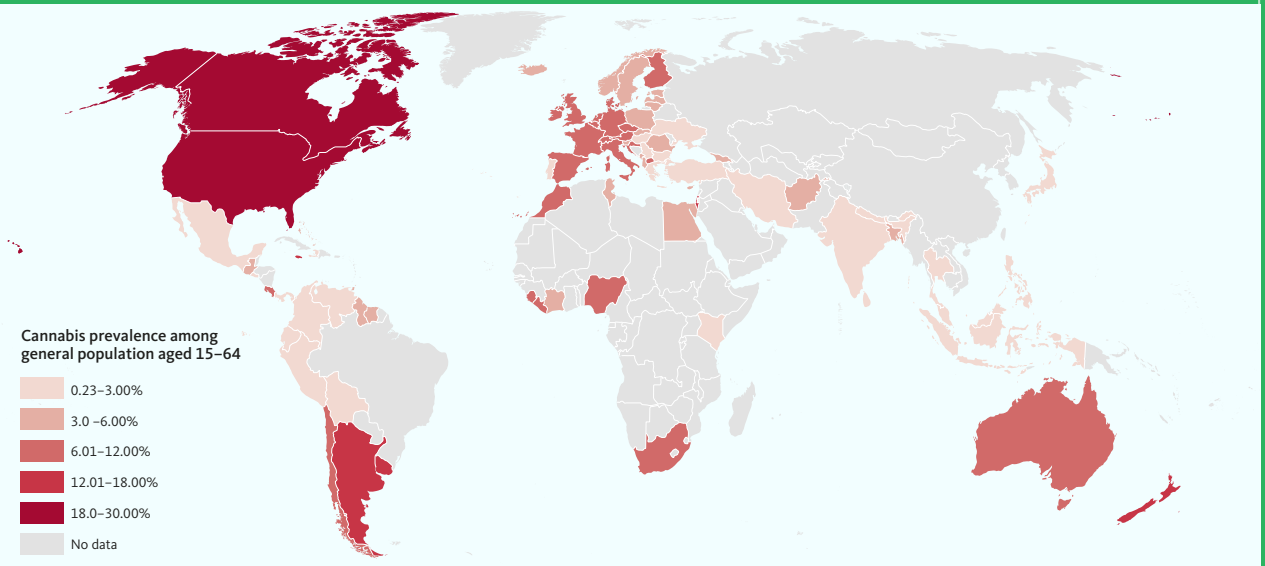
Research indicates the possible value of cannabis in a variety of therapeutic indications, but its non-medical use can lead to negative consequences in users. Those consequences depend on a variety of factors and include cognitive and psychomotor impairments, which may result in motor vehicle accidents and fatalities, newly developed cardiovascular symptoms, respiratory and other cancers and other harmful effects on the respiratory system because the drug is most often smoked. Other negative consequences include gastrointestinal problems (nausea or vomiting), and the possible exacerbation of mental disorders (such as psychoses, depression, panic attacks and anxiety), including cannabis use disorders. Around 1 in every 10 people who use cannabis develop a cannabis use disorder, with an estimated 22.6 million people, or 0.44 per cent of the global population, having such a disorder in 2021, according to the Institute for Health Metrics and Evaluation.

Particularly worrying is regular, heavy cannabis use in adolescence, since it can lead to even more severe and persistent negative outcomes than during adulthood. This is because the adolescent brain is still developing and the early initiation of heavy use appears to disrupt the trajectory of normal brain development and have many adverse effects on cognitive functions such as attention, learning and memory. In addition to somatic harms to the brain and to the respiratory and other systems, early intensive cannabis use brings with it a range of social and educational issues, including limited academic achievement and subsequent economic problems, although the causal pathways are complex. The early initiation of cannabis use and regular consumption of products with high THC contents among adolescents and young adults may also be a risk factor for depression, anxiety disorders or psychoses.

In Europe, the prevalence of cannabis use among young people aged 15 and 16 remains higher than among the general population aged between 15 and 64, according to new data from the European School Survey Project on Alcohol and Other Drugs. However, there has been a significant decline in the prevalence of past-year cannabis use among young people from 12.3 per cent in 2019 to 9.0 per cent per cent in 2024.

For more information on data sources and analyses, please visit the interactive drug market patterns and trends segment at https://www.unodc.org/unodc/en/data-and-analysis/wdr-drug-market-patterns-trends.html (navigate to analysis by market -> cannabis).

ANNUAL PREVALENCE OF CANNABIS USE, 2024 OR THE MOST RECENT YEAR FOR WHICH DATA ARE AVAILABLE



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NUMBER OF PEOPLE WHO USE CANNABIS WORLDWIDE, 2003–2023

KEY FINDINGS
LATEST TRENDS IN DRUG DEMAND AND HARM

Key message

Drug use, including injecting drug use, remains one of the drivers of new HIV and hepatitis C infections.

Findings

An estimated 14.0 million people, or 0.27 per cent of the global population aged 15–64, injected drugs in 2023. Between 2013 and 2023, the estimated number of people who inject drugs worldwide increased by 14 per cent, only slightly more than the increase in the global population in that period, meaning that the prevalence of people who inject drugs remained stable. North America (3.5 million), East and South-East Asia (2.9 million) and Eastern Europe (1.68 million) are the subregions with the greatest number of people who inject drugs, while Eastern Europe (1.3 per cent) and North America (1.03 per cent) are the subregions with the highest prevalence of people who inject drugs.

The risk of acquiring HIV is 14 times higher among people who inject drugs than in the wider population, and in 2023, almost one in eight people who inject drugs worldwide (1.7 million or 12 per cent of people who use drugs) were living with HIV. More than half of the new HIV infections in 2022 occurred among key populations, such as sex workers, men who have sex with men, people who inject drugs, and people in prisons and other closed settings and their sexual partners. Southern Africa (43 per cent), South-West Asia (29.5 per cent) and Eastern Europe (25.5 per cent) were the regions with the highest prevalence of HIV among people who inject drugs, whereas in absolute terms, the largest estimated number of people who inject drugs who were infected with HIV were found in Eastern Europe (430,000 people) and East and South-East Asia (262,000). Overall, between 2013 and 2023, the estimated number of people who inject drugs with HIV and the global prevalence of HIV among people who inject drugs remained stable.

Injecting drug use continues to be a significant driver of the global hepatitis C epidemic. WHO estimated that 23 per cent of new hepatitis C infections worldwide in 2019 were attributed to unsafe drug injecting practices and that nearly half of people who inject drugs globally (6.8 million) were infected with hepatitis C. Moreover, in 2021, 27.7 million healthy years of life lost due to disability and premature death, or disability-adjusted life years (DALYs), were attributed to drug use. Twenty-eight per cent of that total were attributed to cirrhosis and other chronic liver diseases resulting from hepatitis C among people who use and inject drugs, which was second only to the percentage of those DALYs attributed to opioid use disorders. Cirrhosis and chronic liver diseases resulting from hepatitis C among people who use and inject drugs is the leading cause of deaths attributed to drug use (38 per cent or 177,279 deaths).

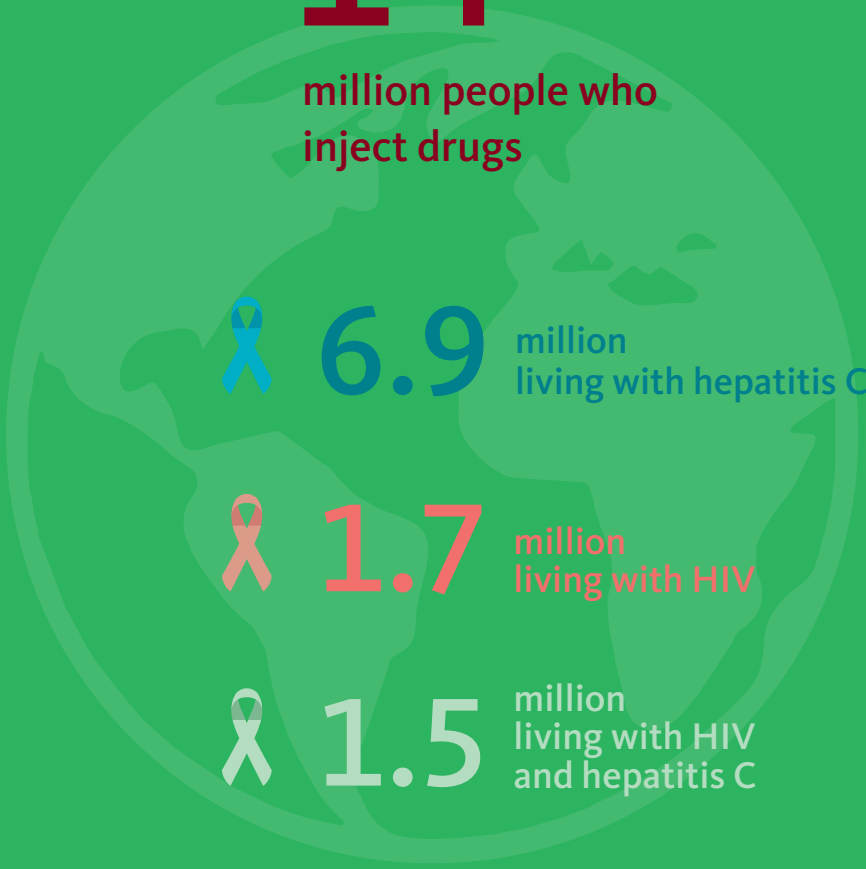
At the country level in regions such as Europe, there are signs of an overall decline in injecting drugs, as well as a shift from injecting opioids to smoking or injecting stimulants such as methamphetamine, amphetamine and synthetic cathinones. Similarly, there was a substantial decline in the injecting of heroin, fentanyl and methamphetamine, and a marked increase in the smoking of those drugs, among a cohort studied in the western United States in the period 2020–2023. The shift from injecting to smoking any drug may result in a decline in the risk of blood-borne infections, abscesses and overdose. However, the regular smoking of opioids and methamphetamine and the concurrent smoking and injecting of methamphetamine are likely to result, in the long term, in the more frequent use of those drugs, the increased severity of dependence, risky sexual practices leading to HIV and hepatitis C, and psychiatric comorbidities. Furthermore, the risk of sharing pipes, as in the case of smoking methamphetamine, has also been associated with the transmission of hepatitis C.

For more information on data sources and analyses, please visit the interactive drug market patterns and trends segment at https://www.unodc.org/unodc/en/data-and-analysis/wdr-drug-market-patterns-trends.html (navigate to analysis by topic -> drug demand and health consequences).

PEOPLE WHO INJECT DRUGS, 2023

14

million people who inject drugs



6.9 million living with hepatitis C

1.7 million living with HIV

1.5 million living with HIV and hepatitis C

KEY FINDINGS
LATEST TRENDS IN DRUG DEMAND AND HARM

Key message

Harm related to drug use remains high but most of it is preventable.

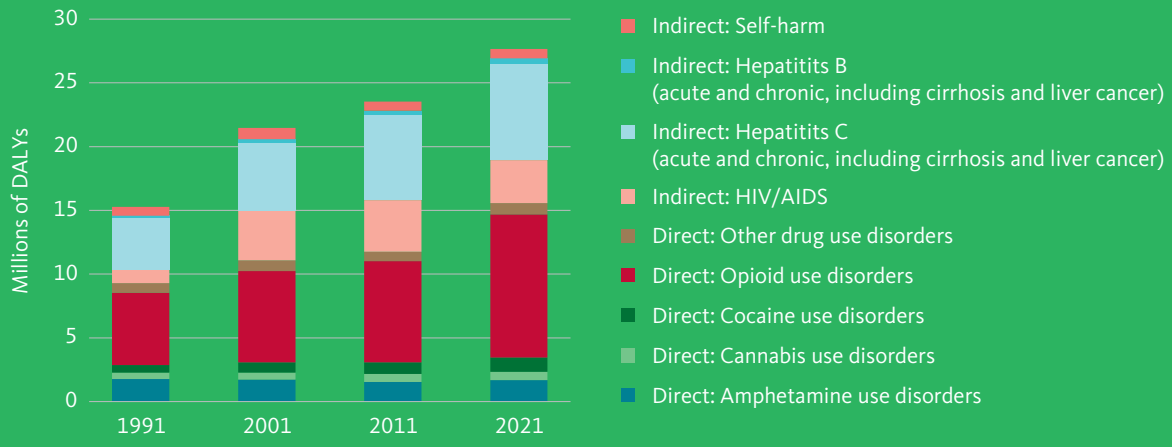
Findings

Measuring the global health harm related to drug use is challenging. One way of describing the aggregated health impact of drug use disorders is through estimates of healthy years of life lost due to disability and premature death, or disability-adjusted life years (DALYs) attributed to drug use. An estimated 27.7 million DALYs were attributed to drug use in 2021. This is an estimate of the global burden of disease, in terms of absolute numbers, that has nearly doubled over the past two decades, while the rate per million population has increased by one quarter.

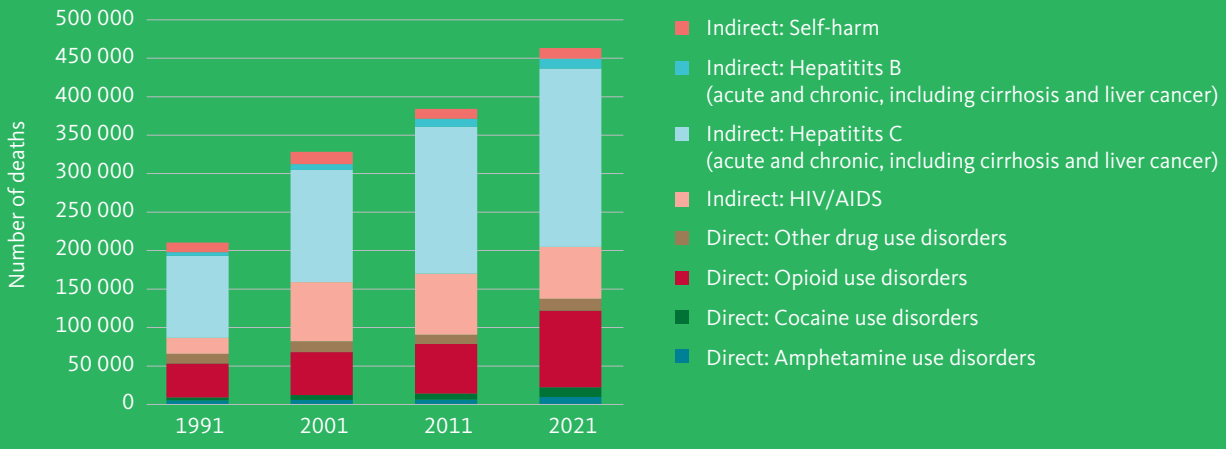
Opioid use disorders (40 per cent) and cirrhosis and other chronic liver diseases (28 per cent) account for more than two thirds of the healthy years of life lost due to drug use. In terms of number of DALYs, of the 27.7 million related to drug use in 2021, 11.2 million were attributed to opioid use disorders, an additional 6.3 million were attributed to cirrhosis and other chronic liver diseases that were mainly the result of hepatitis C, and 3.4 million were attributed to HIV and AIDS. Moreover, around 1.6 million health years of life were lost to cancer, mainly liver cancers resulting from hepatitis C and were attributed to drug use, mainly injecting drug use. More deaths were attributed to cirrhosis and other chronic liver diseases (177,279 deaths) than to opioid use disorders (99,535 deaths), while HIV and AIDS accounted for 67,473 deaths.

Most of the healthy years of life lost attributed to drug use disorders could be reduced and prevented by making services that address opioid use disorders (such as opioid agonist treatment medications) available and accessible, reducing the risk of opioid overdoses (such as by making naloxone available in the community) and providing services that reduce the transmission and impact of communicable diseases among people who use drugs (such as the provision of clean needles and syringes, HIV and hepatitis C screening and testing, and the treatment of HIV and AIDS and hepatitis C with antiretroviral drugs). All such interventions have proved effective in reducing HIV and hepatitis C infections, improving quality of life and preventing opioid overdoses. For example, enrolment in opioid agonist treatment has been associated with a 50 per cent reduction in the risk of hepatitis C, while the combined provision of opioid agonist treatment and needle and syringe programmes has been associated with a 74 per cent reduction in the risk of acquiring HCV.

HEALTHY YEARS OF LIFE LOST DUE TO DISABILITY AND PREMATURE DEATH, OR DISABILITY-ADJUSTED LIFE YEARS (DALYS), ATTRIBUTABLE TO THE USE OF DRUGS, 1991–2021



DEATHS ATTRIBUTABLE TO THE USE OF DRUGS, 1991–2021

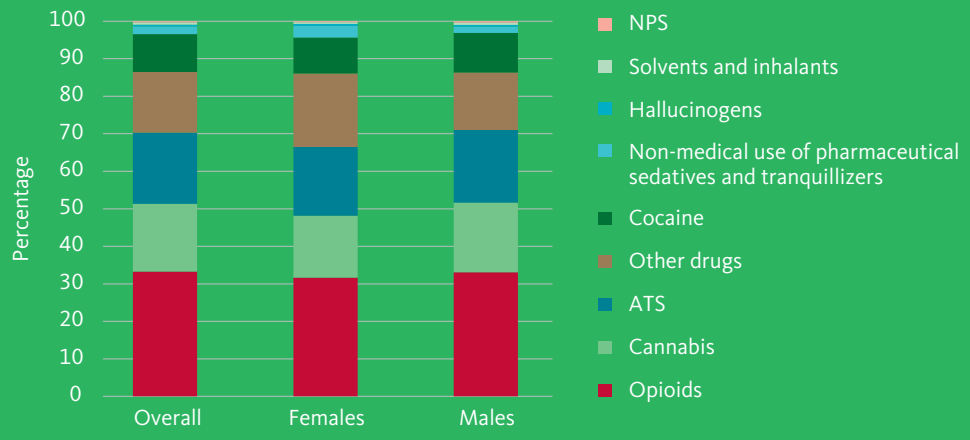


Findings (continued)

Although cannabis use is not a major cause of healthy years of life lost or of deaths globally, it has been reported by almost 42 per cent of countries to be the drug most responsible for drug use disorders and by 41 per cent of countries to be the main drug for which people enter drug treatment. Nevertheless, on the basis of data from 135 countries covering 70 per cent of the global population, opioids remain the class of drug accountable for the greatest number of people in treatment, followed by ATS and cannabis. There are differences in terms of the drug disorders for which men and women are treated, with, for example, a higher share of men than women being treated for cannabis use disorders, and a higher percentage of women being treated for the non-medical use of pharmaceutical sedatives and tranquillizers.

For more information on data sources and analyses, please visit the interactive drug market patterns and trends segment at https://www.unodc.org/unodc/en/data-and-analysis/wdr-drug-market-patterns-trends.html (navigate to analysis by topic -> drug demand and health consequences).

DRUG-RELATED TREATMENT: DISTRIBUTION OF NUMBER OF INDIVIDUALS TREATED, BY SEX AND PRIMARY DRUG OF TREATMENT IN COUNTRIES WITH AVAILABLE DATA, 2023 OR MOST RECENT YEAR FOR WHICH DATA ARE AVAILABLE



KEY FINDINGS
LATEST TRENDS IN DRUG DEMAND AND HARM

Key message

Drug treatment availability, coverage and accessibility remain limited globally, particularly in Africa and Asia.

Findings

Although target 3.5 of the Sustainable Development Goals calls for the strengthening of the prevention and treatment of substance abuse, the vast majority of people with drug use disorders worldwide continue to have no access or very limited access to treatment services. Evidence-based treatment interventions are cost-effective, reduce drug use and improve overall health, social functioning and productivity, yet among the estimated 64 million people globally with drug use disorders in 2023, just 1 in 12 received some form of drug-related treatment. At 1 in 18, the proportion was even smaller among women, who are much less likely to receive treatment than men, although these estimates suffer from the limited availability of sex-disaggregated data. Evidence has shown that women continue to face additional barriers to entering treatment as a result of increased stigmatization, social roles and expectations and a lack of gender-appropriate treatment facilities, for example, childcare.

The coverage of drug use disorder treatment varies depending on the region, ranging from just over 3 per cent in Africa to over 27 cent in Europe, and some services may only be available in certain locations, for example, in urban areas or capital cities. WHO reported that in roughly 15 per cent of the countries with available psychosocial programmes for people with substance use disorders, those programmes were linked to just a few national institutions or research programmes and were thus largely unavailable. In addition, they were typically located in cities, had limited capacity and were often inaccessible for people living in rural areas.

Even where treatment services are available, they may be inaccessible and fail to meet the specific needs of people with drug use disorders. In Afghanistan in 2022, for example, treatment services for women were only available in roughly one third of the country's provinces. Moreover, there were significant disparities in service distribution, accessibility and gender representation, which had particularly negative impacts on female patients.

PEOPLE WITH DRUG USE DISORDERS, 2023

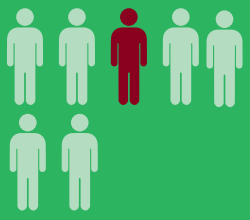
64
million people

↑ **13%**
over 10 years

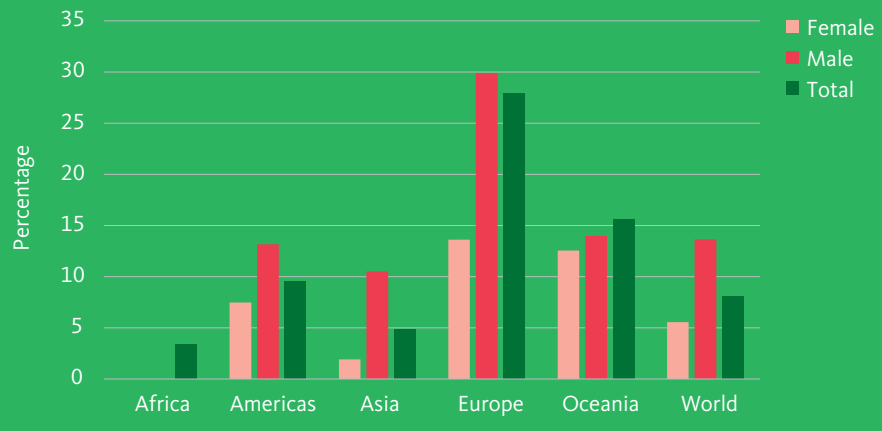
8.1%
population in treatment

among women
1 in 18
in treatment

among men
1 in 7
in treatment



ESTIMATED PROPORTION OF PEOPLE WITH DRUG USE DISORDERS THAT RECEIVE TREATMENT, BY REGION AND SEX, 2023



Findings (continued)

Another reason for the small proportion of people with drug use disorders receiving treatment is that people with drug use disorders may not seek out treatment services. According to available studies, slightly more than half of people with drug use disorders worldwide do not perceive that they have a need for treatment. Furthermore, a large proportion is unwilling to access treatment or to adhere to treatment protocols.

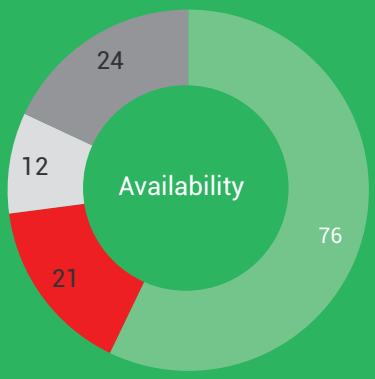
Other barriers to accessing treatment services include the high cost of the intervention for patients, a lack of funding or human resources, the suboptimal training of treatment personnel or their lack of specific expertise, the limited capacity of treatment resulting in waiting lists, the absence of approved medications that are essential for drug treatment, the stigma faced by clients and patients and the lack of specific services, for example, rehabilitation treatment services for children with drug use disorders.

Moreover, not all types of treatment interventions are available in all countries. For example, opioid agonist maintenance therapy, a type of pharmacological treatment, is available in only 70 per cent of reporting countries. Of the possible psychosocial and behavioral interventions, contingency management and peer groups are among the least available. In addition, even in countries where such interventions are available, their coverage and accessibility may not be adequate.

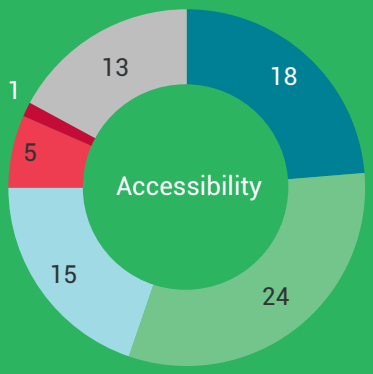
For more information on data sources and analyses, please visit the interactive drug market patterns and trends segment at https://www.unodc.org/unodc/en/data-and-analysis/wdr-drug-market-patterns-trends.html (navigate to analysis by topic -> drug demand and health consequences).

AVAILABILITY, COVERAGE AND ACCESSIBILITY OF DRUG-RELATED INTERVENTIONS, 2023 OR THE MOST RECENT YEAR WITH AVAILABLE DATA

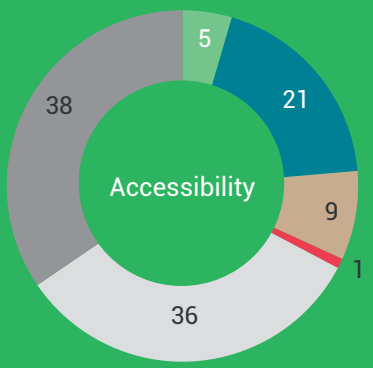
Share of reporting countries according to availability of opioid agonist maintenance therapy (n=133), 2023



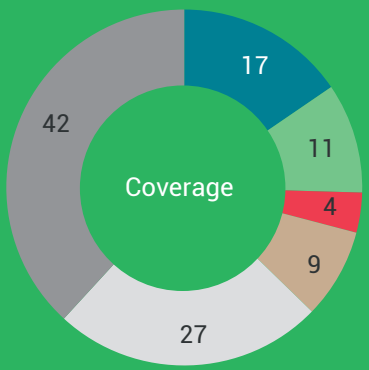
Share of countries reporting availability of opioid agonist maintenance therapy by level of accessibility (76 of 133 reporting countries), 2023



Share of reporting countries according to accessibility of naloxone (n=110), 2021



Share of reporting countries according to coverage of needle and syringe programmes (n=110), 2021



KEY FINDINGS

DRUG POLICY UPDATES

KEY FINDINGS
DRUG POLICY UPDATES

Key message

Cannabis and psychedelics policies continue to evolve.

Findings

As at December 2024, Canada, Uruguay and 28 jurisdictions in the United States had enacted legal provisions, either through legislative measures or by popular ballot, allowing the cultivation, production and sale of cannabis for non-medical use. Most of the jurisdictions in Canada and the United States where the non-medical use of cannabis has been legalized allow its production and sale by for-profit industry. Meanwhile, in Uruguay, there is a partially controlled, State-regulated retail market with limited commercialization.

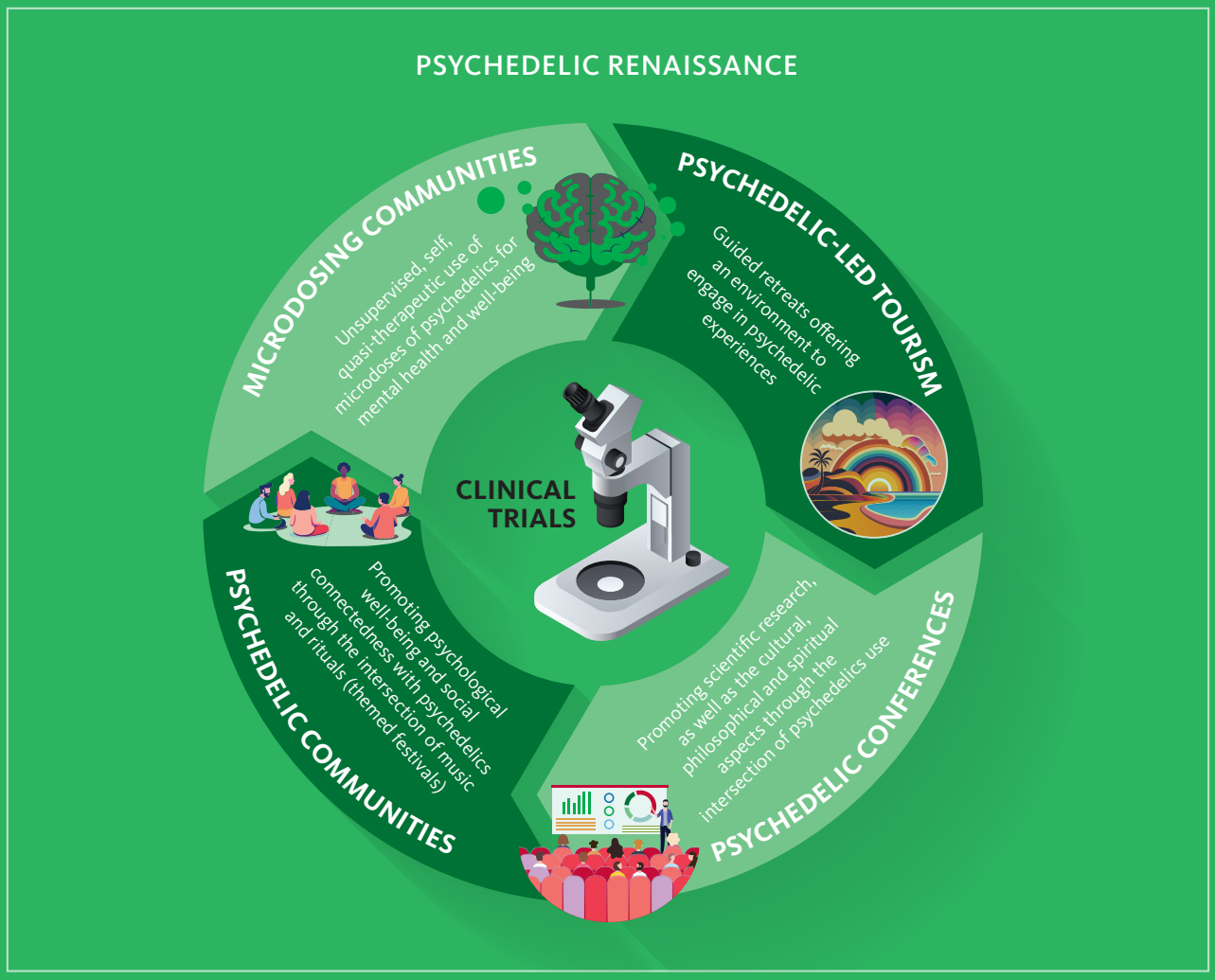
Different legislative approaches have also emerged in other countries, especially in Europe, allowing varying degrees of regulated access to cannabis for non-medical use. Malta (2021), Luxembourg (2023) and Germany (2024) have regulated access by adults to cannabis for non-medical use, allowing the home cultivation of a fixed number of plants and the possession of limited quantities of cannabis for personal use. In addition, Germany and Malta allow collective cannabis cultivation by associations that grow and supply fixed quantities of cannabis to their members, but the development of a commercial supply chain for access to cannabis for non-medical use has thus far not been allowed in those countries. In South Africa, on the basis of a 2018 decision by the Constitutional Court, a legislative act promulgated by the President in 2024 sets forth legal provisions for the cultivation, possession and consumption of cannabis by adults in private dwellings, as well as the possession of limited quantities in public.

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

It is difficult to measure the impact of policies that have legalized the supply chain for non-medical cannabis in jurisdictions in the Americas. Changes in an indicator before and after cannabis legalization can be misleading because trends in an indicator may not be related to the legalization status. Nevertheless, available data from jurisdictions that have legalized the non-medical use of cannabis show an accelerated harmful pattern of cannabis use in the years following the change in policy, especially among young adults. This harmful pattern relates most notably to frequent daily use, as well as to diversification in the use of cannabis products, many with a high THC content. Although legalization has thus far not 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, which raises 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. By contrast, the number of people arrested and imprisoned for cannabis-related offences has decreased, but racial disparities continue to exist among those cases.

In recent decades, there has also been renewed interest in the therapeutic use of different psychedelic substances, such as LSD, MDMA, psilocybin and ketamine, most of which are controlled substances and are only allowed for scientific and very limited medical purposes by duly authorized persons, in accordance with the Convention on Psychotropic Substances of 1971.

Investment in clinical research in recent years has indicated the potential for the medical supervised use of psychedelics, coupled with psychotherapy, in the treatment of a range of mental health disorders. Some of these scientific developments have advanced but have not yet resulted in the development of standard scientific guidelines for supervised medical use. Moreover, in 2024, the United States Food and Drug Administration declined to approve MDMA-assisted therapy for PTSD owing to concerns about the implementation of clinical trials. Nevertheless, policy changes allow access to psychedelics for quasi-therapeutic use in a couple of jurisdictions in the United States, as well as for medical use in Australia and in Canada through Health Canada's Special Access Program.



In addition, within the broader psychedelic renaissance, popular movements using a drug in a way that is distinct from its traditional use by Indigenous communities continue to contribute to the 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. The growing popularity of such movements has the potential to outstrip the pace of scientific therapeutic evidence and the development of guidelines for the medical use of psychedelics.

The spread of popular perceptions of the therapeutic benefits and low risk of using psychedelics mirrors the cultural environment that led to broad access to non-medical cannabis in some jurisdictions, although the spread of this perception seems to have been faster in the case of psychedelics. One major difference is that, while the processes to legalize or regulate cannabis for non-medical use have been driven primarily by the normalization of such use (similar to the use of alcohol), and by a perceived overestimation of its health benefits, the impulse to legalize or deregulate psychedelics seems to be motivated essentially by the desire for unsupervised quasi-therapeutic use within the overall realm of mental health, mindfulness, spirituality and well-being.

For more information on data sources and analyses, please visit the interactive drug market patterns and trends segment at https://www.unodc.org/unodc/en/data-and-analysis/wdr-drug-market-patterns-trends.html (navigate to analysis by market -> cannabis) or the World Drug Report 2024, contemporary issues on drug booklet (chapter 4, page 81) at https://www.unodc.org/unodc/en/data-and-analysis/wdr2024-contemporary-issues.html

KEY FINDINGS
DRUG POLICY UPDATES

Key message

The criminal justice response remains focused on offences related to drug use and possession.

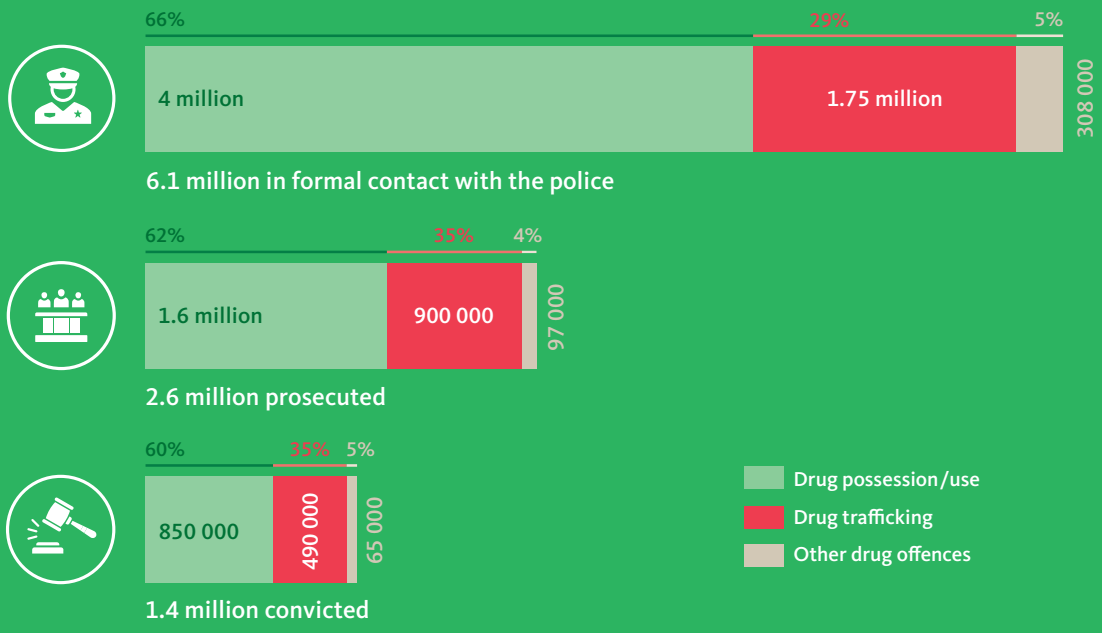
Findings

The way people come into contact with the criminal justice system and how they progress through it are both highly nuanced and vary greatly across countries. Compiling and interpreting data from different Member States are therefore challenging. Nevertheless, aggregated data on people at the different stages of the criminal justice system can provide an overview of the order of magnitude of the criminal justice response globally. The analysis of aggregated data reported by Member States suggests that the majority of the people who go through the criminal justice system for drug-related criminal offences are charged with drug use and possession offences.

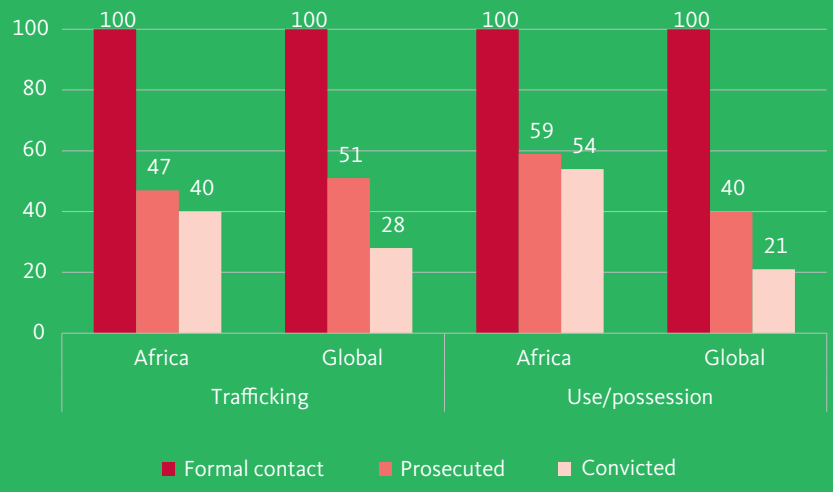
An estimated 6.1 million people worldwide were in formal contact with the police (suspected, arrested or cautioned) for drug-related criminal offences in 2023, roughly two thirds of them for drug use or possession. Some 2.6 million people were prosecuted for drug-related criminal offences in that same year, and around 1.4 million were convicted. These estimates are not directly comparable with those presented in the *World Drug Report 2024*.

Although the overall number of people who experience some contact with the criminal justice system for drug use and possession-related offences is larger than for drug trafficking offences, people involved in drug trafficking are more likely to be prosecuted and convicted for drug trafficking offences. In Africa, however, the opposite is true.

ESTIMATED NUMBER OF PEOPLE WORLDWIDE IN DIFFERENT STAGES OF THE CRIMINAL JUSTICE PROCESS FOR DRUG-RELATED CRIMINAL OFFENCES, 2023



NUMBER OF PEOPLE PROSECUTED AND CONVICTED FOR DRUG-RELATED CRIMINAL OFFENCES OUT OF EVERY 100 PEOPLE IN FORMAL CONTACT WITH THE POLICE, AFRICA AND GLOBALLY, 2023



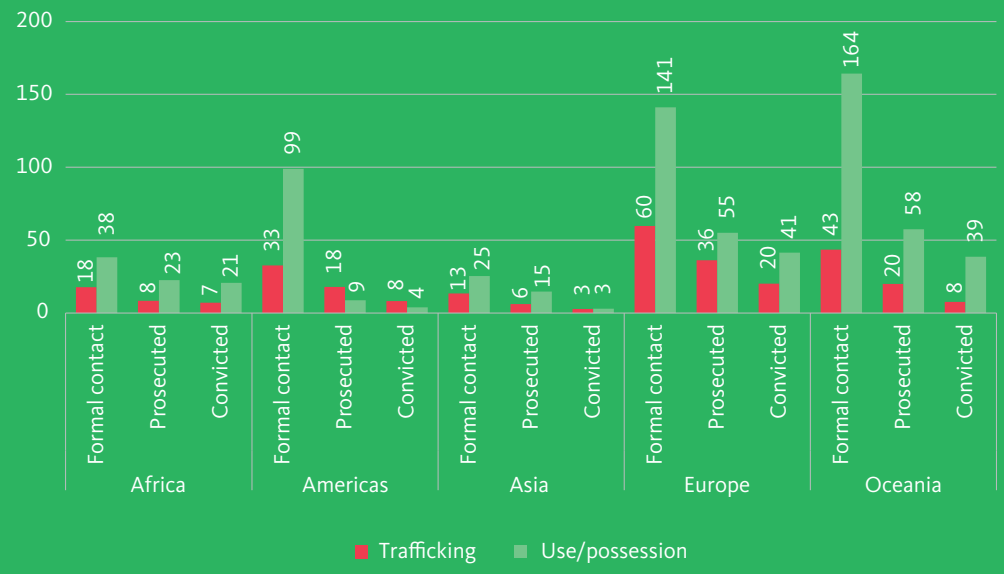
Findings (continued)

Regional differences in the rates of people in formal contact with the police, prosecuted and convicted for drug offences can be explained by a number of factors, in particular the size of the population that uses drugs, the scale of drug supplies and the policy and legal environment that may be more or less punitive towards drug-related criminal offences. Europe and Oceania have the highest rates of people in formal contact with the police, prosecuted and convicted for drug trafficking and possession/use per 100,000 population.

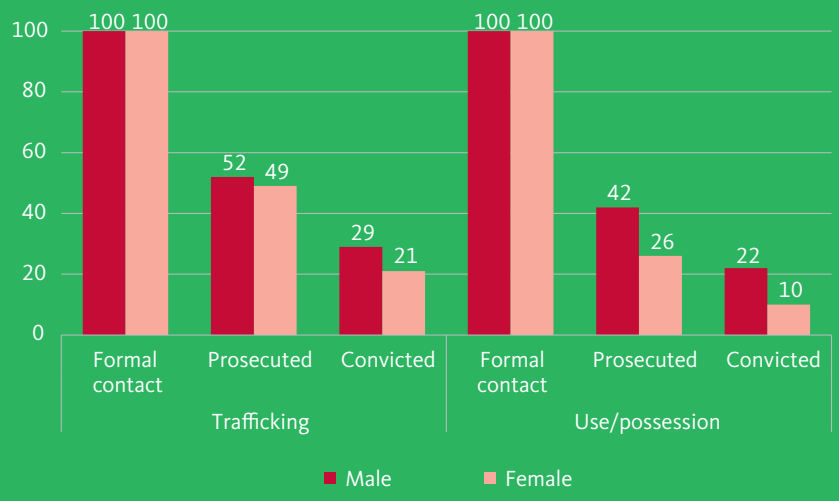
Worldwide, the overwhelming majority of people – roughly 9 in every 10 – in contact with the criminal justice system for drug-related criminal offences in 2023 were men. Indeed, at the global level, women in formal contact with the police for drug-related criminal offences were more likely than their male counterparts to not be prosecuted or convicted. Drug trafficking in the Americas was the exception, with women more likely to be prosecuted and convicted following their arrest than men.

For more information on data sources and analyses, please visit the interactive drug market patterns and trends segment at https://www.unodc.org/unodc/en/data-and-analysis/wdr-drug-market-patterns-trends.html (navigate to analysis by topic -> drug-related criminal justice system).

RATES OF PEOPLE IN FORMAL CONTACT WITH THE POLICE, PROSECUTED AND CONVICTED FOR DRUG-RELATED CRIMINAL OFFENCES PER 100,000 POPULATION, BY REGION, 2023



GLOBAL NUMBER OF PEOPLE PROSECUTED AND CONVICTED FOR DRUG-RELATED CRIMINAL OFFENCES OUT OF EVERY 100 PEOPLE IN FORMAL CONTACT WITH THE POLICE, BY SEX, 2023



KEY FINDINGS
DRUG POLICY UPDATES

Key message

Criminalization of drug-related offences and severity of punishment varies across countries.

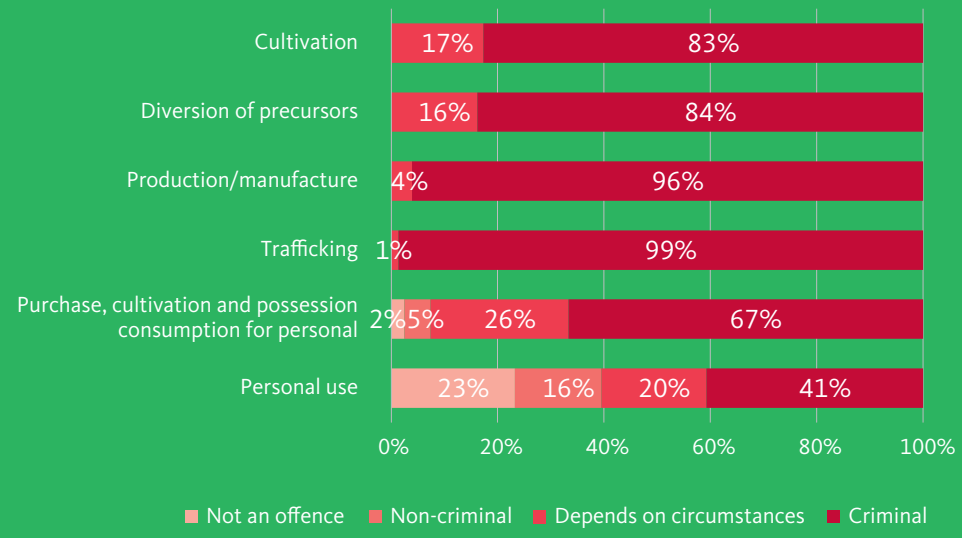
Findings

Whether or not activities involving controlled substances are deemed criminal offences varies from country to country based on their respective legal frameworks. Acts such as drug cultivation, production/manufacture, diversion of precursors and drug trafficking are considered criminal offences in all reporting countries. The purchase, cultivation and possession of drugs for personal consumption are deemed criminal offences in 90 per cent of reporting countries, while the personal use of drugs for non-medical purposes is a criminal offence in 60 per cent of reporting countries. Hence, while the use of drugs may not be considered a criminal offence, the possession of drugs for personal consumption is more likely to be criminalized. Looking specifically at the personal use of drugs, more than half of reporting countries in the Americas and Europe do not criminalize this behaviour, in contrast to reporting countries in Africa and Asia where criminalization of personal use is more common. According to the limited data available, all nine reporting countries in Africa criminalize drug use.

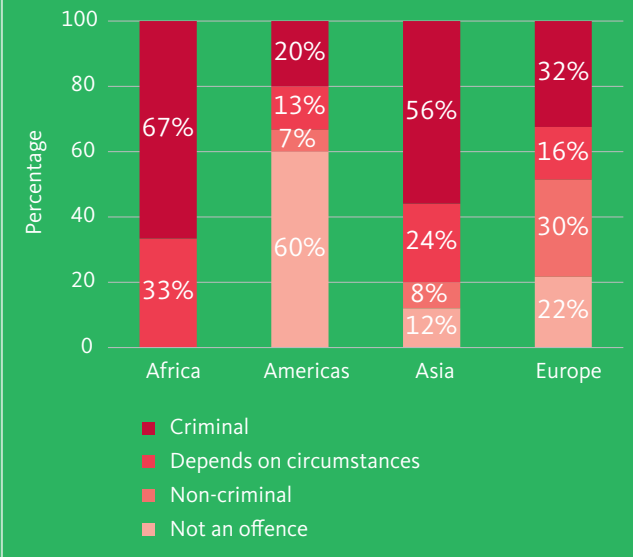
In terms of the severity of punishment for criminalized activities involving drugs, the limited data available suggest that sentences for drug trafficking offences are longer than for drug possession/use offences in all reporting regions. However, the majority (58 per cent) of custodial sentences for drug possession and use still exceed one year. When considering severity of punishment in terms of the length of custodial sentences applied by a limited number of reporting countries between 2020 and 2023, countries in the Americas and Asia are on average more punitive than reporting countries in other regions in relation to both drug trafficking and drug use or possession offences.

For more information on data sources and analyses, please visit the interactive drug market patterns and trends segment at https://www.unodc.org/unodc/en/data-and-analysis/wdr-drug-market-patterns-trends.html (navigate to analysis by topic -> drug-related criminal justice system).

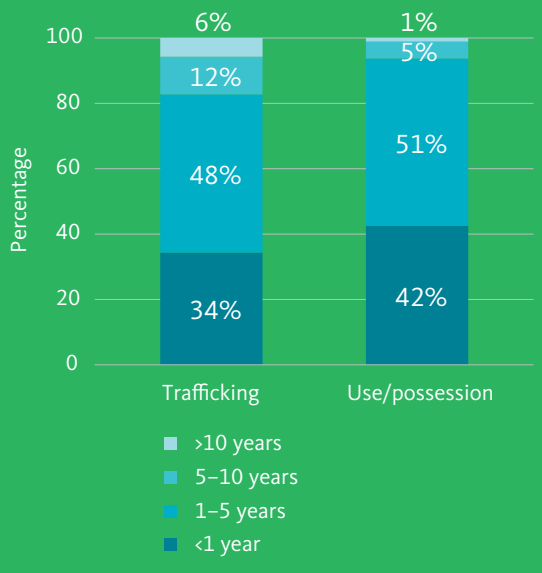
PERCENTAGE OF REPORTING COUNTRIES THAT CRIMINALIZE SPECIFIC DRUG-RELATED ACTIVITIES, 2020



PERCENTAGE OF REPORTING COUNTRIES THAT CRIMINALIZE PERSONAL USE, BY REGION, 2020



DISTRIBUTION OF CUSTODIAL SENTENCE LENGTH, BY OFFENCE TYPE IN REPORTING COUNTRIES, 2020–2023



KEY FINDINGS
DRUG POLICY UPDATES

Key message

Inequalities in the availability of pharmaceutical opioids for medical use continue to be significant.

Findings

Major inequalities remain in the availability of controlled pharmaceutical opioids for medical consumption, with some 86 per cent of the global population living in countries where the availability of pharmaceutical opioids for pain relief and palliative care was below the global average of 2,903 defined daily doses for statistical purposes (S-DDDs) per million inhabitants in 2023.

Despite a slight reduction in the gap between high-income countries and low- and middle-income countries in terms of the availability of opioids per capita for pain management and palliative care in recent years, there continued to be a very large (41-fold) disparity between the two sets of countries in 2023.

There has been some progress in the overall availability of opioids for medical use in low- and middle-income countries but it remains a drop in the ocean. At the current rate of growth, it would take more than 200 years for low- and middle-income countries to attain half the average 2023 level of availability of opioids for medical use in high-income countries.

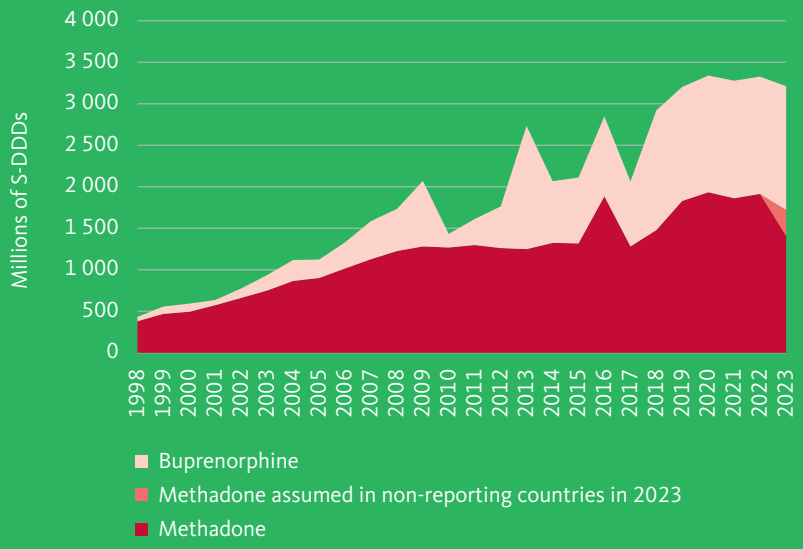
Countries in North America and Western and Central Europe, as well as Australia and New Zealand, have comparably high levels of availability of opioids for medical use, with more than 10,000 S-DDDs per million inhabitants in 2023. The per-capita availability of opioids for pain management and palliative care is much lower in countries in other regions, ranging from an average of 1,329 SDDDs per million inhabitants in South-Eastern Europe to a low of 7.1 S-DDDs per million inhabitants in Western and Central Africa in 2023.

In the past two decades, overall progress has been made in the global availability of methadone and buprenorphine, two opioids used not only as analgesics but also as opioid agonist medication in the treatment of opioid use disorders. Since 2019, however, their availability for medical use has remained relatively stable at the global level.

For more information on data sources and analyses, please visit the interactive drug market patterns and trends segment at https://www.unodc.org/unodc/en/data-and-analysis/wdr-drug-market-patterns-trends.html (navigate to analysis by market -> opioids).

AMOUNT OF OPIOIDS UNDER INTERNATIONAL CONTROL (EXCLUDING PREPARATIONS) AVAILABLE FOR MEDICAL CONSUMPTION, BY COUNTRY INCOME LEVEL, 2015 AND 2023

METHADONE AND BUPRENORPHINE AVAILABLE FOR MEDICAL CONSUMPTION (EXCLUDING PREPARATIONS), 1998–2023



KEY FINDINGS

IN FOCUS:
SEX AND AGE DIFFERENCES AND TOPICAL DEEP DIVES

KEY FINDINGS
IN FOCUS: SEX AND AGE DIFFERENCES

Key message

Drug use, drug use disorders and access to treatment differ between women and men.

Findings

Most drugs continue to be disproportionately used by men. Among people who had used any drug in the past year in 2023, just one in four was a woman, although the difference in drug use varied widely by region and subregion and by drug. For example, the global annual prevalence of cannabis use among women was 2.3 per cent, and three times higher among men, at 7.0 per cent. The ratio varied greatly across regions – almost 10 times more men than women were using cannabis in Africa and Asia, twice as many men as women were using cannabis in Europe and less than 1.5 times as many men as women were using cannabis in the Americas and Oceania.

This gender gap in drug use is known to relate more to social, cultural and environmental factors than biological differences and, according to research, is also related to the greater availability of substances to men than women. In the case of the non-medical use of pharmaceutical drugs, such as pharmaceutical opioids and stimulants, as well as sedatives and tranquillizers, however, the proportion of women is larger in some countries and in others is almost the same as that of men.

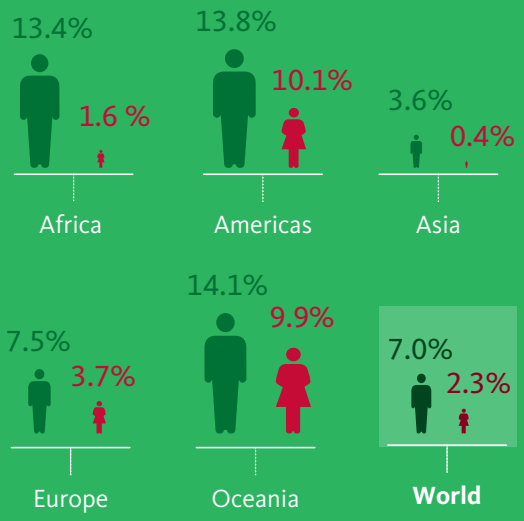
Some explanations given for the higher use of pharmaceutical drugs among women include: the possibility that less stigma is attached to women using pharmaceutical drugs, which are perceived to be medicines, than to those using plant-based drugs; that synthetic drugs, in particular tablets or capsules, offer a discreet alternative to plant-based drugs; that pharmaceutical drugs can be acquired and used, unsupervised or for non-medical purposes, from within formal pharmacies or informal networks for the unlicensed sale of pharmaceutical drugs; and that accessing drugs from such outlets does not stigmatize or label women as individuals who use drugs as much as accessing them from traditional, open, street-based and in-person distribution networks does.

Although men make up the majority of people who use drugs and people with drug use disorders, women who progress to drug dependence may do so more rapidly than men and experience more vulnerability, greater impairment and more severe medical, behavioural, psychological and social problems. Women are more likely to initiate drug use as an "internalizing behaviour", in order to deal with negative emotions and experiences such as depression, anxiety, traumatic distress, issues with body image and dysfunction in the family. By contrast, men are more likely to initiate drug use as an "externalizing behaviour"; such behaviour includes aggression, anti-social personality disorder, delinquency, hyperactivity and deviant peer affiliations. Research carried out on women seeking treatment suggests that women with drug use disorders often face a number of negative life experiences including intimate partner violence and pressures related to social roles.

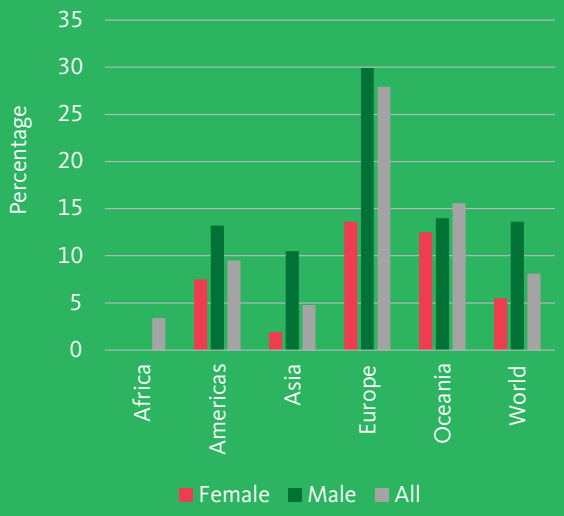
Women exhibit similar or better treatment outcomes in relation to drug use disorders than do men, yet they are less likely to access treatment than men due to a number of barriers that include a lack of services that meet their needs, increased stigma, expectations regarding social roles and responsibilities, the fear of legal sanctions, a lack of childcare and the fear of losing custody of their children while in treatment (see *World Drug Report 2022* and *World Drug Report 2023*). Indeed, there continue to be fewer women with drug use disorders who are in drug-related treatment than there are men in all regions except Oceania, where the proportions are fairly equal, although large gaps remain in sex-disaggregated data and these estimates have a large degree of uncertainty.

As is the case with drug use in general, more men than women inject drugs. Yet, although only about one in four people who inject drugs is a woman (on the basis of limited data from 23 countries), 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 (on the basis of data from 63 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 (see *World Drug Report 2024*). Women who inject drugs are likely to have a male intimate partner who originally initiated them into injecting; they are also likely to ask their male partner for assistance in injecting. Women who use drugs, including those who inject drugs, are also vulnerable to gender-based violence and sexual abuse perpetrated both by their intimate partners and by other people who use drugs around them.

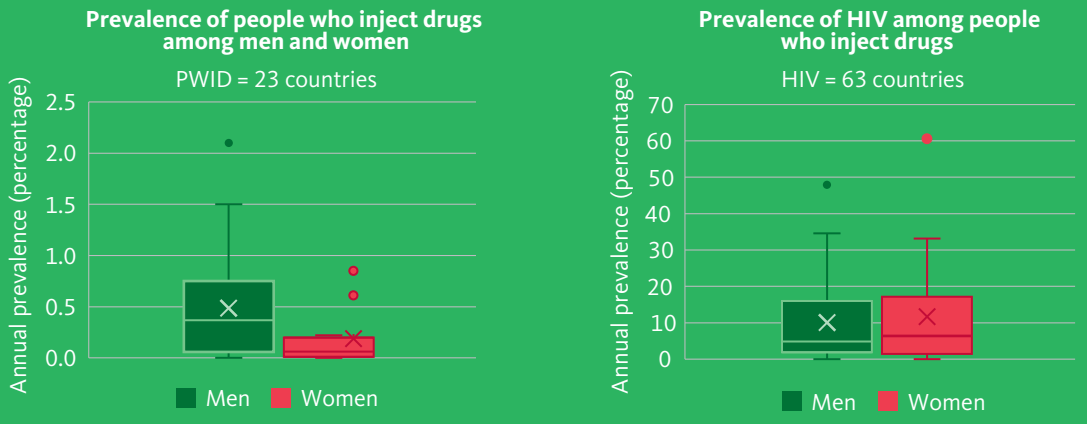
ANNUAL PREVALENCE OF CANNABIS USE, BY SEX AND REGION,2023 (PERCENTAGE)



ESTIMATED PROPORTION OF PEOPLE WITH DRUG USE DISORDERS THAT RECEIVE TREATMENT, BY REGION AND SEX, 2023



PREVALENCE OF PEOPLE WHO INJECT DRUGS AND HIV AMONG MEN AND WOMEN, 2023



For more information on data sources and analyses, please visit the interactive drug market patterns and trends segment at www.unodc.org/unodc/en/data-and-analysis/wdr-drug-market-patterns-trends.html (navigate to analysis by topic -> drug demand and health consequences).

KEY FINDINGS
IN FOCUS: SEX AND AGE DIFFERENCES

Key message

The prevalence of drug use among young people is similar to or higher than among adults, which has implications for adolescent brain development, among other risks.

Findings

Adolescence is a particularly sensitive period for drug use because the adolescent brain is still under development. Yet adolescence is often when drug use initiation occurs in many parts of the world. Substance use at an early age is associated with numerous risk factors and can have a more profound influence on the life trajectory of an individual than substance use initiated during adulthood; some people who use drugs transition to dependence, and early drug use strongly increases their risk of developing a substance use disorder. Early drug use is also associated with other risk behaviours and can lead to additional problems in adulthood, some of which are the consequences of lower educational attainment.

Among young people aged 15 to 19, both the burden of death and the number of years of healthy life lost due to drug use disorders are proportionately higher than among those aged 20 and older. Young men aged 15 to 19 have a 45 per cent higher probability of dying from drug use disorders than men aged 20 and older, and young women aged between 15 and 19 have a 68 per cent higher probability of dying from drug use disorders than women aged 20 and older. Similarly, the proportion of healthy life years lost due to drug use disorders is 22 per cent higher among young men aged between 15 and 19, and 18 per cent higher among young women in the same age group.

The prevalence of use of all drugs is similar or higher among people aged 15 and 16 than among the general population aged between 15 and 64, with the exception of cannabis, which is slightly lower, in some regions. In the case of cannabis, for example, the prevalence of use in 2023 was higher among the general population than among those aged 15 and 16 in all of Africa and North America. The prevalence of use of "ecstasy" and cocaine in North America was also higher among the general population, and the prevalence of cocaine use was lower among 15- and 16-year-olds than among the general population in Oceania. In Western and Central Europe, the prevalence of cocaine use was almost the same among the two population groups, while the prevalence of cannabis use among 15- and 16-year olds was higher than among the general population.

It is important to note, however, that estimates are not available for every subregion, and for some countries either only older data are available or data are missing altogether. In the case of Central Asia, for example, it is not possible to obtain, for most drugs, an estimate of the prevalence of use among the general population. Moreover, in some cases, the subregional estimates for the age groups of 15–64 and 15–16 may be based on data from different countries, and in different years, which could be partly responsible for the differences observed.

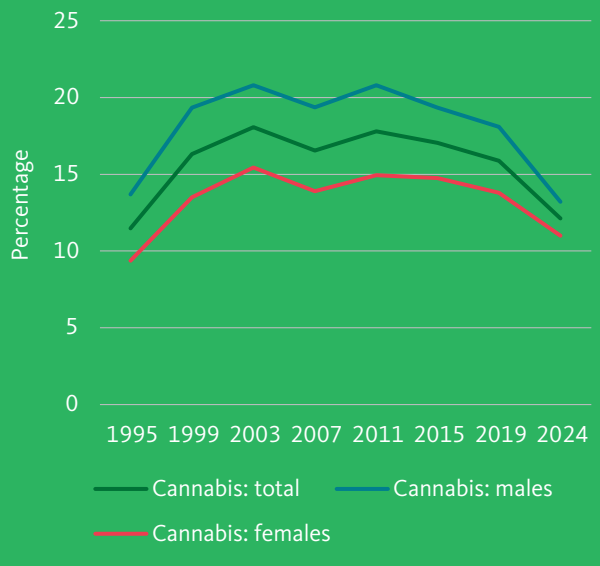
In parallel, a positive trend has recently been observed among young people in high-income countries, as the use of some drugs has declined among adolescents in a number of countries in North America and Western and Central Europe. In countries participating in the European School Survey Project on Alcohol and Other Drugs, the lifetime prevalence of any drug use among 15- and 16-year-olds decreased from 19 per cent in 2015 to 14 per cent in 2024. However, drug use in those countries may have been replaced by other problematic behaviours to some extent. For example, the problematic use of social media among 15- and 16-year-olds increased from 38 per cent in 2015 to 47 per cent in 2024.

For more information on data sources and analyses, please visit the interactive drug market patterns antrends segment at www.unodc.org/unodc/en/data-and-analysis/wdr-drug-market-patterns-trends.html (navigate to analysis by topic -> drug demand and health consequences).

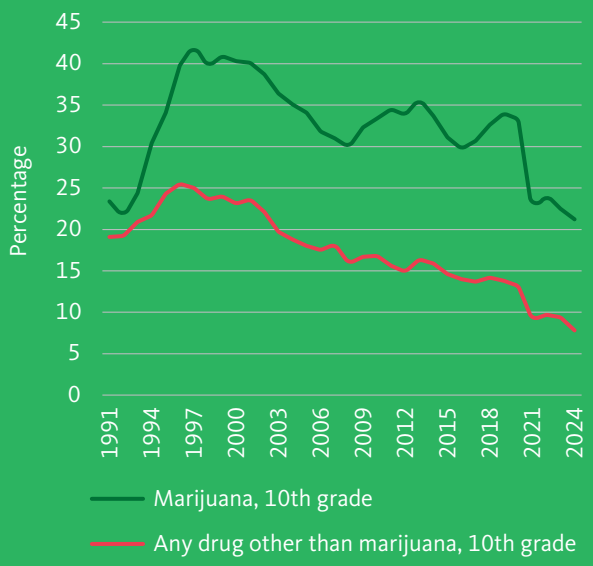
ESTIMATED ANNUAL PREVALENCE OF DRUG USE, BY DRUG, 2023 (PERCENTAGE)

DRUG	PEOPLE AGED 15 AND 16	PEOPLE AGED BETWEEN 15 AND 64
Cannabis	4.4	4.6
Amphetamines	1.0	0.6
"Ecstasy"	0.5	0.4
Cocaine	0.7	0.5

TRENDS IN THE LIFETIME USE OF CANNABIS AND OTHER DRUGS AMONG ADOLESCENTS AGED 15–16 IN EUROPEAN COUNTRIES PARTICIPATING IN THE ESPAD STUDY, 1995–2024



LIFETIME PREVALENCE OF CANNABIS USE AND OTHER DRUG USE, UNITED STATES, 1991–2024



Note: Unweighted average of all countries participating in the study in the given year.

For more information on data sources and analyses, please visit the interactive drug market patterns and trends segment at www.unodc.org/unodc/en/data-and-analysis/wdr-drug-market-patterns-trends.html (navigate to analysis by topic -> drug demand and health consequences).

Key message

Drugs continue to account for the bulk of the income generated by organized criminal groups, and there is evidence that the proportion is growing

Findings

Estimates vary, but it is likely that the illegal trade in drugs generates hundreds of billions of dollars each year worldwide, making it an attractive business for both criminal individuals and groups. The illegal production of, trafficking in and distribution of controlled drugs is a particularly important income-generating activity for organized criminal groups, which are known to operate in virtually all drug markets around the globe. While the bulk of the income from drug trafficking is made at the retail level, far fewer people and groups are involved at the international and wholesale levels where organized criminal groups benefit most.

Analysis of organized criminal groups engaged in drug trafficking suggests that, as well as generating a substantial income, it may represent the dominant activity for most such groups. Prosecutorial cases analysed in high-income countries, for example, show that, as a proportion of all organized criminal groups, drug-related groups account for a higher proportion of cases, typically between 35 and 40 per cent, although this can vary by group or region.

Although the largest illegal incomes from drug trafficking are generated in destination markets, they only represent a small proportion of the national economies of relatively high-income countries. The retail drug markets in the European Union, for example, generated some €31 billion in sales in 2021, equivalent to 0.3 per cent of its GDP. Meanwhile, such markets generated $146 billion, or 0.8 per cent of GDP, in the United States of America in 2016. Conversely, in some countries facing acute rule of law challenges, the income generated by drug trafficking as a proportion of national GDP may be considerably larger. For example, the opiate economy constituted between 9 per cent and 13 per cent of the GDP of Afghanistan in 2021 and between 0.9 per cent and 2.4 per cent of that of Myanmar in 2023.

For more information on data sources and analyses, please refer to Contemporary issues on drugs, chapter on drug trafficking and organized crime: www.unodc.org/unodc/en/data-and-analysis/wdr2025-contemporary-issues.html.

INWARD AND OUTWARD ILLICIT FINANCIAL FLOWS RELATED TO DRUG-TRAFFICKING FOR COUNTRIES WHERE DATA ARE AVAILABLE

COUNTRY	DRUG	AVERAGE ANNUAL INWARD ILLICIT FINANCIAL FLOWS ($)	AVERAGE ANNUAL OUTWARD ILLICIT FINANCIAL FLOWS ($)
Colombia (2015–2019)	Cocaine	1.2–2.6 billion	227 million
Mexico (2015–2018)	Cocaine Methamphetamine Heroin	4.5 billion 2.8 billion 4.8 billion	337.5 million
Peru (2015–2017)	Cocaine	1.5 billion	
Afghanistan (2018–2021)	Opiates	1.3–2.2 billion	
Bangladesh (2017–2021)	Heroin “Yaba” (methamphetamine) Phensedyl (cough syrup) Buprenorphine		61.9 million 140.3 million 215.4 million 63.1 million
Maldives (2020–2021)	Heroin Cannabis		7.25 million 8.7 million
Nepal (2019–2021)	Heroin		4.6 million
Myanmar (2018–2022)	Opiates	0.5–1.3 billion	

Key message

Some organized criminal groups specialize in drug trafficking, while others earn an income from a diverse portfolio of crimes; they also have different levels of member connectivity, structure and control.

Findings

The examination of criminal cases against organized criminal groups engaged in drug trafficking in key high-income destination markets indicates that drug trafficking is an important activity for a substantial share of such groups. In the European Union, drug trafficking was the dominant activity for just over half of criminal networks analysed in 2023, while roughly one third engaged solely in that activity and the remainder did so partially. There are also differences between groups that specialize in one drug or drug-related activity, such as importation, distribution, manufacture, and those that are polydrug or polyactivity. In Australia, for example, monodrug trafficking groups are more likely to be involved in more stages of the supply chain than polydrug groups.

Organized criminal groups that engage in drug trafficking differ greatly in terms of their structure, make-up and goals, with groups generally appearing to be oriented towards governance or towards trade. Those oriented towards trade are generally more agile and prioritize market transactions and profit maximization, whereas those oriented towards governance are found to be more hierarchical and seek to control territories, or the markets and people within them. In turn, an examination of drug trafficking groups has shown that governance-oriented groups have broader portfolios and engage in a wider range of criminal and rent-seeking activities. Similarly, they often require managerial layers and rely on hierarchies to ensure control, thus limiting their size and numbers. By contrast, groups more oriented towards trade are often more singularly focused, are more networked in their membership connectivity and display little desire for enduring hierarchies or control.

For more information on data sources and analyses, please refer to Contemporary issues on drugs, chapter on drug trafficking and organized crime: www.unodc.org/unodc/en/data-and-analysis/wdr2025-contemporary-issues.html.

SUMMARY OF KEY EXAMPLES OF ORGANIZED CRIMINAL GROUPS ENGAGED IN DRUG TRAFFICKING BASED ON THEIR VARYING NATURES

GROUP NATURE	KEY EXAMPLES
Oriented towards governance and centralized	FARC-EP; Sinaloa Cartel; Serbian organized criminal groups; PCC; the Camorra
Oriented towards governance and decentralized	The 'Ndrangheta; outlaw motorcycle gangs; armed groups in the Sahel
Oriented towards trade and centralized	Family-based clans engaged in cocaine trafficking in Bolivia and Peru; small-scale land-based methamphetamine trafficking groups in South-East Asia; methamphetamine trafficking groups that use air couriers in Japan
Oriented towards trade and decentralized	Maritime methamphetamine trafficking groups in Japan or South-East Asia

Key message

Drug trafficking groups are highly resilient, but interventions tailored to their specific characteristics can have disruptive effects.

Findings

Over decades, it has been shown that drug markets can be highly resilient and both endure and adapt to local conditions, law enforcement pressure and competition. That said, depending on the internal organizational structure, context and activities of drug trafficking networks, it is possible to identify strengths and weaknesses that can make law enforcement operations against them more effective.

Highly connected and decentralized groups limit disruptions to trafficking by using multiple channels to exchange information and realize transactions. Conversely, highly centralized hierarchical organizations minimize exposure to law enforcement by layering and controlling information flows, making them hard to infiltrate and sometimes even capable of challenging the State through violence and corruption.

Decentralized groups are less susceptible to indiscriminate law enforcement action. Efforts to identify and remove key players with a high degree of social capital, such as information brokers, or those with a high degree of human capital, such as money-launderers, are more likely to be successful against this type of group. Similarly, it may be possible to exploit the decentralized nature of such groups through a combination of strategies aimed at getting members to turn on others through the intensive investigation of criminal activities in order to build cases through informants.

By contrast, hierarchical groups may be more effectively disrupted by targeting mid-level managers who control the flow of information and translate decisions taken by group leadership to the rank and file. Some studies show that violence increases only when those at the very top are removed, suggesting that inner- and inter-group conflict emerges from power vacuums.

Indiscriminate law enforcement action against drug trafficking does little to disrupt drug markets, as they can often be displaced geographically or by drug type. Efforts to disrupt groups engaged in drug trafficking can be more impactful if they are well targeted. Understanding variations in the nature of such groups can help shape strategies aimed at dismantling or diminishing them. Therefore, it is vital to be aware that different group structures are more resilient to some interventions and more vulnerable to others.

For more information on data sources and analyses, please refer to Contemporary issues on drugs, chapter on drug trafficking and organized crime: www.unodc.org/unodc/en/data-and-analysis/wdr2025-contemporary-issues.html.

DISRUPTIVE RESPONSES TO VARIOUS ORGANIZED CRIMINAL GROUPS ENGAGED IN DRUG TRAFFICKING

GROUP CHARACTERISTICS	STRENGTHS	VULNERABILITIES	DISRUPTIVE RESPONSES
Oriented towards governance and centralized	Hierarchy and limited information flow protects against infiltration	Group reliant on key individuals to operate	Targeting of members with highest decision-making capacity or those with greatest skills (e.g. money-launderers or chemists) to disrupt operations; uprooting of group structure may be possible through removal of leadership
Oriented towards governance and decentralized	Greater connectivity among members increases resilience to law enforcement pressure	Trust among members can be damaged through use of informants; groups might be easier to infiltrate	Removal of top leadership, especially inplaces experiencing high levels of violence, may generate more violence. Instead, removal of mid-level members that serve as bridges between leaders and operatives may be more disruptive
Oriented towards trade and centralized	Hard to infiltrate and go to great lengths to keep operations from discovery; often smaller networks	Group reliant on key individuals to operate	Interventions may require extensive surveillance and mapping to identify key nodes and work to damage trust within networks
Oriented towards trade and decentralized	Greater connectivity among members and lower barriers to membership make groups highly resilient to law enforcement	Trust among members can be damaged through use of informants	Interventions may require extensive surveillance and mapping to identify key nodes and work to damage trust within networks

KEY FINDINGS
IN FOCUS: TOPICAL DEEP DIVES

Key message

Drug use has varied impacts on the individuals who use drugs, their families and the community.

Findings

Drug use can have many different impacts on people who use drugs, their families and the community across multiple dimensions, including with regard to health status, social relations, the environment, socioeconomic development, public safety and security and the criminal justice system.

None of these impacts are inevitable or follow a predictable pattern. Drug use affects different people in diverse ways as multiple mediators interact, develop and combine, defining many pathways of impact across various dimensions. Numerous modifying factors can exacerbate or mitigate the extent, depth and breadth of such impacts, including the nature of the drug use itself (for example, with regard to its intensity and drug intake practices) and individual and contextual characteristics.

The individual characteristics of a person who uses drugs, such as demographic characteristics, are often fixed and cannot be modified with a view to mitigating the impact of drug use, whereas contextual and environmental factors, such as the policy environment or the availability of services, can be.

There is no simple one-to-one relationship between drug use and its impact. Drug use, modifying factors and the related impacts interact through cyclical influences. Poverty, marginalization, homelessness and limited educational and employment opportunities are among the myriad social impacts of drug use disorders. These socioeconomic inequalities, the social determinants of health and stigmatization towards people who use drugs in turn increase the risk of harmful patterns of drug use and drug use disorders, and further fuel the impact of drugs on the families and communities of people who use drugs.

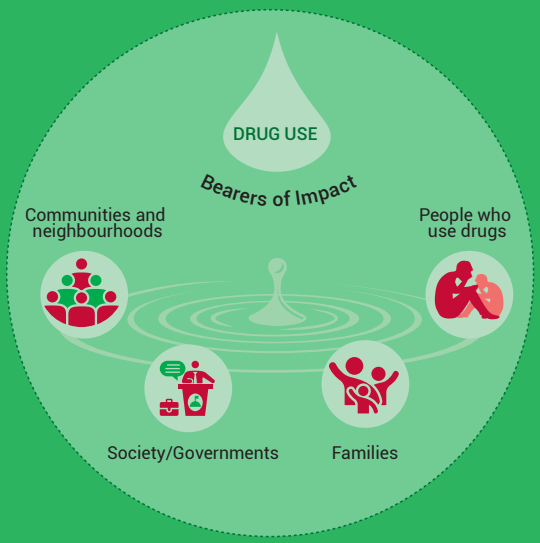
However, not all kinds of impact are measurable and quantifiable. Some are measured objectively (for example, through the medical diagnoses of people with drug use disorders), while others are more subjective (for example, the harm caused by drug use may be perceived in various ways by different individuals).

The impacts of drug use on health go beyond the individual who uses drugs. At the family level, drug use and drug use disorder in a family member can result in negative impacts on the physical or psychological well-being of the family, as well as on the social and economic situation of the family, due to the financial burden, social stigma and shame related to drug use. The children of people with drug use disorders may suffer as they are more likely to lack a safe nurturing environment, have their developmental needs go unmet and experience emotional distress and impaired attachment owing to the loss of or separation from a parent. Moreover, exposure to adverse childhood experiences is predictive of early drug use initiation, a significantly elevated risk of harmful patterns of substance or drug use and the risk of developing substance or drug use disorders in adulthood, thus perpetuating an intergenerational cycle of poor quality of life, mental health disorders, drug use and drug use disorders, as well as adverse childhood experiences in subsequent generations. A community's sense of safety and security is impacted by drug-related violence in the community and acquisitive crimes resulting from drug use, as well as by road traffic accidents caused by people under the influence of drugs.

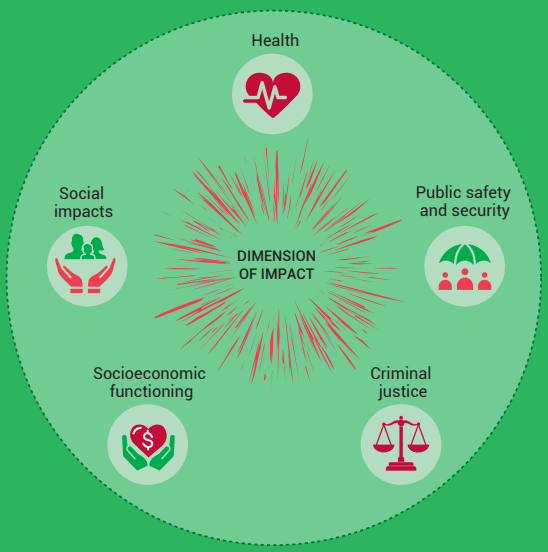
A policy environment that ensures – without stigmatization and discrimination – availability and accessibility of scientific evidence-based interventions for drug use prevention, services to minimize the adverse social and health consequences of drug use, and for the treatment and care of those with drug use disorders, is the key contextual factor that can mitigate drug use and its varied negative impacts. However, the availability and accessibility of such scientific evidence-based interventions remain limited in most countries.

For more information on data sources and analyses, please refer to Contemporary issues on drugs, chapter on the impact of drug use: www.unodc.org/unodc/en/data-and-analysis/wdr2025-contemporary-issues.html.

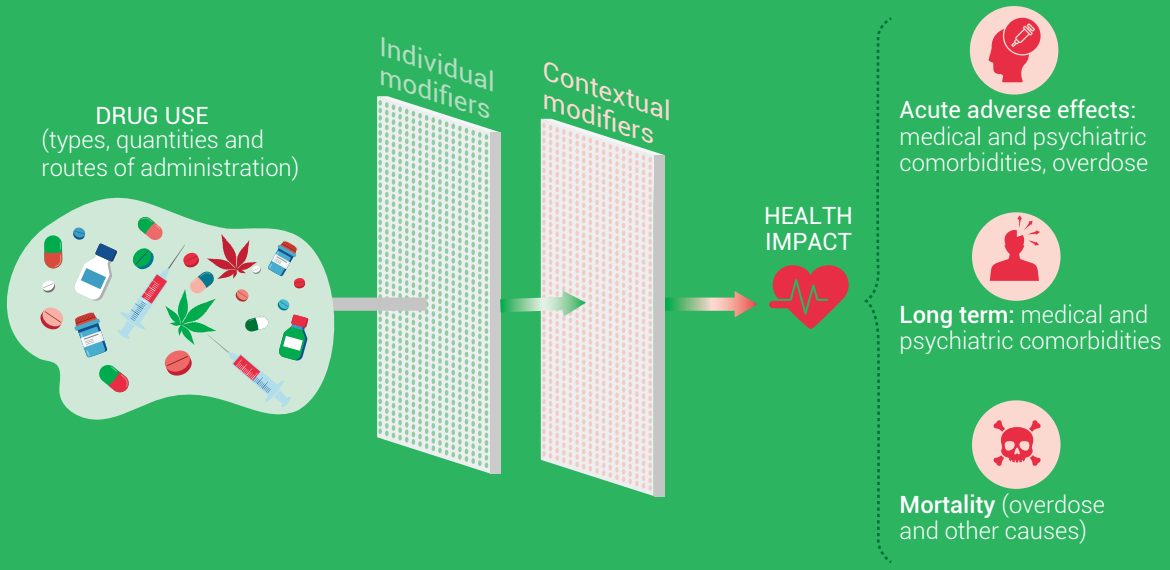
THE IMPACT OF DRUG USE IS FELT BEYOND THOSE WHO USE DRUGS



DRUG USE HAS AN IMPACT ON DIFFERENT DIMENSIONS



PATHWAYS OF IMPACT OF DRUG USE ON HEALTH



KEY FINDINGS
IN FOCUS: TOPICAL DEEP DIVES

Key message

Policy environment, the availability of evidence-based services and addressing stigma and discrimination are the key contextual factors that can mitigate the impact of drug use on health.

Findings

Policy environment, the availability of evidence-based services and addressing stigma and discrimination are the key contextual factors that can mitigate the impact of drug use on health.

The age of initiation of drug use has a particular bearing on the impact of drug use. For example, initiation of cannabis use during adolescence has the potential to disrupt the personal or academic lives of adolescents, which could result in difficulties regarding educational achievement, impaired cognitive performance, occupational prestige and the transition to adulthood. The impact of drug use on the health of older adults has different dynamics, which are more related to the presence of other medical conditions typical of older age groups that may be exacerbated by drug use and drug interactions resulting from the concurrent use of drugs and medications for treating such medical conditions. In terms of differences between the sexes, more men than women use drugs and live with the burden of disease attributed to the use of drugs, yet at the individual level, women bear more negative health and socioeconomic consequences of drug use and drug use disorders.

Cultural contextual factors can also modify the impact of drug use on health by either mitigating or exacerbating that impact. For instance, stigma can manifest itself as overt rejection and discrimination, including through the denial of essential or necessary health services, or through verbal and physical assaults by service providers. Moreover, the experience of stigmatization may result in risky patterns of drug use, dangerous sexual behaviour or the risk of overdose. It is not only individuals with drug use disorders but also their family members and professionals working with them that often face stigma and discrimination, which significantly compromises access to and the availability of quality treatment and other interventions.

Socioeconomic inequalities, which are the social determinants of health and include a lack of employment, issues with educational attainment, the absence of opportunities for advancement and homelessness and poverty, can also increase the risk of harmful patterns of drug use and drug use disorders. These impacts may not only affect a person who uses drugs but also their children and family members. Broader environmental factors such as neighbourhood violence, the ready availability of drugs and a low risk perception of drug harms are also cultural and contextual factors that can exacerbate the impact of drug use among individuals who use drugs and their communities.

Another key contextual driver of the impact of drugs on health is the extent to which scientific evidence-based services to prevent drug use, treatment services to address drug use disorders, and interventions to minimize the adverse social and health consequences of drug use are available and accessible, do not contribute to stigma and discrimination and continue to respect the right to health of all individuals. The absence or provision of scientific evidence-based services and interventions can either exacerbate or mitigate the impact of drug use on health.

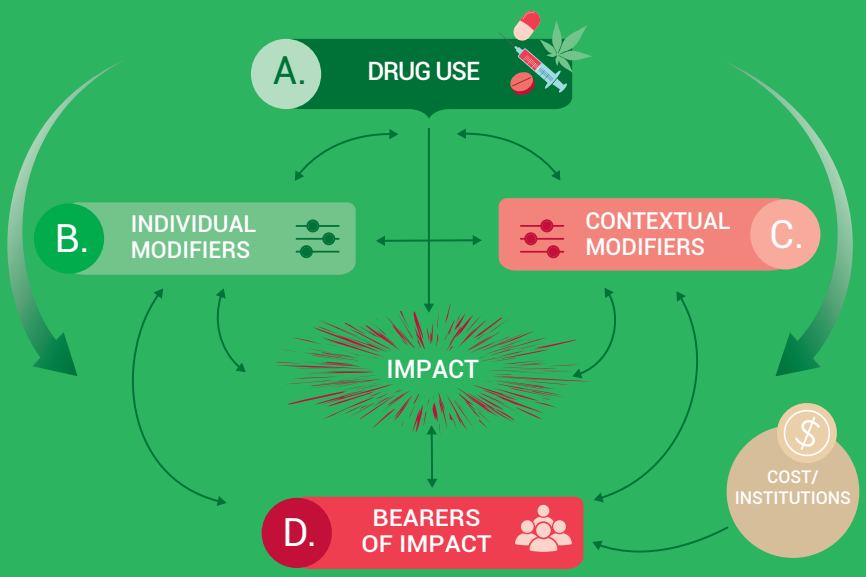
Evidence-based prevention reduces the likelihood of initiation of drug use or progression to harmful patterns of use and dependence, thus reducing the overall aggregated health consequences of drug use from the outset. Prevention works best when conducted both at the individual level and in the developmental contexts within which individuals evolve and live.

The provision of evidence-based drug use disorder treatments has proved to be cost-effective in reducing drug use and in improving overall health, well-being and social functioning and productivity. Scientific evidence also suggests that treatment outcomes are improved when treatment modalities are offered in combination with an integrated treatment plan that simultaneously addresses drug use disorders, psychiatric comorbidity and other health and life issues. Opioid agonist maintenance therapy (using buprenorphine and methadone), for example, has been found to improve the health-related quality of life of the person who uses drugs and to reduce morbidity (e.g. from HIV and hepatitis C) and mortality (from overdose), criminality and the overall rates of drug-related problems for people with opioid use disorders.

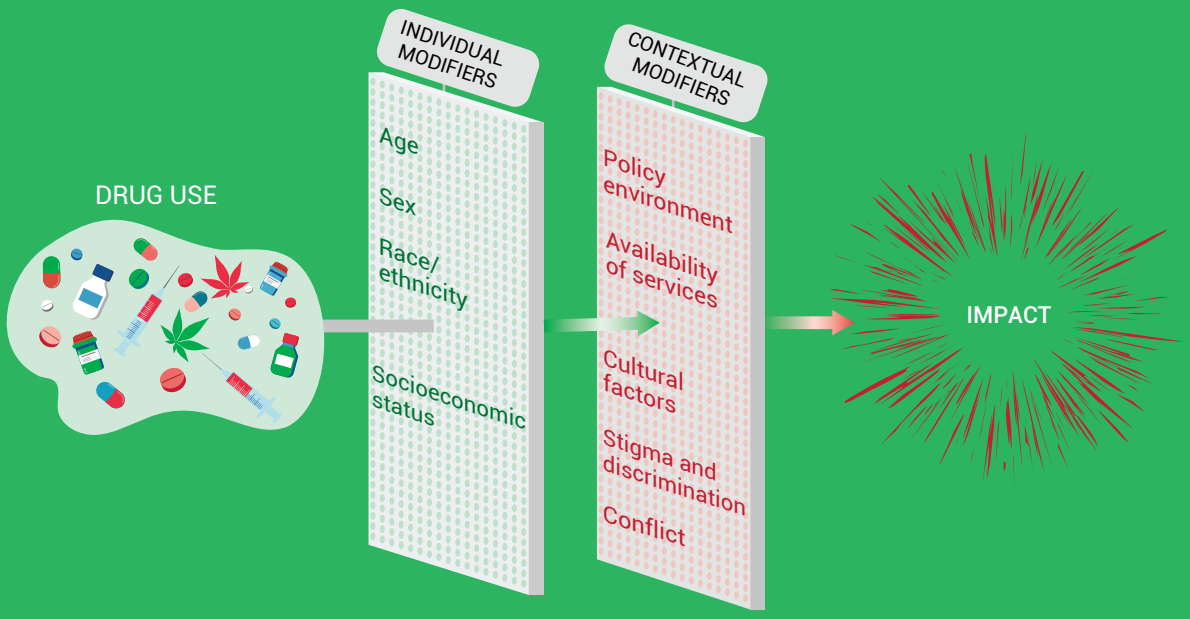
Among the interventions aimed at minimizing the adverse social and health consequences of drug use are needle and syringe programmes, opioid agonist maintenance treatment and other evidence-based treatment services for drug use disorders, as well as HIV testing and counselling and the community availability of naloxone. Nonetheless, the current levels of availability and coverage of drug use disorder treatment and other services are insufficient to mitigate the impact of drug use on the health of the person using drugs, their family and the community.

For more information on data sources and analyses, please refer to Contemporary issues on drugs, chapter on the impact of drug use: www.unodc.org/unodc/en/data-and-analysis/wdr2025-contemporary-issues.html.

DRUG USE STRIKES DIFFERENT PEOPLE DIFFERENTLY AS DIFFERENT MEDIATORS INTERACT, DEVELOP AND COMBINE IN DIFFERENT WAYS, DEFINING MANY PATHWAYS OF IMPACT



IMPACT OF DRUG USE IS INFLUENCED BY INDIVIDUAL AND CONTEXTUAL FACTORS



KEY FINDINGS
IN FOCUS: TOPICAL DEEP DIVES

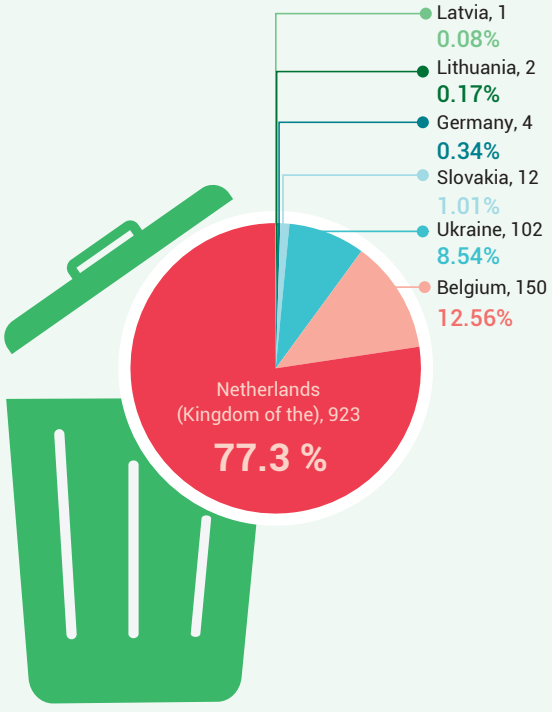
Key message

In Europe, synthetic drug manufacture is on the increase and has a significant environmental impact in some communities.

Findings

The increasing number and size of clandestine synthetic drug laboratories dismantled in Europe in the past six years suggest that synthetic drug manufacture is increasing. Although the size of laboratories varies significantly between countries, the trend in some countries is towards bigger and more sophisticated laboratories. The manufacture of drugs in laboratories produces substantial waste, which is subsequently discharged into or dumped in the environment, with a significant impact at the local, community and individual levels in terms of soil and water pollution. This impact has potential spillover effects on the health of humans and animals and biodiversity and may entail significant societal costs in terms of cleaning up and restoring ecosystems. The clean-up costs of the biggest drug waste dumping sites found in the Kingdom of the Netherlands run into the millions of euros.

REPORTED DRUG MANUFACTURE WASTE DUMPING SITES IN EUROPE, 2019–2023



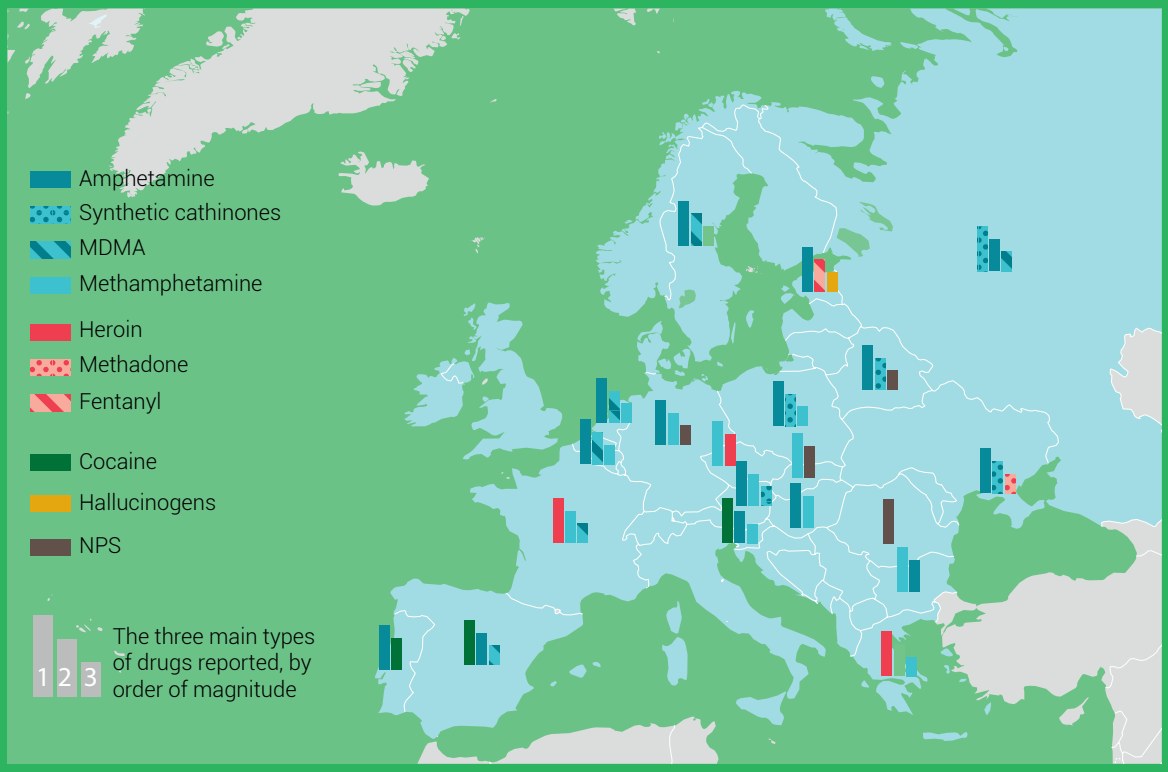
The number of countries reporting dumping sites (nine in the period 2013–2023) is considerably lower than the number of countries reporting dismantled laboratories (36 in that same period). That disconnect can partially be explained by drug waste being disposed of in other ways such as direct discharge and the smaller size and scope of drug manufacturing in some countries, but it also suggests the substantial underreporting of dumping sites and that much of the chemical waste in Europe is unaccounted for. The underreporting of dumping sites may be related to the low priority, as well as the low capacity, of detecting, registering or addressing the environmental impact of synthetic drug manufacture.

One environmental impact of synthetic drugs can be quantified through the carbon footprint of each substance. Europe is a major source of illicitly manufactured MDMA and the first ever life-cycle assessment of synthetic drugs, focusing solely on MDMA, has shown, that the manufacture of 1 kg of MDMA HCl salt produces an estimated total carbon footprint of between roughly 400 and 1,500 kg of CO_2e, which is equivalent to between 0.07 and 0.31 kg of CO_2e per MDMA pill (CO2e, or CO2 equivalent is a standard unit for measuring the impact of different greenhouse gases on global warming). For a more intuitive idea of the carbon footprint incurred, the carbon footprint per pill is somewhat smaller than a cup of coffee (0.28–0.55 kg of CO_2e) or a 100 g bar of chocolate (0.31–0.59 kg of CO_2e).

While managing the environmental impact of drug production is hardly addressed in national drug strategies, technology is available to support the detection of drug residuals in wastewater and to support a wider policy response that addresses the environmental consequences of illicit synthetic drug manufacture.

For more information on data sources and analyses, please refer to Contemporary issues on drugs, chapter on the impact of drugs on the environment: the case of Europe: www.unodc.org/unodc/en/data-and-analysis/wdr2025-contemporary-issues.html.

MAIN DRUGS PROCESSED IN CLANDESTINE DRUG LABORATORIES DISMANTLED IN EUROPE, 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.
Source: UNODC, responses to the annual report questionnaire.

Note: The three main types of drugs processed in dismantled clandestine drug laboratories are shown in the order of magnitude of the amount found in each country. Some countries only reported one or two types of drugs. Only European countries with a minimum of 10 dismantled laboratories are included.

Key message

In Europe, illicit indoor cannabis cultivation is more prevalent than outdoor cultivation, adding to the drug's carbon footprint.

Findings

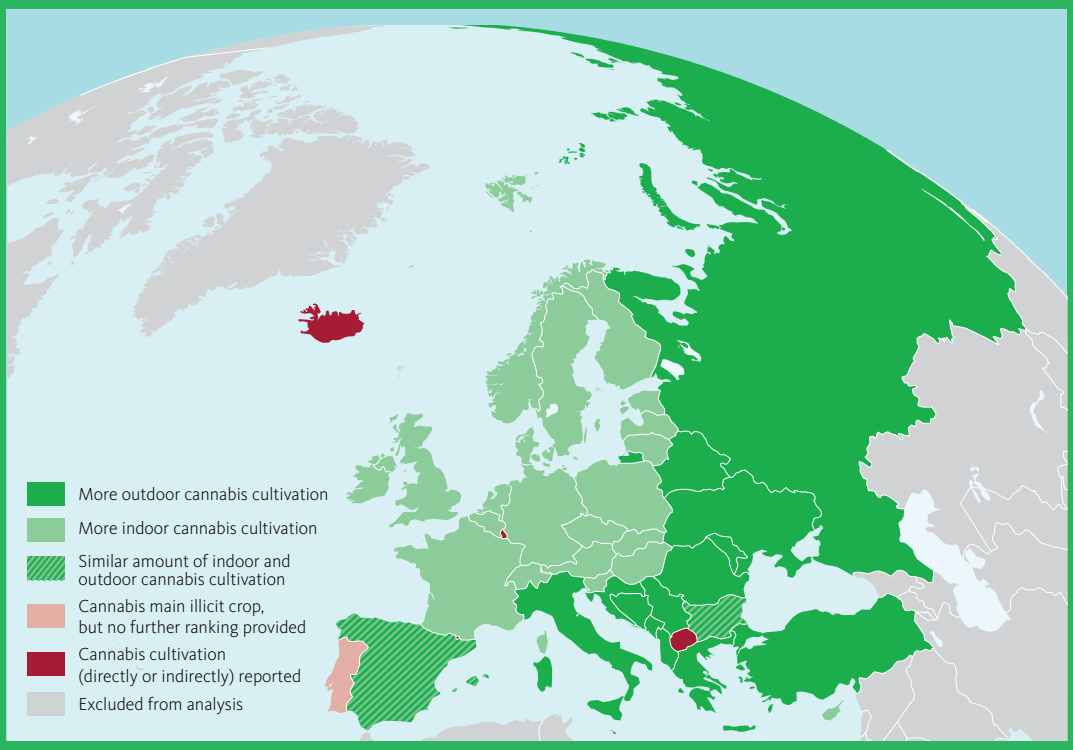
Most European countries (21) reported a larger proportion of indoor than outdoor cannabis cultivation in the period 2019–2023, while 14 reported the opposite. The dominance of indoor cannabis cultivation in Europe increases the carbon footprint and gives rise to various associated risks and societal costs.

Data from North America suggest that indoor cannabis cultivation can emit an average of around 50 times more carbon than outdoor cultivation. Moreover, indoor cannabis cultivation is linked to various health, safety and environmental risks, including booby traps, unsafe electric wiring, toxic atmospheres, toxic liquids and chemicals, harmful ultraviolet radiation emitted by growing lights, mould and structural damage to buildings used for cultivation.

Outdoor cultivation significantly decreases the carbon footprint of cannabis production, but its environmental impact can be still considerable in other areas, such as land-use change, deforestation, excessive fertilizer use, the diversion of water from streams and springs, and biodiversity loss.

For more information on data sources and analyses, please refer to Contemporary issues on drugs, chapter on the impact of drugs on the environment: the case of Europe: www.unodc.org/unodc/en/data-and-analysis/wdr2025-contemporary-issues.html.

MAIN FORMS OF CANNABIS CULTIVATION IN EUROPE, 2019–2023

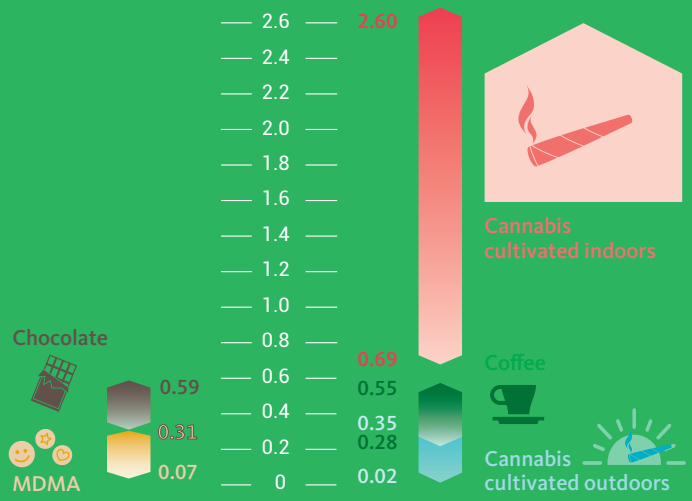


The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: UNODC, responses to the annual report questionnaire.

Note: The analysis is based on answers provided by Member States to a question about the "ranking of illicit cultivation of crops" and was complemented, where necessary, with the answers to other relevant questions, including those related to the "area under cannabis cultivation", "cannabis produced", "cannabis area eradicated", "cannabis plants eradicated" and "cannabis sites eradicated". While Spain has reported a similar amount of indoor and outdoor cultivation during this period, authorities report that the latest available data suggest increased indoor cultivation (Interview #17, Spain, organized crime experts, February 2025).

CARBON FOOTPRINT COMPARISON OF MDMA WITH A CANNABIS JOINT, A CUP OF COFFEE AND A CHOCOLATE BAR

(kg of CO_2e per "joint", one pill, cup, 100 g "cradle-to-grave" chocolate)



Note: The coffee data are based on carbon footprint estimates related to coffee produced in Brazil and Viet Nam and exported to the United Kingdom of Great Britain and Northern Ireland. For chocolate, the lowest figures relate to dark chocolate, while the highest figures relate to milk chocolate, in both cases consumed in Italy. The indoor and outdoor cannabis cultivation data are based on studies undertaken in the United States of America and do not include exportation. The highest estimate for MDMA is based on 1,500 kg of CO2e per kg and 6,000 pills per kg. The lowest estimate is based on 400 kg of CO2e per kg and 7,150 pills per kg.

REGIONAL GROUPINGS

The World Drug Report uses a number of regional and subregional 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 (The), 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[1]
- 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).

GLOSSARY

amphetamine-type stimulants — a group of substances composed of synthetic stimulants controlled under the Convention on Psychotropic Substances of 1971 and from the group of substances called amphetamines, which includes amphetamine, methamphetamine, methcathinone and the "ecstasy"-group substances (3,4-methylenedioxy-methamphetamine (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.

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UNODC Research

A global reference on drug markets, trends and policy developments, the *World Drug Report* offers a wealth of data and analysis and in 2025 comprises several elements tailored to different audiences. The web-based **Drug market patterns and trends** 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. **Key findings** provides an overview of selected findings from the analysis presented in **Drug market patterns and trends** and the thematic chapters of **Contemporary issues on drugs**, while **Special points of interest** offers a framework for the main takeaways and policy implications that can be drawn from those findings.

As well as providing a comprehensive overview of global drug trends, the *World Drug Report 2025* features a focused analysis of the following drug-related topics in the three thematic chapters:

» **The nexus between drugs and organized crime.** This chapter explores the relevance of drug trafficking for organized criminal groups and the different organizational structures of groups that define their strengths and weaknesses. It calls for an end to indiscriminate law enforcement operations and for investment in more effective law enforcement responses to drug trafficking that are tailored to the specific aims and structures of criminal groups.

» **The environmental consequences of illicit drug markets.** This chapter addresses not only deforestation and land degradation linked to drug crop cultivation, but also the dumping of toxic waste, water pollution and chemical contamination resulting from synthetic drug production and trafficking, with a focus on Europe.

» **The complex and layered impacts of drug use.** This chapter looks at the effects of drug use on individual health and family and community well-being, and emphasizes the importance of social and health-oriented interventions that can prevent, interrupt or mitigate pathways of harm.

The *World Drug Report 2025* 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 2025* is published on the UNODC website:
https://www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2025.html

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