

Data UNODC - Metadata Information



Drug Use and Treatment

The tables on drug use and treatment include figures on prevalence of drug use at national, regional, and global levels, and figures on people who inject drugs and treatment. Data are available for different drug types and by gender. The dataset also includes extended information of the use of New Psychoactive Substances in the population.

Dataset characteristics

Access links:

Prevalence excluding NPS	https://data.unodc.org/datareport/druguse
Prevalence of New Psychoactive Substances (NPS)	https://data.unodc.org/datareport/druguse-nps
Prevalence of drug use - regional estimates	https://data.unodc.org/datareport/druguse-estimate
People who inject drugs – regional estimates	https://data.unodc.org/datareport/druguse-pwid-regional
People who inject drugs	https://data.unodc.org/datareport/druguse-pwid
Treatment by primary drug of use	https://data.unodc.org/datareport/druguse-treatment

Last update: 26/06/2026

Base period: Calendar Year

Data source(s): National data on drug use & treatment collected through the Annual Report Questionnaire (ARQ), Population data from United Nations Department of Economic and Social Affairs, Population Division. Please see below for National data collection sources.

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Statistical concepts and definitions

Drug: For the purposes of this data collection instrument, “drug” means any of the substances, natural or synthetic, in Schedules I and II of the Single Convention on Narcotic Drugs, 1961 (as amended by the 1972 Protocol Amending the Single Convention on Narcotic Drugs, 1961) or any substance, natural or synthetic, or any natural material in Schedules I, II, III and IV of the Convention on Psychotropic Substances, 1971. See also UNODC 2016. Terminology and Information on Drugs, 3rd edition: https://www.unodc.org/documents/scientific/Terminology_and_Information_on_Drugs-E_3rd_edition.pdf

New Psychoactive Substances (NPS): 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. Source: UNODC The challenge of New Psychoactive Substances, (2013): https://www.unodc.org/documents/scientific/NPS_Report.pdf

Drug use: Use of controlled psychoactive substances and/or NPS for non-medical and non-scientific purposes.

Primary drug of use: Main drug for which a person is seeking treatment, is registered as drug user, or the drug that was the primary cause of drug-related deaths.

People who inject drugs (PWID): Persons who have injected any psychoactive substance(s) for other than medical purposes during a specific reference period.

Drug treatment: Any structured intervention that is aimed specifically to a) reduce drug use and cravings for drug use; b) improve health, well-being and social functioning of the affected individual, and c) prevent future harms by decreasing the risk of complications and relapse. These include pharmacological treatment, psychosocial interventions and rehabilitation and aftercare (definitions below).

For more information on statistical concepts and definitions please refer to the Guidelines for the Annual Report Questionnaire (ARQ):

https://www.unodc.org/documents/ARQ/New_Guidelines_Version_1.1.pdf

Indicator definitions, statistical and measurement units

Prevalence of drug use:

The prevalence of drug use in the reference population is the proportion of the reference population that have consumed the drug (or group of drugs) of concern at least once during the specified reference period prior to the time of observation. The annual prevalence (past year prevalence) refers to the drug use at least once in the last 12 months.

Annual Prevalence of drug use as a percentage of the population aged 15-64 is calculated as

$$Prevalence\ of\ Drug\ Use_{total} = 100 * \frac{Individuals\ using\ drug_{total}}{Population_{15-64}}$$

People who inject drugs:

Annual Prevalence of people who inject drugs (at least once in the twelve months prior to the study) as a percentage of the population aged 15-64 is calculated as

$$Prevalence\ Injecting\ Drugs_{total} = 100 * \frac{Individuals\ injecting\ drug_{total}}{Population_{15-64}}$$

Regional and global estimates:

UNODC estimates of the extent of illicit drug use in the world have been published periodically since 1997. Assessing the extent of drug use (the prevalence and estimates of the number of drug users) is a particularly difficult undertaking because it involves in most settings measuring the size of a 'hidden' population. Regional and global estimates are reported with ranges to reflect the information gaps. The level of confidence expressed in the estimates varies across regions and drug types.

A global estimate of the level of use of a specific drug involves the following steps:

1. Identification and analysis of appropriate sources (starting from the ARQ);
2. Identification of key benchmark figures for the level of drug use in all countries where data are available (annual prevalence of drug use among the general population aged 15-64) which then serve as 'anchor points' for subsequent calculations;
3. 'Standardization' of existing data if reported with a different reference population than the one used for the World Drug Report (for example, from age group 12 and above to a standard age group of 15-64);
4. Adjustments of national indicators to estimate an annual prevalence rate if such a rate is not available (for example, by using the lifetime prevalence or current use rates; by aggregating



prevalence of two drug types, like use of amphetamine and methamphetamine to obtain the joint estimates of prevalence of use for the overall amphetamines; or extrapolating from lifetime or annual prevalence rates among the youth population to the adult population. The latter includes the identification of adjustment factors based on information from countries in the region with similar cultural, social and economic situations where applicable;

5. Imputation for countries where data are not available, based on data from countries in the same subregion. Ranges are calculated by considering the 10th and 90th weighted 5 percentile of the subregional distribution, using the target population in the countries as weights;

6. Extrapolation of available results for a subregion were calculated only for subregions where prevalence estimates for at least two countries covering at least 20% of the population were available. If, due to a lack of data, subregional estimates were not extrapolated, a regional calculation was extrapolated based on the 10th and 90th percentile of the distribution of the data available from countries in the region. Since the World Drug Report 2019, when this methodology was revised, a weighted percentile procedure has been used that takes into account the population aged 15-64 in the countries;

7. Aggregation of subregional estimates rolled-up into regional results to arrive at global estimates.

Regional groupings

The World Drug Report and the regional estimates presented in this data portal use 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, 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, British Virgin Islands, Cayman Islands, Curaçao, Guadeloupe, Martinique, Montserrat, Puerto Rico, Saba, Netherlands, Sint Eustatius, Netherlands, 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
- > South-West Asia: Afghanistan, Iran (Islamic Republic of) and Pakistan
- > 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

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
- > 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, 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

For more information, please consult the Methodological Annex

(https://www.unodc.org/documents/data-and-analysis/WDR_2026/WDR2026_Methodological_Annex.pdf) of the World Drug Report.

Use and interpretation of data

Despite considerable efforts by UNODC and the Member States to produce and publish highest quality data, estimates should be used and interpreted with caution as data are quite heterogeny in the completeness and the time frame of data coverage in ARQs reported by Member States:

- Regional and global estimates are produced with the latest available data for all countries. Since data on prevalence are sparse and not produced every year, the estimates should be interpreted with caution. In particular, regional and global estimates are not comparable over time.
- Data on prevalence of drug use are produced mostly based on household surveys (with some exceptions) that are not conducted yearly. Therefore, data on this indicator can be sparse at the national level.

- Surveys in the same country may be conducted using different methodologies for separate years and, hence, comparability should be evaluated at the individual level. Users are encouraged to read the notes and metadata on the estimates to ensure the validity of their analysis. Submitted questionnaires are not always comprehensive, and much of the data collected are subject to limitations and biases. These issues affect the reliability, quality and comparability of the information received.
- In 2020, the ARQ was updated and streamlined¹ and the data collection was fully moved to an online interface, the UNODC Data eXchange Platform ([DXP](#)), created specifically for this purpose. The first time the data was collected in the online environment was in 2021. This may have led to some additional challenges in data comparability with the previous years.

Data sources and method of collection

Under the International Drug Conventions, Member States are formally required to provide national drug control related information annually to the ‘Secretary General’ of the United Nations (i.e. the Secretariat in the UNODC). For this purpose, the Commission on Narcotic Drugs in 2020 endorsed the revised Annual Reports Questionnaire (ARQ) that is sent to Member States each calendar year for submission of responses and information on the drug situation.

National focal points working in national agencies responsible for drug statistics nominated by the Permanent Mission to UNODC are responsible for compiling the data from the other relevant agencies before transmitting the ARQ data to UNODC. Following the submission, UNODC checks for consistency and coherence with other data sources.

Data submitted by Member States through other means or taken from other sources are added to the dataset after review by Member States.

At the national level, Member States use data from different data sources to collect the information reported in the ARQ:

- Household survey (HHS): this is the main source for the estimation of prevalence in drug use in the general population; however, they can have limitations for the prevalence of certain drugs in some countries where a significant part of users cannot be captured by the household sampling frame.
- School survey (SS): this is the main source use for the estimation of prevalence in the youth population; sometimes, estimates for other groups of the population can be produced based on SS data with the use of proper modelling techniques.
- Indirect estimates (I): for cases where HHS are not a proper source due to limitations in the coverage of the population of interest, indirect estimates are a good alternative; some examples include multiplier benchmark estimates, multiple systems estimation, or network scale up methods. These estimates can use a number of different sources such as surveys and different types of registries / administrative records.

In addition, countries or UNODC may use these types of sources to produce relevant estimates of the annual prevalence of drug use by performing some adjustments as necessary, to prevalence of drug use for other frequencies (e.g., monthly use, lifetime use), to adapt to specific age or

¹ The current version of the ARQ can be accessed through this link: <https://docs.un.org/en/E/CN.7/2020/12>

demographic groups or to cover specific (groups of) drugs. See “Regional and global estimates” for more information.

The population data is sourced from the World Population Prospect, Population Division, United Nations Department of Economic and Social Affairs.

[Suggested citation](#)

Please cite the data as follows: UNODC (2026), UNODC Research - Data Portal – Drug Use & Treatment. <https://data.unodc.org/datareport/druguse> (Accessed on [DD/MMM/YYYY]).