



**UNODC**  
United Nations Office on Drugs and Crime



# WOMEN AND DRUGS

Drug use, drug supply and their consequences

WORLD  $\infty$   
DRUG  
REPORT 201

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## PREFACE

Both the range of drugs and drug markets are expanding and diversifying as never before. The findings of this year's *World Drug Report* make clear that the international community needs to step up its responses to cope with these challenges.

We are facing a potential supply-driven expansion of drug markets, with production of opium and manufacture of cocaine at the highest levels ever recorded. Markets for cocaine and methamphetamine are extending beyond their usual regions and, while drug trafficking online using the darknet continues to represent only a fraction of drug trafficking as a whole, it continues to grow rapidly, despite successes in shutting down popular trading platforms.

Non-medical use of prescription drugs has reached epidemic proportions in parts of the world. The opioid crisis in North America is rightly getting attention, and the international community has taken action. In March 2018, the Commission on Narcotic Drugs scheduled six analogues of fentanyl, including carfentanil, which are contributing to the deadly toll. This builds on the decision by the Commission at its sixtieth session, in 2017, to place two precursor chemicals used in the manufacture of fentanyl and an analogue under international control.

However, as this *World Drug Report* shows, the problems go far beyond the headlines. We need to raise the alarm about addiction to tramadol, rates of which are soaring in parts of Africa. Non-medical use of this opioid painkiller, which is not under international control, is also expanding in Asia. The impact on vulnerable populations is cause for serious concern, putting pressure on already strained health-care systems.

At the same time, more new psychoactive substances are being synthesized and more are available than ever, with increasing reports of associated harm and fatalities.

Drug treatment and health services continue to fall short: the number of people suffering from drug use disorders who are receiving treatment has remained low, just one in six. Some 450,000 people died in 2015 as a result of drug use. Of those deaths, 167,750 were a direct result of drug use disorders, in most cases involving opioids.

These threats to health and well-being, as well as to security, safety and sustainable development, demand an urgent response.

The outcome document of the special session of the General Assembly on the world drug problem held in 2016 contains more than 100 recommendations on promoting evidence-based prevention, care and other measures to address both supply and demand.

We need to do more to advance this consensus, increasing support to countries that need it most and improving international cooperation and law enforcement capacities to dismantle organized criminal groups and stop drug trafficking.

The United Nations Office on Drugs and Crime (UNODC) continues to work closely with its United Nations partners to assist countries in implementing the recommendations contained in the outcome document of the special session, in line with the international drug control conventions, human rights instruments and the 2030 Agenda for Sustainable Development.

In close cooperation with the World Health Organization, we are supporting the implementation of the *International Standards on Drug Use Prevention* and the international standards for the treatment of drug use disorders, as well as the guidelines on treatment and care for people with drug use disorders in contact with the criminal justice system.

*The World Drug Report 2018* highlights the importance of gender- and age-sensitive drug policies, exploring the particular needs and challenges of women and young people. Moreover, it looks into

increased drug use among older people, a development requiring specific treatment and care.

UNODC is also working on the ground to promote balanced, comprehensive approaches. The Office has further enhanced its integrated support to Afghanistan and neighbouring regions to tackle record levels of opiate production and related security risks. We are supporting the Government of Colombia and the peace process with the Revolutionary Armed Forces of Colombia (FARC) through alternative development to provide licit livelihoods free from coca cultivation.

Furthermore, our Office continues to support efforts to improve the availability of controlled substances for medical and scientific purposes, while preventing misuse and diversion – a critical challenge if we want to help countries in Africa and other regions come to grips with the tramadol crisis.

Next year, the Commission on Narcotic Drugs will host a high-level ministerial segment on the 2019 target date of the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. Preparations are under way. I urge the international community to take this opportunity to reinforce cooperation and agree upon effective solutions.

A handwritten signature in black ink, appearing to read 'Yury Fedotov', followed by a horizontal line.

Yury Fedotov  
Executive Director  
United Nations Office on Drugs and Crime



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## EXPLANATORY NOTES

The boundaries and names shown and the designations used on maps do not imply official endorsement or acceptance by the United Nations. A 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. Disputed boundaries (China/India) are represented by cross-hatch owing to the difficulty of showing sufficient detail.

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

All references to Kosovo in the *World Drug Report*, if any, should be understood to be in compliance with Security Council resolution 1244 (1999).

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

All uses of the word “drug” in the *World Drug Report* refer to substances controlled under the international drug control conventions.

All analysis contained in the *World Drug Report* is based on the official data submitted by Member States to the United Nations Office on Drugs and Crime through the annual report questionnaire unless indicated otherwise.

The data on population used in the *World Drug Report* are taken from: *World Population Prospects: The 2017 Revision* (United Nations, Department of Economic and Social Affairs, Population Division).

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

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

The following abbreviations have been used in the present booklet:

**PWID** people who inject drugs

**UNODC** United Nations Office on Drugs and Crime

**WHO** World Health Organization



## KEY FINDINGS

### **Women's drug use differs greatly from that of men**

#### *Non-medical use of tranquillizers and opioids is common*

The prevalence of the non-medical use of opioids and tranquillizers among women remains at a comparable level to that of men, if not actually higher. On the other hand, men are far more likely than women to use cannabis, cocaine and opiates.

While women who use drugs typically begin using substances later than men, once they have initiated substance use, women tend to increase their rate of consumption of alcohol, cannabis, cocaine and opioids more rapidly than men. This has been consistently reported among women who use those substances and is known as “telescoping”. Another difference is that women are more likely to associate their drug use with an intimate partner, while men are more likely to use drugs with male friends.

#### *Women who have experienced childhood adversity internalize behaviours and may use drugs to self-medicate*

Internalizing problems such as depression and anxiety are much more common among women than among men. Men are more likely than women to suffer from externalizing behaviour problems such as conduct disorder, attention-deficit hyperactivity

Post-traumatic stress disorder among women is most commonly considered to have derived from a history of repetitive childhood physical and sexual abuse. Childhood adversity seems to have a different impact on males and females. Research has shown that boys who have experienced childhood adversity use drugs as a means of social defiance. On the other hand, girls who have experienced adversity are more likely to internalize it as anxiety, depression and social withdrawal and are more likely to use substances for self-medication.

#### *Gender-based violence is reportedly higher among women who use drugs*

Gender-based violence comprises multiple forms of violence against women, including childhood sexual abuse, intimate-partner violence, non-partner assault as well as trafficking in women and their sexual exploitation. Some studies show that women who use drugs have a two to five times higher prevalence of gender-based violence than women (who do not use drugs) in the general population.

#### *Women are at a higher risk for infectious diseases than men*

Women make up one third of drug users globally and account for one fifth of the global estimated number of PWID. Women have a greater vulnerability than men to HIV, hepatitis C and other blood-borne infections. Many studies have reported

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