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# **Report on Drug Use in the Americas 2019**

## **Executive Summary**





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# REPORT ON DRUG USE IN THE AMERICAS 2019

## EXECUTIVE SUMMARY



Inter-American Drug Abuse Control Commission (CICAD)  
Secretariat for Multidimensional Security (SMS)  
Organization of American States (OAS)



REPORT ON DRUG  
USE IN THE AMERICAS  
2019

EXECUTIVE SUMMARY



# EXECUTIVE SUMMARY

Drug use continues to represent a significant problem in the Americas, and one that challenges policy makers at the highest levels. The Inter-American Drug Abuse Control Commission (known by its Spanish language acronym, CICAD), of the Organization of American States (OAS), serves as the preeminent Western Hemisphere forum for policy discussion and hemispheric cooperation on drugs. Along with other responsibilities, the Executive Secretariat of CICAD supports OAS member states by providing an evidence-based picture of the drug problem, both nationally and at the hemispheric level, so that member states can design and implement policies and programs to address the problem.

The Report on Drug Use in the Americas 2019 analyzes current drug use data in the Hemisphere. It features information on the most widely used drugs across the region, organized by drug and by population group, and highlights emerging issues of interest to policy-makers and to the public. The Report draws on data obtained primarily through national surveys using the Inter-American Uniform Drug Use Data System (known by its Spanish language acronym, SIDUC), developed by the CICAD Executive Secretariat.

## Findings and recommendations

The Western Hemisphere has a population of approximately one billion people, representing 35 sovereign countries. The region is ethnically, linguistically, economically, and culturally diverse. The drug problems across the Hemisphere are similarly diverse. Despite this diversity, there are a number of common themes regarding drug use.

This report highlights four specific areas of relevance to hemispheric drug policy:

- *Early onset of drug use*
- *Drug use trends*
- *Changes in drug use by sex*
- *New challenges for drug policy*

## Early onset of drug use

As research evidence shows, the younger people begin using drugs, the greater the health risks and other consequences. Prevention programs and other interventions that can delay the age when someone first uses drugs should be accorded high priority.

**Use of any psychoactive substance—including alcohol and tobacco—among secondary school students should be a matter of concern for any country and underscores the need for preventive interventions beginning in early childhood.**

Analysis of early-onset drug use is based on national secondary school student surveys. This report looks at early-onset use of a variety of licit and illicit substances, including alcohol, tobacco, cannabis, cocaine, and smokable cocaine. All of these substances show some levels of use among eighth graders. Use of any psychoactive substance—including alcohol and tobacco—among secondary school students should be a matter of concern for any country and underscores the need for preventive interventions beginning in early childhood.

Policies to control the sale and use of alcohol and tobacco have had positive results, which could provide critical lessons with regard to policies for other drugs.



## Drug use trends

Monitoring trends in drug use is one of the most important ways to evaluate the impacts of drug policies. At the national level, drug trends may rise and fall in specific populations, geographic areas, or by other variables. The evolving nature of drug use makes it difficult to identify any single common trend in drug use across the Hemisphere. Almost every drug analyzed in this report shows variations in trends between countries.

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Tobacco appears to be the only substance that is showing systematic decreases in use over time. In the general population, cannabis use is increasing in most countries that have trend data, and about half the countries show increases in cocaine use. In the secondary school population, most countries with trend data available are showing increases in cannabis use, although trends for cocaine are more mixed in this age group.

While it may be difficult to draw region-wide conclusions based on trends in individual countries, the data in this report can call attention to issues of shared concern and can help to inform national policy.

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## Changes in drug use by sex

Drug use has historically been seen as a male phenomenon, but recent data show that females in some countries are now using certain drugs either at the same, or at higher rates, than males. Non-medical use of prescription drugs, synthetic drugs, and opioids demonstrates how drug use patterns are changing.

Prevalence of tranquilizer use is higher among women than men in almost every country where data are available. This pattern holds true not only in the general population but in the secondary school and university populations as well.

**Drug use has historically been seen as a male phenomenon, but recent data show that females in some countries are now using certain drugs either at the same, or at higher rates, than males.**

In the case of secondary school students, the prevalence of drug use is much more similar between the sexes for alcohol and inhalants. Similar to the general population, the prevalence of non-medical use of prescription tranquilizers is higher among secondary school girls than boys. In contrast, cocaine and smokable cocaine-type substances tend to be used more by boys than by girls. In a few countries, however, girls use cocaine, cocaine base paste, and crack at higher rates than boys. While boys continue to use tobacco and cannabis at higher rates than girls, we see this gender gap closing in many countries.

## **New challenges for drug policy**

The prevalence of new psychoactive substances (NPS), opioids, and benzodiazepines presents new challenges not only for drug treatment but for public health and drug policies overall. While most of the novel drugs appearing in the Americas have a low prevalence, the potential impact on health is significant. The United States and Canada are experiencing serious epidemics of opioids and NPS, resulting in some of the highest overdose rates in the history of drug use. This is costly, first and foremost in terms of the number of lives lost, but also with respect to the long-term economic impact of the problem in these countries. Signs indicate that the use of such drugs is likely to continue to spread, making them a key point of concern for OAS member states.

Previous OAS reports have highlighted the diversity of the drug problem across the Americas and the challenges this poses for international drug policy. The OAS Report on the Drug Problem in the Americas 2013 noted that this phenomenon has different impacts in different countries and therefore leads to different responses. While risk factors and determinants of drug use may be universal, the manifestation of key factors varies by country, rendering it difficult to prescribe a single set of policy recommendations.

The cross-national analysis presented in this report may be useful for shedding light on the larger context in which each country operates; however, the ability to draw conclusions on the impact of policy across countries is limited, partly because of differences in availability of data but also because of differences in the individual situation of each country and each subregion. For any given country, the data will likely prove most useful in evaluating the impact and implications of its own national drug problems and policies.

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## Substances at a glance

### Alcohol

Alcohol use varies widely in the general population across the Americas; past month prevalence ranges from 9.5% in El Salvador to 52% in Argentina and Uruguay. The highest rates of use (over 50%) are found in both North and South America. In 23 of the 31 countries that collect data on secondary school students, at least 20% of these students report having consumed an alcoholic drink in the past month. In 15 countries, more than 30% of secondary school students have used alcohol in the past month.

High-risk behaviors associated with alcohol, such as early initiation of use and binge drinking, are a concern across the region. In ten countries, past month prevalence among eighth grade students exceeded 20% and, in three of these, exceeded 30%. While any substance use among secondary school students could be considered early use, drug use is especially troubling among students as young as eighth graders.

When considering binge drinking as a high-risk behavior, more than half of secondary school students who reported any alcohol use during the past month engaged in binge drinking. This phenomenon remains consistent across countries, regardless of the prevalence of alcohol use. High-risk behaviors such as early initiation of use and binge drinking call attention to the need for selective and indicated steps for prevention.

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Another noteworthy finding is the similarity in levels of alcohol use between boys and girls. In countries where the past month prevalence of alcohol use is above 40% among secondary school students, use among boys and girls is almost equal. The closing of the gender gap in alcohol consumption—a trend observed for many years—points to changing social norms that are already starting to be reflected in similar changes in other substance use across countries.

When looking at alcohol use over time, prevalence rates vary by country as well as by population. In the general population, past month prevalence of alcohol use has remained steady in three out of the six countries with available data and is trending upward in the other three. Meanwhile, past month prevalence of alcohol use in secondary school students is decreasing in seven out of the eleven countries with trend data, increasing in three, and stable in one. Although indicators on alcohol use vary from country to country, the fact that in eight countries alcohol use among secondary school students is either stable or in decline may be considered good news. It is important to examine the policies related to the declines in those countries in order to identify best practices and effective interventions.

## Tobacco and electronic cigarettes

Although few countries in Latin America and the Caribbean track electronic cigarette and vaporizer use, data from North America indicate a shift toward these types of substances among secondary school students.

Tobacco use across the Hemisphere is in decline. While only five countries provided trend data on tobacco use in the general population, four of them showed declines in past month prevalence over time and no country that provided trend data showed an increase in use.

Among secondary school students, the use of tobacco varies widely, ranging from a past month prevalence of 1.8% in Antigua and Barbuda to 23.7% in Chile. Countries with trend data show decreases in use among secondary school students, with few exceptions. Nevertheless, any tobacco use is hazardous to health and, as with other drugs, the earlier use begins, the greater the potential long-term damage to health. In that sense, any tobacco use among secondary school students presents a public health concern.

While tobacco use continues to be a significant public health issue across the Americas, declines in use across multiple countries and populations are a positive sign. Tobacco policy may provide important lessons to help shape good practices for other substances of abuse.

Although few countries in Latin America and the Caribbean track electronic cigarette use, data from Canada and the United States indicate a shift toward these types of substances among secondary school students. It will be important to monitor this trend to see if it emerges in other parts of the region.

## Cannabis

There is a wide spectrum of cannabis use across the Americas. In the general population, past year prevalence ranges from 0.5% to almost 16%. Among secondary school students, the range is even broader, from under 1% at the low end (0.9%) to almost one third (32.8%) at the other extreme. In most countries, cannabis use is higher among boys than girls; however, in a few countries in North and South America, past year prevalence by sex is nearly the same.

**The early onset of cannabis use is considered a key risk factor and should be given priority attention in prevention programs.**

Wide variations in use are apparent among the youngest age groups across the Americas. In four of the 32 countries with data on cannabis use among eighth graders, 20% or more of these students reported having used cannabis at some time in their lives. In ten countries, by contrast, that figure is less than 5%. The early onset of cannabis use is considered a key risk factor and should be given priority attention in prevention programs. It will be imperative to continue to monitor how these patterns of use evolve.

The perception of risk whether to a person's health or in general, is considered an important factor in the decision to use drugs. Many studies have shown that as perception of risk declines, drug use tends to increase. In the majority of countries where 20% or fewer of secondary school students perceived occasional cannabis use as risky, past year prevalence of use exceeded 15%. Therefore, countries that observe a decrease in perception of risk over time should be on the alert for possible increases in cannabis use in the future.

Most of the countries with trend data on cannabis use among secondary school students show increases in use over time. Of the 11 countries of the region where this information is available, use has increased

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in nine and held steady in two. No country showed consistent declines in cannabis use among secondary school students; however, the most recent trend data available from the USA, Costa Rica, and Grenada indicate that prevalence rates have started to decline after increasing and leveling off.

Changes in the legal and regulatory status of marijuana have continued unabated throughout the Hemisphere and the decriminalization of marijuana for recreational or medicinal purposes has led to increased access for adults. To better understand the impact of these changes, surveillance systems

need to rely more heavily on indicators that provide greater insight into the frequency and intensity of marijuana use as well as the potency of the marijuana being used. The support being provided to OAS member states by CICAD aims to strengthen their national drug information networks and surveillance systems. This is now even more important for helping policymakers better understand the impact of regulatory and other changes.

## Inhalants

Inhalants include a wide variety of chemical substances with different uses and different levels of psychoactive and pharmacological effects. While inhalants are rarely central to international and national drug policies, their use can be seriously detrimental to health and can even result in sudden death.

Inhalant use in younger age groups is an area of particular concern. In 16 countries in the Hemisphere, past year prevalence of inhalant use among eighth graders is higher than or equal to use among tenth and twelfth graders. This has been seen in research on inhalants for many years. The health implications are clear: inhalants, which have some of the most toxic effects on health, continue to be used by the youngest populations.

Looking at gender patterns, females use inhalants at higher rates than males. This is the case not only among secondary school students but also, in several countries, among university students and in the general population. The reasons for this trend are unclear and call attention to the importance of research studies that look at determinants of drug use by gender.

## Cocaine substances

This report discusses the use of a variety of cocaine substances: cocaine hydrochloride (referred to in the report as cocaine), cocaine base paste (CBP), and crack. Cocaine is used throughout the Hemisphere, whereas CBP is used primarily in South America, and crack is more common in the English-speaking Caribbean and North America.

Indicators of cocaine use vary by population and by country across the region. In the general population, past year prevalence ranges from 0.03% to almost 2%. Twenty-two countries have data on cocaine use in the general population. Among the seven countries that have trend data over time, no common pattern emerges: four show increases in prevalence, two have remained stable, and at least one has decreased.

Cocaine prevalence varies much more widely among secondary school students, with past year prevalence ranging from 0.17% to over 4.0%. In ten countries in the Hemisphere, 2% or more of secondary school students have used cocaine at some point during the past year. Similar to the general population, there does not appear to be a common trend over time in cocaine use among secondary school students.

There are clear differences in cocaine use among boys and girls in secondary school, with higher rates of use among boys. Indeed, even where the gender gap in cocaine use has decreased over time, boys continue to use at higher rates than girls across the board. Similarly, with CBP, in most countries use is higher among boys than girls.

Perception of high risk is a telling indicator. In ten countries, less than half of the secondary school students believe that occasional use of cocaine poses a high risk either to a person's health or in general. This finding has significant implications for prevention policies.

Use of CBP among secondary school students raises significant concerns across countries in the Hemisphere. Eight countries provided data on CBP use among this population. Past year prevalence for all grades combined ranges from 0.5% to 2.7%.

**In ten countries in the Hemisphere, 2% or more of secondary school students have used cocaine at some point during the past year.**

**In ten countries, less than half of the secondary students believe that occasional use of cocaine poses a high risk either to a person's health or in general.**

Lifetime prevalence of use among eighth grade students ranges from 0.7% to 4.8%. This demonstrates remarkably high rates of CBP use in some countries among the youngest age group.

## “Ecstasy”

The substance 3,4-methylenedioxymethamphetamine (MDMA) is known primarily as “ecstasy”. However, with today’s expanding markets for synthetics and NPS, it is common for “ecstasy” sold on the street to be adulterated and to contain a range of substances other than MDMA, most of them potentially toxic. Substances reported as “ecstasy” in national surveys may represent a range of ecstasy-type or other synthetic drugs. Not only does “ecstasy” potentially include a range of substances; it is difficult to identify a single pattern of use, either by population or by trend over time.

“Ecstasy” use in the general population ranges from 0.01% to a maximum of 0.9% across the Hemisphere for past year prevalence. In the case of secondary school students, the range is broader, from 0.1% to over 2.5%. Among secondary school students, only three countries in the Hemisphere—Canada, Chile, and the United States—showed past year prevalence of “ecstasy” use above 1.5%. “Ecstasy” use tends to be higher among secondary school boys than girls—with the exception of Guatemala, Panama, and Uruguay, where they are roughly equal. Statistics on early-onset use show that “ecstasy” use among eighth grade students is highest in Antigua and Barbuda, Belize, Chile, Colombia, Guatemala, Panama, Saint Lucia, and Saint Kitts and Nevis. Among university students, “ecstasy” use ranges from 0.05% to 3.1%.

Not all countries in the Hemisphere ask about the use of “ecstasy” or other amphetamine-type stimulants in their national surveys. The prevalence rates above suggest that this is a drug use problem that warrants monitoring.

## Emerging drugs

From 2009 to 2017, 111 countries and territories worldwide reported a total of 803 new psychoactive substances (NPS) to the early warning system of the United Nations Office on Drugs and Crime (UNODC). The UNODC World Drug Report 2017 indicates that the largest and most diversified NPS markets are found in North America, in particular the United States and Canada. In North America, synthetic cannabinoids are among the most used substances, although the most recent secondary school student surveys in the United States indicate marked declines in the use of all NPS.



There is reason to believe that reports of LSD distributed and seized in different countries of the region actually involve a type of NPS known as NBoMe, of the phenethylamine family. NPS use has been detected primarily among youth, constituting a new and major challenge for public policy generally and for public health in particular. Latin American national drug surveys have shown significant levels of use of LSD, synthetic cannabinoids, plant substances, and ketamine among the general population as well as among secondary school and university students.

**NPS present new challenges to traditional drug treatment.**

In South America, the number of identified NPS suddenly began to spike in 2013. This change may have been due in part to higher awareness of the phenomenon and increased capacity to identify these substances. The variety of NPS reported from the region increased from 2013 to 2016, with over 60 different substances reported in 2016 alone. As of August 2017, a total of 130 different NPS had been reported in seven South American countries.

## Opioids and prescription drug misuse

Opioid analgesics have been associated with more overdose fatalities than any type of illicit drug, exceeding cocaine- and heroin-related fatalities combined in Canada and the United States. In the United States, more people have reported using controlled prescription drugs than cocaine, heroin and methamphetamine combined.

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The use of benzodiazepines for non-medical purposes in combination with prescription opioids has been associated with increasing numbers of overdose fatalities. Nonetheless, the problem continues to evolve, and users are increasingly turning to street opioids, either alone or combined with other drugs. Many fatalities have been attributed to the simultaneous consumption of opioids and prescription benzodiazepines, mixed with other drugs such as heroin.

There are no known reports of clandestine manufacture or adulteration of prescription drugs in Latin American countries, but different and successive surveys report the use of ketamine, benzodiazepines, and

amphetamine-type stimulants, which are diverted from formal channels for medically prescribed use and used for non-medical purposes.

The proliferation of NPS, synthetic drugs, and prescription drugs diverted for illicit use highlights the globalized aspects of production and drug trafficking. There is a clear need to develop or strengthen early warning systems in each country to be able to identify these new substances as soon as they appear and move quickly to implement effective prevention mechanisms. It is also increasingly necessary to train health care teams to deliver appropriate care. NPS present new challenges to traditional drug treatment, since in addition to the well-known tolerance and dependence problem of traditional drugs, these substances have highly toxic components that result in greater numbers of overdoses, hospitalizations, and fatalities.

This changing scenario requires OAS member states to develop new ways of monitoring emerging drug issues. CICAD supports member states by strengthening their ability to conduct epidemiological research and assisting in the creation of national early warning systems. CICAD is also developing a regional early warning system for the Americas.

## Growing complexity

**Drug use among secondary school girls calls for new approaches to prevention and treatment.**

Despite the increasing complexity and fluctuation of the drug use problem in the Americas, a common challenge is the appearance of NPS, counterfeit substances, and traditional drugs that are mixed with NPS or other toxic adulterants.

Evolutions in drug use behavior continue to pose new challenges. Drug use among secondary school girls calls for new approaches to prevention and treatment. The decreasing age of first use among both boys and girls signals greater levels of problem use or dependence in terms of illicit as well as licit substances, and may have important implications for selective and indicated interventions. The use of pharmaceuticals without a medical prescription—including opioids, benzodiazepines and other synthetic drugs—has already created serious consequences for Canada and the United States and has the potential to create a similar situation in Latin America and the Caribbean. Changing patterns of use, new drugs of use, and the health impact of these substances need to be better understood, and efforts to reduce drug use will be effective only if they are based on scientific evidence.

The Executive Secretariat of CICAD understands the need for common and shared responsibility when formulating drug policies. To reduce the consequences of the drug problem, especially in our most vulnerable populations, countries must adopt policies that take into account the gender perspective and that are based on a public health approach focused on the well-being of the individual and a clear respect for human rights. Most of all, it is incumbent on OAS member states to carefully examine and evaluate their individual situations so that they can develop effective, evidence-based responses that address their own circumstances and the needs of their own populations.

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