

# Chapter III.

## Analysis of the world situation

### HIGHLIGHTS

- Parts of Africa continue to face significant challenges related to tackling the increased abuse and production of major drugs of concern. Subregions of the continent have witnessed an increase both in seizures of cannabis resin and in trafficking in amphetamine-type stimulants.

---

- Central America and the Caribbean continue to be exploited by local and international organized criminal groups as a trans-shipment route for illicit drugs originating in South America and destined for North America and Europe. Drug abuse appears to be on the increase in many countries of the region.

---

- In the United States, the results of ballot initiatives in the states of Alaska and Oregon, and in Washington D.C., on the use of cannabis for non-medical purposes represent further challenges to the compliance by the Government of the United States with its obligations under the international drug control treaties.

---

- The global supply of cocaine originating in South America has been curtailed to an extent that can have a perceptible effect on major consumer markets, where its availability remains lower than at the peak levels reached around 2006.

---

- The expansion of illicit markets for amphetamine-type stimulants remains the biggest concern in East and South-East Asia.

---

- In South Asia, the rise in manufacturing, trafficking and abuse of methamphetamine, as well the diversion and abuse of pharmaceutical preparations containing narcotic drugs and psychotropic substances, remain among the greatest drug-related challenges in the region.

---

- In West Asia, political instability and strife have led to a deterioration in the ability of several States to exercise effective control over their borders and territory, allowing drug traffickers to further exploit those situations. Sustained growth in opiate abuse and illicit opium cultivation in Afghanistan pose major challenges to the region.

---

- In Europe, the availability and abuse of new psychoactive substances remain a major public health challenge, with a record number of such substances being newly identified. The involvement of organized criminal groups in the manufacture and trafficking of new psychoactive substances has also been detected. Eastern and South-Eastern Europe register significantly higher prevalence rates than the global average both for people who inject drugs and for people who inject drugs and are also living with HIV.

---

- In Oceania, concerns persist about the expanding markets for new psychoactive substances and comparatively high rates of drug abuse.

---

## A. Africa

### 1. Major developments

269. Parts of the African continent continue to struggle to overcome the effects of armed conflict, long-term instability and persistent threats to peace and security. The deteriorating political situation in some African sub-regions has spurred increases in illicit drug trafficking, thereby worsening public health problems related to drug use. West Africa, for example, has seen more manufacturing and trafficking of methamphetamine, while an apparent rise in drug trafficking into and out of Liberia has led to increased concerns relating to national security there.

270. Cannabis remains a major illicit drug of concern in Africa, and its production, trafficking and abuse continue to present significant challenges. Despite eradication efforts, cannabis is illicitly cultivated throughout the continent. The illicit production of cannabis resin is limited to a few countries in North Africa. Morocco has remained the largest producer of cannabis resin on the continent, and one of the largest producers of cannabis resin in the world, notwithstanding the fact that production in that country is reportedly declining. North Africa has witnessed an increase in seizures of cannabis resin and remains the subregion of Africa with the largest amounts of reported seizures of the substance. In addition to being abused locally, cannabis resin is smuggled, mainly to Europe.

271. The trafficking of opiates through Africa has continued, owing to limited law enforcement capacity in the region. East Africa is increasingly being used as a transit route for heroin originating in Asia and bound for markets in South Africa and West Africa. Southern Africa continues to be a key link in the global transit of heroin and cocaine. The well-developed transportation infrastructure in Southern Africa facilitated the shipment of cocaine and heroin in 2013, as evidenced by large seizures of heroin in South Africa.

272. New trends relating to trafficking in amphetamine-type stimulants indicate a growing domestic market throughout Africa, as well as the smuggling of amphetamine-type stimulants to East and South-East Asia and Oceania. Recent seizures in South Africa point to an increase in the manufacture of methamphetamine, along with the emergence of small-scale manufacture of methcathinone. The clandestine manufacture of methaqualone in the region has continued, as indicated by large-scale seizures of relevant precursors in both Mozambique and South Africa.

### 2. Regional cooperation

273. The African Union has been implementing its Plan of Action on Drug Control and Crime Prevention for the 2013-2017 period, which provides a strategic framework to guide the development of drug policy. The priority areas of focus for 2013-2014 include: (a) implementing the African common position on controlled substances and access to drugs for pain management; (b) implementing continent-wide minimum quality standards for the treatment of drug dependence; (c) adopting policies aimed at channelling confiscated proceeds from drug trafficking and related offences to support demand reduction and treatment programmes; (d) strengthening research on drug control and on the monitoring and evaluation of drug abuse and trafficking trends; and (e) facilitating continent-wide training for the treatment of drug dependence.

274. The African Union, with the support of UNODC, has held expert group meetings on the Plan of Action on Drug Control in Southern Africa. A conference on developing and improving responses to counter drug trafficking was organized in Harare at the end of 2013. The outcomes included a suggestion to establish a regional intelligence centre in Africa and to improve data collection and analysis in African countries.

275. In recognition of the seriousness of drug-related problems in Africa, UNODC has continued to implement tailored programmes in the region, including the Container Control Programme, implemented jointly with the World Customs Organization (WCO); the regional programmes on drugs and crime for East Africa for the 2009-2015 period; and the Airport Communication Project (AIRCOP). The Southern African Development Community (SADC), assisted by UNODC, is implementing a regional programme for the 2013-2016 period entitled "Making the SADC region Safer from Crime and Drugs". Covering the 15 member States of SADC, the programme is designed to address concerns about the escalation of crime at both the national and transnational levels, particularly as the region develops ways to make cross-border movement easier.

276. The Economic Community of West African States (ECOWAS) has continued to implement its Regional Action Plan to Address the Growing Problem of Illicit Drug Trafficking, Organized Crime and Drug Abuse in West Africa, which in 2013 was extended until 2015. As part of this effort, the West Africa Coast Initiative, implemented with the International Criminal Police Organization (INTERPOL), is targeting Côte d'Ivoire, Guinea, Guinea-Bissau, Liberia and Sierra Leone. Since 2013, the Policy

Committee of the Initiative has adopted a new regional approach that puts more emphasis on regional cooperation among law enforcement authorities. Joint operations, for example, have been conducted between the police forces of Liberia and Sierra Leone.

277. The West Africa Commission on Drugs, a private non-governmental initiative which has brought together distinguished West Africans through the Kofi Annan Foundation, published a report in June 2014 on the consequences of West Africa's status as a new hub for global drug traffickers. While emphasizing that drug use is a public health issue rather than a criminal justice matter, the Commission has recommended more effective integration of counter-narcotics efforts into efforts to prevent corruption and money-laundering in the region.

278. At the sixth session of the African Union Conference of Ministers for Drug Control and Crime Prevention, held in Addis Ababa from 6 to 10 October 2014, the ministers assessed the progress in implementation of the African Union Plan of Action on Drug Control (2013-2017). A keynote statement by the president of the International Narcotics Control Board emphasized the need to: (a) increase capacity to prevent and treat drug addiction, and to rehabilitate persons affected by drug abuse; (b) ensure adequate availability of controlled substances for medical purposes; and (c) further train health-care professionals and competent authorities in the treatment, aftercare, rehabilitation and social reintegration of persons affected by drug abuse.

### 3. National legislation, policy and action

279. An important component of investigating and combating illicit drugs is the strengthening of legislation and national capacities for implementation. The legal framework in place throughout much of Africa, however, does not match the urgency of rising drug use on the continent and its continuing status as a major transit and trafficking destination. In the past year, very few developments could be detected with respect to advancing national regulation and action.

280. South Africa adopted a national master plan on drugs for the 2013-2017 period, aimed at reducing the impact of substance abuse and at harmonizing and enforcing laws and policies. Moreover, the Drugs and Drug Trafficking Act of 1992 was amended in April 2014 to classify as illegal the street-drug mixtures known locally as "nyaope" or "woonga" (which are comprised of mixtures of ingredients, mainly heroin and cannabis).

Earlier, in March 2013, the Prevention of and Treatment for Substance Abuse Act of 2008 was promulgated. The Act promotes prevention, early intervention, community-based interventions, aftercare services and reintegration in all nine South African provinces.

281. The Government of Ghana approved an amendment to the schedule of the Narcotic Drug (Control Enforcement and Sanctions) Law of 1990 to control certain new psychoactive substances and other psychotropic substances, such as methamphetamine and its derivatives.

## 4. Cultivation, production, manufacture and trafficking

### (a) Narcotic drugs

282. Information regarding the cultivation, consumption, production, manufacture and trafficking of narcotic drugs in Africa remains very limited.

283. North Africa continues to be the subregion with the largest amounts of seizures of cannabis resin, and, according to UNODC, the amounts have continued to increase. The largest seizures in the subregion were reported by Algeria, rising from 53 tons in 2011 to over 211 tons in 2013, and Morocco, rising from 126 tons in 2011 to 137 tons in 2012. In 2012, Morocco accounted for 11 per cent of global seizures of cannabis resin; in 2013, it accounted for 12 per cent, according to preliminary figures. Other North African countries have also reported substantial seizures of cannabis resin. For example, in 2013 Egyptian authorities seized over 84 tons of cannabis resin, 80 tons of which had been trafficked from Morocco on fishing boats.

284. At the same time, there are indications that the popularity of cannabis resin in Europe continues to decrease. According to UNODC, the amount of cannabis resin seized is now comparable to the amount of cannabis herb seized, indicating an increased preference for cannabis herb in European markets, increasingly produced locally, over imported cannabis resin, primarily from Morocco, which continues to be the country of origin of most of the cannabis resin seized in Europe.

285. Morocco remains the largest producer of cannabis resin on the continent, and cannabis herb continues to be cultivated in most African countries. The largest producers in North and East Africa include Egypt, Ethiopia, Kenya, Morocco and the United Republic of Tanzania. In 2013, Egyptian authorities seized over 212 tons of cannabis herb.

286. In most countries of Southern Africa, cannabis also continues to be produced and consumed locally, as well as trafficked to Europe on a small scale. Total seizures of cannabis herb in South Africa in 2013 were estimated at 196 tons by the South African Police Service. Most seizures occurred during the transportation of cannabis by road, while law enforcement at border posts each month seized approximately 100 kg of cannabis herb destined for export, mainly to the United Kingdom. Southern African criminal groups are increasingly also engaged in the online sale of cannabis.

287. Sierra Leone reported 17 cases and nearly 2 tons of cannabis herb seized in 2013, reflecting a growing concern in that country regarding the cultivation of cannabis. Production of cannabis herb also continues to be an issue in Nigeria, where 205 tons of packaged cannabis herb were seized and 847 ha of cannabis plant were discovered and destroyed.

288. Trafficking of heroin to and through East Africa has increased, as evidenced by large seizures reported by countries in the subregion. The coastlines of East Africa are seldom patrolled, making the subregion attractive to drug trafficking syndicates and vulnerable as a transit point for heroin shipments. Heroin originating in West Asia is trafficked through the subregion for onward trafficking to South Africa and countries in West Africa. While heroin continues to be trafficked via air courier, it appears that maritime transport is becoming the preferred method of smuggling the drug. Between 2010 and 2013, large seizures of heroin were reported by the Governments of Kenya and the United Republic of Tanzania, and totalled nearly 2 tons, including seizures made off the coast and inland. An additional 1 ton of heroin was seized in April 2014 by the Kenyan authorities.

289. Countries in North Africa also reported significant seizures of heroin. According to national data provided, seizures of heroin in Egypt increased from nearly 75 kg in 2012 to 260 kg in 2013. The amount of heroin transiting West Africa, largely via commercial air carriers, has continued to increase. Ghana and Nigeria have generally seen the most regular detections and seizures of medium-sized shipments. There has also been a growing trend of heroin trafficking to and through Liberia, with a considerable number of people involved currently serving as personnel of the military and police forces. This is supplemented by a growing domestic consumer market in Liberia.

290. In Southern Africa, there has been an increase in trafficking of heroin by means of international mail and parcel services. In the past year, concealment methods

have diversified and become more sophisticated. Development of new harbours such as Port Ngqura, and the expansion of existing ones such as Durban, both in South Africa, continue to be tested by traffickers as possible entry points for drugs into Southern Africa. Nationals of Southern African countries continue to be detained as suspected drug couriers in South and South-East Asia and South America. Women, especially those from low-income backgrounds, continue to be vulnerable to recruitment as drug couriers.

291. Seizures of cocaine reported by countries in East Africa have increased, notably in the United Republic of Tanzania. According to UNODC, it is estimated that cocaine worth \$160 million is abused in Kenya and the United Republic of Tanzania annually. From 1 January 2009 to 31 August 2014, the Tanzanian authorities seized more than 459 kg of cocaine and arrested more than 2,000 persons. In December 2013, the Secretary-General of the United Nations cited UNODC figures showing that the estimated value of cocaine trafficked through West Africa and the Sahel had reached around \$1.25 billion annually.

## (b) Psychotropic substances

292. There are indications that the abuse of amphetamine-type stimulants in Africa is on the rise, although comprehensive and current data for all countries in the region are not available.

293. In a worrying development, trafficking of amphetamine-type stimulants through East Africa (e.g. Ethiopia and Kenya) for onward shipment by plane to East and South-East Asia has continued. In 2012 and 2013, for example, the authorities of Kenya reported numerous seizures of amphetamine-type stimulants, destined mainly for Japan and Malaysia, at the international airport of Nairobi.

294. Large-scale seizures of methaqualone and its precursors continue to be made in Mozambique and South Africa. Over 3 tons of methaqualone were seized in Johannesburg, South Africa, in March 2014. In addition, recent seizures in northern Mozambique have included 605 kg of N-acetylanthranilic acid, a precursor used in the illicit manufacture of methaqualone. The drug is believed to be manufactured for local consumption in Southern Africa, predominantly in South Africa.

## (c) Precursors

295. In 2013, the Governments of Kenya, Libya, Sierra Leone and Zimbabwe invoked their right, under article 12,

paragraph 10 (a), of the 1988 Convention and now require pre-export notification for all substances listed in Table I and Table II of the 1988 Convention, including for pharmaceutical preparations containing ephedrine and pseudoephedrine and for safrole-rich oils. As at 1 July 2014, 14 out of 54 African countries had invoked article 12, paragraph 10 (a).

296. Africa continues to be affected by trafficking in precursor chemicals, notably ephedrine and pseudoephedrine, used in the illicit manufacture of amphetamine-type stimulants. According to information provided through PICS, the following African countries have been identified as having been involved in incidents reported since December 2013: Ethiopia, Kenya, Malawi, Mozambique, Nigeria, South Africa, United Republic of Tanzania and Zimbabwe. In 63 per cent of the cases reported during the period under review, African countries, namely Ethiopia, Malawi and South Africa, were mentioned as destination countries for ephedrine and pseudoephedrine shipments originating in India. There has also been a marked increase in the diversion of precursors for manufacture of amphetamine-type stimulants to West Africa. Only nine countries in Africa have registered with PICS so far. The Board calls on all Governments in the region to register with PICS in order to increase and facilitate the sharing of information related to the diversion and trafficking of precursors.

#### (d) Substances not under international control

297. The abuse of tramadol, a prescription opioid not under international control, continues to raise concern in a number of African countries, notably in North Africa. In 2013, tramadol was placed under national control in Egypt, where the abuse of the substance was widespread. According to data provided by the Egyptian authorities, seizures of tramadol decreased from 650 million tablets in 2012 to 27 million tablets in 2013. This downward trend is reportedly attributed to the new stringent measures in place regarding the substance. Reportedly, the abuse and trafficking of tramadol have also recently been increasing in Libya. In addition, Nigeria has reported abuse of tramadol and has now scheduled it as a controlled medicine.

298. Information regarding trafficking and abuse of new psychoactive substances in North and East Africa is limited. However, the prevalence of such substances in Africa seems to be lower than in other regions. Only 11 African countries reported the emergence of new psychoactive substances between 2008 and 2013.

299. Use of khat (*Catha edulis*), a plant-based substance not under international control, remains highly prevalent in some African countries and among communities of expatriates from those countries. Khat is cultivated in East Africa, predominantly in Ethiopia and Kenya, where its abuse is also widespread. Despite the health risks associated with chewing the mildly hallucinogenic psychostimulant leaves, khat is consumed widely in the region, in particular in Djibouti, Ethiopia and Somalia, and to a lesser extent in Madagascar. In addition, the substance is increasingly being exported or smuggled to other countries and regions to supply expatriate communities, mainly those from Ethiopia, Kenya, Somalia and Yemen.

300. Concerns about the harm associated with khat, and the combination of khat with other substances, have led to its control in Eritrea, Madagascar, Rwanda, the Sudan and the United Republic of Tanzania. Nevertheless, seizures of khat in Africa have remained relatively low, which could be attributed to the fact that the substance is still legal in countries such as Djibouti, Ethiopia, Kenya and Somalia. According to UNODC, since 2004 reported seizures of khat in Africa have ranged between 1 and 10 tons per year.

301. Burkina Faso has reported the abuse of datura, a plant containing a combination of anticholinergic substances. Young people in Burkina Faso commonly ingest datura as a tea infusion.

## 5. Abuse and treatment

302. Many countries in Africa lack the capacity and systems for monitoring drug abuse and collecting and analysing drug-related data. Therefore, assessing the extent and patterns of drug abuse in the region, including accurate prevalence rates, remains a challenge for competent national authorities. Furthermore, national health-care systems are often inadequate and do not meet the needs of local populations with regard to the treatment and rehabilitation of drug-dependent persons. In some cases, such facilities are non-existent or depend on assistance from international or non-governmental organizations.

303. Some countries in the region have taken concrete steps to improve national systems for the treatment of drug dependence. For example, such treatment has improved in Ethiopia, Kenya, Mauritius, Senegal, Seychelles and the United Republic of Tanzania, largely as a result of capacity-building and skills development initiatives. Better capacity to handle drug treatment has also been reported by Burundi, Eritrea and Madagascar. In Africa, the prevalence of HIV among people who inject drugs is 12.1 per cent.

304. Eritrea has conducted its first workshop on drug counselling, while the national drug observatory of Kenya, which collects and analyses health and law enforcement data, has published two reports on the subject. A feasibility study to establish a similar national drug observatory in the United Republic of Tanzania has been conducted.

305. The Government of Kenya was planning to initiate by the end of 2014 a national programme on methadone treatment for opiate users. The aim of this initiative is to increase the quality of life of heroin users and prevent new HIV and hepatitis infections among those who inject heroin. In Kenya, the Ministry of Health has developed and published a national policy for HIV prevention, treatment and care for people who inject drugs. According to the information available to the Board, there are nearly 50,000 persons who abuse drugs by injection in Kenya, with heroin being the primary drug of injection.

306. The annual prevalence of cannabis use remains high in many countries in Africa. Reportedly, about two thirds of persons who have registered to receive drug treatment in Africa have indicated cannabis as their primary drug of abuse. Prevalence of cannabis use in the adult population is highest in West and Central Africa, at about 12.4 per cent.

307. Although no comprehensive or robust nationwide surveys of drug-use levels have been conducted in any country in the Southern Africa subregion, there are indications from South Africa of an increase in the abuse of heroin, methamphetamine and methcathinone. Data from drug treatment centres in South Africa indicate a resurgence in methaqualone consumption and a decrease in cocaine consumption.

308. In East and North Africa, amphetamine abuse has been reported only by Algeria, Egypt and Kenya. In Kenya, the lifetime prevalence of amphetamine abuse among secondary school children in Nairobi is 2.6 per cent. For other countries in the region, no recent data have been made available.

309. Nigeria saw an increase in cocaine and heroin abuse in 2013. Preparations for a national drug use survey, along with the design of a national drug monitoring system, commenced in Nigeria in that year. Drug law enforcement agencies from Togo have reported a general trend of increased abuse of medicines containing psychotropic substances, as well as of tramadol.

310. Reporting from throughout Africa has further highlighted that young people comprise a significant

proportion of drug users. In Benin, for example, 45 per cent of drug users are young people, with an average age of 22 years. In 2014, Cameroon reported that there had been an average of 5,000 to 6,000 patients treated in the capital annually for diseases related to the abuse of narcotics and psychotropic substances, and that between 75 and 80 per cent of hospitalizations for drug abuse had been for individuals between 15 and 39 years of age. A significant number of countries throughout Africa also lack any specialized treatment facilities for drug dependence, including rehabilitation facilities, or do not have the institutions or the logistical capacity for treatment countrywide.

## B. Americas

### Central America and the Caribbean

#### 1. Major developments

311. Owing to its geographical location and weak governing institutions, the Central America and the Caribbean region continues to be exploited by local gangs and international organized criminal groups as a transit and trans-shipment route for illicit drugs originating in South America and destined for consumer markets in North America and Europe. Local consumption of illegal drugs also appears to be growing in many countries of the region. In addition, security challenges associated with the drug trade, including high levels of violence, money-laundering, corruption and other illicit activities, are pressing issues for countries of the region.

312. Costa Rica and Honduras continue to be primary trans-shipment points. The amount of cocaine trafficked through Central America has increased, particularly along the border between Guatemala and Honduras, following an intensification of drug law enforcement efforts in Mexico.

313. It is estimated that more than 80 per cent of all cocaine trafficked to the United States transits the region. There is also an increasing trend of illicit drugs being produced in the region. Cannabis is produced mainly in small quantities for local consumption. Guatemala is a minor, but growing, producer of opium poppy. Regionally, there is an increasing trend with regard to the production and trafficking of new psychoactive substances. Traffickers in the region are turning to the importation of non-scheduled precursor chemicals to manufacture methamphetamine through alternative methods to avoid

stricter regional control measures that have been in place since 2011.

314. As cocaine trafficking remains the most lucrative source of income for organized criminal groups in Central America, the intensified competition in such trafficking has increased the level of violence in the region. The most recent wave of violence is particularly affecting the northern part of Central America: Belize, El Salvador, Guatemala and Honduras. The homicide rate in Honduras continues to be one of the highest on record. The areas of greatest concern with regard to violence lie along the Honduran coast, on both sides of the Guatemalan/Honduran border, and in Guatemala along the borders with Belize and Mexico.

315. Countries with extremely high homicide rates, such as El Salvador, Guatemala and Honduras, are also significantly affected in other ways by drug trafficking through their territories. It is believed that the drug problem has contributed to high levels of street violence and drug-related corruption, which have further overloaded the criminal justice system. It is estimated that more than 900 gangs, called “*maras*”, with a total of over 70,000 members, are active in Central America. In El Salvador, Guatemala and Honduras, 15 per cent of homicides are gang-related, with significant ties to drug trafficking activities.

316. The Board takes note of recent discussions and debates within the region about how to tackle the challenges and consequences of illicit manufacture, trafficking and abuse of drugs. These discussions and debates, significantly, have taken place under the aegis of the Organization of American States (OAS) and have sought to identify alternative methods of dealing with the challenge of illicit drug manufacture, trafficking and abuse. A significant driver of this debate is the quest for policies that would contribute to reducing crime, violence and corruption in the region. The Board wishes to underline that all such proposals must also be measured against their consistency with the international drug control treaties to which all States of the region are parties.

## 2. Regional cooperation

317. In April 2014, the UNODC regional programme for 2014-2016 in support of the Caribbean Community (CARICOM) crime and security strategy was launched. The programme has been developed in close collaboration with the CARICOM secretariat, the CARICOM Implementation Agency for Crime and Security, the Regional Security System, the Caribbean Aviation Safety

and Security Oversight System and member States in the region. It covers the fields of: (a) countering transnational organized crime, illicit trafficking and terrorism; (b) countering corruption and money-laundering; (c) preventing crime and reforming criminal justice systems; (d) drug use, prevention and treatment, and HIV/AIDS; and (e) research, trend analysis and forensics.

318. In April 2014, the Proceeds of Crime Conference took place in Dominica. The Conference was attended by financial investigators and prosecutors from 17 jurisdictions in the eastern Caribbean.

319. The 2014 Trade Winds exercise was held in Antigua and Barbuda in June 2014. The Maritime Interdiction and Prosecution Summit took place in August 2014, bringing together maritime law enforcement personnel, land-based police investigators, prosecutors and judges to improve regional coordination and national cooperation with regard to standardizing evidence collection procedures and documenting investigative techniques.

320. In July 2014, the thirty-fifth regular meeting of the Conference of Heads of Government of the Caribbean Community took place in Antigua and Barbuda. The Heads of Governments agreed to establish a regional commission on cannabis to conduct an enquiry into the social, economic, health and legal issues surrounding cannabis use in Central America and the Caribbean and to advise on possible changes in the current drug classification of cannabis.

321. In September 2014 in Guatemala City, the forty-sixth special session of OAS brought together officials from the 35 members of the Organization to discuss counter-narcotics policies. During that session, the General Assembly of OAS adopted a resolution entitled “Reflections and guidelines to formulate and follow up on comprehensive policies to address the world drug problem in the Americas”, in which it recognized the importance of implementing the three United Nations conventions on drugs, which constituted the international system’s drug control framework, as well as the need for States to consider regularly reviewing the drug policies adopted, ensuring that they were comprehensive and focused on the well-being of the individual, in order to address their national challenges and assess their impact and effectiveness.

322. During 2014, the Caribbean Criminal Assets Recovery Programme provided support through “live case” mentoring to enhance the capability of financial intelligence units, financial investigators, prosecutors and the judiciary/magistracy in dealing with asset recovery,

cash seizures and money-laundering cases. The objective of this programme is to build capacity to combat serious organized crime, particularly drug trafficking, by fully utilizing the proceeds of crime and money-laundering legislation.

### 3. National legislation, policy and action

323. In November 2013, a seminar organized by the Interior Ministry of Costa Rica on the prevention of diversion of drug precursors in the Latin America and Caribbean region took place. Participants included the Drugs Police and the Financial Inspectorate, the Analytical Chemistry Department, the Forensic Science Department, the Judicial Investigation Department, the Joint Monitoring Unit of the Container Control Programme, the Prison Police Dog Unit, the Airport Police, the Aerial Surveillance Service, the Ministry of Justice Dog Unit and the Precursor Monitoring and Inspection Unit.

324. In February 2014, Costa Rica reported having adopted in 2013 Act No. 9161, which is a comprehensive amendment of Act No. 8204 on Narcotic Drugs, Psychotropic Substances, Illicit Drugs, Related Activities, Money-Laundering and the Financing of Terrorism. The amendment introduces legal tools and mechanisms to facilitate the management and disposal of assets seized in cases involving drug trafficking and organized crime.

325. In Barbados, the National Anti-Drug Plan for 2014-2018 was prepared in 2013 and was expected to be approved in late 2014. The Barbados Drug Information Network has been established, along with a drug observatory, with the support of OAS, to further facilitate improvement of data collection and evaluation of drug-related information and statistics.

326. In Grenada, the Integrity in Public Life Act was adopted in 2013. The new law requires all public servants to report their personal income and assets. In addition, Grenada has adopted the Protection of Witnesses Act 2014, along with legislation recognizing the International Criminal Court, and a new code for prosecutors.

327. Jamaica has considered amendments to current legislation to allow for possession of up to 57 g of cannabis for personal use other than for medicinal purposes. Adoption of the amendments would be followed by the issuance of a legal and regulatory framework ensuring the conformity of the amendments with the country's obligations under the international drug control conventions.

Possession of two ounces (57 g) or less of cannabis would become a non-arrestable infraction, subject to a monetary penalty which would not give rise to a criminal record. Furthermore, the offender would be referred to a drug treatment and rehabilitation programme.

328. El Salvador continues to implement its national anti-drug strategy for the period 2011-2015. The principal aim of that strategy is to reduce abuse of drugs and to combat illicit drug trafficking and drug-related crime. The strategy has a plan of action that is based on national and international drug control tools, such as the hemispheric strategy for countering drugs of the Inter-American Drug Abuse Control Commission (CICAD) of OAS.

329. In El Salvador, the Police Intelligence Centre and the Cybercrime Unit of the Investigations Division were working closely with UNODC to provide training workshops on criminal analysis. Furthermore, the Santo Domingo Pact-Central American Integration System-UNODC mechanism is supporting the National Civil Police of El Salvador and the Judiciary Investigation Agency of Costa Rica with regard to strengthening their capacities to fight organized crime.

330. In Panama, national institutions continued the process of strengthening and/or restructuring their national intelligence systems. The National Directorate of Police Information, with support from UNODC, was strengthening its institutional development plan, entitled Plan Orion, whose main objective was to optimize the capabilities of the Directorate with regard to the production of intelligence on criminal targets that threaten public safety.

## 4. Cultivation, production, manufacture and trafficking

### (a) Narcotic drugs

331. Jamaica remains the largest illicit producer and exporter of cannabis herb in Central America and the Caribbean, accounting for approximately one third of cannabis herb produced in the Caribbean. Increased production of the drug has been noted in other countries, in particular Dominica and Saint Vincent and the Grenadines. Jamaica has also become a hub for the trafficking of cocaine, owing to the displacement of trafficking routes as a result of the strengthening of drug trafficking countermeasures in Latin America. Compounding the problem is the fact that Jamaican criminal groups are using



the elaborate networks originally established to traffic cannabis to traffic cocaine as well.

332. In Jamaica, drug trafficking takes place at airports (via drug couriers, baggage and air freight) and at sea-ports (via containers, cargo vessels, underwater canisters attached to ship hulls, fishing vessels and speedboats). Illicit drugs are traded for money, guns and other goods, and much of the proceeds are used to foster criminal activities. The ports of Kingston and Montego Bay, which are used for the bulk movement of containerized shipments of cannabis herb and cocaine to Europe and North America, continue to experience serious issues involving corruption, violence, intimidation and the circumvention of legal controls. In addition, illicit drugs are often attached to the bottom of shipping vessels destined for Guyana, Suriname and Trinidad and Tobago. In 2013, Jamaica had the Caribbean's second-highest reported murder rate (behind the much smaller Saint Kitts and Nevis), with 1,197 homicides, up 9 per cent from 1,099 in 2012.

333. In 2013, the Government of Jamaica eradicated 247 ha of cannabis plant, compared with 711 ha in 2012. The total area of cannabis plant cultivation in Jamaica was estimated at 15,000 ha, out of total arable land of approximately 120,000 ha. Statistics indicate that 30,900 kg of cannabis were seized in 2013, compared with 66,832 kg in 2012. Cannabis trafficking organizations in Jamaica focus on trafficking directly to Canada and the United Kingdom, as well as to the Bahamas, the Cayman Islands, the Dominican Republic and Haiti, for onward shipment to Europe and North America. There has also been a significant increase in shipments of cannabis herb to Barbados, Guyana, Suriname, Trinidad and Tobago, and Curaçao, in some cases in exchange for cocaine trafficked back to Jamaica. Heroin and "ecstasy" have entered the Jamaican domestic market in small amounts only during the past few years.

334. With respect to cocaine, official statistics indicate that 1,230 kg of cocaine were seized in Jamaica in 2013, compared with 338 kg in 2012. Organized criminal groups from South and Central America and local groups continue to take advantage of the country's weak State and police structures. Corruption, along with porous maritime borders, with isolated beaches and coastal villages, and the country's status as a popular tourist destination and major container trans-shipment point, further facilitate the trafficking of illicit drugs between Jamaica and North America, Europe and elsewhere in the Caribbean.

335. Barbados is not a major producer of illicit drugs; however, cannabis cultivation has been found in sugar-cane fields, gullies and enclosed yards near private

homes. Cocaine continues to be trafficked using private boats, cargo vessels, yachts, fishing vessels and "go-fast" boats. Shipments of illicit drugs may be transferred at sea at predetermined Global Positioning System (GPS) coordinates for retrieval by local vessels at sea. The shipments are later unloaded on deserted beaches in Barbados. The majority of cocaine is believed to be sourced from Colombia, trafficked through the Bolivarian Republic of Venezuela, Trinidad and Tobago and/or Guyana before entering Barbados, and then further trafficked to Europe and/or North America. There are no reports of production, trafficking or consumption of methamphetamines or other designer drugs.

336. According to the *Caribbean Human Development Report* of the United Nations Development Programme, Barbados is one of two countries (Suriname being the other) out of seven countries surveyed<sup>41</sup> where the homicide rate, including gang-related killings, has not increased substantially in the past 12 years.

337. Belize is a trans-shipment country for cocaine and precursor chemicals used in the production of illegal drugs, including synthetic drugs. In 2012, Belizean authorities seized and destroyed 19.1 tons of cannabis, 156 tons of precursor chemicals, 114.9 kg of cocaine, 1.4 kg of "crack" cocaine and 4.9 kg of crystalline methamphetamine.

338. The Dominican Republic continues to be an important transit point for cocaine being trafficked from South America, particularly Colombia and Venezuela (Bolivarian Republic of), to the continental United States, Puerto Rico, Canada and Europe. In 2013, Dominican authorities seized approximately 10 tons of cocaine, 60 kg of heroin and 1.3 tons of cannabis; they also dismantled a drug distribution laboratory.

339. Nicaragua is part of a major route for the trafficking of cocaine from South America to the United States. Nicaragua's poor economy, limited law enforcement capabilities and border security, and sparsely populated regions provide an opportune environment for drug trafficking organizations to transport drugs, weapons and cash, and to establish clandestine laboratories and warehouse facilities.

340. Law enforcement entities in Trinidad and Tobago seized 110 kg of cocaine and 3.7 tons of cannabis between January and September 2013. A total of 328,600 mature cannabis plants were destroyed during the same period.

<sup>41</sup>The other five countries surveyed were Antigua and Barbuda, Guyana, Jamaica, Saint Lucia and Trinidad and Tobago.

341. Illicit cultivation of opium poppy in Central America is of increasing concern to Governments. Eradication reports suggest that such cultivation is increasing, in particular in Guatemala, which could provide a substitute for the declining production of opium in Colombia. Seizures of heroin also increased along Central American trafficking routes, indicating the likelihood of increased opium production and a greater supply of heroin.

## (b) Psychotropic substances

342. Manufacture of amphetamine-type stimulants is increasingly being reported by authorities in Central America. Illicit manufacture of amphetamine-type stimulants has recently emerged in Belize, Guatemala and Nicaragua, countries with little or no previous history of such manufacture.

343. The non-medical use of pharmaceutical preparations containing stimulants is widespread in the region. Abuse of sedatives in the form of prescription medicines is a problem in Costa Rica and El Salvador. The substances are often obtained from pharmacies without a prescription or through the Internet. There are indications that there may be smuggling of such pharmaceutical preparations among the countries in the region.

## (c) Precursors

344. Despite strengthened controls over precursors of amphetamine-type stimulants in the region, Central America continues to be affected by trafficking in precursors, particularly non-controlled chemical substances, such as pre-precursors and made-to-order chemicals, which are not controlled under the 1988 Convention. This poses new challenges to regulatory and law enforcement authorities, which have to identify which chemicals are being used in the production processes. For example, Mexican authorities have seized large amounts of methylamine, a substance not under international control which is used in the illicit manufacture of methamphetamine, bound for Guatemala. An attempt at trafficking of methylamine from Mexico to Nicaragua was reported for the first time in 2013.

345. Large quantities of precursor chemicals used in the production of methamphetamine and other illicit drugs were believed to be transiting Belize en route to Mexico. Over 156 tons of precursor chemicals were seized and

destroyed in Belize in June 2012 alone. In October 2012, 5 kg of crystalline methamphetamine were seized by Belizean police near the border with Guatemala.

346. In 2013, 15 clandestine laboratories were dismantled in Guatemala. In 2014, the General Subdirectorato on Anti-Narcotics Analysis and Information, part of the country's national police force, shut down a laboratory. In addition, authorities found 92 barrels and 176 cans of precursor chemicals, sacks of caustic soda, propane gas, oxygen cylinders, sacks of methamphetamines and paraphernalia.

## 5. Abuse and treatment

347. The development and successful implementation of initiatives for the prevention and treatment of drug abuse in Central America and the Caribbean are largely restricted by the limited resources and institutional capacity of countries in the region. Given those constraints, Governments have had to strike a balance between competing developmental priorities and the need to adopt drug abuse prevention and treatment measures.

348. In Central America and the Caribbean, use of cannabis and cocaine remains high; with the exception of amphetamine-type stimulants, the use of other illicit substances remains low. The estimated average prevalence of cocaine in Central America and the Caribbean, at 0.6 per cent and 0.7 per cent, respectively, is higher than the global average. As regards the use of opioids and "ecstasy" in the region, UNODC has estimated annual prevalence at 0.2 per cent and 0.1 per cent, respectively, values which are well below the global average.

349. Demand reduction education in schools in Barbados is supported by the Drug Abuse Resistance Education programme of the United States. The National Council on Substance Abuse sponsors a "Drugs decision" programme in 45 primary schools. In February 2014, the Government of Barbados launched a drug treatment court programme. However, the main challenge remains the limited availability of drug treatment options. Treatment and rehabilitation are available at two centres, although there is no minimum standard of care for persons with problems related to drug abuse.

350. A national survey of drug use among secondary school students was carried out in Costa Rica in 2012. In total, 5,508 students in seven provinces were interviewed. According to the survey, the average age of initiation of cannabis use was 14.3 years. The results of the survey indicate a significant increase in cannabis use over the past three years.

351. The Board recognizes that a central problem in the design of effective prevention and treatment programmes is that, throughout Central America and the Caribbean, there is a lack of capacity for collection of drug-related data and a lack of centralized agencies mandated to assess that information. Although the amount and the quality of information regarding drug abuse patterns in the region have greatly improved, more research on consumption patterns and trends is needed to tailor treatment initiatives to meet local needs. The Board reiterates the need for capacity-building in the field of treatment and rehabilitation of drug-dependent people in the region.

## North America

### 1. Major developments

352. In North America, the social and human costs of drug abuse remain considerable. The region continues to have the highest drug-related mortality rate of any sub-region in the world (142.1 per million inhabitants aged 15-64 years). In the United States alone, the Centers for Disease Control and Prevention noted that drug overdose deaths, primarily related to prescription opioids, now outnumber homicides and road accident fatalities. In 2011, an average of 110 people died in the United States per day as a result of drug overdoses.

353. The tightening of regulatory controls for the dispensing of prescription opioids, coupled with efforts by pharmaceutical companies to develop tamper-proof formulations of commonly abused drugs, is believed to have contributed to a major resurgence in heroin abuse in North America, following several years of declining prevalence.

354. On 1 January 2014, state-licensed cannabis retailers in the State of Colorado began selling cannabis for non-medical purposes. In July, sales of cannabis for non-medical use also began in the State of Washington. In November 2014, voters in the states of Oregon and Alaska, as well as in the District of Columbia, approved ballot initiatives on the non-medical use of cannabis in their respective jurisdictions. These developments have occurred despite a conflict with the Controlled Substances Act, a federal statute which prohibits cannabis production, trafficking and possession and classifies cannabis as a substance having a high potential for abuse and no scientifically proven medical value.

355. In the United States, 23 states and the District of Columbia have now enacted legislation allowing for the creation of medical cannabis programmes and establishing vastly divergent regulatory frameworks with respect to eligibility of patients, health conditions for which the medical use of cannabis is permitted, prescription and dispensing practices by health-care professionals and commercial production by licensed suppliers.

### 2. Regional cooperation

356. Regional cooperation between the three countries in the region is extensive and generally considered to be effective. It includes high-level political summits, joint action plans, intelligence-sharing, joint law enforcement activities and border control initiatives. The Inter-American Drug Abuse Control Commission remains the main vehicle for cooperation.

### 3. National legislation, policy and action

357. In July 2014, the United States Administration released its National Drug Control Strategy for 2014, which seeks to emphasize public health approaches to addressing the country's drug problem. The Strategy identifies abuse of prescription drugs and heroin as major challenges that warrant particular attention and sets forth measures intended to limit the public health consequences of such abuse. The strategy continues the focus of the Administration on prevention and treatment, the further integration of substance abuse disorder treatment into health-care services, the reform of criminal justice policy, supply reduction initiatives, the strengthening of international partnerships and the improvement of data collection and analysis. The Strategy contains recommendations aimed at continuing the focus of the Administration on reducing drugged driving and preventing and addressing prescription drug abuse. Reflecting new and emerging challenges, it includes, for the first time, new action items to address the growing threat posed by new psychoactive substances, such as synthetic cannabinoids and synthetic cathinones, and contains enhanced measures aimed at combating transnational organized crime.

358. To address the growing problem of prescription drug abuse, the ongoing implementation of the National Anti-Drug Strategy in Canada was reinforced through the allocation of nearly 45 million Canadian dollars (Can\$) over a five-year period in the federal budget for 2014. The funding will be used to develop public-awareness measures to educate Canadian consumers on the safe use,

storage and disposal of prescription medications, enhance prevention and treatment services in First Nations communities, increase inspections to minimize the diversion of prescription drugs from pharmacies for illegal sale and improve surveillance data on prescription drug abuse in Canada.

359. In order to remove unused, unneeded or expired prescription drugs from circulation and reduce the potential for their non-medical use, Governments in the region have continued to stage prescription drug “take-back” initiatives. Another series of measures in the United States and Canada has been the creation of prescription drug monitoring programmes and the adoption of measures to promote the interoperability of those programmes among subnational jurisdictions. According to information released by the Government of the United States, 29 states have now taken measures to share information related to the prescription and dispensing of prescription drugs contained within their prescription drug monitoring programmes.

360. In Mexico, the availability of narcotic drugs and psychotropic substances for medical purposes remains low, limiting access by patients having legitimate medical needs for the substances. The National Commission against Addictions, through a partnership with the Mexican Association for the Study and Treatment of Pain, has identified obstacles to the availability of narcotic drugs and psychotropic substances, including the following: slow and complex administrative procedures for obtaining those drugs; inadequate training of public health professionals, leading to a reluctance to prescribe and dispense such substances; and the refusal by many doctors to accept the use of opiates as a treatment option. In order to address these challenges, the Government of Mexico is currently examining changes to its regulatory structure to remove undue impediments to the prescription and dispensing of narcotic drugs and psychotropic substances for medical use and is working with doctors to develop an awareness-raising campaign for medical practitioners involved in the treatment of chronic pain and diseases requiring palliative care.

361. In July 2014, the United States House of Representatives adopted the Ensuring Patient Access and Effective Drug Enforcement Act of 2014, which would amend the Controlled Substances Act so as to improve enforcement efforts related to preventing the diversion and abuse of prescription drugs and to ensure that patients have access to needed medications by promoting collaboration between government agencies, patients and industry stakeholders. In particular, in order to limit the negative effects on patients caused by the revocation or

suspension of a drug registration by the Attorney General, the Act would provide that the registrant be informed of the grounds for the proposed revocation or suspension and be allowed an opportunity to take corrective action prior to the suspension or revocation being enforced.

362. In June 2013, the Government of Canada introduced Bill C-65, entitled the “Respect for Communities Act”, which was aimed at creating a legal framework applicable to requests for exemptions under the Controlled Drugs and Substances Act that would allow for the establishment and operation of supervised drug injection sites. The bill outlined a set of minimum requirements for such applications, to be considered by the Minister of Health, including proof of extensive consultations among all relevant stakeholders, such as community groups and law enforcement authorities. Given the adjournment of Parliament in August 2013, before the bill could be put to a vote, the Respect for Communities Act has been reintroduced for legislative consideration (as Bill C-2) and is currently under deliberation. Consideration of the legislation is occurring as the public health authorities in several Canadian cities consider submitting applications to the federal Minister of Health for the opening of “drug injection rooms”. The Board looks forward to a continuing dialogue with Governments that have permitted such “drug consumption rooms” and reiterates its concern that such facilities could be inconsistent with the provisions of the international drug control conventions.

363. Citing a surge in heroin-related overdose deaths in the United States since 2006, which he termed “an urgent public health crisis”, the United States Attorney General announced that his department would be seeking to address the problem through a combination of enforcement and treatment. In his statement, he emphasized that law enforcement efforts led by the Drug Enforcement Administration targeting heroin traffickers had led to an increase of more than 320 per cent in seizures along the United States-Mexico border between 2008 and 2013. While underscoring the importance of education, prevention and treatment, he also called upon states to increase the access of first responders to overdose treatment drugs such as naloxone.

364. In May 2014, the Governor of the State of Minnesota signed a bill into law which establishes a medical cannabis programme, sets out the duties of patients, health-care practitioners and manufacturers of medical cannabis and defines qualifying medical conditions which may give rise to an authorization for admission to the programme, including cancer, severe or chronic pain, glaucoma, HIV, Tourette’s syndrome, seizures and muscle spasms. The law restricts the use of cannabis for medical purposes to

tablet, vapour and oil form or to “any other method, excluding smoking, approved by the commissioner [of health]”. Consumption of cannabis in leaf form in the state will continue to be prohibited. In July 2014, the Governor of New York state signed into law a bill which allows doctors to prescribe cannabis for medical purposes, in non-smokable form, to patients suffering from “serious conditions”, including cancer, HIV/AIDS, amyotrophic lateral sclerosis, Parkinson’s disease and spinal cord injuries. In order to qualify to use cannabis for medical purposes, patients suffering from an enumerated condition must be residents of New York state or be undergoing medical treatment in the state. In November, Florida voters rejected a constitutional amendment which would have allowed the establishment of a medical cannabis programme in the state.

365. In California, the first state to create a medical cannabis programme, a bill is under consideration that would strengthen the weak regulatory framework governing medical cannabis in the state. The bill is aimed at fostering greater certainty and minimum statewide standards regarding the obligations of medical cannabis facilities through the imposition and enforcement of regulations to prevent unlawful cultivation and the diversion of cannabis to non-medical use. Specific measures under consideration include the creation of a bureau of medical cannabis regulation, which would be responsible for issuing licences to individuals who grow, process, transport and sell the drug. Under the proposed bill, it would be illegal for doctors to prescribe medical cannabis to patients they have not themselves examined, and physicians with a financial interest in a cannabis dispensary would be barred from issuing prescriptions for the drug.

366. In June 2014, the Government of Canada proposed additional changes to the Marihuana for Medical Purposes Regulations and the Narcotic Control Regulations. The amendments would require licensed producers of cannabis for medical purposes to regularly report to provincial and territorial medical and nursing licensing bodies concerning which doctors and nurses are authorizing cannabis use and in what quantities. The aim of the reporting is to enhance oversight by regulatory bodies and to provide them with investigative and disciplinary powers. The Government of Canada has continued to reform the country’s legal and regulatory framework governing medical cannabis, including through a shift away from production for personal use to a production and distribution framework supplied solely by licensed commercial producers. The new regulations had been scheduled to take effect on 31 March 2014; however, in late March 2014, the Federal Court of Canada issued an interlocutory injunction suspending the application of certain

measures contained within them, including the phasing out of cultivation for personal use, pending the final outcome of a legal challenge as to the constitutionality of the new regulations.

367. The Board reminds all governments in jurisdictions that have established medical cannabis programmes, or that are considering doing so, that the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol sets out specific requirements for the establishment, administration and monitoring of such programmes. Those requirements are discussed in greater detail in chapter II of the present report. The Board encourages governments to take action to ensure that their medical cannabis programmes fully implement the measures set out in the Single Convention, which are aimed at ensuring that stocks of cannabis produced for medical use are reserved for the patients to which they are prescribed and are not diverted into illicit channels.

368. In March 2014, the Council of the District of Columbia enacted the Marijuana Possession Decriminalization Amendment Act of 2014, which came into force in July. The Act reclassifies possession of one ounce (28.35 g) or less of cannabis as a “civil violation” resulting in the imposition of a fine and the seizure of any cannabis and “paraphernalia visible to the police officer at the time of the civil violation”. Possession of amounts of cannabis greater than one ounce, the sale of any amount of cannabis to another person, operating a vehicle under the influence of cannabis and consuming cannabis in public continue to be classified as criminal offences and are subject to criminal penalties. In addition, given the continued prohibition of possession of any amount of cannabis under federal law, federal law enforcement officers may arrest anyone in the District of Columbia for possession or use of any amount of cannabis as a violation of federal law. In November 2014, voters in the District of Columbia approved Measure No. 71, which makes it lawful under District law for persons 21 years of age or older to possess up to two ounces (56.7 g) of cannabis for personal use, to grow up to six cannabis plants and to transfer without payment up to one ounce of cannabis to another person who is 21 years of age or older.

369. In Mexico, initiatives have been proposed by a major political formation—an opposition political party—at the state and federal levels which would affect the legal status of cannabis in the country. At the federal level, a bill introduced in February 2014 sought to provide for the creation of a national medical cannabis programme. Another bill, introduced in the lower chamber of the national legislative branch in May 2014, proposed the

legalization and regulation of a non-medical cannabis market. In the Federal District of Mexico, a bill introduced in February 2014 also would have legalized the commercial sale of cannabis for non-medical purposes. Those measures were all defeated.

370. In February 2014, the Deputy Attorney General of the United States issued a memorandum for all state attorneys focusing on financial crimes associated with cannabis sales and providing guidance on the use of prosecutorial discretion and the allocation of resources. That memorandum follows another memorandum issued by the Department of Justice in August 2013 that set out eight enforcement priorities with respect to cannabis, which included preventing distribution of cannabis to minors, preventing revenue from cannabis sales from going to criminal organizations and preventing state-licensed activity from being used as a cover for illegal activity. The February 2014 memorandum instructs state attorneys that financial institutions intentionally providing services that involve the eight priorities listed in the August 2013 memorandum may be liable to prosecution. Also in February 2014, the United States Department of the Treasury issued its Guidance on Bank Secrecy Act Expectations Regarding Marijuana-related Businesses to establish conditions and provide guidance to financial institutions in the provision of banking services to cannabis-related businesses. The document lays out several measures that financial institutions should take with respect to such businesses so as to meet their Bank Secrecy Act obligations, particularly with regard to due diligence measures. This federal move enables cannabis entrepreneurs to use banking services.

371. In Mexico, the state of Morelos and the state of Mexico initiated the use of drug treatment courts in May and August 2014, respectively. These courts have been in operation in the state of Nuevo Leon since 2009. The courts are intended to foster treatment and rehabilitation of first-time offenders accused of minor offences in order to facilitate social reintegration. Two other states—Chihuahua and Durango—are planning to introduce a similar system in the near future.

372. In July 2014, a federal grand jury in the United States approved the indictment of a major United States courier company for a variety of violations of federal law, including the Controlled Substances Act, relating to the widespread shipping and delivery of illegal and illegally distributed drugs sold by drug dealers and illegal Internet pharmacies. The charges included conspiracy to distribute controlled substances, distribution of controlled substances and conspiracy to distribute misbranded drugs.

373. In April 2014, the Standing Committee on Health of the Parliament of Canada released a report on the Government's role in addressing prescription drug abuse, which contained several recommendations addressed to Health Canada and the federal Government on dealing with the problem of prescription drug abuse in the country. Among the recommendations put forward were a review of the Controlled Drugs and Substances Act, to be carried out in consultation with stakeholders, to allow the Government to deal more effectively with prescription drug abuse; a review of labelling regulations for prescription drugs with a potential for addiction so as to better reflect their addictive properties; the development of national guidelines for the safe disposal of prescription drugs that contain controlled substances; the development of public-awareness campaigns on the public health risks of prescription drug abuse; and an examination of the merits of tamper-resistant drug formulations in addressing prescription drug abuse. In June 2014, the Minister of Health of Canada announced plans to begin a public consultation process on proposals to regulate tamper-resistant properties for prescription drugs that are at a high risk of abuse.

374. In order to facilitate the provision of training in palliative care for front-line health-care providers, the Government of Canada announced in March 2014 that it would be investing Can\$ 3 million in an initiative called "Building the future of palliative care together", which is designed to equip more front-line health-care providers with the skills and knowledge they need to care for people with life-threatening conditions. The initiative also seeks to extend the reach of palliative care services to better meet the needs of Canadians living in rural or remote regions of the country, including aboriginal peoples.

375. In 2014, regulatory measures taken by the Governments in the region to stem the proliferation of new psychoactive substances have continued. In January 2014, a decree came into force in Mexico amending the Health Act to classify mephedrone, piperazine, K2 (a synthetic cannabinoid) and midazolam as psychotropic substances and to subject them to the national control measures applicable to that category of substances. As a result of the decree, the federal prosecution service can now investigate and prosecute unlawful conduct relating to the substances in question. In the United States, the Drug Enforcement Administration announced the temporary placement of four synthetic cannabinoids into schedule I of the Controlled Substances Act and the final scheduling of 10 synthetic cathinones in the same schedule. This action was based on a finding by the Deputy Administrator of the Drug Enforcement Administration

that the placement of those substances and their optical, positional and geometric isomers, salts and salts of isomers into schedule I of the Act was necessary to avoid an imminent hazard to public safety.

376. In order to identify new drug trends and facilitate more timely and effective public health responses, the United States National Institute on Drug Abuse announced in July 2014 that it was developing the National Early Warning System. The focus of the project will be to identify new drugs as they emerge and to monitor new trends in the abuse of substances that are already known, facilitating timely responses to potential threats. In order to achieve this, an advisory board composed of leading scientists, health-care practitioners and government officials will be created, a network to facilitate the sharing of information between these groups will be established, information collected through publications will be disseminated, and social media will be monitored to gauge the extent and nature of emerging trends.

#### 4. Cultivation, production, manufacture and trafficking

377. According to drug seizure figures contained in the *Illicit Trade Report* of WCO for 2013, North American customs authorities reported the largest number of drug seizures of any region in the world, with 35,943 drug seizures reported to WCO, through its Customs Enforcement Network, an increase over the 2012 figure of 29,712.

##### (a) Narcotic drugs

378. Following the adoption of stricter regulatory controls on the prescription and distribution of synthetic opioids, together with the shift to tamper-proof formulations for several commonly abused prescription opiates in order to render them more difficult to snort or inject, heroin abuse in the United States has seen a resurgence. Opiate-dependent drug users are increasingly turning to heroin, which is typically easier to source and cheaper than prescription opioids. Law enforcement authorities in the region have also identified significant increases in heroin purity. Increased demand for heroin has also been accompanied by the growing availability of the drug in the region, in particular in the United States.

379. According to information provided by the Government of Canada to UNODC, Canada seized over 39 tons of cannabis, 144 kg of heroin, 135 kg of opium (raw and prepared), 994 kg of cocaine, 34 kg of

amphetamine, 220 kg of methamphetamine, 123 kg of “ecstasy”-type substances and over 10 tons of khat in 2013.

380. More than 81 per cent of opium seized in Canada in 2013 was found to have been produced in India, and 68.6 per cent of opium seized was found to have transited the United Arab Emirates immediately prior to entering the country. In addition, 33.6 per cent of heroin seized was also found to have transited the United Arab Emirates immediately prior to entry. The majority of heroin seized was smuggled via air cargo, air passenger courier and by post. Shipments of opium and heroin were concealed in a variety of ways, including hidden in industrial parts, food shipments, picture frames, carpets and towels.

381. Although seizures of cocaine fell by 44 per cent between 2007 and 2012 in North America, to 109 tons, they continue to be the largest outside the Andean region, ahead of seizures made in West and Central Europe (71 tons). The single largest cocaine seizures worldwide outside the Andean region are still reported by the United States (104 tons in 2012). Cocaine availability in the United States has been in decline since 2007, owing to a combination of factors, such as the success of supply reduction measures, conflict between and within Mexican trafficking networks and reductions in cocaine manufacture in Colombia.

382. In contrast, the availability of cannabis in the region has continued to increase, driven by increased production in all three countries and tolerant policies in many states in the United States. Cannabis continues to be the most widely available and widely abused illicit drug in the region and is also the one that is most trafficked between North American countries. According to the Drug Enforcement Administration, more than 1 million kg of cannabis are seized annually along the United States-Mexico border. According to WCO, customs seizures of cannabis in the United States in 2013 represented 94 per cent of all seizures of the drug reported by customs authorities worldwide. Scientific analysis of cannabis herb seized in the region has also shown an increase in cannabis potency, with the percentage of THC in the United States having increased by 37 per cent between 2007 and 2012.

383. Average THC content of non-domestic cannabis seized by the United States federal authorities increased by 75 per cent between 2003 and 2013 (from 7.2 per cent to 12.6 per cent). The overall increase in the THC content of tested cannabis was mainly the result of a growing proportion of seizures of high-THC-content cannabis containing sinsemilla, while the proportion of less potent

cannabis declined. The increases in the potency of both sinsemilla and “normal” cannabis were less pronounced (sinsemilla: 14.5 per cent in 2013, up from 14.0 per cent in 2003; “normal” cannabis: 6.7 per cent in 2013, up from 5.6 per cent in 2003).

384. The Government of Canada reports large decreases in the trafficking of cannabis resin and in the number of cannabis plants seized in 2013. Whereas in previous years numerous large seizures of cannabis resin occurred at major seaports in eastern Canada, there was a limited number of seizures in 2013. In 2013, seizures of cannabis resin totalled 110.4 kg, down from over 1.6 tons in 2012 and 4.8 tons in 2011. Law enforcement officials attribute this decrease to increased maritime seizures and law enforcement activities disrupting the operations of criminal organizations.

385. In 2013, Canada’s national eradication programme (Project SABOT), led by the Royal Canadian Mounted Police, seized over 42,000 plants from outdoor cannabis grow operations across the country, down from 63,000 in 2012, 95,000 in 2011 and 171,000 in 2010. Officials attribute this decrease to the success of Canadian law enforcement activities and to the fact that Canadian organized criminal groups are relocating their operations to other more lucrative markets such as the United States, particularly to states in that country with more liberal cannabis laws and affordable real estate.

## (b) Psychotropic substances

386. In 2013, the United States remained the country that had reported to WCO the largest number of amphetamine seizures by customs and the largest quantities of the substance seized. Although the number of seizures rose from 220 in 2012 to 311 in 2013, the quantity seized decreased significantly, from 22.7 tons in 2012 to approximately 1.9 tons in 2013.

387. According to law enforcement officials in the region, methamphetamine manufacture has been on the increase, as reflected by higher seizure figures. According to UNODC, seizures of methamphetamine in North America in 2012 accounted for 64 per cent of the total amount seized worldwide; in the United States, almost 13,000 methamphetamine laboratories were dismantled in 2012. Methamphetamine manufacture in Mexico has been increasing, with the United States continuing to be the largest market for the substance. Seizures of methamphetamine at the United States-Mexico border have also increased significantly, from just over 2 tons in 2008 to over 10 tons in 2012. According to the Drug Enforcement

Administration, the greater availability of methamphetamine in the United States has led to a 70 per cent decrease in prices since 2007, while purity has increased by 130 per cent during that same period.

388. The most recent figures released by Governments in the region suggest that abuse of 3,4-methylenedioxymethamphetamine (MDMA, commonly known as “ecstasy”) in the region is declining, although prevalence rates for “ecstasy” abuse remain more than twice the global average (0.9 per cent in North America as compared with 0.4 per cent globally).

389. According to information provided for 2013 to UNODC by Canada, law enforcement officials noted a decrease in the amount of cocaine entering Canada compared to previous years. The majority of cocaine seized was smuggled via air cargo, air passenger courier and by post, primarily entering the country from the Caribbean, Central and South America. Law enforcement officials also believe that cocaine is entering the country from the United States via land-based ports of entry in Ontario, Quebec and British Columbia.

390. In 2013, 40 per cent of methamphetamine seized was found to have transited the United States, while all 34.7 kg of amphetamines seized were reported by Canadian officials to have transited China.

## (c) Precursors

391. Methamphetamine manufacture in the United States is dominated by small-scale street laboratories using ephedrine and their preparations. However, more than 95 per cent of the methamphetamine seized in the United States has been manufactured using the 1-phenyl-2-propanone (P-2-P) method. This type of methamphetamine is also illicitly manufactured in Mexico in industrial-type facilities from phenylacetic acid derivatives.

392. A detailed overview of the situation in North America with respect to the control of precursor chemicals can be found in the 2014 report of the Board on the implementation of article 12 of the 1988 Convention.<sup>42</sup>

## (d) Substances not under international control

393. As in other regions, the abuse of new psychoactive substances has continued to gain momentum. In

<sup>42</sup>E/INCB/2014/4.



the United States alone, there were 29,467 synthetic cannabinoid drug reports in 2012 through the National Forensic Laboratory Information System, a 14-fold increase over 2009.

## 5. Abuse and treatment

394. A report issued by the United States Substance Abuse and Mental Health Services Administration in July 2014 confirmed that initiation of substance abuse in adolescence or early adolescence greatly increased the risk of developing drug dependency. According to data presented in the report, among individuals aged 18-30 years admitted for substance abuse treatment in the United States in 2011, 74 per cent had begun using substances at the age of 17 years or younger and 10.2 per cent had started using at the age of 11 years or younger. The study also showed a significantly higher rate of polydrug abuse among individuals admitted for treatment who had initiated substance abuse at age 11 years or younger (78 per cent) compared with those who had initiated their substance abuse between the ages of 25 and 30 (30.4 per cent). Among individuals having initiated abuse at the age of 11 years or younger, 38.6 per cent reported a co-occurring mental disorder.

395. According to figures released by the United States Department of Health and Human Services, past-year drug abuse among persons aged 12 years or older in the United States reached a 10-year high in 2012, mostly because of increased cannabis abuse, which rose from 11.5 per cent in 2011 to 12.1 per cent in 2012. As in previous years, increased cannabis abuse, particularly among young people, has been linked to decreasing perceptions of risk. That has particularly been the case in the wake of the legalization of non-medical use of cannabis in some states. Rates of non-medical use of psychotherapeutic drugs, including prescription opioids, rose from 5.7 to 6.4 per cent.

396. Figures released in the United States by the Drug Abuse Warning Network in June 2014 relating to emergency department visits involving methamphetamine from 2007 to 2011 reveal a substantial increase, from 67,954 visits in 2007 to 102,961 in 2011, with similar patterns seen for males and females. According to the report, 62 per cent of emergency department visits in 2011 involving methamphetamine also involved other drugs, with 29 per cent of visits involving combinations with one other drug and 33 per cent involving combinations with two or more other drugs.

397. According to a study of data from the National Highway Traffic Safety Administration's Fatality Analysis

Reporting System for the period 1994-2011, undertaken by researchers at the University of Colorado School of Medicine, the proportion of drivers involved in fatal motor vehicle crashes in the State of Colorado who tested positive for cannabis has significantly increased since the commercialization of medical cannabis in 2009. The results of the analysis show that, while the percentage of fatal motor vehicle crashes in Colorado involving at least one driver testing positive for cannabis in 1994 was 4.5 per cent, that figure had increased to 10 per cent by the end of 2011.

398. Several jurisdictions in North America have reported increases in overdose deaths related to changes in the chemical composition and potency of narcotic drugs sourced through the illicit market and to a resurgence of heroin abuse. In the state of Vermont, disproportionately high increases in opioid drug and heroin abuse, drug overdose deaths and drug-related crime have been qualified by the Governor of Vermont as a "crisis". Heroin overdoses in the state doubled between 2012 and 2013, and admissions for opioid treatment have increased by 770 per cent since 2000, including a 250 per cent increase in the number of individuals receiving treatment for heroin addiction alone. There were also five times as many federal indictments against suspected heroin dealers in the state in 2013 than there were in 2010.

399. In Canada, the Director of Public Health of Montreal issued an alert to public health practitioners in the city warning of a threefold increase in overdose deaths in the city related to heroin, cocaine and counterfeit opioids caused by changes to the chemical composition of the drugs. Numerous overdose deaths in the region have also been attributed by public health authorities to counterfeit oxycodone tablets containing fentanyl, a highly potent narcotic drug.

400. According to information released by Health Canada in its Youth Smoking Survey 2012-2013, a biennial survey that collects data from Canadian students between grades 6 and 12 (approximate ages 11-18 years) about alcohol, tobacco and illicit drug use, the main substances of abuse, after alcohol and tobacco, were cannabis and prescription pharmaceuticals. Cannabis was found to be the substance with the highest annual prevalence of use after alcohol, with one in five students having reported using cannabis within the past 12 months.

401. According to the survey, 4 per cent of students reported having used at least one prescription pharmaceutical for non-medical purposes within the previous 12 months. Among prescription pharmaceuticals included in the survey, opioid analgesics were found to have the

highest annual prevalence of use, at 3 per cent, although this figure represents a decrease from the 4 per cent observed in the 2010-2011 survey.

402. The 2012-2013 survey shows a decreasing trend in the annual prevalence of drug use for a number of substances. The prevalence rate for the use of “ecstasy” was found to have decreased from 5 per cent in 2010-2011 to 3 per cent in 2012-2013. For both synthetic stimulants derived from piperazines and synthetic stimulants related to cathinones, the annual prevalence of use was found to be 1 per cent in 2012-2013.

403. In terms of perceived drug accessibility, approximately 45 per cent of students in grades 7 to 12 (approximate ages 12-18 years) reported that it would be “fairly easy” or “very easy” to obtain cannabis, while 33 per cent and 15 per cent reported that it would be “fairly easy” or “very easy” to obtain opioids and “ecstasy”/hallucinogens, respectively.

404. Health Canada has identified three high-risk groups for drug abuse: homeless people, “street involved youth drug users” and recreational drug users (i.e., club, rave and bar attendees). In 2013, it conducted a survey establishing the annual prevalence of the most-used drugs within each high-risk group. Cannabis was found to have had the highest annual prevalence of use, with prevalence rates of 77 per cent among homeless people, and 89 per cent among each of the other two groups.

405. Mexico has continued to offer treatment for drug dependency through its network of addiction treatment centres known as “Centros Nueva Vida”, which are staffed by psychologists, medical doctors and social workers. The Government of Mexico has made significant investments in the training of staff at the treatment centres and in the recruitment of additional health professionals who are specialized in addiction treatment. The Government has also adopted quality control measures, such as a revision of the accreditation procedure for addiction treatment centres and evaluation visits aimed at assessing the treatment given and the quality of the facilities. Based on the results of an analysis of the operation and performance of the treatment centres, the Government established a workplan for 2014 to strengthen existing administrative structures, improve processes for the administration of care and establish national standards to improve the quality and effectiveness of treatment.

406. Cocaine abuse increased slightly in the adult population of the United States in 2012, although it remained relatively stable among young people and declined marginally in 2013. Compared with 2006, annual prevalence

of cocaine use among the general population fell by 28 per cent (from 2.5 per cent of the population aged 12 years or older in 2006 to 1.8 per cent in 2012), while past-month prevalence fell by 40 per cent (from 1.0 to 0.6 per cent). Annual prevalence of cocaine use among twelfth-grade students in the United States showed a decline of 54 per cent between 2006 and 2013 (from 5.7 per cent to 2.6 per cent). Workforce testing results showed a decline of cocaine use of 70 per cent between 2006 and 2012 (from 0.72 per cent in 2006 to 0.21 per cent in 2012). Those declines were mainly the consequence of reduced availability of cocaine. While perceptions of the harmfulness of cocaine use remained largely unchanged, the availability of cocaine was perceived to have declined.<sup>43</sup> This was the result of declining cocaine production in Colombia and intensified law enforcement efforts in Mexico. This led to higher purity-adjusted prices in the United States, which rose at the retail level by 54 per cent between 2006 and 2012 (from \$121 to \$186 per gram). Reduced availability and use of cocaine also resulted in a strong decline (56 per cent) in cocaine-related treatment admissions in the United States between 2006 and 2012 (from 277,900 admissions in 2006 to 121,000 admissions in 2012).

407. Despite overall increasing drug abuse prevalence rates in the United States general population aged 12 years or older, past-year use of any illicit drug among the population aged 12-17 years was the lowest in 10 years, although it remained high, declining from 19 per cent in 2011 to 17.9 per cent in 2012.

## South America

### 1. Major developments

408. South America continues to be affected by the illicit cultivation of coca bush, cannabis plant and, in some countries, opium poppy, all of which are processed, usually in the country of cultivation, into the corresponding plant-based drugs. Aside from being the source for virtually the entire supply of the world's cocaine, the region has also come to account for a significant

<sup>43</sup>According to the Monitoring the Future survey conducted by the National Institute of Drug Abuse in the United States, in 2006, 46.5 per cent of twelfth-grade students reported that it was easy or fairly easy to obtain cocaine; that figure had fallen to 30.5 per cent in 2013. The perceived harmfulness of using cocaine regularly amounted to 84.6 per cent of twelfth-grade students in 2006 and to 83.3 per cent in 2013, and the perceived harmfulness of using cocaine once or twice amounted to 52.5 per cent in 2006 and to 54.4 per cent in 2013.

proportion of global consumption of cocaine, including the smoking of “crack” cocaine and other base forms referred to by a variety of country-specific designations. Illicit use of cannabis and, to a lesser extent, amphetamine-type stimulants also affect significant segments of the population in South America. The information currently available indicates that illicit demand for amphetamine-type stimulants is met mainly by trafficking from outside the region, as well as by the diversion of prescription stimulants from the licit market.

409. Various indicators, notably the area under illicit cultivation of coca bush, suggest that in recent years the global supply of cocaine originating in South America has been curtailed to an extent that can have a perceptible effect on major consumer markets. Based on data from UNODC, cultivation of coca bush peaked in 2007 in Colombia, in 2010 in the Plurinational State of Bolivia and in 2011 in Peru. During the 2007-2013 period, the total area under cultivation for coca bush in those three countries fell by approximately one third. Although methodological issues limit the ability to quantify the production of coca leaf and the manufacture of cocaine at a global level, a decrease in the area under cultivation of this extent would be expected to have an impact on the accessibility of cocaine at the end of the supply chain. Indeed, indicators from North America and, albeit less clearly, from Western Europe suggest that availability remains significantly lower than during the peak levels reached around 2006.

410. The intensive discussions on drug policies that have recently taken place in the Americas, including in South America, continued in 2014. In June 2013, OAS adopted the Declaration of Antigua, Guatemala, “For a comprehensive policy against the world drug problem in the Americas”, initiating a process of consultation in various national and regional settings and encouraging the consideration of new approaches to the world drug problem. In June 2014, at the forty-fourth regular session of its General Assembly, OAS reaffirmed the commitments undertaken in that Declaration, while emphasizing that drug policies must be carried out with full respect for national and international law. Pursuant to provisions of the Declaration, a special session of the OAS General Assembly on the world drug problem was held in September 2014 in Guatemala City.

## 2. Regional cooperation

411. South America is characterized by a high level of awareness of the illicit supply of and demand for controlled substances, in addition to a well-developed infrastructure at the national and regional levels to monitor

and counter this phenomenon. The high level of political engagement in these areas is reflected in the large number of activities that bring together authorities, experts and institutions from the region to improve cooperation and exchange views on and experiences in law enforcement and the health-related aspects of drug control. The Board welcomes in particular the number of regional cooperation activities, including the provision of training and legal assistance, organized by the Governments of the countries in the region in cooperation with CICAD and UNODC.

412. In 2013 and 2014, several of these activities emphasized aspects of drug supply reduction related to asset recovery, including non-conviction-based confiscation, financial intelligence and money-laundering. In 2013, a total of 19 courses and workshops were held under the auspices of CICAD on the handling and disposal of seized and forfeited assets, special investigation techniques, strategic intelligence, investigations and simulated trials, in which around 800 officials from countries in the Americas participated. During 2013, UNODC and the Financial Action Group of South America<sup>44</sup> organized the seventh and eighth meetings of the regional network on asset recovery with representatives from Latin American countries and international entities. The meetings were held in Colombia and Panama.

413. Other aspects that received reinvigorated attention dealt with efforts to combat trafficking in and diversion of precursors, maritime trafficking and abuse of smokable forms of cocaine.

414. In May 2014, high-level representatives from several South American countries participated in the discussions on drug policies at the first ministerial meeting of the Community of Latin American and Caribbean States on the world drug problem, held in Antigua, Guatemala.

415. In September 2014, at a special session, held in Guatemala City, the General Assembly of OAS adopted a resolution entitled “Reflections and guidelines to formulate and follow up on comprehensive policies to address the world drug problem in the Americas”. In that resolution, the Assembly recognized the importance of effective implementation of the three United Nations drug control conventions, which constituted the framework of the international drug control system, as well as the need for States to consider “regularly reviewing the drug policies adopted, ensuring that they are comprehensive and focused on the well-being of the individual, in

<sup>44</sup>Effective July 2014, the name of the group was changed to Financial Action Group of Latin America.

order to address their national challenges and assess their impact and effectiveness”.

### 3. National legislation, policy and action

416. In March 2013, the Government of Peru approved a new regulation concerning chemicals, equipment and material used for the illicit manufacture of drugs, which had already been issued in a legislative decree in November 2012. The decree established measures for the registry, control and inspection of such goods.

417. Under the national strategy to combat drugs being implemented by Peru for the period 2012-2016, the eradication of coca bush has intensified in the major coca-growing regions of Huánuco and Ucayali. Peruvian authorities have proposed a new strategy, emphasizing the promotion of alternative crops while maintaining the eradication component, in order to reduce the level of cultivation in the third important zone: the Apurímac, Ene and Mantaro river valleys.

418. Effective August 2014, Ecuador established a new system of categorization, in terms of maximum and minimum quantities, to classify offences related to trafficking in narcotic drugs and psychotropic substances into four degrees of severity and to prescribe minimum and maximum terms of imprisonment for each category. Although possession can qualify as an offence under the umbrella of trafficking-related activities, the quantities involved do not always constitute, by themselves, a means of distinguishing between trafficking and possession for personal use and consumption. Indeed, while the new regulation provides for punishment for trafficking offences involving arbitrarily small quantities (without a lower threshold), it continues to differentiate between those offences and possession for personal use and consumption, which remains not punishable and restricted to certain independently established maximum quantities, in accordance with an earlier regulation.

419. In December 2013, the Senate of Uruguay approved new legislation, previously approved by the lower legislative chamber, that allows the State to assume control over and regulate activities related to the importation, production, storage, sale or distribution of cannabis or its derivatives, or the acquisition of any title related thereto, under certain terms and conditions, for the purpose of non-medical use. The regulations governing the implementation of this law were fleshed out in a presidential decree in May 2014. Sales of cannabis to consumers were delayed, however, owing to difficulties in implementing the law.

Such sales are expected to start in 2015. The Board notes that this legislation is contrary to the provisions of the international drug control conventions, specifically article 4, paragraph (c), and article 36 of the 1961 Convention as amended by the 1972 Protocol and article 3, paragraph (1) (a), of the 1988 Convention.

420. In November 2013, the Government of the Plurinational State of Bolivia published the results of a study on the demand for coca leaf in that country, which estimated that licit national demand for coca leaf required a cultivation of 14,700 ha. Currently, Bolivian law provides for up to 12,000 ha of coca bush cultivation in certain areas of the country for the chewing of coca leaf and the consumption and use of coca leaf in its natural state for “cultural and medicinal purposes”, in accordance with the reservation expressed in 2013 when the country re-acceded to the 1961 Convention, as amended by the 1972 Protocol.

421. In its strategic institutional plan for the 2013-2017 period, the Paraguayan National Anti-Drug Secretariat set itself six main objectives, including the implementation of actions relating to integrated and sustainable alternative development. One proposed strategy to achieve that objective deals specifically with the cultivation of cannabis in the social and economic context of Paraguay. In addition, the National Anti-Drug Secretariat has made the elimination of the trafficking of cocaine paste one of its national priorities.

422. In response to a rebound in drug trafficking on non-commercial flights through Peruvian air space, the Peruvian Air Force is operating a non-lethal air traffic interdiction programme, with a view to dissuading pilots who are trafficking drugs from entering Peruvian territory. In April 2014, the Plurinational State of Bolivia promulgated a law which provides for the interception of and use of force against unauthorized flights. Similar laws are in force in Brazil, Chile and Venezuela (Bolivarian Republic of). The Board notes that such statutes may contravene the Convention on International Civil Aviation<sup>45</sup> and other international obligations related to civil aviation.

423. In 2014, Brazil enacted new legislation to ensure the expeditious destruction of illicit crops and seized drugs, with the exception of small samples for forensic analysis and use in the criminal justice process. Discussions on other potential legislation with a possible impact on drug policy have also been initiated.

<sup>45</sup>United Nations, *Treaty Series*, vol. 15, No. 102.

424. In 2014, the Government of Argentina created a new unit within the Ministry of Security specifically dedicated to the fight against drug trafficking, and transferred some aspects of the State's drug supply reduction interventions from the Planning Secretariat for the Prevention of Drug Addiction and the Fight against Narcotrafficking to the Ministry of Security, including to the newly created unit.

## 4. Cultivation, production, manufacture and trafficking

### (a) Narcotic drugs

425. In contrast with other illicit crops, no reliable estimates of the total extent of illicit cultivation of cannabis in South America are available. However, seizures of cannabis plant and cannabis herb indicate that cultivation of cannabis plant and production of cannabis herb occur on a significant scale in South America.

426. Based on official replies to the annual report questionnaire, it appears that, in terms of cross-border trafficking, Colombia and Paraguay are the most prominent source countries for cannabis herb in South America. While cannabis herb from Paraguay is trafficked to neighbouring countries, cannabis herb from Colombia appears to reach countries in Central America and the Caribbean, in addition to neighbouring countries in South America.

427. For several years, Colombia has accounted for the largest aggregate annual quantities of cannabis herb seized in South America. Seizures in that country have maintained a generally increasing trend since 2002, reaching 408 tons in 2013 (compared with 77 tons in 2002), equivalent to approximately one half of the South American total for 2012. There were also indications of evolving methods of cultivation and production. According to UNODC, 115 greenhouses producing cannabis herb were detected in 2012, but only 4 were detected in 2013. These increases in seizures and interdiction may have been the result of more effective enforcement measures, greater cultivation or both.

428. Efforts in Paraguay to reduce the availability of drugs of abuse, including cannabis, were intensified in 2013. Seizures of cannabis herb in Paraguay, as well as eradication of cannabis cultivation, more than doubled in 2013. Contrary to the pattern prevalent in many countries of cannabis herb being sourced domestically, demand for cannabis herb in some countries neighbouring Paraguay, notably Brazil and Argentina (both of which

account for a relatively large number of users by virtue of the size of their populations) is met to a significant extent by cannabis herb trafficked from Paraguay.

429. During the 2000-2011 period, seizures of cannabis herb in Brazil, while among the highest in South America, were consistent with a stable market driven by domestic demand, fluctuating between 130 tons and 200 tons annually, according to UNODC data. In 2012, seizures of cannabis herb, cannabis plant and cannabis seedlings, as well as detections of cannabis plantations, each registered significant declines. In 2013, however, seizures of cannabis herb rose to 222 tons. The Governments of Brazil and Paraguay continue to cooperate on the eradication of cannabis cultivation in Paraguay. One joint operation between the National Anti-Drug Secretariat of Paraguay and the Brazilian Federal Police in February 2014 resulted in the eradication of 400 ha under cannabis cultivation in Amambay department in Paraguay.

430. Some of the largest quantities of cannabis plant seized or destroyed in South America have been registered by Bolivia (Plurinational State of) and Peru. However, in 2013 aggregate seizures of cannabis herb and cannabis plant in the Plurinational State of Bolivia fell to 76 tons (from 403 tons in 2012). In Peru, seizures of cannabis plant rose sharply, to 980 tons in 2012; the corresponding figure for 2013 (3.4 million plants), while not directly comparable, suggests a sustained increased level of eradication activities.

431. Among the drugs and psychotropic substances most frequently abused on a global scale, cocaine is the only one for which the illicit processes leading to the consumable end product (cultivation, production and manufacture) are largely confined to a specific region, namely South America. In particular, the illicit cultivation of coca bush is concentrated in the three countries of Bolivia (Plurinational State of), Colombia and Peru.

432. In the Plurinational State of Bolivia, cultivation of coca bush fell to 23,000 ha in 2013, the lowest level since 2002. In its national strategy for 2011-2015 to combat drug trafficking and reduce the amount of coca leaf produced, the Bolivian Government set itself the target of reducing cultivation of coca bush to 20,000 ha. This area is still in excess of the estimated requirements for sustaining the chewing, consumption and use of coca leaf, permitted for certain purposes on the territory of that country by virtue of its reservation to the 1961 Convention, as amended by the 1972 Protocol. In 2013, manual eradication of coca bush, including voluntary eradication, continued to increase, reaching 11,407 ha, while seizures of coca leaf, cocaine salt and cocaine base all dropped

significantly in comparison with 2012. Aggregate seizures of cocaine (cocaine salt and cocaine base) amounted to 22 tons, the lowest level since 2007, while the number of destroyed clandestine laboratories manufacturing cocaine hydrochloride continued to rise sharply, reaching 67 in 2013. In addition, the number of establishments processing coca leaf extracts into cocaine base that were destroyed (excluding maceration pits) reached 5,930, slightly more than in recent years and the highest number on record.

433. In Colombia, the lower level of coca bush cultivation (48,000 ha) achieved in 2012 was maintained into 2013. However, the distribution of cultivation was not static, as Government efforts may have helped to concentrate the phenomenon in specific regions. Among the 27 departments with a history of cultivation, five of the top six as of 2012 registered an increase, accounting for three quarters of the total in 2013 (up from 61 per cent in 2012). Manual eradication of coca bush fell by one quarter in 2013 to 22,056 ha, and a more pronounced decrease was registered in eradication by spraying, which fell by one half to 47,053 ha in 2013. Aggregate seizures of cocaine in Colombia, including various forms of cocaine base, remained the highest in South America, amounting to 243 tons in 2012 and 230 tons in 2013.

434. In Peru, the increases in the cultivation of coca bush during the 2005-2011 period were almost entirely reversed by 2013, when the net area under cultivation fell to 49,800 ha (from 60,400 ha in 2012). The high level of eradication of coca bush, carried out within the framework of the integral and sustainable alternative development programme of the Government of Peru, contributed significantly to this reduction. The eradicated area reached 23,947 ha in 2013, significantly higher than the levels achieved throughout the 2000-2012 period. The eradication and post-eradication efforts made a substantial impact in two of the three zones most affected by the drug trade: Monzón-Tingo María-Aucayacu, and Palcazú-Pichis-Pachitea. By the end of October 2014, 26,000 ha had been eradicated, with the target for eradication in 2014 remaining at 30,000 ha. Seizures of cocaine paste in Peru peaked at 19.7 tons in 2012, but receded to 10.8 tons in 2013, while seizures of cocaine salt rose slightly to 13.3 tons in 2013, remaining short of the levels seen in 2008 and 2010.

435. The Government of Peru's framework for alternative development (Integral and Sustainable Alternative Development) may be contributing to the reduction in coca cultivation. Programmes under that framework operate in 13 zones, located in seven departments of Peru and covering a population of approximately 800,000 people. In these zones, the average area of coca bush

cultivation per family fell by slightly more than one third between 2010 and 2013 (from 0.289 ha to 0.188 ha per family). As of 2012, the level of engagement of targeted families was highest in Huallaga Central, Alto and Bajo Mayo, Juanjui, Bajo Huallaga and Tocache, and had improved measurably in comparison with 2010.

436. Ecuador and Venezuela (Bolivarian Republic of) remain important staging posts for cocaine destined for both North America and Western Europe. The Bolivarian Republic of Venezuela was also identified as a country of provenance for cocaine by some countries outside of these well-established cocaine markets, specifically in Central Europe and West Asia. The Bolivarian Republic of Venezuela reported that cocaine transiting its territory had originated in Colombia, with which it shares an extensive land border. Ecuadorian authorities also identified Oceania as being among the destinations for cocaine trafficked through their country, and indicated that maritime trafficking, exploiting Ecuador's Pacific coast, remained the most important, although by no means the only, method of transportation. Brazil, with its extensive land borders with all three of the major cocaine-manufacturing countries and a long coastline on the Atlantic Ocean, remains an important transit country for cocaine trafficked to West and Central Africa, Europe and South Africa, in addition to being a major destination country for large amounts of cocaine.

437. Although manufacture of cocaine occurs mainly in Bolivia (Plurinational State of), Colombia and Peru, processing of coca leaf derivatives on a small scale does occur outside of these three countries. While the main end product intended for exportation to the lucrative markets of North America and Europe is cocaine hydrochloride, the demand for cocaine in South America is partly met by significant quantities of intermediate forms of cocaine base, sometimes with high levels of impurity. The presence of these products in the illicit market then occasionally leads to further processing. In addition, some facilities serve to simply lower the purity before placing the product on the retail market. Based on UNODC data, in 2012 a total of 31 establishments processing coca leaf derivatives were detected by Argentina,<sup>46</sup> 8 by Chile, 4 by Ecuador and 24 by Venezuela (Bolivarian Republic of).

438. There are reports and indirect indicators of cultivation of opium poppy on a small scale in South America. Colombia estimated the area under such cultivation in

<sup>46</sup>This could include establishments dedicated to adulteration and packaging into small quantities, in addition to establishments performing the final steps in the synthesis of cocaine hydrochloride.

2013 at 298 ha, and eradicated a further 514 ha. Peru seized 68.5 kg of opium of domestic origin in 2013.

439. Some of the opium produced in South America is processed into heroin and trafficked outside the region, in addition to catering for the limited demand for the drug in South America. Colombia consistently registers the highest quantities of heroin seized in South America, followed by Ecuador. However, seizures in Colombia continued to decline in 2013, amounting to 403 kg (significantly below the peak level of 1.7 tons registered in 2010), also of domestic origin. Seizures of heroin in Ecuador amounted to 123 kg in 2013. Colombia also dismantled one heroin laboratory per year in 2011, 2012 and 2013.

### (b) Psychotropic substances

440. Several countries in South America are affected by trafficking in “ecstasy”, but the region is mainly a consumer market with respect to this substance. Based on the most recent available official data, “ecstasy” in South America continues to originate mainly in Europe. The most significant seizure levels of “ecstasy” in South America—in Argentina, Brazil and Colombia—reflect significant abuse of this substance in these countries.

441. Aside from “ecstasy”, Argentina, Brazil, Chile and Colombia regularly report seizures of other hallucinogens, notably lysergic acid diethylamide (LSD). However, according to UNODC, forensic analysis of samples of substances sold as LSD obtained in three major Colombian cities in 2013 revealed the presence of synthetic phenethylamines rather than LSD. In 2012, the largest quantities of LSD seized in South America were accounted for by Argentina (87,605 doses) and Brazil (65,033 doses, dropping to 56,680 doses in 2013).

442. In recent years, non-negligible amounts of amphetamine or methamphetamine have been seized in some South American countries, notably Argentina and Brazil. Colombia also regularly reports significant seizures of sedatives and tranquillizers. In 2013, seizures in this category in Colombia rose for the fourth consecutive year, reaching 63,641 tablets.

### (c) Precursors

443. In 2012, South America accounted for approximately two thirds of global reported seizures of potassium permanganate, which is a Table I substance, and more than half of global seizures of hydrochloric acid,

ethyl ether, acetone and sulphuric acid, which are Table II substances.

444. For most precursors, as in previous years, the three coca-producing countries accounted for the largest amounts seized in South America. However, in a departure from this pattern, in 2012 Brazil seized the largest quantity of hydrochloric acid (91,697 litres) in South America, and the largest quantity worldwide of methyl ethyl ketone (3,308 litres).

445. In recent years, potassium permanganate used in the manufacture of cocaine in South America has itself been sourced to some extent from illicit manufacture, in addition to diversion from licit channels. In 2013, Colombia dismantled three illicit laboratories manufacturing potassium permanganate on a small scale.

### (d) Substances not under international control

446. In June 2013, tapentadol, an opioid analgesic, was placed under national control in Colombia, specifically on the list of medications and substances under special control, alongside substances such as buprenorphine, fentanyl and oxycodone.

447. Ketamine has emerged as a drug of abuse in South America. In 2012, Argentina seized small quantities of the substance and also confirmed its abuse among the country’s population. In 2013, Colombia estimated the lifetime prevalence of ketamine abuse in the general population at 0.18 per cent.

448. According to UNODC, since mid-2012, Colombia has also reported the consumption of products derived from plants with psychoactive properties, such as *Salvia divinorum* and ayahuasca, as well as at least one synthetic phenethylamine (25B-NBOMe and/or 25C-NBOMe) reported to have hallucinogenic effects similar to those of LSD. In 2013, Chile seized a consignment of a related chemical (25I-NBOMe) that had originated in Spain.

## 5. Abuse and treatment

449. Based on UNODC estimates of annual prevalence of drug abuse in 2012, the substances abused most broadly in South America are cannabis and cocaine. The estimates of prevalence of past-year abuse in South America for both cannabis (5.7 per cent among the general population in the 15-64 age bracket) and cocaine (1.2 per cent) are higher than the global past-year

prevalence, but lower than the corresponding average figures for the Americas as a whole. In terms of the number of users, as of 2012 South America was estimated to account for almost one fifth of all past-year cocaine users globally, and slightly less than one tenth of cannabis users. One issue of special concern in South America is the consumption of smokable forms of cocaine.

450. Based on treatment data for the years 2010-2012 published by UNODC, cocaine emerges as by far the most prominent primary drug of abuse among persons treated for drug addiction in South American countries, with the notable exception of Colombia. Treatment data for 2012 for Colombia indicate a complex drug abuse scenario, with cannabis and cocaine each accounting for approximately one third of treatment demand, amphetamine-type stimulants for 10 per cent and heroin for 6.6 per cent.

451. In July 2014, Colombia published the results of its 2013 national study on drug use, the objectives of which included ascertaining trends in comparison with a similar study done in 2008. One statistically significant change that emerged was an increase in the annual prevalence for abuse of cannabis, from 2.1 per cent of the general population in the 12-65 age group in 2008 to 3.3 per cent in 2013, driven mainly by increases in the lower age categories (12-17 and 18-24 years of age). Abuse of cocaine salt and basuco (a smokable form of cocaine) did not show large variations. On the other hand, abuse of LSD increased significantly, and the lifetime prevalence for abuse of prescription opioids exceeded 1 per cent in 2013.

452. Recent data also indicate an increase in cannabis abuse in Chile. As of 2013, almost one third (30.6 per cent) of school students between the eighth year of primary school and the fourth year of secondary school reported having used cannabis during the previous year, up from 19.5 per cent in 2011. The same study also indicated a significant drop in the perception of risk associated with frequent consumption of cannabis. An increasing trend in cannabis consumption in Chile also emerges from slightly older data (for 2012) for the general population.

453. The results of the latest Global School-based Student Health Survey<sup>47</sup> for Uruguay indicate a lifetime prevalence for abuse of cannabis herb of 13 per cent

among students in the second and third years of middle school and the first year of high school, as of 2012. Dedicated surveys on drug abuse, focusing on different target populations, are also held regularly. These surveys suggest that the lifetime prevalence for abuse of cannabis herb among students<sup>48</sup> peaked around 2007 and appeared to stabilize at around 16 per cent as of 2011, while annual prevalence for abuse of cannabis herb among the general population (aged 15-65) rose from 1.4 per cent in 2001 to 8.3 per cent in 2011.

454. A recent survey among college students in Brazilian state capitals and the federal district estimated the annual prevalence of abuse of cocaine powder among college students (of all ages) at 3 per cent in 2009. Another study, based on the network scale-up method, employed the concept of "regular" use (defined as having used the substance on 25 days or more in the previous six months) and estimated the number of regular users of "crack" or other similar smokable forms of cocaine (thus excluding cocaine salts) in 2012 in the Brazilian state capitals and the federal district alone at approximately 370,000, or 0.81 per cent of the general population (of all ages). Among these, 50,000 users were below the age of 18. Another study, done in parallel and using time-location sampling among a broader reference population, on the profile of regular users of these smokable forms of cocaine indicates that the population of adult regular users clearly tends to be concentrated among the younger age categories, a pattern that is even more pronounced outside of the state capitals. In addition, the proportion of males among users of these substances in Brazil was estimated to be in the range of 76-81 per cent.

455. The Government of Brazil has invested heavily in drug abuse prevention, treatment and rehabilitation. According to the most recent information available, the prevalence of HIV among people who inject drugs was estimated at 5.9 per cent as of 2009. The Ministry of Health has developed a programme for the prevention of HIV/AIDS, hepatitis C and other medical conditions associated with drug abuse. As part of its efforts to increase coverage of community-based mental health services, the Government of Brazil increased the number of care centres from 424 in 2002 to 2,067 in 2012. The stated objectives of these centres include the prevention of drug abuse and the rehabilitation and social reintegration of people who have abused drugs.

<sup>47</sup>The Global School-based Student Health Survey is a project conducted by WHO in collaboration with the United States Centers for Disease Control and Prevention and implemented by authorities in participating countries.

<sup>48</sup>Specifically, students in the second year of middle school and the first and third years of high school, attending schools in towns with a population of 10,000 or more residents.



456. South America is also affected by illicit consumption of amphetamine-type stimulants. Some of the more recent data that point to continued or emerging abuse of amphetamine-type stimulants in South America relate to Colombia (with the prevalence rate among the general population aged 12-65 in 2013 estimated at 0.19 per cent for past-year abuse of “ecstasy” and 0.09 per cent for lifetime abuse of methamphetamine),<sup>49</sup> Ecuador (past-year prevalence of illicit use of “ecstasy” among students in the 12-17 age bracket in 2012 estimated at 0.5 per cent) and the Plurinational State of Bolivia (lifetime prevalence of illicit use of amphetamine or methamphetamine among the student population in the second to fourth year of secondary school in 2012 estimated at 1.7 per cent).<sup>50</sup>

457. Some countries in South America have also reported notable levels of illicit use of prescription stimulants (such as anorectics), including Brazil (past-year prevalence of 1.7 per cent among students in the last four years of primary school and the first three years of secondary school in the 26 state capitals and the federal district of Brazil, as of 2010) and Argentina (past-year prevalence of 1.4 per cent among students in the 15-16 age bracket as of 2011).

## C. Asia

### East and South-East Asia

#### 1. Major developments

458. East and South-East Asia have some of the largest and most established illicit markets for amphetamine-type stimulants in the world. Further increases in the trafficking and manufacture of those substances constitute the leading source of drug-related activity in the region. Amphetamine-type stimulants are already ranked as the most commonly abused drugs by a number of countries, and experts in the region have indicated that the demand for them, particularly for methamphetamine, has continued to grow and become more diversified.

459. Sustained increases in illicit opium poppy cultivation and production in South-East Asia point towards another area of concern: since the mid-2000s, the upsurge in illicit cultivation in the region has more than doubled,

<sup>49</sup>According to the *Estudio Nacional de Consumo de Sustancias Psicoactivas en Colombia 2013* (Bogota, June 2014).

<sup>50</sup>According to the *Encuesta Global de Salud Escolar: Bolivia 2012* (La Paz, November 2013).

offsetting the considerable gains made through eradication efforts during the previous decade. In 2013, over 62,000 ha of opium poppy cultivation were recorded, mainly in Myanmar and the Lao People’s Democratic Republic. In 2006, by comparison, an area of 24,000 ha of illicit poppy cultivation had been recorded. With a total reported cultivation of 57,800 ha in 2013 (an increase of over 7,000 ha from the previous year), Myanmar continued to be the second-largest grower of opium poppy in the world after Afghanistan. Concurrently, cultivation in the Lao People’s Democratic Republic was estimated at 3,900 ha.

460. In a region where the huge demand for amphetamine-type stimulants invariably creates sustained demand for precursor chemicals, drug syndicates have attempted to circumvent legislative control measures by replacing traditional precursors with pharmaceutical preparations containing such precursors or other non-scheduled precursors. Given the rather lengthy processes involved in making changes to the scope of control applicable to precursors, closer collaboration between industry and the authorities concerned has become much more important in efforts to curb this regional trend.

#### 2. Regional cooperation

461. In the light of the objective of a drug-free region by 2015, the Association of Southeast Asian Nations (ASEAN) held a number of meetings to exchange information on the current state of affairs, reiterate the Association’s political commitment and call for intensified collaborative efforts. This political determination was evident in the Chair’s statement issued on the occasion of the latest ASEAN Ministerial Meeting on Drug Matters, held in Bandar Seri Begawan in September 2013, and the statement made by the Asian group at the high-level segment of the fifty-seventh session of the Commission on Narcotic Drugs, held in Vienna in March 2014. Also, law enforcement agencies in the region discussed the latest assessment of the national drug situation and national progress in combating drugs during the 11th meeting of the ASEAN Inter-Parliamentary Assembly Fact Finding Committee to Combat the Drug Menace, held in Vientiane in May 2014, the 14th ASEAN Senior Officials Meeting on Transnational Crime, held in Bandar Seri Begawan in June 2014, and the 35th ASEAN Senior Officials Meeting on Drug Matters, held in Makati City, the Philippines, in July 2014.

462. In addition to ASEAN meetings, other regular regional meetings, such as the Asia-Pacific Operational Drug Enforcement Conference and the Anti-Drug Liaison

Officials' Meeting for International Cooperation, as well as various subregional cooperation platforms, have facilitated the exchange of information and multilateral collaboration. For instance, participants at the latest meeting of senior officials from China and the six countries of the Greater Mekong subregion, which was held in Beijing in May 2014, expressed the need for a more coordinated approach to combating drugs. Challenges posed by the large amount of non-scheduled precursor chemicals and new psychoactive substances in the region were addressed during the International Conference on Precursor Control, jointly organized by INCB and UNODC in Bangkok in December 2013. Similarly, problems posed by synthetic drugs were discussed during the UNODC Global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) programme Regional Workshop, held in Yangon, Myanmar, in August 2014.

### 3. National legislation, policy and action

463. To further the regional goal of a drug-free ASEAN community in 2015, a number of policies and strategies have been launched or extended at the national level. In February 2013, the Government of Cambodia approved a new national strategic plan on drug control for 2013-2015, which outlined the Government's plan to further implement the country's drug law. Similarly, in the Lao People's Democratic Republic, the Government's guiding drug control strategy document—the national drug control master plan for 2009-2013—was extended until 2015. In Myanmar, as the 15-year drug elimination plan came to an end, a new five-year drug elimination plan (for 2014/15 to 2018/19) was adopted, as were programmes aimed at reducing supply and demand and at promoting law enforcement cooperation, both domestically and in conjunction with international organizations. Meanwhile, the Government of Indonesia declared 2014 the year to save drug abusers, as part of which demand reduction measures were strengthened through the promotion of treatment and rehabilitation.

464. Amendments to existing drug control legislation have been adopted in some countries in the region, although they differ in emphasis and approach. For instance, changes were made in Brunei Darussalam in 2012 with regard to substances. New definitions for "cannabis", "cannabis mixture" and "cannabis resin" were adopted, and a new drug schedule was included in the 2012 amendment to the country's Misuse of Drugs Act. The old definition of "cannabis" as "any plant of the genus *Cannabis* from which the resin has not been extracted", was replaced by "any plant of the genus *Cannabis*, or any

part of such plant". In Singapore, the focus of legislative action has been on amending drug-related provisions in the criminal law by introducing stricter punishments for repeat trafficking offenders and those who sell drugs to young or vulnerable persons. A new offence was introduced to criminalize the organization of gatherings where drugs will be abused, and to impose higher penalties on those who involve young or vulnerable persons in such gatherings. The amendments came into effect in May 2013.

465. In the absence of a unified control framework at the international level, attempts were made to impose stricter control on new psychoactive substances at the national level. In Indonesia, a new ministerial regulation (number 13 of 2014) introduced monitoring and control for 18 new psychoactive substances. In late 2013, Thailand included two new psychoactive substances in the list of controlled substances in schedule I of its narcotics act, thereby prohibiting their production, import, export, disposal and possession. Likewise, as of January 2014, China added several new psychoactive substances (including khat) to annex 2 of its list of controlled substances, thereby imposing greater control over the manufacture, usage, storage and transport of these substances. In Singapore, after the introduction in 2013 of a temporary schedule (the fifth schedule) that allowed the authorities to list new psychoactive substances for up to 24 months, the Government decided to place all substances listed under the fifth schedule on the first schedule. As a result, in May 2014, the trafficking, manufacture, sale, possession and consumption of any of these substances became a criminal offence.

### 4. Cultivation, production, manufacture and trafficking

#### (a) Narcotic drugs

466. Illicit cultivation of opium poppy has increased in the region as a whole, driven by sustained increases in such cultivation in Myanmar since 2006. Despite the eradication of a total of around 13,000 ha reported by the Governments of the Lao People's Democratic Republic, Myanmar and Thailand in 2013, the illicit cultivation of opium poppy has continued to rise. Cultivation in Myanmar has grown from 21,600 ha in 2006 to 57,800 ha in 2013, while that in the Lao People's Democratic Republic was estimated at 3,900 ha in 2013. Looking into the near future, the risk of higher illicit cultivation in the Golden Triangle is expected to persist until sustainable solutions can be found to the long-term poverty in Shan State, Myanmar.

467. Contrary to the global trend of dwindling heroin seizures, recent seizures of heroin in the Asia-Pacific region (Oceania, South Asia, East and South-East Asia) have edged up—from 10.5 tons in 2011 to 11.3 tons in 2012, of which a significant proportion was reported by China. This trend seemed to persist in 2013, with more than 8.5 tons of heroin seized in China, the majority of which had originated in Myanmar. Concurrently, significant seizures were reported by Viet Nam (940 kg) and Malaysia (763 kg). After a period of limited heroin seizures, a considerable increase was reported by the Lao People's Democratic Republic (from 45 kg in 2012 to almost 290 kg in 2013). In Singapore, the situation remained stable following a record number of heroin-related arrests (mainly related to drug abuse) in 2012.

468. By the end of 2013, China had a total of over 1.3 million registered heroin abusers. The aforementioned growth in opium production in the Golden Triangle also meant that the proportion of heroin seized in China that had originated in Myanmar increased again in recent years. As a consequence, the proportion of heroin that had originated in Afghanistan declined from around 30 per cent of the total seized in China in 2009 to around 10 per cent in 2013.

469. Cannabis has long been reported as one of the major drugs of abuse in Indonesia and the Philippines. Seizures of cannabis herb have now also been reported by Brunei Darussalam, Cambodia, the Lao People's Democratic Republic, Malaysia and, recently, Thailand. A stable trend was observed in China and Viet Nam, which seized around 4.5 tons and 900 kg of cannabis herb, respectively. Meanwhile, seizures of cannabis resin were reported by Indonesia and Hong Kong, China, with a slight rise in Hong Kong, China, owing to substantial seizures at the airport.

470. Although Cambodia, China (including Hong Kong, China, and Macau, China), Indonesia, Japan, Malaysia and Thailand were much less affected by cocaine than other regions in the world, these countries did report seizures of cocaine in 2013. Increases were observed in Malaysia (from 7.0 kg in 2012 to 73.9 kg in 2013) and Thailand (from 17.9 kg in 2012 to 47.5 kg in 2013), while a significant reduction was reported from Hong Kong, China (from 733.6 kg in 2012 to 453.8 kg in 2013), owing to the absence of large seizures.

## (b) Psychotropic substances

471. After seizures of methamphetamine in the region reached their peak in 2012, no clear trend emerged in

2013. In Cambodia, Japan, Malaysia, the Philippines and Hong Kong, China, total seizures of methamphetamine went up, while in China they dropped significantly. In the Philippines, a total of 837 kg of methamphetamine were seized in 2013, which stood in sharp contrast to the relatively small amount seized in 2012 (around 113 kg). The amount of methamphetamine seized in Japan (847 kg in 2013) almost doubled compared with the previous year, and the country noted significant rates of methamphetamine-related crime. In Hong Kong, China, the volume of methamphetamine seized also rose sharply, from 50 kg in 2012 to 258 kg in 2013, owing to a higher number of detections and seizures at the airport. After accounting for almost half of total seizures of methamphetamine in the region in 2012, China reported none in 2013 and instead reported significant seizures of amphetamine-type stimulants. Total seizures in China of all amphetamine-type stimulants rose from almost 16.3 tons in 2012 to more than 19.5 tons in 2013.

472. Most of the methamphetamine abused in East and South-East Asia is manufactured in clandestine laboratories within the region. In addition, various other countries around the world have been identified as sources of the methamphetamine seized in the region. For instance, during the previous five years, much of the methamphetamine seized in Japan, Malaysia, the Philippines and Thailand had originated in West Africa. Meanwhile, information provided by the authorities in Turkey and data on seizures from Indonesia, Malaysia and Thailand confirmed that some methamphetamine smuggled from the Islamic Republic of Iran through Turkey was destined for East and South-East Asia. Experts in Thailand believed that their country was primarily a transit hub for methamphetamine en route from the Islamic Republic of Iran to Thailand's neighbours. The latest reports from the authorities in Japan suggest an increasing influence of Mexican cartels on its domestic methamphetamine traffic.

473. A considerable proportion of the amphetamine-type stimulants manufactured in the region was intended for domestic use, as reflected by the higher number of clandestine laboratories that were dismantled. Between 2009 and 2011 in China, an average of 375 manufacturing laboratories were dismantled each year, although no breakdown was available by type of substance manufactured. In 2013, a total of 397 clandestine laboratories manufacturing methamphetamine were dismantled, up from 228 in the previous year. In Thailand, the number of small-scale methamphetamine laboratories detected also rose, to six, compared with an annual average of two during the previous few years. As most of those six

laboratories were located near Bangkok, they seemed to be servicing domestic demand only.

474. Seizure data for MDMA (commonly known as “ecstasy”) over the past few years seem to suggest that it is making a comeback in the region, though its impact seems to be much greater on a few countries in particular. Reaching a total of 5.4 million pills, the number of “ecstasy” tablets seized in East and South-East Asia more than tripled in 2012. This development was predominantly driven by a significant rise in Indonesia (from 1.1 million in 2011 to 4.3 million in 2012). In fact, in 2012 Indonesia for the first time reported the largest “ecstasy” seizures worldwide. Seizures of “ecstasy” also increased in Cambodia, China, Thailand and Viet Nam. Compared with 2012, more seizures of “ecstasy” also continued to be reported by Singapore and Hong Kong, China. At the same time, small quantities of “ecstasy” were also being produced domestically in Viet Nam. Given the relatively high concentration of seizures of “ecstasy” in Indonesia and its popularity as a substance of abuse in that country, close monitoring of the domestic “ecstasy” market in that country is required before any more definite statements can be made about the regional trend.

### (c) Precursors

475. The trafficking of precursors used in the manufacture of amphetamine-type stimulants remains one of the biggest challenges in precursor control. In particular, seizures of large quantities of pharmaceutical preparations containing pseudoephedrine continued to be reported by several countries. As the illicit manufacture of amphetamine-type stimulants in the region increased, significant amounts of pharmaceutical preparations containing pseudoephedrine were diverted from domestic distribution channels to supply clandestine laboratories.

476. In order to circumvent national legislative control measures, illicit operations for the manufacture of amphetamine-type stimulants have also made use of other non-scheduled precursor chemicals. While legislative and administrative rules have been tightened by a number of countries, the sharing of pertinent information between the industries and authorities concerned is of paramount importance to preventing the diversion of non-scheduled precursors. Given the rather dynamic and adaptive nature of such diversion attempts, enhanced collaboration between Governments and the private sector, at both the national and regional levels, is required for more effective control.

### (d) Substances not under international control

477. Marketed as “bath salts”, “plant food” and incense to circumvent national regulatory and legislative controls, a range of new psychoactive substances (which include piperazines, synthetic cathinones and synthetic cannabinoids) have been reported in the region over the years. The trend of falsely marketing new psychoactive substances as “ecstasy” has gained popularity in Oceania and has also been found in East and South-East Asia, where Indonesia, Singapore and Hong Kong, China, reported seizures of so-called “ecstasy” tablets that in actual fact contained ketamine and other new psychoactive substances. As the abuse of synthetic cathinones and synthetic cannabinoids has become more popular among young people in Singapore, tighter legislative measures have been introduced to restrict the circulation and consumption of such substances.

478. East and South-East Asian countries were responsible for more than half of global seizures of ketamine by volume. However, seizures were concentrated in a limited number of countries, while ketamine abuse has been widespread throughout the region. Between 2008 and 2011, the total amount of ketamine seized in China and Hong Kong, China, made up almost 60 per cent of the global total. In 2013, nearly 9.7 tons were seized in China, almost twice as much as the year before. At the same time, 118 ketamine laboratories were dismantled, while none had been reported dismantled for the previous year. Owing to the lack of cases involving large seizures, the amount of ketamine seized in Hong Kong, China, dropped to less than 300 kg in 2013. In contrast to the geographical concentration of seizures of ketamine, abuse of the substance has been reported in Brunei Darussalam, China, Japan, Myanmar and Singapore, resulting in growing concern and attention among the authorities concerned. Governments in the region strongly supported the adoption of the resolution on ketamine at the fifty-seventh session of the Commission on Narcotic Drugs and sought tighter control measures for ketamine in order to prevent abuse.

479. The seizure of the plant-based psychoactive substances khat and kratom continued to be reported by some countries. Khat largely originated from native plants in the Horn of Africa and the Arabian Peninsula, although its cultivation was also reported by Indonesia. Between 2008 and 2012, China and Hong Kong, China, seized a total of 6.4 tons. In 2013, another 300 kg of khat originating in India and Ethiopia were seized in Hong Kong, China. By contrast, kratom is locally produced in

South-East Asia, notably in Malaysia, Myanmar and Thailand. It is traditionally used by farmers in the region to enhance their productivity, and its continued abuse was reported in Malaysia, Myanmar and Thailand.

## 5. Abuse and treatment

480. As mentioned in previous reports, the lack of representative surveys on household drug use or regular national assessments concerning the nature and extent of drug abuse has made it difficult to keep track of the latest trends in the region. Production cycles for substances of abuse have become shorter, and the market has become more complex, owing to the increasing variety of illicit drugs on offer. This has made the design and implementation of effective treatment and rehabilitation programmes even more dependent on up-to-date information. Regardless of this, general population surveys and school surveys are still lacking in most East and South-East Asian countries. The Board urges all Governments concerned to establish regular monitoring systems and especially to implement drug use surveys so as to stay informed about the situation on the ground and facilitate the implementation of prevention and treatment programmes.

481. For the majority of countries, the abuse of amphetamine-type stimulants, in particular methamphetamine, remains the biggest concern. In the Greater Mekong sub-region (specifically, the Lao People's Democratic Republic, Cambodia and Thailand), methamphetamine pills remain the most common drug of abuse. The more potent form of methamphetamine, crystalline methamphetamine, is even more widely abused in some other countries, such as Brunei Darussalam, Japan, the Philippines and the Republic of Korea.

482. Both expert perception and treatment data have pointed towards an increasing abuse of amphetamine-type stimulants in the region, particularly in countries where other drugs had been the primary drugs of abuse. For instance, the abuse of crystalline methamphetamine has recently been reported in Indonesia, where cannabis had long been the major drug of abuse. A similar situation has been reported in China, where opiates nevertheless remain the most commonly abused drugs. According to experts in China, there was a large increase in the abuse of amphetamine-type stimulants, alongside increases in the number of people receiving treatment for such abuse. In 2013, the number of abusers of

amphetamine-type stimulants in China continued to increase, and comprised more than 35 per cent of people receiving treatment. In Singapore, abusers of methamphetamine made up the second-largest group receiving drug treatment in 2013.

483. In Indonesia, cannabis continues to be one of the main drugs of abuse, while heroin remains the major drug of abuse in China, Malaysia, Myanmar, Singapore and Viet Nam. In Myanmar, over 98 per cent of those in treatment had abused heroin, and a significant proportion of them had also injected drugs. According to the latest estimates of UNODC and the Joint United Nations Programme on HIV/AIDS, an estimated 3,260,000 people in East and South-East Asia were injecting drugs in 2012. Among those, around 312,000 people were living with AIDS. In view of the higher prevalence of HIV among people who inject drugs, HIV testing and counselling services have been provided and strengthened. Targeted treatment for this particular group has also been enhanced in Cambodia.

484. The abuse of drugs by young people has become a growing concern, with a growing diversity in the types of drugs abused and an increasing abuse of methamphetamine. In Myanmar, inhalant abuse, in particular glue-sniffing, has continued to be observed, especially among street children. Also, a study in Myanmar on the abuse of amphetamine-type stimulants among secondary school students suggested that methamphetamine was the most abused drug, with a lifetime prevalence of 1.5 per cent and an annual prevalence of 0.8 per cent. Similarly, expert perception in Thailand pointed to a rise in the abuse of methamphetamine among secondary school and university students. Increasing abuse of amphetamine-type stimulants was also reported among young people in Cambodia and the Lao People's Democratic Republic.

485. Community-based treatment approaches have continued to gain popularity. The Government of Cambodia has further strengthened this approach, having provided ongoing drug abuse treatment to around 1,300 individuals in 2012 (87 per cent of whom were abusers of amphetamine-type stimulants). China has promoted community-based treatment approaches by designating 38 national model units and 51 piloting sites, while the Government of the Lao People's Democratic Republic has extended community-based treatment to include abuse of amphetamine-type stimulants. In 2012, Brunei Darussalam introduced a temporary release scheme for residents of a treatment centre prior to their definitive release; the aim was to facilitate their smoother reintegration into society.

## South Asia

### 1. Major developments

486. Governments in the South Asia subregion continue to make notable efforts in responding to the threat posed by illicit drugs at the national and regional levels. The greatest drug-related challenges facing South Asia in 2013 remained trafficking in Afghan heroin; the rise in manufacturing and trafficking of methamphetamine, in both pill and crystalline forms; the diversion of controlled substances from licit to illicit channels; the abuse of pharmaceutical preparations containing narcotic drugs and psychotropic substances; and the smuggling of such preparations from India to neighbouring countries.

### 2. Regional cooperation

487. All of the countries in the subregion are members of the Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific. Through the Colombo Plan, the countries of the subregion have continued their close partnership with one another, and with the other 21 members of the Colombo Plan that are outside of the subregion, on drug abuse prevention and control matters.

488. The Colombo Plan's Asian Centre for Certification and Education of Addiction Professionals successfully implemented several training events for national trainers on the universal treatment curriculum for substance use disorders in the region. In May 2014, the Centre rolled out the new universal prevention curriculum for substance use. A memorandum of understanding for partnership was signed by the Dangerous Drugs Board of the Philippines; the ASEAN Training Centre for Preventive Drug Education of the College of Education, University of the Philippines; and the Colombo Plan secretariat.

### 3. National legislation, policy and action

489. In India, out of over 2 million registered cancer patients and an equal number of HIV/AIDS patients as of 2014, about a million people in each of those groups suffer from moderate to severe pain. However, there is a continued low level of availability of and access to opioids for pain relief in the country, despite the fact that India has long been a licit producer and exporter of opiate raw material, namely opium, a source of pain management medication. In March 2014, the Indian

Parliament adopted amendments to drug control legislation to enable uniform, simplified rules to be issued by the central Government, leading to the removal of the regulatory barriers that had hindered the availability of such drugs for pain relief.

490. The Government of India issued the Narcotic Drugs and Psychotropic Substances (Regulation of Controlled Substances) Order, 2013, by which it repealed the 1993 Order of the same name. The 2013 Order designates a total of 17 precursor chemicals as controlled substances and has three schedules: A, B and C. Five of those substances are listed in schedule A (the highest classification for controls); persons engaged in their manufacture, distribution, transportation, sale, purchase, storage, consumption and destruction are required to obtain registration certificates from the Narcotics Control Bureau. Schedules B and C include all 17 precursor chemicals and requires those who engage in their export from or import into India to obtain a "no objection" certificate from the Narcotics Commissioner of the Central Bureau of Narcotics. With the 2013 Order, the Government hopes to track controlled substances from source to end user and strike a balance between the legitimate requirements of licit trade and an adequate enforcement regime to prevent the diversion of controlled substances.

491. The Government of India launched a system for online registration and submission of returns by manufacturers and wholesalers of psychotropic substances. The Government initiated the process of amending the rules of the Narcotic Drugs and Psychotropic Substances Act, 1985, to incorporate mandatory provisions for online registration and the submission of online returns by manufacturers and wholesalers of psychotropic substances.

492. The Narcotics Control Bureau organized awareness programmes to reduce the threat of drug abuse in society, especially among young students. The Bureau created awareness of drug abuse directly by addressing the students, while also involving their parents, teachers and counsellors.

493. The Financial Action Task Force recognized that Bangladesh and Nepal had made significant progress in the area of combating money-laundering and financing of terrorism, and as a result removed those States from its regular follow-up process in February and June 2014, respectively.

494. The authorities of Bangladesh continued their efforts to raise awareness of and provide education on the dangers of drug abuse. To that end, in 2013 they distributed some 4,200 posters, 49,310 leaflets and 14,400 stickers, and

organized 5,851 discussion meetings and 268 speeches at schools and colleges. According to figures released in 2014, the number of cases tried in drug courts in Bangladesh rose from 4,800 in 2012 to 5,200 in 2013.

495. The Maldives Customs Service set up an interdiction unit at Ibrahim Nasir International Airport to prevent trafficking of illicit drugs and other prohibited items by monitoring movements of passengers arriving in and departing from Maldives.

496. Enforcement agencies in the region need awareness-raising and training on the issue of trafficking in precursors and pharmaceutical preparations; capacity-building for law enforcement officials in this regard would help those agencies to gain a better understanding of the problem. Such capacity-building needs to be coupled with a strengthening of existing mechanisms for law enforcement coordination at the policy and operational levels.

## 4. Cultivation, production, manufacture and trafficking

### (a) Narcotic drugs

497. The South Asia region, owing to its location between the Golden Crescent (Afghanistan and Pakistan) and the Golden Triangle (Lao People's Democratic Republic, Myanmar and Thailand), continued to be particularly vulnerable to the trafficking of opiates and heroin. In addition, widespread trafficking of cannabis, synthetic drugs and new psychotropic substances persisted in 2013.

498. The trend observed over the past several years, namely the diversion of pharmaceutical preparations containing narcotic drugs and psychotropic substances from the Indian pharmaceutical industry, as well as trafficking, including through illegal Internet pharmacies, of those preparations, continued during the reporting period. The Government of India continued to take substantial measures to address the problem, including through legislative reform and the development of online systems.

499. In 2013, 12,818 cases of seizures of drugs were reported by the Narcotics Control Bureau of India, as compared with 10,796 cases in 2012, representing a significant increase of 18.7 per cent. The quantities of heroin, cocaine and cannabis resin seized in 2013 were the largest in the past five years.

500. The broad trend that emerges from the data reported by the Narcotics Control Bureau indicates that most of the seizures made in India in 2013 pertained to three drugs: heroin (4,609 cases, or 36 per cent), cannabis (4,592 cases, or 36 per cent) and cannabis resin (2,430 cases, or 19 per cent). The seizures of those drugs reflect an upward trend from 2012 to 2013, both in the number of seizures and the quantities seized.

501. The number of heroin seizures in India increased significantly, by 46 per cent, from 3,155 cases reported in 2012 to 4,609 cases in 2013. The quantities of heroin seized in 2013 stood at the highest level in the past five years. In 2013, 1,450 kg of heroin were seized, against 1,033 kg in 2012, an increase of 38 per cent. This could indicate increased levels of heroin of Afghan origin being trafficked into India. Almost 50 per cent was seized in the state of Punjab, which borders Pakistan. The larger consignments of Afghan heroin are first smuggled into India through Pakistan, and then smuggled out in smaller quantities to major drug consumer markets in Australia, Canada and Europe.

502. Cannabis, in terms of quantity, is the major illicit drug seized in India. The number of seizures of cannabis increased marginally (by 2.8 per cent), from 4,468 cases reported in 2012 to 4,592 cases in 2013). Indian agencies seized 91,792 kg of cannabis in 2013, up from 77,149 kg in 2012. However, the quantity of cannabis seized in 2013 remained significantly less than the 173,128 kg seized in 2010. Substantial quantities of cannabis are trafficked into India from Nepal. An associated trend is the trafficking of cannabis from north-eastern states of India to eastern and other states in the country.

503. The number of reported seizures of cannabis resin seizures increased by 19.6 per cent, from 2,013 cases in 2012 to 2,430 cases in 2013. The quantity of cannabis resin seized in 2013 was the largest in five years. In 2013, 4,407 kg of cannabis resin were seized, up from 3,385 kg in 2012. Other than domestic production of cannabis resin, Nepal is a major source for trafficking of this substance into India. The long, open border between India and Nepal is convenient for drug traffickers to exploit. Cannabis resin is also trafficked from India to other destinations in Europe and the Americas by means of courier parcels.

504. In India, 78 seizure cases related to cocaine were reported in 2013, an 8 per cent increase over the 72 cases reported in 2012. The quantity of cocaine seized increased from 44 kg in 2012 to 47 kg in 2013. As was the case for heroin and cannabis resin, the number of cocaine seizures was the highest in the past five years. Usually,

cocaine has been seized in small quantities in South Asia and its trafficking has historically been very limited; however, that may no longer be the case. In 2013, out of all the cocaine seized in India, 89 per cent (41.6 kg) was seized in Maharashtra and Delhi, which may indicate the development of a new domestic market for the drug, which is generally associated with affluent areas.

505. Seizures of opium decreased from 3,625 kg in 2012 to 2,333 kg in 2013, a decrease of 35.6 per cent. It is suspected that the opium seized in India is diverted from licitly cultivated opium poppy, while some may also come from illicitly cultivated opium poppy. Seizures of morphine declined significantly in 2013: only 7 kg of morphine were seized, down from 263 kg seized in 2012. The Narcotics Control Bureau continued to use satellite imagery, field surveys and intelligence-gathering to track and eradicate illicit poppy cultivation. Eradication operations were undertaken by law enforcement authorities. In 2013, approximately 2,139 ha of illicit poppy and 2,524 ha of cannabis were identified and eradicated. Concerted efforts regarding the eradication of illicit poppy have yielded encouraging results, and the area needing to be cleared of illicit poppy cultivation has been declining since 2011.

506. The vulnerability of Bangladesh to drug trafficking continued to be exacerbated by its long and porous borders with India and Myanmar. Illicit cannabis and opium poppy cultivation takes place in areas of Bangladesh bordering those two countries. There are anecdotal reports of illicit poppy cultivation in inaccessible areas of Bandarban district, which borders Myanmar. In 2013, 11.62 kg of opium were seized, compared with 4.84 kg and 8.07 kg in 2012 and 2011, respectively.

507. Trafficking of codeine-based cough syrups (such as phensedyl, Recodex and Corex) from India to Bangladesh continued to be reported. Although the Government of Bangladesh banned phensedyl under the 1982 drug ordinance, its medical use is allowed in India if produced in amounts that are under specific threshold levels. In 2013, close to 1 million bottles of codeine-based preparations were seized in Bangladesh, a decrease from the 1.3 million bottles seized in 2012. The quantities of bulk codeine seized have been decreasing steadily since 2010.

508. Seizures of heroin in 2013 in Bangladesh remained at the same level (124 kg) as in the preceding year. Heroin trafficked into Bangladesh continued to be smuggled from India and, to some extent, from the Golden Triangle countries.

509. Seizures of cannabis, trafficked from India (Tripura, Meghalaya and West Bengal states) to Bangladesh,

declined in 2013, amounting to 35 tons, compared with 38 tons in 2012. Neither illicit cultivation nor wild growth of cannabis was to be found in Bangladesh, owing to the nature of the land.

510. Synthetic opiates such as buprenorphine and pethidine in injectable form continue to be trafficked into Bangladesh. The illicit use of those substances is increasing and is seen as an emerging threat in Bangladesh. Seizures of buprenorphine increased from 118,872 ampoules in 2011 to 131,114 ampoules in 2012.

511. Recent trends point to an increase in the trafficking of Afghan heroin in fairly large consignments through Sri Lanka. Average annual seizures, which stood at about 35 kg in 2011 and 2012, increased to 350 kg in 2013. The largest single amount was 260 kg, seized by Sri Lankan customs from a container that had originated in Karachi, Pakistan. In July 2014, the port control unit of the Colombo container control project seized 93.76 kg of heroin from a container that had originated in Pakistan. Almost 82 tons of cannabis from India were seized during the reporting period. The amount of cannabis seized decreased by 9.8 per cent from 2012 to 2013. However, the amount of heroin seized in 2013 increased by 90.5 per cent compared with the previous year.

512. While the first case of cocaine trafficking in Nepal was detected in 2012, in 2014 there were new instances of trafficking of cocaine to the country by carriers from Namibia, Pakistan and Thailand via Brazil and Peru.

## (b) Psychotropic substances

513. The South Asia region is increasingly being used for illicit manufacture and use of amphetamine-type stimulants (ATS). Major seizures of ATS were observed in the north-eastern part of India, which borders Myanmar. The powder form of ATS is now increasingly being smuggled and illicitly manufactured in India, which is emerging as the main source of illicit ATS manufactured and trafficked in the region. However, tablets containing ATS that are trafficked in India are mostly smuggled into the country from Myanmar. With the exception of 2011, both the quantities of ATS seized and the number of seizures have been rising in India for the past five years. Although the seizure of 85 kg of ATS in 2013 was more than double the quantity seized in 2012 (41 kg), it remained significantly lower than the 474 kg seized in 2011. It should be noted that in 2011, out of a total of 474 kg of ATS seized, one single seizure accounted for 469 kg. In 2013, 23 seizures of ATS were reported, the highest level during the past five years. In 2013, the



Narcotics Control Bureau of India reported the dismantling of four illicit manufacturing facilities, from which about 28 kg of methamphetamines were seized.

514. Seizures of methaqualone recorded a sharp rise, from 216 kg in 2012 to 3,205 kg in 2013, the largest quantity during the past five years in India. Methaqualone is often trafficked by means of courier parcels to Australia, Canada, Ethiopia, South Africa, the United Kingdom and South-East Asia.

515. In Bangladesh, “yaba” (methamphetamine) continued to be smuggled across the south-eastern border from Myanmar. The quantities seized by Bangladesh law enforcement agencies have been rapidly increasing during the past five years. In 2013, 2.8 million “yaba” tablets were seized, compared with 1.95 million in 2012. Sharp increases in seizures have been recorded since 2011.

516. The Maldives Customs Service seized methamphetamine (3.1 kg) for the first time, at an airport. Maldives being a popular tourist destination, the possibility of growth in the phenomenon of synthetic drugs remains high.

517. Diazepam and buprenorphine ampoules are reported to be smuggled into Nepal from India. In 2013, 43,000 ampoules of diazepam and 31,000 ampoules of buprenorphine were seized in Nepal, which was less than the 72,000 and 58,000 ampoules of those substances, respectively, seized in 2012.

### (c) Precursors

518. The number of reported seizures of ephedrine in India rose sharply, from 17 cases in 2012 to 61 in 2013. The quantity of ephedrine seized also rose, from 4,393 kg in 2012 to 6,655 kg in 2013.

519. The diversion of ephedrine from legal production in India to illicit channels remains a major challenge for law enforcement agencies. Seizures of pharmaceutical preparations containing ephedrine and pseudoephedrine that are being trafficked from India to Myanmar, for the extraction of the precursors, are frequently reported by Indian drug law enforcement agencies. Instances of ephedrine and pseudoephedrine trafficking to South-East Asia were also reported in 2013. Drug smugglers in India appear to be gradually shifting to ephedrine trafficking because of its higher profit margins.

520. In India, the number of seizures of acetic anhydride in 2013 went up from three cases in 2012 to eight

cases in 2013. However, the quantity of seized acetic anhydride remained very low.

521. Bangladesh has a growing chemical and pharmaceutical industry, and has recently emerged as a source and transit location for methamphetamine precursors such as ephedrine and pseudoephedrine. The drug-related challenges facing Bangladesh authorities in 2013 continued to be the diversion of precursor-based pharmaceutical preparations from the legitimate market and the smuggling of shipments out of the country.

### (d) Substances not under international control

522. India continues to be a source country for the trafficking of ketamine to South-East Asia. Ketamine is legally manufactured in India and, since February 2011, is a controlled substance under the Narcotic Drugs and Psychotropic Substances Act, 1985. In 2013, Indian law enforcement agencies seized 1,353 kg of ketamine, a significant increase from the 407 kg seized in 2012. Seizures indicate that ketamine is trafficked out of the country by air, by means of both cargo and passengers. Instances of ketamine being trafficked to Myanmar, the United States and Africa have also been reported. Seizures indicate the possibility of clandestine diversion from pharmaceutical companies.

## 5. Abuse and treatment

523. The prevalence of drug abuse by injection in South Asia in 2012 among the population aged 15 to 64 was 0.03 per cent, which was very low compared to the global average of 0.27 per cent according to UNODC.<sup>51</sup>

524. In the absence of any drug survey conducted in Bangladesh, there are no real estimates of the extent of the illicit drug market in the country. In Bangladesh, HIV prevalence was increasing until 2010 but is reported to have subsequently decreased. Department of Narcotics Control officials stated that assessment is based largely on their interaction with non-governmental organizations.

525. In recent years, drug abuse has spread not only within the urban areas but also to the rural areas of Bangladesh. The abuse of cannabis has increased gradually

<sup>51</sup>United Nations Office on Drugs and Crime, *World Drug Report 2014* (United Nations, 2014), table 3.

among poor, marginalized people such as day labourers and the populations of disadvantaged areas of the country. The abuse of “yaba” (methamphetamine) and codeine-based preparations continues to be widespread and still increasing in Bangladesh. Among street children, the abuse of glue and solvents by sniffing is common. According to a report based on the client monitoring system of Bangladesh, about 31 per cent of those who were admitted for drug-related treatment in 2013 were treated for heroin addiction, 27 per cent for cannabis addiction, 20 per cent for buprenorphine addiction and 1 per cent for sedative, hypnotic or tranquillizer addiction. Four per cent of drug abusers who were admitted for treatment in Bangladesh in 2013 indicated that they abused codeine cough syrup. Women continued to appear to make up a very small proportion of those receiving drug treatment in Bangladesh.

526. To identify the pattern of ATS abuse in India, UNODC conducted a study in the states of Manipur, Mizoram, Punjab, Tamil Nadu and West Bengal. The study evaluated the adverse health consequences related to abuse of ATS. It showed that methamphetamine pills and powder were the most commonly used forms of ATS. Most participants were in their early twenties and about half of them were found to be dependent users. A quarter of the participants reported experiencing psychiatric problems after use of ATS, including paranoia, hallucinations, depression and panic attacks. Eighteen per cent of the participants confirmed that they had been apprehended by the police after abusing ATS, which suggests a link between the use of ATS and crime. Following that study, plans were made to establish, with UNODC assistance, two regional centres, one in Chennai (southern India), in collaboration with Psymed Hospital, and one in Mizoram (north-eastern India), in collaboration with the Presbyterian Hospital, Durtlang. Those centres would aim to develop comprehensive treatment models and standard operating procedures and guidelines for health-care providers.

527. According to the National AIDS Control Organization of India, in 2013 there were approximately 180,000 people who were injecting drugs in the country. The prevalence of HIV among that group was 7.2 per cent.

528. In 2013, a pilot project was initiated at the National Drug Dependence Treatment Centre of the All India Institute of Medical Sciences to offer methadone maintenance treatment to drug users in India. The aim of the project was to test the effectiveness and feasibility of methadone maintenance treatment in the Indian context and to develop an action plan for rolling out the programme. With a 36 per cent retention rate across all

participating centres, the project was well received by drug users and their families as a treatment option.

529. The estimated number of registered drug users in Sri Lanka was 245,000, of which 200,000 used cannabis and 45,000 used opioids. In 2013, a total of 1,364 people received drug treatment in that country. Among them, 1,141 were treated for opioid addiction and 223 for cannabis addiction.

530. The first-ever network of and for women drug users in Nepal, called the Nepal Drug Users Prevention Association, was launched by UNODC in collaboration with Dristi Nepal, a non-governmental organization based in Kathmandu.

## West Asia

### 1. Major developments

531. The political instability caused by situations of armed conflict and political strife in West Asia, particularly in Iraq, Lebanon, the Syrian Arab Republic and the State of Palestine, has continued to weaken governance structures, hamper existing drug control efforts in the region and pose new challenges to those efforts.

532. The deterioration in the capacity of several States in the region to exercise effective control over their borders and territory has been exploited by traffickers seeking to profit from lucrative illicit drug markets in the countries affected. Moreover, the humanitarian situation in the region caused by large numbers of refugees, internally displaced persons and injured civilians has strained the resources of States directly affected by the conflicts, as well as of neighbouring States taking in large numbers of refugees. The crisis situation in the Syrian Arab Republic clearly creates conditions favourable to the illicit manufacture and trafficking of tablets sold as Captagon (often containing amphetamine) destined for regional markets.

533. Afghanistan set a new record for opium poppy cultivation in 2014, reaching 224,000 ha, 7 per cent more than the previous year. Production of opium also increased by 17 per cent over the previous year, to 6,400 tons, as illicit opium poppy cultivation increased in the majority of poppy-cultivating provinces. Production of cannabis resin in Afghanistan was reported to have increased in 2012, despite the fact that cultivation of cannabis plant decreased. The majority of farmers surveyed

in 2013 mentioned the high income derived from the sale of illicit crops as the main reason for the cultivation of illicit opium poppy.

534. The number of seizures of illicit drugs (narcotic drugs and psychotropic substances) in the Middle East subregion increased significantly from 2012 to 2013. Cannabis has always been and continues to be grown and consumed in the subregion, where a growing number of seizures of cannabis resin have been reported.

535. There is evidence that heroin trafficking routes leading out of Afghanistan have diversified, with greater trafficking via Iran (Islamic Republic of), Pakistan, the Middle East and Africa now being reported, as well as increasing trafficking via maritime routes. Additionally, Afghan heroin is increasingly found in new markets as far away as South-East Asia and Oceania; it is possible that it is being sent to those markets to offset declines in heroin consumption in Western and Central European markets.

536. Countries in West Asia, whose geography and extensive coastlines and borders have made them particularly favourable for use as transit areas, have now also become countries of abuse and trafficking. Trafficking and abuse of cocaine and heroin in particular have emerged in some countries in the region.

537. Abuse of stimulants such as amphetamines and cocaine is increasingly problematic in parts of West Asia. Amphetamine dominates the market, and large seizures continue to be reported in the region, with over 12 tons seized in 2012, representing more than half of global seizures. Seizures of methamphetamine have been reported throughout the region, from Afghanistan to Turkey, while abuse has been reported in Iran (Islamic Republic of), Israel and, to a lesser degree, Pakistan. Seizures of cocaine continue to increase, although prevalence of abuse still appears to be relatively low.

538. Growing political instability, civil conflict and insurgency in many countries in the region, as well as the spillover into neighbouring countries, threaten to reverse the region's limited progress towards achieving the goals set out in the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem.

## 2. Regional cooperation

539. Regional cooperation is essential in West Asia, as the region lies at a crossroads in the global trafficking of

opiates, cannabis and precursor chemicals. Stability remains a primary concern in many countries of the region, as well as a concern of the Security Council, and much of the cooperation is increasingly focused on improving political stability in several countries, particularly in Afghanistan, following the conclusion of the International Security Assistance Force (ISAF) mission.

540. The League of Arab States and the Cooperation Council for the Arab States of the Gulf (GCC) play a fundamental role in enhancing cooperation among countries in the region. Several meetings were held during the past year with a view to facilitating effective cooperation in drug control between Member States.

541. Effective bilateral security coordination, in particular between Bahrain, Saudi Arabia and the GCC Criminal Information Centre to Combat Drugs, led to the prevention of several attempts to smuggle tablets sold as Captagon and to the arrest of drug traffickers in the region.

542. Efforts were undertaken by UNODC to promote linkages and cooperation between similar regional information-sharing groups, such as the GCC Criminal Information Center to Combat Drugs, the Central Asian Regional Information and Coordination Centre, the Joint Planning Cell and the Southeast European Law Enforcement Center, with the aim of more effectively countering international drug trafficking flows. An inter-agency meeting entitled "Networking the networks: an interregional drug control approach to stem drug trafficking" was held in Istanbul, Turkey, in December 2013, to identify priorities and avenues for such enhanced cooperation.

543. In February 2014, the Board participated in the first INTERPOL meeting of heads of drug control units in the Middle East and North Africa, which focused on the most commonly abused drugs, including tramadol, amphetamine-type stimulants and tablets sold as Captagon, and on large-scale interceptions of heroin.

## 3. National legislation, policy and action

544. In December 2013, Afghanistan adopted the National Drug Demand Reduction Policy for the period 2012-2016. Its main objectives are to prevent vulnerable groups, such as children and adolescents, from becoming drug abusers, to reduce the social and health impact of drug abuse in affected communities, to provide access to high-quality standardized licensed therapeutic and

rehabilitation services for all drug abusers and to establish epidemiological and policy coordination centres to collect, analyse, disseminate and use drug demand data.

545. The Government of Turkey implemented its new national policy and strategy document on drugs for the period 2013-2018, which covers the activities of various ministries, public institutions and organizations regarding supply reduction, demand reduction, international cooperation, data collection, research, evaluation and coordination at the national level. A new approach in demand reduction treats drug addiction as an important public health issue and promotes prevention activities, support for the medical treatment of drug addiction and the prioritization of social reintegration activities. In addition, a large number of non-scheduled new psychoactive substances were placed under national control in Turkey in 2013 and 2014, including synthetic cannabinoids, cathinones and piperazines.

546. A number of other countries have amended legislation in response to the growing threat posed by new psychoactive substances. In 2013, the Government of Israel added emergency scheduling powers to its existing drug control legislation, whereby new psychoactive substances may be expediently added to the urgent declarations of substances prohibited for distribution, bringing such substances temporarily under control for one year while they undergo review for permanent listing under the Dangerous Drug Ordinance. In 2014, numerous additional new psychoactive substances were temporarily brought under control, while those added in 2013 were permanently added to the country's drug control legislation. The legislative amendments empower Israeli law enforcement authorities to seize and destroy substances considered dangerous, thus making it the responsibility of the possessor to prove the harmlessness of the substances. In December 2013, Georgia's law on narcotic drugs, psychotropic substances and precursors and narcological assistance was amended to include several synthetic cannabinoids, with the threshold for the minimum amount of illicit possession set at 0.05 g.

547. The Board notes with concern reports that the Council of State of Oman proposed to make use of the death penalty for offences related to drug trafficking into Oman. The Board wishes to draw attention to its statement of 4 March 2014, in which it encouraged States that retain and continue to impose the death penalty for drug-related offences to consider abolishing the death penalty for such offences.

548. The Government of Kuwait is in the process of incorporating into its national legislation provisions for

special investigative techniques, including controlled deliveries, in accordance with the provisions contained in article 1 of the 1988 Convention, in order to enhance cross-border operations.

549. In their efforts to better address growing illicit activities and drug trafficking, a number of laws on drug control, money-laundering and cybercrime have been adopted in the State of Palestine. In addition, a national plan on drug control, crime prevention and criminal justice reform for the 2014-2017 period was developed with the assistance of UNODC.

## 4. Cultivation, production, manufacture and trafficking

### (a) Narcotic drugs

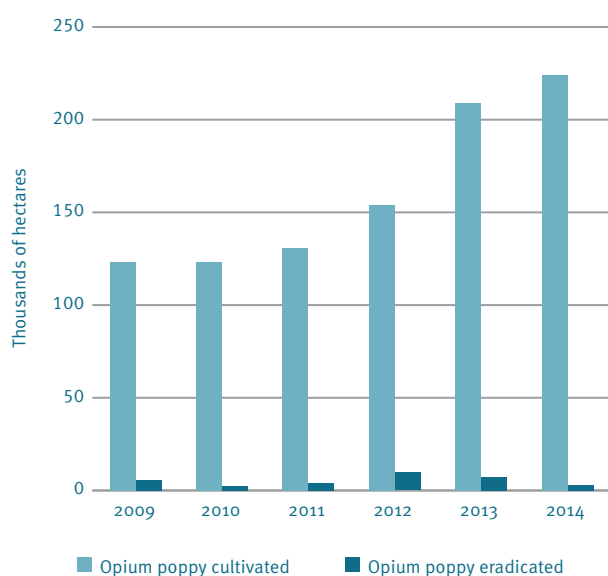
550. In 2014, illicit cultivation of opium poppy in Afghanistan set another record, at 224,000 ha, an increase of 7 per cent over the previous year and part of a long, continuing trend of increasing illicit cultivation. More than half of the country's 34 provinces have opium poppy cultivation in excess of 100 ha, with illicit cultivation involving hundreds of thousands of households.

551. The vast majority (89 per cent) of Afghanistan's illicit opium poppy cultivation took place in nine provinces in the southern and western areas of the country, which include the country's least secure provinces. Cultivation of opium poppy in Afghanistan is inversely related to security: as security deteriorates, illicit cultivation increases. As the ISAF mission comes to a close in 2014, the Board is concerned that a deterioration in the security situation could result in yet further increases in illicit crop cultivation.

552. Eradication of opium poppy fields, one of the Afghan Government's tools to reduce the amount of opium available for heroin manufacture, has yielded little to no tangible effect on opium production. Between 2009 and 2014, less than 4 per cent of the annual area under cultivation in Afghanistan was verifiably eradicated (see figure III below). The total area of opium poppy cultivation eradicated decreased by 63 per cent between 2013 and 2014, to 2,692 ha, or just 1.2 per cent of the total area under cultivation. Further declines in the total area of verified opium poppy eradication seen in 2014 were the result in part of a decreasing security situation in main cultivating provinces, which resulted in unsafe conditions for manual eradication efforts led by provincial governors.

553. Farmers rely on the higher income derived from the sale of illicit crops. Additionally, alternative livelihood assistance is not available to all farmers in all areas of the country cultivating illicit crops. With little chance of illicit crops being eradicated and limited alternatives, the benefits of cultivation of illicit crops far outweigh any risk to the farmers' investment. The Board strongly urges the Government of Afghanistan, in partnership with the international community, to increase its efforts to reduce opium poppy cultivation.

Figure III. Opium poppy illicitly cultivated and eradicated in Afghanistan, 2009-2014



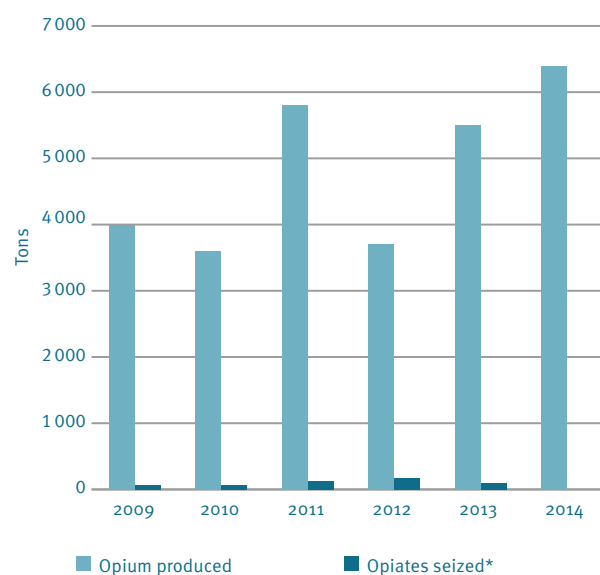
Sources: UNODC and Afghanistan, Ministry of Counter-Narcotics; and UNODC, *World Drug Report 2014*.

554. Afghanistan accounts for 80 per cent of the estimated global illicit production of opium, according to UNODC 2013 estimates. Production of opium—which results in, among other things, illicit manufacture of morphine and heroin—increased to 6,400 tons in 2014, an increase of 17 per cent over the previous year's total. Despite some increase, Afghan opium yields in 2014 (29 kg per ha) continued to be somewhat lower than the previous five-year average (31 kg/ha), mainly owing to poor weather conditions in parts of Afghanistan.

555. Although Afghan authorities have over the past decade made an increasing amount of drug seizures, only a small fraction of opium and related opiates (i.e., heroin and morphine) are seized in the country, averaging less than 3 per cent of the estimated annual opium production between 2009 and 2013 (see figure IV below). This means that seizure represents only a small risk to traffickers compared with the illicit income generated by Afghan drug trafficking, which UNODC estimates to be

\$2.2 billion annually, and the profits from which fuel an entrenched culture of corruption in Afghanistan, as well as in other countries throughout the region.

Figure IV. Opium produced illicitly, 2009-2014, and opiates seized in Afghanistan, 2009-2013



Sources: UNODC, *World Drug Report 2014*; UNODC and Afghanistan, Ministry of Counter-Narcotics, *Afghanistan Opium Survey 2014*; and Afghanistan, Ministry of the Interior and the Counter-Narcotics Police of Afghanistan, *Annual Achievement Report for 2013*.

\* Seizure data for 2014 were not available at the time of publication.

556. The modest seizure rate in Afghanistan shifts the burden to neighbouring countries, particularly as cultivation and production levels increase. For example, the National Drug Control Headquarters of the Islamic Republic of Iran reported a considerable rise in seizures of opium, heroin and morphine in 2013, which increased 14 per cent, 53 per cent and 49 per cent, respectively, from 2012. The increasing flow of opiates out of Afghanistan creates a domino effect further down the supply chain, such as in Armenia, where in January 2014 customs officers discovered 928 kg of heroin hidden in a truck coming from the Islamic Republic of Iran en route to Turkey via Georgia.

557. Maritime routes that depart from ports in Iran (Islamic Republic of) and Pakistan are increasingly being utilized to smuggle Afghan heroin, as the use of physical barriers and monitoring posts along the eastern land border of the Islamic Republic of Iran has made overland trafficking increasingly difficult. Iranian authorities reported seizures of 7.5 tons of narcotic drugs as a result

of sharing intelligence with the country's maritime neighbours in the first 10 months of 2013. Seizures of heroin at seaports by the Pakistani authorities more than doubled over the previous year, approaching 1.2 tons in 2013.

558. The amount of heroin seizures reported by the Jordanian authorities has more than doubled over the past three years, totalling 244 kg in 2013, compared with 92 kg in 2011. Eighty per cent of the heroin seized in Jordan was destined for Israel. In June 2014, 24 kg of pure heroin were seized at the Dubai International Airport by Dubai Customs, the largest smuggling attempt in 10 years.

559. With respect to heroin seizures in Bahrain, following an exceptional level of seizures in 2012 (more than 8 kg), the total quantity seized in 2013 dropped to 1.7 kg.

560. Afghanistan continues to be one of the largest known producers of cannabis resin, with total cannabis plant cultivation estimated to be 10,000 ha in 2012, yielding an estimated 1,400 tons of resin, which is 8 per cent higher than the estimate for the previous year. The price of cannabis resin in Afghanistan declined in 2012, even as seizures in the country rose to nearly triple the amount of the previous year, reaching 160 tons. According to UNODC, no price decreases were reported in neighbouring Kazakhstan, Kyrgyzstan or Pakistan, likely owing to the increased seizures reported in those countries. Pakistan, for example, reported seizing 105 tons of cannabis resin, an 80 per cent increase compared with 2012.

561. In 2013, although the number of seizures of opiates in the Middle East subregion declined from the number in 2012, the quantity seized doubled. Illicit cultivation of cannabis plants continues in some areas of the Middle East, in particular the Bekaa valley in eastern Lebanon, where eradication remains a challenge. Cannabis plants, seeds and oil are frequently seized in the subregion.

562. More than 5 tons of cannabis were seized in Jordan in 2013, a considerable increase compared with the 1.9 tons seized in 2011. According to the data provided to the Board by the Kuwaiti authorities, seizures of cannabis more than doubled during the past three years. In 2013, the total quantity seized amounted to 1.1 tons, compared with less than 500 kg in 2011. In contrast, seizures of narcotic drugs reported by Bahrain showed a significant declining trend.

563. In 2013, seizures of cannabis resin in the Middle East subregion increased considerably. Israel reported seizures of 1,594 kg of cannabis resin. Nearly 500 kg of cannabis resin were seized in Jordan, and total seizures

reported by the Syrian Arab Republic amounted to 267 kg, representing more than double the quantity seized in 2012. Furthermore, 12.5 kg were seized in Lebanon, representing an upturn compared with 2011, when 700 g were seized. In contrast, information made available to the Board shows that seizures of cannabis resin in Bahrain dropped from more than 2 kg in 2011 to 5 g in 2013.

564. Cannabis resin seized in Jordan in 2014 originated in Lebanon and Afghanistan. About 10 per cent of it was destined for the domestic illicit market and the rest for Israel and Saudi Arabia.

565. The increased use of alternative trafficking routes, including maritime routes, may be having an impact on opiate and cannabis seizures reported throughout Central Asia. For 2013, notwithstanding individual country differences, seizures of opiate and cannabis substances were largely unchanged from 2012, with a little more than 90 tons reported seized, according to the Central Asian Regional Information and Coordination Centre.

566. As has been noted with concern by the Board in the past two years, there has been an increasing flow of cocaine to West Asia. This is reflected in rising seizures, both in numbers and amounts, throughout West Asia, as trafficking groups possibly identify emerging markets in which to expand, in order to offset the declines seen in large established cocaine markets such as North America and Western Europe.

567. Israel and the United Arab Emirates were among the four Asian countries reporting the largest cocaine seizures in 2012. The United Arab Emirates, a traditional transit country for large numbers of passengers, fuels new markets in Africa and Asia. Likewise, Jordan and the Syrian Arab Republic serve as transit countries, while other countries, including Israel and Lebanon, have emerged as destinations for cocaine. In 2012, 570 kg of cocaine were seized in Saudi Arabia, 204 kg in the United Arab Emirates, 171 kg in Israel and 66 kg in the Syrian Arab Republic.

568. The Israel Anti-Drug Authority estimates that some 3 tons of cocaine are smuggled into that country annually, increasingly in liquid form, often found in wine bottles or absorbed into clothing items. In Turkey, seizures of cocaine have increased five-fold during the past five years, with 450 kg reported seized in 2013, as West African criminal groups increasingly supply cocaine to Turkish markets. Pakistan's Anti-Narcotics Force also reported seizures of cocaine in 2013 and provided intelligence that assisted in effecting significant seizures of cocaine abroad.

## (b) Psychotropic substances

569. Trafficking in amphetamine-type stimulants, such as tableted amphetamine (Captagon) and methamphetamine (“yaba”) and methamphetamine in crystalline form, continues to be of concern throughout West Asia. Growing use of synthetic drugs has been reported in a number of countries in the Middle East subregion, including Jordan, Kuwait, Qatar and the United Arab Emirates. Operations conducted by States in the region regularly result in large seizures of amphetamine-type stimulants, including those sold as Captagon. In that context, the Board encourages Governments in the subregion to continue to enhance their efforts to monitor the situation regarding amphetamine-type stimulants, including in cooperation with the SMART programme of UNODC.

570. Trafficking among and abuse of amphetamine in countries in the Middle East continued to be regularly reported. However, although the number of seizures of that substance remained stable, the amounts seized declined noticeably. Amphetamine seized in Saudi Arabia fell to 977 kg in 2013, compared with 5.2 tons the year before.

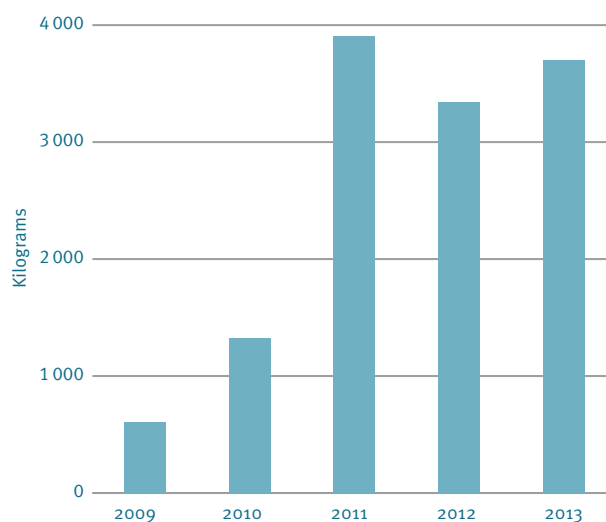
571. Almost all countries in the Middle East reported seizures of tablets sold as Captagon in 2013, in particular Saudi Arabia, Lebanon, Jordan and Yemen (in order of largest total seizures). Total seizures increased noticeably, both in quantity and in number. Saudi Arabia continues to be the destination country of choice. The World Customs Organization reported that customs authorities in the Middle East seized 11 tons of Captagon in 2013 and that Captagon was smuggled mostly in vehicles or by sea. Saudi Arabia reported seizures of nearly 8 tons of Captagon, followed by Lebanon and by Jordan, where more than 22 million Captagon tablets were seized.

572. Most of the Captagon tablets are smuggled through the unofficial land-border crossings between the Syrian Arab Republic and Jordan, and then transit Jordan, with Saudi Arabia as the main final destination.

573. Turkey reported seizing 105 kg of methamphetamine in 2013, a significant decrease from the more than 500 kg of seizures reported in 2012. Methamphetamine is often trafficked via Turkey to East Asia (Indonesia, Japan, Malaysia, Singapore, Thailand and Viet Nam). Turkey and several other countries in the region continue to identify the Islamic Republic of Iran as the main source of methamphetamine seized. However, stronger interdiction efforts in the Islamic Republic of Iran may be responsible in part for the sharp decrease in seizures reported in Turkey.

574. The number of dismantled illicit methamphetamine laboratories in the Islamic Republic of Iran rose sharply, to 445 in 2013, more than double the number in the previous year. Seizures of methamphetamine in that country were also considerable, among the highest reported total seizures worldwide: 3.7 tons of methamphetamine were reported seized in the country in 2013, 10 per cent more than in 2012 (see figure V below). Additionally, illicit methamphetamine manufacture appears to have spread to neighbouring Afghanistan, with the confirmed dismantling of a clandestine laboratory occurring for the first time in 2013. The laboratory was discovered in the south-western province of Nimroz, which borders the Islamic Republic of Iran.

Figure V. Seizures of methamphetamine in the Islamic Republic of Iran, 2009-2013



Sources: Islamic Republic of Iran, Drug Control in 2013 and the National Drug Control Headquarters (2014); and UNODC data for the period 2009-2012.

575. In Israel, the amount of methamphetamine intercepted increased to 88 kg in 2013, more than double the quantity reported in 2012; the number of seizures followed a similar upward trend.

576. Abuse of pharmaceuticals containing psychotropic substances, in particular benzodiazepines, continues to be a serious concern in parts of West Asia. Seizures of diazepam, alprazolam and clonazepam were regularly reported.

577. The ability of many Governments in the region to accurately detect and report on the numerous, often confusing, psychotropic and new psychoactive substances

encountered, such as methylphenidate, amphetamine and methamphetamine, is hampered by the limited technical capacity of their forensic laboratories. The UNODC international collaborative exercises programme allows forensic laboratories to continuously monitor their drug-testing performance on a global scale, an essential element for any laboratory quality management system and, ultimately, laboratory accreditation. Currently, however, only 9 of 24 West Asian countries take part in the programme. The Board encourages all Member States in the region to take part in the international collaborative exercises programme and other UNODC technical assistance programmes intended to strengthen the capacity of forensic laboratories.

### (c) Precursors

578. Afghanistan is not a manufacturer of acetic anhydride, a chemical needed for the manufacture of heroin, and this precursor is not legally allowed to enter the country. However, acetic anhydride continues to be smuggled into Afghanistan after domestic diversion in other countries. For example, in June 2013, customs authorities of the Islamic Republic of Iran intercepted approximately 18 tons of acetic anhydride that had been shipped from China and were destined for Afghanistan. That seizure accounted for 54 per cent of the total amount of acetic anhydride seized in the Islamic Republic of Iran in 2013. Intelligence related to this seizure was communicated via PICS. However, not all countries in the region received the PICS automated alerts, as they were not registered with the system. The Board urges the remaining countries of West Asia not registered with PICS, namely Armenia, Kuwait, Oman, Saudi Arabia, the Syrian Arab Republic, Turkmenistan, Uzbekistan and Yemen, to register with the system.

579. The Board noted in its annual report for 2013 that eight countries of West Asia, namely Bahrain, Georgia, Iran (Islamic Republic of), Israel, Kuwait, Turkmenistan, Uzbekistan and Yemen, had not requested to be informed of impending shipments of precursor chemicals prior to their departure from exporting countries, as outlined in article 12, paragraph 10 (a), of the 1988 Convention. Effective May 2014, the Government of Yemen requires pre-export notification for imports of all Table I and II substances. The action by Yemen notwithstanding, lack of action by the other countries in the region puts not only themselves, but also neighbouring countries, at heightened risk of diversion. The Board again urges countries that have not invoked their right to require pre-export notification for all substances included in

Tables I and II of the 1988 Convention to do so without further delay.

### (d) Substances not under international control

580. Trafficking and abuse of known medicaments and plant-based substances with psychoactive properties, such as khat (*Catha edulis*), that are not under international control continue to pose a more prominent problem in the region than do synthetic-based new psychoactive substances, but abuse of new psychoactive substances is growing in parts of West Asia. Trafficking and abuse of tramadol, a synthetic opioid, continued to be reported in most countries in the Middle East, and abuse of khat continued to be reported on the Arabian peninsula.

581. The Board notes that tramadol, a synthetic opioid that is not under international control, has been placed under national control in most countries in the Middle East. Tramadol is a prescription-only medication and is already controlled under national legislation on psychotropic substances and/or narcotic drugs in Bahrain, Jordan, Qatar and Saudi Arabia. Abuse of tramadol is reported by many countries in the West Asia subregion.

582. Turkey has reported significant increases in the trafficking of synthetic cannabinoids, referred to locally as “bonsai”, with seizures, effected primarily among street dealers, increasing 22-fold between 2011 and 2013. Synthetic cannabinoids are typically smuggled into Turkey from China, European countries and the United States. However, the Government also reported that in 2013 it had dismantled facilities producing synthetic cannabinoids.

583. It is necessary for concerned Governments to share in a timely manner information on suspicious shipments of and trafficking in new psychoactive substances in order to support investigations into the points of manufacture, production and packaging, export and distribution of such substances. The Board’s international initiative on new psychoactive substances (Project Ion) coordinates practical activities for the gathering and sharing of information as a means to support law enforcement and regulatory agencies, in line with the recommendation of the Commission on Narcotic Drugs in its resolution 57/9. The Board urges the remaining 11 Governments of West Asia that have not yet nominated law enforcement and regulatory focal points under Project Ion to do so without delay.



## 5. Abuse and treatment

584. Nearly 20 per cent of the world's opiate abusers reside in West Asia, as increasing production of opium in Afghanistan has resulted in greater abuse of opium and heroin, primarily in that country and in neighbouring countries located along the recently expanding trafficking routes. For example, the annual prevalence of opiate abuse among adult Pakistanis aged 15-64 years has grown from 0.7 per cent in 2006 to 1.0 per cent in 2013, concurrent with increases in trafficking of opiates via Pakistan. In addition to Pakistan, UNODC estimates the current annual prevalence of opiate abuse among adults to be highest in Afghanistan (2.3-3 per cent), Azerbaijan (1.3-1.7 per cent) and the Islamic Republic of Iran (2.3 per cent).

585. Abuse of drugs in Afghanistan, in particular opiates, appears to be increasing. The 2012 Afghanistan National Urban Drug Use Survey found that 1 in 10 urban households had a person who had tested positive for drugs, most commonly for opiates. The study estimated current drug abuse prevalence at 7.5 per cent of the general population aged 16 years and older, a figure notably higher than the previous estimates. As of 2013, 109 drug treatment centres providing pretreatment, treatment, post-treatment and aftercare services were operating throughout the country, and capacity had increased during the past two years, although the centres still had service capacity for less than 6 per cent of the estimated number of opiate-addicted persons.

586. Drug treatment capacity has also notably increased in the Islamic Republic of Iran, where the number of persons receiving treatment in 2013 was 755,394, an 18 per cent increase since 2009. In 2013, 5,223 drug treatment centres were operating in the country, including those providing methadone substitution and buprenorphine substitution therapy to 267,844 and 24,029 persons, respectively.

587. The Board notes that a number of countries in the Middle East are devoting special attention and efforts to the treatment and rehabilitation of drug addiction. In that context, the Board notes that the opioid substitution treatment programme launched in Lebanon in 2012 is now fully operational, and that 949 patients were registered as of December 2013. In a similar effort, in 2013 UNODC provided policy advice and technical assistance in the State of Palestine through the Ministry of Health, for the introduction of opioid substitution therapy.

588. Given the lack of reliable data on the extent of drug abuse in the region in general, governmental and

non-governmental entities that specialize in drug addiction treatment in Jordan are working together to create a national database on drug abuse. Establishing an accurate estimate of the extent of the phenomenon of drug abuse will assist in the development of better-suited and tailored strategies.

589. The spread of disease through unsafe injecting practices, such as the sharing of used injecting equipment, continues to be a significant problem in several countries in West Asia. The prevalence rates for opiate abuse by injection among the general population in Afghanistan, Iran (Islamic Republic of) and Pakistan are among the highest in the world, estimated to be 1.5 per cent of the adult population in those three countries. Countries with a high prevalence of opiate abuse tend to have an elevated prevalence of people who inject drugs and are also living with HIV. For example, 28.8 per cent of people who inject drugs in South-West Asia were estimated to be HIV-positive, more than double the global prevalence among people who inject drugs, which was estimated to be 13.1 per cent in 2012. The prevalence rate for South-West Asia largely reflects the high prevalence of HIV-positive people among people who inject drugs in Pakistan, estimated to be 37 per cent.

590. There is still a lack of sufficient and reliable data to assess the levels of HIV infection and transmission in order to be able to assess the extent of emerging HIV epidemics that have been reported among people who inject drugs in most countries in the Middle East. According to the findings of a medical study in Bahrain and Oman, 10-15 per cent of people who inject drugs are HIV-positive. Although the HIV epidemics among people who inject drugs remain in their early phases, it is estimated that there are 626,000 people who inject drugs in the Middle East. In other countries, including Jordan, Lebanon, the Syrian Arab Republic and the State of Palestine, the transmission of HIV among this at-risk population was found to be limited.

## D. Europe

### 1. Major developments

591. Most countries in Western and Central Europe have reported a decline in the prevalence of heroin abuse and in the number of people commencing treatment for heroin abuse for the first time, accompanied by an overall decrease in the quantity of heroin seized. However,

there are concerns that heroin is being partly replaced as a substance of abuse by synthetic opioids, such as fentanyl, buprenorphine and methadone. In some countries, such substances now account for the majority of opioid treatment cases. In the subregion, deaths associated with heroin abuse are declining, while deaths linked to synthetic opioids are on the rise. Changing patterns with regard to injecting drug abuse, with a possible trend away from injection of heroin to injection of synthetic opioids, amphetamine-type stimulants or new psychoactive substances, have also been noted in some countries of the subregion.

592. Eastern and South-Eastern Europe have a significantly higher prevalence of injecting drug abuse, as well as of HIV among people who inject drugs, than the global average. Within those subregions, relatively high rates of injecting drug abuse were observed among the populations of Belarus, the Republic of Moldova, the Russian Federation and Ukraine.

593. The levels of opiate abuse in Eastern Europe, supported by the supply of heroin from Afghanistan, are significantly higher than the global average. An increase in the proportion of admissions for treatment that were for cannabis abuse (from 8 per cent to 15 per cent) could be observed in Eastern and South-Eastern Europe between 2003 and 2012.

594. In 2013, an increased use of the Balkan route for trafficking of illicit drugs could be observed, although the amounts involved were not as large as during the peak period of 2007. Seizures of heroin along the Balkan route increased, as heroin continued to be redistributed in the Netherlands and, to a lesser extent, Belgium for illicit markets in Western Europe.

595. In 2013, South-Eastern Europe continued to see an expansion in the trafficking of Albanian cannabis herb. At the same time, many countries of the subregion continued to experience an increase in the local production of cannabis herb, including a highly potent form of this substance.

596. The availability and abuse of new psychoactive substances remains a major public health challenge in Europe, with a record level of such substances newly identified in 2013 and an increasing involvement of organized criminal groups in the market. Governments are continuing to take measures to address the problem, at both the national and the regional levels, for instance by placing individual substances or groups of substances under national control or by introducing temporary bans on potentially harmful substances.

## 2. Regional cooperation

597. The seventy-third meeting of Permanent Correspondents of the Pompidou Group of the Council of Europe, held in November 2013, resulted in the adoption of the Declaration on Protecting Public Health by Ensuring Essential Services in Drug Policy under Austerity Budgets. In the Declaration, the representatives of States participating in the meeting noted with concern changing patterns of drug abuse under circumstances of strict austerity measures and their impact on public health. The potential changes identified included: a possible risk of earlier onset of drug abuse; an increasing prevalence of injecting drug abuse, relapses, risk-taking and overdosing, particularly among vulnerable groups; and an increasing incidence of polydrug abuse. They committed the Pompidou Group to working on that issue and called on other international organizations and non-member States to support the Group's efforts to mitigate such consequences of economic crises and resulting austerity measures, in particular by joining the Group's efforts to create safeguards against stigmatization and discrimination against people who abuse drugs.

598. The countries and areas of the western Balkans, including Albania, Bosnia and Herzegovina, Montenegro, Serbia, the former Yugoslav Republic of Macedonia and Kosovo,<sup>52</sup> continued to strengthen cooperation with European Union member States in the area of drug control during the reporting period. In May 2014, representatives of European Union member States and countries of the western Balkans met in Brussels to engage in a dialogue on drugs. At that meeting, which was the first since the adoption of the joint declaration of the European Union and the western Balkans on strengthening cooperation in the area of drug control and updating the 2009-2013 action plan of the European Union and the western Balkans on drugs, participants discussed past achievements with regard to cooperation between the regions, as well as the most recent developments in drug monitoring and policy. The aforementioned declaration was adopted by ministers of home affairs of European Union member States and western Balkan States on 20 December 2013 in Montenegro, demonstrating the commitment of all parties to strengthening national drug information systems.

599. In April 2014, an agreement between the European Union and the Russian Federation on precursor chemicals came into effect, aimed at strengthening cooperation

<sup>52</sup>All references to Kosovo in the present publication should be understood to be in compliance with Security Council resolution 1244 (1999).

to prevent the diversion of precursors from legitimate trade by monitoring trade in precursors between the parties and providing mutual assistance to prevent diversion.

600. Bilateral cooperation in addressing drug trafficking in the region continued to intensify among the countries of Eastern and South-Eastern Europe. In 2013, the Minister of Security of Bosnia and Herzegovina and the Ministers of Interior of Montenegro and Serbia signed a protocol on the establishment of the Joint Centre for Police Cooperation in Trebinje, Bosnia and Herzegovina. Bosnia and Herzegovina and Serbia signed a security agreement in November 2013 that established procedures for the exchange of information, police cooperation and measures to combat crime.

### 3. National legislation, policy and action

601. In November 2013, regulations were adopted by the European Parliament and the Council of the European Union to introduce more stringent controls on acetic anhydride and place under control *alpha*-phenylacetone (APAAN) and medicinal and veterinary products containing ephedrine and pseudoephedrine. Those regulations will take effect 18 months after their adoption, namely in 2015. In July 2014, a new system controlling the sale of so-called “initial and auxiliary substances” entered into force in the Czech Republic. Initial substances covered included red phosphorus, which is used in the illicit manufacture of methamphetamine, and *gamma*-butyrolactone and 1,4-butanediol, which are used in the illicit manufacture of *gamma*-hydroxybutyric acid.

602. In January 2014, the Ministry of Health of France authorized the sale of the cannabis-based medicine Sativex for treatment of patients suffering from multiple sclerosis. In June 2014, the Government of Slovenia approved a change in the Decree on Classification of Illicit Drugs which would allow doctors to prescribe registered medicinal products containing cannabinoids. In July 2014, regulations were signed in Ireland to allow authorized cannabis-based medicinal products to be legally prescribed by medical practitioners and used by patients. In 2013, stricter criteria were introduced in Iceland for the prescription of some specific substances, such as methylphenidate.

603. A supervised “drug-use facility” was established as a pilot initiative in October 2013 in Athens by the Greek Organization against Drugs. The Board looks forward to

a continuing dialogue with Governments that have permitted such “consumption rooms” and reiterates its concern that such facilities could be inconsistent with the provisions of the international drug control conventions.

604. In May 2013, the Cabinet of Ministers of Ukraine adopted new rules for handling narcotic drugs, psychotropic substances and precursors in medical establishments, which substantially reduced the number of administrative obstacles to the use of these substances for medical purposes. The Government, through a decree adopted in September 2013, reduced the list of documents required to apply for licences required for activities involving controlled substances. In August 2013, the Government approved its State policy strategy on narcotic drugs for the period until 2020, which focuses on treatment and rehabilitation of drug addicts based on international best practices.

605. The Administrative Code of the Russian Federation was amended in July 2013 to increase the penalty for driving under the influence of controlled substances. Under a law adopted in October 2013, judges were given the authority to consider the commission of any criminal offence while under the influence of alcohol or a controlled substance as an aggravating circumstance, resulting in a more severe punishment for the offence. In November 2013, a law was adopted to allow the courts to require offenders found to have a drug addiction to undergo medical treatment or social rehabilitation in addition to any sentence for the crime itself. In July 2013, national legislation was amended to incorporate measures related to deporting and banning entry into the Russian Federation of foreign nationals who had committed drug-related offences.

606. In January 2014, a presidential decree was adopted in Belarus on State regulation of the circulation of poppy seeds, which substantially restricted the supply of those seeds as a raw material for illicit markets in the country.

607. In 2013, the Government of Albania adopted a new strategy and action plan against organized crime. The Government undertook measures to ensure more effective control of the country’s borders through the modernization of police equipment and increased training of the Albanian Border Police. The Albanian Ministry of Education and Sport continued to implement projects on drug awareness and demand reduction in 2013.

608. In October 2013, the Government of Romania adopted its national anti-drug strategy for 2013-2020 and its action plan for 2013-2016. The national strategy reflects a balanced approach and is structured around two

pillars: drug demand reduction and drug supply reduction. It also contains three cross-cutting themes: (a) coordination; (b) international cooperation; and (c) research, evaluation and information.

609. During the reporting period, the Government of Montenegro adopted several new strategic documents, including ones on an integrated border management strategy for the period 2014-2018, a framework action plan for implementation of that strategy, a framework for negotiations leading to an agreement on operational and strategic cooperation between Montenegro and the European Police Office (Europol), an anti-drug strategy for 2013-2020 and an action plan for 2013-2016.

610. In 2013, the Government of the Republic of Moldova transferred the Anti-Drug Department to the newly created General Police Inspectorate and established two regional units for the north and south of the country. The Administrative Code of that country was also revised to increase the sanctions for driving under the influence of alcohol, narcotic drugs, psychotropic substances or other substances with similar effects.

611. Kosovo currently has six institutions for the treatment of drug abuse. During 2013 and the beginning of 2014, Kosovo Police focused on schools by organizing several debates and producing brochures to raise awareness among young people of the dangers of drug and alcohol abuse.

612. Countries in Europe are continuing to take legislative measures to address the challenge posed by new psychoactive substances. In April 2014, the European Parliament endorsed a legislative proposal of the European Commission, made in September 2013 and reported upon by the Board in its annual report for 2013. Once adopted by Member States in the Council of the European Union, the law would provide for a shortened response time by the European Union—10 months instead of two years—to prevent the sale of new psychoactive substances deemed to be harmful, and would provide for the rapid withdrawal, for a period of one year, of such substances from the consumer market.

613. Following a risk assessment by the Scientific Committee of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), in June 2014 the European Commission recommended to the Council of the European Union that control measures be applied to the substances 25I-NBOMe, AH-7921, methylenedioxypyrovalerone (MDPV) and methoxetamine throughout the European Union. Meanwhile, Governments have continued to place numerous individual substances and groups of substances under national control. For example, in

2013, 58 substances were placed under control in Lithuania, 35 were placed under control in the Czech Republic, 26 in Germany, 24 in Switzerland, 21 in Sweden, 9 in Denmark, 5 in Estonia, 4 each in Finland and Italy and 2 in France.

614. The criminal code of Hungary was amended in January 2014 to increase the duration of prison sentences for supplying new psychoactive substances. The offering or distribution of a small quantity (defined as no more than 10 g) is punishable by up to one year in prison, and possession of a quantity greater than 10 g can be punished by up to three years' imprisonment. In Slovakia, a new section was added to national drug control legislation to control new psychoactive substances, establishing a category of "hazardous substances", which could include, for a period of up to three years, substances for which there are suspected abuse and harmful effects. Penalties for the supply of such substances would be in accordance with consumer and health protection legislation rather than criminal law, while there would be no penalties for personal possession. The first list of such substances was issued in October 2013. In Latvia, following a legislative amendment in November 2013 providing for temporary prohibition of new psychoactive substances for a period of up to 12 months, a temporary ban on eight substances was introduced. Criminal penalties were introduced in April 2014.

615. In the United Kingdom, an order reclassifying ketamine as a class B drug came into force in June 2014, with a final decision on the rescheduling of ketamine to be taken by the Government following public consultation. In June 2014, tramadol, lisdexamphetamine, zopiclone and zaleplon were placed under control in the United Kingdom, as were NBOMe and benzofuran, following a 12-month temporary ban. A decision to control khat came into effect in the same month. In July 2014, the Government of the United Kingdom accepted the advice of its Advisory Council on the Misuse of Drugs to control the substance AH-7921 and to extend the generic definition of tryptamine under the Misuse of Drugs Act of 1971 to capture additional tryptamine compounds, including *alpha*-methyltryptamine (AMT) and 5-MeO-DALT (*N,N*-diallyl-5-methoxytryptamine). Legislation to that effect was before Parliament.

616. In 2013, the Russian Federation expanded its national list of controlled substances to include 43 new psychoactive substances.

617. Following the appearance of new psychoactive substances in the former Yugoslav Republic of Macedonia, 15 such substances were placed under national control in that country in 2013.

## 4. Cultivation, production, manufacture and trafficking

### (a) Narcotic drugs

618. Increased use of the Balkan route for the trafficking of illicit drugs was seen in 2013, albeit not to the same degree as during the peak period of 2007. The route, which is used mainly as a corridor for the transport of Afghan heroin, traverses the Islamic Republic of Iran (often via Pakistan), Turkey, Greece, Bulgaria and South-Eastern Europe to reach the Western European market. The latest UNODC estimates suggest that between 60 and 65 tons of heroin flow into South-Eastern Europe annually. An increasing number and amount of heroin seizures were recorded in 2013 and in the initial months of 2014 in some border areas of the countries located along the Balkan route. Between January and March 2014, seizures of heroin in the former Yugoslav Republic of Macedonia along the Balkan route increased, while the quantities seized there during the first three months of 2014 approached the total quantities seized in 2013. Some increase in seizures of heroin could be observed in Bulgaria in 2013. A substantial, almost 150 per cent, increase in seizures of heroin was observed in Romania in 2013 compared with 2012; authorities in that country reported that heroin entered its territory from Bulgaria. In 2013, Montenegrin authorities made the largest seizures of heroin in the past two years along the country's borders with Bosnia and Herzegovina and Serbia. Serbian authorities also observed increased heroin smuggling through the country in 2013.

619. Trafficking of heroin to the European Union along the so-called "southern route" is increasing, with heroin trafficked south from Afghanistan, via the Near and Middle East and Africa, as well as directly from Pakistan. Belgium and the Netherlands continue to be used for the transit of opiates trafficked along both the Balkan and southern routes. For example, opiates from Afghanistan arrive in the United Kingdom, mostly from Pakistan, but also via Belgium (where seizures of heroin increased sharply in 2013) and the Netherlands. All of the heroin trafficked by passenger aircraft to Belgium in 2013 arrived from East Africa.

620. Large-scale production of opiates in Afghanistan continues to represent a substantial component of the drug threat in the Russian Federation. The major route for Afghan opiates destined for illicit markets in the Russian Federation runs along the so-called "northern route" through the countries of Central Asia. Most of

these drugs (almost 95 per cent) are trafficked across the border between the Russian Federation and Kazakhstan. The Russian Federation observed an increase in seizures of heroin in 2013 (to 2.4 tons, a 12.5 per cent increase from 2012).

621. Effective dismantling of several distribution channels for Afghan opiates in the Russian Federation led to an increase in the demand for homemade alternatives in the consumer market of that country. Thus, the Russian Federation is faced with the substitution of heroin with cheaper illicit drugs, such as acetylated opium and poppy straw extract. Smuggling and illicit distribution of poppy straw is carried out by organized criminal groups, mainly by disguising it as poppy imported for food purposes. In 2013, the law enforcement agencies of the Russian Federation seized 2.2 tons of poppy straw.

622. Belarus continued to experience smuggling of poppy straw extract from the Russian Federation, as well as production of the substance from locally produced poppy straw. It also saw an increase in trafficking of Afghan heroin from the Russian Federation in large consignments along the so-called "northern route" for illicit markets in Belarus and in Western Europe, the Baltic States and Ukraine. Belarus also continued to see smuggling of methadone from the Russian Federation.

623. In Romania, the quantity of seized heroin increased by almost 150 per cent in 2013, from 45 kg seized in 2012 to 112 kg in 2013.

624. The illicit cultivation of cannabis in Western and Central Europe, primarily for domestic consumption, continues to spread, with some countries reporting an increasing professionalization and scale of cultivation and others reporting a trend towards smaller-scale production sites, such as residential properties. Criminal groups are involved in illicit cannabis cultivation in most countries of the subregion, and are reported to be moving towards the use of multiple, smaller sites in order to avoid detection.

625. This increase in the cultivation of cannabis is reflected in the increasing number of seizures of cannabis herb in Western and Central Europe (which now exceeds the number of seizures of cannabis resin), along with an increasing number of seizures of cannabis plant. The quantity of cannabis plants seized also increased, by more than one third from 2011 to 2012, according to EMCDDA. Measured in terms of total quantity, seizures of cannabis resin still exceed those of cannabis herb. For example, EMCDDA reported 457 tons of resin seized in 2012, compared with 105 tons of cannabis herb. Following

a decline since 2008, the amount of cannabis resin seized appears to be stabilizing. Customs seizures of cannabis resin in Spain, which accounts for around three quarters of the total quantity reported seized by customs services globally, increased from 105.6 tons in 2012 to 125.9 tons in 2013, while such seizures also increased in France, from 11 tons to 16.6 tons. During the same period, customs seizures of cannabis herb in Spain increased from just over 1 ton to 17.5 tons, representing the largest increase in such seizures in Europe reported by WCO. In Italy, where large-scale illicit cannabis cultivation is still detected in the southern part of the country, the quantity of cannabis resin (36.4 tons) and cannabis herb (28.8 tons) seized in 2013 increased by 66 per cent and 34 per cent, respectively. The amount of cannabis plant seized, however, decreased by almost 80 per cent.

626. In the United Kingdom, which represents about one quarter of the cannabis herb market in Europe, border seizures of cannabis resin and cannabis herb increased, while the quantity of domestically cultivated cannabis plants seized decreased. Overall, however, there was a 43 per cent decrease in the combined amount of cannabis resin and cannabis herb seized in the United Kingdom between 2011/12 (41.7 tons) and 2012/13 (23.6 tons), and a 19 per cent decrease in the quantity of cannabis plants seized.

627. Trafficking of cannabis into Western and Central Europe remains characterized by the transport of cannabis resin by sea or air, mainly from Morocco, and the trafficking of cannabis herb in quantities of more than 1 ton mainly from Albania, but also from other countries in South-Eastern Europe. There are indications that South-Eastern Europe, in particular the eastern Balkans, may be serving as a secondary route for the trafficking of cannabis resin from Morocco to Western Europe. The United Nations Office on Drugs and Crime indicates that, while there is no evidence of cannabis resin from Afghanistan being trafficked along the Balkan route, there have been reports of multi-ton shipments of cannabis resin being transported by sea from Pakistan directly to Western and Central Europe. Seizures of cannabis herb increased by two thirds in Greece from 2011 to 2012, with indications that the country may be developing into a trafficking hub for cannabis herb; a large decrease in cannabis cultivation was seen in that country in 2013.

628. Illicit production and consumption of cannabis, especially a highly potent form of this substance, remained the main illicit drug challenges in South-Eastern Europe. In 2013, the subregion continued to see an expansion in the trafficking of Albanian cannabis. According to seizures reported by customs services through the Customs

Enforcement Network database of WCO, Albania was the source country of most of the cannabis smuggled into Europe, with about 9 tons of seizures made elsewhere attributed to Albania as a source country. Albanian cannabis herb is transported in shipments, which can weigh more than 1 ton, from ports in north-western Greece or across the Adriatic Sea for trafficking to destination markets in Italy, the United Kingdom and other countries in Western and Central Europe. The other route for Albanian cannabis herb appears to run north through Montenegro, Bosnia and Herzegovina, Croatia and Slovenia to Western Europe.

629. Bosnia and Herzegovina observed increasing indoor cultivation of a highly potent form of cannabis. In Montenegro, seizures of cannabis continued to increase (1.3 tons seized in 2013 compared with 1 ton in 2012). Serbia observed an increase in production of cannabis in 2013; that trend is expected to continue in 2014, according to Serbian authorities. In 2013, the Serbian Police dismantled several laboratories used to produce a highly potent form of cannabis. Cannabis produced in Serbia was also reported to be sold in many Western European countries. Cannabis herb continues to account for the largest proportion of seizures of illicit drugs made in Romania (1,799 cases, or 59 per cent of all illicit drug seizures made in 2013). However, the amount of cannabis herb seized in Romania in 2013 (165 kg) was approximately 50 per cent lower than a year earlier, and 92 per cent lower than in 2007.

630. Cannabis cultivation in the vicinity of the southern Albanian village of Lazarat continued on a large scale, potentially turning the village into one of the largest cannabis production areas in Europe. There is no official data on the quantity of cannabis cultivated in Lazarat, but, according to recent estimates, yearly production may have reached up to 800 tons, while total seizures of cannabis in Albania stood at 21 tons in 2013. Reportedly, between 4,000 and 5,000 persons work daily in Lazarat on cannabis plantations. The new Government of Albania has expressed its commitment to taking strong measures to deal with the situation in Lazarat. Significant quantities of cannabis originating in this village continued to be seized during police operations after the harvest period. As a result of a large-scale police operation involving more than 800 officers, carried out in June 2014, Albanian police arrested 30 suspected drug traffickers and destroyed about 55 tons of *Cannabis sativa* in Lazarat.

631. Seizures of cocaine in Western and Central Europe increased in 2012 to 71 tons, which constituted about 99 per cent of overall seizures of cocaine in Europe. Increases were seen in countries that are typically used

for transit, such as Belgium, Portugal and Spain, while decreases were reported in countries that are known as significant consumer markets, such as France, Germany and Italy. Seizures in Belgium, France, Italy, the Netherlands and Spain accounted for 85 per cent of the quantities seized in the European Union in 2012. Belgium, the Netherlands, Portugal and Spain are the main points of entry for cocaine destined for Western European markets, with seizures amounting to between 10 and 20 tons in each of those countries in 2012. The amount of cocaine seized by customs authorities in Western Europe increased sharply, from 19.4 tons in 2012 to 34.6 tons in 2013, with significant increases noted in the Netherlands and Spain.

632. It appears that most cocaine continues to be trafficked directly from South America to Europe, although a smaller proportion continues to be trafficked via West Africa and some of the cocaine trafficked to West Africa actually transits Europe. Spain reported that 11 per cent of the cocaine seized in 2012 was destined for Nigeria, probably for subsequent re-export to Europe. The countries from which the largest amounts of cocaine seized in Europe in 2012 had been trafficked (when the origin of the substance was known) were Brazil (16 per cent, mainly reflecting cocaine originating in Bolivia (Plurinational State of) and Peru) and Venezuela (Bolivarian Republic of) (16 per cent, reflecting cocaine manufactured in Colombia), followed by the Dominican Republic (14 per cent, mostly cocaine from Colombia), Argentina (14 per cent, mostly cocaine from Bolivia (Plurinational State of) and Peru), Colombia (11 per cent), Peru (9 per cent) and Ecuador (5 per cent). The Balkan route is becoming less important for the trafficking of cocaine to Western and Central Europe, with seizures in South-Eastern Europe having decreased from 2.2 tons in 2009 to 350 kg in 2012. In 2013 in Denmark, large amounts of cocaine were seized after they had arrived directly from Central America, rather than through other transit countries or regions as in the past. To a lesser extent, use of countries in Western and Central Europe as transit points for cocaine trafficked to Oceania may be occurring.

633. According to the *World Drug Report 2014*, seizures of cocaine in Eastern Europe continue to be limited, constituting only 0.2 per cent of overall seizures of cocaine in Europe. Aside from Latin America, countries in Eastern Europe cited only other European countries as transit countries for cocaine reaching their territory in 2010-2012. The Baltic Sea region serves as the most likely entry point for cocaine entering the Russian Federation. Also, Constanța harbour in Romania remains an alternative route used by organized criminal groups to transport cocaine coming from Bolivia (Plurinational State of),

Colombia and Venezuela (Bolivarian Republic of) to Europe.

## (b) Psychotropic substances

634. Illicit manufacture of amphetamine-type stimulants continues in Western and Central Europe, mainly for consumption within the subregion but also to a lesser degree to supply other parts of Europe and beyond, such as West Asia. Amphetamine remains the synthetic stimulant that is most widely available for illicit purposes in Europe, followed by “ecstasy” and methamphetamine. The amount of amphetamine seized in the European Union in 2012 declined to 5.5 tons from 5.9 tons in 2011, with seizures in Germany, the Netherlands and the United Kingdom accounting for more than half of the total. Illicit manufacture of amphetamine is reported to take place in Belgium and the Netherlands, as well as in Poland and the Baltic States. In Belgium in 2013, there was an increase in the amount of amphetamine-type stimulants seized and in the number of detected illicit laboratories that were used for the manufacture of amphetamine and “ecstasy”.

635. Despite signs in recent years of increasing availability of methamphetamine in parts of the region, in particular in Scandinavian countries, seizures of methamphetamine in the European Union decreased by half, from 0.7 tons in 2011 to 0.34 tons in 2012, a level similar to that observed in 2009 and 2010. Whereas illicit amphetamine laboratories dismantled in Western and Central Europe have tended to be of a medium to industrial scale, illicit methamphetamine laboratories, which have been more numerous and the majority of which have been detected in the Czech Republic, tend to be of a small scale. In 2013, 261 illicit methamphetamine laboratories were detected in the Czech Republic, representing an increase after a decline since 2011. The increasing quantity of methamphetamine seized in that country is reported to reflect the increased commercialization of illicit methamphetamine manufacture and distribution. A re-emergence of trafficking in methamphetamine from West Asia to Western and Central Europe, for onward trafficking to South-East Asia and, to a lesser extent, for local consumption has been noted.

636. Seizures of “ecstasy” tablets in the European Union in 2012 (4 million tablets) were at a level similar to that of the previous year, yet less than one fifth of the peak amount seized in 2002. More than half of the tablets seized in 2012 (2.4 million) were seized in the Netherlands (from where “ecstasy” is trafficked to other European countries), followed by the United Kingdom and Germany.

Germany and Ireland reported an increase in the amount of “ecstasy” seized in 2013, while the United Kingdom reported a decrease of about one third in the amount seized in England and Wales from 2011/12 to 2012/13. Several large sites for the illicit manufacture of “ecstasy” were dismantled in 2013 in Belgium and the Netherlands, where European “ecstasy” manufacture seems to be concentrated, indicating the possible recovery of the illicit market for the substance, following significant declines in the number of laboratories detected between 2002 and 2010. Similarly, the MDMA content of “ecstasy” tablets, after decreasing until 2009, has increased in the past few years. In February 2014, Europol and EMCDDA issued a joint warning on “ecstasy” tablets containing high levels of MDMA, following reports of deaths associated with such tablets in the Netherlands and the United Kingdom.

637. Based on reported seizures, Romania experienced a significant increase in trafficking of amphetamine-type stimulants in 2013, with reported seizures of 27,596 tablets of the substance in 2013 compared with 12,903 tablets in 2012. Most of the seized tablets were “ecstasy” that had originated in the Netherlands.

638. Belarus reported that amphetamine, methamphetamine and “ecstasy”, consumed illicitly in its domestic market, continued to be smuggled into the country from the Baltic States, Poland and the Russian Federation. A significant amount of these substances originated in the Russian city of St. Petersburg. The Russian Federation, on the other hand, reported that in 2013 it had detected and dismantled 26 illicit laboratories producing amphetamine-type stimulants. There are also reports of small illicit laboratories producing those substances in small amounts in Belarus.

### (c) Precursors

639. Illicit manufacture of methamphetamine in Western and Central Europe is centred in two areas. In the Baltic States, manufacture, primarily using 1-phenyl-2-propanone (P-2-P), occurs mainly around Lithuania, for trafficking to Norway, Sweden and the United Kingdom. In the Czech Republic, Germany and Slovakia, methamphetamine is illicitly manufactured mainly from the precursors ephedrine and pseudoephedrine, with a view primarily to meeting domestic demand. In 2013, numerous large shipments of APAAN continued to be trafficked from Asia, via Germany, mostly destined for the Netherlands, and new methods and routes for the shipment of precursors of P-2-P from Asia for use in illicit manufacture were noted in Poland.

640. In 2013, the Russian Federation seized 248 kg of precursors, representing a substantial decrease from the amount seized in 2012, when 59 tons were seized in a single operation.

641. Romania reported that in 2013 there had been some attempts to smuggle non-controlled chemicals that could be easily converted into drug precursors, particularly by citizens of countries that reported illicit production of large quantities of synthetic drugs, namely Belgium and the Netherlands.

### (d) Substances not under international control

642. The increasing range and availability of new psychoactive substances continues to pose a challenge in Europe. A record 81 such substances were identified for the first time by the European Union early warning system in 2013, compared with 74 substances in 2012 and 49 in 2011. Of those, 29 were synthetic cannabinoids, 14 were phenethylamines and 7 were synthetic cathinones. Nine of the substances were active pharmaceutical ingredients in medicines. As of May 2014, 37 new psychoactive substances had been reported to the system. There is growing concern in Europe about the recent emergence of “new” synthetic opioids, such as AH-7921, MT-45, carfentanil and ocfentanil, some of which are being marketed as alternatives to heroin.

643. The increasing involvement of organized criminal groups in the market for new psychoactive substances has been noted as a serious concern in Europe. While there is some clandestine manufacture of such substances in Europe, they are primarily sourced in bulk through legitimate means from Asia and then repackaged and marketed in Europe as “legal highs” or “research chemicals”, or even sold on the illicit drug market. The Internet continues to be used for the sale of new psychoactive substances, with 651 sites selling such substances identified in the European Union in 2013, compared with 693 sites in 2012, 314 in 2011 and 170 in 2010. The sale of substances such as the plant kava (*Piper methysticum*) and the substance *beta*-phenyl-*gamma*-aminobutyric acid (phenibut) as “food supplements” is reportedly adding to the complexity of this online market. A number of countries noted a decrease in the number of online and physical outlets selling new psychoactive substances following the adoption of national legislative measures.

644. Customs seizures of khat increased significantly from 2012 to 2013 in France (from 2.6 tons to 34.2 tons) and Norway (from 6.4 tons to 12 tons), while decreases



were reported in Germany (from 27.7 tons to 14.7 tons) and Sweden (9.5 tons to 5.7 tons). In the Netherlands, where khat was placed under control in 2013, customs authorities seized 8.9 tons of the substance. Total seizures of khat by law enforcement in Germany decreased from 45.3 tons in 2012 to 22.8 tons in 2013.

645. While 80 per cent of drugs seized in Belarus in 2013 were opium alkaloids extracted from poppy seeds, legislation adopted in January 2014 severely restricted the circulation of poppy seeds as a raw material for the illicit production of drugs. As a result, new psychoactive substances became the predominant drugs in the illicit market in Belarus. New psychoactive substances, such as synthetic cannabinoids, cathinones, including *alpha*-pyrrolidinopentiophenone (*alpha*-PVP) and MDPV, and phenethylamines such as 4-methylamphetamine, which were increasingly seized in Belarus in 2013, were smuggled into that country from China, Estonia and the Russian Federation.

646. The Russian Federation is also facing an increasing challenge from new psychoactive substances. Between 2012 and 2013, the country's seizures of such substances increased by 50 per cent, amounting to 1,967 kg in 2013. The majority of these substances are trafficked from Asia.

647. In 2013, the total amount of new psychoactive substances seized in Romania increased considerably, to 16.4 kg from 1.5 kg in 2012. Of those, tryptamines were the most seized (14.2 kg). In 2013, Romania made a single significant seizure of 12 kg of 5-MeO-DALT, coming from Spain. In addition, 1.48 kg of dimethocaine, a local anaesthetic with stimulant properties, which had been delivered from Spain via commercial air services, were seized. During 2013, four clandestine laboratories were detected and dismantled by Romanian authorities; two of them had been intended for refining new psychoactive substances and two had been manufacturing such substances for personal use.

## 5. Abuse and treatment

648. Cannabis remains the most prevalent drug of abuse in the European Union, with an estimated annual prevalence of 5.3 per cent among adults, 11.2 per cent among those aged 15-34 years and 13.9 per cent among those aged 15-24 years, according to EMCDDA. Almost 1 per cent of adults in Europe are estimated to use cannabis on a daily or almost-daily basis. Cannabis is now the most frequently cited primary drug of abuse for first-time admissions into treatment programmes, with the number of such cases stabilizing in 2012 following an

increase during the 2006-2011 period. Cannabis-related medical emergencies are a growing problem in some higher-prevalence countries.

649. While the prevalence of cannabis abuse in Western and Central Europe remains high, there are indications of an overall stabilizing trend. However, some countries with lower prevalence rates have recently reported increases in the level of cannabis abuse, while, in some countries with higher levels of cannabis abuse, there is evidence of decreasing levels of such abuse. Surveys conducted in the European Union among people aged 15-24 years found an overall decline in cannabis abuse between 2004 and 2011, although the prevalence rate of lifetime, past-year and past-month use increased between 2011 and 2014. Among people aged 15-24 years, past-year prevalence of cannabis abuse stood at 17 per cent in June 2014, an increase from 14 per cent in 2011. The overall picture of trends relating to cannabis abuse in the subregion is rendered more complex by the increasing diversity in the types of "products" available, including high-potency cannabis herb and synthetic cannabis-like products.

650. According to the *World Drug Report 2014*, the proportion of total treatment admissions in Eastern and South-Eastern Europe that were for cannabis abuse increased from 8 per cent in 2003 to 15 per cent in 2012, while opioids continued to dominate the demand for treatment in these subregions.

651. Also according to the *World Drug Report 2014*, the level of opiate abuse in Eastern Europe, supported by the supply of heroin from Afghanistan, is significantly higher than the global average. The Russian Federation remained a major consumer market for illicit opiates, with significant quantities of heroin flowing northwards from Afghanistan via Central Asia.

652. The annual prevalence of abuse of opioids, primarily heroin, is estimated at 0.4 per cent among adults in Western and Central Europe, with the number of past-year consumers of opiates estimated to have declined by almost one third from 2003 to 2012. Opioids account for a quarter of first-time treatment cases in the European Union. With most countries in the subregion reporting declining trends in heroin abuse, the number of people entering treatment for the first time for heroin abuse declined from a peak of 59,000 in 2007 to 31,000 in 2012. This has been accompanied by a long-term decline in drug overdose deaths and drug-related HIV infection (traditionally related to abuse of heroin by injection), which has also been declining, despite recent outbreaks of HIV infection among drug users in Greece and Romania.

653. A decrease was seen in overdose deaths, primarily those related to abuse of opioids, in Europe between 2009 and 2012; however, the number of such deaths remains high and is increasing in some countries. In general, deaths related to heroin abuse are decreasing, while deaths related to synthetic opioids are increasing or already exceed those related to heroin in some countries. In Estonia between 2011 and 2012, there was a 38 per cent increase in overdose deaths, 80 per cent of which were related to fentanyl and its derivatives.

654. In Western and Central Europe, heroin is being partly replaced by synthetic opioids, illicitly manufactured or diverted from medical use, including fentanyl, buprenorphine and methadone. The problem is of particular concern in Estonia and Finland, where most people receiving treatment for opioid abuse reported primary abuse of fentanyl and buprenorphine, respectively. Some countries have also noted an increase in drug abuse by injection of pharmaceutical opioids.

655. Limited availability of heroin in Belarus and the Russian Federation led to an increase in abuse of locally produced, and readily available, substances such as acetylated opium and poppy straw extract. In 2013, 53 per cent of those listed on the State drug abuse register in Belarus had consumed homemade opium produced either from poppy straw or seeds of *Papaver somniferum L.* plants. Also, the number of persons in Belarus who abuse methadone that has been obtained illicitly increased by 12.6 per cent.

656. Belarus and Ukraine have significantly scaled up access to opioid substitution therapy, while the Republic of Moldova has continued to provide this therapy on a limited scale and the Russian Federation has continued to prohibit it.

657. The annual prevalence of abuse of amphetamines in Western and Central Europe is estimated at 0.4 per cent of adults and 0.9 per cent of young adults (aged 15-34 years), with prevalence rates ranging from 0 per cent to 2.5 per cent and reportedly relatively stable in most countries of the subregion. Amphetamine is still more widely abused than methamphetamine in the subregion and is still a significant problem in large parts of Europe, especially in Northern Europe. The majority of countries with recent surveys reported a decreasing prevalence of abuse of amphetamine. The increased availability of methamphetamine and the expansion of its abuse, which was in the past mainly observed in the Czech Republic and Slovakia, to other countries in Western and Central Europe, especially Northern Europe, appears to be continuing. However, the level of abuse of methamphetamine in

the Czech Republic and Slovakia is reported to be stable or declining, with annual prevalence among young people aged 15-34 years in the Czech Republic estimated at 1 per cent. Nevertheless, both countries have reported an increase in recent years in the number of people entering treatment for abuse of methamphetamine, which in 2012 accounted for 68.2 per cent of cases of treatment for drug abuse in the Czech Republic and 44.5 per cent of such cases in Slovakia. An analysis of wastewater in European cities identified higher concentrations of amphetamine in cities in Belgium and the Netherlands, while methamphetamine levels were highest in cities in the Czech Republic and Norway, with the increase in methamphetamine abuse reported to have levelled off in the latter country. The annual prevalence of "ecstasy" abuse in Western and Central Europe is estimated at 0.5 per cent among adults and 1 per cent among young adults aged 15-34 years, ranging from 0.1 per cent to 3.1 per cent depending on the country. Most countries in the subregion, including all countries with recent surveys, have reported declining trends with regard to abuse of "ecstasy".

658. Abuse of "ecstasy" in Eastern and South-Eastern Europe has remained above global average levels, with an annual prevalence rate of 0.6 per cent. The Russian Federation reported significant increases in the abuse of amphetamine, methamphetamine and "ecstasy" in 2013. Belarus also reported a significant increase in the abuse of amphetamine-type stimulants during the same period, except for "ecstasy", which remained at the same level. Some increase in abuse of amphetamine-type stimulants was also reported in Bosnia and Herzegovina. A survey conducted in the Republic of Moldova in 2012 and 2013 showed an increase in the abuse of methamphetamine in that country.

659. Cocaine is still the most widely abused stimulant drug in Europe, yet its prevalence has decreased among young adults (aged 15-34) in the majority of countries that conducted surveys between 2012 and 2014, and in general in countries with a higher prevalence of abuse. The annual prevalence of cocaine abuse in Western and Central Europe was estimated at around 1 per cent among adults in 2012, compared with 1.3 per cent in 2010; and 1.7 per cent among young adults aged 15-34 years in 2012, compared with 2.1 per cent in 2010. However, some countries have reported increases in levels of cocaine abuse. Cocaine was cited as the primary drug of abuse by 18 per cent of people entering treatment for the first time, the number of which declined from a peak of 38,000 in 2008 to 26,000 in 2012. Around 90 per cent of all treatment cases for cocaine as the primary substance of abuse were reported by Germany, Italy, the Netherlands, Spain and the United Kingdom.

660. With a record number of new psychoactive substances identified in Europe in 2013, concerns remain about this public health challenge. A June 2014 survey of young people aged 15-24 years in the European Union found that the lifetime prevalence of abuse of such substances had increased from 5 per cent in 2011 to 8 per cent in 2014, with the most significant increases, to double-digit levels, seen in Ireland (from 16 per cent to 22 per cent), Spain (from 5 per cent to 13 per cent), Slovenia (from 7 to 13 per cent), France (from 5 to 12 per cent), Slovakia (from 3 to 10 per cent) and the United Kingdom (from 8 to 10 per cent). Deaths have been reported to be linked to the consumption of various new psychoactive substances in Europe, including 4,4'-DMAR (the *para*-methyl derivative of 4-methylaminorex), AH-7921 (a synthetic opioid), MDPV (a synthetic cathinone derivative), MT-45 (an opioid) and methoxetamine (marketed as an alternative to ketamine), which were the subject of recent reports by Europol and EMCDDA. In the United Kingdom, new treatment cases associated with ketamine and mephedrone increased in recent years, representing 10 per cent of treatment cases for young people and 2 per cent for adults.

661. According to a joint estimate made by UNODC, UNAIDS, the World Bank and WHO, based on the most recent available data (2012), the problem of injecting drug abuse is particularly stark in Eastern and South-Eastern Europe, where the prevalence rate (1.26 per cent) is 4.6 times the global average (0.27 per cent). Within these subregions, relatively high rates of injecting drug abuse were observed in the Russian Federation (2.29 per cent), the Republic of Moldova (1.23 per cent), Belarus (1.11 per cent) and Ukraine (0.88-1.22 per cent), all of which stood well above the global average.

662. The number of people who inject drugs who are also living with HIV was particularly high in Eastern and South-Eastern Europe, where it was estimated that the prevalence of HIV among people who inject drugs was 23.0 per cent (compared with a global average of 13.1 per cent) and more than half of the people who inject drugs were estimated to be living with hepatitis C. Within both subregions, a relatively high prevalence of HIV among people who inject drugs was observed in the Russian Federation (range: 18.4-30.7 per cent) and Ukraine (21.5 per cent). Also, the number of people who inject drugs who are newly diagnosed with HIV each year continues to be higher in both countries than in other countries in Eastern and South-Eastern Europe. According to the results of sentinel surveillance conducted in Belarus in 2013, HIV prevalence among people who inject drugs was 14.2 per cent, reaching over 40 per cent in some parts of the country.

663. In the European Union, 38 per cent of people entering treatment for opioid abuse and 23 per cent of people entering treatment for amphetamine abuse reported having injected the substances. Yet, the proportion of new treatment clients reporting that they had injected drugs in the previous month fell between 2006 and 2012. Some countries have reported changing patterns of injecting drug abuse, for example, reflecting a possible move away from injection of heroin towards injection of pharmaceutical or synthetic opioids, amphetamine-type stimulants and new psychoactive substances. While the number of newly reported HIV cases among people who inject drugs in the European Union and Norway decreased during the period from 2006 to 2010, an increase has been seen since 2010, mainly as a result of outbreaks of HIV among people who inject drugs in Greece and Romania. In 2010, Greece and Romania accounted for just over 2 per cent of the total number of newly reported diagnoses of HIV among people who inject drugs in the European Union; by 2012, this figure had increased to 37 per cent. In other countries of the region, the rate of new diagnoses of HIV among people who inject drugs is declining. Abuse of drugs by injection remains the most prevalent vector for transmission of hepatitis C in Europe, yet the rate of infection among those who inject drugs is reported to be declining.

## E. Oceania

### 1. Major developments

664. Seizures and arrests in Oceania are at record highs for many drug types, with an increasing number of people abusing drugs. Compared with other world regions, Oceania provides an expanding market for certain drugs, including cocaine, and levels of abuse among individuals in the region are high for most substances. Increases in drug seizures, particularly in Australia, have been attributed not only to the vigilance of law enforcement, but also to the increased activities of transnational organized criminal groups.

665. As the monetary value of drugs and precursors remains comparatively high throughout Oceania, the region has become susceptible to illicit manufacturing and trafficking. Growing markets for amphetamine-type stimulants and proximity to trafficking routes for different illicit goods have led most countries in Oceania to see higher prevalence rates for the abuse of such drugs. The availability and abuse of new psychoactive substances, which are now widely found in most of Oceania,

has become one of the primary issues of concern for the region. The expanding market for such substances continues to develop rapidly and presents challenges to law enforcement within the region. The increase in demand for these substances in the region has specifically been affected by the inability of existing legislation to ensure that such substances are not available for abuse.

## 2. Regional cooperation

666. In April 2014 in Suva, the Oceania Customs Organization held its sixteenth annual conference, on the theme of communication and the sharing of information for better cooperation. Delegates from the Organization's member countries discussed the need for strengthened border security. In April 2014, the secretariat of the Organization undertook an assessment visit to assist the Government of Palau on processes and products related to information-sharing and intelligence-sharing. The visit was carried out by the Working Group on Strengthening Information Management.

667. The Regional Security Committee of the Pacific Islands Forum held its annual meeting on 4 and 5 June 2014 in Suva, drawing representatives from States members of the Pacific Islands Forum and from regional law enforcement secretariats, such as the Pacific Immigration Directors' Conference. Discussions at the meeting focused on trends relating to illegal activities and continuing security threats in the region. It was reported that one such continuing threat was the involvement of local citizens in transnational criminal activities.

## 3. National legislation, policy and action

668. In 2013, New Zealand passed the Psychoactive Substances Act, which granted interim approvals for 47 products containing new psychoactive substances and permitted the marketing of those products by 150 licensed retailers. However, after the National Poisons Centre, emergency rooms and treatment providers reported an increase in problems related to consumption of those substances, and public protests against the interim product approvals gained momentum, the Psychoactive Substances Amendment Act was approved and came into effect on 8 May 2014. The Amendment Act revoked the interim product approvals and the interim retailer and wholesaler licences granted under the 2013 Act. The sale of all psychoactive substances is now prohibited unless approved by the national regulatory authority following clinical trials. To sell products containing such substances,

companies must prove to an expert committee that the product in question poses only a "low risk of harm". Pursuant to the Amendment Act, however, such clinical trials are no longer permitted to use animal testing to demonstrate the low risk of harm.

669. In July 2014, Australia's Intergovernmental Committee on Drugs published the Framework for a National Response to New Psychoactive Substances. The Committee manages the ongoing work of the National Drug Strategy for 2010-2015, and the new framework will assist with information-sharing and communication regarding new psychoactive substances, harm assessment and scheduling provisions. It is also aimed at national consistency and uniform treatment of drug analogues. In 2012 and 2013, various states and territories of Australia passed legislative and regulatory amendments. In 2013, New South Wales passed the New Psychoactive Substances Act, and Queensland amended the Drugs Misuse Act 1986 to create a new offence for trafficking in precursor chemicals used in the production of dangerous drugs.

670. With respect to forensic and data centres, Australian federal police officially launched the National Rapid Lab initiative in 2013 to streamline the prioritization and examination of forensic cases, particularly cases related to illicit drugs entering Australia through the postal system. This programme helps fight drug trafficking by enhancing the national capability to identify the origin of dispatched drug packages, which often contain either methamphetamine or pseudoephedrine.

## 4. Cultivation, production, manufacture and trafficking

### (a) Narcotic drugs

671. In terms of abuse and seizures, cannabis remains the most prevalent drug of abuse in Oceania and dominates the illicit drug market. In Australia, there are indications that consumption has generally continued to increase. Consumer access to cannabis is also increasing throughout the region. Australia recorded its highest-ever levels of seizure of cannabis at its border in 2012-2013, typically in the form of seeds, most commonly being transported via the postal system. By weight, seizures of cannabis in 2012-2013 were the second highest reported in Australia in the past decade.

672. In New Zealand, cannabis is also the most widely abused drug, with a generally stable prevalence rate of abuse. Throughout the region, cannabis is produced

predominantly at the local level, and there is a lack of any evidence of its trafficking to other regions. The latest data from New Zealand show two coexisting trends: stability in the prevalence rate and a decrease in the number of seizures of cannabis herb between 2012 and 2013 (from 5,877 seizures in 2012 to 4,872 seizures in 2013). In New Zealand, the National Cannabis and Crime Operation is conducted yearly during the summer harvesting season and accounts for most of the cannabis seized in any given year.

673. Illicit demand in Oceania for cocaine, although marked by annual fluctuations in seizures, appears to have growth potential over the long term. In Australia, illicit demand for and overall abuse of cocaine appears to be expanding; in 2012-2013, the number and weight of domestic seizures increased. Trends in Australia also show an increase in the number of seizures of cocaine at the border, with the postal system accounting for over 94 per cent of such seizures in 2012-2013 and 56 countries identified as embarkation points for trafficking of the drug. Reporting for 2013 by New Zealand also shows a slight increase in seizures of cocaine.

674. Australia saw increased seizures of heroin at the country's points of entry in 2012-2013, particularly via the postal service. The number of embarkation points for trafficked heroin increased from 19 countries in 2011-2012 to 25 countries in 2012-2013. The majority of the heroin reaching Australia appears to be from South-East Asia, while reports continue to show that Afghan heroin is increasingly reaching the Oceania region. It should be noted that Australia did see a decrease in the number of seizures of heroin, but still experienced its third-highest reported number of seizures in the past decade. This resulted in 2013 in Australia no longer being among the top 10 countries for largest quantities of seized heroin, despite ranking eighth in 2012. New Zealand also reported that both heroin and pharmaceutical opioids saw some increase in abuse in 2013.

## (b) Psychotropic substances

675. The market for amphetamine-type stimulants in Oceania appears to be growing, with methamphetamine the predominant drug of choice. Australia has reported an increase in the number and weight of seizures of such substances. The weight of seizures, for example, increased by 310.4 per cent between 2011-2012 and 2012-2013. Arrests in Australia for crimes related to amphetamine-type stimulants have also increased 131.3 per cent during the past decade, with 22,189 persons arrested in 2012-2013. Seizures at the Australian border of amphetamine-type

stimulants (excluding "ecstasy") increased in 2012-2013, by 85.6 per cent from the previous reporting year, to reach the highest level on record. The total weight of amphetamine-type stimulants (excluding "ecstasy") seized at the border increased by 515.8 per cent in 2012-2013.

676. Although the methamphetamine market in New Zealand is predominantly supplied by domestic manufacture, reports show that, as in the previous year, more finished methamphetamine is being imported into the country. This may be in response to increased law enforcement pressure on precursor imports, or it may be a result of international criminal groups seeing an opportunity for considerable profit, owing to the very high price that people are willing to pay for methamphetamine in New Zealand. The range and origin of organized criminal groups and offenders involved in the manufacturing of methamphetamine in New Zealand appears to be increasing. "Ecstasy" remains in high demand throughout Oceania, with region-wide prevalence rates nearing 3 per cent.

## (c) Precursors

677. With sustained smuggling of ephedrine and pseudoephedrine, considerable illicit manufacture of methamphetamine continues in Oceania. In June 2014, ephedrine made up 74.3 per cent of all border seizures of precursor chemicals in New Zealand. According to New Zealand authorities, there is very little diversion of pseudoephedrine. The Government of that country has also reported that it is working with the Government of China to reduce the supply of methamphetamine and precursors entering New Zealand.

678. In Australia, the number of seizures at the border of amphetamine-type stimulant precursors (excluding "ecstasy") increased by 11.3 per cent, from 937 in 2011-2012 to 1,043 in 2012-2013. That was the highest number of such seizures in the past decade. Almost 100 per cent, by weight, of "ecstasy" precursors seized in 2012-2013 were comprised of safrole. A decrease during the past reporting year in clandestine laboratories was reported by Australia, although the 757 laboratories detected in 2012-2013 still represented the second-highest number reported in the past decade. The majority of these laboratories continued to be located in residential areas. The number of laboratories manufacturing "ecstasy", although small, increased by 250 per cent to 7 laboratories. A total of 53 clandestine laboratories manufacturing methamphetamine were detected by the New Zealand authorities in 2013; three of those facilities were also producing "ecstasy" and *gamma*-butyrolactone. In addition, New Zealand has described how retailers in that country

work with the police to limit sales of toluene, which is commonly used in the manufacturing process.

#### (d) Substances not under international control

679. New psychoactive substances are found in most of Oceania, but data are available primarily only for New Zealand and Australia. Synthetic cannabinoids are the most common new psychoactive substances in those two countries, but the expanding market for new substances is a primary concern for the Governments of the region. New psychoactive substances are regularly being employed as substitute materials for MDMA in “ecstasy”-type tablets. Forensic analysis continues to identify either little or no MDMA in such tablets, finding that they consist mainly of a blend of other illicit drugs and/or unscheduled substances, including but not limited to piperazines, ketamine, methamphetamine, mephedrone, 4-methylethcathinone (the most common substance found in “ecstasy”-type tablets) and caffeine. Australia has also indicated that the rapid emergence of new psychoactive substances is an increasing challenge for law enforcement and public health. It reported that, while the number of seizures at the border in 2012-2013 of substances containing drug analogues and new psychoactive substances had decreased, the weight of the seizures had more than doubled. New cathinone-type substances accounted for the largest number of seizures. Overall, Australia has indicated that monitoring and reporting on trends relating to new psychoactive substances is limited, owing to the difficulties in accurately recording data about such drugs.

### 5. Abuse and treatment

680. Cannabis continues to be the most commonly abused drug in the Oceania region, with an annual prevalence rate consistently above 10 per cent. The Board notes that the lack of comprehensive statistics on drug abuse in Pacific island countries does not permit a complete assessment of either the overall drug control situation in Oceania or the capacity of the Governments of the region to address drug abuse as a public health issue and provide the necessary treatment.

681. Australia’s latest National Drug Strategy Household Survey reported overall stable levels during the 2010-2013 period of consumption of cannabis (annual prevalence of 10.2 per cent among those aged 14 years or older) and cocaine (2.1 per cent), but declines in abuse rates for some drugs, including heroin (from 0.2 to 0.1 per cent), “ecstasy” (from 3.0 to 2.5 per cent) and GHB, although

the misuse of pharmaceuticals increased from 4.2 per cent in 2010 to 4.7 per cent in 2013.<sup>53</sup> While overall abuse rates for amphetamines (methamphetamine and amphetamine) remained stable (2.1 per cent), the percentage of amphetamine abusers who were abusing powder methamphetamine decreased from 51 per cent to 20 per cent, while the percentage who opted for crystal methamphetamine more than doubled, from 22 per cent in 2010 to 50 per cent in 2013.

682. In Australia, the prevalence rate in 2013 for past-year abuse of new and emerging psychoactive substances by persons aged 14 years or older amounted to 0.4 per cent, while the prevalence rate for past-year abuse of synthetic cannabinoids was 1.2 per cent of the same population. The prevalence rate for past-year abuse of “ecstasy” dropped from 3.0 per cent in 2010 to 2.5 per cent in 2013, while the prevalence rate for abuse of cocaine remained unchanged, at 2.1 per cent, throughout the entire period.

683. In New Zealand, 75 deaths were reported in 2013 as being attributed at least indirectly to the abuse of drugs. Of the 6,597 persons brought into formal contact with the New Zealand police or criminal justice system in connection with personal drug-related offences, 5,525 persons were held in connection with cannabis-related offences. The latest figures from 2012 show that 41,806 persons were receiving treatment for drug abuse, with over 37 per cent of them entering treatment for the first time. According to the Government of New Zealand, there are also approximately 15,000 persons in the country who have a severe problem with opioid abuse.

684. Abuse of amphetamine-related substances has remained a major concern for the Oceania region. In response, New Zealand in 2009 instituted its national action plan on tackling methamphetamine, which was aimed at promoting supply control measures and scheduling the main precursor substances. As a result of the action plan, New Zealand reports that the past-year prevalence rate for the abuse of methamphetamine has dropped from 2.2 per cent of the adult population in 2009 to 0.9 per cent in 2013, with a particular reduction in the number of persons reporting initiation of abuse. Australia regularly provides information about the treatment methods available nationally for amphetamine-related substances, including counselling, therapeutic communities and self-help groups, while surveys have established that there is strong national support for treatment and rehabilitation.

<sup>53</sup>There is no average age group listed for this statistic, nor is there clarification about whether it means annual or lifetime prevalence, but it is likely to mean the annual rate.