

Chapter III.

Analysis of the world situation

HIGHLIGHTS

- The increasing prominence of East Africa as a transit area for Afghan heroin has led to the increased abuse of opiates in the subregion. West Africa has been identified as a source of the amphetamine-type stimulants reaching Asia.

- The region of Central America and the Caribbean remains a significant supplier of cannabis and a transit route for cocaine to North America and Europe. The region continues to be affected by drug trafficking and drug-related violence and has homicide rates that are among the highest in the world.

- North America had the highest rates of drug-related mortality in the world, including a growing number of accidental overdose deaths, and was affected by the growing public security and health consequences of widespread cannabis abuse in the United States and Canada.

- Coca bush cultivation in Colombia increased by 44 per cent in 2014, reversing the decreases of recent years, while Bolivia (Plurinational State of) and Peru once again registered decreases.

- Amphetamine-type stimulants, in particular methamphetamine, continue to be the largest drug threat for East and South-East Asia. The rapid emergence of new psychoactive substances remains an additional major concern.

- In South Asia, the rise in the illicit manufacturing, trafficking and abuse of methamphetamine and the diversion and abuse of pharmaceutical preparations containing narcotic drugs and psychotropic substances remain major drug-related challenges.

- The security and conflict situation in some countries in West Asia and the resultant mass movement of people within the region and beyond provide significant opportunities for organized criminal groups to traffic drugs and increased drug abuse.

- The number of new psychoactive substances identified and distributed in Western and Central Europe continued to grow in 2014.

- In Eastern and South-Eastern Europe, rates of drug abuse by injection are nearly five times the world average.

- Oceania is actively engaged in enhancing joint operations and improving border control, particularly given the region's vulnerability to the abuse and trafficking of drugs, including amphetamine-type stimulants.

A. Africa

1. Major developments

299. Africa continues to be one of the main transit areas for drug trafficking. West Africa is regularly used by traffickers to smuggle cocaine and other drugs into Europe. Furthermore, North Africa remains a primary source of drugs entering Europe, while East Africa is increasingly being used as a trafficking hub for Afghan heroin destined for Europe. The latter development is evidenced by the fact that East African countries and certain European countries have reported annual growth in seizures of heroin of African origin. This may be a reason for the increased abuse of heroin in East Africa.

300. Traffickers in search of new illicit markets for cocaine and heroin have targeted the nascent middle class in certain African countries, such as Benin, which has been used as a transit country for many decades, and Namibia, a transit country that is becoming a consumer country. Drug trafficking in West Africa may have an impact on the abuse of certain types of drugs, such as cannabis, cocaine, heroin and amphetamine-type stimulants, in the subregion.

301. The increase in drug trafficking has been accompanied not only by growing illicit drug use, especially among younger people, but also by increasing activities of organized criminal groups. In West and Central Africa, organized crime continues to contribute to social and economic costs by increasing drug trafficking and addiction and by concentrating wealth and power in the hands of comparatively few well-armed criminals.

302. Although the Economic Community of West African States (ECOWAS) has made efforts to counter the impact of drug trafficking and abuse in West Africa, there has been an overall increase in drug trafficking between Latin America and Europe using Africa as a transit area. The increase in illicit drug use in West Africa has resulted in challenges related to security, treatment and negative health and social consequences of that drug use.

303. According to South African law enforcement authorities, drug trafficking organizations from China and the Balkans have established a significant presence in Southern Africa. In addition to importing drugs directly into Southern Africa, drug trafficking organizations ship drugs to Maputo, and from there the drugs are transported by truck to South Africa.

2. Regional cooperation

304. A five-year strategic framework on drug control, focusing on drug abuse prevention and treatment standards, as well as the establishment of national and regional drug observatories, was discussed at the first meeting of the African Union Specialized Technical Committee on Health, Population and Drug Control, held in Addis Ababa in April 2015. During that meeting, African ministers of health, population and drug control held a meeting to discuss linkages between health and drug control. The recommendations contained in the final report of the ministers' meeting include: (a) the establishment of a regional drug control focal point by the regional economic community secretariats to develop and implement regional drug control strategies and to support individual States; and (b) the development of regional and national centres of excellence for the treatment and care of drug dependence. The ministers also recommended that the member States of the African Union, in partnership with WHO and UNODC, should develop model laws to provide a basis for legislative review at the member State level to address new and emerging drug control challenges.

305. An ECOWAS action plan for the period 2016-2020 establishes the following priorities for combating drug trafficking and transnational organized crime in West Africa: (a) improvement in the effectiveness of national and subregional cooperation in the detection and suppression of drug trafficking and organized crime; (b) the establishment of appropriate, adequate and effective criminal justice systems; (c) effective and sustainable demand reduction through the prevention of drug abuse, the treatment of drug addiction and the rehabilitation of drug-dependent persons; and (d) the establishment of a viable system for the collection of valid and reliable data for monitoring drug trafficking, organized crime and drug abuse.

306. Officials from 13 African countries attended the fourth International Annual Meeting of the Airport Communication Project (AIRCOP), held in Panama City from 21 to 23 April 2015. The meeting was organized jointly by UNODC, INTERPOL and WCO, with the support of the National Security Council of Panama, with the aim of creating a link between countries participating in AIRCOP, the interregional initiative aimed at facilitating the exchange of experiences and good practices in countering drug trafficking by air, to strengthen the coordination of their activities and share information between the joint airport interdiction task forces. In May 2015, joint airport interdiction task forces were operational in Benin, Cabo Verde, Côte d'Ivoire, the Gambia, Ghana, Mali, the Niger, Nigeria, Senegal and Togo.

307. A technical level meeting on heroin trafficking in the maritime domain was held on Mahé, in Seychelles, from 30 March to 1 April 2015. The meeting was aimed at enhancing drug control cooperation among littoral and island States of the Indian Ocean. The interregional initiative, supported by the UNODC Maritime Crime Programme, was attended by high-ranking officers from drug law enforcement agencies and state prosecutors, who proposed recommendations to counter drug trafficking in the area of the Indian Ocean.

3. National legislation, policy and action

308. In 2014, Egypt, Ghana and Nigeria took steps towards strengthening their national legislation and capacities to counter trafficking in drugs, including new psychoactive substances.

309. In November 2014, the Egyptian authorities scheduled five synthetic cannabinoids. The Ministry of Health added the following substances to the list of controlled substances included in the law of 1960: JWH-018, JWH-073, JWH-200, CP 47,497 and the C8 homologue of CP 47,497. According to the new law, the import, export, production, possession, handling, buying and selling of these substances are banned.

310. In Ghana, the authorities broadened the scope of their surveillance operations to include the monitoring of websites through which psychoactive substances are sold. The Parliament of Ghana is considering amendments to the Provisional National Defence Council law to strengthen sanctions related to synthetic psychotropic substances such as methamphetamine and its derivatives; and in order to introduce legislation to transform the Narcotics Control Board, under the Ministry of the Interior, into a drug control commission, under the President, with prosecutorial powers.

311. The Government of Nigeria approved its third national drug control master plan, covering the period 2015-2019. The new master plan, which was launched on 26 June 2015, provides a framework for reducing harm caused by drugs and for suppressing illicit drug production, supply and trafficking, as well as a platform for strengthening drug control responses. The master plan, developed by the interministerial committee on drug control, has four pillars: (a) law enforcement; (b) drug demand reduction; (c) access and control of narcotic drugs and psychotropic substances used for medical and scientific purposes; and (d) coordination of implementation.

312. In April 2015, the authorities of South Africa convened a conference to examine, among other issues, the potential use of cannabis for medical purposes. The round-table discussions focused on how to address the problems of cannabis use, abuse and dependence in the country.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

313. Illicit cannabis cultivation, production, trafficking and use continue to represent major challenges to countries in Africa. While the illicit production of cannabis resin is concentrated in a few countries in North Africa, cannabis herb is produced throughout the continent.

314. Production of cannabis herb continues to be an issue of concern in Nigeria, where 158 tons of packaged cannabis herb were seized in 2014. Nigeria reported that over 53 million kg of cannabis illicitly cultivated on a total of 4,529 hectares (ha) of farmland were seized and destroyed in 2014, the highest level reported in 10 years. That also represents a dramatic increase over the level reported in 2013 (the eradication of cannabis covering a total area of 847 ha).

315. Nigeria was confirmed as a source country for cannabis destined for China, through the analysis of seizures made at the international airport near Lagos, where a total of 94.3 kg of cannabis were seized in 2014. At the same airport, 90.9 kg of cannabis destined for China also, as well as 64.5 kg destined for the United Arab Emirates, were seized between January and July 2015. In Ghana, 98 kg of cannabis destined for the United Kingdom were seized at Kotoka International Airport in Accra in 2014.

316. Morocco remains one of the world's largest producers of cannabis resin and continues to supply cannabis resin to Europe. Seizures of cannabis resin reported by the Moroccan authorities have declined significantly since 2012 (from 137 tons in 2012 to 107 tons in 2013 and to about 70 tons in 2014), whereas there was an increase in seizures of cannabis resin in other countries in North Africa. The Moroccan authorities made significant efforts to counter illicit cannabis cultivation. In 2013, the Moroccan authorities reported 47,196 ha of cannabis cultivation, 9.2 per cent less than in 2012. The authorities expect the total area under cannabis cultivation to

decline further, to 34,000 ha, in the next few years. It has been reported that the concentration of tetrahydrocannabinol (THC) in cannabis cultivated in Morocco has increased.

317. Other countries in North Africa continue to report large amounts of seized cannabis resin. Seizures of cannabis resin increased in North Africa by 31 per cent in 2013. The increase was mainly attributed to large quantities of cannabis resin reported seized in Algeria and Egypt. In 2014, however, the seizures of cannabis resin reported by Algeria declined by nearly 14 per cent (from 211 tons in 2013 to 182 tons in 2014), and seizures reported by Egypt declined by 35 per cent (from 84 tons in 2013 to 55 tons in 2014). Most of the cannabis resin seized in Algeria was reportedly seized in a province in the north-western part of the country, on its border with Morocco. Other African countries also reported substantial seizures of the substance in 2014. For example, Tunisian authorities intercepted consignments of cannabis resin totalling 11 tons.

318. In 2014, Egyptian authorities resumed eradication campaigns targeting cannabis and opium poppy cultivation sites, eradicating cannabis plants covering a total area of 344.7 ha and opium poppy covering a total area of 306.5 ha. In 2014, Egyptian authorities seized over 395 tons of cannabis herb, compared with 212 tons seized during the previous year.

319. For West Africa, cocaine trafficking remains a major concern. Cocaine arriving from South America transits in particular countries in West Africa on its way to Europe. One of the main modes of transport used for such trafficking is commercial aircraft; it is likely that that development is related to the increased number of commercial flights between Brazil and West Africa. Data provided by the National Drug Law Enforcement Agency of Nigeria on drug interceptions at the international airport near Lagos indicate that a total of about 120 kg of cocaine were seized at the airport in 2014.

320. Togolese authorities seized about 268 kg of cocaine in 2014. Since December 2013, when direct flights to Brazil from the international airport at Lomé first began, the volume of cocaine seized at the airport has increased, reaching 221 kg in 2014. In 2014, 32 cocaine consignments were seized at the international airport at Lomé from flights originating in Brazil; of those consignments, 25 per cent had been destined for Nigeria, 22 per cent for Benin, 16 per cent for Togo and 13 per cent for Guinea-Bissau. Morocco also witnessed the emergence of cocaine trafficking using commercial flights from Brazil. In 2014, 570 kg of cocaine were seized in Morocco.

321. Cabo Verde continues to be used as a hub for organized criminal groups trafficking in cocaine. Cabo Verdean authorities reported in November 2014 the seizure of 521 kg of cocaine, and the interception by the Spanish navy of a consignment of 1,500 kg of cocaine in the Atlantic, 129 km west of Cabo Verde, was reported in January 2015.

322. Seizures of cocaine continue to be reported by countries in East Africa, but to a lesser extent than in previous years. Countries in the subregion had reported the seizure of large quantities of cocaine between 2010 and 2012; the quantities reported in 2014 were smaller. That may indicate a shift in the concealment methods used, from sending large amounts of cocaine in fewer consignments to sending smaller amounts packed in small consignments to avoid detection by law enforcement authorities. In 2014, the Kenyan authorities seized 11 kg of cocaine, 30 per cent of which had arrived by air. Because of the high price of cocaine, estimated at \$35,000-\$36,000 per kilogram, most of the cocaine is reportedly intended for illicit markets in European and other countries and only a small portion of it is kept for local consumption.

323. Africa's importance as a transit area for Afghan heroin destined for Europe and other regions has grown, as suggested by increasing seizures of heroin reported in recent years by some African countries, particularly in East Africa. In 2014, Kenyan authorities reported the seizure of 387 kg of heroin, 3,200 litres of water mixed with heroin and 2,400 litres of diesel mixed with heroin; 377 kg of the 387 kg of heroin had been seized on a single ship in the port of Mombasa.

324. Kenyan authorities reported that heroin is transported to the country in large ships that anchor in the high seas and are then offloaded onto small vessels, including dhows, fishing boats and speedboats. The main countries of destination were Italy, the Netherlands, the United Kingdom and the United States. As a result of the heroin being trafficked through Kenya, heroin has become one of the most commonly abused drugs in the country, second only to cannabis. Most of the cases involving heroin abuse in Kenya have been reported in Mombasa.

325. Seizure data indicate that the smuggling of heroin to and through the United Republic of Tanzania has also increased. Of all the substances seized by Tanzanian authorities, cannabis, khat (*Catha edulis*) and heroin (in that order) accounted for the highest amounts seized. During the first eight months of 2014, Tanzanian authorities intercepted consignments containing over 321 kg of

heroin, more than in any previous year. The seized heroin originated in Afghanistan, India, Iran (Islamic Republic of) and Pakistan and had been destined for China, Japan, South Africa, Turkey and the United States, as well as countries in Europe.

326. Egyptian authorities reported that seizures of heroin increased significantly from 260 kg in 2013 to 613 kg in 2014. Algerian and Moroccan authorities also reported seizures of heroin; however, the quantities seized were smaller, totalling less than 10 kg in 2014.

(b) Psychotropic substances

327. The South African Police Service reported an increase in the number of clandestine drug manufacturing laboratories producing synthetic drugs such as methamphetamine (known locally as “tick”), largely intended for the illicit market in South Africa.

328. West Africa appears to have become an established source of the methamphetamine that is smuggled into East and South-East Asia via South Africa or Europe. According to information provided by UNODC, the significant volume of amphetamine-type stimulants seized in West Africa over the past year may indicate an increase in the illicit manufacturing of and trafficking in amphetamine-type stimulants, in particular methamphetamine. A total of 10 clandestine methamphetamine laboratories were dismantled in Nigeria between 2011 and July 2015.

329. In May 2015, Nigerian authorities dismantled two facilities used for the illicit manufacture of methamphetamine in Anambra State. Between January and July 2015, Nigerian authorities effected four seizures of methamphetamine, totalling approximately 92 kg, at the international airport near Lagos. Three of the seizures were of minimal amounts; however, the fourth seizure is noteworthy for its size—about 91 kg. In addition, Nigerian authorities also reported the detection of 2.6 kg of liquid methamphetamine and 250 g of crystalline methamphetamine and some laboratory equipment used for the illicit manufacture of methamphetamine.

330. Senegalese authorities have reported major seizures of amphetamine-type stimulants, including the seizure of 30 kg of methamphetamine at Kidira, near the Malian border, in January 2015, followed by the seizure of an additional 82 kg of methamphetamine in Koumpetoum in February 2015. In both cases, the drugs had originated in Mali and had been smuggled out of Bamako.

331. In 2014, the smuggling of amphetamine-type stimulants through East Africa to illicit markets in Asian countries continued. Kenya reported the illicit manufacture of crystalline methamphetamine using ephedrine and pseudoephedrine, precursors that are legally imported into the country and then diverted. The methamphetamine is then smuggled predominantly to Asian countries and South Africa, the biggest illicit markets for the substance being Japan, Malaysia, the Republic of Korea and Thailand. The abuse of methamphetamine is also increasing in Kenya.

332. West Africa did not play a key role in the synthetic drug market until recent years. The reasons behind the change, part of an overall increase in global illicit demand for amphetamine-type stimulants, may be explained by weak controls on legal imports of their precursors and the socioeconomic situation in the subregion.

(c) Precursors

333. Countries in Africa continue to be vulnerable to trafficking in precursor chemicals, in particular as countries of destination and/or transit countries. The main precursor chemicals involved are ephedrine and pseudoephedrine, which are 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 between November 2014 and November 2015: Democratic Republic of the Congo, Ethiopia, Malawi, Mozambique, Nigeria, Seychelles, South Africa and Zimbabwe. The seizures communicated through PICS, however, involved relatively small amounts of ephedrine (totalling over 500 kg) and pseudoephedrine (totalling about 70 kg).

334. The data on seizures of substances listed in Tables I and II of the 1988 Convention and seizures of internationally non-scheduled substances remain limited. Information on methods of diversion and illicit manufacture, stopped shipments and thefts involving those substances, which is provided annually by Governments to the Board, has also been insufficient. As at 1 November 2015, the Governments of 16 African countries²⁴ provided form D for 2014 to the Board. Only 4 of the 16 countries (Namibia, Senegal, Zambia and Zimbabwe) reported the seizure of moderate amounts of ephedrine (in bulk form and in the form of

²⁴ Algeria, Benin, Côte d'Ivoire, Democratic Republic of the Congo, Egypt, Ghana, Morocco, Mozambique, Namibia, Senegal, Sudan, Tunisia, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

pharmaceutical preparations), ergometrine, isosafrole and potassium permanganate. Most of the ephedrine seized (82 kg) was reported by Senegal.

335. As noted by the Board in its report for 2014,²⁵ by 1 November 2014, the Governments of only a few African countries had invoked article 12, paragraph 10 (a), of the 1988 Convention, requiring them to be informed of shipments of substances in Table I of the Convention prior to their departure from the exporting country. Effective May 2015, the Government of the Sudan requires pre-export notification for imports of all substances in Tables I and II.

336. In May 2015, Nigerian authorities dismantled at least three clandestine laboratories in south-east Nigeria, where toluene, a substance in Table II of the 1988 Convention that is commonly used as a solvent, had been found. There are indications that the precursors were obtained locally, from domestic distribution channels, after they had been legally imported.

337. In February 2015, 133 kg of ephedrine were seized at the international airport near Lagos. The consignment had been sent as cargo and had been destined for Mozambique and South Africa.

338. An additional challenge has emerged in Africa: online sales of controlled drugs (web-based marketplace sales via the Internet). The increase in online trafficking has made it difficult for law enforcement authorities to identify website owners and users involved in trafficking in precursor chemicals.

339. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the 2015 report of the Board on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

340. Some African countries continue to raise their concerns over the abuse of substances not under international control, namely ketamine and tramadol. Nigeria, where ketamine is widely used in human and veterinary practice as an anaesthetic, brought tramadol and ketamine under national control in 2010.

341. The abuse of and trafficking in tramadol, a synthetic opioid not under international control, continues to represent challenges to a number of countries in Africa, notably in North Africa and West Africa. In 2014, more than 43,578 kg of tramadol were seized by the joint port control units of Cotonou, Benin, and Tema, Ghana. In February 2015, the joint port control unit of Cotonou seized 13,612 kg of tramadol, which had arrived from India and had been destined for the Niger. Seizures of tramadol in Egypt declined significantly, from 435 million tablets in 2012 to 157 million tablets in 2014. According to the Egyptian authorities, the decrease could be attributed to the fact that tramadol had been brought under national control in 2013.

342. There continues to be only limited information about the African continent regarding the emergence of new psychoactive substances, the extent of their abuse and their seizures. However, according to information provided to the Board, incidents with new psychoactive substances in 2015 involved the following African countries, particularly as countries of origin or as transit countries: Ethiopia, Kenya, South Africa and United Republic of Tanzania. The majority of the incidents concerned khat; the amounts of khat involved were in the range of 6-166 kg. Other seizures communicated during the reporting period included 27 kg of methylone, a synthetic cathinone included in Schedule II of the 1971 Convention by the Commission on Narcotic Drugs at its fifty-eighth session, in 2015.

5. Abuse and treatment

343. Although the prevention and treatment of drug abuse are part of the main provisions of the international drug control treaties, it is estimated that in Africa only 1 out of 18 people suffering from drug use disorders or drug dependence receive treatment each year and that a large proportion of drug users may not be dependent but may still require intervention.

344. The fact that almost half of the problem drug users who inject drugs follow unsafe injecting practices contributes to the rise in the incidence of HIV. In Southern Africa, for example, evidence indicates that high-risk injecting practices, such as the reuse and sharing of needles and syringes and the ineffective cleaning of injecting equipment, contribute to HIV transmission among people who inject drugs. This is also the case in sub-Saharan countries such as Kenya, Senegal, Uganda and the United Republic of Tanzania, where people who inject drugs often use non-sterile injecting equipment.

²⁵ E/INCB/2014/1, para. 295.

345. Despite the paucity of data on drug abuse in Africa, it is estimated that the annual prevalence of cannabis use in the region remains high (7.5 per cent of the population aged 15-64), almost double the global annual average (3.9 per cent), and it is particularly high in West and Central Africa (12.4 per cent). Cannabis is reported to be the primary substance for which people in Africa receive treatment for substance abuse.

346. According to information on demand for treatment, heroin remains the second most abused drug (after cannabis), in Africa. The annual prevalence of opiate abuse in the region is estimated at 0.3 per cent of the population aged 15-64 (or about 1.88 million individuals).

347. The annual prevalence of cocaine use in Africa, estimated at 0.4 per cent, remains comparable with the global estimate.

348. In West Africa, the growing availability of cocaine, heroin and amphetamine-type stimulants may have led to increased drug abuse and dependence. This increase is attributable to the emergence of illicit production and distribution centres for synthetic drugs in Côte d'Ivoire, Guinea and Nigeria.

349. The Government of Senegal has increased the availability and accessibility of services for the evidence-based treatment and care of drug dependence by setting up in December 2014 the Dakar integrated treatment centre for persons with addictions. The centre, located at the University Hospital of Dakar, also provides a methadone maintenance programme, drug dependence treatment services, outreach programmes and programmes for the treatment of HIV infection and hepatitis infection for drug users.

350. Cabo Verde is piloting a "one-stop shop" for drug abusers, a centre offering multiple drug abuse treatment services in a vulnerable neighbourhood in the capital city of Praia, promoting the implementation of a community-based treatment approach.

351. In Kenya, after an opioid substitution treatment facility (known locally as a medically assisted therapy clinic) was opened in Nairobi in December 2014, a second facility was opened in Malindi in February 2015 and two others were opened in Mombasa in September 2015. The national medically assisted therapy programme, launched on 18 August 2015, has been made available to people who inject drugs. In 2014, there were approximately 18,327 injecting drug users in Kenya, about 18 per cent of whom were HIV-positive, which is significantly higher than the HIV prevalence in the general population (5.6 per cent).

352. Several countries in Africa, namely Burundi, Comoros, Eritrea, Madagascar and the United Republic of Tanzania, have improved national systems for the treatment of drug dependence, mainly as a result of skill development and capacity-building initiatives. According to UNODC, Kenya and the United Republic of Tanzania have enhanced their capacity to prevent HIV infection and hepatitis infection among people who inject drugs. Mauritius and Seychelles have received technical support in this area.

353. In South Africa, the government of Gauteng province opened a centre for the treatment of substance abuse in Soweto in May 2015. The centre offers free assistance to alcohol- and drug-dependent persons.

B. Americas

Central America and the Caribbean

1. Major developments

354. The region of Central America and the Caribbean continues to be used as a major trans-shipment area for consignments of drugs originating in South America and destined for North America and Europe. In the Caribbean, countries have begun playing an increasing role as secondary distribution points for cocaine shipments to Europe.²⁶ Impunity, corruption and weak institutions undermine drug control efforts and the rule of law in the region, despite attempts to reform law enforcement and judicial systems. Drug trafficking activities are often carried out under the protection of local gangs (*maras*) operating in border areas, especially in El Salvador, Guatemala and Honduras.

355. There are indications that links have been established between drug cartels and criminal organizations operating in the region. Law enforcement authorities have reported a significant change in trafficking patterns, with drug traffickers cancelling confirmed flights at the last minute, only to make bookings immediately thereafter on the same flight, in an attempt to avoid detection during the process of screening the passenger list.²⁷

356. Drug trafficking has become a major security threat and is contributing to an increase in drug abuse in the sub-region. The number of homicides linked to organized

²⁶ *World Drug Report 2015*.

²⁷ *Ibid.*

crime has risen in areas where criminal groups fight to gain control of local drug distribution. The increase in criminal acts may be linked to the struggle to control local markets and the increasing availability of drugs, which in turn may be attributable to the fact that drug traffickers are frequently paid in drugs rather than cash.

357. The drug problem has also led to drug-related corruption, which has increasingly weakened the criminal justice systems in Central America and the Caribbean. Corruption, including among police and other law enforcement officials, has interfered with the ability of Governments in the region to promote development, blocking the delivery of services and distorting public spending. Drug money and corruption have become entrenched in the security services in Central America, paving the way for other forms of organized crime, including trafficking in firearms. Limited law enforcement capacity, corruption and weak governability in Central America and the Caribbean have facilitated the use of smuggling channels and drug trafficking activities. INCB encourages the Governments of countries in Central America and the Caribbean to consider regional strategies for countering the drug problem that involve concerted action in the area of crime prevention and criminal justice reform, together with regional approaches to reducing drug trafficking and controlling firearms.

358. In February 2015, Jamaican legislators passed an amendment to the Dangerous Drugs Act to the effect that possession of two ounces or less of cannabis (56.6 g) is no longer a criminal offence and will no longer result in a criminal record. The use of cannabis for personal consumption has also been authorized for members of the Rastafari community, in the context of their religious activities. The amendment entered into force on 1 April 2015.

359. The Board continues to closely follow drug policy developments in the region, including the adoption of amendments to the legal frameworks regulating substances under international control in Costa Rica, Guatemala and Jamaica. INCB underscores that Governments, whenever considering potential changes to their national drug legislation and policies, should take steps to ensure that those changes are consistent with their obligations under the three international drug control conventions.

2. Regional cooperation

360. A regional seminar on the role of research in the development of effective policy in the field of drug abuse prevention was held in Port of Spain from 29 to 31 October 2014. The seminar was organized by the

Inter-American Drug Abuse Control Commission, through its Inter-American Observatory on Drugs, and the Government of Trinidad and Tobago, with the participation of representatives of 30 Caribbean States members of the Organization of American States (OAS). Participants emphasized the need to strengthen State institutions and their capacity to gather, analyse and report drug-related information to guide the drug-related policy of the participating countries.

361. On 12 February 2015, the Montevideo Declaration was adopted by the seventeenth high-level meeting of the Coordination and Cooperation Mechanism on Drugs between the European Union and the Community of Latin American and Caribbean States (CELAC). In the declaration, States committed to continuing to provide support to projects in the region, in both demand and supply reduction areas, and emphasized the need to address the world drug problem using a comprehensive, multidisciplinary, intersectoral and balanced approach.

362. The Seventh Summit of the Americas was held in Panama City on 10 and 11 April 2015. Participants emphasized the need for a comprehensive and effective strategy against the world drug problem in the Americas. In its final "Mandates for action" document, the Summit decided to continue with the dialogue in preparation for the special session of the General Assembly on the world drug problem to be held in 2016.

363. A workshop on drug trafficking over the Internet was held in San José on 19 May 2015. It was organized by the Inter-American Drug Abuse Control Commission (CICAD) of OAS and the Costa Rican Drug Institute. The objective of the seminar was to develop mechanisms to control and prevent the diversion and abuse of pharmaceutical products over the Internet.

364. The Twenty-fifth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, was held in San Pedro Sula, Honduras, from 5 to 9 October 2015. Among the major issues discussed were: (a) prevention, investigation and prosecution of microtrafficking and its links to transnational criminal networks; (b) border management; (c) ways to address current trends in trafficking in cocaine; and (d) curbing access to the supply of precursor chemicals.

3. National legislation, policy and action

365. In February 2015, Jamaican legislators passed an amendment to the Dangerous Drugs Act to the effect that

possession of two ounces or less of cannabis (56.6 g) is no longer a criminal offence and will no longer result in a criminal record. Possession for personal use will be treated as an administrative offence, similar to a traffic violation, with a 30-day period to pay the administrative fine. The amendment also allows each household to cultivate up to five cannabis plants. The amendment provides for a cannabis licensing authority to be established to monitor the distribution of cannabis for scientific and medical purposes. The use of cannabis for personal consumption has also been authorized for members of the Rastafari community in the context of their religious activities. The amendment entered into force on 1 April 2015.

366. In June 2015, the Ministry of Health of Costa Rica released an expert opinion that included details of implementation of a pending bill to promote cannabis for medical and industrial purposes. Among the conditions specified by the Ministry are that medical cannabis may be prescribed only as the last-resort medical alternative, while recreational use of cannabis remains illegal. Medical cannabis may be distributed through conventional pharmacies, exclusively on prescription. The bill, pending since late 2014, contains a proposal on the legalization of the growing, processing and sale of cannabis for medical and industrial use. The pending bill is expected to be debated by the Parliament by the end of 2015.

367. In Guatemala, the National Commission for the Reform of Drug Policy was established in 2014. The Commission aims to conduct a comprehensive review of the current policy on drugs and to propose reforms. It also aims to guide Government drug policy reform in the context of a broad and informed dialogue worldwide.

4. Cultivation, production, manufacture and trafficking

368. In Central America and the Caribbean, circumstances such as poverty, social inequality and a lack of economic opportunities for young people have contributed to an increase in drug trafficking. The migration situation in Central American countries is one of the most complex in the world, with many thousands of migrants arriving, transiting and departing every year. The easily accessible coasts of Jamaica have been used increasingly by various criminal networks to use the country as a transit and destination country for smuggling drugs, firearms, ammunition and migrants.

369. Cocaine continues to be trafficked from the border area between Colombia and Venezuela (Bolivarian

Republic of) to airstrips in Central America and the Caribbean, in addition to the use of the more established sea routes via Haiti and the Dominican Republic. In terms of maritime trafficking, remote coastal areas of Honduras and parts of northern Nicaragua are also used. Once offloaded, shipments are moved further north by air.²⁸ In Nicaragua, most cocaine is seized in remote, underpopulated and isolated areas along the Atlantic coast.

370. Drug trafficking by sea remains a major problem in Central America and the Caribbean. In addition, light aircraft operating from clandestine airstrips in remote areas of South America are increasingly being used to transport cocaine. More and more often, drug traffickers use stolen or falsified aircraft registration numbers when transporting illicit consignments by air. INCB encourages Governments to monitor the sale and movement of light aircraft more closely, step up airspace security and strengthen control over privately owned landing fields.

(a) Narcotic drugs

371. Significant levels of cannabis herb are produced in most countries in Central America and the Caribbean. Jamaica remains the largest producer of cannabis in the Caribbean, with total cultivation of cannabis plant estimated by local authorities at about 15,000 ha. Jamaican law permits only manual eradication. Eradication of cannabis increased in 2014, with the destruction of 588 ha, compared with 247 ha in 2013. In the Dominican Republic, the cannabis cultivated is mainly for local consumption, and seizures are concentrated in the north-western and south-western provinces that border Haiti. In 2014, seizures of more than 1 ton of cannabis were reported by the Dominican Republic.

372. In the eastern Caribbean countries (Antigua and Barbuda, Barbados, Dominica, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines), South American drug cartels use the many uninhabited islands for trafficking and temporarily storing cocaine shipments for onward trafficking to North America and Europe. Cannabis plant cultivation is present in the mountainous regions of Dominica, Grenada and Saint Vincent and the Grenadines. Law enforcement authorities in Barbados have reported an increased number of shipments of cannabis and cocaine originating in Trinidad and Tobago. Antigua and Barbuda reported an increased flow of cannabis and cocaine from Jamaica via Sint Maarten.

²⁸ United Nations Office on Drugs and Crime, *Transnational Organized Crime in Central America and the Caribbean: A Threat Assessment* (Vienna, September 2012).

373. In 2014, according to official statistics, drug seizures in the Caribbean totalled about 1.7 tons of cocaine and more than 376 tons of cannabis. Those seizures led to a total of 277 drug-related arrests, 234 drug-related prosecutions and 218 convictions during that year.

374. Saint Vincent and the Grenadines continues to be an important source of cannabis in the Caribbean. Another important source of cannabis in the region is Costa Rica, a regional leader in the eradication of cannabis plants and the seizure of cannabis. In Costa Rica, locally grown cannabis is primarily for domestic use; only a small fraction is exported. Seizures of cannabis from Colombia and Jamaica are also fairly common in Costa Rica; most of it is intended for the domestic market.

375. Cocaine and synthetic drugs are not produced in Jamaica. Drugs are trafficked from and through Jamaica by maritime vessels, air freight, human couriers and, to a limited degree, private aircraft. Factors contributing to drug trafficking include the country's strategic geographic position, its lengthy and largely unprotected coastline and the large numbers of tourists visiting the country and the corresponding airline traffic. Cannabis and cocaine are trafficked from and through Jamaica mainly to markets in Belgium, Canada, Germany, the Netherlands, the United Kingdom and the United States, as well as other Caribbean countries. Reports indicate that Jamaica is emerging as a transit point for cocaine, in addition to cannabis leaving Central America and destined for the United States.

376. According to UNODC, cocaine trafficking patterns in Central America in 2013 remained the same as those in previous years. Costa Rica reported significant changes: from being primarily a transit country, it has become a secondary distribution point and a country of temporary storage of cocaine for onward trafficking.

377. Central America and the Caribbean was the only region worldwide where cocaine seizures increased in 2013, to 162 tons, compared with 78 tons in 2012. The largest quantities of cocaine seized in 2013 were in Panama (41 tons) and Costa Rica (20 tons). That, however, was significantly lower than the 26 tons of cocaine seized in Costa Rica in 2014. In 2013, Trinidad and Tobago reported seizures of cocaine totalling 2.3 tons.²⁹ In 2014, authorities in the Dominican Republic seized more than 5 tons of cocaine, down from the approximately 8 tons seized in 2013, a decline owing partially to disruptions to trafficking organizations. The drug squad of Saint Vincent and the Grenadines reported a surge in

the trans-shipment of cocaine, and authorities indicated that trafficking in drugs to and from nearby Guadeloupe had increased manifold over the previous few years.

378. Panama reported seizing more than 35 tons of cocaine in 2014. Several local drug trafficking organizations in Panama continued to provide logistical support to international trafficking organizations smuggling cocaine into Panama for further distribution northward into Central America. These organizations, based along the Caribbean coast of Panama, coordinate the receipt of "go-fast" vessels from several organizations in Colombia. Once in Panama, these vessels are refuelled and the illicit drugs stored in remote locations along the coastline, from where they are trafficked further north.

(b) Psychotropic substances

379. There are reports indicating that methamphetamine laboratories are being increasingly established in Central America. Over the past few years, clandestine laboratories used for manufacturing amphetamine-type stimulants have been dismantled in Belize, Jamaica, Guatemala, Honduras and Nicaragua.

380. The Board has noted the scarcity of data reported on manufacture and trafficking of psychotropic substances and on the nature and extent of drug abuse of such substances in most countries in the region. INCB once again urges Governments to take additional measures to increase national capacity to collect data and conduct national assessments to determine the true extent and nature of problems caused by availability of psychotropic substances in the region.

(c) Precursors

381. The Central American subregion has also reportedly witnessed an increase in imports of chemicals that are not subject to international control but are suspected of being illicitly used in the manufacture of drugs. Following the adoption of legislation regulating the use of such chemicals in many countries in the subregion, the number of reported attempts to divert chemicals has declined.

382. In Central American and Caribbean countries, additional measures are being taken to address the increasing diversion of precursors used in illicit drug manufacture; some countries, such as Antigua and Barbuda, Barbados, Costa Rica and Grenada, have established mechanisms for regulating the use and distribution

²⁹ *World Drug Report 2015*.

of controlled chemicals. In the region as a whole, however, the movement of precursors is poorly monitored and regulated owing to weak infrastructure and the inadequate level of resources allocated by Governments. INCB encourages the Governments of countries in Central America and the Caribbean to adopt and strengthen legislation and to establish a regional cooperation mechanism for preventing trafficking in and diversion of precursors.

383. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2015 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

384. New psychoactive substances also continue to be reported by countries of Central America and the Caribbean, in particular Costa Rica. According to the UNODC early warning advisory, Costa Rica continued to report substances in the groups of phenethylamines, piperazines and other substances in 2015. Use of those substances may have serious health consequences, as the effects of such substances on the human body are not fully understood or known. In addition, the trafficking of those substances creates additional challenges for the regulatory and enforcement authorities.

5. Abuse and treatment

385. Cannabis abuse patterns and trends in the region have remained fairly stable. The prevalence of cocaine abuse in Central America and the Caribbean remains higher than the global average,³⁰ with an estimated average annual prevalence of 0.6 per cent for both subregions. As regards the use of opioids in Central America, UNODC has estimated annual prevalence at 0.2 per cent, which is below the global average.

386. According to the *Report on Drug Use in the Americas, 2015*,³¹ annual cannabis prevalence among secondary school students in Central America was reported to be highest in Belize, at 15.8 per cent, and lowest in Honduras, with a little more than 1 per cent. In the

Caribbean, Saint Lucia reported the highest annual prevalence rates, of more than 15 per cent. Prevalence rates of less than 5 per cent were reported in Antigua and Barbuda, Barbados, Dominica, the Dominican Republic, El Salvador, Guyana, Haiti, Honduras, Panama, Saint Kitts and Nevis, and Saint Vincent and the Grenadines.

387. According to the *Report on Drug Use in the Americas, 2015*, the annual prevalence of cocaine abuse among high-school students in the Caribbean ranges from 0.5 per cent to slightly more than 2 per cent. In six countries (Antigua and Barbuda, Grenada, Haiti, Saint Kitts and Nevis, Saint Lucia and Trinidad and Tobago) reported prevalence is about 1.5 per cent and three countries in Central America have prevalence rates of about 1 per cent (Belize, El Salvador and Panama). Approximately 50 per cent of all demand for treatment for drug abuse in the region is reportedly related to cocaine abuse. Cocaine is also ranked as the main substance causing drug-induced or drug-related deaths.

388. Cocaine abuse among secondary school students is higher among male students in all countries, regardless of the prevalence rate reported. The exception is Saint Vincent and the Grenadines, where the estimated prevalence among males is 0.58 per cent, while for women it is 0.69 per cent. In Grenada, the country with the highest level of cocaine use in the Caribbean, the ratio of male to female use is 32 to 1, followed by Saint Lucia with 7 to 1, and Haiti and Jamaica, with about 3 to 1. In Honduras and Costa Rica, cocaine abuse by male students is three and four times higher than females, respectively.³²

389. The highest prevalence rates of “crack” cocaine in the Caribbean, ranging between 1.5 per cent and 2.2 per cent, are found in Antigua and Barbuda, Barbados, Grenada, Haiti, Saint Kitts and Nevis, and Saint Lucia. Guyana, Jamaica, Panama, and Trinidad and Tobago reported prevalence rates of around 1 per cent. The lowest prevalence rates (under 0.5 per cent) in Central America are found in Costa Rica and Honduras. The lowest prevalence rates in the Caribbean are found in the Dominican Republic.

390. The Board notes with concern the increase in the abuse of MDMA (“ecstasy”) in countries in Central America and the Caribbean, particularly in Antigua and Barbuda, and Belize. Abuse of “ecstasy”-type substances is also increasing in Jamaica, especially in the tourist areas of Negril and Montego Bay. The “ecstasy” found in the

³⁰ *World Drug Report 2015*.

³¹ Inter-American Drug Abuse Control Commission of the Organization of American States, *Report on Drug Use in the Americas, 2015*.

³² *World Drug Report 2015*.

region continues to be smuggled from European countries or, more recently, from Canada.³³

391. “Ecstasy” use among high-school students in the Caribbean remains high, with the highest annual prevalence rate (3.7 per cent) reported in Antigua and Barbuda. In Central America, the highest rate was found in Belize, with 2.4 per cent. In terms of lifetime prevalence of “ecstasy” among the general population, Belize reported the highest rate in Central America (0.5 per cent).³⁴

392. Inhalant abuse is particularly high in the Caribbean. Of the 12 Caribbean countries that have provided information on abuse of those substances, 8 have prevalence rates of over 5.9 per cent, which are higher than the rates in all other countries of the western hemisphere, with the exception of the Dominican Republic. In Central America, there are considerable differences between the country with the highest rate of inhalant use (Belize, at 5.5 per cent), and that with the lowest (Honduras, with 0.6 per cent).³⁵

393. The development and successful implementation of programmes 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. INCB 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 the collection of drug-related data and a lack of centralized agencies mandated to assess that information. In addition, Governments have to strike a balance between competing developmental priorities and the need to adopt drug abuse prevention and treatment measures. INCB reiterates the importance of Governments in the region taking tangible steps to improve frameworks for the collection and analysis of drug-related data to be used to implement adequate programmes for prevention and treatment that are available to the entire population of the region.

North America

1. Major developments

394. Opioid abuse has remained one of the major challenges facing North America (Canada, Mexico and the

United States), with a regional annual prevalence rate of 3.8 per cent in 2013, significantly higher than the global average of 0.7 per cent. However, patterns of abuse and trafficking have continued to shift, requiring Governments in the region to adapt their drug control policies accordingly.

395. Abuse of prescription drugs continues to be the single biggest challenge to drug control efforts in the region. In the United States, federal authorities have reported that deaths involving controlled prescription drugs outnumber those involving heroin and cocaine combined. The lucrative nature of illicit trade in prescription drugs in North America has led to the growing involvement of organized transnational criminal groups in trafficking, which had previously been controlled by small-scale dealers and street gangs.

396. Prescription drug abuse continues to exact a heavy human and economic toll on the region; it is one of the leading causes of accidental death and costs Governments in the region billions of dollars annually. In the United States, drug overdose deaths, primarily related to prescription drug abuse, continue to outnumber those caused by motor vehicle accidents, thus constituting the single leading cause of “injury deaths” in the country. The Drug Enforcement Administration of the United States estimates that the costs of the non-medical use of prescription drugs alone total more than \$53 billion annually.

397. The growth of the illegal market in prescription drugs has been spurred in part by the imposition of stricter controls on the prescription and dispensing of those drugs in various jurisdictions in the region, including through the establishment of programmes for prescription drug monitoring, increased controls on pharmacies and greater cooperation between law enforcement agencies, although there remain significant gaps in that system, in part because they are state-level rather than national-level control systems.

398. Stricter controls on the availability of prescription opioids have also contributed to the continued resurgence of heroin as a major substance of abuse in North America, reversing years of decline in prevalence. The increase in heroin abuse has been particularly pronounced in the United States, where it has affected urban centres and—increasingly—rural regions where historically large-scale abuse of the drug had not been an issue. United States law enforcement officials have reported that Mexican drug cartels have been increasing their share of the United States illicit heroin market using established distribution channels for other drugs. There has also been an increased incidence of drug overdose deaths caused by fentanyl-laced heroin.

³³ *World Drug Report 2014*.

³⁴ *Report on Drug Use in the Americas, 2015*, chap. 6.

³⁵ *Ibid.*, chap. 4.

399. Cannabis remains the most commonly abused drug in the region, in part due to its high level of availability. The drug is illicitly cultivated in all three countries for domestic abuse and, to a lesser extent, trafficked between countries. In the United States, the high supply of cannabis is due to extensive illegal production within the country, large-scale smuggling from Mexico and large-scale production and diversion from states within the United States that allow cannabis production for non-medical purposes and for medical cannabis programmes. Authorities of some states have complained of a spillover effect created in their territory by the diversion for trafficking purposes of cannabis from neighbouring states that have legalized the drug for non-medical purposes. United States authorities have also reported a 62 per cent increase in the number of cannabis-related emergency department visits between 2004 and 2011. In 2011, the number of medical emergency visits for illicit drug use-related causes that were cannabis-related were second only to those for cocaine.

400. In Mexico, drug syndicates continue to constitute a major source of criminal activity, including murders, abductions and corruption, posing a sustained threat to public order and security in many parts of the country. In addition, there are signs that the illicit manufacture of methamphetamine destined for the United States illicit market has been on the increase. The number of methamphetamine laboratories detected in Mexico has increased significantly since 2008, and seizures of the drug at the United States border have increased by a factor of three since 2009.

2. Regional cooperation

401. 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.

3. National legislation, policy and action

402. In late 2014, the United States Justice Department sent a “policy statement regarding marijuana issues in Indian country” to all United States attorneys. The document was intended to provide additional guidance on the enforcement by United States attorneys of the Controlled Substances Act on tribal lands on cannabis-related matters. It reiterated the eight enforcement priorities set by the Department of Justice in its 2013

memorandum³⁶ to United States attorneys and established their applicability to reservations and tribal lands, many of which traverse state borders and federal districts.

403. In December 2014, Oklahoma and Nebraska, two states bordering Colorado, filed a lawsuit against the State of Colorado before the United States Supreme Court urging the Court to prohibit the establishment of a regulatory regime for the cannabis industry. Oklahoma and Nebraska argue that because of the federal Government’s prohibition of cannabis under the Controlled Substances Act, states cannot act in contradiction of that ban by creating a regulatory framework for legalization. The suit argues that Colorado’s official efforts to regulate the legal cannabis industry bring the state into conflict with federal and international drug laws. In addition, both states argue that Colorado’s official regulation of recreational cannabis imposes a nuisance burden on surrounding states due to an increase in drug trafficking. The Supreme Court has not yet decided whether it will accept the case.

404. The Board reiterates its view that measures taken in various states of the United States to legalize the production, sale and distribution of cannabis for non-medical and non-scientific purposes are inconsistent with the provisions of the international drug control treaties. INCB wishes once again to draw attention to the fact that the 1961 Convention as amended establishes that the parties to the Convention should take such legislative and administrative measures as may be necessary “to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs”. The limitation of the use of controlled substances to medical and scientific purposes is a fundamental principle which lies at the heart of the international drug control legal framework which cannot be derogated from. Regardless of whether they are federal or unitary States, all parties to the conventions have a legal obligation to give effect to and carry out the provisions of the convention within their own territories.

405. In February 2015, the United States Government announced that the President’s 2016 budget submission to Congress would request historic levels of public funding for “health responses to illicit drug use” totalling more than \$25 billion. Of that amount, \$12 billion in federal funds are to be earmarked to fund initiatives for demand reduction, representing an increase of more than \$760 million over the President’s 2015 budget submission. Of that funding for 2016, \$133 million has been earmarked to intensify efforts to reduce opioid abuse. The initiatives

³⁶See E/INCB/2014/1, para. 141.

to be funded include prevention measures such as the strengthening and increased interoperability of State prescription drug monitoring programmes and the expansion of mechanisms for the disposal of prescription drugs. Additional funding will be provided to the Centers for Disease Control and Prevention to study measures to curb heroin overdose deaths and provide naloxone, which is used to rapidly counteract the effects of opioid overdose, to first responders and train them in its use. Part of the earmarked funds will also be used to offer substance abuse treatment to all eligible federal prison inmates through the Department of Justice's Federal Bureau of Prisons.

406. In July 2015, Health Canada announced that it was reviewing the prescription requirement for naloxone. That initiative comes at a time when opioid overdoses continue to increase across the country. As a first step towards facilitating access to the medicine, the federal Government was undertaking consultations with provincial and territorial health authorities to collect information about the use of naloxone, in particular with respect to the possibility of allowing a wider range of professionals, including first responders, to inject patients with naloxone.

407. In August 2015, the United States Administration announced \$13.4 million in funding for the high-intensity drug trafficking areas (HIDTA) programme, which is intended to ensure coordination among federal, state, local and tribal law enforcement agencies operating in areas identified as critical drug trafficking areas of the country. Of the total investment, \$5 million will be earmarked to fund efforts to reduce heroin trafficking and abuse, including \$2.5 million to fund the Heroin Response Strategy, a partnership among five regional HIDTA programmes to address the severe heroin threat facing those communities through public health-public safety partnerships across 15 states. In addition, \$1.3 million in HIDTA funds will be directed to the five regional HIDTA programmes along the United States-Mexico border to enhance investigations of large-scale transnational criminal organizations, reduce the flow of dangerous drugs, including heroin and methamphetamine, across the border, and prevent illicit drug use in border communities. Finally, nearly \$500,000 will be used to address challenges posed by illicit drug use on tribal lands in six states through the investigation and dismantling of organizations that exploit tribal communities to traffic and distribute dangerous drugs.

408. In Mexico, health authorities continue to take measures to increase access to controlled substances for medical purposes. In June 2015, the head of the Federal

Commission for Protection against Health Risks (COFEPRIS), announced the establishment of an electronic prescription system to facilitate access to morphine for patients suffering from severe pain. Under the previous system, doctors wishing to prescribe morphine needed to go to COFEPRIS offices in order to secure a bar code that validated morphine prescriptions, with the result that very few prescriptions were ever actually issued. The Mexican Secretariat of Health expressed its confidence that the new system in place would help to reduce barriers to availability of morphine for the treatment of severe pain.

409. In August 2015, the Minister of Health of Canada announced regulatory changes to make *Salvia divinorum* and its preparations and derivatives controlled substances under schedule IV of the Controlled Drugs and Substances Act. All activities beyond simple possession will be illegal unless authorized by regulation or by an exemption. The scheduling of *Salvia divinorum* will also enable law enforcement agencies to take action against suspected illegal activities involving those substances.

410. In June 2015, the Respect for Communities Act came into effect in Canada. The legislation, which amends the Controlled Drugs and Substances Act, establishes specific criteria that must be met by applicants seeking an exemption for activities involving illicit substances at a "supervised consumption site" in order for the exemption request to be considered by the Ministry of Health. Canada currently has one supervised consumption site, but additional applications for the establishment of drug consumption rooms have been received by Health Canada and are currently under consideration.

411. In June 2015, the Supreme Court of Canada issued its judgement in the *R. v. Smith* case relating to the definition of "marihuana" in the country's medical cannabis programme which, until then, limited the lawful use of cannabis to "dried herb". Pursuant to the judgement, individuals licensed to possess and consume cannabis under the Marihuana for Medical Purposes Regulations may now possess cannabis derivatives for their own personal use, in addition to or instead of dried cannabis herb.

412. Also in June 2015, Health Canada announced amendments to the Narcotic Control Regulations and the Marihuana for Medical Purposes Regulations to further strengthen public health and safety. The new measures respond to requests from medical licensing bodies for increased information on how doctors are authorizing cannabis use. The regulations require licensed producers of cannabis for medical purposes to provide quarterly reports to health-care licensing bodies on how health-care

practitioners are authorizing the use of cannabis, which will be provided to provincial and territorial medical and nurse licensing bodies upon request, allowing them to more effectively monitor the professional practice of their members.

413. In May 2015, the Government of Canada announced that it was providing the Canadian Institute for Health Information with over 4 million Canadian dollars over five years to develop a coordinated national approach for the monitoring and surveillance of prescription drug abuse in cooperation with provinces, territories and other stakeholders in order to develop and enhance data collection and dissemination and contribute to a national report on surveillance.

414. In response to the persistent public health threat posed by prescription drug abuse, authorities in Canada and the United States have continued to stage “prescription drug take-back days”. In November 2014, the United States Drug Enforcement Administration reported that it had collected over 2,400 tons of unwanted prescription drugs in the previous four years of take-back initiatives.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

415. There continue to be various source countries of the heroin trafficked and abused in North America. Afghan heroin, mostly smuggled through India, Iran (Islamic Republic of) and Pakistan, accounts for approximately 90 per cent of the heroin abused in Canada, while most of the heroin abused in the United States is sourced from Mexico and South America and smuggled across the United States-Mexico border. However, according to UNODC, the market share of Afghan-manufactured heroin abused in the United States may be increasing.

416. According to the Drug Enforcement Administration, the threat posed by heroin is increasing in all parts of the United States, particularly in the north-east and north-central regions. Based on reports from law enforcement agencies, the availability of heroin appears to be increasing. Heroin seizures in the United States have increased by 81 per cent over five years, from just over 2,763 kilograms (kg) in 2010 to over 5,000 kg in 2014. Over the same period, the average size of heroin seizures grew from 0.86 kg to 1.74 kg. Heroin-related arrests doubled between 2007 and 2014, and, in 2014, surpassed cannabis-related arrests for the first time.

417. Heroin seizures reported by authorities in Mexico amounted to over 386 kg in 2014. Mexican drug cartels have also increased their market share of the illicit heroin market in the United States and are now the most prominent wholesale-level heroin traffickers in several large cities in the country. The number of heroin seizures and the quantities seized at the border with Mexico have also risen sharply, from 846 kg seized in 295 incidents in 2009 to 2,196 kg seized in 580 incidents in 2013. The increased smuggling of Mexican and Colombian heroin into the United States through the Mexican border has led to a change in heroin trafficking patterns, as western states in the United States are becoming major transit areas for the drug.

418. In Mexico, opium poppy eradication efforts have continued. According to UNODC, Mexico eradicated 14,662 hectares of opium poppy cultivation in 2013, a decrease of 7 per cent since 2012.

419. Most of the cocaine available in the United States continues to be produced in Colombia and smuggled across the Mexican border and, to a lesser extent, through the Caribbean. Despite the fact that cocaine continues to be widely available throughout the country, its availability has decreased continually since 2007, with the biggest markets for the drug concentrated along the east coast of the United States. Mexico, for instance, reportedly seized 2.8 tons of cocaine in 2014, a decrease of 11 per cent compared with 2013.

420. Law enforcement officials in the region attribute the decrease in availability of cocaine to less coca bush cultivation in producing countries in South America, successful law enforcement efforts, changing patterns of abuse and conflicts between transnational criminal groups.

421. Despite declining seizures of cannabis herb in Mexico and the United States, cannabis has maintained its status as the most widely available and most widely abused illicit drug in North America.

422. In all three countries, domestic production of cannabis has continued, particularly in indoor growth operations and on private land. In addition, large quantities of the drug are also smuggled into the United States from Mexico, with seizures remaining at 1.3 million kg to 1.4 million kg per year. Smuggling methods include subterranean tunnels, shipment containers and hidden compartments in private vehicles. Mexican authorities estimate that of the 868 tons of cannabis seized in the country in 2014, just over 84 per cent was intended for domestic consumption, while over 15 per cent was intended to be trafficked to the United States.

423. According to the Drug Enforcement Administration, states neighbouring those in which cannabis has been legalized for non-medical purposes have reported a spillover effect as the drug is trafficked into their jurisdictions. The Drug Enforcement Administration has also found that the legalization of cannabis in some states has not eliminated the illicit market for the drug in those states due to high taxes and other state-imposed restrictions on the legal cannabis.

424. The THC content of cannabis seized in the region has also reportedly continued to increase. In its “2014 National drug threat assessment summary”, the Drug Enforcement Administration reported an increase in potency, with THC levels rising from 3.96 per cent in 1995 to an average potency of 12.55 per cent in 2013. Another growing trend has been the production and abuse of cannabis concentrates through THC extraction from cannabis plant materials, which can yield THC levels of up to 80 per cent.

425. Trafficking of fentanyl-laced drugs has continued to emerge as a major threat to public health in the region, particularly in Canada and the United States. In Canada, the Royal Canadian Mounted Police has identified two primary ways the drug is infiltrating the illicit drug market. The first is the diversion of pharmaceutical fentanyl products (primarily transdermal patches) from domestic supply and distribution channels into illicit trade. The second is the smuggling into Canada of pharmaceutical-grade fentanyl and fentanyl analogues. Law enforcement authorities in western Canada, which is particularly affected by fentanyl trafficking, have indicated that the main source region is Asia (in particular China), with fentanyl being smuggled into British Columbia by organized criminal groups and, from there, further eastward to other provinces, particularly the province of Alberta.

426. Fentanyl is typically smuggled in powder form and is often combined with illicit drugs (primarily heroin) and illicit synthetic drug tablets manufactured in domestic clandestine laboratories which is often sold as counterfeit oxycodone tablets. According to data from Health Canada’s Drug Analysis Service, the number of seizures of fentanyl in Canada increased by a factor of more than 30 in five years, from 29 seizures in 2009 to 894 seizures in 2014. In the United States, a nationwide alert on fentanyl was issued, identifying trafficking of the substance as a threat to health and public safety. The Drug Enforcement Administration has reported that most fentanyl-induced deaths in the United States are caused by clandestinely manufactured fentanyl and not by diverted pharmaceutical fentanyl. Seizures of the drug continue to increase, and law enforcement authorities have identified

some trends such as the smuggling of the drug in hidden compartments in sport utility vehicles.

(b) Psychotropic substances

427. On the basis of a wide variety of indicators including seizure data, law enforcement reporting and local-level treatment information, the Drug Enforcement Administration has indicated that large-scale methamphetamine trafficking and abuse are continuing to increase in the United States. The Drug Enforcement Administration’s “2014 National drug threat assessment summary”, notes that almost 32 per cent of responding agencies indicated that methamphetamine was the greatest drug threat in their areas.

428. United States authorities have stated that most of the methamphetamine available in the United States is manufactured in Mexico. While most of the methamphetamine is smuggled into the United States in powder or crystal form, the drug is increasingly being trafficked across the border in liquid form after its dilution in a liquid solvent, making its detection more difficult. Reflecting that trend, methamphetamine seizures reported by Mexico in 2014 amounted to 19.7 tons, an increase of more than 34 per cent over the amount in 2013. The country also reported an increase in the number of methamphetamine laboratories dismantled, with 131 clandestine laboratories dismantled in 2014, primarily in the States of Guerrero, Michoacán and Sinaloa. Mexico has also been identified as a source country for crystalline methamphetamine seized in East and South-East Asia and Oceania.

(c) Precursors

429. Methamphetamine manufacture in the United States continues to be dominated by small-scale laboratories using ephedrine and pseudoephedrine preparations. In 2014, the United States reported a decrease in domestic methamphetamine manufacture, likely attributable to an increase in the supply of methamphetamine manufactured in Mexico.

430. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2015 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

431. Despite a slight decline in availability, new psychoactive substances, particularly cathinones and synthetic cannabinoids, continue to pose a significant challenge to drug control efforts in the region, which is one of the largest and most diversified markets in the world for new psychoactive substances. Most manufacture, trafficking and abuse of new psychoactive substances in the region takes place in Canada and the United States, with reports of new psychoactive substances having tripled in those two countries between 2010 and 2013. A major challenge is that those substances continue to be widely available through retail outlets in both countries, as well as through the Internet.

432. In response to the threat posed by new psychoactive substances, Governments in the region have continued to make use of legislative, administrative and law enforcement mechanisms to remove those substances from the market and to investigate and prosecute individuals responsible for their manufacture and trafficking.

5. Abuse and treatment

433. With annual prevalence rates of 11.6 per cent, cannabis continues to be the drug most commonly abused in North America among the population aged 15-64 years. According to UNODC, cannabis abuse in the United States is on the increase, including among high school students, for which annual prevalence rates rose from 24.7 per cent in 2012 to 25.8 per cent in 2013.

434. North America continues to have the highest rate of drug-related mortality in the world, with 43,300 drug-related deaths in 2013, a rate of 136.8 deaths per million inhabitants compared with an estimated global average range of 40.8-50.5 deaths per million inhabitants. In 2013, there were 40,239 drug-related deaths in the United States alone, accounting for one of every five drug-related deaths worldwide. According to data released by the White House Office of National Drug Control Policy in January 2015, deaths due to drug overdose in the United States have increased overall by 6 per cent since 2012. While deaths related to prescription opioids have remained relatively stable, increasing by 1 per cent from 2012 to 2013, the mortality rate for other drugs has significantly increased. The number of overdose deaths related to cocaine in 2013 saw a 12 per cent increase over 2012. The biggest increase in the number of overdose deaths identified was related to heroin. Drug overdose deaths related

to heroin increased by 39 per cent from 2012 to 2013, the third consecutive annual increase. The United States administration attributes the stability of the number of deaths related to prescription opioids to prevention campaigns and stricter control measures on prescribing and dispensing practices.

435. According to information provided by the United States Government based on the 2013 National Survey on Drug Use and Health, there were an estimated 7.6 million people in need of drug treatment in the country in 2014.

436. The public health effects of heroin abuse in the United States have continued to increase, with abuse spreading from its traditional urban base to suburban and rural areas. From 2010 to 2013, the number of recorded heroin-related drug overdose deaths almost tripled, reaching 8,620 deaths in 2013, although public health officials assume the real number of deaths is much higher because heroin rapidly metabolizes into morphine and is difficult to detect. According to United States officials, possible reasons for that increase include an overall increase in the number of heroin users; batches of the drug with greater purity being sold in certain markets; an increase in new and inexperienced heroin users, including those using heroin to supplement or replace prescription opioids; and the presence of toxic substances such as fentanyl in the heroin consumed.

437. In Canada and the United States, deaths related to fentanyl abuse have continued to increase, with many recreational drug users succumbing to overdoses after ingesting opioids (primarily counterfeit oxycodone) which they were unaware were fentanyl-laced. According to the Drug Enforcement Administration, individuals who have overdosed on fentanyl represent a diverse population from all regions of the United States, all age groups and both sexes and include both new and more experienced users.

438. While the Canadian Pharmacists Association have identified fentanyl-related overdoses as a public health threat affecting people from all parts of the country, the problem has been particularly acute in the provinces of British Columbia, Alberta and Ontario. According to the British Columbia Coroners Service, of the 300 deaths related to opioid overdose in 2014, approximately 25 per cent involved fentanyl, compared with 5 per cent in 2011. In Alberta, public health authorities have indicated that 120 people died as a result of fentanyl-related overdoses in 2014, compared with 6 overdoses in 2011. In order to address the growing public health risk, British Columbia launched the "Know your source" initiative in March 2015 to make the public aware of the dangers of

consuming fentanyl-laced drugs, suggest ways of minimizing overdose risks and direct the public to public health resources. The province has also increased its distribution of “take-home naloxone kits”, which began in 2012. In August 2015, provincial health authorities announced that 250 overdoses in the province had been reversed since the kits first became available in 2012. Similarly, the Government of Alberta began implementing a “take-home naloxone” programme across the province in the summer of 2015 in response to the growing number of fentanyl-related deaths in the province. The take-home project provides naloxone kits to people who are at high risk of overdose so that the drug can be administered immediately should an overdose occur.

439. In North America, as in many parts of the world, the problem of drug injection is compounded in the correctional setting. According to UNODC, it is estimated that between 24 and 36 per cent of all people using heroin in the United States—more than 200,000 people—pass through the correctional system each year. Drug use in prison settings, including intravenous injection, is commonplace. INCB reminds Governments in the region of the importance of ensuring adequate measures for the prevention and treatment of drug abuse in the prison system in accordance with article 38 of the 1961 Convention as amended.

440. Drug abuse by injection in North America has led to the increasing transmission of blood-borne diseases in the region. According to estimates submitted to UNODC by the Government of Mexico, drug use by injection in the country has led to hepatitis C prevalence rates of up to 96 per cent among people who abuse drugs by injection. Hepatitis C prevalence rates in Canada and the United States for people who inject drugs also continue to be high: 68 per cent and 73 per cent respectively. In March 2015, the Governor of the State of Indiana declared a public health emergency in a rural southern county of the state that had been heavily affected by an HIV outbreak linked to intravenous drug use. In an executive order, the Governor authorized the county to institute a “targeted short-term needle exchange programme” to contain the outbreak. According to public health authorities, most of the cases of HIV infection were due to abuse of oxymorphone tablets, which were dissolved and then injected.

441. In states of the United States that have medical cannabis programmes, the diversion of cannabis from the programmes has been reported as a major source for the drug’s illicit use, particularly among young people. Prevalence surveys cited by the Drug Enforcement Administration indicate that 34 per cent of the twelfth

grade students (aged 17-18 years) who had used cannabis in the past 12 months and who lived in states that have medical cannabis schemes, identified medical cannabis prescribed to another person as one of their sources for the drug.

442. Authorities in the United States have indicated that the medical consequences of cannabis abuse continue to grow: the percentage of emergency room visits and admissions to treatment reported as cannabis-related increased from 6.9 per cent in 1993 to 17.5 per cent of all drug-related admissions in 2012. At the same time, surveys conducted in the North American region indicate that among young people there is a low perception of risk associated with regular cannabis use. In the United States, the Monitoring the Future Survey showed that 60 per cent of twelfth grade students (aged 17-18 years) do not consider regular cannabis use to be harmful.

443. In the State of Colorado, which has legalized the sale and distribution of cannabis for non-medical purposes, cannabis prevalence rates are higher and increasing faster than the national average, according to the results of the United States National Survey on Drug Use and Health. According to the United States Government, based on data for the period 2001-2012, the number of primary treatment admissions for cannabis in Colorado is significantly higher than the national average and is rising (160 admissions to treatment per 100,000 people aged 12 or older in Colorado in 2012, compared with less than 120 nationally).

444. An increasing number of cases of ingestion of cannabis edibles by young children has also been reported in the United States, particularly in states that have legalized the drug for non-medical purposes. The Rocky Mountain Poison Control Center has reported that, since 2009, the Children’s Hospital Colorado has seen an increase in the number of children under 5 years of age being treated in emergency rooms due to the ingestion of edible cannabis products such as brownies, cookies and peanut butter, increasing from no cases in the five years prior to medical liberalization to 14 cases between 2009 and 2011.

445. Public health authorities in the United States have reported a sharp rise in calls to poison centres related to synthetic cannabis. In 2013, poison centres in the country received 2,668 calls about exposure to synthetic cannabis. In 2014, that number increased to 3,680. In 2015, the numbers of reports of exposure to synthetic cannabis had already surpassed 5,300 by mid-August. While calls to poison centres are but one indicator of increased use in the country, that trend is corroborated by other sources such as law enforcement agency records.

446. While annual prevalence rates for methamphetamine use have remained relatively stable in the United States, at 0.5-0.6 per cent of the general population aged 15-64 years, there have been indications that abuse has increased in some pockets of the country. In the Minneapolis-Saint Paul metropolitan area, the number of people treated for methamphetamine use increased by 19 per cent from 2011 to 2012. In Ohio, treatment admissions for the drug increased by 34 per cent from 2009 to 2012. In the county of San Diego, deaths related to methamphetamine increased by 70 per cent from 2008 to 2012.

South America

1. Major developments

447. South America has a relatively strong institutional capacity in the wider context of Latin America and the Caribbean, and countries in the region have been making considerable efforts at the national and international levels to curb the illicit supply of drugs and address the increasing rates of drug abuse.

448. While the region continues to account for virtually all the world's coca bush cultivation and supply of coca paste and cocaine, the efforts made by the Governments of Bolivia (Plurinational State of), Colombia and Peru in 2013 resulted in the lowest total amount of coca bush cultivation since 1990. According to UNODC, that trend may have contributed to a reduction in the global availability of cocaine, which has affected some of the main markets. The trend of a decreasing total area of coca bush cultivation continued in Bolivia (Plurinational State of) and Peru in 2014. Colombia, in contrast, reported an increase of 44 per cent in the area of cultivation compared with 2013, making it once again the country with the largest area of coca bush cultivation in the world. Nonetheless, the area under coca bush cultivation in Colombia is still 30 per cent lower than it was in 2007, and 58 per cent lower than in 2000.

449. Several countries in the region, including Brazil, Chile, Colombia, Ecuador and Uruguay, are debating and enacting new legislation, decisions and resolutions on the use of cannabis. Those range from regulations for the cultivation of cannabis plants and the importation of medicines containing cannabidiol for medical use in some countries, to the further regulation of a market for cannabis for non-medical use, as is the case of Uruguay.

2. Regional cooperation

450. South America continues to be a particularly active region for regional cooperation at the political and technical levels. Several bilateral, intraregional and inter-regional initiatives took place in the period 2014-2015, including consultations and the exchange of information, joint investigations, extraditions, military and law enforcement operations, capacity-building and the development of standards and guidelines. Cooperation has taken place in diverse and mutually-reinforcing regional initiatives and forums such as the Hemispheric Information Exchange Network for Mutual Assistance in Criminal Matters and Extradition of OAS, the Hemispheric Drug Strategy of CICAD, the Police Community of the Americas, the Ibero-American Network for International Legal Cooperation (IberRed), the South American Council on the World Drug Problem of the Union of South American Nations, the supply control component of the Community of Latin American and Caribbean States, the meetings of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, and the Cooperation Programme on Drug Policies between Latin America and the European Union.

451. Expert cooperation in the region to counter drug trafficking has been particularly active in the area of precursor control, in which States in the region successfully collaborated in the UNODC project "Prevention of the diversion of drug precursors in Latin America and the Caribbean", as well as in the area of countering money-laundering in the context of the Asset Recovery Network of the Financial Action Task Force of Latin America against Money-Laundering. The 15 countries that comprise the Network³⁷ developed guidelines for international judicial cooperation on asset recovery and approved the Network's action plan for the strengthening of information exchange and the development of guidelines on joint and combined investigations.

452. The growing concern at the increasing levels of drug abuse in the region has led mostly to responses at the national level, but many countries have also engaged in regional cooperation to address drug demand, such as the international network of drug dependence treatment and rehabilitation resource centres (Treatnet) and the "Support project on reduction of demand of illegal drugs in the Andean Community (PREDEM)", both supported by UNODC.

³⁷ Argentina, Brazil, Bolivia (Plurinational State of), Colombia, Costa Rica, Chile, Cuba, Ecuador, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru and Uruguay.

453. The countries of the region are taking action to ensure the availability of narcotic drugs and psychotropic substances for medical purposes. The Inter-American Convention on Protecting the Human Rights of Older Persons, adopted in June 2015 by the General Assembly of OAS, which in its article 19, entitled “Right to health”, urges Member States to ensure the availability of controlled medicines for the rehabilitation and palliative care of older persons. Palliative care is required in the treatment of cancer and many other diseases and for end-of-life patients of all ages. Some countries in the region have reported a low level of consumption of narcotic drugs and psychotropic substances for medical use.

454. At its meeting held in Lima in August 2014, the Group of Experts on Chemical Substances and Pharmaceutical Products of CICAD submitted a model administrative system for the control of chemical substances and guidelines on the disposal of used fentanyl transdermal patches and suggestions for establishing designated ports of entry/exit for controlled chemical substances. Those proposals were approved by CICAD at its regular session held in Guatemala City on 19-24 November 2014.

455. Bilateral and trilateral counter-narcotics operations continue to abound in the region. Examples include the implementation by Bolivia (Plurinational State of) and Peru of a joint strategy to eliminate the cocaine trafficking “air bridge” between their territories. A total of 5,170 individual operations resulted in the elimination of 50 clandestine airstrips and the seizure of aircraft and drugs (34.8 tons of cannabis, 7.3 tons of cocaine and 6 tons of coca paste). At a joint ministerial-level meeting held in June 2015, the two countries agreed to further strengthen border control (including control of chemical precursors) and the fight against drug trafficking, money-laundering and smuggling. Operation Trapézio, conducted by Brazil and Peru, led to the dismantling of 28 cocaine-manufacturing laboratories. The joint Operation Bracolper, involving the navies of Brazil, Colombia and Peru, which has taken place for 41 consecutive years, was conducted once again in 2015.

3. National legislation, policy and action

456. The Brazilian National Health Surveillance Agency rescheduled cannabidiol from a “prohibited” to a “controlled” substance, as established in resolution RDC No. 17 of 6 May 2015, effective as of 7 July 2015. The rescheduling follows the receipt by the Agency of several requests

for imports of products containing cannabidiol and other cannabinoids for medical treatment.

457. In 2014, Brazil continued joint operations with Paraguay as part of Operation Aliança, the goal of which is to eradicate cannabis plant cultivation. The operations resulted in the destruction of 2,571 tons of cannabis cultivation. The country is also targeting cultivation fields in north-eastern Brazil, where the Brazilian Federal Police conducts eradication operations.

458. Following the enactment of the legislation on cannabis in December 2013, the Government of Uruguay issued a presidential decree in May 2014 further regulating the import, production, storage, sale and distribution of cannabis for non-medical use. The decree establishes procedures for the registration of producers of cannabis for distribution in pharmacies and of domestic producers, cannabis clubs, consumers and pharmacies, and regulates the production and commercialization of cannabis seeds and cuttings. In addition, the Government enacted decrees regulating aspects of non-psychoactive cannabis for industrial use, and the sale and use of cannabis for medical purposes. Once again, INCB wishes to draw attention to its view that the legislation permitting the non-medical use of cannabis 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.

459. In the first half of 2015, the Colombian Congress approved the National Development Plan 2014-2018. The document contains the Government’s action plan for the four-year period. In relation to the issue of drug control, the Plan aims to address the drug problem by means of a comprehensive and balanced approach. That objective is to be attained through the following six actions: (a) formulating a comprehensive policy to counter illicit drugs that adopts a human rights-based approach; (b) creating a national intervention plan for the reduction of illicit crops in Colombia; (c) designing and implementing alternatives to imprisonment for the most vulnerable population groups; (d) controlling the microtrafficking phenomenon by adopting a social intervention and territorial control approach; (e) preventing and addressing problematic drug consumption from a health perspective; and (f) containing the entry of illicit drugs into the country, their production within the country, and the illegal diversion of controlled substances.

460. In September 2015, the Ministry of Defence of Colombia announced its new strategy to combat drug trafficking, which focuses on improving the justice

framework and procedures and targets illicit cultivation, including by strengthening manual eradication.

461. In May 2015, Colombia's National Narcotics Council approved the suspension of aerial spraying of coca bush cultivation with glyphosate. The decision followed a recommendation made by the Colombian Ministry of Health and Social Protection in April 2015 based on the classification of the herbicide glyphosate as "probably carcinogenic to humans" by the International Agency for Research on Cancer of WHO. The National Narcotics Council established a technical commission to explore alternative means of eradication, and the country is now exploring the use of other herbicides that may be used in aerial spraying.

462. Colombia's Ministry of Justice and Law and the Bogotá Chamber of Commerce are supporting the harmonization of the national legislation in line with the standards for the prevention of money-laundering of the Financial Action Task Force. Additionally, the country has developed risk assessment tools on money-laundering and the financing of terrorism for the non-profit and real estate sectors, aimed at raising awareness and promoting self-regulating business environments to prevent the laundering of the proceeds of drug trafficking and connected crimes. Other countries in South America, including Argentina, Chile and Peru, are also adopting initiatives that are in line with the standards of the Financial Action Task Force and focused on risk assessments for the prevention of money-laundering and the financing of terrorism.

463. In August 2015, the Government of Peru approved Law No. 30339, on the control, vigilance and defence of the national air space. The law regulates national airspace, including the definition of "hostile acts" and "hostile aircraft". It specifies a number of actions that may lead to declare that an aircraft is "hostile", including acts where there is evidence or reasonable suspicion that the aircraft may be engaged in drug trafficking. In such circumstances, an aircraft may be declared "hostile" and may be subject to interception and other measures. Law No. 30339 provides guidelines for the measures that could be undertaken against a hostile aircraft, including the use of force. Notably, articles 11 and 12 stipulate general guidelines for the interception of a hostile aircraft in the air or on the ground or water. The law further specifies that an aircraft cannot be declared "hostile" if it is carrying passengers who are not participating in the "hostile act". Drug traffickers have increasingly resorted to transporting cocaine shipments by air. UNODC has detected an increasing number of clandestine landing strips since 2011, from 49 clandestine landing strips in 2011 to 77 in

2012 and 80 as of October 2014. Similar to the terrestrial routes, the re-established aerial routes lead to the Plurinational State of Bolivia as an intermediary destination and then to Brazil. INCB urges Peru and other Governments implementing such measures to ensure that these measures are carried out in full respect of relevant international protocols and conventions.

464. Following a risk assessment, in 2014 Brazil placed various new psychoactive substances under national control, including synthetic cathinones such as methylone, as well as NBOMe derivatives (including 25P-NBOMe, 25T2-NBOMe and 25H-NBOMe) and synthetic cannabinoids (including JWH-122, JWH-073 and AM-2201).

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

465. South America is greatly affected by the illicit cultivation and trafficking of cannabis herb. The proportion of global cannabis herb seizures that are recorded in Latin America and the Caribbean rose from 20 per cent in 2012 to 30 per cent in 2013. There was a sharp increase of almost 60 per cent in cannabis seizures in South America between 2012 and 2013, from 821 tons to 1,308 tons. That increase was largely driven by seizures in, in descending order of seizure amounts, Paraguay, Colombia and Brazil.

466. While the cannabis seized in Colombia in 2014 was cultivated domestically, the seizures reported by Brazil were of cannabis entering the country from Paraguay. Cannabis is widely consumed in the region, but it is also sometimes trafficked together with cocaine and used as payment for transporting, storage and distribution services along the routes towards North America and Europe.

467. South America continues to be the main source of all cocaine manufactured worldwide, with the cultivation of coca bush and the manufacturing of cocaine and coca paste taking place mainly in Bolivia (Plurinational State of), Colombia and Peru. However, the seizure of coca leaf and coca paste, as well as the discovery of clandestine laboratories, in neighbouring countries such as Argentina and Chile suggests that refining also takes place elsewhere in the region. Argentina reported the discovery of 15 clandestine laboratories for refining, tableting, cutting or packaging in 2014, 12 of which were for cocaine. In the same year, Chile reported the discovery of 22 clandestine kitchen laboratories, all of them dedicated to cocaine

manufacture. The cocaine manufactured in South America is destined for its largest consumer markets—North America and Western and Central Europe—as well as local markets. To reach North America, cocaine is trafficked by land, air and sea, transiting Central America, Mexico and the Caribbean. The cocaine-trafficking route to Europe involves transit by land, rivers and air, affecting all countries but most notably Argentina, Brazil and Venezuela (Bolivarian Republic of), before crossing the Atlantic Ocean as maritime and air cargo, either directly or by way of the Caribbean or West Africa. Maritime trafficking appears to be the preferred means for large shipments, while trafficking by air is more frequent.

468. For cases of individual drug seizures in the period 2005–2014, Argentina and Brazil were the countries most frequently mentioned as transit hubs on the routes to North America and Western and Central Europe. In 2014, Colombia, the Bolivarian Republic of Venezuela, Brazil, the Dominican Republic, Panama, Peru and Ecuador, in that order, were most frequently mentioned as the countries of origin, departure or transit for cocaine shipments from South America and Central America and the Caribbean to Europe. For cocaine seizures, the most significant countries of departure for shipments to Europe in 2014 were, in descending order of volume seized, Costa Rica, Ecuador, Colombia, Brazil, the Bolivarian Republic of Venezuela and Argentina. For individual cocaine seizure cases reported in Europe in 2014, the list of countries of departure in the greatest number of cases was headed by Brazil, followed by Colombia and Argentina. Trafficked drugs enter Argentina through the country's northern provinces, which are vulnerable due to their remote areas and geographical proximity to the Plurinational State of Bolivia and, to a lesser extent, Peru. The illicit narcotics are mainly transported by land using roads that cross the border but also, to a lesser extent, by air. Argentina is making efforts to counter such threats through Operation North Shield, aimed at combating drug trafficking, trafficking in persons and smuggling in the area. After a sharp increase in the quantities seized in 2012 (when the amount of cocaine seized totalled about 10.5 tons, an increase of 151.4 per cent from the previous year), cocaine seizures have remained fairly stable, amounting to 10.4 tons in 2014. In 2014, seizures of coca leaf amounted to about 118 tons, an increase of 34.8 per cent from 2013.

469. For the fourth consecutive year, the Plurinational State of Bolivia reported a decrease in the area of coca bush cultivation. In 2014, the area of coca bush cultivation fell to 20,400 hectares (ha), which was 11 per cent less than in 2013 and the lowest level since 2001. The main areas of cultivation were Yungas de La Paz,

responsible for about 70 per cent of the cultivated area, followed by Trópico de Cochabamba with about 30 per cent of the cultivated area, and the northern provinces of the department of La Paz with less than 1 per cent. The reported decreases in the cultivated areas in Yungas de La Paz and Trópico de Cochabamba in 2014 were 10 per cent and 14 per cent respectively. Among the factors contributing to that decrease are the efforts of the Government in the area of coca bush eradication through the Strategic Operational Command "Tte. Gironda", under the coordination of the Vice-Ministry of Social Defence and Controlled Substances.

470. Brazil is vulnerable to the transit of cocaine by air, land and rivers (especially in the Amazon area) and is considered to have a strategic role in the trafficking of cocaine. It is a transit country from which cocaine is shipped overseas and is the largest cocaine market in South America. Seizures in the country doubled from 2012 to 2013, before decreasing to around 33.8 tons in 2014, which is still above the 2012 level. According to estimates for 2014, only 30 per cent of the cocaine seized in Brazil was destined for external markets. Brazil is intensifying cooperation with several partners to target transnational criminal organizations operating in the country, as exemplified by Operation Monte, a joint undertaking with the governments of the United Kingdom, Italy and Spain, resulting in the seizure of 1.3 tons of cocaine intended for distribution in Europe.

471. Colombia saw an increase of 44 per cent in the area of estimated coca bush cultivation in 2014, and thus became once again the country with the largest area of coca cultivation in the world. The area of cultivation grew from 48,000 ha in 2013 to 69,000 ha in 2014, and potential cocaine production has seen an even greater increase of 52.7 per cent, rising from 290 tons in 2013 to 442 tons in 2014. Most of the cultivation is located in the southern departments of Nariño, Cauca, Putumayo and Caquetá, as well as in the northern region of Catatumbo, located in the department of Norte de Santander, which, altogether, account for 73 per cent of the area of coca bush cultivation.

472. Among the factors that may be contributing to the increase in coca bush cultivation in Colombia, UNODC has pointed to the expected benefits for coca-growing farmers in the context of the negotiations for a peace agreement with the Revolutionary Armed Forces of Colombia (FARC), as there is a perceived leverage associated with growing coca bushes in the negotiations with the Government. Another factor that may also be contributing to the increase in coca bush cultivation is the increase in the price of coca leaf in strategic regions, such

as the departments of Meta and Guaviare, where prices rose 42 per cent, as well as a perception that there is less risk of eradication. In fact, the extent of eradication, notably aerial spraying, has declined in recent years.

473. One of the largest increases in cocaine seizures in the past five years has been observed in Ecuador, where the amount of cocaine seized rose by over 242 per cent, amounting to 50 metric tons in 2014. The country's authorities arrested 7,772 individuals on drug trafficking charges in 2014 and 6,404 individuals in 2013. Cocaine and coca paste enter the country from the neighbouring countries Colombia and Peru. According to UNODC, coca bush cultivation in Ecuador continued to be of limited relevance in 2014. Coca paste continues to supply local consumption while the cocaine is destined for external markets. In 2014, authorities mentioned, in descending order of the total amounts of cocaine destined for each country, Spain, Belgium and Guatemala as among the countries of destination.

474. Peru continued to make progress in the reduction of areas of coca bush cultivation. The estimated area of coca bush cultivation decreased for the third consecutive year, from 49,800 ha in 2013 to 42,900 ha in 2014, a decrease of 13.9 per cent. The production of coca leaf dropped 17 per cent from 2013 to 2014. The results are in most part due to State-led eradication programmes in the context of the national strategy for the fight against drugs for the period 2012-2016. Interventions have focused on areas that are most notably connected to drug trafficking organizations and on intensifying alternative development initiatives in those areas. The most affected areas are concentrated in the Apurímac, Ene and Mantaro river valleys and in the province of La Convención and the Lares district of Calca province, which together contain 68 per cent of the country's coca bush cultivation. The shrinking supply has affected the purity levels of the coca base and cocaine, which showed a slight decrease in prices from 2013 to 2014.

475. In the Bolivarian Republic of Venezuela, authorities reported that cocaine seizures amounted to about 26 tons in 2014. Seizure totals have been relatively stable since 2010, when about 25 tons of cocaine were seized. Intended countries of destination for the cocaine seized included Australia, Italy and Spain, while Colombia is mentioned as country of origin.

476. There is evidence that the area of opium poppy cultivation has been increasing and appears to have reached a five-year high in Colombia, which had detected 387 ha of cultivation in 2014. The potential increase from 2013 to 2014 in the production of opium and

manufacture of heroin (13 per cent and 15 per cent, respectively), combined with a decrease in their average prices (decreases of 37 per cent and 19 per cent, respectively) over the same period may indicate an increase in the supply of those drugs.

477. Heroin manufactured in South America is primarily destined for the United States but is also trafficked for consumption within the region. The United States reported increased trafficking from Mexico and South America, and Mexico reported seizures in 2014 of heroin produced in Colombia and destined for the United States.

(b) Psychotropic substances

478. Various countries in South America have reported seizures of amphetamine-type stimulants (ATS) in 2014, including amphetamine, methamphetamine and "ecstasy"-type substances, as well as lysergic acid diethylamide (LSD). The substances seem to originate in Europe, with South America being a growing consumer market. However, some of the psychedelic substances marketed in South America as LSD seem in fact to have been new psychoactive substances, such as 25B-NBOMe, 25C-NBOMe and 25I-NBOMe, that is, substituted phenethylamines which were only scheduled by the Commission on Narcotic Drugs in March 2015.

479. According to a study published by UNODC and CICAD in 2014 entitled "Amphetamine-type stimulants in Latin America", information on ATS and the use of specific substances in the region is still very limited, and categories used in drug use surveys are usually too broad to differentiate between non-medical use of prescription drugs, ATS and new psychoactive substances. While the use of those substances is increasingly affecting youth in the region, the limited data available prevent the accurate estimation of their market size, sources and trafficking routes.

480. Seizures of "ecstasy"-type substances increased sharply in Brazil in 2014, with 877,853 tablets seized, an increase from 183,289 in 2013. In Colombia, seizures peaked in 2013, when 117,101 tablets were seized, increasing from 6,664 tablets in 2010, but seizures decreased again, to 39,792 tablets, in 2014. Guyana reported, as a new development, seizures of small quantities of "ecstasy" in the past two years.

481. In 2014, Colombia reported four separate seizures of 4-bromo-2,5-dimethoxyphenethylamine (2C-B), amounting to 14,068 units in total.

(c) Precursors

482. Seizures reported by coca-producing countries of most of the acids and solvents listed in Table II of the 1988 Convention have decreased over the past decade, partly due to the fact that solvents are increasingly being recycled and reused several times and due to changes in illicit processing practices. Forensic analysis of seized cocaine originating in Colombia in 2013 suggests that more illicit cocaine-manufacturing laboratories are using significantly reduced amounts of the solvents required for processing.

483. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2015 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

484. The Colombian Drug Observatory has created an early warning system for detecting new psychoactive substances. The system was triggered for the second time, when tablets sold as 2C-B, an internationally controlled drug, were found to contain ketamine and small quantities of other unidentified substances.

485. In 2014, Chile seized NBOMe derivatives of a total of 30 milligrams in five different events. The country also reported seizures of 2,5-dimethoxy-4-chloroamphetamine (DOC).

486. Certain South American countries have placed several substances under national control due to their use in the illicit manufacturing of cocaine or as cutting agents, including caffeine and cement.

5. Abuse and treatment

487. UNODC data confirm that the drugs with the greatest annual prevalence among the general adult population aged 15-64 years in South America continue to be cannabis (5.9 per cent) and cocaine (1.2 per cent), followed by amphetamines and prescription stimulants (0.5 per cent) and opioids (0.3 per cent). Annual prevalence of cannabis and cocaine continued to be higher than the global average, which is calculated by UNODC to be 3.9 per cent for the former and 0.4 per cent for the latter.

488. There are gender differences in the prevalence of drug abuse in South America. While cannabis is the drug most abused by both men and women in terms of annual prevalence, cocaine is the second most frequent drug of abuse for men, whereas for women cannabis is followed closely by the misuse of tranquillizers, with cocaine coming a distant third.

489. Experts in South America perceive an increase in cocaine use in the region, which is considered to be driven by increased abuse in Brazil. The rise in abuse of smokable cocaine has been receiving particular attention from national authorities, with the annual prevalence of “crack” cocaine being estimated at 0.7 per cent in 2014. The country is investing in improving the collection of data on drug abuse, and a survey among prisoners is planned to take place in 2015.

490. A national study on drug abuse in Bolivian households in 2013/14, published in March 2015, found that among abused illicit substances, cannabis (1.27 per cent), cocaine (0.32 per cent) and inhalants (0.30 per cent) had the highest rate of annual prevalence. With the exception of tranquillizers, the abuse of all other substances appears to have decreased between 2007 and 2013. The study found that the average age of drug use initiation was 19 years and that abuse is highest among men and youth. Recommendations include the introduction of a selective drug prevention policy focusing on young people at universities and work environments.

491. Increased abuse of synthetic drugs is a concern in South American countries such as Colombia, where they negatively affect local communities. The drugs are distributed in small quantities and may have their quality altered in mixtures that may be particularly harmful. Another trend observed in the country is the decrease in the average age of the users of such drugs.

492. Small-scale trafficking in Colombia, commonly referred to as “microtrafficking”, has become a growing problem in several Colombian cities. It has been reported that municipal Colombian authorities have been taking experimental steps to control such trafficking with the aim of reducing social harms, including some types of efforts, such as substituting one controlled substance, such as cocaine, for another, such as cannabis, which may be inconsistent with Colombia’s obligations under the Conventions.

493. Reports on substances seized at the level of microtrafficking reflect the fact that drug abuse is a steadily growing problem in Paraguay. The country has reported a change with respect to abuse patterns, the substances abused and the age of first-time abuse. According to the

second national study on persons with problems resulting from the consumption of alcohol and other drugs in treatment centres and self-help groups, conducted in 2012, substances of first-time abuse are primarily alcohol followed by tobacco, cannabis, smokable forms of cocaine, cocaine, solvents, anxiolytics, anti-depressants, amphetamine-type stimulants, opiates and others.

494. Through an integral drug abuse prevention plan, the Government of the Bolivarian Republic of Venezuela reported reaching over 4.6 million people in 2014 by organizing more than 35,000 activities with a focus on communities, children and adolescents at risk. The plan is based on a strategy of decentralization, the adoption of a people-centred approach and the scaling-up of prevention activities that strengthen life skills and promote healthy lifestyles, also targeting workplaces, prison settings and indigenous communities.

C. Asia

East and South-East Asia

1. Major developments

495. With an increasing diversification of trafficking routes and a significant increase in the amount of seizures, the manufacturing, trafficking and abuse of amphetamine-type stimulants show no signs of abating. It has been noted that drug trafficking syndicates in other regions, attracted by the size of the markets in East and South-East Asia, have recently become involved in a number of the region's countries. In addition, regional initiatives that facilitate the freer flow of goods and services might be exploited by some criminal groups.

496. The region continues to face the threats posed by the proliferation of new psychoactive substances and non-scheduled precursor chemicals. Exploiting gaps in legislation and creating the illusion of legality, new psychoactive substances are marketed as "legal highs". Although in recent years some countries have made greater endeavours to place new psychoactive substances under national control, drug trafficking syndicates have responded and adapted by producing substances not yet under control, thus hindering drug control efforts. The abuse of ketamine and its trafficking remain another area of concern for countries in the region.

497. The illicit cultivation of opium poppy and the manufacture of heroin continue in the countries of the Golden

Triangle (Lao People's Democratic Republic, Myanmar and Thailand). The total area of illicit opium poppy cultivation in the region was estimated to be 63,800 hectares (ha) in 2014, and production of opium estimated to be 762 tons. While the amount of illicit cultivation remains steady, a declining trend in the abuse of heroin in some East and South-East Asian countries has been reported. The scope of cocaine-related activities within the region remains limited compared with other regions and compared with other drug types.

498. The growing amount of methamphetamine being trafficked into East and South-East Asia from other regions suggests that new trafficking routes have been established connecting previously unrelated markets. In recent years, methamphetamine originating in Africa, West Asia and, more recently, the Americas, has been trafficked into the region. The more timely sharing of intelligence and better collaboration among law enforcement agencies across the region are essential for the early detection of these new trafficking routes and the implementation of measures to address them.

2. Regional cooperation

499. Multilateral cooperation among the States members of the Association of Southeast Asian Nations (ASEAN) continues, as the regional multilateral body formulates its next approach, subsequent to the prior goal of making the ASEAN region free of illicit drugs by 2015. A ministerial statement adopted at the third ASEAN Ministerial Meeting on Drug Matters, held in Indonesia in December 2014, underscored the political commitment to further strengthening regional cooperation. In September 2014, the ASEAN Narcotics Cooperation Centre was launched in Bangkok as a coordinating platform to further the pursuit of that goal of regional cooperation. The 12th meeting of the ASEAN Inter-Parliamentary Assembly Fact-Finding Committee to Combat the Drug Menace, held in Kuala Lumpur in June 2015, provided an opportunity for the exchange of information on the latest national developments. A resolution adopted at the meeting emphasized the significance of taking a people-centred approach in the delivery of effective demand and supply reduction programmes. Through another platform for multilateral cooperation, the 36th ASEAN Senior Officials Meeting on Drug Matters, held in Singapore in August 2015, various issues related to illicit drugs in the region were discussed.

500. Faced with the increasing connectivity of drug trafficking organizations across the globe, some regional meetings discussed major region-specific challenges in the

context of the global evolution of such criminal groups. The joint INCB-UNODC international conference on precursor chemicals and new psychoactive substances held in Bangkok in April 2015 highlighted the global challenges posed by precursor chemicals and new psychoactive substances and examined approaches to address those challenges at both the global and regional levels. Bringing together countries of the Asia-Pacific region, the 20th Asia-Pacific Operational Drug Enforcement Conference, held in Tokyo in February 2015, focused on international cooperation in drug law enforcement to counter the threat of amphetamine-type stimulants.

501. A ministerial meeting, held in May 2015, of the signatories to the 1993 memorandum of understanding on drug control of the Greater Mekong subregion reiterated their continued commitment and stated that the memorandum had proven to be a constructive mechanism for better regional cooperation in law enforcement efforts against drug trafficking in the subregion. The evolving drug situation specific to the countries concerned, such as the greater flow of illicit drugs and precursor chemicals, was highlighted and discussed.

3. National legislation, policy and action

502. Confronted with the continued and rapid emergence of new psychoactive substances, countries in the region have placed additional substances under temporary listing and/or extended the scope of drug control to defined groups of substances. For instance, the Republic of Korea announced the temporary control of 10 new psychoactive substances (6 synthetic cannabinoids, 2 phenethylamines and 2 other miscellaneous substances) for three years in December 2014, which brought the number of new psychoactive substances currently under temporary control to 86. Under that country's Act on the Control of Narcotics, the possession, management, trade, assistance in the trade, or the giving or receiving of materials that contain a temporary scheduled substance are prohibited. In Macao, China, the anti-drug law (Law 17 of 2009) was amended in 2014 to control five more substance groups: piperazine derivatives, synthetic cannabinoids, derivatives of cathinone (excluding bupropion), *Salvia divinorum* and salvinorin A. In China, the Non-Medical Narcotic Drug and Psychotropic Substance List Regulation, which listed 116 non-medical narcotic drugs and psychotropic substances, entered into force on 1 October 2015.

503. After the listing of *alpha*-phenylacetonitrile (APAAN) as an internationally controlled precursor in October 2014, several countries have placed it under their

national control. On 14 May 2014, the Government of China scheduled APAAN and 2-bromopropiophenone (a known intermediate in the synthetic manufacture of ephedrine and pseudoephedrine from propiophenone) as first-class controlled precursors, requiring import and export permits for its international trade. Similarly, the Government of Thailand listed APAAN and its optical isomers in Schedule 4 (precursor chemicals) of the Narcotics Act. In Hong Kong, China, APAAN has also been controlled under the Control of Chemicals Ordinance (chap. 145). INCB reminds countries that have not yet done so to place APAAN under national control without delay pursuant to the related Commission on Narcotic Drugs decision 57/1 of 19 March 2014.

504. To improve the effectiveness of law enforcement and expand the scope of drug control, new legislative and administrative changes have been introduced by the Government of the Philippines. In July 2015, amendments were made regarding the custody and disposition of illegal drugs, in particular the requirement to conduct an inventory after seizure operations by law enforcement authorities and the need for witnesses. Under the prior legislation, law enforcement officers had been required to conduct an inventory of the seized illegal drugs and chemicals immediately after confiscation in the presence of the suspects and representatives of the Department of Justice, elected public officials and the media as witnesses. Under the amended law, law enforcement officers can now conduct the inventory at the nearest office of authorities or police station in the case of a warrantless arrest as long as the integrity and evidentiary value of the seized items are properly preserved. A law penalizing driving under the influence of alcohol, dangerous drugs or similar substances was also adopted in 2014.

505. In the Philippines, a new national anti-drug programme of action for the period 2015-2020 and a timeline for its implementation have been drafted. The action plan outlines strategies in five main areas (demand reduction, supply reduction, alternative development, civic awareness and response, and regional and international strategies) and is intended to guide the country's drug control efforts. Similarly, the Thai Government has developed a national drug control strategic plan for the period 2015-2019 to offer holistic solutions for drug control beyond 2015. The strategic plan contains eight primary strategic focus areas and provides the mechanism for its implementation and the monitoring and review of that implementation. The Government of Myanmar is implementing the last phase of its 20-year drug control plan for the period 1999-2019 for achieving an illicit drug-free status by 2019. While the eradication of opium poppy cultivation was the main priority in the initial phase,

other objectives, such as the rehabilitation of drug abusers, the establishment of further special counter-narcotics task force units and the participation of local communities in the implementation of drug control activities, have now become the current priorities.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

506. Since the mid-1980s, the illicit cultivation of opium poppy in the region has been concentrated in the Golden Triangle, which was once the main world supplier of heroin. The considerable increases in illicit cultivation in Afghanistan, combined with the eradication efforts of the countries of the Golden Triangle (Lao People's Democratic Republic, Myanmar and Thailand), have significantly reduced the share of illicit opium that is produced in that area. However, illicit cultivation of opium poppy in the Lao People's Democratic Republic and Myanmar has recently started to increase, after reaching its lowest level in recent years, with less than 25,000 ha of illicit cultivation in 2006. In 2014, the total area of illicit opium poppy cultivation reached 63,800 ha, most of it in Myanmar (90 per cent) and a small amount in the Lao People's Democratic Republic (10 per cent). The total amount of opium produced in the region was estimated to be 762 tons.

507. Heroin illicitly manufactured in Myanmar has been trafficked overland into China through Yunnan province. At the same time, precursor chemicals required for the illicit manufacture of heroin have been smuggled into Myanmar from China. There is a risk that two-way trafficking for the manufacture and consumption of heroin may grow as drug trafficking syndicates exploit the easier movement of people and capital resulting from initiatives enhancing regional integration within the ASEAN community. In the light of such challenges, INCB encourages close cooperation and collaboration among the ASEAN member States for the timely exchange of intelligence.

508. Heroin seizures in the region rose each year from 2011 to 2013, reaching 11.8 tons in 2013, with more than 70 per cent being seizures reported by China. With total seizures of 9.5 tons in 2014 (9.4 tons in China, 89 kilograms (kg) in Hong Kong, China, and 3.5 kg in Macao, China), China continues to account for most of the seizures in the region. Reductions in seizures have recently

been reported by other countries such as Cambodia and Thailand. The total amount of heroin seized in Cambodia and Thailand dropped significantly in 2014 (1.8 kg and 371 kg, respectively), back to its longer-term average level.

509. Illicit cannabis cultivation and significant cannabis seizures continue to be reported by Indonesia and the Philippines. To avoid the eradication efforts of the authorities, illicit cannabis cultivation in the Philippines is usually located in high-altitude and mountainous areas of the country that are difficult to access. In 2014, 68 tons of cannabis herb were seized in Indonesia, more than three times the amount seized in 2012. The amount of cannabis seized in transit in Thailand increased from 27 tons in 2013 to 33 tons in 2014, following an upward trend that began in 2012. In 2014, 164 kg of cannabis herb and 576 kg of dried cannabis were seized in the Philippines. Increases in cannabis herb seizures were moderate for Hong Kong, China, and for Singapore.

510. The misuse of cocaine in East and South-East Asia remains limited, as evidenced by a relatively low level of seizures compared with other regions. The latest data point towards a further decline in the amount of cocaine seized within the region. In Hong Kong, China, the quantity of cocaine seized dropped by more than half, from more than 700 kg in 2012 to less than 300 kg in 2014. Similarly, reported seizures in Japan and Macao, China, declined by more than 90 per cent, down to 2 kg and 3 kg respectively in 2014. In Cambodia, cocaine seizures fell from around 13 kg in 2013 to less than 8 kg in 2014. China (excluding Hong Kong and Macao Special Administrative Regions) and the Philippines reported cocaine seizures of 113 kg and 70 kg respectively.

(b) Psychotropic substances

511. Growing availability and the prevalence of amphetamine-type stimulants in the region persist, as demonstrated by the continued upsurge in methamphetamine seizures and the high level of misuse. East and South-East Asia continues to be the region that seizes the largest total amounts of methamphetamine, which is available in two main forms (methamphetamine tablets and crystalline methamphetamine). While the misuse of methamphetamine tablets (usually of lower purity) is more concentrated in the countries of the Mekong river basin, the misuse of crystalline methamphetamine is more widespread geographically. Between 2008 and 2013, seizures of crystalline methamphetamine in the region almost doubled, and seizures of methamphetamine tablets increased eight-fold.

512. Among the countries of the Mekong river basin, Myanmar is considered to be the main country of origin for methamphetamine tablets. Information on seizures of methamphetamine tablets in China and Thailand suggests that more methamphetamine tablets are originating in and being trafficked from Myanmar. In Thailand, a sizeable amount of methamphetamine tablets was seized in 2014 (113 million tablets), while 248 tablets were seized in Singapore.

513. The latest national reports by China reveal that most of the crystalline methamphetamine available in the country is manufactured in the country, with most of the illicit manufacturing base located in the southern part of the country (Guangdong province). More than 80 per cent of the crystalline methamphetamine seized in 2013 had been manufactured in the cities of Shanwei and Jieyang, with the city of Lufeng being the main source of supply of the substances required for manufacture. Some illicit manufacture of crystalline methamphetamine was also found in the western part of the country, in Chengdu and its surrounding cities.

514. Across the region, the growing availability of crystalline methamphetamine remains a worrying trend. In Indonesia, arrests related to crystalline methamphetamine have increased significantly since 2012. In the Republic of Korea, seizures of crystalline methamphetamine increased to about 38 kg in 2013, compared with 21 kg the preceding year. In Cambodia, although the amount of crystalline methamphetamine seized fell in 2014 (29 kg), it remained higher than in 2012 (19 kg). In 2013, the Lao People's Democratic Republic reported its first crystalline methamphetamine seizure since 2005.

515. The most recent methamphetamine seizure data continue to point to a higher volume of trafficking in East Asian countries. In 2014, China reported the highest amount of methamphetamine seizures in the region: close to 28 tons, considerably higher than the amount seized in 2013. In Hong Kong, China, 104 kg of methamphetamine were found in five express cargo consignments in transit from mainland China to Malaysia via Hong Kong, China. Most of the methamphetamine seized in Japan (570 kg) originated in China, followed by Mexico and Thailand. In 2014, totals of 718.5 kg and 12.5 kg of methamphetamine were seized in the Philippines and Singapore respectively.

516. Although the majority of methamphetamine continues to be trafficked within the region, an increasing amount of methamphetamine is being trafficked into the region from other parts of the world. This seems to suggest that new trafficking routes have been established

linking previously unconnected methamphetamine markets of different regions. In recent years, methamphetamine originating in Africa has been seized in Cambodia, China, Indonesia, Japan, Malaysia, the Philippines, Thailand and Viet Nam. While some methamphetamine has also been trafficked from West Asia, quantities originating in Mexico were seized in Japan, the Philippines and the Republic of Korea in the period 2013-2014.

517. In Malaysia, 26 clandestine facilities manufacturing amphetamine-type stimulants were dismantled in 2013: 18 facilities manufacturing crystalline methamphetamine and 8 facilities manufacturing MDMA ("ecstasy") tablets. Also in 2013, two clandestine laboratories manufacturing amphetamine-type stimulants were dismantled in Indonesia, both manufacturing modest amounts of crystalline methamphetamine. In China, 376 clandestine laboratories manufacturing methamphetamine were dismantled in 2014, compared with 397 dismantled laboratories in 2013.

518. The growing abuse and seizure of MDMA ("ecstasy") has been reported by more East and South-East Asian countries. A significant amount of MDMA ("ecstasy") (489,311 tablets) was seized in Indonesia in 2014. In the Philippines, close to 3,600 MDMA ("ecstasy") tablets were seized in 2014—the largest amount seized by the country's authorities since 2002. Similarly, Singapore reported total seizures of more than 3,800 tablets of MDMA ("ecstasy"). Reported seizures of MDMA ("ecstasy") in Cambodia went from none in 2013 to 3.1 kg in 2014.

(c) Precursors

519. A number of countries continued to report the trafficking of pharmaceutical preparations containing ephedrine and pseudoephedrine, which was spurred by the growing illicit demand for amphetamine-type stimulants in the region. Most of the seized quantities reported originated in the region, or, to a lesser extent, in the neighbouring region of South Asia. Myanmar is one of the main destinations for trafficked preparations containing ephedrine and pseudoephedrine, and precursor chemicals seized in Myanmar mainly originated in nearby countries, primarily China, India and, to a lesser degree, Thailand.

520. To circumvent national legislative controls on precursor chemicals, more non-scheduled precursor chemicals and/or pre-precursors are being used. For instance, following the reinforcement of control of *Ephedra* plant in China, 2-bromopropiophenone is being used to

synthesize ephedrine. In 2014, more than half of the crystalline methamphetamine in the country was synthesized using 2-bromopropiophenone. In response, 2-bromopropiophenone was placed under national control in China in May 2014.

521. Faced with these adaptive diversion attempts, closer cooperation with industry can provide competent national authorities with better intelligence on suspicious orders and transactions involving scheduled and non-scheduled chemicals. For instance, to heighten the awareness of the industry with respect to the potential diversion of chemicals, some authorities have provided chemical companies in the country with the international special surveillance list. Outreach activities for the chemical and pharmaceutical industries, through regular meetings, dialogue sessions, site visits and seminars, would be useful for the more timely detection of changing trends and patterns of diversion attempts.

522. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2015 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

523. From 2008 to 2014, the number of new psychoactive substances identified by countries within the region increased significantly, the majority of them belonging to the synthetic cannabinoid and synthetic cathinone groups. Among countries in the region, the largest number of new psychoactive substances were identified by Singapore (37 substances), Japan (31 substances) and Indonesia. In 2013 and 2014, at least 30 new psychoactive substances were identified by the Government of Indonesia. These include synthetic cannabinoids, synthetic cathinones, phenethylamines, piperazines and plant-based new psychoactive substances. While some of these substances may be imported from countries in the region, some are imported from other regions. Of the 1.8 kg of synthetic cannabinoids seized in the Republic of Korea in 2013, 1.4 kg were imported from the United States. The rapid emergence of substances not yet under control, the limited forensic capability to identify such substances in some countries and the different listing classification for those substances adopted by different countries in the region are factors that create considerable challenges in mitigating the risks posed by new psychoactive substances at the regional level. INCB therefore encourages

all governments to participate in its operational project on new psychoactive substances (Project Ion (international operations on new psychoactive substances)) and make full use of its secure communication platform (IONICS) to prevent non-scheduled new psychoactive substances from reaching consumer markets.

524. The abuse of ketamine remains a major problem for the region, although the amount of seizures has been decreasing in some countries. While not under international control, ketamine has been brought under national control in a number of countries in the region: China, Democratic People's Republic of Korea, Japan, Malaysia, Myanmar, Philippines, Republic of Korea, Singapore and Thailand. Medical professionals in Brunei Darussalam and China (including Macao Special Administrative Region) indicated an increase in the abuse of the substance. In Hong Kong, China, the annual prevalence rate of ketamine use remained higher than that of amphetamine-type stimulants. The illicit manufacture of ketamine continues to be a problem in China, where the considerable increase in ketamine manufacture has led to a reported change in the main raw material used. Close to 12 tons of ketamine were seized in mainland China in 2014, and more than 80 clandestine laboratories manufacturing ketamine were dismantled. A further half ton of ketamine was seized in Hong Kong, China. Declining quantities of ketamine seizures were reported in Indonesia (declining from 117 kg in 2010 to 4.7 kg in 2013) and Malaysia.

525. The seizure of the plant-based psychoactive substances kratom and khat and the eradication of their cultivation continues to be reported. The largest total of kratom seizures in the region was reported by Thailand in 2014 (54 tons), up from 45.5 tons in 2013. In Malaysia, kratom-related seizures and arrests have increased recently, with the total amount of kratom seized reaching 9.1 tons in 2013, up more than 74 per cent from the previous year. Considerable seizures of kratom were also reported in Myanmar (219 kg in 2013). More than 6 tons of khat were seized in Hong Kong, China, in 2014. Almost 2 tons of khat leaves imported from Africa were found in the storage facilities of four logistics companies, destined for the United States, Canada and Taiwan Province of China. Recent eradication of illicit kratom cultivation has been reported by Myanmar.

5. Abuse and treatment

526. The trend of wider misuse of amphetamine-type stimulants, in particular methamphetamine, continues to be reported by most countries in the region. Increases in

the abuse of amphetamine-type stimulants have been identified in Brunei Darussalam, Japan, the Lao People's Democratic Republic, the Philippines and the Republic of Korea. In the Republic of Korea, crystalline methamphetamine remains the primary drug of concern and accounts for nearly all drug treatment admissions. In the Lao People's Democratic Republic, the abuse of methamphetamine tablets has expanded from urban and land border areas to other parts of the country. Even in countries where other drugs had been the primary drugs of abuse, considerable increases in the abuse of methamphetamine have been reported. In Malaysia, amphetamine-type stimulants constituted the most common drug of abuse among new drug users in 2013. Significant increases in the abuse of methamphetamine and "ecstasy" have been reported in China. In Macao, China, authorities reported that abuse of methamphetamine was linked to the gambling activities in the city. In Myanmar, a more widespread misuse of methamphetamine has been reported since 2005, as evidenced by a rising number of drug treatment admissions related to the substance. A higher prevalence of the misuse of MDMA ("ecstasy") has also been reported by Indonesia and countries in the Mekong region (Cambodia, Thailand and Viet Nam).

527. UNODC estimated that in the region there were more than 3.3 million opiate users in 2014, with a prevalence rate (0.2 per cent) that was lower than the global average (0.4 per cent). Heroin remains the main drug of concern in China, Malaysia, Myanmar, Singapore and Viet Nam. The largest number of opiate abusers in the region is found in China, where the number of registered opium abusers totalled approximately 1.46 million, almost half of the total number of drug addicts within the country in 2014. According to experts in China and Viet Nam, the substitution of heroin by synthetic drugs has become common among drug addicts. The same trend is reported in Indonesia, where the market for low-purity heroin was large and heroin users comprised a significant portion of persons admitted to drug treatment centres. A declining trend in the abuse of heroin, as reported by experts, has been observed over the last five years, although no regular nationwide surveys of drug-use levels are conducted by countries in the region.

528. With a prevalence rate of people who inject drugs of 0.2 per cent in East and South-East Asia (compared with the global prevalence rate of 0.26 per cent), the region continues to have the largest number of people who inject drugs. UNODC estimates that there are approximately 3.15 million people who inject drugs in the region, which is one quarter of the worldwide population of people who inject drugs. Around 10.5 per cent of them are living with HIV. Data at the national level, however,

reveal much higher HIV prevalence rates among people who inject drugs in certain countries, including the Philippines (46.1 per cent), Indonesia (36.4 per cent), Cambodia (24.8 per cent) and Thailand (21.9 per cent). As evidence regarding the effectiveness of different services and treatment programmes (needle and syringe programmes, opioid substitution therapy, antiretroviral therapy and the provision of naloxone) becomes more accepted in the countries, it is expected that more targeted service programmes will be implemented in the region.

529. The provision of psychological treatment services has been expanded in some countries in the region to respond to the demand for treatment for amphetamine-type stimulant use. For instance, the number of persons receiving drug abuse treatment services from state and private centres in Cambodia totalled more than 3,000 people in 2014, the majority of them crystalline methamphetamine users (82 per cent). Similarly, the Lao People's Democratic Republic plans to expand its community-based treatment for abusers of amphetamine-type stimulants and include counselling services in hospitals, health facilities and educational institutions. Despite a growing awareness, the standards of treatment for amphetamine-type stimulants require further enhancement.

530. Drug abuse among young people continues to be a worrying trend in the region. A survey conducted in schools in Japan revealed that among all types of illicit drug use, solvents and inhalants had the highest life-time prevalence rates among young people in 2014 (0.7 per cent, compared with 0.2 per cent for cannabis, methamphetamine and new psychoactive substances). Male teenagers have a higher prevalence rate than female teenagers for all types of illicit drug use. Given the various concerns of countries in the region, INCB urges all Governments concerned to closely monitor the situation and facilitate the implementation of specific and targeted interventions.

South Asia

1. Major developments

531. In 2014, Governments in South Asia continued to cooperate in responding to the threats posed by illicit drugs at the national and regional levels. Those threats were trafficking in Afghan heroin; the emergence of new psychoactive substances; the rise in manufacturing and trafficking in methamphetamine, in both pill and

crystalline forms; the diversion of controlled substances from licit to illicit channels; and the abuse of pharmaceutical preparations containing narcotic drugs and psychotropic substances.

532. There is a relatively low level of availability of and access to opioids for pain relief in all countries in the region. The Government of India continued to take substantial measures to address the situation, including through legislative changes that enabled the introduction of a simple and uniform regulatory regime in respect of opioids for pain relief (Narcotic Drugs and Psychotropic Substances (Third Amendment) Rules, 2015).

2. Regional cooperation

533. The countries of the region have continued their cooperation in drug abuse prevention and control matters under the umbrella of the Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific. The drug supply and reduction programmes of the Colombo Plan were strengthened through collaboration with other organizations such as the Australian Federal Police and were to focus on precursor chemical control, border protection, abuse of pharmaceutical preparations and trafficking, and forensic drug analysis.

534. The Department of Narcotics of Bangladesh and the Narcotics Control Bureau of India held consultations at the level of directors general in Dhaka, on 22 and 23 March 2015. The two national authorities agreed to implement mechanisms to stop the trafficking in narcotic drugs and to control the illicit use of precursor chemicals; to exchange intelligence on the cross-border trafficking routes; to raise public awareness of illicit drug trafficking; to increase efforts to eradicate the illicit cultivation of opium poppy and cannabis along their common border; and to increase cooperation in capacity-building.

3. National legislation, policy and action

535. The Colombo Plan International Centre for Certification and Education of Addiction Professionals held several training events in the region for national trainers on the universal treatment curriculum for substance use disorders. In May 2015, the universal prevention curriculum was launched as part of the Colombo Plan drug demand reduction programme in Bhutan, and efforts were under way to introduce the universal treatment curriculum in Bhutan as well. The International

Centre was working on the translation and adaptation of the universal treatment curriculum for Bangladesh. Under the Colombo Plan drug advisory programme, the development of a new curriculum on child drug addiction was initiated, since the incidence and prevalence rates of drug addiction among children from infancy to the age of 12 in the region were increasing.

536. In 2014, the Indian Parliament adopted the Narcotic Drugs and Psychotropic Substances (Amendment) Act, 2014. The amending act introduced major changes to national policy and legislation, including the establishment of a new category of drugs referred to as “essential narcotic drugs”, through which the central Government could list drugs of medical and scientific use and which would include morphine, fentanyl, methadone, among other drugs. Narcotic drugs identified as essential were made subject to a single set of rules that applied throughout the country, whereas before the amendment, each state used to have its own regulations. The power to amend the rules were vested in the central Government to ensure uniformity. Under the amending act, institutions wishing to use essential narcotic drugs would require a single licence instead of the several licences previously needed. The changes were likely to simplify access to drugs essential for pain relief and palliative care, making them more readily available to the patients who needed them.

537. The amending act included provisions to improve treatment and care for people dependent on drugs. It allowed for the management of drug dependence, and in that context legitimized opioid substitution, maintenance and other tertiary services. The amending act also repealed the mandatory imposition of the death penalty in case of a repeat conviction for trafficking large quantities of drugs. The courts were given the discretion to impose, as an alternative, a 30-year custodial sentence for repeat offences. INCB takes note of this development and again encourages those States which retain and continue to impose the death penalty for drug-related offences to consider abolishing the death penalty for such offences. The amending act further strengthened the forfeiture of the property of persons arraigned on charges of drug trafficking. It opened the way for private sector involvement in the processing of opium and concentrated opium poppy straw.

538. Through notification S.O.376(E) of 5 February 2015 issued by the Ministry of Finance, the Government of India brought mephedrone under the ambit of psychotropic substances by including it in the schedule to the Narcotic Drugs and Psychotropic Substances Act, 1985. The Government issued another notification listing

mephedrone under schedule I of the Narcotic Drugs and Psychotropic Substances Rules, 1985, prohibiting its production, manufacture, possession, sale, purchase, transportation, warehousing, usage, consumption, import, export and transshipment, except for medical and scientific purposes.

539. India continued to develop a system for the online registration and submission of returns by manufacturers and wholesalers of psychotropic substances. The system opened for registration by users in 2015, and the Government planned to make it mandatory by the end of 2015. Notwithstanding those welcome developments, access to internationally controlled substances for medical purposes in the region remained below the world average, in particular for opiate pain medication. The Board refers to its 2015 report entitled *Availability of Internationally Controlled Drugs: Ensuring Adequate Access for Medical and Scientific Purposes*.

540. In 2014, Bhutan adopted the Narcotic Drugs, Psychotropic Substance and Substance Abuse Act, 2015, which replaced the Act of 2005 of the same name. The previous law had a number of shortcomings, including inadequate regulatory and procedural requirements for the control and management of controlled drugs and substances (the description and categorization of drug-related offences were not clearly outlined); the absence of penal provisions for drug-related offences; the lack of a basis for determining the magnitude of such offences; and the absence of provisions on the need for and validity of drug test requirements. The new and comprehensive law restored the balance between demand reduction and supply reduction and addresses shortcomings of the Act of 2005.

541. To improve port security and prevent the illegal use of sea containers in transnational organized criminal activities including drug and precursor trafficking, Bangladesh and Nepal joined the Container Control Programme of UNODC and WCO in 2014. The Programme is operational in the following countries of the region: Bangladesh, India, Maldives, Nepal and Sri Lanka.

4. Cultivation, production, manufacture and trafficking

542. South Asia continued to be particularly vulnerable to the trafficking of opiates and heroin. In addition, widespread trafficking of cannabis, synthetic drugs and new psychoactive substances persisted in 2014. The diversion of pharmaceutical preparations containing narcotic drugs and psychotropic substances from the

Indian pharmaceutical industry, as well as their trafficking, including through illegal Internet pharmacies, continued over the reporting period.

(a) Narcotic drugs

543. In 2014, in India, the number of arrests for drug-related offences increased to become the highest in five years. The number of prosecutions for drug-related offences increased by more than 50 per cent from 2013, and the number of convictions by 127 per cent.

544. The data reported by the Narcotics Control Bureau of India indicated that most of the seizures made in the country in 2014 pertained to three drugs: cannabis (5,510 cases), heroin (4,467 cases) and cannabis resin (2,247 cases).

545. The number of cannabis seizures in India increased by 20 per cent, from 4,592 cases reported in 2013 to 5,510 cases in 2014. Indian authorities seized 108,300 kg of cannabis in 2014, up from 91,792 kg in 2013. Seizures peaked in 2010 at 173.1 tons. Substantial quantities of cannabis were trafficked into India from Nepal. An associated trend was the trafficking of cannabis from north-eastern states of India to eastern and other states in the country.

546. The number of cannabis resin seizures in 2014 decreased by 7.5 per cent (2,247 cases, down from the 2,430 cases reported in 2013). However, in terms of weight there was a decrease of approximately 50 per cent (decreasing from 4,407 kg seized in 2013 to 2,280 kg seized in 2014, the lowest in the past five years). In addition to domestic production, cannabis resin is trafficked into India. A major source is Nepal, with which India shares a long, open border that is readily exploited by drug traffickers. From India, cannabis resin is also trafficked to destinations in Europe and the Americas by means of courier parcels.

547. The number of heroin seizures and the quantity of heroin seized in India decreased slightly in 2014 (from 4,609 seizures reported in 2013 to 4,467 in 2014, and from 1,450 kg in 2013 to 1,371 kg in 2014). The Indian state of Punjab, which shares a border with Pakistan, accounted for most of the Afghan heroin seized in India. 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. Reports from neighbouring countries also indicated the seizure of low-quality heroin manufactured in India, but there are no reports of such locally manufactured heroin being seized in India itself.

548. Cocaine trafficking has historically been very limited in South Asia, but the rise in annual seizures seen in India over the past few years suggests an increase in trafficking in cocaine. The quantity of cocaine seized in India in 2014 was 15 kg.

549. In India, the quantities of opium seized in 2014 decreased by 24.3 per cent to 1,766 kg, compared with 2,333 kg the previous year. The number of seizures of opium had been decreasing since 2012 and was at its lowest since 2010. It was suspected that the opium seized in India originated inside the country, both from licitly and illicitly cultivated opium poppy. In 2014, 25 kg of morphine were seized, compared with 7 kg in 2013, which was still significantly less than in 2012, when 263 kg were seized. 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 2014, approximately 2,470 ha of illicit poppy were identified and eradicated. Concerted efforts to eradicate illicit opium poppy cultivation yielded encouraging results, and the area needing to be cleared had been declining since 2011. Another illicit crop targeted by eradication efforts was cannabis. In 2014, over 3,198 ha of cannabis were eradicated, the highest amount since 2010.

550. The Department of Narcotics Control of Bangladesh reported that in 2014, the country had tried 2,689 persons for offences related to drugs. The police of Bangladesh reported handling 42,501 cases related to narcotics. The long borders that Bangladesh shares with India and Myanmar make it vulnerable to drug trafficking. Moreover, Bangladesh has a long history of cannabis production and consumption, and cannabis is the most common drug of abuse in the country. Although it is smuggled into the country from India and Nepal, there were also reports of illicit cannabis cultivation in remote areas of the country. Seizures increased slightly from 35 tons in 2013 to 36.48 tons in 2014.

551. In June 2015, the Bangladesh Customs Intelligence and Investigation Directorate reported a seizure of so-called “liquid cocaine” at the port of Chittagong. The cocaine was found diluted in drums of sunflower oil believed to have originated in the Plurinational State of Bolivia. The seizure seems to confirm the existence of new routes and markets for cocaine, which recently seem to be finding its way into countries in South Asia.

552. Seizures of heroin decreased by 32.1 per cent, from 123.73 kg in 2013 to 84 kg in 2014, the lowest amount since 2009. The heroin abused in Bangladesh was mostly crude and impure, with the estimated purity of heroin

sold on the street not exceeding 5 per cent. According to experts, most of the heroin seized in Bangladesh was either manufactured in India, or originated in Afghanistan and smuggled through India. At the same time, heroin of high purity from the Golden Triangle (Lao People’s Democratic Republic, Myanmar and Thailand) sometimes entered the country from the south-east. There were some reports of seizures in China of heroin trafficked through sea ports in Bangladesh. Dhaka airport continued to be a transit point for heroin being trafficked to China, Europe and the Middle East.

553. In 2013, 11.62 kg of opium were seized in Bangladesh, but no seizures were reported in 2014.

554. Trafficking of codeine-based cough syrups, such as phensedyl, from India to Bangladesh continued to be reported. Although Bangladesh banned codeine-based cough syrups, its medical use is allowed in India. In 2014, 748,730 bottles of codeine-based preparations were seized in Bangladesh, a decrease from the 987,661 bottles seized in 2013. Seizures of phensedyl had been declining consistently since 2012, and the seizures recorded in 2014 were the smallest since 2009. Synthetic opiates such as buprenorphine and pethidine (chemical name meperidine) in injectable form continued to be trafficked into Bangladesh. Seizures of buprenorphine decreased to 99,509 ampoules in 2013.

555. In 2014, Bhutan witnessed the highest number of drug cases ever registered by the authorities (644 cases). The great majority (90 per cent) were related to the possession of controlled substances. Cannabis, which in addition to being cultivated also grew in the wild, was the most common drug of abuse. Cannabis, along with small quantities of low-quality heroin, was also being smuggled into the country from India.

556. In 2014, in Nepal, both the illicit cultivation and the wild growth of cannabis were reported in the districts bordering India and in the interior. Although the Government carries out cannabis eradication campaigns every year, illicit cultivation continued in the reporting period. The porous border with India facilitates the trafficking of cannabis. While the seizures of cannabis rose sharply over the period from 2011 to 2013, with a 15-year record of 47,086 kg of cannabis being seized in 2012, they decreased to 6,910 kg in 2014.

557. A similar trend was reported for cannabis resin trafficked along land routes from Nepal to India and China, and by air to destinations such as Canada, Japan, the Russian Federation, the United States and Europe. In 2014, 2,053 kg of cannabis resin were seized in Nepal,

compared with 1,931 kg in 2013 and a record of 5,169 kg in 2012.

558. In 2014, in Nepal, the downward trend in heroin seizures continued: 3.8 kg of heroin were seized, against 12.42 kg in 2013 and 15.7 kg in 2012. Heroin from South-West and South-East Asia was smuggled into Nepal across the border with India and through Kathmandu international airport. Traffickers were also reported to use Nepal as a transit country through which they smuggled heroin to destinations such as Australia, China and the Netherlands. There were also seizures of low-quality heroin smuggled in small quantities from India, mainly intended for domestic consumption.

559. There is also evidence of illicit opium cultivation in Nepal. There have been no extensive surveys to determine its extent, but cultivation in small patches was reported in remote hilly areas that are difficult for enforcement agencies to access. No illicit heroin manufacturing facility has as yet been detected in Nepal. According to the Narcotics Control Bureau of Nepal, illicit opium is also being smuggled into India.

560. The first case of cocaine trafficking in Nepal was recorded in 2012. Since then there has been an increase. Instances of cocaine trafficking into the country by carriers from Namibia, Pakistan and Thailand via Brazil were identified in 2014. Reports indicated that Nepal was also being used as a transit point for cocaine smuggling. In 2014, 5.5 kg of cocaine were reported seized in the country. In April 2015, 11 kg of cocaine were seized at Kathmandu international airport, the largest cocaine seizure so far in Nepal.

561. In 2014, authorities in Nepal arrested 2,918 individuals for drug trafficking offences, against 2,673 in 2013. The Narcotics Control Bureau reported that an increasing number of Nepalese nationals were involved in drug trafficking. Previously, drug trafficking used to be dominated by foreign nationals.

562. Trafficking of heroin into Sri Lanka has been steadily increasing. The main trafficking routes were by sea, from southern India (for Indian heroin) and from Pakistan (for Afghan heroin). Heroin is smuggled into the island in sea containers and fishing boats. In 2014, 313 kg of heroin were seized, a decrease of about 11 per cent compared with the previous year.

563. Other than along the established sea routes, trafficking of drugs into Sri Lanka by air, largely through Colombo international airport, has been a regular occurrence. In recent years, the majority of the heroin seized

at the airport has been found on couriers arriving from Pakistan. They use various methods, including ingestion and concealment in body cavities and various kinds of equipment and luggage.

564. Cannabis and heroin are the major illicit drugs of abuse in Sri Lanka. Cannabis is illicitly cultivated in the country. The estimated land area under cannabis cultivation was nearly 500 ha in 2014. Cannabis abuse has become a significant problem. No cannabis resin production had been reported. In 2014, 19,644 kg of cannabis from India were seized. In 2014, cannabis seizures decreased by 76 per cent compared with 2013.

(b) Psychotropic substances

565. South Asia is increasingly being used for the illicit manufacture of amphetamine-type stimulants (ATS). ATS are also increasingly being abused. ATS in powder form is increasingly being smuggled from and illicitly manufactured in India, which is emerging as the main source in the region. Tablets containing ATS trafficked in India are also being smuggled into the country from Myanmar. In 2014, 196 kg of ATS were seized, more than twice the amount of 2013 (85 kg) and almost five times that of 2012 (41 kg). The number of ATS seizures and the quantities seized have been rising steadily. In 2014, 42 ATS seizures were reported, the highest number in five years. In 2014, the Narcotics Control Bureau of India reported the dismantling of five illicit manufacturing facilities, from which about 155 kg of amphetamines and 162 kg of ephedrine and pseudoephedrine were seized.

566. Seizures of methaqualone in India registered a sharp decrease, from 3,205 kg in 2013 to 54 kg in 2014, the lowest in five years. Methaqualone is often trafficked by means of courier parcels to Australia, Canada, Ethiopia, South Africa, the United Kingdom and countries in South-East Asia.

567. India and China are perceived as major sources of various new psychoactive substances. One of those is mephedrone,³⁸ whose increasing abuse has been reported globally in recent years. India was one of the source countries for mephedrone trafficked to various overseas destinations. After establishing its control over mephedrone and regulating it as a controlled psychotropic substance, India effected various seizures (1,106 kg from January to June 2015).

³⁸ The substance was brought under the control of the 1971 Convention by the Commission on Narcotic Drugs in March 2015.

568. In 2014, 109 grams of LSD were seized in India, which was the highest quantity in the past five years.

569. In Bangladesh, “yaba” (methamphetamine) continues to be smuggled from Myanmar across the south-eastern border. The quantities seized by Bangladesh law enforcement agencies have been rapidly increasing during the past five years. In 2014, 6.76 million “yaba” tablets were seized, compared with 2.8 million in 2013, a growth of 141 per cent. The quantity seized in 2014 was the highest since 2009. Sharp increases in seizures have been recorded since 2011. The proximity of Bangladesh to Myanmar and the surge in domestic demand made the country a big market for “yaba”. “Yaba” is mainly smuggled from Myanmar by fishing boat. It is bartered for other drugs of abuse, such as buprenorphine and tranquilizers, that are then smuggled in the opposite direction, from Bangladesh to Myanmar.

570. Diazepam and buprenorphine ampoules were reported to be smuggled into Nepal from India. In 2014, 44,495 ampoules of diazepam and 37,000 ampoules of buprenorphine were seized in Nepal, slightly more than the 43,227 ampoules of diazepam and 30,887 ampoules of buprenorphine seized in 2013.

(c) Precursors

571. The diversion of ephedrine and pseudoephedrine from legal manufacture in India to illicit channels remains a major challenge for law enforcement agencies. Indian drug law enforcement agencies continued to report seizures of pharmaceutical preparations containing ephedrine and pseudoephedrine trafficked from India to Myanmar for the extraction of the precursors. Instances of ephedrine and pseudoephedrine trafficking to South-East Asia were also reported in 2014. The quantity of ephedrine and pseudoephedrine seized in India declined sharply, from 6,655 kg in 2013 to 1,662 kg in 2014.

572. 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 the authorities in Bangladesh in 2015 continued to be the diversion of precursor-based pharmaceutical preparations from the legitimate market, and the smuggling of shipments out of the country.

573. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found

in the 2015 report of the Board on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

574. India continues to be a source country for ketamine trafficked to South-East Asia. Since February 2011, ketamine has been a controlled substance under the Narcotic Drugs and Psychotropic Substances Act, 1985. In 2014, Indian law enforcement agencies seized 32 kg of ketamine, a significant decrease from the 1,353 kg seized in 2013. Seizures indicate that ketamine trafficking may now be declining as a result of the authorities’ stringency that followed the recent amendments to the Act.

5. Abuse and treatment

575. Most countries in South Asia do not regularly carry out national drug surveys; information on abuse and prevalence therefore needs to come from other sources. Cannabis is the most common drug of abuse in the region. According to the *World Drug Report 2015*, the annual prevalence rate for cannabis abuse in South Asia is estimated to be about 3.5 per cent of the population, or 33 million persons. According to UNODC, the annual prevalence of abuse of opioids remained stable at 0.3 per cent of the population and continued to be lower than the estimated world annual prevalence rate of 0.7 per cent.

576. The estimated prevalence of drug abuse by injection in South Asia in 2013 among the population aged 15 to 64 (the most recent information available from countries in the region) remained stable at 0.03 per cent, which was very low compared with the global average of 0.26 per cent. As mentioned above, the lack of reliable data on drug abuse in the region may be the reason why the reported prevalence is so low.

577. The abuse of “yaba” (methamphetamine) and codeine-based preparations continues to be widespread in Bangladesh, and is still increasing. Among street children, the abuse of glue and solvents by sniffing is common. Buprenorphine, mainly smuggled into the country from India, is one of the most popular drugs of abuse among those who inject drugs. Pethidine used to be the main drug of abuse among those who inject drugs in Bangladesh, but because of the emergence of buprenorphine over the past three decades and the high price of pethidine, the abuse of pethidine has decreased.

578. In 2014, Bangladesh stepped up its campaign against drug abuse and drug trafficking. The campaign included the distribution of posters, leaflets, stickers and booklets. Furthermore, speeches and discussion meetings were held in schools, and short films were produced with WHO. In 2014, a total of 10,364 patients were treated in private treatment centres, up from 8,108 patients in 2013. Women continued to make up a very small proportion of those receiving drug abuse treatment in Bangladesh, with only 25 female patients receiving treatment in 2014.

579. The Government of India accorded a high priority to the issue of drug abuse. The Prime Minister used many platforms to spread the message to parents that they should spend more time with their children. There was an emphasis on skill development, which was also encouraged among drug users.

580. In January 2015, the Government of India approved and launched a revised scheme of assistance for the prevention of alcoholism and substance (drug) abuse and for social defence services, which included the provision of financial assistance and grants for buildings and a toll-free national helpline for those with alcohol and drug abuse problems. The scheme was to provide a complete range of services such as awareness-raising and the identification, counselling, treatment and rehabilitation of addicts by voluntary and other organizations. Through preventive education programmes and whole-person recovery treatment of drug-dependent persons, its main pillars, the scheme was to reduce the demand for and consumption of alcohol and other dependence-producing substances.

581. Bangladesh, India and Nepal have implemented comprehensive packages for HIV prevention among drug users, including needle and syringe programmes and opioid substitution therapy.

582. Under its national AIDS control programme for 2013-2014, India established 45 new opioid substitution therapy centres for injecting drug users, thereby doubling the availability of such services in one year. The department of AIDS control of the Ministry of Health and Family Welfare is supporting the provision of opioid substitution therapy services through more than 150 dedicated centres across 30 states and union territories in India. After the successful completion of a pilot project in 2013, India decided to scale up the methadone maintenance treatment programme and its adoption by health clinics through the Ministry of Health.

583. In 2015, UNODC published the findings of the first study held among women in north-eastern India who

use drugs. The study identified their drug use patterns, the adverse impact of their drug use, and the impediments that limited their access to services. The study included the recommendation to expand the nature and scope of services provided to women in the future.

584. Cannabis and heroin continued to be the two drugs most commonly abused in Sri Lanka. Opium, opiates and opioids such as morphine, methadone and tramadol, were also reported to be misused in Sri Lanka. However, they were not being manufactured in the country. In 2014, a total of 1,646 people received drug abuse treatment, of whom 1,414 were treated for opioid addiction and 915 for cannabis addiction.

585. Sri Lanka does not manufacture any synthetic drugs or precursor chemicals, but the use of ATS, including methamphetamine and MDMA ("ecstasy"), and of other synthetic drugs, such as LSD and ketamine, is reportedly on the rise.

586. In Nepal, the common pharmaceutical preparations containing controlled substances that were being trafficked and abused were codeine-based cough syrups, buprenorphine, diazepam, nitrazepam and morphine.

587. In the Maldives, the problem of drug abuse was growing, especially among young people, who constituted about one third of the total population. The authorities reported that almost half of those who abused drugs (46 per cent) were aged between 16 and 24 years. While the variety of drugs available in Maldives is increasing, heroin and liquid cannabis (hash oil) are the most commonly used drugs. Maldives has implemented opioid substitution therapy.

West Asia

1. Major developments

588. The continuing instability and climate of insecurity that prevail in some parts of the Middle East, in particular Iraq, the Syrian Arab Republic and Yemen, continue to undermine law enforcement efforts and pose a challenge to drug control efforts among countries in the region. Poor border controls and the intensified movement of the population across countries is certainly favourable to illicit drug trafficking destined for markets in the region and can lead to a greater number of individuals abusing drugs.

589. The significant and rapid deterioration of the humanitarian situation in some countries of the region continues to pose a grave risk to peace and security, with various implications, following the displacement of millions of inhabitants. The difficult and traumatic situation of refugees escaping conflict zones, in particular in Iraq and the Syrian Arab Republic, makes them particularly vulnerable to and at high risk of exposure to drug trafficking and addiction. Lack of governmental control and a general atmosphere of lawlessness in many areas make it virtually impossible to monitor drug control activities.

590. The armed conflict and refugee crisis situations have given rise to increased demands for emergency supplies, including internationally controlled substances for medical purposes. However, as supply is wholly dependent on emergency aid, delivery in certain areas has been inadequate or severely limited. In that context, INCB wishes to draw attention to the special topic published in its annual report for 2014 on availability of narcotic drugs and psychotropic substances in emergency situations³⁹ and remind all States that, under international humanitarian law, parties to armed conflicts have an obligation not to impede the provision of medical care to civilian populations located in territories under their effective control. This includes access to necessary narcotic drugs and psychotropic substances.

591. Against the backdrop of a long-standing lack of official sources of reliable information on illicit drug production, trafficking and abuse among countries in the region, there have been several media and anecdotal reports regarding the widespread abuse of counterfeit Captagon tablets (containing amphetamine) among all parties engaged in armed violence in the Syrian Arab Republic.

592. The drug control situation in the region remains complex. The most recent estimates reported in the executive summary of the *Afghanistan opium survey 2015* suggest that the situation concerning illicit opium poppy cultivation in Afghanistan, a significant factor for drug control efforts in the region, may be improving. Nevertheless, drug trafficking and illicit manufacture of heroin continue to be matters of concern for Governments in transit and destination countries. The completion in December 2014 of the International Security Assistance Force mission in Afghanistan may further affect the security situation in the country, which, in turn, could have implications for the drug control situation.

593. Significantly, for the first time in six years, the *Afghanistan Opium Survey 2015*, for which the executive summary is available, notes that there has been a decrease in the estimated total area under illicit opium poppy cultivation in Afghanistan, which in 2015 totalled 183,000 hectares (ha). That represents a decrease compared with 2014, when cultivation reached record levels, at 224,000 ha. However, the area of cultivation in 2015 remains the fourth highest amount reported since the beginning of estimations in 1994. The extent of the decrease (19 per cent) may have been augmented by a recent change in the estimation methodology: the reliability of data is said to have improved significantly from 2014 to 2015. However, the results of different years must be compared with caution. The estimated potential opium production in the country decreased from 6,400 tons in 2014 to 3,300 tons in 2015. Similarly, average opium yield decreased to 18.3 kilograms per hectare, compared with 28.7 kilograms per hectare in 2014. At the same time, the total verified Governor-led eradication of opium poppy increased to 3,760 ha eradicated in 2015 in comparison with 2,693 ha in 2014.

594. Central Asian countries reported a decrease in seizures in 2014 of opiates originating in Afghanistan. Nevertheless, for criminal groups engaged in drug trafficking, the subregion remains attractive as a channel for smuggling opiates from Afghanistan to markets in the Russian Federation and Europe. Further, the abolition of customs controls at the borders between the countries in the Eurasian Economic Union, comprising Armenia, Belarus, Kazakhstan, Kyrgyzstan and the Russian Federation, may pose an additional challenge for the drug law enforcement authorities.

595. Similar to previous years, almost all illicit drugs are available in the Middle East subregion, which drug trafficking networks mainly use as a transit area for the smuggling of cocaine, heroin and amphetamine-type stimulants (ATS). Various seizure reports suggest that a trend of increasing traffic in cocaine emerged in the Middle East in 2014. According to various reports, cocaine seizures increased, in particular in Jordan, Saudi Arabia and the United Arab Emirates.

2. Regional cooperation

596. The London Conference on Afghanistan, held on 4 December 2014, brought together representatives of more than 50 States, multilateral organizations, non-governmental organizations and representatives of Afghan civil society to discuss development, governance and

³⁹ E/INCB/2014/1, paras. 228-238.

stability in Afghanistan, including issues related to drug control. The Conference provided a platform for the Government of Afghanistan to set out its vision for reform and for the international community to demonstrate its support and solidarity for Afghanistan.

597. The summit of the Collective Security Treaty Organization (CSTO), held in Moscow on 23 December 2014 and attended by the Presidents of Armenia, Belarus, Kazakhstan, Kyrgyzstan, the Russian Federation and Tajikistan, adopted the CSTO anti-drug strategy for the period 2015-2020.

598. At a meeting in Dushanbe in May 2015, the heads of the drug law enforcement agencies of CSTO member countries discussed the situation in Afghanistan and decided to continue their cooperation in tackling the manufacture and distribution of new psychoactive substances and to prepare a plan of action for the period 2016-2017.

599. At its summit held in Ufa, Russian Federation, in July 2015, the Shanghai Cooperation Organization's Council of Heads of State decided to accept the accession of India and Pakistan to the Organization. The Organization's main goals are the provision and maintenance of peace, security and stability among its members, including drug control. At the summit, the Organization adopted a development strategy outlining priority areas until 2025, including issues related to regional stability and drug control, and plans to address drug challenges were incorporated into the declaration of the Council of Heads of State issued at the summit. The Organization's member States expressed concern at the scale of narcotic drug manufacture in Afghanistan, which posed a threat to development and security in the region.

600. The Central Asian Regional Information and Coordination Centre, a standing intergovernmental body for combating trafficking in narcotic drugs, psychotropic substances and their precursors, continues to serve as a regional platform for exchanging information and experiences on countering drug trafficking and promoting law enforcement cooperation.

601. Several regional and subregional organizations such as the Cooperation Council for the Arab States of the Gulf and its Criminal Information Centre to Combat Drugs and the League of Arab States, including its Council of Arab Ministers of the Interior and the Council of Arab Ministers for Health, continue to actively promote cooperation and harmonization of efforts among Arab countries, including in the area of drug control.

602. In June 2015, the Board participated in the 11th international conference on drug control, organized by the Dubai Police. The event, attended by representatives of Ministries of the Interior and counter-narcotics agencies from countries of the Middle East and North Africa and of the Gulf Cooperation Council, focused on access to controlled substances for licit purposes while preventing diversion and abuse, and conducted a workshop to guide national delegations in identifying recommendations for incorporation into national strategies.

603. The international anti-drug forum organized by the Qatari Ministry of Interior in Doha in May 2015 recommended measures to tackle emerging drug trafficking trends in the region through the establishment of an early warning observatory and the inclusion of legal provisions to criminalize the promotion of illicit drug use through the Internet.

3. National legislation, policy and action

604. In order to counter the rapidly developing illicit market for synthetic drugs and the emergence of new psychoactive substances, the abuse of which is becoming a matter of concern in West Asia, some countries in the region have amended their national legislation and have begun to place some new psychoactive substances under national control. The Government of Armenia amended its national legislation in May 2015, placing 114 new psychoactive substances on the list of nationally controlled substances.

605. In March 2014, the Government of Georgia adopted a package of legislative amendments, pursuant to which illicit trafficking in pharmaceutical preparations containing codeine, ephedrine, norephedrine or pseudoephedrine is now subject to criminal prosecution.

606. In Kazakhstan, the new penal code and the code of criminal procedure, which entered into force in January 2015, stipulate criminal liability for offences related to trafficking in analogues of narcotic drugs and psychotropic substances. In addition, the law on narcotic drugs, psychotropic substances and their analogues and precursors, the main drug control legislation of Kazakhstan, was also strengthened and supplemented with provisions on analogue scheduling in July 2014.

607. In 2014, the Government of Kyrgyzstan approved a counter-narcotics strategy and implementation plan which defined measures and activities in the field of drug control for the period 2014-2019. The strategy seeks to

promote healthy lifestyles among the country's young people through different types of activities, including awareness-raising campaigns. The strategy also aims to strengthen the law enforcement agencies of Kyrgyzstan and enhance drug demand reduction and prevention efforts, including the implementation of tertiary prevention measures such as needle exchange, counselling, the provision of health care, and educational activities, as well as treatment and rehabilitation programmes.

608. In order to prevent the abuse of substances not under international control, Turkey placed 246 new psychoactive substances under national control in 2014. In addition, article 19 of the national law on the control of drugs was supplemented with provisions on generic scheduling in January 2015.

609. The Government of Israel has taken legislative measures to curb the growing market for new psychoactive substances and their popularity among the youth in particular. In 2014, new synthetic cannabinoids and their derivatives were listed as narcotic drugs in the national legislation.

610. In June 2015, the United Arab Emirates health authorities recommended the inclusion of three plant materials, namely kava (*Piper methysticum*), kratom (*Mitragyna speciosa*) and *Salvia divinorum* in Table 4 of that country's Federal Law No. 14 of 1995 (article 2) on the countermeasures against narcotic drugs and psychotropic substances.

611. In the United Arab Emirates, efforts are also being made to standardize procedures for prescriptions involving controlled substances, restricted pharmaceuticals and psychoactive drugs, including innovative measures such as the establishment of an electronic system for the issuance of prescriptions and the dispensing of medicines containing controlled narcotic drugs and psychotropic substances.

612. In February 2015, Turkmenistan strengthened its main drug control law on narcotic drugs, psychotropic substances and precursors through an amendment establishing that amnesty may not be granted to individuals who have been convicted of crimes related to trafficking in narcotic drugs, psychotropic substances or precursors.

613. In Jordan, the Security Directorate and the Ministry of Labour entered into agreements to secure employment for inmates, including those incarcerated for drug-related sentences, upon completion of their sentence period or treatment period. Furthermore, some reforms within the

Jordanian social security institution will broaden the social security system to include rehabilitation centres.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

614. Cannabis production, trafficking and abuse continue to be widespread in West Asia. Cannabis plants, seeds and oil are frequently seized in the region and remain the most widely abused substances. Afghanistan continues to be considered one of the largest illicit producers of cannabis resin worldwide. While the trend of illicit cannabis cultivation and production is believed to be stable in that country, on the basis of the results of annual surveys conducted by the United Nations Office on Drugs and Crime between 2009 and 2011, systematic data collection efforts have not been undertaken since. Further, there are continued reports of illicit cultivation of cannabis in the Bekaa valley of Lebanon, where eradication efforts have been sustained.

615. According to the data available to the Board, cannabis seizures increased in West Asia in 2014, with the exception of Israel, where quantities of both cannabis herb and cannabis resin seizures decreased from 2013 to 2014 (from 38 kilograms (kg) to 7 kg of cannabis herb and from 320 kg to 6 kg of cannabis resin). The countries reporting the largest seizures of cannabis in 2014 were, in descending order of seizure amount, Saudi Arabia, Jordan and Lebanon. According to the data provided to the Board by the authorities of Saudi Arabia, seizures of cannabis herb in the country have nearly doubled: from 23 tons in 2011 to nearly 38 tons in 2014.

616. Large shipments of cannabis destined for Libya are regularly stopped in Lebanon, where almost 3 tons of cannabis herb were seized in 2014, a considerable increase compared with the 164 kg seized in 2013. Furthermore, in early 2015, Lebanese police had already seized a total of 2 tons of cannabis on the way to Libya. Similarly, nearly 7 tons of cannabis, of which about 20 per cent was cannabis resin, were smuggled across land borders into Jordan, where they were seized in 2014.

617. The executive summary of the *Afghanistan Opium Survey 2015* estimated the total area under illicit opium poppy cultivation in that country to be 183,000 ha in 2015. Even taking into account the impact of methodological changes introduced between 2014 and 2015, this figure represents a marked decrease from the previous

year, when cultivation had reached record levels at 224,000 ha. While 2015 marked the first decrease since 2009, cultivation levels remained high in absolute terms. The estimated area of illicit opium poppy cultivation in 2015 was nevertheless the fourth highest since estimations began in 1994, surpassed only by the estimated amounts for 2007, 2013 and 2014. A corresponding decrease in Afghanistan's estimated potential production of opium was recorded: 3,300 tons (48 per cent less than in 2014). The low production estimates are believed to be a result of the reduction in total area under cultivation, combined with a significantly reduced average opium yield per hectare. The reduced average yield was reportedly owing to a lack of water in certain regions, which may have affected plant density. In 2015, the average opium yield was 18.3 kilograms per hectare, compared with 28.7 kilograms per hectare in 2014 (a 36 per cent decrease).

618. In 2015, 97 per cent of the total illicit opium poppy cultivation in Afghanistan took place in the eastern, southern and western regions of the country, which include the country's most insecure provinces. The same three regions experienced the greatest relative decrease in opium poppy cultivation levels in 2015 (decreases of 40 per cent, 20 per cent and 10 per cent respectively, compared with 2014), while steep increases were observed in the central and northern regions (increases of 38 per cent and 154 per cent, respectively). Poppy cultivation levels in the north-eastern region of the country remained stable. The extent to which these comparative figures might be attributable to the recent change in estimation methodology must, however, be borne in mind. At the province level, Helmand continued to account for more than 47 per cent of all illicit opium cultivation in Afghanistan.

619. The Government of Afghanistan continued its efforts to eradicate illicit opium poppy cultivation in the country, increasing total eradication of opium poppy to 3,760 ha in 2015. However, the total eradicated area remains very limited in absolute terms compared with the total estimated area under illicit opium poppy cultivation in Afghanistan (1-2 per cent).

620. The route from Afghanistan through the Islamic Republic of Iran is one of the shortest trafficking routes from West Asia into Europe, with significant amounts of Afghan opiates seized there every year, primarily opium and heroin. Accordingly, the Islamic Republic of Iran has remained the country in the world with the largest quantity of opium seized: 393 tons in 2014. In total, the country's authorities seized 511 tons of illicit drugs in 2014, compared with 555 tons in 2013.

621. Heroin smuggling routes through the southern Caucasus are marked by constant changes. According to data provided to the Board, seizures of heroin in Georgia increased from 117 kg in 2013 to more than 591 kg in 2014, and seizures of heroin in Azerbaijan totalled nearly 296 kg in 2014, compared with 101 kg in 2013. Significant increases in heroin seizures were also reported in Armenia, where over 850 kg were seized in 2014, in contrast to the low levels of seizures made in the country in the previous years (less than 5 grams were seized in 2012 and in 2013).

622. Drug seizures in Central Asia have followed a decreasing trend. In particular, the amount of heroin seized in the subregion decreased by 24.6 per cent, from 1.6 tons in 2013 to 1.2 tons in 2014. The amount of heroin seized in Kazakhstan decreased by 48 per cent (from 754 kg to 392 kg) and by 12.4 per cent in Uzbekistan (from 121.6 kg to 106.5 kg). Only Kyrgyzstan and Tajikistan reported a moderate increase in seizures of heroin, from 247 kg to 285 kg and from 483 kg to 507 kg, respectively. In Turkmenistan, seizures of heroin decreased from 12.6 kg in 2013 to 1.8 kg in 2014.

623. Countries in the region continued their cooperation in countering illicit drug trafficking within the framework of CSTO. In particular, the counter-narcotics operation "Channel Patrol", conducted on 18-22 May 2015, resulted in the seizure of more than 12 tons of narcotics, including over 7 tons of opium, approximately 3 tons of hashish, more than 1 ton of heroin and 126 kg of cannabis herb. The operation involved cooperation among the law enforcement agencies of Armenia, Belarus, Kazakhstan, Kyrgyzstan, the Russian Federation and Tajikistan, with the involvement of the agencies of Afghanistan, China and Iran (Islamic Republic of) and INTERPOL as observers.

624. Similarly, the information available to the Board shows that heroin seizures decreased among countries in the Middle East in 2014. Heroin seizures, which increased significantly in several countries of the region in 2013, decreased in 2014, particularly in, in decreasing order of seizure amounts, Jordan, Lebanon, Saudi Arabia and Israel. In July 2015, a joint security operation of Pakistan and the United Arab Emirates resulted in the dismantling of a major heroin ring, the arrest of 40 drug traffickers and the seizure of 150 kg of heroin.

625. Data available to the Board indicate that annual opium seizures in the Middle East subregion in 2014 were also small, ranging from 34 grams in Jordan to about 4 kg in Saudi Arabia.

626. The extent of cocaine trafficking in West Asia continued to increase in 2014, with some countries in

the region reporting a marked increase in drug seizures. For example, Saudi Arabia reported an increase in seizures of cocaine, rising from 4.6 kg in 2013 to 533.5 kg in 2014, and Jordan reported an increase from 12 kg in 2013 to 319 kg in 2014.

627. As in previous years, the territory of the United Arab Emirates served as a transit area for traffickers smuggling drugs from South America to Africa and Asia. In June 2015, cocaine traffickers who had transited Dubai, United Arab Emirates, were arrested in Nigeria, South Africa and Turkey.

628. Further, increasing quantities of South American cocaine, in particular cocaine originating in Mexico and destined for Israel and Lebanon, are being seized while the drug is in transit through Jordan and Saudi Arabia; most of the cocaine is trafficked by sea, using containers, and seizures take place at seaports; 320 kg were seized by the Lebanese authorities during the first eight months of 2014, and 319 kg were intercepted by the Jordanian authorities in 2014, compared with 12 kg in 2013.

(b) Psychotropic substances

629. According to seizure data, pharmaceutical preparations containing psychotropic substances are trafficked in most countries in West Asia. In particular, abuse of sedatives and anxiolytics (for example, diazepam and nitrazepam) in the form of tablets is widespread, which may indicate weaknesses in national systems for the control of the networks for licit distribution of prescription medicines containing controlled substances. **INCB calls upon the countries concerned to increase their vigilance with respect to diversion, trafficking and abuse of such preparations and to reinforce controls on domestic distribution channels for pharmaceutical preparations containing controlled substances.**

630. Seizures of psychotropic substances in Central Asian countries remain relatively low. In 2014, authorities of Kazakhstan reported the seizure of 13,983 vials and 3,496 tablets of psychotropic substances. The law enforcement authorities of Tajikistan in the same year reported the seizure of 2,590 MDMA tablets, 2,025 phenobarbital tablets and 10 tablets of diazepam. The total amount of pharmaceutical preparations seized in Kyrgyzstan amounted to 3,604 grams in 2014.

631. Trafficking and abuse of ATS have been reported by a growing number of countries in West Asia, particularly abuse of amphetamine, methamphetamine and

MDMA, with a marked increase in abuse of “ecstasy”-type substances noted in Lebanon in 2014. For 2014, there were reports of significant seizures of MDMA (“ecstasy”) in Israel and amphetamine in Saudi Arabia.

632. The quantity of reported seizures of ATS in the Islamic Republic of Iran decreased considerably. The amount of seized ATS was 2,644 kg in 2014, a decrease of 28 per cent compared with the previous year. The number of clandestine drug laboratories dismantled in the Islamic Republic of Iran in 2014 (340 laboratories) was a decrease of 24 per cent from 2013 (445 laboratories).

633. Seizures of counterfeit Captagon tablets (believed to contain amphetamine) continue to be reported by most countries in the Middle East. In particular, Lebanon, Saudi Arabia and the Syrian Arab Republic reported that seizures of amphetamine illicitly manufactured under the brand name “Captagon” in 2014 were higher than in previous years. Most of the Captagon tablets are smuggled across the non-official border crossings between Jordan and the Syrian Arab Republic, transiting Jordan, with Saudi Arabia as the main final destination. In October 2015, 2 tons of Captagon destined for Saudi Arabia were reportedly seized at the international airport in Beirut.

634. Trafficking and abuse of amphetamine among countries in the Middle East continued to be reported. Saudi Arabia is among the countries that registered a significant increase in the amount of amphetamine tablets seized, as the country seized more than 100 million tablets in 2014, compared with 57 million in 2013. Furthermore, almost 32 million amphetamine tablets were seized in Jordan in 2014.

635. In March 2014, a special joint operation between the drug enforcement administrations of Saudi Arabia and Bahrain resulted in the dismantling of a trafficking ring and the seizure of 22 million amphetamine tablets.

636. In 2014, Jordanian authorities seized more than 43 million tablets made using procyclidine, an antiparkinsonian agent, obtained from Kemadrin tablets; the seized tablets had originated in India and been smuggled by air. Kemadrin is apparently mixed with other substances to produce hallucinogenic effects. It appears that Jordan is used as a transit country as more than 98 per cent of the drug was destined for Iraq.

(c) Precursors

637. Seizures of acetic anhydride, the key precursor chemical used in the illicit manufacture of heroin,

declined in Afghanistan in 2014. The change of trafficking routes and modi operandi used by traffickers were among the possible reasons for the decrease in seizures. Further, the black market price of acetic anhydride in Afghanistan, which is an indicator of the chemical's availability on the market, increased slightly in 2014, likely due to an increase in demand caused by the high levels of opium production in the country. INCB urges all relevant stakeholders of Member States in the region to increase the exchange of drug-related intelligence among their national competent law enforcement authorities, including through the relevant regional intelligence centres such as the Central Asian Regional Information and Coordination Centre, the Joint Planning Cell of Afghanistan, Iran (Islamic Republic of) and Pakistan and the Gulf Cooperation Council's Criminal Information Centre to Combat Drugs.

638. The territories of Central Asian countries continued to be exploited by trafficking organizations involved in the diversion of and trafficking in precursor chemicals. The total amount of precursors seized in Kazakhstan reached 729 tons in 2014. The law enforcement authorities of Kyrgyzstan reported seizures of precursor chemicals totalling 6,197 tons.

639. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2015 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

640. Abuse of substances not under international control, such as ketamine and khat, have continued to be reported by some countries in the region. The abuse of tramadol, a synthetic opioid not under international control, continued to be reported by some countries in the region. New drug abuse patterns for *Salvia divinorum* and synthetic cannabinoids were also reported in Lebanon.

641. Seizures of substances not under international control continued to be reported in Turkey in 2014. A total of 773 kg of synthetic cannabinoids were seized in the country. Georgia reported a 90 per cent decrease in consumption of new psychoactive substances, known locally as "bios" and "spices", in the period June-December 2014 following the adoption of the new law on new psychoactive substances in May 2014.

5. Abuse and treatment

642. According to latest available data, for 2012, the number of drug users in Afghanistan was estimated to be between approximately 1.3 million and 1.6 million, and 2.65 per cent of the total population were abusing opiates. In contrast to many other countries, drug abuse in Afghanistan appears to be highest among older segments of society (9 per cent among those aged 45 years and older). The overall annual prevalence of drug use in Afghanistan is estimated to be 6.6 per cent, while in urban areas drug use prevalence is estimated to be about 5.3 per cent. Although the number of treatment centres in Afghanistan increased from 43 in 2009 to 102 in 2012 and to 108 in 2013, drug treatment capacity in Afghanistan still covers less than 8 per cent of opium and heroin users.

643. The number of drug users in the Islamic Republic of Iran was estimated to be about 1,325,000 in 2014, which is 2.26 per cent of the adult population of the country. The Government also estimated that some 750,000 persons had received treatment for drug-related problems. There are currently more than 4,500 private and around 600 public treatment and rehabilitation centres in the country.

644. According to official statistics, in 2014 there were a total of 65,216 persons registered as drug users in Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan, compared with a total of 73,345 persons in 2013. The number of officially registered drug-dependent persons in Kazakhstan in 2014 stood at 34,221 persons, which is a significant decrease compared with 40,224 persons in 2013. In Kyrgyzstan, 9,024 persons were officially registered as drug-dependent in 2014, which is 8.8 per cent less than in 2013. The number of people suffering from drug addiction remained stable in Tajikistan in 2014. According to official statistics, there were 7,279 registered drug-dependant individuals in the country, of which 80.8 per cent were abusing heroin. A total of 14,692 drug-dependent persons were officially registered in Uzbekistan in 2014, a decrease of 9.2 per cent from the previous year.

645. Despite the lack of reliable estimates concerning the age range and the number of drug abusers, drug abuse in the Middle East is a growing problem. In Lebanon, for example, it is estimated that about 2,500 people need treatment for drug abuse. Among the 3,016 patients admitted in treatment centres in Lebanon in 2014, 89 per cent abused cannabis, 51 per cent abused heroin and 42 per cent reported abusing cocaine. Other substances of abuse of those patients included ATS, benzodiazepines, hallucinogens, GHB, ketamine, *Salvia divinorum* and tramadol.

646. In view of the lack of comprehensive and reliable data on the extent of drug abuse in the region, INCB urges the Governments concerned to assess the situation in their country by setting up drug monitoring systems and conducting population-based surveys on the extent of drug abuse, in order to develop and implement the appropriate prevention, treatment and rehabilitation programmes.

647. Access to drug dependence treatment is hampered by the limited number of specialized medical facilities in the region, in addition to the stigma associated with drug dependence. Nevertheless, the Board notes that a number of countries in the region established or are in the process of establishing treatment facilities and services to address the negative health and social consequences of drug abuse. INCB is hopeful that this will improve the availability of drug abuse treatment and rehabilitation services.

648. In May 2014, under the auspices of the Palestinian Ministry of Health, an opioid substitution therapy clinic was opened in Ramallah, in which methadone is provided under medical supervision. Prior to the opening of the centre, health professionals conducted a study visit to opioid substitution therapy in Jerusalem and training in collaboration with the Nazareth methadone centre. By mid-June 2015, there were 52 patients benefiting from the centre.

649. The Board also notes that the opioid substitution therapy programme launched in Lebanon in 2011 is now fully operational and serves 1,375 patients, double the number registered by mid-2013. Nearly 95 per cent of the patients are male and more than half are between the ages of 26 and 35. Comprehensive care is provided, including medical treatment, psychiatric evaluation, psychological and social assistance.

D. Europe

1. Major developments

650. Europe continues to be an important market for drugs produced locally and drugs smuggled from other regions, in particular Latin America, West Asia and North Africa. The synthetic drugs manufactured in Western and Central Europe supply illicit markets both in that sub-region and in other parts of the world. In recent years, Eastern Europe has emerged as a transit and destination area for cocaine, although the amounts of cocaine seized in the subregion remain relatively small.

651. In Western and Central Europe, cannabis is the most commonly seized drug, accounting for about 80 per cent of all seizures. Cocaine ranks second overall, accounting for more than double the number of reported seizures of amphetamines or heroin. The number of seizures of MDMA (“ecstasy”), was relatively low in Western and Central Europe.

652. By March 2015, more than 450 new psychoactive substances were being monitored by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). During 2014 alone, 101 new psychoactive substances were reported for the first time via the European Union early warning system. The increase in the trafficking and abuse of those substances continued to pose a public health challenge in many European countries.

653. Both the purity and the potency of all the drugs of abuse commonly found in Western and Central Europe have increased. The reasons for that increase are complex, and may include advances in technology and market competition. In some countries that produce high-potency cannabis, the share of that substance on the domestic market has increased in recent years. New data indicate that the potency of cannabis resin smuggled in the region has also increased. Recently, EMCDDA and Europol alerted the European Union community to health risks associated with the consumption of high-purity “ecstasy” and tablets containing *para*-methoxymethamphetamine (PMMA) but sold to users as “ecstasy”. In some countries, high-quality synthetic cannabinoids and cathinones offered in the illicit market compete with low-quality and relatively more expensive most commonly abused drugs.

654. The Internet and social media have become important tools in marketing drugs. According to EMCDDA more than 600 websites selling new psychoactive substances, sometimes in amounts in the kilograms, were identified in the European Union in 2013 and 2014. Assessment of the size of the online drug market is not easy and there is a need for further awareness-raising regarding the growing potential role of the Internet and use of cryptocurrencies, such as bitcoin, in drug supply and marketing with respect to both established drugs and new psychoactive substances. There is also a need for a review of existing regulatory models to perform in a global and virtual context.

2. Regional cooperation

655. The countries of South-Eastern Europe continued to intensify their regional law enforcement cooperation

in the area of organized crime and drug control. All countries of the region are active participants in the UNODC regional programme for South-Eastern Europe (2012-2015).

656. In September 2014, in Sarajevo, the Southeast European Law Enforcement Center held a workshop on tackling drug trafficking, at which experts from the Center's member States and the United States discussed forfeiture investigations and money-laundering related to drug trafficking. In March 2015, a meeting on facilitation of common and coordinated measures in the western Balkan region, at which the participants agreed on annual plans for common and coordinated operations in 2015, was held in Belgrade within the framework of the Border Security Programme of the Geneva Centre for the Democratic Control of Armed Forces.

657. In 2014, the Russian Federation continued supporting the provision of law enforcement training in counter-narcotics at its national institutions to the Counter-Narcotics Police of Afghanistan as part of the UNODC regional programme for Afghanistan and neighbouring countries. That joint cooperation will be extended into 2016 and expanded to include assistance to the five countries of Central Asia. Moreover, the Russian Federation informed the Board about a number of initiatives to strengthen joint efforts to tackle the world drug problem, including the international conference of the Russian-African Anti-Drug Dialogue, held in Banjul on 23 July 2015, and the regional anti-drug operation, "Operation Channel", for the period 2014-2015.

658. Large-scale international counter-narcotics operations were carried out in 2014 by the member States of CSTO and Afghanistan, in cooperation with the Federal Drug Control Service of the Russian Federation. As a result of those operations, 16.5 tons of narcotic drugs were seized.

659. The European Union continued intensive cooperation among its member States and with third countries and other regions. The Horizontal Working Party on Drugs, a working group of the Council of the European Union, held talks with third countries, namely Brazil, the Russian Federation, the United States and the States of the Western Balkans and Central Asia.

660. In July 2015, the European Union and the Government of Afghanistan signed a cooperation agreement on partnership and development, the first official contractual framework governing cooperation between the European Union and Afghanistan. The agreement builds on the European Union strategy for Afghanistan

for the period 2014-2016 and enshrines the Union's commitment to a partnership with Afghanistan in order to fulfil the Government's vision of "realizing self-reliance".

661. "Shaping our common future: working for prosperous, cohesive and sustainable societies for our citizens" was the theme of the second European Union-Community of Latin American and Caribbean States (CELAC) summit, held in Brussels on 10 and 11 June 2015, which adopted a declaration on a "Partnership for the next generation", the Brussels declaration entitled "Shaping our common future" and an updated European Union-CELAC action plan.

662. The Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) of the Council of Europe, at its sixteenth Ministerial Conference, adopted its working programme for the period 2015-2018, entitled "Drug policy and human rights: new trends in a globalised context". The work programme establishes the following thematic priorities: bringing human rights to the forefront of drug policy; analysing policy coherence, costs, impact and potentially adverse effects of drug policy measures; addressing changing patterns and context of drug use, production and supply; and identifying opportunities and challenges for drug policies arising from the Internet. Furthermore, the States members of the Pompidou Group continued to foster the exchange of information on drugs and addictions with and within countries of the Mediterranean basin through the Mediterranean Network (MedNET).⁴⁰ The activities of MedNET network include the establishment of country profiles for Algeria, Egypt, Jordan, Lebanon, Morocco and Tunisia with a view to sharing information on the drug control situation in those countries, including information on the drug trafficking situation and drug prevention and treatment programmes.

3. National legislation, policy and action

663. During the reporting period, the European countries continued to adopt measures to counteract the spread of new psychoactive substances. Germany, Lithuania, Romania and Slovenia added 32, 31, 30 and 9 new psychoactive substances, respectively, to their lists of nationally controlled substances.

664. In 2014, Belarus addressed the growing threat of new psychoactive substances to public health by adding

⁴⁰ MedNET countries include Algeria, Cyprus, Egypt, France, Greece, Italy, Jordan, Lebanon, Malta, Morocco, Portugal and Tunisia.

nine new substances to its National List of Narcotic Drugs, Psychotropic Substances, their Precursors and Analogues Subject to State Control. Sweden placed 11 substances under control as narcotic drugs and an additional 21 substances as “goods dangerous to health”. In the same year, 36 substances were added to the list of substances subject to control in the Russian Federation, including 27 new psychoactive substances. In addition, Belgium adopted a law providing for the listing of controlled substances according to definitions for generic groups. In December 2014, Finland brought into force new legislation introducing a definition of “new psychoactive substance” and listing 294 substances as psychoactive substances banned from the consumer market. The new legislation prohibits the production and supply of those substances, although it does not establish criminal liability for their possession or use.

665. The Board recommends that countries continue to monitor trends and collect data on the use, abuse, illicit domestic and international distribution and manufacture of new psychoactive substances and share those data with the Board.

666. In March 2014, an action plan to prevent and suppress criminal activity relating to the cultivation of plants containing narcotic substances was approved by the State Police of Albania. The action plan provides for measures aimed at discouraging illicit cultivation of such plants and increasing awareness—among youth, State administration entities and locally elected officials—of illicit cultivation and State Police operations to eradicate such cultivation.

667. In Belarus, a system of measures to stabilize the drug situation and a comprehensive action plan to counter drug trafficking, prevent drug abuse and facilitate the social rehabilitation of drug abusers were approved in 2014.

668. The National Committee for the Coordination and Planning of Drug Responses of Greece drafted a new national strategy on drugs (for the period 2014-2020) and a new action plan (for 2014-2016).

669. In 2014, Italy launched a national action plan to address the threat posed by the illicit sale and distribution of new psychoactive substances via the Internet.

670. In Malta, the Drug Dependence (Treatment not Imprisonment) Act came into force in April 2015. Pursuant to the Act, drug possession for personal use is not a criminal offence and any person found in possession is tried before a Commissioner for Justice and subject to a fine. If the person reoffends within a two-year

period, he or she is called before the Drug Offenders Rehabilitation Board, which determines whether the offender is drug-dependent and issues any necessary orders accordingly. Failure to comply with such orders is punishable by a fine or three months’ imprisonment.

671. In September 2014, the Republic of Moldova adopted a national action plan to combat drug trafficking for the period 2014-2016. The plan provides for a wide range of measures aimed at reducing drug abuse, especially among youth, addressing the economic, health and social impact of drug abuse, strengthening prescription regulations and combating illicit cultivation and trafficking.

672. Several legislative acts were adopted in Romania with the aim of strengthening the drug control regime. Legislation on preventing and countering drug abuse and trafficking, together with provisions on the legal regime governing plants and preparations containing narcotic drugs and psychotropic substances, were amended with a view to the further protection of public health, especially the health of young people. The Government amended administrative regulations to optimize the licensing regime and improve the access of drug-dependent persons to medical and social programmes. In 2014, an interministerial office was established to coordinate drug policy and oversee the activities of the Ministry of Health and the Ministry of the Interior.

673. In December 2014, the Government of the Russian Federation approved legislative amendments setting out legal conditions facilitating the assistance provided by non-commercial organizations involved in drug demand reduction activities and establishing priority access to controlled substances for patients in need of pain relief. Furthermore, in response to increased trafficking of new psychoactive substances into the country, in January 2015, the Government adopted a law introducing criminal liability for offences involving new psychoactive substances and authorizing the drug control authorities to impose a temporary ban on any potentially dangerous psychoactive substances.

674. In December 2014, Serbia adopted a national drug strategy (for 2014-2021) and an action plan for its implementation (2014-2017).

675. The National Assembly of Slovenia adopted a new resolution on the National Programme on Drugs for 2014-2020. The goals of the Programme include reducing the number of new drug users among youth and the number of drug-related offences and reducing the number of deaths caused by overdose.

676. In June 2015, the European Commission approved implementing Regulation (EU) 2015/1013 laying down rules for the monitoring of trade in drug precursors between the Union and third countries. The Regulation, which applies to all member States of the European Union, also establishes uniform procedural rules for the licensing and registration of operators and users and their listing in the European database on drug precursors.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

677. There are two main cannabis products found on the European illicit drug market: cannabis herb and cannabis resin. Cannabis is both illicitly cultivated in countries of the region and also trafficked, in sizeable amounts, within the region and from other regions. There is an increasing tendency for criminal groups operating in the region to run numerous small-scale cannabis plant cultivation sites, usually indoors, rather than fewer but large-scale outdoor plantations, in order to mitigate the risk of detection. Most cannabis resin destined for Europe is smuggled from Morocco.

678. According to the *European Drug Report 2015*, in 2013, the European Union countries reported 431,000 individual seizures of cannabis herb and 240,000 seizures of cannabis resin.

679. The total amount of cannabis resin seized in the European Union in 2013 (460 tons) was much higher than that of cannabis herb (130 tons). Spain, a major point of entry for cannabis produced in Morocco, reported more than two thirds of the total quantity of cannabis resin seized in Europe that year. Afghanistan, Lebanon, Morocco and Pakistan were among the countries of origin or departure of shipments of cannabis resin seized in Western Europe in 2014. Analysis of trafficking trends in those European countries that regularly report seizures of cannabis shows a large increase from 2006 to 2013 in the potency (level of THC) of both herbal cannabis and cannabis resin. Among the causes of that increasing potency may be the introduction of intensive production techniques in Europe and, more recently, the introduction of high-potency plants in Morocco.

680. South-Eastern Europe continued to see an expansion in the trafficking of cannabis produced in Albania in 2014. The State Police of Albania continued its efforts to contain cannabis cultivation following its successful

operations carried out in the southern region and other parts of the country. The Albanian authorities have intensified cooperation with their Italian counterparts in mapping illicit cultivation areas through aerial surveys. The quantity of cannabis seized in Albania in 2014 (101.7 tons) exceeded the total quantity seized during the previous nine years (96 tons).

681. Seizures of cannabis plants in a country may indicate the production of the drug in its territory. According to EMCDDA, seizures of cannabis plants have significantly increased in Western and Central Europe since 2002. In 2013, Italy and Belgium each identified 1,100 illicit outdoor cannabis plant cultivation sites and eradicated 885,000 and 394,000 plants respectively. In the same year, the eradication of cannabis plants cultivated indoors was reported by Germany (94,000 plants), the Czech Republic (66,000 plants), Ireland (29,000 plants), Latvia (14,000 plants) and Italy (10,300 plants). In 2014, eradication of cannabis plants were reported by the United Kingdom (461,300 plants), Germany (131,800 plants), Greece (52,300 plants) and Finland (21,800 plants). According to the Finnish drug control authorities, small-scale domestic cultivation has recently become more common in Finland. Cannabis growers usually grow up to 20-30 cannabis plants in their homes for personal use.

682. With the increasing involvement of organized criminal groups in the production and trafficking of cannabis, the drug plays a major role in drug-related crime in Western and Central Europe, where it accounts for 80 per cent of drug seizures and cannabis use or possession for personal use accounts for more than 60 per cent of all reported drug-related offences. However, there are considerable differences between European countries with respect to practice in sentencing for offences relating to cannabis supply; for example, the penalties for a first-time offence of supplying 1 kilogram of cannabis in Europe may range from less than 1 year to 10 years in prison.

683. Since 2010, several Western and Central European countries have reported declining trends with respect to heroin, inter alia, in the number of seizures and the amounts of the drug seized, the number of offences relating to supply, heroin prices and scale of abuse. According to the latest EMCDDA report on opioid trafficking routes from Asia to Europe, published in 2015, there has been an overall increase in the purity of heroin in the region in recent years.

684. According to EMCDDA, there is also evidence of an increased range of opioids appearing on the European market. Since 2005, 14 new synthetic opioids have been

reported via the European Union early warning system. In 2014, seizures of diverted or counterfeit pharmaceutical products containing opioids, such as methadone, buprenorphine, fentanyl and tramadol, were reported by competent national authorities of several European countries, including Austria, Finland, Greece and Sweden.

685. According to the *World Drug Report 2015* heroin seizures have recently increased slightly in Eastern and South-Eastern Europe.⁴¹ In particular, in 2013, heroin seizures in South-Eastern Europe increased slightly in comparison to 2012, although they remained below the levels observed in the subregion between 2007 and 2009. The amounts of heroin seized in Eastern Europe increased slightly in 2013, but remained stable from the long-term perspective.

686. The three main routes used by trafficking rings to smuggle heroin to Europe are: (a) the traditional Balkan route, a major heroin trafficking route into the European Union that links Afghanistan and the Islamic Republic of Iran and passes through Turkey and the Balkans; (b) the southern route, which has been used in recent years to smuggle heroin to Europe directly from ports in the Islamic Republic of Iran and Pakistan, or via the Arabian Peninsula or Africa; and (c) the northern route, which, according to EMCDDA, is used for heroin trafficking by land from the northern borders of Afghanistan to supply illicit drug markets in Belarus, the Russian Federation, Ukraine and countries in Central Asia.

687. The discovery of heroin processing laboratories in Europe, in particular two laboratories processing morphine into heroin, dismantled in Spain in late 2013 and early 2014, may indicate possible shifts in heroin supply channels. Greece reported that it had destroyed facilities involved in cutting and packaging heroin from Afghanistan or Pakistan that had been intended for illicit drug markets in other European Union countries.

688. In December 2014, an extensive network engaged in trafficking heroin into the European Union was dismantled by a joint investigation team, facilitated by Eurojust and supported by Europol. Some 400 suspects were arrested and 100 kg of heroin were seized together with cocaine, cannabis and cash. The network, operating from Austria, Germany and the former Yugoslav Republic of Macedonia, brought heroin into the European Union along the Balkan route and distributed it in several European countries.

689. According to figures released in 2015, cocaine and “crack” cocaine accounted for 10 per cent of the total number of seizures in Western and Central Europe. Overall, the purity of cocaine seized in the European Union has increased in recent years, while its price has remained relatively stable. In most parts of Eastern and South-Eastern Europe the availability of cocaine remained limited.

690. Africa continued to be used as a trans-shipment area for the smuggling of cocaine across the Atlantic Ocean into Europe. An example of involvement of the African region in cocaine trafficking is the seizure, in April 2015, of 3 tons of cocaine on a vessel registered in Tanzania. The vessel was intercepted by the authorities of the United Kingdom 100 miles east of the coast of Scotland. The interdiction was conducted in cooperation with the French customs service and other international partners, and represents one of the largest cocaine seizures in the history of the United Kingdom.

691. Of the European countries, Spain has seized the most cocaine in recent years. In 2013, Spain, Belgium, the Netherlands, France and Italy together accounted for more than 80 per cent of the 62.6 tons seized in the European Union. In 2014, seizures of cocaine in quantities exceeding 100 kg were reported by Spain, France, the United Kingdom, Germany, Greece, Lithuania and Sweden (listed in descending order).

692. Organized criminal groups from South-Eastern Europe, closely connected with cocaine producers in South America, have been actively involved in trafficking cocaine to Western and Central European ports. Recent seizures of cocaine, albeit in small quantities, in ports on the eastern Mediterranean, Baltic and Black seas have provided new evidence of the diversification of cocaine trafficking routes into Europe.

693. In 2013, a total of 478 kg of cocaine was seized in Eastern Europe and more than 100 kg in South-Eastern Europe. Seizure data show that cocaine traffickers continue to target many parts of those subregions, cocaine seizures being reported by almost all of the countries concerned in 2013. Eastern Europe is emerging both as a transit area and as a destination for cocaine, of which there has been an increased number of seizures (although only in small quantities) in recent years, which points toward the emergence of a cocaine market in the subregion.

(b) Psychotropic substances

694. Europe is a major illicit manufacturer of amphetamine-type stimulants; most of the amphetamine and

⁴¹ Reported according to the regional groupings of the *World Drug Report*, annex II.

methamphetamine manufactured in Europe is destined for national illicit markets, although some is destined for other regions, particularly East and South-East Asia. Amphetamine manufacture in Europe mainly takes place in Belgium, the Netherlands, Poland and the Baltic States and, to a lesser extent, in Germany; illicit methamphetamine manufacture is concentrated in the Baltic States and Central Europe. Europe is also known as a transit hub for methamphetamine trafficked from Africa and the Islamic Republic of Iran to East and South-East Asia.

695. In 2013, a total of 6.7 tons of amphetamine was seized in the European Union, exceeding the figure for the period 2010-2012. Germany, the Netherlands and the United Kingdom accounted for more than half of that amount. Both the number of methamphetamine seizures and the amount of methamphetamine seized in the European Union increased in 2013 compared with the previous year. In 2013, seizures of methamphetamine reported in the European Union amounted to 0.5 tons. In 2014, the following Western and Central European countries reported seizures of amphetamine exceeding 100 kg: Germany (1,336 kg), the United Kingdom (1,225 kg), Poland (783 kg), Spain (562 kg), the Czech Republic (442 kg), Sweden (412 kg), Finland (298 kg), Denmark (292 kg) and France (268 kg). Romania reported that the quantity of amphetamine-type stimulants seized in 2014 was almost 11 times greater than that seized in 2013.

696. In 2014, Austria reported the detection of three amphetamine and nine methamphetamine laboratories, while German authorities dismantled 11 amphetamine laboratories and three laboratories that had been manufacturing methamphetamine from pseudoephedrine extracted from nasal decongestants. In the Czech Republic, the number of dismantled methamphetamine laboratories slightly increased to 272 in 2014, compared with 262 laboratories dismantled in 2013. An amphetamine-refining laboratory was also discovered in Sweden. Bulgaria continued to seize methamphetamine, which, according to the Bulgarian authorities, had been dispatched from the Netherlands and Turkey. It also dismantled 12 clandestine laboratories producing methamphetamine in 2014.

697. There was a significant increase in the smuggling of amphetamine and methamphetamine into the Russian Federation in 2014, while the smuggling of "ecstasy"-type substances into that country has substantially decreased. The Russian Federation reported that amphetamine-type stimulants seized by its authorities had been illicitly manufactured in European Union countries, the Islamic Republic of Iran and China and were destined for illicit markets in the Russian Federation, Belarus and Kazakhstan.

698. Ukraine observed an increase in illicit home-based production of amphetamine-type stimulants. At the same time, Ukraine reported that the amphetamine seized by its authorities had been sourced mainly from Poland and Belarus and had been intended for the illicit market in Ukraine.

699. In Europe, illicit manufacture of "ecstasy" has for a number of years been associated mainly with two countries, Belgium and the Netherlands. European experts recently expressed concerns that high-purity "ecstasy" powder and tablets appearing on the European market had started replacing tablets that were previously being sold on the market as "ecstasy" but often contained only little or none of that substance and had consequently fallen out of favour with consumers on account of their poor quality and high adulteration.

700. Seizures of "ecstasy"-type substances in South-Eastern Europe, while low in number compared to seizures of other substances, increased in 2014 compared with the previous year, reaching their highest number since 2006.

701. Bulgaria reported that seizures of "ecstasy"-type substances, originating in the Netherlands and Bulgaria itself, increased in 2014. The trafficking of "ecstasy" via Bulgaria has been affected by the growing illicit markets in the Middle East. According to Bulgarian authorities, a proportion of the "ecstasy" smuggled through the country was exchanged for heroin in barter deals. In 2014, the country also observed an increasing trend in "ecstasy" trafficking via surface predominantly from the Netherlands via Bulgaria and Turkey along the Balkan route. In 2014, there were 37 seizures of "ecstasy"-type substances, a total of 148 kg (16,845 pills) being seized.

702. Similarly, Moldova reported a large increase in seizures of "ecstasy"-type substances in 2014, those substances having been dispatched mainly from France, transiting Romania before entering Moldova.

703. In 2014, seizures of "ecstasy" tablets exceeding 100,000 units were also reported by France, Germany, Spain, the United Kingdom, Ireland, Finland and Greece (listed in descending order).

(c) Precursors

704. For several years, large-scale trafficking in APAAN, a pre-precursor of amphetamine and methamphetamine, has been of concern to drug control authorities worldwide. In March 2014, the Commission on Narcotic Drugs

decided to include APAAN and its optical isomers in Table I of the 1988 Convention, that decision taking effect on 6 October 2014. In the European Union, following control measures implemented in member States from January 2014, both the number of seizures and the amounts of APAAN seized have decreased gradually from 34 seizures (a total of 28.7 tons) in 2012 to 9 seizures (8.1 tons) in 2014. In the first half of 2015, five incidents involving a total of 1,250 kg of the substance were reported.

705. In December 2013, the European Union adopted new control measures aimed at preventing the large-scale diversion of acetic anhydride from the European Union market. Since then, the number of attempts to divert supplies from trade among European Union-based trading companies have decreased considerably, although they have not ceased altogether, as was evidenced by a seizure of 2.2 tons of the substance in Austria in April 2015. New control measures have also led traffickers to revert to other forms of crime to secure supplies. For example, in 2015, the Netherlands reported that 18,000 litres of acetic anhydride had been stolen during transportation between two companies in that country.

706. In 2014 and 2015, Belgium, Germany, the Netherlands and Spain reported seizures of large amounts of diverse “designer” precursors, derivatives of internationally controlled precursors included in Table I of the 1988 Convention. Those seizures corroborate continued concerns that traffickers are attempting to trade in purpose-made precursor derivatives with a view to circumventing existing precursor control mechanisms and using those substances in the illicit manufacture of amphetamine-type stimulants.⁴²

707. In 2014, Bulgarian authorities prevented a number of attempts to smuggle pseudoephedrine (approximately 500 kg in total) in the form of pharmaceutical preparations. The preparations were legally produced in Turkey but then trafficked via Bulgaria for use in the illicit synthesis of methamphetamine in the Czech Republic and Poland.

708. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2015 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

709. Seizure data provided by Governments and information gathered through the European Union early warning system indicate the increased diversification and availability and continued proliferation of new psychoactive substances in Western and Central Europe. As at March 2015, more than 450 new psychoactive substances were being monitored by EMCDDA, 101 new substances being reported via the European Union early warning system for the first time during 2014. Most of those substances were synthetic cathinones (31 substances)—often sold as replacements for “ecstasy”, amphetamine and cocaine—and synthetic cannabinoids (30 substances), which are sold as replacements for cannabis.

710. Seizures of new psychoactive substances increased seven-fold across Europe between 2008 and 2013. In 2013, some 47,000 seizures of new psychoactive substances—a total of more than 3.1 tons—were reported by the 28 European Union member States, Norway and Turkey, including 21,500 seizures of synthetic cannabinoids (almost 1.6 tons) and 10,700 seizures of synthetic cathinones (more than 1.1 tons). Seizures of synthetic cannabinoids have risen sharply since 2011.

711. In 2014, the Romanian authorities reported seizures of 5 kg of tryptamines and 75 kg of khat (*Catha edulis*). Nineteen incidents involving seizures of dried khat amounting to 664 kg were also reported by Bulgarian customs authorities in 2014. The khat seized in Bulgaria originated in Kenya and Uganda.

712. Many of the new psychoactive substances that were destined for European markets were reported to have been manufactured, in bulk, by chemical companies established in China and India and shipped to Europe by air freight, where they were processed, packaged and then sold to consumers. In 2013, EMCDDA identified more than 600 websites selling new psychoactive substances to consumers in the European Union.

5. Abuse and treatment

713. Drug abuse is one of the major causes of mortality among European youth, both directly through overdose and indirectly through drug-related diseases, accidents, violence and suicide. Every year in the European Union, more than 6,000 drug users die as a result of overdose, most of those cases involving opioids. According to a recent EMCDDA paper entitled “Mortality among drug users in Europe: new and old challenges for public health”,

⁴² For more information, see E/INCB/2015/4.

published in 2015, the risk of death among problem drug users is at least 10 times higher than that among their peers in the general population.

714. Almost a quarter of the adult population in the European Union, or over 80 million adults, have tried illicit drugs at least once in their lives. The most commonly used drug in the European Union (according to past-year prevalence among adults between 15 and 64 years of age) is cannabis (19.3 million), followed by cocaine (3.4 million), “ecstasy” (2.1 million) and amphetamines (1.6 million). Denmark, France and the United Kingdom are among the European Union countries with the highest lifetime prevalence of drug abuse among the general population.

715. According to an EMCDDA report entitled “Drug use and its consequences in the Western Balkans 2006-14”, the lifetime prevalence of illicit drug use among the general population in the Western Balkan region appears to be lower than the European average. There are no marked differences between the Western Balkan countries with respect to lifetime prevalence of drug abuse among school students aged 15-16 years, all estimates of lifetime illicit drug use falling between 4 per cent and 8 per cent, which is 2.5 times lower than the European average. The drug most commonly used is cannabis, between 2 per cent and 8 per cent of those surveyed reporting lifetime cannabis use—a range considerably lower than the 17 per cent European average.

716. The relatively high annual prevalence of cannabis abuse (5.7 per cent) among the general population in Western and Central Europe has stabilized or in some cases decreased, in particular in countries where cannabis consumption is long-established. It is not clear, however, whether that decrease could be linked to the emerging use of synthetic cannabinoids or other new psychoactive substances.

717. The overall number of first-time treatment admissions for cannabis abuse in the European Union increased from 45,000 to 61,000 between 2006 and 2013. The increase in demand for cannabis abuse treatment, however, has to be understood in the context of service provision and referral practice. For example, in some countries, direct referrals from the criminal justice system account for a high proportion of treatment admissions.

718. The abuse of heroin and synthetic opioids remains relatively low in the European Union. The average annual prevalence of opioid use, mainly of heroin, among the general population between 15 and 64 years of age was estimated at about 0.4 per cent. Nonetheless, opioids

continue to be the drugs associated with the greatest proportion of morbidity, mortality and treatment costs relating to drug abuse in the region.

719. In 2013, opioids were the primary drug of abuse for 41 per cent of all those receiving drug abuse treatment in Western and Central Europe. While the number of new first-time treatment admissions for heroin abuse has more than halved from a peak of 59,000 in 2007 to 23,000 in 2013, the consumption of opioids other than heroin raises concerns. Eleven countries in Western and Central Europe reported that more than 10 per cent of all opioid users who received drug abuse treatment in 2013 were treated for problems primarily related to opioids other than heroin.

720. The high prevalence of opioid abuse in Eastern Europe overall is mainly due to high levels of such abuse in the Russian Federation and Ukraine: an estimated 2.4 million persons, representing a prevalence rate of 2.3 per cent. According to the *World Drug Report 2015*, the proportion of persons in treatment for opioid abuse in Eastern Europe continues to be high, which reflects the extent of problem opioid abuse, particularly problem abuse of heroin, in the subregion. Ukraine reported that more than 25,000 persons received drug treatment for opioid abuse in 2014. Also of concern is the reported suspension of opioid substitution treatment in the Autonomous Republic of Crimea and the city of Sevastopol⁴³ since March 2014, which reportedly has had serious consequences on the patients who were receiving such treatment.

721. Worldwide, the highest prevalence rates of persons who inject drugs continue to be found in Eastern and South-Eastern Europe. Approximately 40 per cent of the estimated global number of persons who abuse drugs by injection and are living with HIV reside in Eastern and South-Eastern Europe. For example, Ukraine reported a prevalence rate of HIV infection of 6.7 per cent among injecting drug users. According to WHO, the Russian Federation and Ukraine have rates of mortality due to HIV/AIDS of over 40 per 100,000 population. According to the European Centre for Disease Prevention and Control, 18 countries benefited from the 45 million dollars in aid that was provided by the European Commission to support national responses to HIV in the European Union and in European Neighbourhood Policy countries and the Russian Federation; of which the largest amount was allocated for Ukraine and the Russian Federation. There have also been epidemics of hepatitis C among persons who inject drugs in the Western Balkans, where the

⁴³In accordance with General Assembly resolution 68/262 on the territorial integrity of Ukraine.

prevalence of that virus ranges from 12 per cent to more than 77 per cent.

722. Overall, the cocaine market in the European Union remained stable in 2013. The annual prevalence of cocaine abuse among the general population aged 15-64 remained high, at around 1 per cent, in Western and Central Europe. In some countries with high levels of abuse, such as Denmark, Italy and Spain, the prevalence of cocaine abuse has decreased since 2008. The demand for treatment for cocaine abuse in the region indicates an overall declining trend.

723. In many countries of Western and Central Europe, the abuse of amphetamines remained stable. EMCDDA estimates that 1.3 million (1.0 per cent) of young adults between 15 and 34 years of age have used amphetamine or methamphetamine in the past year. Methamphetamine abuse was predominant in the Czech Republic and, more recently, Slovakia, although there are also indications of increasing abuse of the substance in other countries. Between 2007 and 2013, the Czech authorities observed an increasing prevalence of high-risk methamphetamine abuse, including by injection. In 2014, an increase in amphetamine abuse was reported by Germany while stable or decreasing trends in amphetamine abuse were reported by Cyprus, Finland, Portugal and the United Kingdom.

724. It is estimated that some 1.8 million Western and Central European young adults between 15 and 34 years of age have used “ecstasy” in the past year. In 2014, a slight increase in “ecstasy” abuse was reported by Finland and Germany, while stable or decreasing trends were reported by Lithuania, Portugal and the United Kingdom. The demand for treatment for “ecstasy” abuse is not very high in Western and Eastern Europe, accounting for less than 1 per cent of reported first-time treatment entrants in 2013.

725. For a number of years the prevalence rates of hallucinogenic mushroom and LSD abuse in Europe have been low and stable; according to the latest national surveys, the past-year prevalence of abuse of both substances was estimated to be less than 1 per cent among young adults between 15 and 34 years of age.

726. Overall, estimating the prevalence of abuse of new psychoactive substances remains a challenge. A Flash Eurobarometer survey conducted in 2014, entitled “Young people and drugs”, showed that 8 per cent of 13,000 respondents between the ages of 15 and 24 in the European Union member States had used a new psychoactive substance at least once in their lives, compared to 5 per cent in 2011, 3 per cent having used the substance in the past year. The highest levels of past-year prevalence of use were

recorded in Ireland (9 per cent), Spain (8 per cent), France (8 per cent) and Slovenia (7 per cent).

727. Belarus reported that, in 2014, the number of individuals abusing cannabinoids increased by 9 per cent, mainly as a result of the increase in the number of persons using synthetic cannabinoids compared to the previous year. The main trend of 2014 was a significant increase in the number of persons abusing new psychoactive substances, mostly synthetic cannabinoids, and other psychoactive substances.

728. The number of persons who abuse drugs by injection residing in Eastern and South-Eastern Europe is estimated to be 2.91 million, which is 24 per cent of the global total number of persons who abuse drugs by injection.

729. The *World Drug Report 2015* suggests that in Eastern and South-Eastern Europe, 1.27 per cent of the general population aged 15-64 years is estimated to use drugs by injection, a rate nearly five times the global average. The estimate for Eastern Europe is heavily influenced by the high prevalence of drug abuse by injection in the Russian Federation (2.29 per cent of the population aged 15-64 years). This high level of drug abuse continued to constitute a challenge to public health in the Russian Federation, despite a trend towards a stabilization of the situation. According to the State Anti-Drug Committee of the Russian Federation, in recent years the number of individuals abusing narcotic drugs and psychotropic substances has reached about 6 per cent of the country’s population, or 8 million to 8.5 million people.

730. According to the EMCDDA report “Perspectives on drugs: injection of synthetic cathinones”, the abuse of synthetic cathinones by injection has emerged among high-risk drug abusers in Austria, Belgium, the Czech Republic, France, Germany, Ireland, Poland, Romania, Spain and the United Kingdom, but is considered to be a relatively low-level and localized phenomenon.

E. Oceania

1. Major developments

731. The region of Oceania is vulnerable to the trafficking, manufacture and abuse of a wide range of drugs, with countries reporting significant seizures of many substances, including cocaine, heroin, MDMA (“ecstasy”), and precursor chemicals. Cannabis continues to be the most trafficked and abused drug in the region, mainly due to domestic cultivation.

732. In its reporting period from July 2013 to June 2014, Australia recorded 93,000 drug seizures weighing more than 27 tons in total, the highest numbers on national record. Police and customs seizures of amphetamine-type stimulants in the country were also the highest on record. In 2014, New Zealand saw marked increases in seizures of certain substances, including cocaine. Countries in the region continue to focus on taking action to improve regional border security and the sharing of information on the flows and transshipments of drugs.

733. Although cannabis is the most widely abused drug, amphetamine-type stimulants, particularly methamphetamine, pose a serious threat to the countries of Oceania. The region has also seen strong increases in the abuse of new psychoactive substances. The role of regional joint operations has been critical to the success of large methamphetamine seizures.

2. Regional cooperation

734. The Oceania Customs Organization held its seventeenth annual conference in Koror, Palau, in June 2015, at which it addressed the region's border security challenges. The keynote address was delivered by the President of Palau, who spoke about the importance of coordinating efforts to secure national borders. Coordination was necessary, given the Pacific Ocean's usefulness as a route for drug trafficking. The members adopted a three-year plan for the period 2015-2017, which sets out the strategic direction of the Organization and helps members' administrations to align their activities with the best international customs standards and practices, in order to foster greater economic prosperity and increased border security.

735. In June 2015, the annual meeting of the Regional Security Committee of the Pacific Islands Forum was held in Suva. The Forum is a political group of States that works to promote regional cooperation and integration in the Pacific region. Also in June 2015, the Forum's Working Group on Counter-Terrorism and Transnational Crime held a meeting for members to discuss trends in and patterns of transnational crime, including illicit drug trafficking in the region.

736. In December 2014, in Auckland, New Zealand, the UNODC Synthetics Monitoring: Analyses, Reporting and Trends (SMART) programme and the Pacific Islands Forum secretariat jointly hosted a forensic capacity-building training session that brought together law enforcement officials from the Cook Islands, Fiji, Niue, Palau, Papua New Guinea, the Marshall Islands, Samoa, Solomon Islands, Tonga and Vanuatu. The workshop included interactive and practical

sessions at which participants learned about methods for identifying drugs and precursors.

737. A major regional achievement has been the completion and opening of a narcotics laboratory on the premises of the Scientific Research Organization of Samoa in late July 2013, and the subsequent training sessions, in 2014 and 2015 for Samoan scientists in New Zealand. The training sessions, which focused on examining cannabis and using equipment for testing drugs, was led by the Institute of Environmental Science and Research and the University of the South Pacific. This regional project makes the investigation and prosecution of narcotics-related offences more efficient and has continued in 2015 with the aim of developing testing methods for other drugs such as methamphetamine.

738. The 2014 Pacific Islands Chiefs of Police Conference was held in Auckland, New Zealand. National police services of the Pacific island countries gathered to agree on a new strategic plan and to discuss regional issues, including illicit drugs and organized crime. In August 2015, the organization's forty-fourth annual conference was held in Alofi and hosted by the Niue Police Department.

3. National legislation, policy and action

739. On 5 March 2015, Australia adopted the Crimes Legislation Amendment (Psychoactive Substances and Other Measures) Act No. 12. The Amendment lays down measures to help the Government respond to new and emerging psychoactive substances by banning the importation of all substances, not banned or otherwise regulated, that have a psychoactive effect. The Amendment helps to ensure that new psychoactive substances cannot be imported until the Government has assessed their potential harmful effects and determined the appropriate controls to be applied. To prosecute an offence under the law, it will not be necessary to prove that a defendant knew or was reckless as to the particular identity of a substance or whether the substance had a particular psychoactive effect.

740. New Zealand has released its national drug policy for the period 2015-2020, which sets out the Government's approach to alcohol and drug issues. The aim of the policy is to minimize harm and promote and protect health and well-being. Harm minimization will be a central feature of drug classification measures, and the regulation of controlled drugs for legitimate purposes will be reviewed. In the period 2017/18, New Zealand will commence a review of the policy and operation of the Psychoactive Substance Act 2013. An ongoing feature of the Government's

actions will be to conduct the national cannabis and crime operation as well as to work with authorities in source and transit countries to break supply chains into New Zealand for precursor chemicals and drugs.

741. In 2014, New Zealand announced that its drug enforcement relationship with China will be strengthened further to help identify members of organized criminal groups in China and to reduce the supply of precursors and methamphetamine from China trafficked into New Zealand. The move follows the signing of a memorandum of arrangement on precursor controls between China and New Zealand in April 2013.

742. New Zealand has also taken action to improve regional border security through cooperation with the authorities of Fiji. In 2015, New Zealand established a training programme for the Fiji Revenue and Customs Authority and the Fiji Police Force to focus on border security by introducing drug detector dogs in Fiji. In 2015, the Fiji Revenue and Customs Authority announced that it aimed to further strengthen its partnership with both Australia and New Zealand in order to carry out joint operations and share more information about the flow of drugs in the region.

743. In 2013, the Government of New Zealand introduced the Psychoactive Substances Act to control the importation, manufacture and sale of new psychoactive substances in the country—with interim approvals for 47 products by 150 licensed retailers. In 2014, an amendment Act came into effect that banned the use of animal testing in clinical trials, effectively bringing the industry and product development to a standstill. Retail regulations due to come into force in November 2015 would allow for the licensing of the sale, both wholesale and retail, of psychoactive substances, and the licensing of retail premises. As of 1 June 2015, approximately 37 local authorities had adopted local approved product policies, which provided directions about where psychoactive products may be sold in a particular area.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

744. Cannabis is the most trafficked and widely abused drug throughout Oceania. The Australian Crime Commission has reported that, despite illicit domestic cultivation, the quantity of cannabis seized at the border in the 2013/14 reporting period was the highest in the past decade. In 2014,

the number of cannabis seizures in New Zealand remained about the same as in 2013, with approximately 4,800 instances of cannabis herb being seized. However, at the fifty-eighth session of the Commission on Narcotic Drugs, held in March 2015, New Zealand authorities stated that the previous 18 months had seen a resurgence in the visibility of cannabis. Data from the region also indicate that the potency of the available cannabis may be increasing.

745. Oceania in general, and Fiji, Papua New Guinea, Samoa, Tonga and Vanuatu in particular, continue to be used as illicit transit areas for various narcotic drugs. In December 2014, for example, the Fiji Police Force reported a significant heroin seizure worth around \$15 million. The Force believed that the consignment was intended for onward trafficking to Australia or New Zealand.

746. Although the market for cocaine and heroin in Oceania remains limited, there are signs that trafficking in some countries may be increasing. Moreover, Oceania is considered a hub for the transshipment of cocaine. In 2014, New Zealand saw increases in both the quantity and the frequency of seizures of cocaine and heroin. Approximately 80 per cent of cocaine that was seized entered New Zealand by air, with about 59 per cent of that amount entering from Brazil. Therefore, in 2014, the cocaine market appeared to be expanding in New Zealand, with seizures more than doubling over 2013. The abuse of cocaine in New Zealand also has the potential to increase, at least partly because of the high market prices and profit margins, which can be an incentive for traffickers.

747. In Australia, one of the key findings in the 2013/14 reporting period was that the cocaine seized at the country's border had primarily come from Peru. Previously, the primary source country had been Colombia. Furthermore, for the first time an incident of heroin seized at the Australian border was identified as having originated in South America. Australia reported 3,121 domestic seizures of cocaine in the period 2013/14, a record number, although the total weight of the seizures had decreased by 70 per cent. While the number of seizures at the border had increased every year since 2009/10, in 2013/14 both the weight and number of border seizures of cocaine decreased.

(b) Psychotropic substances

748. In response to the increasing threats and regional interconnections in the methamphetamine market, as well as extensive domestic manufacture in some countries of the region, New Zealand continues to implement its multi-agency initiative entitled "Tackling methamphetamine: an

action plan”, which has helped to improve resource targeting and thereby to gather more accurate data on methamphetamine abuse and trafficking. The increase in smuggling of small amounts of methamphetamine in 2014 may have occurred in response to increased law enforcement pressure on the diversion of precursors and on clandestine laboratories.

749. The Fiji Revenue and Customs Authority has emphasized the role of joint regional operations in large methamphetamine seizures. For example, in July 2015, a sea container sent from South America to Fiji contained 80 kg of methamphetamine and was intercepted in a joint operation of Australia, New Zealand and Fiji.

750. The Australian Crime Commission has also determined that, of all drug types, methamphetamine poses the greatest threat to the Australian public because of its increasing purity and the involvement of organized criminal groups. In its 2013/14 report, the Australian Customs and Border Protection Service asserted that seizures of amphetamine-type stimulants had increased by nearly 19 per cent from the previous year. Most of the amphetamine-type stimulants were detected in cargo and in postal consignments. In the 2014/15 reporting period, the Service maintained its focus on detecting and seizing amphetamine-type stimulants in postal consignments, while the country’s law enforcement authorities expressed concern about the potential for transnational organized criminal groups to exploit the market for synthetic drugs.

751. In 2014, law enforcement authorities in Australia reported “ecstasy” seizures of several tons each. The Australian Crime Commission indicated that a seizure of almost two tons made in November 2014 was indicative of the resurgence of the “ecstasy” market in both the country and the region. The Ecstasy and Related Drugs Reporting System reported that in 2014 the availability of “ecstasy” pills, powder, and capsules appeared to have increased significantly from 2013. In 2013, amphetamine-type stimulants, particularly methamphetamine, were the most detected drug at the Australian border.

(c) Precursors

752. Strong demand for methamphetamine in the region and the involvement of organized crime in its manufacture have had the result that the majority of precursors seized have been pseudoephedrine and ephedrine. The Australian Crime Commission has reported that China and India are the primary source countries of several precursor chemicals but that precursors are also diverted from licit domestic trade. In the period 2013/14, the number of clandestine

laboratories detected nationally decreased to 744 compared with 757 in the period 2012/13, and although that was the third highest number on record, it is not indicative of abuse rates or availability. Methamphetamine was nevertheless the main drug produced in laboratories detected. Australia also saw a 10-ton seizure of benzaldehyde, a precursor used to produce methamphetamine. There were 1,035 detections of amphetamine-type stimulants precursors in the period 2013/14, a slight decrease from the detections in the previous reporting period.

753. New Zealand has reported that although it still sees a large amount of pseudoephedrine, it appears that ephedrine is now the precursor preferred by traffickers. Ephedrine continues to be the main precursor seized at the border. Seizures of those substances were on the decline for a couple of years, but the amounts seized in 2013 were significantly higher, attributable to interceptions of ContacNT and ephedrine by the Organised and Financial Crime Agency of New Zealand and customs officers during Operation Ghost in 2013. However, New Zealand saw more finished methamphetamine trafficked in 2014, possibly in response to increased law enforcement pressure on precursor imports and on domestic clandestine laboratories.

754. Although increasing methamphetamine abuse is of concern throughout the Pacific island States and territories, there is insufficient data region-wide on trafficking, transshipment and seizures of precursors and substances listed in Tables I and II of the 1988 Convention. Information on diversion of chemicals is limited despite the actions of transnational organized criminal groups in the region of Oceania. Moreover, only 1 of 16 countries in the region submitted form D (annual information on substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances) for 2014 to the Board by the annual reporting deadline of 30 June, thus affecting the Board’s ability to analyse regional precursor trends and patterns.

755. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2015 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

756. New Zealand has reported that it continues to see new psychoactive substances, including a large number of

synthetic cannabinoids and other substances. Detected blotter paper increasingly contains new substances and not the more commonly abused substances such as lysergic acid diethylamide, making them significantly cheaper for consumers. At the fifty-eighth session of the Commission on Narcotic Drugs, New Zealand reiterated that the presence of new synthetic psychoactive substances necessitated changes to national legislation in 2013 and 2014 in order to address the widespread availability and constantly changing composition of those substances. Drug analogues and new psychoactive substances also continue to increase in availability and popularity in Australia. The number of seizures of these substances in Australia in the period 2013/14 increased by more than 64 per cent from the previous period, comprising synthetic cannabinoids, synthetic cathinones and different NBOMe compounds.

5. Abuse and treatment

757. Data on the extent and patterns of abuse of most drugs, as well as treatment figures and therapeutic options, remain limited throughout most of Oceania. Governments are encouraged to increase data collection on the prevalence of abuse and availability of treatment options as part of the region's approach to drug abuse as a serious public health issue.

758. As the Board has previously noted, the high prevalence of abuse of cannabis remains stable throughout the region; however, data on its abuse are generally limited to Australia and New Zealand. In the latter country, data from the 2012/13 survey indicated that 11 per cent of adults aged 15 years and over had reported using cannabis in the previous 12 months, while 34 per cent of people abusing cannabis had reported consumption of the drug at least weekly in the previous 12 months. In New Zealand, the 2012/13 survey indicated that past-year abuse of amphetamines, including methamphetamine, among adults aged 16-64 years was 0.9 per cent, which was roughly the same as prevalence found by the 2011/12 survey. However, rates of amphetamine abuse appeared to have declined since 2003, when the past-year prevalence rate was 2.7 per cent.

759. The National Drug and Alcohol Research Centre of Australia has released reports showing that deaths

involving methamphetamine have been steadily increasing since 2010 and that abuse of methamphetamine among injecting drug users has increased by 52 per cent over the past 10 years. With respect to opioid drugs, the Australian Institute of Health and Welfare has indicated that heroin is the most common opioid drug of abuse leading to treatment, with the number of people receiving treatment for opioid dependence almost doubling between 1998 and 2014. Survey data published by the Institute in 2014 show that about 3.3 per cent of Australians aged 14 years or older had used painkillers/analgesics for non-medical reasons in the previous 12 months, and 1.2 per cent had used heroin at least once in their lifetime.

760. The Australian Crime Commission has stated that the order of prevalence of drug abuse in the country is cannabis, MDMA and then methamphetamine—with the prevalence of abuse for all illicit substances remaining stable during the period 2010-2013. The 2013 National Drug Strategy Household Survey in Australia showed that 7 per cent of the Australian population aged 14 years or older reported abusing amphetamine or methamphetamine at least once in their lifetime. Recent analyses of wastewater compared with household survey data, however, have indicated that in regions of Australia methamphetamine was potentially abused to a much greater extent than suggested by household surveys alone. Treatment data in Australia generally show that people aged 20-29 years have the highest rates of acute and chronic harm related to amphetamine and methamphetamine abuse. The proportion of recent methamphetamine abusers that abused crystal methamphetamine increased from 22 per cent in 2010 to 50 per cent in 2013, along with the tripling, since 2010, in the level of purity of methamphetamine detected in some Australian jurisdictions.

761. In New Zealand, it was reported that in 2014 more than 41,000 people received drug abuse treatment for substances other than alcohol or tobacco, and that more than 37 per cent of those people were entering treatment for the first time. It is estimated that about 20,000 people inject drugs in New Zealand, and that 10 per cent of those injecting drug abusers had shared needles at the time they last injected. New Zealand has also indicated that as many as 57 per cent of injecting drug users are infected with hepatitis C and 20 per cent with hepatitis B due to drug abuse at some time in their past.