

Chapter III.

Analysis of the world situation

Highlights

- Although drug abuse and treatment data for Africa remain limited, there are indications that Africa is a growing market for all types of drugs of abuse.

- Seizures of cocaine in Panama registered an increase of 32 per cent in 2015.

- In 2014, 87 per cent of the cocaine entering the United States was reportedly trafficked through Central America and Mexico and about 13 per cent through the Caribbean.

- The growing number of accidental overdose deaths caused by fentanyl-laced drugs represented a major drug-related challenge in Canada and the United States in 2016; in the United States, drug-related overdose deaths almost doubled between 2013 and 2014.

- On 8 November 2016 in the United States, voters in the states of California, Maine, Massachusetts and Nevada approved ballot measures that would legalize and regulate the use of cannabis for non-medical purposes. In addition, voters in the states of Arkansas, Florida and North Dakota approved ballot measures that would allow cannabis use for medical purposes.

- Coca bush, opium poppy and cannabis plants continue to be illicitly cultivated in South America. Illicit cultivation of coca bush almost doubled in Colombia during the period 2015-2016.

- A peace agreement between the Government of Colombia and the Revolutionary Armed Forces of Colombia is expected to have a positive effect on, inter alia, the drug control situation in the country.

- East and South-East Asia continue to face the challenges of sustained illicit opium poppy cultivation and a further expansion of the manufacture of, trafficking in and abuse of methamphetamine.

- South Asia continues to be affected by all aspects of the drug problem. Opiates and amphetamine-type stimulants are the main substances of concern in the region.

- The critical security situation in Afghanistan continues to severely impact drug control efforts in the country, with serious implications for the region and beyond.

- Seizures of “captagon” tablets (containing amphetamine) continue to be on the rise, especially in the Middle East and Gulf subregions.

- There is no indication of a slowdown, at the global level, in the development of new psychoactive substances; in the European Union, 100 new psychoactive substances were reported for the first time in 2015 through the European Union early warning system.

- Despite diversification of heroin trafficking routes, including through the Islamic Republic of Iran, the Caucasus countries and then across the Black Sea, the traditional Balkan route remains the main corridor for heroin trafficking into Europe.

- The abuse, trafficking and illicit manufacture of methamphetamine remain a major challenge in Oceania.

A. Africa

1. Major developments

357. Africa is perceived mainly as a transit region for drug trafficking, but it is increasingly becoming a consumer and a destination market for all types of drugs of abuse. That trend could, in part, be attributed to regional drug trafficking that has caused a supply-driven increase in the availability of different drugs.

358. Illicit production of, trafficking in and abuse of cannabis have remained major challenges throughout many parts of Africa, with an estimated annual prevalence of cannabis use of 7.6 per cent, twice the global average of 3.8 per cent. Africa also remains a major production and consumption region for cannabis herb and accounted for 14 per cent of cannabis herb seizures worldwide. Increased cannabis resin seizures were also reported by Morocco for 2015. While cannabis remains the primary drug of abuse in Africa, and the drug for which most drug users seek treatment, heroin abuse is also reportedly growing in some countries in the region, mainly in East Africa.

359. Afghan opiates are increasingly being trafficked to East and West Africa, either for local consumption or onward shipment. The modus operandi used depends on various factors, such as proximity to other markets and the level of law enforcement capabilities in the country concerned. Maritime trafficking in opiates across the Indian Ocean through East Africa seems to be on the rise and is reportedly associated with an increase in container trade in East Africa.

360. Increased involvement of nationals of countries in Africa has been reported in drug trafficking incidents worldwide. For example, the involvement of well-organized networks from West Africa has become more apparent in the trafficking in heroin, usually originating in Afghanistan, along the southern route. That route goes through either the Islamic Republic of Iran or Pakistan and across the Indian Ocean, the target markets being located in Africa, Asia and Europe.

361. Heroin trafficking is not limited only to East Africa. The southern route is gaining importance for the trafficking of opiates from Afghanistan, which may have an adverse impact on other subregions in Africa and, in particular, on countries that lie along the route. There are indications that some of the heroin bound for North Africa is trafficked along the Balkan route, by land or by air. West Africa has reportedly seen an increase in the

use of both air and sea to traffic heroin. According to UNODC, 11 per cent of global opiate users live in Africa, and more than half of them in West and Central Africa.

362. West Africa, a subregion that has suffered from violent conflicts and political instability, has been increasingly affected by operations by well-organized criminal groups that involve not only drug trafficking from South America to Europe but also local consumption and manufacture of synthetic drugs destined mainly for markets in Asia. The yearly value of cocaine transiting West Africa is estimated to be \$1.25 billion. Besides the trafficking of cocaine, heroin trafficking is also occurring in the subregion.

2. Regional cooperation

363. In November 2015, the West Africa Coast Initiative organized the third programme advisory committee meeting in Bissau. The meeting was attended by high-level representatives of the Initiative's implementing countries, the Economic Community of West African States (ECOWAS), the International Criminal Police Organization (INTERPOL), UNODC and other United Nations entities. During the meeting, future operational and strategic priorities for the implementation of the Initiative were agreed, and the need for deeper subregional coordination, as well as enhanced cooperation between the transnational crime units established under the Initiative and other national law enforcement agencies, was emphasized.

364. In January 2016, INTERPOL carried out a 10-day operation named "Adwenpa", in West Africa, in order to strengthen border controls between Abidjan, Côte d'Ivoire, and Lagos, Nigeria. The operation was the final activity undertaken under the two-year INTERPOL Capacity-Building Programme to Strengthen Border Management in West Africa. The operation, involving Benin, Côte d'Ivoire, Ghana, Nigeria and Togo, resulted in major seizures of drugs and other smuggled goods. Reportedly, nearly 900 kg of drugs were seized, including cocaine, cannabis, methamphetamine and khat.

365. The 23rd INTERPOL African Regional Conference, on the theme "Enhancing law enforcement cooperation in Africa: a regional response to organized crime", was held in Brazzaville in February 2016. The Conference, which was attended by senior law enforcement officials from 34 African countries, as well as four observers from Asia, Europe and international organizations, focused on transnational crime-related issues, including drug trafficking. Participants discussed strategies to combat evolving crime threats.

366. INCB organized a regional training seminar, held in Kenya in April 2016, for competent national authorities in East Africa responsible for monitoring the licit international trade in controlled substances. The seminar was attended by participants from Burundi, the Comoros, Ethiopia, Kenya, Madagascar, Rwanda, Seychelles, Uganda and the United Republic of Tanzania, as well as observers from the African Union Commission and WHO. During the seminar, participants strengthened their knowledge of the international drug control framework, the technical reporting required of their Governments under the three international drug control conventions, and the availability and use of electronic tools developed by INCB, such as I2ES and PEN Online, both designed to facilitate the international trade in controlled substances and prevent the diversion of such substances.

367. Access to and availability of narcotic drugs and psychotropic substances for medical and scientific purposes remain limited in Africa. In April 2016, INCB conducted a national awareness-raising workshop for the authorities of Kenya. The workshop was attended by health-care professionals, representatives of different authorities and of civil society, and representatives of the African Union Commission, WHO, UNODC and the international community. Participants discussed the importance of ensuring adequate access to and availability of medicines for the treatment of pain, palliative care and the treatment of mental health conditions.

368. On 30 and 31 May 2016, under the auspices of UNODC, representatives of Mauritania, the United Nations Office for West Africa and the Sahel and ECOWAS and its member States met in Dakar to discuss the finalization of a new regional programme for West Africa for the period 2016-2020. It was agreed that the following areas would be included in the programme: (a) strengthening criminal justice systems; (b) preventing and countering transnational organized crime and trafficking; (c) preventing and countering terrorism; (d) preventing and countering corruption; and (e) improving drug prevention and drug dependence treatment and care.

369. In August 2016, UNODC launched a regional programme entitled “Promoting the rule of law and human security in East Africa (2016-2021)”. The regional programme will address transnational organized crime and trafficking and corruption, as well as terrorism prevention, crime prevention and criminal justice, prevention of drug abuse, treatment and care of those affected by drug use disorders, and HIV and AIDS prevention and care.

370. The Twenty-sixth Meeting of Heads of National Drug Law Enforcement Agencies, Africa, was held in

Addis Ababa from 19 to 23 September 2016. Discussions focused on the drug control situation in the region, and regional and subregional cooperation in countering drug trafficking. During a series of working groups, participants considered the following topics: (a) effective national and regional strategies in addressing drug trafficking by sea; (b) challenges in addressing new psychoactive substances, amphetamine-type stimulants and the diversion of precursors and pre-precursors and the non-medical use and misuse of pharmaceuticals containing narcotic drugs and psychotropic substances; (c) best practices in promoting measures to ensure the availability and accessibility of internationally controlled drugs for medical and scientific purposes; and (d) practical measures tailored to the specific needs of children and youth to prevent and treat drug abuse among them and to address their involvement in drug-related crime, including cultivation and trafficking. INCB participated in the working group on best practices in promoting measures to ensure the availability and accessibility of internationally controlled drugs for medical and scientific purposes, giving a presentation on levels of consumption of and obstacles to access to opioid analgesics in Africa and measures to be adopted by Governments in the region to address them.

3. National legislation, policy and action

371. The Government of Algeria promulgated a decree, dated 9 July 2015, in which plants, psychotropic substances, narcotic drugs and precursors are classified into four schedules according to their dangerousness and medical use.

372. The Parliament of Cameroon adopted Law No. 2016/007 of 12 July 2016 relating to the Penal Code, amending the country’s Penal Code, which, inter alia, foresees criminal sanctions for various offences including the sale of counterfeit, expired or unauthorized medicines, trafficking in narcotic drugs, driving any vehicle under the influence of drugs and causing harm to any person by furnishing medical treatment or administering any drug or other substance. The punishments vary depending on the offence committed.

373. In June 2016, the Mauritius Revenue Authority launched the Stop Drug Platform, which enables the public to provide and share relevant information on drug trafficking and consumption through its website or a dedicated telephone number. The Platform acts as a tool to enlist the participation of the community to assist the Authority in countering drug trafficking. The information shared through the platform will remain confidential.

374. On 24 and 25 June 2016, the Central Drug Authority of South Africa initiated consultations with relevant national authorities, academia and civil society to develop a new national drug master plan for the period 2017-2022. The new plan will build on the outcomes of the special session of the General Assembly on the world drug problem held in 2016 and will link the drug control agenda to the Sustainable Development Goals.

375. The Food and Drug Authority of the United Republic of Tanzania issued a decision to cease the use of bulk packs (hospital packs) of 500 and 1,000 tablets or capsules in the private sector, with effect from 1 January 2017. The decision reflects the challenges that were being faced, including inadvertent contamination of tablets or capsules packed in such containers owing to repeated opening and closure, counterfeiting of products by replacing tablets and capsules, change of labels after the expiry date of products, and lack of patient information leaflets to guide patients during administration.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

376. Illicit cultivation of, trafficking in and abuse of cannabis continue to present persistent challenges to authorities in Africa. While cannabis herb is produced throughout the continent, the illicit production of cannabis resin remains limited to a few countries in North Africa. Africa is still one of the main regions for cannabis herb production and consumption and accounted for 14 per cent of the reported cannabis herb seizures worldwide.

377. Cannabis resin continues to be produced in North Africa. Following a decline in reported seizures of cannabis resin in Morocco during the period 2012-2014, seizures in 2015 increased to some 235 tons. Seizures of cannabis resin declined in several other countries in the subregion. In the past, significant seizures of cannabis resin were reported by the Government of Algeria. However, since 2013, there has been a drop of almost 40 per cent in the quantities of the substance seized, from 211 tons in 2013 to 127 tons in 2015. Most cannabis resin seized in Algeria was reportedly seized in a province in the north-western part of the country, on the border with Morocco. It is estimated that up to 80 per cent of the substance is bound for foreign markets, while about 20 per cent is destined for local consumption. According to the authorities in Algeria, the typical wholesale price of

cannabis resin trafficked through the country ranges from 90,000 to 200,000 Algerian dinars per kilogram (approximately \$827 to \$1,837),⁵³ depending on the quality of the substance. The amount of cannabis resin seized in Egypt also declined, from 54 tons in 2014 to 33.5 tons in 2015.

378. In 2015, the authorities in Egypt resumed eradication campaigns targeting cannabis plant and opium poppy cultivation sites in the Sinai peninsula, eradicating 321 ha of cannabis plants and 225 ha of opium poppy during that year. In addition, the authorities seized 360 tons of cannabis herb in 2015.

379. In May 2016, the authorities of Mali seized a record amount of 2.7 tons of cannabis herb and made several arrests. Reportedly, the substance was found in a vehicle en route from Ghana. Seizures of cannabis herb were also reported by Zambia (17 tons), Madagascar (8 tons), Mozambique (5 tons), Côte d'Ivoire (4 tons) and Mauritius (43 kg).

380. During an INTERPOL-led operation targeting criminal networks involved in trafficking in persons, drugs and arms across East and Southern Africa, nearly 70 acres of cannabis plants were reportedly destroyed in Swaziland, 2.2 tons of cannabis were seized and 37 acres of cannabis plants were destroyed in Malawi, and 1 ton of cannabis concealed in a truck in Zimbabwe was seized.

381. There are indications that Africa is regaining importance as a transit region for cocaine. For years, West Africa has been associated with the trafficking by sea in cocaine from South America destined for Europe. The yearly value of cocaine transiting West Africa is estimated at \$1.25 billion. However, West Africa is also increasingly witnessing local manufacture of synthetic drugs destined mainly for Asia. That trend is particularly notable in Guinea and Nigeria. Beyond the trafficking of cocaine, West Africa has reportedly seen an increase in the use of both air and sea to traffic heroin. Cocaine trafficking has also been a concern in North Africa, as evidenced by seizures reported by countries in that subregion, including Algeria (over 88 kg) and Morocco (over 120 kg).

382. The increase in drug trafficking through the international airport in Lagos, Nigeria, was reportedly associated with a steady growth in passenger air travel. According to the summary report on the Nigerian aviation sector published by the National Bureau of Statistics of Nigeria on 1 May 2016, the total number of passengers who travelled through Nigerian airports in the third quarter of 2015 was almost 4 million people, an 8.5 per

⁵³Estimated on 8 September 2016.

cent increase relative to the second quarter of the same year. More than 30 persons were arrested at Lagos airport between January and March 2016 for drug-related offences.

383. There has also been an increased involvement by nationals of countries in Africa, in particular West Africa, in incidents related to global drug trafficking. Their involvement has been particularly visible in heroin trafficking along the southern route.

384. Trafficking of opiates originating in Afghanistan along the southern route, involving Africa as a transit or consumption region, is becoming more visible, with negative effects evident in the countries that lie along the route. Although both West and East Africa have reportedly seen persistent use of air couriers to traffic heroin, trafficking in opiates through ports in East Africa, including in Mombasa, Kenya, and Dar es Salaam, United Republic of Tanzania, is still the preferred method. Maritime trafficking is reportedly associated with the increase in container trade in East Africa. In 2015, authorities in the United Republic of Tanzania reported seizing a total of 50 kg of heroin. Madagascar reported seizing 1 kg of heroin destined for Seychelles.

385. Seizures of heroin in North Africa are limited. In 2015, Egypt reported a decline of nearly 16 per cent in seizures of heroin, from 613 kg in 2014 to 516 kg in 2015. Authorities in Algeria and Morocco reported seizing moderate quantities of heroin in 2015: 2.6 kg and 4.5 kg, respectively.

(b) Psychotropic substances

386. Countries in Africa have not been spared from illicit manufacture of and trafficking in psychotropic substances.

387. Evidence is provided by the fact that illicit methamphetamine laboratories continue to be dismantled in Nigeria. In March 2016, authorities in the country reported a seizure of 1.5 kg of methamphetamine and several chemicals, including acetic acid, acetone, benzaldehyde, hydrochloric acid and toluene, from one such site. The illicit laboratory was located in an abandoned factory in an industrial area of the Delta State of Nigeria, pointing towards a shift in the location of clandestine laboratories from in and around Lagos to more remote areas. Additionally, 266 kg of methamphetamine, bound for South Africa, were seized by authorities at the seaport in Lagos.

(c) Precursors

388. The collection, submission and analysis of precursors-related data by the national authorities remain serious challenges in many countries in Africa. Information on seizures of substances listed in Tables I and II of the 1988 Convention and seizures of internationally non-scheduled substances, as well as information on methods of diversion and illicit manufacture, stopped shipments and thefts involving those substances, which should be provided annually by Governments to the Board, remain limited and insufficient owing to a poor response rate.

389. Fourteen countries in Africa have registered with PICS. According to information provided through the system, the following countries in Africa have been identified as having been involved in incidents reported between November 2015 and November 2016: Cameroon, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, South Africa, United Republic of Tanzania and Zambia. Those incidents indicate that Africa continues to be affected by the diversion of precursor chemicals, notably ephedrine and pseudoephedrine, used in the illicit manufacture of amphetamine-type stimulants. Most of those incidents involved seizures of ephedrine (totalling over 400 kg) reported by Nigeria and destined to South Africa. The majority of the seizures reported took place at the airport in Lagos or at a seaport; in some cases, methamphetamine (totalling over 350 kg) was also found together with ephedrine, using the same *modus operandi*. In South Africa, over 300 kg of ephedrine were reported to have been seized at different locations, including at an airport, a land border and a seaport. In 2015, Côte d'Ivoire seized over 277 kg of ephedrine.

390. Recent seizures outside Africa point to the growing significance of East Africa as a transit area for precursor chemicals. For example, in January 2016, authorities in Pakistan seized 21.7 tons of a misdeclared shipment of acetic anhydride, a Table I precursor used in the illicit manufacture of heroin. The investigation confirmed that the substance had transited the United Republic of Tanzania en route to Pakistan. Attempts to use East Africa, predominantly the United Republic of Tanzania, as a diversion point for heroin and amphetamine-type stimulant precursors were also reported in 2016.

391. Only Algeria, Benin, Côte d'Ivoire, Egypt, Ethiopia, Ghana, Kenya, Libya, Madagascar, Nigeria, South Africa, the Sudan, Togo, Uganda, the United Republic of Tanzania and Zimbabwe have invoked article 12, paragraph 10 (a), of the 1988 Convention, to be informed of chemical shipments prior to their departure from the exporting country. Shipments to other countries in the region that have

not yet invoked article 12, paragraph 10 (a), are therefore at risk of being diverted into illicit channels.

392. 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 2016 report of the Board on the implementation of article 12 of the 1988 Convention.⁵⁴

(d) Substances not under international control

393. Information about the emergence of new psychoactive substances, the extent of their use and seizures of them in Africa remains limited, in particular with regard to synthetic new psychoactive substances, making it difficult to assess their impact in the region. During the reporting period, only one incident in Africa was reported through the INCB Project Ion Incident Communication System (IONICS), a secure online platform for enhanced communication of information on new psychoactive substances. That incident involved a shipment of 5 kg of khat (*Catha edulis*), a plant-based substance with psychoactive properties, that originated in South Africa, transited through Singapore and was destined for Hong Kong, China.

394. In 2015, Mauritius reported the first emergence of new psychoactive substances and identified 11 kinds of synthetic cannabinoids. They included 1-naphthalenyl-(1-pentyl-1H-indazol-3-yl)-methanone, 5F-AKB48, 5F-PB-22, AB-FUBINACA, APINACA, FUB-PB-22, JWH-073, JWH-210, MAM-2201, MDMB-CHMICA and QUCHIC.

395. The abuse of tramadol, a synthetic opioid analgesic that is not subject to international control, continues to be a matter of concern for countries in Africa, in particular in North and West Africa. However, seizures of tramadol in Egypt continued to decline, from 145 million tablets in 2014 to 90 million tablets in 2015, following the bringing of tramadol under national control in 2013. In 2015, the Control Unit at the port of Cotonu, Benin, seized over 40 million pills of counterfeit tramadol. Increased misuse of tramadol was reportedly observed in the Sahel region and seems to have increased in Libya, which is considered a major source of tramadol trafficked to Egypt.

5. Abuse and treatment

396. Owing to a paucity of detailed and reliable information related to abuse and treatment provided from the region, assessing the extent of drug abuse and accurately estimating the number of people in treatment in Africa remain challenging.

397. According to the information available, cannabis remains the primary drug for which drug users seek treatment. This could, however, be a result of limited treatment options for users of other drugs in many parts of Africa. The estimated annual prevalence rate of cannabis use in Africa is 7.6 per cent, twice the global average (3.8 per cent), with the estimated number of cannabis users in the continent as follows: 6.6 million in East Africa, 5.7 million in North Africa, 4.6 million in Southern Africa and over 30 million in West and Central Africa. The estimated annual prevalence rate of cannabis use in those subregions is 4.2 per cent, 4.4 per cent, 5.1 per cent and 12.4 per cent, respectively.

398. Although the information on cocaine abuse in Africa is very limited, the annual prevalence of cocaine use in Africa, based on data provided by very few African countries, is estimated at 0.4 per cent, comparable with the global estimate of 0.38 per cent.

399. Data on the annual prevalence of opiate use in Africa are, for many countries, more than 10 years old. According to the latest available information, however, the annual prevalence rate of opiate use in Africa was estimated at 0.31 per cent (almost 2 million users), which is comparable with the global estimate of 0.37 per cent. Within Africa, the estimates range from 0.15 per cent in East Africa, 0.25 per cent in North Africa and 0.34 per cent in Southern Africa to 0.43 per cent in West and Central Africa. Nonetheless, the abuse of opiates continues to be a significant problem in some countries, such as Kenya, Mauritius, Nigeria, Seychelles and South Africa. Owing to increased heroin trafficking to and through the region, as evidenced by large maritime seizures of the substance near its coastal areas, increases in the use of heroin and in drug abuse by injection have been reported in Kenya, Mauritius, Seychelles and the United Republic of Tanzania.

400. According to the 2016 edition of the *Guidelines on Use of Antiretroviral Drugs for Treating and Preventing HIV Infection in Kenya*, published by the Ministry of Health of Kenya, the prevalence of HIV among people who inject drugs is up to four times that among the general population. People who inject drugs reportedly have limited access to HIV prevention, care and treatment services in the country.

⁵⁴E/INCB/2016/4.

401. In Senegal, the Centre for the Integrated Management of Addiction in Dakar has estimated the number of intravenous drug users in the greater Dakar area at just over 1,300, representing approximately 12 per cent of all drug users in the city. The Centre remains the only drug treatment centre in West Africa providing integrated outreach, health care, treatment, rehabilitation, vocational training and social reintegration services to individuals suffering from drug abuse and addiction. The centre offers methadone substitution treatment as well as outpatient medical care, and dispatches mobile teams to establish contact with drug users and provide them with kits containing sterile syringes, condoms and basic medical supplies to prevent the transmission of blood-borne diseases such as HIV/AIDS and hepatitis C.

402. According to the Mauritius Revenue Authority, cannabis, heroin, sedatives, tranquillizers and buprenorphine are the types of drugs that are mostly abused in the country. In addition, synthetic cannabinoids were reported as being the preferred drug of choice. For example, according to *Health Statistics Report: 2015*, published by the Health Statistics Unit of the Ministry of Health and Quality of Life of Mauritius, 177 persons were treated at the Brown Seaward Psychiatric Hospital in 2015 for mental and behavioural disorders as a result of multiple drug use and use of psychoactive substances, and 17 persons were treated for mental and behavioural disorders that resulted from use of opioids or cannabinoids.

403. The Government of Mozambique reported an increase in the number of prevention programmes that were aimed in particular at young people and prison inmates. In 2015, health units in Mozambique reportedly assisted a total of 7,038 patients with psychiatric disorders related to drug use. Fifty per cent of those cases were in Maputo. Mozambique has observed that most drug users report consuming multiple substances and *Cannabis sativa*, while only a small percentage report using cocaine or heroin. Those reported to be most affected by drug use are aged between 26 and 30 years; that group accounts for 23 per cent of the total number of drug users. Ten per cent of registered drug users are under 20 years old.

404. As part of the implementation of its National Drug Strategy and Plan of Action, Algeria opened 39 treatment centres (out of the 53 planned) to provide drug treatment and rehabilitation facilities across the country.

405. In 2015, the General Secretariat of Mental Health and Addiction Treatment of the Ministry of Health of Egypt, in cooperation with UNODC, conducted an opioid substitution therapy feasibility study. According to the study, about 100,000 people in the country were

dependent on opioids. It was estimated that, of those, about 50 per cent were dependent on tramadol and the other half on heroin. The study estimated that 50,000 people were in need of opioid substitution therapy in Egypt. The feasibility study also focused on criteria for selecting opioid substitution therapy pilot sites and the substance to be used (methadone or buprenorphine/buprenorphine-naloxone). The study recommended that opioid substitution therapy be piloted in two hospitals in Cairo, with the target of 200 persons treated under the pilot programme.

B. Americas

Central America and the Caribbean

1. Major developments

406. The region of Central America and the Caribbean continues to be a major trans-shipment area for illicit drugs trafficked from the producing countries in the Andean region, notably Colombia, to final destination markets in the United States and, to a lesser extent, Canada and Europe. A total of 153 countries reported cocaine seizures between 2009 and 2014, and most of the illicit movement of cocaine was from South America to North America and Europe. In Central America and the Caribbean, the cocaine market has recently shifted to areas that had not previously been affected by drug abuse or trafficking.

407. The United States reported that, in 2014, 87 per cent of the cocaine entering the country had been trafficked through Central America and Mexico, and about 13 per cent through the Caribbean, primarily via the Dominican Republic and Puerto Rico. The Dominican Republic and Costa Rica were the countries most frequently identified by European countries as the origin of cocaine shipments destined for Europe.

408. Cocaine trafficking is reported to have had an environmental impact and has been linked to deforestation in Central America, specifically in Guatemala, Honduras and Nicaragua.⁵⁵ Deforestation is reported to have intensified in areas affected by drug trafficking, mainly through the building of clandestine roads and landing strips; the use of bribes, property fraud or force to pressure

⁵⁵Kendra McSweeney and others, "Drug policy as conservation policy: narco-deforestation", *Science*, vol. 343, No. 6170 (2014), pp. 489-490.

indigenous peoples and other rural inhabitants to leave their land; and the acquisition of public land to establish agricultural estates associated with drug trafficking (so-called “narco-estates”). The latter activity involves illegally acquiring areas of forest in remote areas and converting them to agricultural land, thereby allowing criminal groups to gain control of territory in border regions and providing an activity that allows money to be laundered.

409. The extent of the increase in criminal activities related to drug trafficking in Central American countries was confirmed by the release of the so-called “Panama papers”. The revelations contained in those leaked financial documents led to various operations, including the discovery, in an operation conducted by the Colombian National Police and the Drug Enforcement Administration of the United States in May 2016, of an international criminal ring laundering the proceeds of drug trafficking. Such operations have brought to light the international networks existing in Central America and the Caribbean and the actual methods used to launder the proceeds of criminal activities, particularly drug trafficking. According to the Drug Enforcement Administration, the network detected in the above-mentioned operation had adopted money-laundering practices such as bulk cash smuggling and false commercial invoicing to launder the proceeds of drug trafficking.

410. Data published by UNODC in 2016 indicate that rates of intentional homicide continue to be consistently high in Central America and the Caribbean, although homicide rates have decreased in Central America over the past few years. In some countries in the region, some of those homicides continue to be associated with drug-related criminal activities. According to national data, in Honduras, the decreasing trend in the homicide rate continued in 2015, with about 57 homicides per 100,000 inhabitants, compared with about 68 homicides in 2014, while in El Salvador, a decreasing trend has been reversed since 2013, when it reached a low of about 39 homicides per 100,000 inhabitants, increasing to 103 homicides per 100,000 in 2015. The increase may be explained by the end of the truce among the youth gangs known as “maras”.

2. Regional cooperation

411. In June 2016, the Regional Commission on Marijuana established by the secretariat of the Caribbean Community (CARICOM) held, in Saint Vincent and the Grenadines, its first regional consultation on cannabis to explore the implications of the legalization of the use of cannabis in the region. The Commission, which operates

under the leadership of the CARICOM Assistant Secretary-General of the Directorate for Human and Social Development, is mandated to analyse the economic, health and legal aspects related to the use of cannabis in the region, to determine whether there should be a change in the classification of cannabis to make it more accessible for all types of usage, be it medical or non-medical. In that context, the Board notes that the 1961 Convention limits the use of cannabis to medical and scientific purposes, as a fundamental principle that lies at the heart of the international drug control legal framework and that cannot be derogated from. **All parties to the Convention have the obligation to carry out the provisions of the Convention within their own territory. The Board encourages States to adopt non-punitive responses for minor drug-related offences committed by drug users, instead of arrest and incarceration, as an alternative provided by the international drug control conventions.**

412. The Regional Security System, a regional organization for the defence and security of the Eastern Caribbean area, continues to play a significant role in countering drug trafficking in the subregion. In October 2015, the first drug prosecutor’s course, for police prosecutors, was held at the headquarters of the Regional Security System, in Barbados. The course was delivered by experts from Dominica, with participants from Antigua and Barbuda, Barbados, Grenada, Saint Kitts and Nevis, and Saint Vincent and the Grenadines. In June 2016, the Regional Security System’s new Fusion Centre was opened in Barbados. The Centre, funded by the Government of the United Kingdom, hosts regional and international law enforcement experts for information-sharing and the exchange of experiences in the area of counter-narcotics.

413. The Training and Certification Programme for Prevention, Treatment and Rehabilitation of Drug Abuse and Violence of the Organization of American States (OAS) continues to provide training for drug prevention and treatment service providers in Central America and the Caribbean. Among other training activities, the Programme supported the certification of 47 Belizeans in April 2016, in cooperation with the Belize National Drug Abuse Control Council and the University of the West Indies.

414. The Governments of Central America and the Caribbean, in cooperation with UNODC, continued to undertake initiatives to counter organized crime and drug trafficking and to promote effective drug demand reduction actions. Such initiatives include the Container Control Programme, the Airport Communication Project,

the Central American Network of Prosecutors against Organized Crime, and the drug demand reduction-oriented Strengthening Families Programme.

3. National legislation, policy and action

415. Following the amendment of the Dangerous Drugs Act in 2015,⁵⁶ Jamaica issued interim regulations for the Cannabis Licensing Authority in May 2016. The regulations include provisions on applications and requirements for licences for the cultivation, processing, transporting and retail sale of cannabis, as well as licences for research and development. The Board notes that the recent regulatory developments in Jamaica are not in accordance with the 1961 Convention, which limits the use of cannabis to medical and scientific purposes.

416. Barbados has approved a new national anti-drug plan for the period 2015-2020, developed by the National Council on Substance Abuse. The plan will coordinate all drug-related strategies of the stakeholders in the country, such as governmental, corporate and non-governmental actors. The Government will prioritize the improvement of the legislative framework in five strategic areas: demand reduction, supply reduction, control measures, strengthening of institutions and international cooperation.

417. In 2015, Dominica established a fully vetted counter-narcotic unit known as the “Strike Force”, which is expected to become fully operational in 2016, pending specialized training and the receipt of specialized equipment.

418. The Government of El Salvador launched the “El Salvador seguro” initiative in 2015. The comprehensive initiative comprises five pillars of action and 124 specific actions to address violence and crime, including drug trafficking, and to ensure access to justice and the provision of assistance and protection to victims. The initiative is implemented by the Executive, the National Assembly, the judiciary, the Office of the Attorney-General and other local government bodies, with the support of religious communities, the private sector, civil society and the international community. Implementation of the initiative is overseen and monitored by the National Council for Citizen Security and Coexistence.

419. In May 2016, Panama enacted Act No. 14 on the use of controlled substances, specifically narcotic drugs and psychotropic substances scheduled under the 1961

Convention and the 1971 Convention, for medical and scientific purposes. Under its chapter III, the Act creates the Department of Controlled Substances under the National Directorate of Pharmaceutical Products and Drugs. The Department will be in charge of approving licences for the handling of controlled substances, among other functions. The Act establishes the conditions and requirements for the issuance of licences to pharmaceutical establishments, as well as the prohibitions and sanctions related to failure to implement its provisions.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

420. For several years, Panama has had the largest volumes of seizures of cocaine in Central America and the Caribbean. Seizures of cocaine in Panama in 2015 increased by about 32 per cent compared with 2014, and were 14 per cent higher than in 2013, reversing the 14 per cent decrease that occurred from 2013 to 2014. The recent increase may be related to the significant increase in the illicit cultivation of coca bush observed in Colombia in 2015.

421. A 2015 study of the situation of women deprived of their liberty in Panama found that 65 per cent of the female prison population had been convicted of drug-related offences,⁵⁷ and that 22 per cent of them were foreign nationals.

422. Cocaine is trafficked into the Caribbean from Colombia, transiting through Guyana, Trinidad and Tobago and Venezuela (Bolivarian Republic of), among other countries. The shipments are transported northwards through the islands by travellers and couriers or using small fishing boats, cruise ships and sailing vessels, among other means, and may involve the clandestine transfer from one ship to another at sea or the use of commercial airlines and freight shipping containers.

423. Even with the limited resources available to contain the trafficking of cocaine, the Eastern Caribbean islands have a relatively high interdiction rate. However, trafficking persists despite such efforts, as the subregion struggles with low conviction rates and weak criminal justice institutions.

⁵⁶See E/INCB/2015/1, paras. 141-143.

⁵⁷UNODC, “Diagnóstico de la situación de las mujeres privadas de libertad en Panamá: desde un enfoque de género y derechos”. Available from www.unodc.org.

424. UNODC reported that the Caribbean accounted for 13 per cent of global seizures of cannabis herb in 2014, and that that amount has been on the increase, with Jamaica being an important source country for cannabis entering the international trafficking chain. Trafficking in firearms, largely between Jamaica and Haiti, is also linked to drug trafficking. According to official estimates, 15,000 ha were under cannabis plant cultivation in Jamaica in 2015. The use of herbicides is prohibited by law; eradication must therefore be conducted manually. In 2015, a total of 725 ha of cannabis plants were eradicated.

425. According to the Organised Crime, Narcotics and Firearms Bureau of Trinidad and Tobago, a shift in the demand for cannabis herb has been observed, resulting in a lower demand for cannabis herb produced locally or on other Caribbean islands and an increased demand for South American cannabis herb. Seizures of cannabis herb in the country in 2015 were 62.5 per cent lower than in 2013.

426. With regard to the proceeds of drug-related criminal activity in the region, the Board has noted the efforts of the Caribbean Financial Action Task Force, which, in June 2016, issued a publication entitled *Anti-Money-Laundering and Counter-Terrorist Financing: Trinidad and Tobago — Mutual Evaluation Report*. The publication identified money-laundering connected to drug trafficking as a high threat area and highlighted it as a priority for action.

427. Seizures of cannabis in Panama have been increasing since 2013, while seizures of heroin in the country have been decreasing over the same period. In Costa Rica, seizures of cannabis herb increased considerably from 2011 to 2014 (by about 660 per cent, reaching 12 tons in 2014). In 2015, seizures decreased to 6.4 tons.

428. Guatemala is the only country in the region to report illicit cultivation of opium poppy. The net area under poppy cultivation after eradication was estimated to have increased from 220 ha in 2012 to 310 ha in 2013 and 640 ha in 2014, according to estimates by the United States State Department as cited by UNODC, and the global potential production of oven-dry opium in that country was estimated to be 4 tons in 2012, 6 tons in 2013 and 14 tons in 2014. At the same time, the area of eradicated opium poppy decreased by 53 per cent in 2014, falling from 2,568 ha in 2013 to 1,197 ha in 2014. Seizures of heroin in Guatemala decreased by 38 per cent from 2014 to 2015, from around 134 kg to around 83 kg. That decline in seizures occurred in parallel with the reported decline in the area under cultivation and in opium production that took place in 2015, a reversal of the increases of the preceding years. According to preliminary

estimates, that decrease was linked to (a) increased opium production in Mexico, (b) a disruption of the main opiate trafficking networks operating in Guatemala, and (c) sharply falling opium prices within Guatemala (a 77 per cent decrease), which led farmers to turn to corn, potatoes and other licit crops in 2015.

(b) Psychotropic substances

429. Guatemala is the only country in Central America and the Caribbean to report dismantling clandestine laboratories manufacturing amphetamine-type stimulants in recent years (eight laboratories in 2013, and nine laboratories in 2014, of which four manufactured amphetamine and five manufactured methamphetamine). While the region is thus relatively less affected by the manufacture and trafficking of amphetamine-type stimulants, in the past five years some countries have regularly reported seizures of “ecstasy”-type substances, as well as lysergic acid diethylamide (LSD).

430. In Costa Rica, the price of a tablet of 3,4-methylenedioxyamphetamine (MDMA, commonly known as “ecstasy”) sold on the streets remained stable from 2010 to 2015, varying between \$20 and \$30, while the amounts seized have fluctuated considerably. That fluctuation is due to single seizures of relatively large quantities that occurred in specific years (12,342 “doses” in 2013 and 19,183 “doses” in 2011).

(c) Precursors

431. The Costa Rican Drug Institute’s special unit for controlling and regulating chemical precursors monitors and responds to related illegal activities. By law, importers and businesses dealing with chemical precursors are to register in an online tracking system through which they have to submit monthly reports. The system monitors the movement of chemical precursors and issues alerts to relevant authorities about specific cases that require further investigation. As at August 2015, approximately 3,000 businesses, including 150 importers of chemical precursors, were registered in the system and were submitting regular reports.

432. The manufacture of amphetamine-type stimulants continues to pose a serious challenge for Guatemala, as evidenced by the amount of chemical precursors seized. In 2015, the UNODC-World Customs Organization Global Container Control Programme reported the seizure of 25 tons of chemical precursors in maritime ports in the country.

433. 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 2016 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

434. The use of new psychoactive substances continues to be reported by countries in the Central America and the Caribbean region. The use of those substances may have serious health consequences, as their effects on the human body are not fully understood or known. In addition, the trafficking of those substances creates additional challenges for regulatory and law enforcement authorities. During the reporting period, no incident was reported by countries in Central America and the Caribbean through the Board's Project Ion or its incident communication tool (IONICS). In that connection, the Board encourages countries that have not yet done so to join Project Ion and to register with and actively use IONICS.

5. Abuse and treatment

435. UNODC reported in 2016 that the annual prevalence of use of cannabis was 2.9 per cent in Central America and 2.5 per cent in the Caribbean. Those rates are below the average in North America (12.1 per cent), South America (3.2 per cent) and Western and Central Europe (6.7 per cent). A similar pattern is observed with the prevalence of the use of cocaine, as both Central America and the Caribbean have an annual prevalence rate of 0.6 per cent, which is relatively low compared with North America (1.6 per cent) and South America (1.5 per cent). These are interesting patterns because countries in Central America and the Caribbean are confronted with considerable volumes of cannabis and cocaine that are trafficked through their territories, and, in the case of cannabis, being produced in the region. Thus, more comprehensive national household drug use surveys might be needed to ascertain reliable estimates of the prevalence rate of cannabis use in the Caribbean region.

436. According to the *Report on Drug Use in the Americas 2015* published by the Inter-American Drug Abuse Control Commission (CICAD) of OAS, Belize is the country in Central America reporting the highest annual prevalence rate of cannabis herb use (15.8 per cent) among secondary school students. Honduras is the country reporting the lowest such rate (about 1 per cent),

which may be due to the fact that the figures being reported are based on a 2005 survey. The same CICAD report states that Belize also reports the highest annual prevalence rate of inhalant use among secondary school students in Central America (5.5 per cent), and that the Caribbean subregion has particularly high rates of inhalant use for the same group, with annual prevalence rates of over 8 per cent in Barbados, Grenada, Saint Kitts and Nevis, Saint Vincent and the Grenadines and Saint Lucia.

437. Cannabis was the primary drug of abuse for people receiving drug treatment in El Salvador in 2015, followed by tranquilizers and sedatives and then by cocaine. Authorities report that this is part of a recent trend of an increasing number of persons in treatment for abuse of cannabis, and a decreasing trend in the number of persons in treatment for the abuse of cocaine.

438. According to the 2016 document *A Report on Students' Drug Use in 13 Caribbean Countries* published by CICAD/OAS, cannabis herb continues to be the most widely used drug reported by students enrolled in second, fourth and sixth forms in secondary school (corresponding approximately to ages 13, 15 and 17 years), while alcohol is the main overall substance of abuse. Students also reported a very high perception of availability of cannabis herb (between 4 and 5 of every 10 students), meaning that they can easily access the drug in their countries.

439. Trinidad and Tobago reported an increase in the number of persons receiving drug treatment for cocaine abuse, while the number of persons receiving drug treatment for cannabis abuse has remained stable.

440. The annual prevalence of the use of opioids (opiates and prescription opiates) in Central America and the Caribbean is 0.2 per cent and 0.4 per cent, respectively, and 0.07 per cent and 0.28 per cent, respectively, for use of opiates only, as reported by UNODC in 2016. Those rates are all below the regional average for the Americas and are also below global averages.

441. The CICAD/OAS *Report on Drug Use in the Americas 2015* shows a trend of an increased number of countries in the Americas reporting the existence of heroin users. The Dominican Republic has reported the presence of heroin users in its treatment centres, as well as heroin use by individuals belonging to "marginal populations".

442. The annual prevalence of the use of amphetamines and prescription stimulants in Central America and the Caribbean is 0.9 per cent and 0.8 per cent, respectively,

which is close to the global averages. The annual prevalence of the use of “ecstasy” in Central America and the Caribbean is 0.11 per cent and 0.19 per cent, respectively.

443. The *Report on Drug Use in the Americas 2015* states that lifetime prevalence of use of MDMA (“ecstasy”) among eighth grade students is 2.8 per cent in Panama, 2.7 per cent in Antigua and Barbuda, and 2.5 per cent in Saint Lucia. Panama reported past-year prevalence among secondary school students of about 1 per cent, while Costa Rica reported 0.4 per cent. In Panama, unlike most other countries in the region, the past-year prevalence rates for males and females are similar, with the rate for females being slightly higher.

444. The Board recommends that countries in the region that have not done so should produce or update prevalence studies according to internationally recognized parameters and use the results to inform the development and adoption of targeted drug demand reduction policies and programmes.

North America

1. Major developments

445. In April 2016, Pennsylvania became the twenty-fourth state in the United States to legislate to permit and regulate, at the state level, cannabis use for medical purposes; it was followed by Ohio in June 2016. On 8 November 2016, the states of Arkansas, Florida and North Dakota voted in favour of authorizing the use of cannabis for medical purposes. In addition, voters in the states of California, Maine, Massachusetts and Nevada approved ballot measures that would legalize and regulate the use of cannabis for non-medical purposes.

446. Prescription opioid and heroin abuse continues to be a matter of great concern in the United States. According to the National Institute on Drug Abuse, in 2014, over 47,000 drug overdose deaths occurred in the country, among which there were more than 18,000 deaths from prescription opioid pain reliever overdose and over 10,000 deaths from heroin-related overdose. The Institute noted that the 2014 data demonstrated that the opioid overdose epidemic reflected both a 15-year increase in overdose deaths involving prescription opioid pain relievers and a recent surge in illicit opioid overdose deaths, driven largely by heroin overdose.

447. A number of legislative, policy and law enforcement actions have been taken by the Government of Canada and by provincial governments to tackle the rise in overdoses and the increased presence of fentanyl-laced drugs, including raising awareness, working with prescribers and providers to give them appropriate tools and addressing issues of access to opioids and treatment.

448. Following its election in October 2015, the Government of Canada confirmed its intention to legalize and regulate the use of cannabis for non-medical purposes through new legislation to be introduced in early 2017. For that purpose, a nine-member Task Force on Marijuana Legalization and Regulation was established, and the Task Force was to present its final report, containing advice on the design of a new legislative and regulatory framework, to the Cabinet in November 2016. Cannabis continues to be a schedule II drug under the Canadian Controlled Drugs and Substances Act; therefore, the growing, possessing, distributing and selling of cannabis remain illegal.

2. Regional cooperation

449. Regional cooperation between the three countries in the North American region remained extensive and is generally considered effective. At a high-level political summit held in Ottawa in June 2016, the three States, inter alia, sought to strengthen actions against the rising death toll from opioids such as heroin and fentanyl and violence associated with opium poppy cultivation and trafficking in Mexico. At the operational level, cooperation among those States includes joint law enforcement operations, intelligence-sharing and border control initiatives, including land and maritime activities.

3. National legislation, policy and action

450. In response to the ongoing crisis of opioid abuse, dependence and overdose in the United States, the Food and Drug Administration released the Opioids Action Plan in February 2016. The plan includes expanding the use of advisory committees, strengthening requirements for drug companies to generate post-market data on the long-term impact of using opioids, updating risk evaluation and mitigation strategy programmes, and expanding access to abuse-deterrent formulations to discourage abuse. As part of the action plan, class-wide safety labelling changes for immediate-release opioid pain medications have been announced. The labels will need to

include information on the serious risks of misuse, addiction, overdose and death.

451. The President of the United States requested \$27.6 billion for the fiscal year 2016 to support efforts under the 2015 National Drug Control Strategy to reduce drug use and its effects in the country. Most of that amount was allocated to prevention and treatment efforts. In March 2016, the President requested from Congress an additional \$1.1 billion to bolster efforts to address the prescription opioid and heroin crisis in the country. The announced actions represent further steps to expand access to treatment, prevent opioid overdose deaths, invest in community policing to address heroin abuse, and increase community prevention strategies.

452. Opioid overdose and heroin-related deaths have been the focus of state of the state addresses in a number of states of the United States, including Maine, Massachusetts, New Hampshire and Vermont, in which state Governors called for the strengthening of efforts to address illicit drug use and limit opioid prescriptions. As at March 2016, 49 states had established prescription drug monitoring programmes and 14 states had enacted legislation requiring physicians to receive training on the proper prescription of opioids.

453. On 22 July 2016, the Comprehensive Addiction and Recovery Act came into force. The Act addresses the opioid crisis by, inter alia, authorizing the United States Department of Justice to award grants to state, local and tribal governments to provide opioid abuse services, directs the Department of Veteran Affairs to expand its opioid safety initiative, focuses on helping communities develop treatment and overdose programmes and addresses exemptions from criminal and civil liability for those administering an opioid overdose reversal drug or who contact emergency services in response to an overdose.

454. Mexico reported that, in 2015, nearly 13,500 persons had been brought into formal contact with the police and/or the criminal justice system in connection with drug-related offences. Mexico continues its transition from the traditional inquisitorial criminal justice system to an accusatorial system. The changes to the Mexican criminal justice system are expected to increase transparency, strengthen efforts to protect human rights and civil liberties and reduce corruption in criminal cases.

455. One of the main challenges in Canada has been the rise of drug overdoses, partly owing to the increased presence of fentanyl. In response, the British Columbia provincial health officer declared a public health

emergency in the province in April 2016. That was the first time that the provincial health officer had served notice under the Public Health Act to exercise emergency powers, and British Columbia became the first province to take that kind of action in response to drug overdoses. The declaring of a public health emergency allows for improved collection and analysis of information and data about overdoses to facilitate the formulation of appropriate responses and target prevention activities.

456. Illicitly produced fentanyl is also present across the United States. In March 2015, the United States Drug Enforcement Administration issued a nationwide alert on fentanyl as a threat to health and public safety, and, in June 2016, it issued an alert to all law enforcement agencies nationwide, warning of the safety precautions to be taken when handling fentanyl and the possibly fatal consequences of undertaking field testing improperly.

457. In March 2016, the Government of Canada revised the listing for naloxone on the Prescription Drug List to allow for emergency use for cases of opioid overdose outside hospital settings, thus enabling provincial governments to allow the drug to be dispensed without a prescription. Naloxone was subsequently reclassified as a schedule II drug in British Columbia, Alberta and Ontario, making it available without a prescription. The college of pharmacists of the three provinces issued guidance for pharmacy professionals on dispensing or selling naloxone take-home kits. Other provinces, including Manitoba, Nova Scotia, Quebec and Saskatchewan have established take-home naloxone programmes permitting health-care providers to dispense naloxone, and encouraged accessibility to and use of naloxone by first responders, including paramedics, firefighters, law enforcement officers and others. Following those developments, matters related to appropriate training, the role of pharmacies and of first responders, the formulation of naloxone for use in kits and the payment for and coverage by insurance of naloxone started to be addressed across the country.

458. While naloxone is a drug administered by injection, in July 2016, as an emergency public health measure in response to the opioid crisis, the Minister of Health of Canada signed an interim order authorizing the sale of Narcan, a naloxone nasal spray, in Canada for use in the emergency treatment of known or suspected opioid overdoses. The nasal spray should be available without a prescription.

459. In the United States, the Drug Enforcement Administration approved Narcan nasal spray (the first nasal spray version of naloxone hydrochloride approved

by the Administration) in November 2015. In response, the National Institute on Drug Abuse dedicated a section of its website to resources about this opioid overdose reversal drug, including information about dosage, precautions, side effects and links to pharmacies that offer it. The Administration has also been reviewing options, including making naloxone available over the counter, to make the drug more accessible for treating opioid overdose in the country. As at May 2016, 39 states allow prescribers to dispense a naloxone prescription to third parties, such as a family member of drug users.

460. The Canadian Agency for Drugs and Technologies in Health has been requested to conduct a comparison of the safety and effectiveness of methadone and buprenorphine (i.e., Suboxone), in order to enhance opioid dependency treatment options. In order to prescribe methadone for the treatment of opioid dependence, physicians must be exempted under section 56 of the Controlled Drugs and Substances Act. However, a number of provinces have been exploring options to allow the prescription of Suboxone without being required to hold such an exemption, as required for methadone.

461. In response to the rise in drug overdoses, fentanyl and related deaths, the government of Ontario launched the “Patch4Patch” programme (Bill 33). People with a prescription for fentanyl would be given new patches containing the drug only when they turned in their old used patches. The bill received royal assent in December 2015.

462. In January 2016, Canada approved a second supervised “drug injection site” in the city of Vancouver, following a two-year process to grant an exemption from the Controlled Drugs and Substances Act. The facility is housed in the existing HIV/AIDS treatment clinic in Vancouver and, as such, it is the first supervised “drug injection site” in North America integrated into an existing health-care facility. In March 2016, a four-year extension was issued to the supervised “drug injection site” (called “Insite”), granting it permission to continue its operation until 2020. The Minister of Health of Canada has stated that a number of additional applications for exemptions to operate “injection sites” had been received and were undergoing a review process by Health Canada. Public consultations have also been taking place in major cities of other provinces, including Alberta, Ontario and Quebec.

463. In January 2016, the Ministry of Health of Mexico published early results on the impact of the new national strategy to increase access to controlled substances for pain treatment and palliative care. The new strategy is aimed at facilitating the dispensing, prescribing and

administering of pharmaceutical preparations containing opiates. According to the results published, the range of different prescriptions increased from 24 to 8,000 from June 2015 to January 2016. Following the introduction of an electronic platform to facilitate their issuance, the number of registered prescribers increased from 232 to 1,706 during that period. Furthermore, the results state that public and private health centres, as well as pharmacies, have a guaranteed supply of morphine and other opioids.

464. According to information furnished by the Government of Mexico to INCB, in November 2016, following a claim to declare the unconstitutionality of certain articles of the General Health Law regarding cannabis and THC, the Supreme Court of Mexico decided to authorize four plaintiffs to possess and cultivate cannabis for non-medical personal consumption (case No. 237/2014). The Court centred its decision on respect for their individual personality and freedom. The decision of the Supreme Court applies only to the four plaintiffs and does not legalize the non-medical use of cannabis in Mexico.

465. On 11 June 2015, in *R. v. Smith*, the Supreme Court of Canada expanded the definition of “medical marijuana” under the country’s medical cannabis programme by striking the words “dried herb” from the definition of medical cannabis, effectively allowing other forms of cannabis to be consumed for medical purposes. Following the judgment, medical cannabis patients legally authorized to possess the drug for medical purposes were allowed to possess cannabis products extracted from the active medicinal compounds in the cannabis plant. Therefore, those who obtain dried cannabis pursuant to the authorization can choose to administer it using an oral or topical treatment and are not limited to dried herb consumed through smoking.

466. In February 2016, Canada’s medical cannabis legal framework, the Marihuana for Medical Purposes Regulations, was declared unconstitutional by the Federal Court of Canada (*Allard v. Canada*). While under the previous regulatory framework, patients had been authorized to grow their own cannabis, the Marihuana for Medical Purposes Regulations introduced a system of licensed producers. In its decision, the Federal Court allowed those authorized to grow their own supply under the previous legal framework to continue doing so. Following the Federal Court ruling, the new Access to Cannabis for Medical Purposes Regulations came into force on 24 August 2016. Accordingly, those who have been authorized by their health-care practitioner to access cannabis for medical purposes will continue to have the

option of purchasing safe, quality-controlled cannabis from one of the producers licensed by Health Canada. They will also be able to produce a limited amount of cannabis for their own medical purposes or designate someone to produce it for them. The new regulations also incorporate provisions to allow for the production and possession of cannabis in forms other than dried, further to the June 2015 Supreme Court of Canada decision in *R. v. Smith*.

467. In April 2016, in the United States, the Drug Enforcement Administration approved clinical trials of smoked cannabis for the treatment of post-traumatic stress disorder in American military veterans, under the umbrella of the Multidisciplinary Association for Psychedelic Studies, funded by the State of Colorado.

468. **The Board continues to remind all governments in jurisdictions that have established medical cannabis programmes, or that are considering doing so, that the 1961 Convention as amended sets out specific requirements for the establishment, administration and monitoring of such programmes.⁵⁸ The Board encourages Governments in the region to take action to ensure that their medical cannabis programmes fully implement the measures set out in that Convention, particularly in articles 23 and 28, in order to prevent the diversion of cannabis intended to be used for medical purposes into illicit channels.**

469. With regard to the use of cannabis for scientific research purposes, the University of Mississippi has been the only entity authorized by the Drug Enforcement Administration to produce cannabis to supply researchers in the United States. On 11 August 2016, a policy change was announced designed to foster research by expanding the number of cannabis manufacturers registered with the Drug Enforcement Administration to be allowed to grow and distribute cannabis for research purposes authorized by the Food and Drug Administration.

470. On 21 March 2016, the Supreme Court of the United States denied a motion for leave to file a bill of complaint submitted to the Court by the States of Nebraska and Oklahoma against the State of Colorado. Arguing that cannabis from Colorado was being diverted to their territory, the plaintiff states sought a declaratory judgment against the State of Colorado to the effect that the amendments to its legislation permitting the legalization and regulation of the use of cannabis for non-medical purposes were preempted by the federal Controlled Substances Act, which classifies cannabis as a schedule I substance.

⁵⁸Those requirements were highlighted in the annual report of the Board for 2014 (paras. 218-227).

471. Following a scientific and medical evaluation conducted by the United States Food and Drug Administration in consultation with the National Institute on Drug Abuse, the Drug Enforcement Administration announced on 11 August 2016 that cannabis did not meet the criteria for currently accepted medical use in treatment in the United States, that there was a lack of accepted safety for its use under medical supervision and that cannabis had a high potential for abuse. On that basis, the Drug Enforcement Administration denied two petitions to reschedule cannabis, which thus continues to be prohibited at the federal level as a substance in schedule I of the Controlled Substances Act. At the state level, as at May 2016, the use of the substance for non-medical purposes has been legalized in four states, namely, Alaska, Colorado, Oregon and Washington.

472. Between May and September 2016, the Oregon Liquor Control Commission approved 246 recreational cannabis licences, while the state's final rules on retail sales are to be developed and reported to legislative bodies by 1 January 2017. The Marijuana Enforcement Division in Colorado issued guidelines applicable to the sale of recreational cannabis, setting sale limits. According to the guidelines, edibles must be stamped to indicate the presence of THC and cannot include the word "candy", in order to reduce the risk of accidental ingestion of cannabis products by children. The guidelines were to be applicable as at 1 October 2016. As at 1 July 2016, the number of licensed retail cannabis businesses in Colorado totalled 435 stores, 572 cultivations, 193 manufacturers and 15 testing facilities.

473. In May 2016, Health Canada published a notice in the national gazette on its intent to return the regulatory oversight of diacetylmorphine to the Narcotic Control Regulations as had been done prior to the changes introduced in 2013. That change would allow doctors to use diacetylmorphine-assisted treatment to support patients with opioid dependence who had not responded to other treatment options and allowed for the consideration of applications for the sale of diacetylmorphine for purposes of emergency treatment under the programme.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

474. According to the *World Drug Report 2016*, the United States accounted for 15 per cent of cocaine seizures worldwide in the period 2009-2014 and was second

only to Colombia. The largest cocaine seizures in North America over the period 2009-2014 were reported by the United States, accounting for 90 per cent of the seizures in North America, followed by Mexico, which accounted for 8 per cent.

475. Canada continued to be supplied predominantly by heroin originating in Afghanistan, trafficked through Pakistan and along the southern route, while the United States was supplied predominantly by heroin produced in Colombia and Mexico.

476. According to the 2016 National Heroin Threat Assessment Summary, law enforcement agencies in cities across the United States reported seizing larger than usual quantities of heroin. Data of the National Seizure System showed an 80 per cent increase in heroin seizures in the past five years, increasing from more than 3.7 tons in 2011 to up to 6.8 tons in 2015. Rising heroin seizures in the United States seem to reflect the growing availability of heroin and are in line with reports of increasing heroin use and the rapidly growing number of heroin-related deaths (rising from 3,036 such deaths in 2010 to 10,574 in 2014).

477. The Government of Mexico reported eradicating up to 26,000 ha of opium poppy in 2015, compared with the eradication of over 21,000 ha in 2014 and 14,622 ha in 2013. According to the first joint Government of Mexico/UNODC opium poppy survey conducted in the country, over the period July 2014-June 2015, the Government estimated, on the basis of satellite images and aerial photographs, that illicit cultivation of opium poppy in the country covered between 21,500 ha and 28,100 ha.

478. In June 2016, the Government of Canada prohibited domestic commercial cultivation of opium poppy. Following the decision, no licensed dealer shall cultivate, propagate or harvest opium poppy other than for scientific purposes.

479. Cannabis continues to be the most widely illicitly cultivated, produced, trafficked and consumed drug in North America, as well as worldwide, with an estimated 182.5 million users globally in 2014. In North America, cannabis herb is produced mainly in Mexico and the United States, for consumption in the subregion, while hydroponic cultivation of cannabis plants seems to be concentrated in Canada and the United States. Under the Domestic Cannabis Eradication/Suppression Program, the United States Drug Enforcement Administration was responsible for the eradication of almost 4 million cannabis plants cultivated outdoors and over 320,000 indoor

plants in 2015. The seized assets were valued at almost \$30 million. The Government of Mexico reported having eradicated over 5,700 ha of cannabis in 2013, according to the most recent data available.

480. Seizures of fentanyl, as well as counterfeit hydrocodone or oxycodone tablets containing fentanyl, have been increasing in the United States. Consumption of the tablets, marked to mimic the authentic narcotic prescription medications, has led to multiple overdoses and deaths. According to the National Forensic Laboratory Information System, over 13,000 forensic exhibits of fentanyl were tested by laboratories in the United States in 2015, representing an increase of 65 per cent from 2014, and about eight times as many fentanyl exhibits as in 2006.

(b) Psychotropic substances

481. Customs officials in the region of North America reported total seizures of almost 32 tons of psychotropic substances in 2014.

482. In 2014, methamphetamine dominated the North American markets for amphetamine-type stimulants. Compared with other subregions, North America consistently reported the largest number of methamphetamine seizures each year between 2009 and 2014. According to information provided in the World Customs Organization *Illicit Trade Report 2014*, the United States accounted for 64 per cent of the total number of seizures of methamphetamine by customs officials. Mexico increased its seizures by 1.3 per cent in 2014. Road vehicles remained the most frequent method of transport for trafficking methamphetamine in that year.

483. In 2014, Mexico was the main country of departure for seizures of methamphetamine made by customs officials in the United States and, to a lesser extent Canada and China, and was an important departure country for trafficking to Japan.

484. The number of seizures of amphetamine in 2014 significantly decreased in comparison with 2013, while the number of seizures of MDMA ("ecstasy") in the United States almost doubled from 2013 to 2014.

485. In the United States in 2014, there were over 9,300 incidents involving clandestine methamphetamine laboratories and dump sites. The highest numbers of those incidents took place in the states of Indiana and Missouri, with 1,471 and 1,034 incidents, respectively.

(c) Precursor chemicals

486. Mexico reported an increase of almost 38 per cent in the number of clandestine laboratories dismantled in 2015. Precursor chemicals seem to have been used predominantly for the manufacture of methamphetamine, using 1-phenyl-2-propanone (P-2-P)-based methods. However, in contrast to previous years, when the starting materials were mostly esters and other derivatives of phenylacetic acid, a new method, using benzaldehyde and nitroethane, has become increasingly common in that country.

487. 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 2016 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

488. New psychoactive substances are a significant area of concern for the United States. According to the National Forensic Laboratory Information System, the number of reports of substances identified as synthetic cannabinoids by federal, state and local forensic laboratories increased from 23 in 2009 to 37,500 in 2014. The number of reports on substances identified as synthetic cathinones increased from 29 reports in 2009 to 14,070 reports in 2014. Over the past several years, the Drug Enforcement Administration has identified hundreds of designer drugs from at least eight different drug classes.

489. The global market for synthetic new psychoactive substances continues to be dominated by synthetic cannabinoids, with 32 tons seized. North America (specifically, the United States with 26.5 tons seized) accounted for the largest quantities seized worldwide in 2014.

490. Canada has seen an increased presence of W-18 (4-chloro-*N*-[1-[2-(4-nitrophenyl)ethyl]-2-piperidinylidene]-benzenesulfonamide), including a number of seizures in clandestine laboratories reported by law enforcement agencies in the provinces of Alberta, British Columbia and Quebec. Recently, W-18 was found in samples seized by law enforcement authorities and in a number of cases of fatal overdose. These included counterfeit tablets made to appear to be prescription oxycodone but whose only active ingredient was W-18. In British Columbia, seized W-18 was intended for use in the manufacture of counterfeit heroin. In May 2016, W-18, its salts, derivatives, isomers and analogues and salts of derivatives, isomers

and analogues were added to schedule I of the Controlled Drug and Substances Act of Canada, making it illegal to produce, possess, import, export or traffic them.

491. There has been an increase in the frequency of the sale of counterfeit pharmaceuticals in the illicit market in Canada and the United States, especially with regard to counterfeit “OxyContin” tablets (oxycodone hydrochloride), “Xanax” tablets (alprazolam) and “Norco” tablets (hydrocodone bitartrate). Novel synthetic opioids used in these products were fentanyl and fentanyl analogues, as well as W-18, U-47700, AH-7921⁵⁹ and MT-45.⁶⁰

492. According to the World Customs Organization *Illicit Trade Report 2014*, while an increasing trend has been observed in other regions, the number of tramadol seizures by customs officials in the United States sharply decreased in 2014, by approximately 30 per cent in comparison to 2013. Seizures of *gamma*-butyrolactone (GBL) have increased significantly, with the United States recording the highest number of seizures worldwide in 2014, while seizures of khat (*Catha edulis*) seem to have decreased in the country.

493. Between February 2014 and July 2016, over 55 tons of kratom (*Mitragyna speciosa*) material were encountered by law enforcement authorities in the United States.

5. Abuse and treatment

494. The significant rise of fentanyl abuse has been one of the main issues in Canada, where the number of deaths markedly increased in a number of provinces. During the six-year period 2009-2014, there were at least 655 deaths in which it was determined that fentanyl was the cause or a contributing cause of death. According to the data published by the Coroners Service of British Columbia, there were 308 apparent drug overdose deaths from January to May 2016, representing a 75 per cent increase over the number of deaths occurring during the same period in 2015. In Alberta in 2015, there were 274 overdose deaths in which fentanyl was detected, which was significantly higher than in previous years, and 69 fentanyl-related deaths over the first three months of 2016. In comparison, in the United States, deaths associated with synthetic opioids such as fentanyl and its analogues increased by 79 per cent from 2013 to 2014.

⁵⁹The Commission on Narcotic Drugs, in its decision 58/3, placed AH-7921 in Schedule I of the 1961 Convention as amended.

⁶⁰The Commission on Narcotic Drugs, in its decision 59/2, placed MT-45 in Schedule I of the 1961 Convention as amended.

495. Furthermore, opioids, including heroin and prescription painkillers such as oxycodone, killed more than 28,000 people in the United States in 2014, and the rate of overdose has increased significantly since 2000, according to the Centers for Disease Control and Prevention. The number of people reporting current heroin use in the United States nearly tripled from 2007 to 2014. In comparison, the prevalence of past-year cocaine use among the general population fell by 32 per cent between 2006 and 2014, and cocaine-related deaths decreased by 34 per cent between 2006 and 2013.

496. Life expectancy at birth for the white, non-Hispanic population in the United States declined slightly from 2013 to 2014, representing a rare drop for a major demographic group, according to new data from the Centers for Disease Control and Prevention. That unusual decrease is consistent with other research showing that upward trends in suicides and drug poisoning were persistent and large enough to drive up all-cause midlife mortality and morbidity for that demographic group.

497. Prescriptions of opioid pain relievers in the United States have quadrupled since 1999. In response to a parallel increase in overdoses, the Centers for Disease Control and Prevention issued guidelines for primary care clinicians on prescribing opioids for chronic pain. During the annual National Prescription Drug Take-Back Day, the Drug Enforcement Administration collected a total of approximately 447 tons of drugs in all 50 states. The states with the largest amount of collected prescription drugs were Texas, California, Wisconsin, Illinois and Massachusetts.

498. According to recent data from the Centers for Disease Control and Prevention, there was an all-time record level of 19,659 deaths associated with hepatitis C in the United States in 2014. The data also point to a new wave of infections among people who inject drugs, cases of which have doubled since 2010.

499. The prevalence of past-year use of ketamine among twelfth grade students (approximately the ages of 17-18 years) was 1.5 per cent in 2014 in the United States. Canada reported the past-year use of ketamine among young people aged 15 and 16 years in 2010-2011 to be 1.1 per cent.

500. In Canada, cannabis is the most common illicitly used substance, followed by cocaine, hallucinogens and "ecstasy". Cannabis also continues to be the most widely used drug in the United States and Mexico.

501. The results of the 2015 Monitoring the Future survey of high-school students, college students and adults showed a decreasing trend among high-school students

in the United States in the use of a number of substances, including prescription opioid pain relievers and synthetic cannabinoids, and a slight decrease in the use of "ecstasy", inhalants and LSD.

502. In Mexico, the prevalence of cannabis abuse among students was reported to be 11.6 per cent in urban areas and 5.2 per cent in rural areas in 2014. While these consumption data are lower than in the United States and Canada for 2014, the reported abuse of cocaine among high-school students in Mexico was similar to the levels reported in the United States.

503. In the United States, recent data from the states that have legalized the use of cannabis for non-medical purposes show an increase in cannabis use. The *World Drug Report 2016* also states that there was an increase in adverse public health and public safety indicators, including cannabis-related emergency room visits, hospitalizations, traffic accidents and related deaths. Cannabis-related arrests, court cases and criminal justice system referrals for treatment have declined.

504. There have been a number of recently published reports on cannabis use among young people in the United States, and specifically in the State of Colorado following legalization. However, the data and their analysis in the various reports are varied. The 2015 Monitoring the Future survey of college students and adults states that in 2015, the national prevalence of past-month cannabis/hashish use for eighth grade students, tenth grade students and twelfth grade students (young people aged approximately 12 to 17 years old) was 6.5 per cent, 14.8 per cent and 21.3 per cent, respectively. According to the 2015 National Survey on Drug Use and Health, 7 per cent of adolescents aged 12 to 17 were past-month users of cannabis in the United States in 2015.

505. The Rocky Mountain High Intensity Drug Trafficking Area report on the impact of legalization of cannabis in Colorado, published in January 2016, states that past-month cannabis use among young people aged 12 to 17 years in Colorado increased by 20 per cent in the two-year period 2013-2014 since Colorado legalized the use of cannabis for non-medical purposes, and was 74 per cent higher than the national average (which amounted to 7.22 per cent in that period).

506. In comparison, the executive summary of the 2015 Healthy Kids Colorado Survey found that the rate of current cannabis use among high-school students was 21.2 per cent in 2015 (an increase from 19.7 per cent in 2013). The state average of current cannabis use among high-school students in 2015 does not significantly differ

from the national average, which, according to this report, was 21.7 per cent.

507. A recent study compared the incidence of paediatric cannabis exposures at children's hospitals and regional poison centres in Colorado before and after the use of cannabis for non-medical purposes became legalized in the state. The study concluded that, two years after legalization, cases of paediatric exposure to cannabis in Colorado had increased, going from 9 cases in 2009 to 47 cases in 2015 at regional poison centres, and from 1 case in 2009 to 16 cases in 2015 at children's hospitals in the state. The main source of exposure was identified as ingestion of edible products.⁶¹

508. Given the discrepancies among the results of analysis published in the various reports on cannabis use, it continues to be of critical importance for Governments to undertake reliable monitoring at all levels, to understand trends in use and the risks of health effects associated with cannabis and to enable the measuring of the impact of various policies in the countries of the North American region.

South America

1. Major developments

509. In South America, discussions on reviewing drug policies have continued, particularly regarding the legalization and regulation of cannabis for medical and non-medical purposes, while the region has continued to be affected by large-scale illicit crop cultivation and drug trafficking. Legislative amendments have been adopted by several countries in the region; their compliance with the international drug conventions remains to be ascertained.

510. In Colombia, a peace agreement between the Government and the Revolutionary Armed Forces of Colombia was signed on 26 September 2016. A national referendum was held on 2 October 2016, in which Colombian voters rejected the agreement. A revised agreement was signed in November 2016. One of the pillars of the peace agreement is the chapter on the illicit drug problem. The Board stands ready to support the authorities, within the sphere of its mandate, regarding

⁶¹G.S. Wang and others, "Unintentional pediatric exposures to marijuana in Colorado, 2009-2015", *JAMA Pediatrics*, vol. 170, No. 9 (2016).

the implementation of the international drug control treaties.

511. States have developed regional mechanisms for ensuring coherent legal and institutional capacity-building on matters of law enforcement and border control. However, porous borders, illicit drug production, trafficking in drugs and links to other forms of criminality, coupled with widespread corruption and a lack of capacity of the criminal justice systems to bring perpetrators to justice, have contributed to the internationalization of the drug trafficking threat in the region.

512. During the reporting period, cocaine abuse prevalence rose sharply in the region.

2. Regional cooperation

513. International cooperation continues to be strengthened, including through regional initiatives and increased cooperation between countries in the region. OAS has developed regional mechanisms to allow its member States to cooperate at the policy and operational levels in drug control matters. Cooperation within OAS is focused on the decentralization of drug policies, the establishment of a strong institutional framework, the maintenance of a dialogue on alternatives to incarceration for drug-related offences and the social reintegration of drug offenders.

514. Transnational organized crime and drug trafficking remained the focus of concern and cooperation at the regional level, including in the tri-border area between Argentina, Brazil and Paraguay, and within the Andean Community. For instance, in the framework of the joint committee on drugs between Colombia and Peru, a bilateral meeting was held in Bogotá in May 2016 on the theme "Strategies for drug control: natural or synthetic drugs, emerging drugs, precursors and chemical products". In July 2016, the first coordination workshop for the third Andean epidemiological study on drug use among university students was held in Quito. The study will estimate the magnitude of drug consumption and its main risk and protection factors. In June 2016, the Government of the Plurinational State of Bolivia announced a joint initiative with Brazil and Peru to create a police intelligence centre to combat drug trafficking between the three countries.

515. A 6.5-million-euro European Union project to counter the illicit demand for drugs is being implemented in Bolivia (Plurinational State of), Colombia, Ecuador and Peru.

516. The Airport Communication Project (AIRCOP) of UNODC organized the first specialized training session for law enforcement officials on sharing methods to counter drug trafficking and to identify passengers' risk profiles and forged documentation. The training session was held in Buenos Aires from 25 January to 5 February 2016. In Brazil, the Federal Police Department is implementing the International Programme for Police Cooperation in Airports, which focuses on international cooperation to counter drug trafficking at airports.

517. In March 2016, discussions on an agreement on political dialogue and cooperation between the European Union and the Andean Community were held. The agreement would focus on the prevention of drug abuse through information campaigns on the harmful effects of drugs, as well as on tackling the illicit cultivation of drug crops, the production and processing of and trafficking in drugs and the diversion of precursor chemicals.

518. In April 2016, the Council of the European Union approved the Agreement on Strategic Cooperation between the European Police Office (Europol) and Brazil. The Agreement is aimed at supporting and strengthening cooperation between the competent authorities of Brazil and the States members of the European Union in order to prevent and combat serious crimes.

519. In May 2016, representatives from Bolivia (Plurinational State of) and Peru attended the fifth meeting of the Joint Commission on Cooperation in Alternative Development and Countering Drug Trafficking and Abuse. The two countries signed agreements on operational strategies for police cooperation.

520. In June 2016, Bolivia (Plurinational State of) and Brazil held the ninth meeting of the Joint Commission on Drugs and Related Crimes. Joint actions were agreed, including on information exchange, professional training and monitoring of coca bush cultivation. The Plurinational State of Bolivia has established official contact points with Brazil and Peru in order to exchange information on drug control matters through secure channels.

521. The Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies (COPOLAD) held its first annual conference, on the theme "From evidence to practice: challenges in the field of drugs policies", in The Hague on 14 and 15 June 2016. Participants shared their experiences regarding information exchange, coordination and cooperation between competent authorities responsible for policies on drugs in the European Union and the Community of Latin American and Caribbean States.

3. National legislation, policy and action

522. In June 2016, a ceasefire agreement was reached between the Government of Colombia and the Revolutionary Armed Forces of Colombia. On 26 September 2016, the two parties signed a peace agreement to end 52 years of an armed conflict that has 7.2 million registered victims. One of the pillars of the agreement related to drug matters and related crime, in particular alternative development, drug demand reduction, drug precursor control, asset forfeiture and combating organized crime, money-laundering and corruption. The agreement was rejected in the referendum held on 2 October 2016. A revised agreement was signed in November 2016. INCB wishes to continue its positive and fruitful dialogue with the authorities in Colombia. The Board remains at the disposal of the authorities in the implementation of the agreement, within the sphere of its mandate, regarding the implementation of the international drug control treaties.

523. In December 2015, the Government of Argentina recognized the serious drug control challenges it faces and outlined a new approach to tackling the drug problem that is aimed at integrating and coordinating efforts at the national and international levels, focusing on human rights and greater access to public health services and drug abuse prevention programmes. On 21 January 2016, Argentina adopted decree No. 228/2016, which establishes a national human security cabinet, responsible for applying and coordinating national drug control policy. The decree is aimed, *inter alia*, at strengthening the protection of national airspace through ordering the expansion of radar coverage, commencing with at-risk border regions, and providing for the interception and destruction of aircraft suspected of being used to traffic drugs. In March 2016, the Government informed the Board that it was in the process of reactivating provincial and municipal networks and institutions, such as the provincial and municipal drug control councils, with a view, *inter alia*, to conducting national drug abuse surveys. On 30 August 2016, the Government launched a comprehensive national plan to address the drug control problem in the country. Furthermore, Argentina issued decree No. 360/2016 establishing the National Anti-Money-Laundering Coordination Programme.

524. In the Plurinational State of Bolivia, new legislative measures were being reviewed to replace law No. 1008 of 19 July 1988; once adopted, draft law No. 41/2016 on coca leaf would delineate the zones where licit coca bush cultivation would be permitted, with respect to the country's reservation to the 1961 Convention, and

establish cultivation limits for each zone. Draft law No. 213/2016 on controlled substances and sanctions for drug-related offences would provide for the introduction of tools such as wiretapping and payment of informants, as well as for a revised list of controlled precursor chemicals, and would authorize the interception and destruction of unidentified aircraft suspected of being used to traffic drugs. A draft law on asset confiscation would permit the seizure, confiscation and forfeiture of assets related to drug crimes and illicit enrichment; those assets could then be used for financing counter-narcotic activities.

525. The Government of the Plurinational State of Bolivia was reported to be developing a new strategic framework for the period 2016-2020, in which a series of interventions were envisaged to contribute to achieving the country's priority objectives with regard to criminal justice and countering activities related to drugs, crime, corruption and terrorism. The strategy is structured around four pillars, namely, supply reduction, demand reduction, control of surplus coca bush cultivation, and international shared responsibility.

526. In 2016, the European Union pledged 60 million euros over four years to support the implementation of the national strategy to combat trafficking in drugs in the Plurinational State of Bolivia, including through the reduction of excess coca bush cultivation. The programme includes European Union support to the national Government's counter-narcotics efforts and a contribution to the technical capacity-building of national police forces provided by their European counterparts.

527. On 7 December 2015, Chile adopted decree No. 84, which permits the manufacture of medicines derived from cannabis. The decree also established the Institute of Public Health as the agency responsible for the control of the use of cannabis for the manufacture of pharmaceutical products for human consumption. The first crop of cannabis for such purpose was harvested in March 2016. In July 2016, the parliament considered a bill to decriminalize consumption and cultivation of cannabis for personal, medical and non-medical use.

528. In December 2015, the Government of Colombia enacted decree No. 2467, which permits the cultivation of and establishment of a licit market for cannabis for medical and scientific purposes. Personal cultivation for medical consumption of up to 20 cannabis plants is exempted from the requirement to have a licence. That exemption may lead to the diversion of cannabis to the illicit market. The legal regime introduced by decree No. 2467 does not decriminalize the cultivation,

possession and purchase of cannabis for non-medical use. The Ministry of Health was designated as the competent national agency responsible for the application of the legislative amendment, while the National Narcotics Board is the body responsible for licensing. The Ministry of Health also bears responsibility for authorizing the use of cannabis for medical and scientific purposes, while the Ministry of Agriculture and Rural Development, along with the National Drug Council and the Ministry of Health, monitors the areas where cultivation takes place. The Ministry of Health issued decision No. 1816/2016 of 12 May 2016 on the granting of licences for the production and manufacture of cannabis derivatives.

529. In March 2016, the Government of Ecuador issued executive decree No. 951/2016, which contains new provisions regarding the country's institutional framework for drug control and new sanctions for possession and consumption of narcotic drugs and psychotropic substances. The Inter-institutional Committee is named in the decree as the entity responsible for centralizing information relating to public policies on harm reduction. The decree establishes another institution, the Technical Secretariat on Drugs, which will replace the National Narcotic and Psychotropic Substances Control Board in terms of responsibility for drug policy and the regulation and monitoring of licit cultivation, production, sale, distribution, recycling, import and export of controlled substances. The administrative restructuring also named the National Health Authority as the competent national regulatory and monitoring authority. It is also empowered to establish new thresholds for the possession of narcotic drugs and psychotropic substances for personal use.

530. In Ecuador, the law on the prevention, detection and eradication of money-laundering and the financing of crime was approved in July 2016. Law No. 47/16 sets out the forms of participation in money-laundering and the procedure for recovering confiscated assets that are the proceeds of crime.

531. In September 2015, the Penal Code of Peru was amended to strengthen regulations and punishment related to the diversion of precursors. The criminal offence of chemical diversion includes, as an aggravating circumstance, when the agent committing the offence is a registered user of controlled chemical substances.

532. In January 2016, Peru implemented law No. 30339/2015, on monitoring and protecting the national airspace, which enabled unauthorized civilian flights entering Peruvian airspace to be forced down. The stated purpose of the adoption of the law was the

Government's constitutional mandate to defend national sovereignty and protect the population from the grave threat posed to its security by drug trafficking. The Government also reviewed the regulations governing narcotic drugs, psychotropic substances and other controlled substances subject to health regulation through supreme decree No. 023-2001-SA and is preparing a draft amendment to allow new psychotropic substances subject to national control to be added to the list of controlled substances. In June 2016, the Congress of Peru approved legislative decree No. 1241, which accords responsibility for conducting investigations and studies on, inter alia, the use of chemical substances in illicit drug production, drug trafficking routes and the conversion factors from coca leaf into cocaine hydrochloride to the Executive Anti-Drug Directorate of the National Police of Peru.

533. The Caribbean Financial Action Task Force has continued to evaluate countries in the subregion. In November 2015, a report on Suriname was released that contained information on the challenges faced by the country in addressing money-laundering. In June 2016, the Task Force acknowledged that significant progress had been made by Suriname in improving its regime to counter money-laundering and the financing of terrorism and noted that the country had established the legal and regulatory frameworks to meet its commitments in its agreed action plan regarding the strategic deficiencies that had been identified.

534. On 20 December 2013, Uruguay passed law No. 19.172 establishing a legal framework applicable to the control and regulation by the State of the use of cannabis for non-medical and non-scientific purposes. Uruguay has created three legal channels for private individuals to obtain cannabis for non-medical use: home cultivation, social clubs and registered retail pharmacies. In March 2016, the Government of Uruguay opened a registry for pharmacists wishing to sell cannabis. Each registered user may purchase up to 40 grams of cannabis (with a concentration of up to 15 per cent THC) per person, per month, in registered pharmacies. In addition to selling through pharmacies, the law allows each household to register to grow up to six cannabis plants. The Institute for Regulation and Control of Cannabis, the entity charged with monitoring and regulating the production and sale of cannabis in Uruguay, signed an agreement with the Association of Pharmacies that establishes the conditions for the sale of cannabis. Statements from police officials in Uruguay indicate that cannabis trafficking has remained unchanged and that organized criminal groups may have benefited in the period leading up to the establishment of the retail pharmacy system. In September 2016, two years after the enactment

of the law, critical parts of the distribution system were still pending.

535. **Once again, the Board wishes to draw the attention of all Governments that measures permitting the non-medical use of cannabis are 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. INCB also reiterates that the limitation of the use of controlled substances to medical and scientific purposes is a fundamental principle that lies at the heart of the legal framework for international drug control, and admits no exception.**

536. **Similarly, the Board wishes to draw the attention of all Governments to its previously conveyed position that personal cultivation of cannabis for medical purposes is inconsistent with the 1961 Convention as amended, as it heightens, inter alia, the risk of diversion. All medical cannabis programmes must be developed and implemented under the full authority of the State concerned, in accordance with the requirements laid down in articles 23 and 28 of that Convention.**

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

537. Seizures of cannabis in the region raise serious concerns about the trends in illicit cannabis plant cultivation and about the trends in cannabis production, consumption and trafficking in the region. During the reporting period, information on various seizures of cannabis herb in countries in South America was provided. In Uruguay, reported seizures of cannabis herb accounted for 1,457 tons, according to the most recent survey, which took place in 2014. Cannabis herb seizures of 510 tons, 247 tons, 206 tons and 26 tons were reported by Paraguay, Colombia, Argentina and the Bolivarian Republic of Venezuela, respectively.

538. During the period 2009-2014, Colombia and Paraguay were identified as major source countries of the cannabis herb found in illicit drug markets. In Paraguay, the estimated area under illicit cannabis plant cultivation was 2,783 ha, with each hectare estimated to be capable of producing 3,000 kg of cannabis. The Government of Paraguay reported the eradication of over 12.1 million cannabis plants in 2015.

539. South America remained virtually the sole supplier of cocaine to drug abuse markets around the world. Thus, South America continued to account for the majority of global cocaine seizures. The global area under coca bush cultivation increased in 2014 as a result of a sharp increase in Colombia, while, according to UNODC, the Plurinational State of Bolivia reduced the area devoted to illicit coca bush cultivation.

540. The total area dedicated to coca bush cultivation has been increasing since 2014 in Colombia, from 69,000 ha in that year to 96,000 ha in 2015, which was a 39 per cent increase and twice the area cultivated in 2013. It is reported that the expectations surrounding negotiations on the peace process may have contributed to raising farmers' hopes about the benefits of prospective alternative development programmes and acted as motivators for further illicit cultivation, which, combined with the cessation of eradication by spraying of glyphosate by the authorities in 2015, accounted for the almost doubling of coca bush cultivation in the country. According to UNODC, during the period 2001-2014, an annual average of 22,400 ha was deforested for coca bush cultivation in Colombia. UNODC further reported that satellite images had revealed clusters of persistent coca bush cultivation in national parks in all three coca-producing countries (Bolivia (Plurinational State of), Colombia and Peru). The most affected protected areas were the Sierra de la Macarena, Tinigua and Los Picachos national parks in Colombia.

541. Alternative development programmes in Colombia and Peru have been shown to weaken the population's ties with armed groups and drug trafficking, as well as to restore security and respect for the rule of law. In July 2016, the Government of Colombia and the Revolutionary Armed Forces of Colombia were reported to have launched a pilot crop substitution programme in the Province of Antioquia, in the north-west of the country.

542. Peru combines eradication of coca bush and interdiction activities with alternative development strategies. In San Martín Province in Peru, alternative development initiatives have included the replacement of coca bush cultivation with agroforestry that includes the production of palm oil, cocoa and coffee. That has enabled the reforestation of 7.5 per cent of former coca bush fields and the planting of alternative crops covering 650 ha. The latter activity involved 350 local families. An additional 687 families were involved in 1,315 ha of agroforestry that included coffee and cocoa production activities producing "fair trade" and organic products. According to the National Drug Commission of Peru, 58,000 ha of alternative crops (coffee, cocoa and pineapple) are cultivated every year. The Commission built 1,200 miles of rural roads to improve

access to regional and national markets and, since 2011, has helped 70,000 farmers to obtain land titles.

543. As at 31 December 2015, the area under coca cultivation in Peru was estimated at 40,300 ha, 6 per cent less than in 2014 (42,900 ha), confirming the downward trend observed since 2011 (when it reached 62,500 ha).

544. In South America, opium poppy is illicitly cultivated to a far lesser extent than cannabis and coca bush. In 2015, Colombia seized 393 kg of heroin and 25 kg of morphine, which was destined for markets in Europe and the United States, representing an increase in heroin seizures and a decrease in morphine seizures over the previous year.

545. Trafficking in the region is reported to be facilitated by weak justice systems and the lack of effective action against corruption and organized crime. Diversification of the means of transport used by drug trafficking organizations operating in South America to minimize the risk of detection was reported by various Governments; they included trafficking by sea, by air and through the postal services, and the use of human couriers.

546. In the Plurinational State of Bolivia, cocaine seizures decreased, from 22.3 tons in 2014 to 21.2 tons in 2015, the lowest levels recorded since 2007. Colombia continued to be the country with the largest amount of cocaine seized annually worldwide. Consistent with the sharp increase in coca bush cultivation and potential cocaine production in 2014 and 2015, seizures of cocaine increased from 209 tons in 2014 to 252 tons in 2015. The Government of Colombia announced in April 2016 that it would reintroduce the use of the herbicide glyphosate, to be sprayed manually, by eradication crews, rather than from aircraft.

547. Although the illicit manufacture of cocaine occurs mainly (in descending order) in Colombia, Peru and the Plurinational State of Bolivia, clandestine laboratories for the processing of coca leaf derivatives were also found outside those countries, with Argentina, Brazil, Chile and Ecuador reporting the detection of such clandestine laboratories. In 2015, laboratories for the illicit manufacture of cocaine hydrochloride were reportedly dismantled in the Plurinational State of Bolivia (73 laboratories) and Colombia (3,850 laboratories).

(b) Psychotropic substances

548. According to information provided by Governments, seizures of amphetamine-type stimulants took place in Colombia, Paraguay and Uruguay in 2015. Colombia alone seized 121,579 units of "ecstasy" in 2015.

549. Information about the non-medical use of pharmaceuticals and the use of prescription drugs without a medical prescription continues to be limited. The Board would like to encourage States to enhance their efforts to put in place and render fully operational information systems that allow for the compilation, in a systematic manner, of information on the matter, with a view to facilitating the monitoring and assessing of the extent of the problem and the functioning of the drug control conventions in that regard.

(c) Precursors

550. In 2015, as in previous years, Governments in the region continued to report seizures of chemicals under international control. The majority of the seizures were of substances listed in Table II of the 1988 Convention and an increasing number of seizures of non-controlled precursor substances was also reported. The largest variety of substances seized worldwide was in South America, owing to the extensive list of substances placed under national control by countries in the region.

551. In December 2015, through supreme decree No. 348-2105-EF, Peru listed formic acid and *n*-propyl acetate as nationally controlled chemical substances used in illicit drug manufacture.

552. 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 2016 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

553. New psychoactive substances were reported as a growing concern in Argentina, Brazil, Chile, Colombia, Ecuador and Uruguay. Most of the reported new psychoactive substances were phenethylamines, synthetic cannabinoids, synthetic cathinones, piperazines and plant-based substances.

5. Abuse and treatment

554. The abuse of coca paste is concentrated in South America, and the annual prevalence of cocaine abuse continues to increase, although cannabis remains the most widely used controlled substance in the region,

according to a report published by CICAD. The Commission also noted that the annual prevalence rates of abuse of cocaine among secondary school students were higher in South America than in North America, Central America and the Caribbean, with major differences in the levels of abuse in the analysed countries. According to the *World Drug Report 2016*, the estimated annual prevalence rate of cannabis use in South America as a whole is 3.2 per cent, based on 2014 figures. The annual prevalence of cocaine abuse stands at 1.5 per cent, amphetamines and prescription stimulants at 0.9 per cent, opioids are estimated at 0.3 per cent and “ecstasy” at slightly below 0.2 per cent.

555. The annual prevalence of cannabis use in the general population presented an overall upward trend. Annual prevalence rates in Peru rose only minimally from 1998 to 2010. In Argentina annual prevalence doubled from 2004 to 2011. Chile saw a similar increase from 1994 to 2012. Uruguay saw a sixfold increase from 2001 to 2011, the largest reported. The Government of Uruguay confirmed that the annual prevalence of cannabis herb abuse remained high (9.3 per cent of the adult population).

556. The 2015 report of CICAD showed that the rates of cannabis abuse among secondary school students differed significantly from country to country. For example, Ecuador, Peru and Venezuela (Bolivarian Republic of) each reported annual prevalence rates of use of less than 3 per cent, whereas the rate reported for Chile was 28 per cent. Cannabis use among secondary school students increased in all South American countries, except in Peru, where there was a minor decline from 2005 to 2012. Perceptions of the risks associated with the occasional use of cannabis also vary significantly from country to country.

557. The prevalence of past-year use of cocaine in South America is similar to that in North America, although the majority of cocaine use in North America is in salt form, whereas in South America the use of cocaine in other forms (base form) appears to be much more widespread. Moreover, some of the substances consumed in base form in South America are siphoned off from intermediate stages of the cocaine-processing chain, when they may still contain high levels of impurities and are thus usually considered to be much more toxic and have less potential to fetch high prices. The rate of prevalence of cocaine use in the general population in Argentina increased from 2004 to 2011. The rates in Chile, Colombia and Peru have remained stable, with only minor upward and downward movements over the years Uruguay saw a shift from 0.2 per cent to

1.9 per cent between 2001 and 2011, the largest change in South America.

558. Average rates of cocaine abuse among secondary school students were higher in South America in comparison with North America, Central America and the Caribbean. The past-year prevalence rate of cocaine use for secondary school students in the region was higher in Argentina, Chile and Colombia, followed by Brazil and Uruguay. The lowest prevalence rates were found in Suriname and Venezuela (Bolivarian Republic of). The use of cocaine among secondary school students has remained stable in Brazil, Chile and Uruguay, but with a minor upward trend. The situation in Peru is similar, but showing the reverse trend. Argentina saw a more significant increase in annual prevalence from 2001 to 2011. Guyana, on the basis of studies conducted in 2007 and 2013, saw a decreasing trend.

559. The trends in the abuse of coca paste among the general population do not show a clear pattern over time. Argentina, Bolivia (Plurinational State of) and Chile are the countries with the highest prevalence of past-year use of cocaine base paste, with rates that range from 0.8 per cent to 2.2 per cent. Abuse of cocaine base paste in the past 12 months in the general population ranges from 0.04 per cent to 0.47 per cent, with Chile, Peru and Uruguay having the highest rates of abuse. Data for the abuse among the general population is similarly scarce, but minor trends can be identified. Argentina, Colombia, Peru and Uruguay all show relatively stable numbers. Chile is the only country to have experienced a downward trend from 1994 to 2012, from almost 1 per cent to 0.4 per cent.

560. Concerning the trends for the abuse of coca paste among secondary school students in those countries of South America that have relevant data, a constant characteristic is stability. The annual prevalence rates for secondary school students have been recorded to a limited extent only, with just four countries having provided enough information to establish trends. Argentina saw an increase in the annual prevalence of coca paste use from 0.5 per cent in 2001 to 1.5 per cent in 2005, then a drop to around 1 per cent in 2009, at which level it remained until 2011, the last year for which data were available. Peru saw relatively stable annual prevalence rates between 2005 (0.8 per cent) and 2013 (around 1 per cent). In Uruguay the annual prevalence rate of use of coca paste base among this population group fluctuated between 0.7 per cent in 2003 and a peak of 1.1 per cent in 2007, then fell between 2007 and 2014 to 0.5 per cent. The annual prevalence numbers in Chile remained relatively stable between 2001 and 2013 at around 2.3 per cent.

561. Concerning the annual prevalence rates of “crack” cocaine abuse in the general population, the lowest prevalence rates were reported by Argentina, Brazil, Chile and Paraguay. Regarding “crack” cocaine abuse among secondary school students, the lowest annual prevalence rates (less than 0.5 per cent), were found in Argentina, Brazil, Ecuador, Suriname and Venezuela (Bolivarian Republic of).

562. Concern over rising levels of abuse of synthetic drugs among young people in South America also continued to grow in 2015. High annual prevalence rates of abuse of amphetamine-type stimulants among young people were reported in the region. According to the latest information provided by Chile for 2015, 2.6 per cent of 15-16 year olds had used “ecstasy” in the past 12 months. Figures provided by Argentina for 2014 indicated that the annual prevalence rate for the use of “ecstasy” for the same age group was 1.6 per cent.

563. According to CICAD, the past-year prevalence of the use without a medical prescription of tranquillizers (excluding opioids and analgesics) among secondary school students in several countries of the region, namely Bolivia (Plurinational State of), Chile, Paraguay and Suriname, was higher than 6 per cent. The past-year prevalence in Argentina, Colombia, Ecuador, Guyana and Peru was less than 3 per cent.

564. The appearance of plant-based psychoactive substances on the drug market in South America raises concerns. In the past, they were destined solely and exclusively for the religious rites of the indigenous peoples of the Americas. However, data from the most recent surveys show that young people from other backgrounds were abusing such substances. Those most frequently reported were *Salvia divinorum* and khat. Specifically in Colombia, hallucinogenic mushrooms, ayahuasca and cacao sabañero, the psychoactive component of which is the alkaloid scopolamine, were reported. The use of those plant-based substances in Colombia was reported to be higher than the use of other drugs.⁶² Drug treatment in South America is mainly concerned with the abuse of cocaine, which accounts for nearly half of all individuals enrolled in drug treatment programmes in the region. According to a national study on patients receiving treatment in Argentina in 2010, including for alcohol- and tobacco-related addictions, 38 per cent had requested treatment for cocaine addiction.

⁶²“Other drugs” in this case refers to LSD, “ecstasy”, ketamine, methamphetamine and 4-bromo-2,5-dimethoxyphenethylamine (2C-B).

565. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), more than 2 million people are living with HIV in Latin America and the Caribbean, with 100,000 new infections in 2015. In Brazil, the need was identified to scale up voluntary HIV testing and counselling, including among people who use drugs and are at risk of HIV infection. In response, UNODC, in cooperation with the Ministry of Health, has supported strategic prevention projects with 38 non-governmental organizations under the initiative Viva Melhor Sabendo (“Live better knowing it”) to develop HIV prevention, treatment and care among people who regularly use cocaine and “crack” cocaine. Also in Brazil, UNODC, jointly with the municipal AIDS programme, supported the programme De Braços Abertos (“Open arms”), which, as at December 2015, had reached over 1,300 people who use “crack” cocaine, of whom nearly 10 per cent are living with HIV. The programme has provided them with job opportunities, housing and improved access to health services.

566. In Argentina, over 60 health and social care service providers and representatives of civil society organizations were trained in addressing the HIV risks and vulnerability of people who use drugs, improving awareness among health service providers and supporting the creation of low-threshold community-based HIV services for people who use drugs.

C. Asia

East and South-East Asia

1. Major developments

567. Illicit opiate production and trafficking continue to be a major concern for the region, as illicit cultivation of opium poppy continues to increase. In 2015, the total area under illicit cultivation of opium poppy remained high in Myanmar for the third consecutive year, amounting to an estimated 55,500 ha. A much smaller, although significant amount, of illicit opium poppy cultivation was reported in the Lao People’s Democratic Republic. The proportion of opiates originating in those countries that have been seized by neighbouring countries during the past few years has continued to increase. Driven by the lucrative profits in the largest market within the region, the two-way trafficking in opium and precursor chemicals between China and Myanmar continues.

568. Further growth in the manufacture of, trafficking in and misuse of amphetamine-type stimulants, in particular methamphetamine, has become one of the biggest obstacles to the region’s supply and demand reduction efforts. A large amount of methamphetamine continues to be seized by most countries in East and South-East Asia. An increasing number of source countries, more diversified trafficking routes and greater connectivity within the region have increased the need for effective joint-border collaboration. Further increases in the abuse of methamphetamine have become increasingly problematic, as relevant treatment capacities and facilities are still lacking in most countries.

569. The markets for new psychoactive substances continue to expand, fuelling a major public health concern in the region. The recent trend of mixing new psychoactive substances with amphetamine-type stimulants such as MDMA pose serious challenges to health-care providers and drug control authorities. Measures taken by criminal organizations to circumvent existing controls are likely to persist, as existing legislation in most countries is, at present, ill-suited to addressing the emergence and growing diversity of new psychoactive substances.

2. Regional cooperation

570. The level of cooperation in the region has been extensive. Ministers attending the 4th Association of Southeast Asian Nations (ASEAN) Ministerial Meeting on Drug Matters, held in Langkawi, Malaysia, on 29 October 2015, welcomed the institutionalization of the Meeting as a body under the ASEAN Political-Security Community and endorsed the ASEAN position statement, in which the commitment of ASEAN to a zero-tolerance approach to drugs in realizing its aspiration of a drug-free ASEAN region, the importance of a comprehensive and balanced approach towards drug control, and support for the international drug control conventions were reaffirmed.

571. Jointly organized by UNODC, under the global Synthetics Monitoring: Analysis, Reporting and Trends (SMART) programme and the National Narcotics Control Commission of China, the seventh regional SMART workshop included discussions on the production of, misuse of and trafficking trends in non-controlled substances (synthetic drugs and ketamine). New trends, including trafficking facilitated by the Internet, were also discussed.

572. The Thirty-ninth Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific,

held in Bangkok from 19 to 22 October 2015, enabled law enforcement officers to exchange views on the challenges brought forth by faster regional integration on drug control. Measures to facilitate regional cooperation in law enforcement, border management and joint operations were discussed.

573. The twenty-first Asia-Pacific Operational Drug Law Enforcement Conference, held in Tokyo in February 2016 and organized by the National Policy Agency of Japan, brought together officials from within the region and, for the first time, Africa, Europe and the Americas, as drug-related matters become increasingly intertwined across regions.

574. In July 2016, competent national authorities from South and East Asia and the Pacific attended an INCB training workshop. Experts from 19 Governments received training on the technical reporting requirements of the three international drug control conventions and on the use and application of new INCB tools, including I2ES and PEN Online. During the workshop, major obstacles to the availability of narcotic drugs and psychotropic substances for medical and scientific purposes were considered, and the implementation of recommendations made to Governments to facilitate access to and the availability of those drugs and substances were highlighted.

575. Senior officials from the six countries in the Greater Mekong subregion (Cambodia, China, Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam) met in May 2016 and agreed to coordinate and integrate their drug control efforts through the adoption of an action plan. Participating countries restated the urgent need to involve neighbouring countries and called for a balanced approach to the implementation of the action plan, which incorporated law enforcement, criminal justice, alternative development and health responses.

576. As part of the region's endeavour to transition towards a community-based treatment approach, senior representatives of nine countries (Cambodia, China, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Thailand and Viet Nam) attended the Third Regional Consultation on Compulsory Centres for Drug Users, which was held in Manila from 21 to 23 September 2015. A road map to accelerate the move towards evidence-based prevention, treatment and support services for people who abuse drugs was drafted. The representatives adopted recommendations on the transition to voluntary community-based treatment services for people who abuse drugs, clustered around the following three pillars of action: (a) the development of national

transition plans; (b) the review of national policies that restrict voluntary access to community-based treatment programmes; and (c) the building of capacity to provide voluntary services, including treatment.

3. National legislation, policy and action

577. In the Philippines, a manual to guide the establishment of community-based treatment and care services for persons who abuse drugs was launched in September 2015, signifying a first step in efforts to establish community-based tertiary prevention facilities.

578. Reports of acts of violence and murder in the Philippines committed against individuals suspected of involvement in the illicit drug trade or of drug abuse, which may have been encouraged or condoned by members of the Government since July 2016, came to the Board's attention. The Board issued a statement calling on the Government of the Philippines to issue an immediate and unequivocal condemnation and denunciation of extrajudicial actions against individuals suspected of involvement in the illicit drug trade or of drug abuse, to put an immediate stop to such actions, and to ensure that the perpetrators of such acts are brought to justice in full observance of due process and the rule of law. **The Board wishes to bring once again to the attention of all Governments that extrajudicial action, purportedly taken in pursuit of drug control objectives, is fundamentally contrary to the provisions and objectives of the three international drug control conventions, under which all actions must be undertaken within the due process of law.**

579. **A number of countries in East and South-East Asia continue to apply the death penalty for drug-related offences; the Board wishes to draw the attention of all Governments to its statements issued in March 2014 and in August 2016 on the subject and to reiterate its call to all States that retain the death penalty for drug-related offences to commute death sentences that have already been handed down and to consider the abolition of the death penalty for drug-related offences.**

580. Amendments and changes to national legislation to strengthen the scope of control over new psychoactive substances continued in 2015, as the region dealt with the continued emergence of such substances. In Hong Kong, China, the definition of synthetic cannabinoids under the Dangerous Drugs Ordinance (cap. 134) was amended in November 2015 to enlarge its scope. Meanwhile, NBOME compounds were added to the first schedule of the

Ordinance, following the decision of the Commission on Narcotic Drugs to include 25B-NBOMe (2C-B-NBOMe) in Schedule I of the 1971 Convention.

581. Following the scheduling of 116 new psychoactive substances in October 2015 in China,⁶³ the Central Narcotics Board of Singapore listed 20 new psychoactive substances and one tryptamine generic group in the first schedule of the Misuse of Drugs Act in May 2016. They had previously been listed in the fifth schedule of that Act. Two new substances, MT-45 and *para*-methyl-4-methylaminorex (4,4'-DMAR), were also listed in the first schedule, following the decision of the Commission on Narcotic Drugs to include MT-45 in Schedule I of the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol and 4,4'-DMAR in Schedule II of the 1971 Convention. As a pre-emptive measure to restrict the circulation of new psychoactive substances, four new substances (methyl 2-[[1-(cyclohexylmethyl)indole-3-carbonyl]amino]-3,3-dimethylbutanoate (MDMB-CHMICA), THJ-018, NM-2201 and 5F-NNE1) were listed in the fifth schedule of the Misuse of Drugs Act.

582. Some modifications were made to the criminal law of China in order to strengthen the legal basis for its precursor control and prevent the illicit manufacture of and trafficking in precursor chemicals. Specifically, the ninth amendment to the country's criminal law became effective in November 2015, whereby article 350 was amended to include both the crime of illegal precursor chemicals manufacture and the crime of illegal precursor chemicals trafficking. That means that a higher prescribed penalty will be applied for committing those crimes.

583. The Government of the Lao People's Democratic Republic completed drafting the "National Drug Control Master Plan for 2016-2020" in November 2015; similar national plans were adopted in Myanmar, the Philippines and Thailand in 2014. The Plan provides an overarching framework for the Government's efforts in drug control and highlights nine elements as guiding principles: expanding evidence-based policymaking; promoting integrated alternative development; reducing the harm associated with drug use; preventing drug use; using law enforcement strategically; effectively decriminalizing drug use; regulating precursors and strengthening forensic laboratories; strengthening cooperation; and developing capacity. A greater emphasis is now placed on coordinating and integrating the work of all relevant stakeholders in the country for more targeted intervention and greater efficiency.

⁶³E/INCB/2015/1, para. 502.

584. In Japan, the Act on the Suspension of Execution of a Part of a Sentence for Persons who Committed the Crime of the Use of Drugs, became effective on 18 June 2016. The Act was introduced to ensure a rehabilitation period as an alternative to incarceration for persons convicted of using drugs. Under the Act, when a person is sentenced to imprisonment with or without labour for not more than three years for the use of drugs, there is an option to suspend the execution of part of the sentence. The period of such suspension is between one and five years, during which the drug offender is on probation and is given rehabilitation services, including undertaking community service.

585. In 2015, authorities in China distributed the Work Plan on Community-Based Drug Treatment and Rehabilitation (2016-2020). The Plan outlines the support and assistance to be provided to local governments to integrate persons who abuse drugs after treatment and rehabilitation, with a focus on increasing their employability and implementing social insurance policies.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

586. Illicit cultivation of opium poppy continued to be concentrated in the Lao People's Democratic Republic and Myanmar, particularly in the Shan State in Myanmar, and has displayed no sign of weakening. The total area under illicit opium poppy cultivation in Myanmar was estimated at 55,500 ha in 2015: one fifth of the total global illicit opium poppy cultivation took place in Myanmar, and the country remained the second-largest opium-producing country in the world. After reaching a low of fewer than 25,000 ha in 2006, illicit opium poppy cultivation increased and then stabilized at the current level in 2013. Meanwhile, a smaller yet significant amount of illicit cultivation (5,700 ha) was recorded in the Lao People's Democratic Republic. With a combined estimated 800 tons of opium production in 2015, those two countries continued to be the main suppliers within the region and major suppliers within Oceania and South Asia. Continuation of the increasing trend, however, has put them at risk of reversing the positive gains made over the last decade.

587. Regional seizure data over the past few years point to an increase in the trafficking of opiates from the Lao People's Democratic Republic and Myanmar. That increase is reflected in both the total amount of heroin

seized and the share of seized heroin originating in the region. Heroin and morphine seizures in East and South-East Asia more than doubled between 2008 and 2014, from 5.7 tons to 13 tons. Accounting for more than 30 per cent of the seized opiates in South-East Asia and Oceania in 2008, opiates originating in or departing from Afghanistan and Pakistan constituted only 10 per cent of opiates seized in the region in 2014. The trend was perhaps even more noticeable when focusing on China, where the proportion of seizures of heroin originating in Afghanistan fell from 30 per cent in 2010 to less than 10 per cent in 2014 and 2015: most heroin seized originated in the Lao People's Democratic Republic, Myanmar and Viet Nam.

588. As the largest heroin market and chemical-producing country in the region, China continued to be affected by the trafficking of heroin into its territory and to be the origin of precursor chemicals being smuggled to neighbouring countries. The majority of heroin manufactured in Myanmar is trafficked by land across the border to Yunnan Province in China, and a significant amount of precursor chemicals (mostly acetic anhydride) has been smuggled from China into Myanmar for opiate production. Such two-way trafficking continued in 2015, with about 8.8 tons of heroin (mostly originating in the Lao People's Democratic Republic and Myanmar) seized in China, and 260 litres of acetic anhydride coming from China seized in Myanmar. Slight decreases in the amount of heroin seized were reported by Myanmar and Singapore, as well as by Hong Kong, China, for 2015.

589. Illicit cultivation of cannabis plant continued in some countries in East and South-East Asia. Recent eradication of illicitly cultivated outdoor cannabis herb was reported by the following countries: Indonesia (122 ha), Philippines (28 ha), Myanmar (15 ha) and Viet Nam (2 ha). The latest seizure data suggest that a considerable amount of trafficking continues to occur within the region. In 2015, about 29 tons of cannabis herb were seized in Indonesia. A total of 8.7 tons of cannabis herb were seized in China in 2015, much more than in previous years: the yearly average between 2010 and 2014 was about 3.7 tons. Cambodia and Singapore also reported slight increases in the amount of cannabis seized compared with the previous year. At about 100 kg in 2015, the amount of cannabis herb seized remained steady in Japan compared with the previous year.

590. The amount of cocaine trafficked among countries in East and South-East Asia has been rather insignificant for a long time. As drug markets across regions become more connected and diverse, however, a greater amount of cocaine has been seized within the region, implying its

rising popularity. The total amount of cocaine seized in Asia rose from an average of 0.45 tons per year during the period 1998-2008, to 1.5 tons per year during the period 2009-2014. East and South-East Asia accounted for more than half of that increase. Significant seizures were reported by some countries in 2015. For instance, in Hong Kong, China, around 200 kg of cocaine were seized. Authorities in Viet Nam seized 31 kg of cocaine in a container inspection in May 2015, the largest cocaine seizure in the country's history.

(b) Psychotropic substances

591. The region continues to see growth in trafficking in amphetamine-type stimulants, especially methamphetamine. The trend is evident in the amount of methamphetamine seized, which almost quadrupled in the region between 2009 and 2014. Worryingly, that upward trend continued in 2015: close to 36.6 tons of methamphetamine were seized in China during that year, an increase of 35 per cent compared with 2014. A significant rise in the amount of methamphetamine seized was also noted in Myanmar, where close to 2.3 tons were seized in 2015, which was much more than in the previous year. Similarly, the amount of methamphetamine seized by authorities in Indonesia in 2015 (4.4 tons) was four times higher than that seized in 2014 (1.1 tons).

592. Diversification in the source of methamphetamine, since 2009, was also noticed by law enforcement officers in the Republic of Korea. African countries, including Ghana, Kenya, Mali and South Africa, have been identified as likely source countries of methamphetamine entering the country. For example, about 4 kg of crystalline methamphetamine were trafficked into the Republic of Korea from Kenya during the period 2012-2013, and 4 kg of methamphetamine were identified as coming from Mali in both 2011 and 2013.

593. The large-scale manufacture of and trafficking in crystalline methamphetamine, which has a higher purity than methamphetamine pills, continue to pose significant threats to countries in the region. For instance, continued growth in the manufacture of crystalline methamphetamine was observed in China in 2015, despite years of efforts to dismantle the large number of clandestine laboratories manufacturing the substance. Close to 500 cases of illicit manufacturing were uncovered in China in 2015, an increase of 17.2 per cent over the year before. Indications of significant manufacture of crystalline methamphetamine in Myanmar have also been noticed by the country's authorities.

594. The growing popularity of crystalline methamphetamine across the region is particularly visible when focusing on countries where methamphetamine pills have been identified as the most commonly abused drug. For instance, seizures of crystalline methamphetamine continued to be reported by Thailand in 2015. Spurred on by higher profit margins, the growing availability of crystalline methamphetamine has also been reported in the Lao People's Democratic Republic, particularly in Vientiane, in major tourist destinations and in the southern provinces.

595. UNODC estimated that a total of approximately 244 million methamphetamine tablets were seized within the region in 2014. In July 2015, the largest single seizure of methamphetamine pills was reported in Myanmar, where close to 26.7 million methamphetamine pills were seized. According to the authorities in Thailand, most methamphetamine pills being trafficked into the country were manufactured in Myanmar, despite a slight reduction in total seizures in 2015. The amount of methamphetamine pills seized outside the Mekong region, for instance in Singapore (142 tablets), was insignificant in comparison.

596. East and South-East Asia have reported an increasing number of varieties of and substitutes for "ecstasy" during recent years, a likely result of tightened control over the major precursors used in the manufacture of the substance. Seizures of "ecstasy" containing little or no MDMA, but mainly a blend of non-controlled substances, have been reported throughout the region (in Brunei Darussalam; Hong Kong, China (including new psychoactive substances); Indonesia (including new psychoactive substances); Macao, China; Malaysia; Republic of Korea; Singapore (including new psychoactive substances); and Thailand). In 2015, about 3,000 tablets and 2,000 tablets of "ecstasy"-type substances were seized in the Philippines and Indonesia, respectively. In the same year, China also reported seizures of close to 200 kg of "ecstasy"-type substances.

(c) Precursors

597. As opium poppy cultivation and demand for amphetamine-type stimulants continue to grow, illicit manufacture and trafficking of precursor chemicals into the region persist. Significant quantities of the chemicals required for the manufacture of heroin (acetic anhydride) and amphetamine-type stimulants (ephedrine and pseudoephedrine) have been trafficked from China and India to various countries, as frequently noted by law

enforcement within the region. In Cambodia in 2014, authorities seized significant amounts of ephedrine and other precursor chemicals. In China in 2015, more than 500 cases of illicit manufacture of drug precursors were uncovered and close to 1,600 tons of precursors were seized.

598. The presence of sizeable chemical manufacture within the region has heightened the risk of diversion of precursor chemicals from licit channels to illicit manufacture and trafficking. According to authorities in China, an industry chain involved in the illicit manufacture of and trafficking in precursor chemicals has been formed in different parts of the country over recent years. In addition, the replacement of precursor chemicals under international control with non-scheduled ones since 2012, namely the replacement of ephedrine compound preparation and *Ephedra* plant with 2-bromopropiophenone, also presents significant challenges to effective precursor control.

599. As closer economic integration and more complex supply chains connecting China, India and the ASEAN region develop, organized criminal groups seeking to divert precursor chemicals into illicit channels might exploit the opportunities associated with that increased interconnectedness. The timely exchange of real-time intelligence between chemical companies and law enforcement authorities, and the sharing of information among all authorities concerned, is of great relevance to curbing the illicit manufacture of and trafficking in precursor chemicals in the region.

600. 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 2016 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

601. The global trend of ketamine seizures has been dominated by the trafficking in the substance in countries in East and South-East Asia since 2012. The total amount of ketamine seized within the region increased from 6 tons in 2012 to more than 12 tons in 2014, accounting for almost all of the ketamine seized worldwide. In particular, the amount of ketamine seized in China more than quadrupled, from 4.7 tons in 2012 to 19.6 tons in 2015. Recent intelligence in Hong Kong,

China, revealed that ketamine is being smuggled in small quantities in order to evade detection and minimize financial loss upon interdiction. Additionally, indications that it is being manufactured and misused in the region have also raised concern. Having dismantled about 100 ketamine laboratories per year during the recent past, close to 200 cases of ketamine manufacture were uncovered in China in 2015, an increase of 12.4 per cent over 2014. The first clandestine ketamine laboratory in Malaysia was dismantled in August 2016. At the same time, 269 kg of liquid and crystallized ketamine were seized. According to the *World Drug Report 2016*, there are expert perceptions of increases in the non-medical use of ketamine in East and South-East Asia.

602. Sometimes sold under the street names given to amphetamine-type stimulants, new psychoactive substances continue to be manufactured and trafficked within the region. In Singapore, the amount of new psychoactive substances seized has increased considerably, from 470 tablets in 2014 to over 3,000 tablets in 2015. Considered one of the major manufacturing countries of new psychoactive substances, a number of new synthetic cannabinoids, cathinones, phenylethylamines and piperazines were identified by China, following tighter control and the scheduling of 116 new psychoactive substances since October 2015. Authorities also reported the recent expansion of the manufacture of and trafficking in new psychoactive substances from the Yangtze River Delta to other parts of the country. Significant increases in the amount of synthetic cathinones seized were reported by Hong Kong, China, in 2015, alongside a surge in the number of newly identified substances belonging to that family of substances worldwide.

603. The region continued to report on the trafficking in and presence of plant-based psychoactive materials belonging to the khat (*Catha edulis*) group and kratom (*Mitragyna speciosa*) group, the former of which originates in plants native to East Africa and the Arabian Peninsula. Two seizures, amounting to 4.4 tons of khat coming from East Africa, were reported by Viet Nam in mid-2016. In 2014, the presence of three plant-based psychoactive materials belonging to the khat group were reported by China and Indonesia. Meanwhile, the presence of three plant-based psychoactive materials belonging to the kratom group were reported by Indonesia and Thailand.

5. Abuse and treatment

604. Although the global trend of abuse of amphetamine-type stimulants remained stable, increases have been

reported in East and South-East Asia. That is evident in terms of the number of countries reporting them as both the most commonly abused drugs and the primary drugs of concern among new users. Caution must be exercised in interpreting the data, however, as recent, reliable data on the prevalence of drug use among the general population within the region remain scarce, and the continuous emergence of new psychoactive substances sold under the street names of amphetamine-type stimulants further complicates the picture. The Board encourages countries in the region to further strengthen their work in drug abuse data collection and analysis.

605. Annual prevalence of the use of amphetamines and prescription stimulants in East and South-East Asia in 2014 (0.57 per cent) is lower than the global average (0.8 per cent). In 2014, slightly more than 9 million people were estimated to be abusing amphetamines and prescription stimulants within the region, accounting for about a quarter of the global population of people abusing amphetamines and prescription stimulants (35 million).

606. Dominance of the two main forms of methamphetamine (crystalline methamphetamine and methamphetamine pills) varied slightly across the region. As the primary drug of concern outside the Mekong area, crystalline methamphetamine was most commonly abused in Brunei Darussalam, Indonesia, Japan, the Philippines and the Republic of Korea. Methamphetamine tablets were most commonly abused in Cambodia, the Lao People's Democratic Republic and Thailand.

607. Increases in the rates of abuse of methamphetamine have been identified in the region, despite it not being the most widely abused drug in some countries. According to the *World Drug Report 2016*, Cambodia, China, Malaysia and Viet Nam saw increases in the prevalence of abuse of both crystalline methamphetamine and methamphetamine tablets in 2014. Myanmar and the Philippines also saw increases in the abuse of crystalline methamphetamine and methamphetamine pills. In Singapore, methamphetamine overtook heroin as the most commonly abused drug in 2015. At the same time, amphetamine-type stimulants accounted for the main drug used by over 70 per cent of newly registered drug users in China.

608. In 2014, people receiving treatment for methamphetamine abuse in Brunei Darussalam, Cambodia, the Philippines, Singapore and Thailand made up the majority of people treated for drug abuse in those countries. Given the difficulties of treating methamphetamine addiction, the increase in its use has been straining the

limited treatment facilities in some countries, such as the Lao People's Democratic Republic.

609. The trend of injecting amphetamine-type stimulants has been reported by some countries in East and South-East Asia. In Cambodia, methamphetamine, in the form of either crystalline methamphetamine or methamphetamine pills, was abused by most persons who inject drugs. In Thailand, a study conducted among 650 self-reported HIV-positive persons who abuse drugs by injection showed that daily methamphetamine use was associated with syringe sharing.

610. Annual prevalence of the use of opiates in East and South-East Asia in 2014 (0.21 per cent) is lower than the global average (0.37 per cent). In 2014, more than 3.3 million people were estimated to be abusing opiates within the region, accounting for almost one fifth of the global population of people abusing opiates (17.4 million). Considered as the primary drug of concern in Malaysia, Myanmar and Viet Nam, opiates were found to be abused by a large number of people in China, Indonesia, the Lao People's Democratic Republic and Thailand. About 1.5 million people who abuse heroin were registered in 2015 in China, slightly more than the year before, but they represent a smaller share among the total number of registered drug users in the country. That decrease suggests the diminishing popularity of heroin, while the opposite trend has been observed for registered users of amphetamine-type stimulants.

611. With an estimated 3.15 million people who inject drugs, East and South-East Asia continues to be the region with the largest number of people who inject drugs and accounts for about a quarter of the global total. The public health risk of a higher prevalence rate of HIV among people who inject drugs has been seen in some of the region's countries. Relevant interventions and treatment therefore should be expanded and made accessible to target groups, particularly in Cambodia, Indonesia, Myanmar and the Philippines, where the HIV prevalence rate among persons who abuse drugs by injection was estimated at more than twice the regional average (10.5 per cent) in 2015.

612. The Government of China has devoted considerable resources to the provision of community-based drug treatment and rehabilitation services to drug-dependent persons. In 2015, authorities selected 37 national model units and 51 national model sites for community-based drug treatment and rehabilitation. Close to 230,000 people were receiving community-based drug treatment services and a further 91,000 were enrolled in drug rehabilitation programmes.

South Asia

1. Major developments

613. In 2015, South Asia continued to be particularly vulnerable to trafficking in opiates and heroin. Trafficking in cannabis, synthetic drugs and new psychoactive substances also persisted in the region. In addition, the region continued to witness increases in the manufacturing of and trafficking in methamphetamine, the diversion of controlled substances from licit to illicit channels and the abuse of pharmaceutical preparations containing narcotic drugs and psychotropic substances. Bhutan started using buprenorphine for the treatment of opioid dependence in 2015.

2. Regional cooperation

614. Sixty-fifth anniversary celebrations for the Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific were held in Colombo on 1 July 2016. The Colombo Plan has provided several services and programmes in the countries of the region since its establishment. The Drug Advisory Programme of the Plan, in particular, addresses the growing drug problem in the region and promotes regional cooperation that is aimed at building capacity in the areas of drug abuse and drug control, drug demand reduction, precursor chemical control, border protection, abuse of pharmaceutical preparations and trafficking, and forensic drug analysis.

615. Between February and December 2016, India was the Chair of the BRICS countries Anti-Drug Working Group, whose membership also comprises Brazil, China, the Russian Federation and South Africa. The Working Group discusses various issues related to drug trafficking, including the diversion of precursor chemicals, new psychoactive substances, maritime drug trafficking, narco-terrorism and the laundering of the proceeds of drug trafficking, with the aim of enhancing cooperation among the participating countries to deal with such problems.

616. The Narcotics Control Bureau of India and the Central Narcotics Bureau of Singapore signed a memorandum of understanding on 24 November 2015 to facilitate and enhance cooperation in order to combat trafficking in narcotic drugs, psychotropic substances and their precursors.

617. The Colombo Plan International Centre for Certification and Education of Addiction Professionals, together with the Drug Advisory Programme of the

Colombo Plan, held several training events in the region for national trainers on the universal treatment curriculum for substance use disorders. In November 2015 and February 2016, treatment practitioners from the region received training on the child substance use disorder treatment programme.

618. With the aim of facilitating the collection, analysis and sharing of information related to drug trafficking and other forms of transnational organized crime between Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka and to improve inter-agency regional cooperation between law enforcement agencies in the region, UNODC continued to assist in the creation of a South Asian regional intelligence and coordination centre on transnational organized crime. Two expert group meetings were held with key government counterparts from the region to discuss the proposed options for creating the centre.

3. National legislation, policy and action

619. Bhutan introduced computer-based training in order to upgrade the capacity of drug law enforcement officials and financial institutions to combat drug-related crime and money-laundering. Twenty-two law enforcement officers from Bhutan participated in the first e-learning training course, organized by UNODC and held in Faridabad, India, in November 2015.

620. Following Commission on Narcotic Drugs decision 58/3, to include AH-7921 in Schedule I of the 1961 Convention as amended, in June 2016, the Government of India, through the Narcotic Drugs and Psychotropic Substances (Amendment) Rules, 2016, also brought AH-7921 under national control, under the Narcotic Drugs and Psychotropic Substances Act, 1985.

621. In 2016, the Central Bureau of Narcotics of India established an online registration system for controlled substances and made registration in the system mandatory for all those involved in the manufacture, sale, distribution, possession, or consumption of narcotic drugs, psychotropic substances and chemical precursors commonly used in the manufacture of narcotic drugs and psychotropic substances.

622. The revised national drug law of Bhutan, entitled Narcotic Drugs, Psychotropic Substances and Substance Abuse Act of Bhutan 2015, was enacted in 2015. The Act repeals the 2005 law and addresses the health dimension of drug abuse, while emphasizing both supply and demand reduction. The Act also establishes a clear

difference between drug users and traffickers by setting out a threshold for the quantities that can be considered for personal use.

623. To improve security and prevent the illegal use of airports in transnational organized criminal activities, including drug and precursor trafficking, Maldives, Nepal and Sri Lanka joined the Air Cargo Programme of UNODC (part of the Container Control Programme).

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

624. The Narcotics Control Bureau of India reported the following number of cases in which drugs were seized in 2015: cannabis (8,130), heroin (3,931) and cannabis resin (2,295). The number of cannabis seizures increased by 47 per cent, but the total quantity of cannabis seized decreased. Illicit cultivation of cannabis plant was reported to be just over 313 ha in 2015. Eradication operations were undertaken by law enforcement authorities in all identified areas of cultivation. Cannabis is one of the most widely abused substances in India. Trafficking of cannabis from Nepal to India continued to be a major concern.

625. Bangladesh is exposed to drug trafficking across the borders it shares with India and Myanmar. Bangladesh also has a history of illicit cannabis production and consumption; cannabis remains the main substance of abuse in the country. The total amount seized increased from 35 tons in 2014 to 41 tons in 2015.

626. Illicit cultivation and the wild growth of cannabis were reported in the highlands of the western and central parts of Nepal. Although the Government carries out cannabis eradication campaigns on a yearly basis, illicit cultivation continued in the reporting period. Cannabis was trafficked to India across the shared border. Nepal reported seizures of over 6.6 tons of cannabis in 2015, slightly lower than the 6.9 tons seized in 2014.

627. Bhutan reported eradication of cannabis plants in various parts of the country. In some areas, assistance in growing cash crops was given to farmers to provide them with an alternative to cultivating cannabis plants.

628. Cannabis and heroin are the major drugs of abuse in Sri Lanka. Cannabis plant is illicitly cultivated in the country and abuse of cannabis has become a significant

problem. About 99 kg of cannabis were seized in the first half of 2016, which was comparable to the amount seized during the same period in 2015, as well as 3 kg of cannabis resin.

629. In India, cannabis resin seizures in 2015 increased by 46.8 per cent compared with the previous year (3.3 tons, up from 2.28 tons seized in 2014). In addition to being produced domestically, cannabis resin is also trafficked into India from Nepal. In 2015, cannabis resin of Nepalese origin represented 21.9 per cent of the total amount of the substance seized in India.

630. The quantity of heroin seized in India increased slightly, to just under 1.42 tons in 2015, from 1.37 tons reported in 2014. The State of Punjab, which shares a border with Pakistan, accounted for most of the South-West Asian heroin seized in India. Trafficking of heroin from South-West Asia to India and then to Sri Lanka, Maldives and countries in Western Europe was identified by the Narcotics Control Bureau of India as a major trafficking trend.

631. The amount of heroin trafficked into Sri Lanka continued to increase in 2016. Seizure data for the first half of 2016 indicated a sharp increase over the same period of the previous year. The Police Narcotics Bureau reported that 134 kg of heroin had been seized between January and June 2016, compared with 18 kg during the same period in 2015.

632. Similar increases in heroin trafficking have also been observed in other countries in the region. In Bangladesh, seizures of heroin increased by 29.5 per cent, from 84.3 kg in 2014 to 108.7 kg in 2015. In Nepal, 3.8 kg of heroin were seized in 2014 and 6.4 kg in 2015.

633. The Narcotics Control Bureau of India indicated that the quantity of opium seized decreased from 1.77 tons in 2014 to 1.69 tons in 2015, although the number of reported seizures increased. The highest quantity of opium seizures (420 kg) were reported in the State of Punjab. In 2015, 61 kg of morphine were seized, compared with 25 kg in 2014. About 1,401 ha of illicitly cultivated opium poppy were identified and destroyed by the Narcotics Control Bureau in 2015.

634. There was an increase in the amount of codeine-based preparations seized in Bangladesh. In 2015, 860,429 bottles of codeine-based preparations were seized in the country, an increase of 15 per cent over the 748,730 bottles seized in 2014. Synthetic opiates such as buprenorphine and pethidine (chemical name meperidine) in injectable form continued to be trafficked into Bangladesh.

Seizures of drugs in injectable form sharply decreased to 86,172 ampoules in 2015, slightly less than half the 178,889 ampoules seized in 2014.

635. Even though trafficking in cocaine in South Asia has historically been very limited, there has been a rise in annual seizures in India over the past few years. The quantity of cocaine seized in India increased from about 15 kg in 2014 to 113 kg in 2015. During the first half of 2016, 1.7 kg of cocaine were seized in Sri Lanka. The seizure of 5.7 kg of cocaine in Bangladesh in 2015 was the first reported seizure of cocaine in that country since 2009. In Nepal, 5.5 kg of cocaine were seized in 2014 and 11 kg were seized in 2015.

636. Nepal is becoming a transit stage for international trafficking through its airspace and land routes to the world illicit drug market. In 2015, authorities in Nepal arrested 2,636 individuals for drug trafficking offences, compared with 2,918 in 2014. According to the Narcotics Control Bureau of Nepal, 9.8 kg of opium were seized in 2015 and 34 kg in 2014.

637. In Bhutan, there was a drop in the number of cases for possession of and trafficking in controlled substances, from 370 cases in 2014 to 296 in 2015. The Bhutan Narcotics Control Agency has attributed the drop to intensified inspections and awareness-raising programmes, as well as the deterrent effect of more severe sanctions.

(b) Psychotropic substances

638. The manufacture and abuse of amphetamine-type stimulants are continuing challenges in the region. According to reports by the Narcotics Control Bureau of India, several attempts have been made to set up clandestine facilities for manufacturing amphetamine-type stimulants, especially in the States of Maharashtra and Gujarat. However, those attempts were successfully prevented by the Bureau. A total of 166 kg of amphetamine-type stimulants were seized in India in 2015, slightly less than the amount seized in 2014 (196 kg). In 2015, the Narcotics Control Bureau reported the dismantling of one illicit manufacturing facility, from which about 14 kg of methamphetamine were seized. Additionally, one illicit Internet pharmacy was dismantled by the enforcement agencies in India, and 14,310 tablets containing psychotropic substances weighing about 277 kg were seized in 2015.

639. Seizures of methaqualone in India increased from 54 kg in 2014 to 89 kg in 2015. After placing mephedrone under national control in 2015, India seized about

1.27 tons of mephedrone in that year. In November 2016, the Directorate of Revenue Intelligence seized 23.5 tons of methaqualone in a clandestine factory in the State of Rajasthan. It was one of the largest seizures of methaqualone not only in India but also in the world.

640. Smuggling of “yaba” (methamphetamine) tablets from Myanmar across the south-eastern border to Bangladesh has continued; the quantities seized by law enforcement agencies in Bangladesh have been rapidly increasing. In January 2016, Bangladesh police seized 2.8 million methamphetamine tablets, worth an estimated \$10.5 million, in the country’s biggest ever single seizure of the drug. In 2015, “yaba” tablet seizures more than tripled (20 million) compared with 2014 (6.5 million).

641. According to the Narcotics Control Bureau of Nepal, the trafficking in and abuse of psychotropic substances continue to escalate. In 2015, 25,056 ampoules of diazepam and 18,950 ampoules of buprenorphine were seized in Nepal.

(c) Precursors

642. Since 2013 there has been a continuous decrease in the amounts of ephedrine and pseudoephedrine seized in India. However, combating the diversion of those substances from legal manufacture to illicit channels remains a major challenge for law enforcement agencies in the country. In 2015, a large number of tablets containing pseudoephedrine or ephedrine were seized along the India-Myanmar border, which were possibly being smuggled into Myanmar for extraction of the substances in order to manufacture amphetamine-type stimulants.

643. 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 South Asia can be found in the report of the Board for 2016 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

644. India continues to be a source country for ketamine trafficked to South-East Asia. Additionally, instances of using courier parcel services to traffic ketamine from India to South Africa and the United Kingdom have been observed. In 2015, India seized approximately 211.6 kg of ketamine, a substantial increase over the amount seized in the previous year, which amounted to approximately 20.4 kg.

645. Considering the seizures of new psychoactive substances identified as originating in this region, the Board encourages Governments in the region to take part in the INCB Project Ion and IONICS, which facilitate the sharing of information on incidents involving new psychoactive substances.

5. Abuse and treatment

646. In July 2016, the Ministry of Social Justice and Empowerment of India, in collaboration with the National Drug Dependence Treatment Centre of the All India Institute of Medical Sciences, began conducting a survey to compile national and state-level estimates of the numbers of persons abusing drugs. The two-year-long survey will map the presence of treatment and rehabilitation services for drug-dependent individuals and identify the gaps in service delivery. The last such survey was conducted in 2001 and the data were published in 2004. An opioid dependence survey carried out in Punjab in 2015 found that of the state’s population of 28 million, 230,000 persons were opioid dependent and 860,000 were opioid users. Most of them were male.

647. On 12 April 2016, the Government of Maldives invited interested parties (both local and international) to submit proposals to operate the Drug Rehabilitation and Treatment Centre at Kaafu Hinmafushi. The Centre is the only drug rehabilitation centre in the country. Approximately 250 clients are accommodated and treated annually at the Centre, which takes a therapeutic, community-based treatment approach.

648. The National Dangerous Drugs Control Board of Sri Lanka reported that a total of 1,482 drug users had received services in treatment facilities in 2015. Cannabis and heroin continued to be the two drugs most commonly abused in Sri Lanka. People in treatment for alcohol and tobacco abuse were also counted in the statistics. In 2015, the number of treated drug users decreased by 10 per cent compared with 2014. Among those reported as drug users, 58 per cent were receiving treatment in government facilities, 21 per cent were in the prison service drug treatment and rehabilitation programme, and 14 per cent were receiving assistance from non-governmental organizations. Almost all clients (99 per cent) in the treatment centres were men.

649. In 2015, a total of 9,987 patients (all male) were treated in private treatment centres in Bangladesh, down from 10,364 patients in 2014. Most of them (32 per cent) reported cannabis as their primary drug of abuse, followed by “yaba” (methamphetamine) (20.6 per cent and

increasing) and heroin (20.1 per cent and decreasing). The abuse of “yaba” and of codeine-based preparations continue to be widespread in Bangladesh, and are still increasing. Buprenorphine is one of the most popular drugs of abuse among those who inject drugs. Many heroin users have switched to it because it is cheap and accessible.

650. Codeine-based cough syrups, buprenorphine, diazepam, nitrazepam and morphine were the pharmaceutical preparations containing controlled substances that are most commonly abused in Nepal.

651. The National Dangerous Drugs Control Board of Sri Lanka called for research proposals for conducting a national prevalence survey during the period 2016-2017 to estimate the number of drug users in the country. In May 2016, the National Dangerous Drugs Control Board organized, in cooperation with UNODC, an expert group meeting on assessing the abuse of pharmaceutical drugs containing narcotic drugs and psychotropic substances in Sri Lanka.

652. Bhutan reports that the majority of drug users in the country are young people and that they are mainly dependent on cannabis and pharmaceutical products such as dextropropoxyphene, nitrazepam, diazepam and codeine-based cough syrups. In 2015, Bhutan introduced pharmacological treatment with buprenorphine for opioid drug users. UNODC also facilitated capacity-building and the training of nurses and doctors to ensure the smooth implementation of the treatment. In addition, guidelines for the certification of treatment centres in Bhutan were introduced.

West Asia

1. Major developments

653. The drug control situation in West Asia continues to be heavily influenced by developments in the opiate market in Afghanistan, particularly with regard to the steady supply of opiates from opium poppy illicitly cultivated in Afghanistan transiting the region to markets around the world. As all three major transregional opiate trade routes originating in Afghanistan run through West Asia (the northern route, through Central Asian countries towards the Russian Federation; the Balkan route, through Iran (Islamic Republic of) and Turkey towards Europe; and the southern route, through Pakistan towards

all regions of the world, except Latin America), the effectiveness of drug control efforts in the region continues to have considerable implications for illicit opiate markets globally.

654. Drug control challenges associated with the location of West Asian countries along major global drug trafficking routes remain complex and multifaceted. Progress remains tied to the region's ability to respond to broader and interrelated developmental and criminal justice challenges, such as corruption, terrorism and continued political instability, which have culminated, in parts of the region, in ineffective governmental control over significant areas. The situation is further exacerbated by protracted armed conflicts in Iraq, the Syrian Arab Republic and Yemen, massive migration flows with ever-growing refugee populations settling in shelters and camps located in Jordan, Lebanon and Turkey, and the vulnerability of affected populations, presenting further drug control challenges for authorities in the region.

655. A further issue of concern for the region has been the continuing widespread availability and use of counterfeit tablets marketed as “captagon”.⁶⁴ Both media and anecdotal reports suggest that “captagon” pills are widely used by terrorists and combatants engaged in the armed conflicts ravaging across West Asia, in order to achieve a state of lowered inhibition to engage in violence and prolong their ability to remain alert for combat without needing rest. However, to date, there is little reliable information available to confirm the source of the chemicals and the synthesizing processes used in the manufacture of those amphetamine-based compounds, including the location of the laboratories chemically synthesizing them.

656. A new phenomenon observed in the region, which has started to develop over the past few years and, based on information available to INCB, is becoming more common, is the discovery of multiple methamphetamine production sites in Afghanistan, in particular since the beginning of 2016. Recent raids on illicit laboratories revealed the presence of equipment and precursor chemicals used in the illicit manufacture of methamphetamine, whereas in previous years, methamphetamine had generally entered the country as an end product. In addition to accounting for the second highest illicit production of

⁶⁴“Captagon” was originally the official trade name for a pharmaceutical preparation containing the substance fenethylamine, a synthetic stimulant. The substance currently known as “captagon”, as encountered in seizures across West Asia today and referred to in the present report, is a counterfeit drug compressed into pills or tablets that are similar in appearance but distinct from the original “Captagon”. The active ingredient in counterfeit “captagon” is amphetamine, which is typically cut with multiple adulterants, such as caffeine and other substances.

cannabis resin and the largest illicit production of opium in the world, Afghanistan now appears to be facing an additional drug control challenge related to illicit methamphetamine manufacture. The scope and magnitude of the new development and its significance for regional methamphetamine markets have yet to be seen.

657. The Board notes with concern the rapidly deteriorating safety and security situation in Afghanistan and its impact on the authorities' ability to monitor and control the illicit supply of drugs originating in the country. At the same time, the Board observed that the willingness of the international community to continue providing support to Afghanistan appeared to be declining, in particular in the area of drug control. The Board acknowledges that any possible improvement in the drug control situation in Afghanistan is intrinsically linked to broader developmental and criminal justice challenges being adequately addressed but cautions that action against drugs, money-laundering and corruption cannot be removed from the equation if sustainable development is to be achieved. **In that context, the Board calls upon partner Governments and the international community to sustain their support for the counter-narcotics efforts of Afghanistan, in the spirit of their common and shared responsibility to respond to the world drug problem and in order to ensure that the potential vacuum left by the withdrawal of international support from the country is not filled by criminal or terrorist elements.**

2. Regional cooperation

658. Cooperation at the regional level has continued in West Asia on the basis of both existing and new bilateral and multilateral agreements (some of which were concluded during the reporting period). In addition, multiple regional cooperation initiatives and processes exist, based on subregional affiliations among the countries of Central Asia and the Caucasus, the Gulf and the Middle East. Others are centred around issues of common concern for clusters of neighbouring countries, as is the case with many initiatives built around the need to address threats emanating from the drug market in Afghanistan, which also have global dimensions.

659. The Central Asian Regional Information and Coordination Centre (CARICC), a standing intergovernmental body that combats trafficking in narcotic drugs, psychotropic substances and their precursors, continues to serve as a regional platform for exchanging information and good practices in countering drug trafficking and promoting law enforcement cooperation. Activities in the past year were centred around the coordination of

several joint operations among CARICC participating States (Azerbaijan, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan and Uzbekistan), and countries including Australia and China when targeting specific trafficking routes. One concrete result, in November 2015, was a controlled delivery conducted between the competent national authorities of Kazakhstan and Tajikistan, under the auspices of CARICC, which led to the seizure in Kazakhstan of close to 40 kg of cannabis, allegedly originating in Afghanistan.

660. On 30 May 2016, the members of the Afghanistan, Kyrgyzstan and Tajikistan (AKT) Initiative adopted a ministerial declaration at the fourth tripartite ministerial-level meeting, held in Issyk-Kul, Kyrgyzstan. In the declaration, the importance of regional cooperation and capacity-building in drug control matters, particularly with regard to customs and border control, was emphasized. Participating countries agreed to support the establishment of border liaison offices, to develop standard operating procedures for such offices between Afghanistan and Tajikistan, and to draft a memorandum of understanding to form the basis of operational information-sharing across borders and for future coordinated operations.

661. At the annual summit of the Shanghai Cooperation Organization, held in Tashkent in June 2016, India and Pakistan formalized their bids for membership of the organization, currently comprising China, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan and Uzbekistan, through the signing of "memoranda of commitment". The instruments are considered to be the last step before full-fledged membership, which is expected to be granted in 2017. Since 2006, the Shanghai Cooperation Organization has taken up drug trafficking as one of the priority areas for closer cooperation among its member States.

662. The Government of Afghanistan and the European Union co-hosted the Brussels Conference on Afghanistan, held on 5 October 2016. The conference was part of a series of ministerial-level meetings convened with the aim of supporting progress on the development agenda in Afghanistan throughout the so-called "Transformation Decade" (2015-2024). The Brussels Conference adopted a communiqué entitled "Partnership for Prosperity and Peace", reaffirming the commitment of participating countries and international organizations to strengthening cooperation towards achieving the self-reliance of Afghanistan. International partners further pledged to provide \$15.2 billion in support of Afghanistan's development priorities for the period 2017-2020, based on the Afghanistan National Peace and Development Framework,

presented by the Government at the Conference, and the “Self-reliance through Mutual Accountability Framework”. Under the heading “Peace, security and regional cooperation”, the Conference further underlined the need for renewed efforts and a sustained and integrated approach in reducing the illicit production and trafficking of narcotics and precursors, as well as treating and rehabilitating persons with substance abuse disorders, including through the implementation of the Afghan National Drug Action Plan.

3. National legislation, policy and action

663. In October 2015, the Government of Afghanistan adopted a new National Drug Action Plan, for the period 2015-2019, which was presented to the international community at a high-level meeting convened in Vienna in December 2015. The main objectives of the Plan are to decrease the cultivation of opium poppy and the production and trafficking of opiates, reduce the illicit demand for drugs and increase the provision of treatment for users. Also in 2015, the Ministry of Counter Narcotics launched the Afghanistan Drug Reporting System, which is an interactive online system for narcotics-related data collection. The System consolidates all drug-related data on Afghanistan from officially verified sources and is the first comprehensive nationwide data repository of its kind.

664. The Government of Armenia supplemented its 2014 National Strategy for Combating Drug Addiction and Illicit Traffic in Narcotic Drugs with a programme for 2016, setting out actions towards achieving the objectives of the three substantive components of the Strategy, namely: (a) primary prevention of drug addiction; (b) prevention of illicit traffic in narcotic drugs, psychotropic substances and their precursors; and (c) provision of medical, social and psychological care services to persons using narcotic drugs or psychotropic substances. Those actions are complemented by chapters dedicated to expected outputs and financing, as well as monitoring and evaluation of the implementation of the Strategy.

665. Jordan placed six synthetic cannabinoids from the JWH group under national control during the reporting period, including JWH-018 and five substances not currently under international control. Israel placed nine new psychoactive substances not currently under international control under national control in 2015.

666. Georgia reported having reduced, in 2015, criminal penalties for the possession of drugs, which had

previously carried the same sanction as the distribution of drugs. In practice, Georgian courts had reportedly already started employing alternatives to incarceration in cases of simple drug possession. A national drug monitoring centre was also established to collect and analyse data on the drug situation, laying the foundation for evidence-based approaches to drug policy formulation in the country.

667. Lebanon introduced significant amendments to its criminal code during the reporting period to improve its response to financial crimes. Those amendments are expected to have an impact on the country’s ability to tackle drug-related crime through more effective action against illicit financial flows. The amendments introduce, inter alia, the concept of money-laundering as a stand-alone offence not requiring a conviction for the related predicate offence; fines amounting to double the amount of the value of laundered assets; an expansion of the concept of what can be considered as proceeds of crime; an extension of the scope of application of the law with regard to the commission of related offences outside the national territory; and a broader mandate for the special investigative commission, whose tasks were defined further in the amendments.

668. The National Strategy for Combating Drugs of Oman for the period 2016-2020 was updated to include additional stakeholders, in line with its aim to reflect a multisectoral and multidisciplinary approach, including legislative and operational measures in the sphere of law enforcement, as well as a strong prevention component focusing on awareness-raising among the general population.

669. In the State of Palestine, a presidential decree adopted in 2015 further defined the mandate of the Anti-Narcotics Department of the Palestinian Police to include the development of a crime prevention plan concerning drug trafficking, cultivation and manufacture; information-gathering and exchange of information on drug trafficking cases through increased international and regional cooperation; and the maintenance of registers and monitoring of drug manufacturers, traffickers and trafficking suspects, as well as users.

670. In addition to the recent expansion of the definition of new psychoactive substances to include generic (as opposed to substance-specific) definitions, Turkey amended its Penal Code to add synthetic cannabinoids and their derivatives to the list of substances for which higher penalties may be applied. An additional 29 substances were placed under national control during the reporting period. Article 191 of the Penal Code was also

amended to consider the sale of any type of drug or stimulant in schools, dormitories, hospitals, barracks or places of worship as an aggravating circumstance in sentencing. Turkey also upgraded its national counter-narcotics infrastructure by according the former counter-narcotics branch within the Turkish National Police the status of a fully-fledged department.

671. Uzbekistan amended its law No. 293, on the import, export and transit of narcotic drugs, psychotropic substances and precursor chemicals, through Council of Ministers decree No. 330, in November 2015. Changes introduced through the amendment include a simplification of procedures for the acceptance of import and export authorizations concerning narcotic drugs and psychotropic substances, and the inclusion of some 80 substances, mainly new psychoactive substances, into the national list of prohibited substances.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

672. West Asia, in particular Afghanistan, continues to be a major source of illicitly produced opiates. As a region, West Asia also saw the largest share of opiate seizures in the world during the reporting period. The Balkan route, which runs through Iran (Islamic Republic of) and Turkey to reach mainly European markets, remains the most prominent among the three established opiate trafficking routes. However, recent reports indicate that other routes are gaining in importance. Turkey observed the gradual emergence of a second Balkan route, encompassing Iraq and the Syrian Arab Republic in addition to the countries traditionally lying on the Balkan route. At the same time, the southern route, using Iran (Islamic Republic of) and Pakistan as distribution hubs to supply markets in virtually all regions of the world, except Latin America, is growing in importance. Even the traditionally least frequented northern route, reaching the Russian Federation and other countries of the Commonwealth of Independent States via Central Asian countries that border Afghanistan, has recently shown signs of increased use after a decline during the period 2008-2012.

673. Afghanistan has, for more than a decade, accounted for the world's largest illicit production of opium, despite the significant decline in opium poppy cultivation and estimated production reported in the *Afghanistan Opium Survey 2015*. Figures for 2016

confirm that there is little cause for optimism, as practically all surveyed indicators of opium production in the country show increases in production, suggesting that the developments observed in 2015 have effectively been reversed.

674. According to the executive summary of the *Afghanistan Opium Survey 2016*, the estimated total area under illicit opium poppy cultivation in Afghanistan has increased by 10 per cent compared with 2015, reaching 201,000 ha in 2016; that is the third highest level since estimations began in 1994. Increases in the estimated area under illicit opium poppy cultivation were noted in all regions of the country except the southern region, where the level of cultivation continues to be by far the highest but is considered to have remained stable compared with 2015 levels. In other words, no decrease in cultivation was reported in any part of the country in 2016.

675. Helmand remained Afghanistan's main province of illicit opium poppy cultivation in 2016. The area under illicit opium poppy cultivation in Badghis Province increased by 184 per cent between 2015 and 2016, and the number of poppy-free provinces declined from 14 in 2015 to 13 of the 34 provinces of Afghanistan in 2016.

676. The estimates for both potential opium production (4,800 tons in 2016, compared with 3,300 tons in 2015) and for average opium yield (23.8 kg per hectare in 2016, compared with 18.3 kg per hectare in 2015) rose significantly in 2016, namely by 43 per cent and 30 per cent, respectively. The higher rate of potential opium production in 2016 is mostly attributed to the increase in yield, which, in contrast to 2015, was not affected by lack of water, crop diseases or similar unfavourable conditions. At the same time, the estimated figures are likely to be underestimates, as some of the main cultivating provinces were excluded from the yield survey for security reasons. The increases in potential production affected all regions of Afghanistan without exception, most strikingly the estimated 286 per cent increase in the northern region, where the security situation deteriorated significantly in 2016.

677. A decline of 91 per cent in verified governor-led eradication of illicit opium poppy country-wide meant an almost complete halt in eradication in 2016 compared with 2015. A total of 355 ha of opium poppy were reportedly eradicated in Afghanistan in 2016, a negligible amount compared to the estimated total area under illicit opium poppy cultivation.

678. While the socioeconomic analysis attached to the *Afghanistan Opium Survey 2016* was not available at the time of drafting the present report, data published in

March 2016 relating to the results of the 2015 Survey further explain the factors that may have contributed to the decrease in the illicit cultivation of opium poppy and the production of opium in 2015. Sharp decreases in 2015 in the farm-gate value of opium (33 per cent decrease compared with 2014 and the lowest level since 2009) and the gross income from opium per hectare (18 per cent decrease compared with 2014 and the lowest level since 2002), coupled with the consistently moderate to poor yields of opium poppy observed over the previous four years, had a severe impact on the extent of illicit opium poppy cultivation and opium production in the country. In addition to unfavourable climatic conditions that directly reduced yield per hectare, the decline in the value of and income from opium led many farmers to abandon cultivation of opium poppy in 2015 because of its low profitability. Notably, 12 per cent of farmers, who discontinued the cultivation of opium poppy in 2015, reported having replaced the crop with cannabis. However, findings also suggest that farmers' general lack of access to markets to sell alternative products — including wheat, which was the main substitute crop grown in 2015 — may be a more significant factor in their dependence on illicit crop cultivation than the level of profit attainable from such crops.

679. In 2015, opium poppy cultivation was also reported in Lebanon and Uzbekistan, with areas of cultivation in Lebanon being concentrated around the Beqaa Valley where, according to government sources, illicit cultivation of cannabis is also taking place. In the same year, some eradication efforts (of opium poppy and cannabis plants) were reported by Uzbekistan, whereas none were reported by Lebanon. Tajikistan reported seizures of more than 4.5 tons of narcotic drugs in the course of 2015, of which more than 1.5 tons consisted of heroin and other opiates. Saudi Arabia observed that heroin was still being smuggled into the country by individuals carrying the substance across the border in their clothes or intestines in pure form, and that a variety of cutting agents were being added later, thus confirming that significant adulteration of the drug happens inside the country.

680. Cannabis is the most widely produced, trafficked and consumed drug in the world, and cannabis plant continues to be widely cultivated in West Asia. Of the five countries in the world where the most cannabis resin is produced, three are located in West Asia, namely Afghanistan, Lebanon and Pakistan. Those three countries mainly supply markets in the Near and Middle East, where 25 per cent of global cannabis resin seizures in 2014 took place (mainly in Afghanistan, Iran (Islamic Republic of) and Pakistan). Saudi Arabia reported large seizures, totalling close to 3 tons of cannabis over 2015.

681. Cocaine seizures in Asia, although still comparatively small in absolute terms, have tripled in the last decade, according to the latest estimates by UNODC, with almost 50 per cent of seizures in Asia carried out in the Middle East subregion. Entering from Latin America, the most frequently mentioned final destination for cocaine trafficked into West Asia was Israel. No data were available with regard to seizures of cocaine in Central Asia and the Caucasus, except for Armenia, where 26 kg of cocaine were reported to have been seized.

682. Several cross-border operations were conducted in countries of the region during the reporting period. For example, Tajikistan reported having conducted 25 joint operations in 2015 with Afghanistan and neighbouring countries in Central Asia, as well as the Russian Federation, resulting in the seizure of more than 950 kg of narcotic drugs and psychotropic substances.

(b) Psychotropic substances

683. West Asian countries, in particular in the Middle East and Gulf subregions, continue to be used mainly as points of transit for methamphetamine trafficking. In contrast, for amphetamine, they are both points of transit and source and destination countries, mirroring the largely intraregional pattern of the current amphetamine trafficking.

684. A considerable challenge with regard to psychotropic substances in the region remains the supply of counterfeit “captagon” tablets, which continue to be seized in large quantities, especially in countries in the Gulf and Middle East subregions. In 2015, authorities in Lebanon and Turkey reported seizures of more than 15 million “captagon” tablets each. In 2016, “captagon” seizures continued to make headlines in the media across the region, for example in Jordan, where two seizures, one of more than 4.5 million tablets and the other of more than 3.5 million tablets, were made within 10 days of each other in April 2016, and the biggest seizure of “captagon” tablets on record in the country, of more than 13 million tablets, took place in September 2016. Authorities in Lebanon have also detected an increased number of trafficking cases involving “captagon” and an increase in the number of clandestine laboratories manufacturing the tablets in the country, possibly as a result of the destruction of production facilities associated with the ongoing conflict in the neighbouring Syrian Arab Republic. Other countries that reported large “captagon” seizures include Saudi Arabia, where foodstuffs or construction materials were reportedly being used to conceal the tablets smuggled in trucks and passengers' vehicles.

685. According to information provided to the Board, government authorities in Oman registered more than 3,000 drug-related seizures in 2015, none of which, however, involved “captagon”.

686. Few countries in the region reported seizures involving psychotropic substances other than “captagon”, such as diazepam or lorazepam (reported, for instance, by Armenia). However, Turkey reported a significant amount of seizures involving MDMA or “ecstasy”-type substances, namely more than five and a half million tablets in 2015, as well as seizures of LSD.

(c) Precursors

687. Given the significant illicit production of a number of narcotic drugs and psychotropic substances in the region, West Asia continues to be a target destination for precursor chemicals diverted from licit trade, such as acetic anhydride (for heroin manufacture), ephedrine, pseudoephedrine, 1-phenyl-2-propanone (P-2-P), phenylacetic acid (for the manufacture of amphetamine-type stimulants) and others.

688. With regard to seizures of acetic anhydride, the declining trend seen in recent years has continued in Afghanistan, dropping by nearly half every year since 2011. The substance reportedly continues to enter the country from neighbouring Iran (Islamic Republic of) and Pakistan, where occasional large-scale seizures continued to be carried out in the course of 2015 and 2016. Overall, however, the number and volume of acetic anhydride seizures in the region are continually going down, possibly because of increased domestic diversion, or because traffickers may have started to resort to using non-scheduled substances instead of acetic anhydride as a key ingredient in illicit heroin manufacture.

689. There is insufficient information to date about the synthesizing processes, locations and sources of precursor chemicals used in the manufacture of “captagon”, which has been reported to originate in Lebanon and the Syrian Arab Republic. However, Lebanon reported seizures of some 16 tons of phenylacetic acid in 2015, which authorities suspect may have been intended for use in the manufacture of “captagon”.

690. Against that backdrop, a time-bound operation of the Board’s Project Prism entitled “Missing Links” was launched in October 2016, with the aim of filling information gaps with regard to the types and sources of scheduled and non-scheduled chemicals used in the illicit manufacture of “captagon” tablets, how they are getting

into clandestine laboratory environments, the trafficking organizations involved and any links between them. Results of the operation will be reported by the Board in its annual report for 2017.

691. Another recent development of concern is the increased detection by authorities in Afghanistan of methamphetamine precursors in illicit laboratories in the country, suggesting that Afghanistan may be emerging as a site of production rather than merely a destination country for methamphetamine. Further detailed information on the precursors control situation in West Asia can be found in the 2016 report of the Board on the implementation of article 12 of the 1988 Convention.⁶⁵

692. INCB urges all relevant stakeholders in the region to increase the exchange of drug-related intelligence among their competent national law enforcement authorities, including by using electronic tools developed by the Board for that purpose, such as PICS, and through relevant regional intelligence centres, such as CARICC, the Joint Planning Cell of Afghanistan, Iran (Islamic Republic of) and Pakistan, and the Criminal Information Centre to Combat Drugs of the Cooperation Council for the Arab States of the Gulf.

(d) Substances not under international control

693. Plant-based psychoactive substances such as khat (*Catha edulis*) are still widely used in parts of West Asia, for example in Oman, Saudi Arabia and Turkey. However, despite the continually increasing number of synthetic new psychoactive substances emerging every year at the global level, relatively few of such substances were identified in countries in West Asia between 2008 and 2015. In 2015, Kyrgyzstan reported the emergence of new psychoactive substances in its territory for the first time, while data for large parts of South-West Asia (comprising Afghanistan, Iran (Islamic Republic of) and Pakistan) are not available to date. Turkey was one of the few countries reporting large seizures of synthetic cannabinoids (more than 500 kg) in 2015.

694. There continue to be indications of large-scale prescription drug abuse in the region. One substance of concern to several countries in West Asia is tramadol, a synthetic opioid, which is considered a substance of abuse in Armenia, Jordan, Lebanon (imported from Egypt), Oman (where it is reportedly imported from China and Egypt), Qatar, Saudi Arabia, Turkey and Turkmenistan. One sizeable seizure, of 142,000 ampoules of tramadol,

⁶⁵E/INCB/2016/4.

was reported to have been carried out by authorities in Jordan in 2015. It was one of a series of seizures of counterfeit and trafficked goods that Jordan had undertaken since it joined the World Customs Organization (WCO)-UNODC Container Control Programme in September 2015. In March 2016, according to information available to the Board, 1 million tramadol pills originating in India were seized by customs authorities at Imam Khomeini International Airport, Tehran. The pills had been falsely declared as “advertising and exhibition substances”.

695. In Saudi Arabia, pregabalin, a medicine with anti-convulsant properties used widely to treat epilepsy, neuropathic pain and anxiety, has recently been placed under national control as a result of its abuse by school students. Saudi Arabia, the Syrian Arab Republic and Turkey also reported significant seizures of unspecified diverted prescription drugs.

5. Abuse and treatment

696. Efforts to improve systematic data collection on drug abuse and treatment measures are under way in several countries of the region, yet a realistic assessment of the availability of treatment services compared with the need for such services remains difficult. A comprehensive situation assessment regarding the extent and patterns of drug use in the State of Palestine was envisaged to be completed by the end of 2016 and could provide a valuable update against baseline data last collected there in 2006.

697. Based on available data, cannabis, opioids and amphetamine-type stimulants are among the most frequently used substances in West Asia. Drug abuse in Afghanistan has continued to rise and, according to the latest estimates, now affects some 12.6 per cent of the adult population (or one in three households). That figure is more than double the global drug abuse rate, which is estimated at just over 5 per cent. Opioids remain the most commonly used drug in Afghanistan, with abuse rates estimated at 4.9 per cent among the general population and 8.5 per cent among adults.

698. In 2015, Saudi Arabia reported a new trend in drug use, namely methamphetamine being injected (rather than smoked) by young people. That observation was based on information provided by emergency and outpatient treatment facilities at a hospital in Jeddah (situated in the west of the country). At the same time, data from treatment and other registers of drug users in the country’s eastern provinces show that more than 1,000 problem drug users (defined in Saudi Arabia as persons who inject drugs and people using drugs on a daily basis)

take amphetamine-type stimulants, which is more than double the number of problem drug users reported to be taking opioids (some 450). Persons in treatment for the use of amphetamine-type stimulants also represent the highest number (more than half) of people receiving drug abuse-related treatment in the country. In the same geographical area in 2015, more than 5,200 non-fatal, drug-related emergency-room visits were recorded, with drug-related deaths remaining stable and associated exclusively with the use of opioids.

699. With regard to overdose deaths, the data available for West Asia mirror the global trend, with drug-related mortality mostly being attributed to the abuse of opioids. Most countries in the region that reported on drug-related death cases for 2015 (including Saudi Arabia, the Syrian Arab Republic and the United Arab Emirates) named opioids (predominantly heroin) as the cause of drug-related deaths. In an effort to reduce drug-related mortality, Georgia has removed a significant obstacle for drug users seeking medical assistance, as it no longer requires medical personnel to inform law enforcement authorities of overdose cases.

700. More than 200,000 persons are estimated to be in need of treatment for drug abuse in Turkey. In 2015, Turkey reported an increase in the residential treatment of methamphetamine addicts, while inpatient treatment of users of synthetic cannabinoids remained stable. While no general prevalence data for drug abuse were reported, Turkey observed a slight decrease in the overall number of persons who inject drugs (mainly related to heroin), with some increase in the use of amphetamine-type stimulants, tranquilizers and stimulants, as well as pharmaceutical products containing opioids. The most prevalent disease among persons who inject drugs was hepatitis C (affecting close to 40 per cent of those who received inpatient treatment in Turkey in 2015). Of all cases of drug-related mortality caused by overdose deaths in Turkey, more than half involved poly-drug use, with just as many deaths associated with the use of opioids; close to one third of all cases involved amphetamine-type stimulants and/or cannabis use.

D. Europe

1. Major developments

701. Illicit drug markets remain one of the main threats to the security of European countries. According to estimates by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), around one fifth of global

crime proceeds are generated by the illicit drug trade. European Union citizens alone spend between 21 to 31 billion euros every year on illicit drugs. Accelerated changes in illicit drug markets observed in past years can be attributed, in part, to globalization and technological developments. Current markets are characterized by increasing organizational and technical complexity, interconnectedness and specialization of the criminal groups involved. Those illicit drug markets not only relate to other criminal activities, but also create a strain on government institutions and have a negative impact on legitimate business and on society. Cannabis is the most widely used illicit drug in Europe: it is estimated that about 27 million adults in Europe have used cannabis in the past year.

702. The annual prevalence of cocaine use in Europe in 2014 was estimated at about 0.7 per cent of the population aged 15-64, approximately just over 4 million people. However, that masks significant variance between countries and subregions: in 2014, the annual prevalence rate for Eastern and South-Eastern Europe was about 0.2 per cent for the same population group (approximately half a million people) and 1.1 per cent for Western and Central Europe (about 3.5 million people).

703. Opiates abused in Europe are produced mainly in Afghanistan and trafficked into Europe by two major routes, the Balkan route and the northern route. The Balkan route, through Iran (Islamic Republic of) and Turkey, followed by countries in South-Eastern and Central Europe, continues to be the main trafficking route, particularly for heroin. Opiate trafficking along the northern route, from Afghanistan to States in Central Asia and then to the Russian Federation, has been reported to be increasing over the last few years.

704. An estimated 2.4 million people have used amphetamine or methamphetamine in the whole of Europe in the past year. In countries of the European Union, abuse of the main synthetic stimulants (amphetamine, methamphetamine and MDMA), together, is slightly higher than that of cocaine. There is concern in States members of the European Union about the availability of high-potency “ecstasy” products and the growing use of methamphetamine. New synthetic opioids are also increasingly being misused in the European Union.

705. By May 2016, the European Union early warning system had identified over 560 new psychoactive substances; 100 new psychoactive substances were reported for the first time in 2015. European authorities are concerned that, with the increased availability of those substances, associated health risks and dependency problems will also increase.

706. In August 2016, the European Commission proposed an amendment to the founding regulation of EMCDDA to allow for swifter and more effective action in dealing with new psychoactive substances in the European Union. The proposal aims, in particular, to further strengthen the European Union early warning system and risk assessment for new psychoactive substances by speeding up data collection and assessment procedures. The proposal is part of the agreement between the European Parliament and the Council of the European Union reached in September 2013, which aimed at facilitating the negotiations on proposed legislative amendments for tackling new psychoactive substances.

2. Regional cooperation

707. 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, has led the Council’s work on legislative and general policy work on drug supply reduction and drug demand reduction areas. The work focused on cross-cutting themes, namely coordination, international cooperation, and research, monitoring and evaluation. The working party cooperated with European Union agencies such as EMCDDA and Europol, as well as with international organizations and with countries not members of the European Union.

708. In 2016, Monaco became the thirty-eighth member State of the Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) of the Council of Europe. The Board noted that the Pompidou Group supported the publication of the 2015 report of the European School Survey Project on Alcohol and Other Drugs, which was prepared on the basis of information provided by almost 100,000 students from 35 European countries, 24 of which were States members of the European Union. In June 2016, experts from 36 countries and 11 international organizations participated in the annual meeting of the Airports Group organized by the Pompidou Group and discussed practical solutions to challenges in airports, including aviation-related fraud, risk analysis and controlled deliveries.

709. In February 2016, the European Commission presented the outcomes of “Operation Cocair 5”, an international operation to combat drug trafficking that was supported by about 30 countries from Africa, Latin America and the Caribbean. The operation, which resulted in seizures of sizeable amounts of illicit drugs, in particular cocaine, as well as ammunition and currency,

was conducted under the Airport Communication Project (AIRCOP), co-funded under the “Instrument contributing to Stability and Peace”, one of the main tools of the European Commission to address the threat of organized crime in partner countries.

710. Japan and the Russian Federation, in cooperation with UNODC, continued their partnership to provide specialized training courses to counter-narcotic officers from Afghanistan. The trilateral initiative, which marked its fifth anniversary in 2016, has expanded to include provision of training to Central Asian countries, contributing to the strengthening of regional cooperation between Afghanistan and neighbouring countries.

711. In 2016, the Governments of countries in South-Eastern Europe continued implementing drug control activities, in line with the regional programme for South-Eastern Europe 2016-2019, developed by Governments of the subregion with UNODC assistance.

3. National legislation, policy and action

712. In November 2015, the European Commission presented to the European Parliament and the Council of the European Union a report on progress in implementing the European Union Drugs Strategy and 2013-2016 Action Plan on Drugs. The report, among other things, showcased some best practices in European Union member States, including quick access to drug treatment in England, where 98 per cent of people commenced treatment within three weeks of referral; the establishment, within the Federal Criminal Police Office in Germany, of a dedicated working group to address the problems of increased drug trafficking over the Internet; and the representation of non-governmental organizations in the Government Council for Drug Policy of Slovakia, the main coordination body on drug policy in the country.

713. In 2015-2016, several European countries, including Czechia, Finland, Hungary, Lithuania, the Netherlands, Norway, Sweden and the United Kingdom, developed new drug control strategies, policies and/or drug action plans. For example, in November 2015, the Government of the Netherlands formulated a new policy on drug prevention that, among other things, was aimed at changing the prevailing tolerant views of young adults on the use of drugs in nightlife settings.

714. In December 2015, Law No. 318/2015 was adopted by the Parliament of Romania. The law establishes the National Agency for the Management of Seized

Assets, which will report to the Ministry of Justice. The Agency is tasked with facilitating the tracing and identification of assets resulting from the commission of criminal offences that may be subject to a criminal seizure or criminal confiscation, and coordinating, evaluating and monitoring, at the national level, the implementation of criminal asset recovery policies.

715. In the United Kingdom, the Psychoactive Substances Act became law in 2016, criminalizing the production, supply or possession with intent to supply of any psychoactive substance knowing that it is to be used for its psychoactive effects. While simple possession of such substances does not constitute an offence, the possession within a custodial institution does.

716. In the Russian Federation, presidential decree No. 156 was issued on 5 April 2016 with the aim of improving public administration in the sphere of control of trafficking in narcotic drugs, psychotropic substances and their precursors. According to the decree, the Federal Service of the Russian Federation for Drug Control became part of the country’s Ministry of Internal Affairs. The presidential decree establishes that the Ministry of Internal Affairs remains the only federal executive authority responsible for the development and implementation of State policy and normative legal regulation in the sphere of internal affairs, as well as in the control of trafficking in narcotic drugs, psychotropic substances and their precursors. A draft law containing the necessary legal amendments following the transfer of powers to the Ministry of Interior was submitted to the State Duma of the Russian Federation and is expected to be adopted by the end of 2016.

717. On 1 July 2016, the Government of the Russian Federation approved order No. 1403-r, on improving the availability of narcotic drugs and psychotropic substances for medical use. Among the main provisions of the order’s action plan are: enhancement of the range of narcotic preparations used for pain relief, including for children’s treatment; optimization of the process for preparing estimates of the needs for preparations containing narcotic drugs and psychotropic substances; improvement in the availability and quality of pain relief, including through a simplified procedure for prescribing medical preparations; and harmonization of laws and regulations with regard to trafficking in narcotic drugs and psychotropic substances.

718. Supervised “drug consumption facilities”, where drugs can be used for non-medical purposes under the supervision of medically trained staff, have been operating in Western Europe for the last three decades. The primary aim of the facilities is to reduce the acute risks of

disease transmission through unhygienic injecting, prevent drug-related overdose deaths and connect high-risk drug users with addiction treatment and other health and social services. By February 2016, there were a total of 74 official “drug consumption facilities” operating in Denmark, Germany, Luxembourg, the Netherlands, Norway, Spain and Switzerland.

719. In March 2016, the Government of France issued decree 0072, which approved, on a trial basis, the establishment of “drug injection rooms” in the country, for a maximum period of six years. The decree was adopted following a decision by the French Constitutional Council in January 2016 that the proposed establishment of the “drug consumption rooms”, based on the aim of reducing the risks associated with drug use and leading drug users to cease their use of drugs, with limited criminal immunity for drug users and the professional practitioners inside the facility, was in conformity with the Constitution of France.

720. With respect to “drug consumption rooms”, the Board wishes to reiterate its frequently expressed concern that, in order for the operation of such facilities to be consistent with the international drug conventions, certain conditions must be fulfilled. Chief among those conditions is that the ultimate objective of these measures is to reduce the adverse consequences of drug abuse through treatment, rehabilitation and reintegration measures, without condoning or increasing drug abuse or encouraging drug trafficking. “Drug consumption rooms” must be operated within a framework that offers treatment and rehabilitation services as well as social reintegration measures, either directly or by active referral for access, and must not be a substitute for demand reduction programmes, in particular prevention and treatment activities.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

721. Trafficking in cannabis, both resin and herb, continues at significant levels in Eastern and South-Eastern Europe. Most of the herbal cannabis produced in those subregions originates in Albania, Montenegro, the Republic of Moldova, Serbia, the former Yugoslav Republic of Macedonia and Ukraine. According to UNODC, in 2014, Albania was an important source country for cannabis herb available in countries in Western and Central Europe.

722. Over the last 10 years, countries in Europe have seen an increase in domestic cultivation of cannabis plant, ranging from small-scale cultivation for personal use to major commercial plantations. In many countries, as a result of that increase, locally produced herbal cannabis has been partially displacing imported cannabis resin. Nonetheless, cannabis resin smuggled from other regions worldwide, in particular the resin produced from the high-potency, high-yield hybrid strains of the plant cultivated in Morocco, continues to be a major source of cannabis resin in Europe.

723. In 2015, illicit indoor cannabis cultivation was reported by a number of European countries, including Belgium, Bosnia and Herzegovina, Bulgaria, Czechia, France, Greece, Latvia, Lithuania, Poland, Romania, the Russian Federation and Ukraine.

724. Although the reported average potency of cannabis, in terms of THC content, has significantly increased over the past decade, according to EMCDDA, the reported retail prices for both cannabis herb and cannabis resin have increased only slightly in the European Union over that period. In several European Union countries, the retail (street) prices of cannabis herb and cannabis resin do not differ significantly: for example, in Spain, the retail price of cannabis herb is about 4.6 euros per gram, and the price of cannabis resin 5.6 euros per gram.

725. In 2014, seizures of cannabis resin and cannabis herb in European Union member States amounted to 574 tons and 139 tons, respectively. Spain, a main entry point for cannabis resin originating in Morocco, recently also reported increased amounts of cannabis herb seized: 15.2 tons in 2014 and 15.9 tons in 2015. That increase, according to EMCDDA, could indicate a growth in domestic or regional cannabis production. Some recent interceptions of large consignments of cannabis resin moving eastwards along the North African coast may suggest the emergence of new trafficking routes through countries in Southern Europe and the western Balkans.

726. In 2015, the countries that reported seizing more than 1 ton of cannabis resin were Spain (380.4 tons), France (60.8 tons), the United Kingdom (7.5 tons), Belgium (7 tons), Denmark (3.6 tons), Norway (2 tons) and Sweden (1.1 tons). The bulk of the cannabis resin seized in Spain in 2015 originated in Morocco.

727. Almost all heroin available on the illicit drug markets in Europe originates in Afghanistan. Owing to its geographical location, Turkey continues to be a main corridor for heroin trafficking towards Europe, serving as a starting point on the Balkan route. In 2014, seizures of

heroin and morphine along the Balkan route amounted to 48 tons, an increase compared with the quantity seized in previous years.

728. Despite the diversification of heroin trafficking routes, the Balkan route (from Turkey to Bulgaria and through countries in the western Balkans to Western and Central Europe, or from Bulgaria through Romania and Hungary to Western and Central Europe) remains the main corridor for trafficking bulk quantities of heroin to the main heroin markets in Europe. Reasonably recent variations to the Balkan route involve trafficking through the Islamic Republic of Iran and the Caucasus countries and then across the Black Sea to Romania to follow the traditional Balkan route, or through the Islamic Republic of Iran to Iraq and the Syrian Arab Republic and then to Turkey. There are also increasing concerns about the southern route, along which heroin is trafficked by sea from Iran (Islamic Republic of) and Pakistan, initially to the Arabian Peninsula and East Africa, and then onwards to other parts of Africa or directly to Europe. The container ports of Rotterdam (Netherlands) and Antwerp (Belgium) appear to be major hubs for heroin and cocaine smuggled into the European Union.

729. Until 2013, countries in the European Union had witnessed a long-term decrease in both the number of heroin seizures and the quantity of the drug seized. Since that time, seizures of amounts of heroin larger than 100 kg have been reported more regularly. In 2015, sizeable amounts of heroin were seized in the following countries: the United Kingdom (1,114 kg), France (818 kg), Greece (567 kg), Romania (334 kg), Bulgaria (265 kg), Spain (256 kg), Germany (210 kg) and Belgium (121 kg). The increased availability and purity of heroin on the illicit markets may have also contributed to an increasing number of overdose deaths reported in some countries in 2015, for example in Lithuania, Slovenia and the United Kingdom. Those latest developments raise concerns about a potential resurgence of heroin use in the European Union, following more than a decade-long decrease in demand for the drug.

730. In 2015 in Romania, there was a significant increase (about 55 per cent) in the total quantity of drugs seized compared with 2014. The situation was mainly determined by the increase in seizures of heroin (from 25.7 kg to more than 334 kg), which represented about 28 per cent of the total amount of drugs seized in the country. The quantity of substances seized in 2015 indicates a decrease in the seizures of “ecstasy”, amphetamine-type stimulants, opioids, LSD, piperazines, cathinones, synthetic cannabinoids, tryptamines, cannabis plants, cannabis resin and buprenorphine. During 2015, 64 drug

trafficking groups were dismantled in Romania, a 16.4 per cent increase compared with the previous year, when 55 such groups were dismantled. The total number of persons involved in those groups decreased in 2015 (from 517 persons in 2014 to 425 persons in 2015).

731. The cocaine market in the European Union has been fairly stable over recent years, although there are indications of increasing availability of the drug. In 2014, countries in the European Union reported seizures of cocaine totalling 61.6 tons, about the same amount as in 2013 (62.6 tons). In 2015, seizures of cocaine, in quantities of more than 1 ton, occurred in Spain (21.6 tons), Belgium (17.5 tons), France (10.9 tons), the United Kingdom (3.5 tons) and Germany (3.1 tons). Austria, Czechia, Cyprus, Denmark, Greece, Lithuania, Poland and Sweden reported seizures of cocaine larger than 100 kg. Seizure data for the Netherlands were not available at the time of publication of the present report.

732. According to the European countries that seized the largest amounts of cocaine in 2015, Colombia, Ecuador and Venezuela (Bolivarian Republic of) were among the main countries of departure for the drug trafficked by sea and air to Europe. The Caribbean and West Africa continue to be used by traffickers as important transit areas, and the increasingly important role of Central America as a transit point has also been noted.

733. The concealment methods used by traffickers for smuggling cocaine to Europe continue to evolve. The trafficking in cocaine in maritime containers through major European ports appears to be increasing. In 2013, seizures of cocaine concealed in sea containers accounted for about three quarters of maritime seizures. There are concerns about the continued trafficking in cocaine by melting it into “carrier materials” such as plastics, which requires chemical extraction of cocaine in so-called secondary extraction laboratories that are linked to criminal organizations. The swallowing of latex packages containing liquid cocaine, instead of capsules containing cocaine in powder form, by air couriers (so-called “mules”) has been detected in some airports.

(b) Psychotropic substances

734. For a number of years, the European Union has been a manufacturing region for synthetic drugs: amphetamine and “ecstasy” have been illicitly manufactured in Belgium and the Netherlands, and methamphetamine in countries in Central Europe, mostly in Czechia. Recent evidence suggests a significant manufacturing capacity of methamphetamine also emerging in

the Netherlands and some small-scale manufacturing in countries bordering Czechia.

735. In 2015, Belgium and Poland reported the destruction of eight and five clandestine amphetamine laboratories, respectively. One or two amphetamine laboratories were dismantled in the following countries: Austria, Germany, Latvia, Spain and Sweden. The largest number of dismantled methamphetamine laboratories in the European Union, 263, was reported by Czechia. Those laboratories used pseudoephedrine as a primary precursor for the manufacture of methamphetamine. The dismantling of fewer than 10 methamphetamine laboratories were reported by each of the following countries: Austria, Germany, Lithuania and Poland. Three laboratories manufacturing “ecstasy” were dismantled in Belgium.

736. The regional manufacture of synthetic drugs results not only in significant intra-European trafficking, but also trafficking to other regions, including the Americas and Oceania, particularly Australia. Moreover, the territory of the European Union has been used as a transit corridor for methamphetamine manufactured in the Islamic Republic of Iran and in West Africa that is destined for markets in East Asia. The organized criminal groups involved in the trafficking of synthetic drugs also often smuggle other substances: for example, criminal groups supplying amphetamine and “ecstasy” originating in Belgium and the Netherlands also supply drug markets with cannabis and cocaine. In Czechia, some organized criminal groups have expanded from cannabis plant cultivation to methamphetamine manufacture.

737. Amphetamine is far more commonly mentioned in seizure reports than methamphetamine. In 2014, the States members of the European Union reported seizures of 7.1 tons of amphetamine and 0.5 tons of methamphetamine. Wastewater analysis conducted by laboratories across European cities during the period 2011-2014 as part of the Sewage Analysis CORE Group (supported by the European Union) also confirmed that the use of amphetamine is far more common than the use of methamphetamine in Europe. Out of 59 cities where analysis was done, 47 cities (80 per cent) showed higher residues of amphetamine than of methamphetamine in their wastewater.

738. In 2015, seizures of amphetamine larger than 100 kg were reported by Germany (1.4 tons), Poland (0.7 tons), the United Kingdom (0.6 tons), Sweden (0.5 tons), Norway (0.5 tons), France (0.4 tons) and Finland (0.3 tons). Seizures of methamphetamine larger than 100 kg were carried out in Czechia, France and Norway (in descending) order. Seizures of large amounts

of “ecstasy” in 2015 were reported by France (1.3 million units), the United Kingdom (1.1 million units) and Germany (1.0 million units).

(c) Precursors

739. Challenges in precursor control in the European Union member States mainly relate to the substances listed in Table I of the 1988 Convention; non-scheduled chemicals, in particular those used in the illicit manufacture of amphetamine-type stimulants; and, more recently, the precursors of new psychoactive substances. In particular, seizures of large amounts of non-scheduled chemicals raise concerns about the continued manufacture of synthetic drugs, in particular amphetamines and “ecstasy”.

740. The Netherlands is one of the main countries worldwide communicating seizures of diverse chemical substances through PICS, which is aimed at facilitating and promoting regional operational cooperation. Those seizures included scheduled and non-scheduled substances used in the illicit manufacture of “ecstasy”, such as 3,4-methylenedioxyphenyl-2-propanone (3,4-MDP-2-P) and its internationally non-controlled glycidic acid derivatives, and those used in the illicit manufacture of amphetamines, such as salts of 1-phenyl-2-propanone (P-2-P), methyl glycidic acid and reagents such as methylamine and formic acid. Other countries reporting sizeable seizures of those substances included Belgium and France.

741. Seizures of APAAN, a substitute chemical that can be used in laboratories illicitly manufacturing amphetamine and methamphetamine, have significantly decreased in the European Union since 2014, when the substance was brought under international control. During the period 2015-2016, seizures of the substance were reported by Germany, the Netherlands and Spain.

742. Through PICS, Czechia continued communicating seizures of pharmaceutical preparations containing pseudoephedrine. France, Luxembourg and the Netherlands also used PICS to report seizures of precursors of new psychoactive substances, mainly precursors of synthetic cathinones.

743. 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 2016 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

744. There is no indication of a slowdown in the development of new psychoactive substances. Manufacturers of such substances are making continued efforts to circumvent legal and regulatory controls imposed by Governments worldwide. The continued growth of the European Union market for new psychoactive substances, which are often sold openly through conventional stores and online shops as “legal” replacements for illicit drugs, is also corroborated by the amounts of the substances seized.

745. In 2014, States members of the European Union, as well as Norway and Turkey, reported almost 50,000 seizures of new psychoactive substances, amounting to almost 4 tons. Seizures of synthetic cannabinoids, often advertised as legal replacements for cannabis, and synthetic cathinones that have been consumed as an alternative to amphetamine, cocaine and “ecstasy”, together accounted for over three quarters of the total number of seizures of new psychoactive substances during 2014.

746. According to EMCDDA, many new psychoactive substances found in Europe have been manufactured by legitimate companies in China, and to a lesser extent in India. Those companies use their websites and online marketplaces to advertise their capacity to supply new psychoactive substances in amounts ranging from a few milligrams to hundreds of kilograms. From the manufacturing countries, large consignments of the substances are shipped to Europe as sea or air cargo; smaller amounts are delivered directly to buyers by express mail and delivery companies.

747. Given the scheduling of 116 new psychoactive substances by the Chinese Food and Drug Administration in October 2015, the manufacture of new psychoactive substances may in future gradually shift to other countries and, as a result, the importance of China as the main source of new psychoactive substances may also decline. In fact, the emergence of clandestine laboratories in Europe may suggest traffickers’ increasing interest in manufacturing a range of new psychoactive substances in Europe. That has been corroborated, for example, by seizures from two mephedrone laboratories in Poland in 2015.

748. During 2015, 14 new psychoactive substances were identified as part of 77 seizure cases in Bulgaria. The total weight of seized new psychoactive substances amounted to 4,074 grams; synthetic cannabinoids amounted to 4,072 grams of the total seized, and

accounted for 71 out of the 77 seizure cases of new psychoactive substances. Use of new psychoactive substances was highest among those aged under 35.

749. In Romania, no drug-producing clandestine laboratories were identified in 2015; however, three laboratories used for mixing and packaging new psychoactive substances, mainly synthetic cannabinoids, were detected and dismantled.

750. In Latvia, according to data from the national early warning system, the number of seizures of new psychoactive substances decreased from 1,387 seizures in 2014 to 735 seizures in 2015. The most seized group of new psychoactive substances remains synthetic cannabinoids (n=402); however, there was a sharp increase in the seizures of so-called “other drugs” (n=228). Those seizures comprised 116 carfentanil seizures (or carfentanil in a mixture with heroin), 92 tramadol seizures and 20 fentanyl and 3-methylfentanyl seizures. In general, there was a reported increase in the seizures of synthetic opioids.

5. Abuse and treatment

751. In the European Union,⁶⁶ it is estimated that over a quarter of those aged 15 to 64 have consumed illicit drugs at least once in their lives. In comparison with the past, drug consumption now encompasses a much wider choice of psychoactive substances. Individual patterns of drug use range from experimental to habitual and dependent use; polydrug use is also common.

752. According to the EMCDDA report on *Comorbidity of Substance Use and Mental Disorders in Europe*,⁶⁷ published in 2015, depression is among the most common psychiatric comorbidity associated with problematic drug use in Europe. Comorbid major depression is more frequent in women with substance use disorders than in men with such disorders. Among that group of women, the prevalence of major depression is two times higher than among women in the general population.

753. The twenty-third European Cities against Drugs Mayors’ Conference was held in Stavanger, Norway, on 9 and 10 May 2016. The goal of the Conference was to

⁶⁶Data on drug abuse and treatment in the European Union are based on information published in EMCDDA, *European Drug Report 2016: Trends and Developments* (Publications Office of the European Union, Luxembourg, 2016), unless otherwise specified. The report encompasses information provided by the European Union member States, the candidate country Turkey, and Norway.

⁶⁷Luxembourg, Publications Office of the European Union.

identify ways to build healthy and safe cities through prevention and treatment. INCB delivered a keynote presentation entitled “Proactivity beats reactivity: examining the evidence for sound drug prevention in our cities”.

754. The prevalence of cannabis use in countries of the European Union varies from country to country. It is estimated that 51.5 million adult males and 32.4 million adult females consume cannabis at least once in their lives (24.8 per cent lifetime prevalence), making cannabis the most commonly used drug in the European Union. In the European Union about 1 per cent of those aged 15 to 64 use cannabis on a daily or almost daily basis.

755. Cannabis is the drug most frequently reported as the principal reason for first entry into drug treatment and the second most frequently mentioned substance among all drug treatment clients. The overall number of first-time treatment admissions for cannabis abuse in the European Union increased from 45,000 in 2006 to 69,000 in 2014, an increase of more than 50 per cent.

756. About 1.1 per cent of the general population aged 15-64 in the European Union (3.6 million people) have used cocaine in the past year. Of those, two thirds (about 2.4 million) are aged 15 to 34, for whom the prevalence rate of last year use was almost double (1.9 per cent). Almost half of the States members of the European Union that provided information on the prevalence of cocaine use in 2015, including Austria, Bulgaria, France, Latvia, Lithuania, Spain and the United Kingdom, reported stable prevalence. In 2015, the prevalence of cocaine use largely decreased in Belgium, but significantly increased in Romania.

757. The most commonly used illicit opioid in the European Union is heroin. In addition to heroin, a range of synthetic opioids such as methadone, buprenorphine and fentanyl have also been misused. About three quarters of the 1.3 million high-risk adult users in the European Union were reported to be in France, Germany, Italy, Spain and the United Kingdom. In 2014, more than 600,000 opioid users in the European Union were receiving substitution treatment.

758. High-risk opioid users in the European Union also misuse benzodiazepines, substances that are often associated with morbidity and mortality in that group of users. In several European countries, small groups of high-risk drug users who previously injected heroin and amphetamines, including those that were on opioid substitution treatment, started experimenting with injecting new psychoactive substances, such as synthetic cathinones. There are also concerns that opioids, such as methadone and

buprenorphine, which are primarily prescribed for the treatment of opioid dependence, are likely to be misused in some European Union member States.

759. The consumer market for opiates in Eastern European countries continued to expand. In 2016, UNODC reported that opioid use remained a major cause of concern, in particular in Eastern and Southern Europe, with more than 70 per cent of all drug treatment patients receiving treatment for opiate use disorders. UNODC estimates that, in 2014, the total number of people in treatment for opioid use in those subregions ranged between 80,000 and 90,000.

760. National general population surveys on drug use in Latvia have been conducted every four years since 2003, and the most recent data are available for 2015, during which 9.9 per cent of respondents (compared with 12.5 per cent in 2011 and 12.1 per cent in 2007) reported having used cannabis at least once during their lifetime. The lifetime prevalence rate was 2.5 per cent for “ecstasy” (compared with 2.7 per cent in 2011 and 4.7 per cent in 2007) and 2.0 per cent for amphetamines (compared with 2.2 per cent in 2011 and 3.3 per cent in 2007). In general, the use of illicit substances has declined and returned to the levels of 2003.

761. Data on substance use among 15- to 16-year-old schoolchildren are available from the regular European School Survey Project on Alcohol and Other Drugs, which has been carried out in Latvia since 1999. According to the data from the 2015 survey, cannabis is the most popular drug among students aged 15-16. Lifetime prevalence of cannabis use was reported by 16.3 per cent of students (compared with 24 per cent in 2011 and 18 per cent in 2007). The lifetime prevalence rate was 3.7 per cent for LSD, 2.9 per cent for amphetamines/methamphetamines and 2.6 per cent for “ecstasy”. In 2015, some 9.5 per cent of 15- to 16-year-old schoolchildren indicated that they had tried new psychoactive substances, such as “Spice” or similar mixtures (compared with 11 per cent in 2011).

762. In Ukraine, according to a report published in 2015 by the Medical Statistics Centre of the Ministry of Health, the number of people in need of treatment for drug abuse was estimated at 60,187.

763. The patterns and prevalence of use of the main synthetic stimulants abused in the European Union, namely amphetamine, “ecstasy” and, to a lesser extent, methamphetamine, differ considerably among States members of the European Union. Notwithstanding their preferred drug of abuse, consumers of those synthetic

stimulants readily switch to other psychoactive substances, subject to their availability, price and perceived quality. EMCDDA, for example, reported links between the cocaine market and the new psychoactive substances market, in particular that of synthetic cathinones.

764. Consumption of amphetamines (amphetamine and methamphetamine) has been stable in most European Union countries since about 2000. In the European Union, it is estimated that 1 per cent of those aged 15-34 (1.3 million people) consumed amphetamines during the past year. Significant consumption of methamphetamine has been reported in Czechia and Slovakia, where the use of the drug has been long established. There are, however, indications that use of methamphetamine has spread further to several other European countries, including Austria, Germany and Poland.

765. Until recently, the prevalence of “ecstasy” abuse had been declining in many European Union member States, from peak levels reached in the early to mid-2000s. Recent data indicate that, after a period of relative shortage, the drug is once again more widely available. Moreover, the potency of “ecstasy” products (tablets, powders and crystals) has increased since 2010, now reaching an all-time high, while prices appear to have remained relatively stable. The availability of high-dose “ecstasy” products on the illicit markets constitutes an emerging threat and a challenge for public health and safety.

766. Surveys conducted in the European Union between 2013 and 2015 further corroborate the suspected overall increase in “ecstasy” use in the subregion. It is estimated that 1.7 per cent of those aged 15-34 (2.1 million people) used “ecstasy” in the past year, with national estimates ranging from 0.3 to 5.5 per cent. Demand for treatment for “ecstasy” abuse is, however, very low in the subregion.

767. Throughout the two-decade-long history of abuse of *gamma*-hydroxybutyric acid (GHB) (including its precursor GBL) and ketamine, national estimates of the prevalence of GHB and ketamine abuse in both adult and school populations, where they existed, remained low in the European Union. Likewise, the prevalence of use of LSD and hallucinogenic mushrooms has also been generally low and stable in the subregion for a number of years.

768. In spite of the considerable significance given by Governments to the problem of new psychoactive substances, estimating the prevalence of abuse of that group of substances continues to be a challenge. The Board

notes that an increasing number of countries now include new psychoactive substances in their drug abuse surveys, although differences in survey methods and questions may limit the comparability of their results. According to EMCDDA, since 2011, 11 European Union member States have reported their national estimates of prevalence of use of those substances.

769. There is a permanent risk that new psychoactive substances with unpredictable toxicological profiles and a potentially unknown detrimental impact on human health, may enter the market. It is therefore essential to regularly update data about the patterns of their consumption and the needs of their users. According to an EMCDDA report on health responses to new psychoactive substances that was published in 2016, in view of the rapid emergence of the group of substances and the complexity of their markets, it is essential to develop and implement effective public health responses to their use.

770. Although progress has been made in recent years, drug use resulting in overdoses or drug-related morbidity, accidents, violence and suicide remain among the major causes of avoidable mortality among young people in the European Union. The European Union estimates that in 2013 alone, at least 5,800 people died from drug overdoses. According to data available to EMCDDA, HIV infections among injecting drug users have decreased, although the infection rates for hepatitis C were still high in many countries in the European Union. Among all HIV cases reported in Europe where the route of transmission is known, the percentage attributable to injecting drug use has remained low and stable for the last decade (less than 8 per cent). Higher rates, however, were reported for Lithuania (32 per cent), Latvia (31 per cent), Estonia (28 per cent) and Romania (25 per cent).

771. The Minister for Health of the Russian Federation outlined the Government’s strategy for combating HIV/AIDS during the three-day United Nations high-level meeting on ending AIDS that was held at United Nations Headquarters from 8 to 10 June 2016. Among the measures proposed were encouraging drug users to abstain from the use of narcotic drugs and providing access to modern rehabilitation centres. Free HIV screening had been made available in the Russian Federation for more than 30 million people, anonymously, if desired. Activities to combat HIV in the Russian Federation were financed from the federal budget, freeing those who had been infected from financial burden.

772. According to UNODC, Eastern and South-Eastern Europe are the subregions with the highest prevalence of injecting drug use, estimated at about 1.27 per cent of the

population in the 15-64 age group. The total number reported from those subregions is estimated to account for 24 per cent of the total number of people who inject drugs worldwide, with the majority of them registered in the Russian Federation and Ukraine. Among people who inject drugs in Eastern and South-Eastern Europe, HIV prevalence is particularly high, estimated at more than 22 per cent.

E. Oceania

1. Major developments

773. The illicit market for amphetamine-type stimulants in Oceania, particularly in Australia and New Zealand, is dominated by methamphetamine, with evidence suggesting a growing prevalence of abuse and an increase in purity and in the affordability and availability of the substance. The high volume of seizures in both countries reflects the situation, with record levels of methamphetamine seized in New Zealand. Methamphetamine seizures in other countries of the region, such as Fiji, indicate that they are used as trafficking transit points but may also indicate local abuse of the substance.

774. The *Drug Harm Index* has been developed in New Zealand to estimate the social costs to community and individuals arising from drug abuse, taking also into account the cost of health, education and law enforcement interventions. The second edition of the *New Zealand Drug Harm Index 2016* was published under the auspices of the Ministry of Health in July 2016. It was estimated that cannabinoids, followed by amphetamine-type stimulants, then opioids and sedatives, were responsible for the greatest proportion of social costs (including intervention costs) associated with drug abuse.

2. Regional cooperation

775. At its eighteenth annual conference, held in Tuvalu in June 2016, the Oceania Customs Organization adopted the Regional Information and Intelligence Sharing Framework and the Regional High-Level Understanding on Information and Intelligence Sharing. The conference endorsed the concept of a joint Pacific law enforcement conference, to be explored with the Pacific Islands Chiefs of Police, the Pacific Islands Forum secretariat and the Pacific Immigration Directors' Conference. Among other things, members of the Organization noted the

importance of potential threats to border security posed by transnational crime and "e-crime", and welcomed further discussions on the regional efforts to develop a common data model to enhance an integrated border approach.

776. The Forum Regional Security Committee of the Pacific Islands Forum met in Suva in June 2016 to discuss human security, threats resulting from natural disasters, and transnational organized crime. In May 2016, the Pacific Islands Forum secretariat, in partnership with the Government of New Zealand and UNODC, held a workshop with policy, law enforcement and legislative drafting experts from the countries of the region to revise the Forum's Model Provisions on Counter-Terrorism and Transnational Organized Crime from 2002. The outcome of the workshop was to be presented to the Forum's Working Group on Counter-Terrorism and Transnational Organized Crime at its meeting held in June 2016.

777. The Pacific Police Dog Programme, which facilitates in-country training of dog handlers from the Cook Islands, Samoa and Tonga, was expanded to include the detector dog project in Fiji, which became operational in 2016. The project is aimed at stemming the flow of drugs trafficked into Fiji and is a joint venture between the Fiji Revenue and Customs Authority, the Fiji Police Force, the New Zealand Customs Service and the New Zealand Police.

778. Cooperation between Australia, Fiji and New Zealand in addressing drug trafficking continues to be strengthened. A joint operation between the Fiji Revenue and Customs Authority, the Fiji Police Force, the New Zealand Customs Service and the Australian Federal Police in July 2015 resulted in a seizure of 80 kg of methamphetamine. In June 2016, the authorities of the three countries participated in the INTERPOL Operation Pangea IX, which targeted the online sale of counterfeit medicines.

3. National legislation, policy and action

779. Oceania remains the region of the world with the highest level of non-adherence to the international drug control treaties. Kiribati and Tuvalu have not adhered to any of the three international drug control conventions, while the Cook Islands, Nauru, Niue, Samoa and Vanuatu are not parties to the 1961 Convention or the 1971 Convention. Solomon Islands is not a party to the 1971 Convention or the 1988 Convention, and Palau and Papua New Guinea are also not yet party to the

1988 Convention. Given the emerging role of countries in Oceania, particularly the Pacific island States, as transit points for drug trafficking, and the role of some of those States as offshore financial centres that may be vulnerable to the laundering of proceeds of drug-related crime, the lack of adherence to and implementation of the conventions renders the countries particularly vulnerable to drug trafficking and its consequences. The International Narcotics Control Board urges the countries of the region to set in place the necessary processes to accede to the conventions and offers its support in that regard. The Board also calls upon the international community to support those countries in efforts to fully adhere to and implement the treaties.

780. In October 2016, the Narcotic Drugs Amendment Act 2016 entered into force in Australia, providing a legislative framework that enables cannabis cultivation, permits access to cannabis for medical purposes and ensures that the cultivation of cannabis and the manufacture of cannabis products for medical purposes are in compliance with the 1961 Convention. The Amendment Act establishes a licensing scheme for the cultivation of cannabis for medical and related scientific purposes and includes measures to ensure security and prevent overproduction. Under the legislation, a system of licences and permits along the chain from patient to manufacturer to cultivator will control the amounts that can be cultivated and manufactured. Medicinal cannabis products are to be supplied under medical prescription; prescribing doctors will require authorization from the Government.

781. Owing to the high levels of abuse and trafficking of methamphetamine in Australia and its consequences, the National Ice⁶⁸ Taskforce, comprising health and law enforcement experts, was established in April 2015 to coordinate local, state and federal action. The National Ice Action Strategy, adopted in December 2015, outlines measures on support for families and communities, targeted prevention, investment in treatment, focused law enforcement and better research and data. In addition, the National Organised Crime Response Plan 2015-2018 outlines initiatives to address the illicit supply of methamphetamine, while the National Law Enforcement Methamphetamine Strategy facilitates a nationally coordinated operational response to the drug by defining roles and aligning responsibility for enforcement, intelligence collection and awareness. In response to a recommendation of the National Ice Taskforce, a new ministerial drug and alcohol forum will be established to oversee the development, implementation and monitoring of the

national drug policy framework, including the National Ice Action Strategy. That Strategy forms a key component of the Australian National Drug Strategy 2016-2025.

782. The Australian Federal Police recommitted to close working relationships with Cambodia, China and Viet Nam to address the shared threat of transnational organized crime and to improve understanding of concealment methods, trafficking routes and criminal networks facilitating the trafficking of drugs into Australia. For example, Taskforce Blaze was established by the authorities of Australia and China in November 2015 to address the international illicit market for methamphetamine. Two separate operations involving the Taskforce led to seizures totalling 720 litres of liquid methamphetamine and more than 300 kg of crystalline methamphetamine in Australia between February and July 2016. In March 2016, the Australian Federal Police and the Central Narcotics Bureau of Singapore agreed to enter into a memorandum of understanding on combating transnational crime and developing police cooperation.

783. In 2016, the customs authorities of Fiji and Vanuatu adopted the World Customs Organization National Customs Enforcement Network, becoming the only two customs administrations in the Pacific region, among only 20 other countries worldwide, to have implemented the system.

784. The Government of Samoa is establishing an alcohol and other drugs court, with a view to facilitating the rehabilitation of people who reoffend in connection with their dependency on alcohol and drugs. Expert advice on the establishment of the court is being provided by New Zealand.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

785. Cannabis remains the most widely trafficked and abused drug throughout Oceania. Although the number of cannabis seizures in Australia, both at the border and within the country, reached a record high during the period 2014-2015, the weight of cannabis seized within the country decreased from over 7 tons during the period 2013-2014 to around 6 tons during the period 2014-2015, and the weight of cannabis seized at the border decreased from 158 kg to 60 kg over the same period. The amount of cannabis herb seized in New Zealand increased from

⁶⁸“Ice” is a colloquial term for methamphetamine.

518 kg in 2014 to 692 kg in 2015. The six-month National Cannabis and Crime Operation, held in New Zealand during the 2015-2016 growing season, resulted in the eradication of more than 130,000 cannabis plants and almost 80 kg of cannabis herb, the second highest amount seized in the past nine years. In Fiji, law enforcement Operation Cavouraka had, by June 2016, eradicated more than 38,000 cannabis plants found on 15 farms in the Navosa highlands.

786. The amount of heroin seized at the Australian border increased by 168 per cent, from 118.9 kg during the period 2013-2014 to 318.7 kg during the period 2014-2015, with the predominance of South-East Asia as the source of the heroin seized increasing to 98.1 per cent in the first half of 2015. The amount of heroin seized within Australia also increased, from 158 kg during the period 2013-2014 to 477 kg during the period 2014-2015, the second highest level in the past decade. In 2015 in New Zealand, a small amount of heroin (38.4 g) was seized, significantly less than the 16 kg seized in 2014, but a similar level to that seized in 2013.

787. Australia, which accounted for 99 per cent of total cocaine seizures in Oceania between 1988 and 2014, saw an increase in the frequency and amount of cocaine seized, with seizures at the border increasing from 245.6 kg during the period 2013-2014 to 368.9 kg during the period 2014-2015. Seizures within the country also increased, from 317.4 kg during the period 2013-2014 to 514.4 kg during the period 2014-2015, still around half the one ton seized in 2012-2013. While cocaine seized at the Australian border in 2013 had predominantly come from Peru, the prominence of Colombia as a source country has re-emerged, with 69.4 per cent of cocaine seized at the border in the first half of 2015 originating in Colombia, compared with 21.1 per cent originating in Peru.

788. Following a decrease in the amount of cocaine seized in New Zealand, from 10.2 kg in 2014 to 129 g in 2015, a record seizure of the drug was made in May 2016: a shipment of 35 kg from Mexico. Other significant seizures of cocaine in the Pacific, such as 50 kg in Fiji in 2015 and 680 kg from a yacht in French Polynesia in February 2016, suggest the existence of various trafficking routes through the region, likely destined for Australia or New Zealand.

(b) Psychotropic substances

789. A record 12.6 tons of amphetamine-type stimulants, comprising 49 per cent amphetamines and 48.3 per

cent MDMA, were seized in Australia during the period 2014-2015, having more than tripled from 4.1 tons during the period 2013-2014, and representing just over half (53.6 per cent) of the weight of drugs seized in the country. The amount of amphetamine-type stimulants (excluding "ecstasy") detected at the Australian border almost doubled, from 1.8 tons during the period 2013-2014 to a record 3.4 tons during the period 2014-2015; crystalline methamphetamine accounted for 76.4 per cent of the weight of amphetamine-type stimulants seized at the border during the period 2014-2015.

790. In New Zealand, the quantity of methamphetamine seized more than tripled, from 98.8 kg in 2014 to a record amount of 334.3 kg in 2015; however, one large shipment of 79.3 kg of methamphetamine seized by customs authorities was suspected to be destined for Australia. That trend appears to be continuing, with a record seizure of 494 kg methamphetamine made in New Zealand in June 2016. Seizures of methamphetamine reported elsewhere in the region, for example Fiji, suggest the use of those countries as transit points for the trafficking of methamphetamine to Australia and New Zealand, but also indicate, given some seizures of small quantities, abuse of the substance in those countries.

791. The amount of "ecstasy" seized at the Australian border increased to 2 tons during the period 2014-2015, the second-highest reported level in the previous decade, compared with 94.8 kg during the period 2013-2014. A single seizure of 1.92 tons of "ecstasy" that had been concealed in sea cargo accounted for 95.8 per cent of the "ecstasy" seized at the border during the period 2014-2015. The amount of the substance seized within the country also increased, to 6.1 tons during the period 2014-2015. In New Zealand, the trend in seizures of "ecstasy"-type substances has fluctuated, decreasing in 2014 after a record in 2013, and increasing to 5.17 kg in 2015.

(c) Precursors

792. The majority of methamphetamine seized in Australia was primarily manufactured from ephedrine and pseudoephedrine, with the proportion of samples manufactured from 1-phenyl-2-propanone (P-2-P) decreasing. The weight of amphetamine-type stimulant (excluding "ecstasy") precursors seized at the Australian border decreased from 1.5 tons during the period 2013-2014 to 0.5 tons during the period 2014-2015. It remains to be seen whether that trend will continue: a significant seizure, of 340 kg of ephedrine, was made in Sydney

in January 2016. In contrast, the weight of “ecstasy” precursors seized at the border increased from 1.24 kg in the period 2013-2014 to 288 kg in the period 2014-2015.

793. The number of clandestine laboratories detected in Australia has decreased since 2011, and during the period 2014-2015 it reached the lowest level (667 laboratories) since 2008-2009. The proportion of smaller, “user-based” clandestine laboratories detected increased during the period 2014-2015, to 60.9 per cent. While the majority of the facilities were being used to illicitly manufacture amphetamines, the number of laboratories manufacturing “ecstasy” increased from 3 during the period 2013-2014 to 18 during the period 2014-2015.

794. In New Zealand, the trend seen in 2014 towards ephedrine, rather than pseudoephedrine, becoming the main precursor used in the illicit manufacture of methamphetamine continued in 2015 and into 2016, accounting for 92 per cent of the 966.6 kg of methamphetamine precursors seized in 2015. Record seizures of ephedrine were made in New Zealand in October 2015 and April 2016 (95 kg and 200 kg, respectively). The number of clandestine laboratories dismantled in New Zealand decreased from 82 in 2014 to 69 in 2015.

795. 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 2016 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

796. New psychoactive substances were increasingly detected at the Australian border, with a record number of seizures made during the period 2014-2015 (551 compared with 92 during the period 2013-2014). However, the total weight of new psychoactive substances seized decreased, from 543 kg during the period 2013-2014 to 52.7 kg during the period 2014-2015, the second-lowest amount on record. The majority (by weight) of samples analysed were cathinone analogues (71.1 per cent), followed by synthetic cannabinoids (22.8 per cent). The number of ketamine detections at the border increased from 155 during the period 2013-2014 to a record 218 during the period 2014-2015, with the international mail stream accounting for 97.2 per cent of ketamine detections.

797. Increased illegal importation of new psychoactive substances has been reported in New Zealand.

5. Abuse and treatment

798. Of the internationally controlled substances, cannabis remains the most widely abused substance in Oceania, with estimated annual prevalence at about 10 per cent, well above the global estimate of 3.8 per cent. In recent years, the abuse of cannabis has been reported to be relatively stable, albeit at a high level, in Australia and New Zealand, the countries for which recent data are available.

799. Although prevalence of abuse of amphetamines (i.e., amphetamine and methamphetamine) appears to have remained somewhat constant over recent years in both Australia and New Zealand, with annual prevalence among adults in those countries estimated at 2.1 per cent and 0.9 per cent, respectively, methamphetamine consumption has strongly increased in Australia. The number of people in Australia who used methamphetamine in the previous year is, according to household survey data, reported to have doubled, from an estimated 100,000 in 2007 to 200,000 in 2013, representing 1.1 per cent of the adult population. The proportion of detainees testing positive for methamphetamine more than doubled between the periods 2009-2010 and 2014-2015 in Australia. Between the periods 2009-2010 and 2013-2014, the number of hospitalizations related to methamphetamine increased fivefold and the number of specialized drug treatment cases concerning amphetamines tripled.

800. An Australian study utilizing indirect prevalence estimates based on treatment and hospitalization data, which was designed to include “more hidden and stigmatized” groups of drug users, indicated that the level of methamphetamine use was at its highest level, with the monthly prevalence among adults increasing from 1.03 per cent during the period 2002-2003 to 2.09 per cent during the period 2013-2014, and with methamphetamine addiction increasing from 0.66 per cent during the period 2002-2003 to 1.24 per cent during the period 2013-2014. Furthermore, the study estimated dependent use at 1.14 per cent and 1.50 per cent among those aged 15 to 24 years and 25 to 34 years, respectively.

801. Wastewater analysis in Australia suggested threefold to fivefold increases between 2009 and 2015 in per capita methamphetamine consumption in two population groups in Queensland. Such analysis also indicated that abuse of amphetamines has exceeded that of “ecstasy” and

cocaine since 2010 in large parts of Queensland and South Australia, and indicated a decline in levels of “ecstasy” use in a number of population groups between 2014 and 2015.

802. The level of abuse of cocaine is reported to be relatively stable, albeit at a high level, in Australia and New Zealand, with annual prevalence among adults of 2.1 per cent and 0.6 per cent, respectively. Annual prevalence of “ecstasy” abuse among adults in both Australia and New Zealand was reported to have declined to 2.5 per cent and 2 per cent, respectively, by 2013.

803. In New Zealand, the prevalence of abuse of amphetamines was found to be higher among the Maori population than among the non-Maori population. Similarly, in Australia, annual prevalence of abuse of amphetamines in indigenous communities was estimated at 5 per cent, higher than the national average. Reported levels of annual prevalence of drug abuse among Aboriginal and Torres Strait Islander people in Australia have been consistently higher than among non-indigenous

people. Such data should be taken into account in the design and implementation of prevention and treatment programmes.

804. The rate of accidental overdose deaths due to opioids among those aged 15 to 54 in Australia decreased from 49.5 per million in 2011 to 44.7 per million in 2012; 70 per cent of the accidental opioid deaths in Australia among those aged 15 to 54 in 2012 were due to pharmaceutical opioids, with the remainder of such deaths due to heroin, which was relatively stable with respect to the previous year. Annual prevalence of heroin abuse declined in Australia from 0.2 per cent in 2010 to 0.1 per cent in 2013.

805. Noting the lack of recent data on drug abuse and treatment in the other countries of Oceania, the Board reiterates its call to the Governments of those countries to step up their efforts to increase the collection of data on drug abuse and treatment. The Board invites the international community and regional and bilateral partners to provide support to those countries to that end.

