

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

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

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

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

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

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

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

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

## B. Americas

### Central America and the Caribbean

#### 1. Major developments

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

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

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

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

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

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

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

## 2. Regional cooperation

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

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

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

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

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

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

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

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

### 3. National legislation, policy and action

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

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

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

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

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

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

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

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

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

## 4. Cultivation, production, manufacture and trafficking

### (a) Narcotic drugs

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## (b) Psychotropic substances

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

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

## (c) Precursors

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

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

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

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

## 5. Abuse and treatment

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

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

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

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

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

## North America

### 1. Major developments

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

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

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

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

### 2. Regional cooperation

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

### 3. National legislation, policy and action

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

##### (a) Narcotic drugs

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

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

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

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

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

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

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

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

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

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

## (b) Psychotropic substances

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

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

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

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

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

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

## (c) Precursors

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

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

## (d) Substances not under international control

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

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

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

## 5. Abuse and treatment

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## South America

### 1. Major developments

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

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

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

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

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

## 2. Regional cooperation

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

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

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

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

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

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

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

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

### 3. National legislation, policy and action

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

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

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

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

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

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

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

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

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

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

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

## 4. Cultivation, production, manufacture and trafficking

### (a) Narcotic drugs

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### (b) Psychotropic substances

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

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

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

### (c) Precursors

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

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

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

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

### (d) Substances not under international control

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

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

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

## 5. Abuse and treatment

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

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

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

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

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

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

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

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

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

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

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

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

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

## C. Asia

### East and South-East Asia

#### 1. Major developments

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

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

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

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

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

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

#### 2. Regional cooperation

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

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