

## 5. Abuse and treatment

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

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

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

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

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

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

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

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

## D. Europe

### 1. Major developments

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

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

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

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

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

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

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

## 2. Regional cooperation

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

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

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

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

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

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

### 3. National legislation, policy and action

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



## 4. Cultivation, production, manufacture and trafficking

### (a) Narcotic drugs

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Colombia and Venezuela (Bolivarian Republic of) to Europe.

## (b) Psychotropic substances

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

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

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

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

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

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

### (c) Precursors

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

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

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

### (d) Substances not under international control

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

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

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



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

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

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

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

## 5. Abuse and treatment

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## E. Oceania

### 1. Major developments

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

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