

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

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

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

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

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

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

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

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

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

## B. Americas

### Central America and the Caribbean

#### 1. Major developments

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

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

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

<sup>26</sup> *World Drug Report 2015*.

<sup>27</sup> *Ibid.*

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

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

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

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

## 2. Regional cooperation

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

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

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

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

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

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

## 3. National legislation, policy and action

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

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

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

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

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

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

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

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

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

##### (a) Narcotic drugs

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

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

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

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

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

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

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

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

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

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

## (b) Psychotropic substances

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

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

## (c) Precursors

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

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

<sup>29</sup> *World Drug Report 2015*.



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

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

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

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

### 5. Abuse and treatment

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

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

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

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

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

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

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

<sup>30</sup> *World Drug Report 2015*.

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

<sup>32</sup> *World Drug Report 2015*.

region continues to be smuggled from European countries or, more recently, from Canada.<sup>33</sup>

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

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

393. The development and successful implementation of programmes for the prevention and treatment of drug abuse in Central America and the Caribbean are largely restricted by the limited resources and institutional capacity of countries in the region. INCB recognizes that a central problem in the design of effective prevention and treatment programmes is that, throughout Central America and the Caribbean, there is a lack of capacity for the collection of drug-related data and a lack of centralized agencies mandated to assess that information. In addition, Governments have to strike a balance between competing developmental priorities and the need to adopt drug abuse prevention and treatment measures. INCB reiterates the importance of Governments in the region taking tangible steps to improve frameworks for the collection and analysis of drug-related data to be used to implement adequate programmes for prevention and treatment that are available to the entire population of the region.

## North America

### 1. Major developments

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

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

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

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

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

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

<sup>33</sup> *World Drug Report 2014*.

<sup>34</sup> *Report on Drug Use in the Americas, 2015*, chap. 6.

<sup>35</sup> *Ibid.*, chap. 4.

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

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

## 2. Regional cooperation

401. Regional cooperation between the three countries in the region is extensive and generally considered to be effective. It includes high-level political summits, joint action plans, intelligence-sharing, joint law enforcement activities and border control initiatives.

## 3. National legislation, policy and action

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

memorandum<sup>36</sup> to United States attorneys and established their applicability to reservations and tribal lands, many of which traverse state borders and federal districts.

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

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

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

<sup>36</sup> See E/INCB/2014/1, para. 141.



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

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

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

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

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

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

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

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

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



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

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

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

## 4. Cultivation, production, manufacture and trafficking

### (a) Narcotic drugs

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

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

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

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

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

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

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

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

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

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

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

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

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

## (b) Psychotropic substances

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

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

## (c) Precursors

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

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

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

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

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

### 5. Abuse and treatment

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

## South America

### 1. Major developments

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

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

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

### 2. Regional cooperation

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

451. Expert cooperation in the region to counter drug trafficking has been particularly active in the area of precursor control, in which States in the region successfully collaborated in the UNODC project "Prevention of the diversion of drug precursors in Latin America and the Caribbean", as well as in the area of countering money-laundering in the context of the Asset Recovery Network of the Financial Action Task Force of Latin America against Money-Laundering. The 15 countries that comprise the Network<sup>37</sup> developed guidelines for international judicial cooperation on asset recovery and approved the Network's action plan for the strengthening of information exchange and the development of guidelines on joint and combined investigations.

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

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

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

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

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

### 3. National legislation, policy and action

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

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

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

458. Following the enactment of the legislation on cannabis in December 2013, the Government of Uruguay issued a presidential decree in May 2014 further regulating the import, production, storage, sale and distribution of cannabis for non-medical use. The decree establishes procedures for the registration of producers of cannabis for distribution in pharmacies and of domestic producers, cannabis clubs, consumers and pharmacies, and regulates the production and commercialization of cannabis seeds and cuttings. In addition, the Government enacted decrees regulating aspects of non-psychoactive cannabis for industrial use, and the sale and use of cannabis for medical purposes. Once again, INCB wishes to draw attention to its view that the legislation permitting the non-medical use of cannabis is contrary to the provisions of the international drug control conventions, specifically article 4, paragraph (c), and article 36 of the 1961 Convention as amended by the 1972 Protocol, and article 3, paragraph 1 (a), of the 1988 Convention.

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

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



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

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

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

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

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

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

## 4. Cultivation, production, manufacture and trafficking

### (a) Narcotic drugs

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### (b) Psychotropic substances

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

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

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

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



### (c) Precursors

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

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

### (d) Substances not under international control

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

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

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

## 5. Abuse and treatment

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

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

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

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

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

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

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

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

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

## C. Asia

### East and South-East Asia

#### 1. Major developments

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

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

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

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

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

#### 2. Regional cooperation

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

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