

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

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

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

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

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

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

## B. Americas

### Central America and the Caribbean

#### 1. Major developments

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

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

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

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

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

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

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

## 2. Regional cooperation

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

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

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

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

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

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

### 3. National legislation, policy and action

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

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

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

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

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

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

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

#### (a) Narcotic drugs

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

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

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

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

<sup>56</sup>See E/INCB/2015/1, paras. 141-143.

<sup>57</sup>UNODC, “Diagnóstico de la situación de las mujeres privadas de libertad en Panamá: desde un enfoque de género y derechos”. Available from [www.unodc.org](http://www.unodc.org).

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

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

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

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

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

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

## (b) Psychotropic substances

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

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

## (c) Precursors

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

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

433. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2016 on the implementation of article 12 of the 1988 Convention.

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

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

### 5. Abuse and treatment

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

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

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

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

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

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

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

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

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

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

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

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

## North America

### 1. Major developments

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

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

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

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

### 2. Regional cooperation

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

### 3. National legislation, policy and action

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

## 4. Cultivation, production, manufacture and trafficking

### (a) Narcotic drugs

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

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

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

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

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

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

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

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

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

## (b) Psychotropic substances

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

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

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

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

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

### (c) Precursor chemicals

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

487. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2016 on the implementation of article 12 of the 1988 Convention.

### (d) Substances not under international control

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

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

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

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

491. There has been an increase in the frequency of the sale of counterfeit pharmaceuticals in the illicit market in Canada and the United States, especially with regard to counterfeit “OxyContin” tablets (oxycodone hydrochloride), “Xanax” tablets (alprazolam) and “Norco” tablets (hydrocodone bitartrate). Novel synthetic opioids used in these products were fentanyl and fentanyl analogues, as well as W-18, U-47700, AH-7921<sup>59</sup> and MT-45.<sup>60</sup>

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

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

## 5. Abuse and treatment

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## South America

### 1. Major developments

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

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

the implementation of the international drug control treaties.

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

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

### 2. Regional cooperation

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

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

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

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

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

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

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

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

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

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

### 3. National legislation, policy and action

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

535. **Once again, the Board wishes to draw the attention of all Governments that measures permitting the non-medical use of cannabis are contrary to the provisions of the international drug control conventions, specifically article 4, paragraph (c), and article 36 of the 1961 Convention as amended by the 1972 Protocol, and article 3, paragraph 1 (a), of the 1988 Convention. INCB also reiterates that the limitation of the use of controlled substances to medical and scientific purposes is a fundamental principle that lies at the heart of the legal framework for international drug control, and admits no exception.**

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

## 4. Cultivation, production, manufacture and trafficking

### (a) Narcotic drugs

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

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



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

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

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

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

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

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

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

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

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

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

## (b) Psychotropic substances

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

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

### (c) Precursors

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

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

552. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2016 on the implementation of article 12 of the 1988 Convention.

### (d) Substances not under international control

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

## 5. Abuse and treatment

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## C. Asia

### East and South-East Asia

#### 1. Major developments

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

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

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

## 2. Regional cooperation

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

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

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