

B. Americas

Central America and the Caribbean

1. Major developments

412. The region of Central America and the Caribbean remains a major trans-shipment area for illicit drugs trafficked from producing countries in South America, notably for cocaine from Colombia and Peru being trafficked to destination markets in North America and Europe. According to the UNODC *World Drug Report 2017*, the Drug Enforcement Administration of the United States estimated that in 2015, 76 per cent of the cocaine departing South America transited the eastern Pacific, often by ship or semi-submersible vessel, entering Central America or Mexico before being transported overland to the United States. The Dominican Republic is the primary transit area for cocaine in the Caribbean subregion.

413. A study published in May 2017 estimates that 15 to 30 per cent (1,500 to 3,000 ha) of the forest loss in Guatemala, Honduras and Nicaragua in the past decade was caused by cocaine trafficking. Of that forest loss, 30 to 60 per cent occurred within nationally or internationally protected areas. Such deforestation due to cocaine trafficking has been observed throughout the subregion but is less severe in the other countries of Central America. The study links drug trafficking to land purchases for illegal logging and cattle farming in order to launder money. Additionally, the construction of secret roads and clandestine airstrips to facilitate the movement of illicit drugs is cited as a factor contributing to forest loss.

2. Regional cooperation

414. At the twenty-seventh Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, participants assessed the regional drug trafficking situation and conducted follow-up to the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, as well as a review of the implementation of Commission on Narcotic Drugs resolution 60/1. Additionally, participants considered several topics including regional communication platforms to support drug law enforcement; links between illicit drug trafficking and other forms of organized crime; alternatives to imprisonment for certain offences, such as demand reduction strategies; and measures to respond to the specific needs of children and youth in order to prevent and treat abuse and address their involvement in drug-related crime.

415. At its sixtieth regular session, held in the Bahamas in November 2016, the Inter-American Drug Abuse Control Commission (CICAD) of the Organization of American States (OAS) adopted the Hemispheric Plan of Action on Drugs, 2016–2020. The Plan of Action builds upon previous strategies and identifies five strategic areas for action: institutional strengthening, demand reduction, supply reduction, control measures and international cooperation.

416. El Salvador, Guatemala and Honduras signed a tripartite security agreement in November 2016 creating the Tri-national Task Force. Under the agreement, the three “Northern Triangle” Governments committed to cooperating and coordinating, until 15 November 2017, in seven areas including organized crime, border security, drug trafficking and customs issues.

417. In July 2017, at the third technical meeting on combating drug trafficking between drug enforcement authorities of Cuba and the United States, officials signed a bilateral agreement to strengthen cooperation between the two Governments to combat trafficking in narcotic drugs and psychotropic substances.

418. Panama, pursuant to its Law No. 21 of 1 July 2016, is now working to harmonize its policy and actions with Peru in an effort to prevent and control the illicit production and trafficking of narcotic drugs and psychotropic substances. Additionally, the law provides support for prevention efforts and the rehabilitation of those affected by drug abuse. Similarly, in November 2016, Panama promulgated Law No. 62, which coordinates policy with Paraguay to combat illicit drug trafficking and drug abuse.

419. According to UNODC, Governments in the region have increased their participation in the UNODC/WCO Container Control Programme. The Governments of Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Jamaica and Panama all participate in the programme, which has been further expanded to include not only marine cargo but also air cargo. In 2017, the Container Control Programme contributed to the seizure of over 35 tons of cocaine and 200 kg of cannabis across Latin America and the Caribbean.

3. National legislation, policy and action

420. In April 2017, the Government of Saint Kitts and Nevis established the National Commission on Cannabis, consisting of stakeholders from the education, health, law enforcement, banking and religious sectors. The mandate of the Commission is to research the various implications of the potential decriminalization of cannabis in the country.

421. The Cannabis Licensing Authority of Jamaica, established by the Dangerous Drugs (Amendment) Act of 2015, began issuing conditional approvals for licences to operate for several growers and processors of cannabis in the country. The Cannabis Licensing Authority anticipates that legal commercial production of cannabis can begin by the end of 2017.

422. In March 2017, the Government of the Bahamas released its National Anti-Drug Strategy for 2017–2021. The Strategy establishes a common framework for all drug control efforts and activities in the Bahamas and incorporates elements from the CICAD Hemispheric Plan of Action on Drugs, 2016–2020, the recommendations set out in the outcome document of the thirtieth special session of the General Assembly on the world drug problem, held in 2016, and the 2030 Agenda for Sustainable Development. A key change from the previous five-year anti-drug strategy is the shift towards a public health approach, instead of a criminal justice approach, in dealing with the national drug problem.

423. Lawmakers in Costa Rica have enacted a series of new laws and reforms to their national legislation and control procedures. Law No. 9449 of May 2017 reforms several articles of the country’s Law No. 7786. The reforms tighten procedures for monetary transactions carried out by financial institutions and professionals in order to combat the laundering of money from illicit activities.

424. The Senate of the Dominican Republic approved new legislation to counter money-laundering and the financing of terrorism. The legislation repealed the earlier Law No. 72-02 on the laundering of proceeds of crime from drug trafficking and established a new regulatory framework for financial institutions. The new legislation also updated the categories of money-laundering offences and the financing of terrorism, together with the applicable sanctions.

425. El Salvador has established a new five-year national anti-drug strategy incorporating human rights, gender equality, and science-based evidence. The strategy was developed in consultation with 17 institutions of El Salvador in the areas of demand and supply reduction, control of substances, money-laundering and international cooperation. Additionally, the Government is reforming its legislation on money-laundering and the laundering of assets, with the assistance of UNODC, in line with the new strategy.

426. In January 2017, the Government of Honduras enacted the Law on the Financing, Transparency and Auditing of Political Parties and Campaigns, which was developed with the assistance of the Mission to Support

the Fight against Corruption and Impunity in Honduras. The legislation allows for reduced sentencing for minor offences for persons cooperating with authorities in cases against criminal gang leaders and those involved in corruption.

427. Panama deployed Joint Task Force Eagle, an anti-narcotics and anti-crime force, in March of 2017. The task force consists of some 300 law enforcement officials across the country, including national police, the border service, the National Air and Naval Service, and agents of the Ministry of Public Security. The Government cites the need for the force due to the increased manufacture of cocaine in Colombia. Units of the task force are deployed to trouble spots in cities and neighbourhoods throughout the country to combat gangs and criminal networks involved in drug trafficking and other criminal activity.

428. **The Board wishes to draw the attention of all Governments in the region to the fact that measures permitting the use of cannabis for purposes other than medical or scientific use are contrary to the provisions of the 1961 Convention.**

429. **The Board welcomes the efforts by Governments in the region that are working to strengthen cooperation among themselves in combating drug trafficking.**

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

430. The principal problem in Central America and the Caribbean is drug trafficking — primarily cocaine trafficking — and not drug production and manufacture, except for the production of cannabis in some countries. Governments in the region are responding by strengthening cooperation among themselves and the capacity of law enforcement officials to combat the criminal networks driving drug trafficking.

431. According to seizure data from official reporting, trafficking of cocaine in Central America remained stable in 2015 in comparison with previous years, with 86 tons of cocaine seized. Available data for 2016 indicate a marginal decrease in total cocaine seizures in the region, and the flow patterns may have varied, as Panama reported a major increase in cocaine seizures and Honduras reported a significant drop in seizures, in comparison with 2015. Cocaine trafficking rates in the

Caribbean in 2016 were comparable to those of 2015, and the rate of interdiction by Governments and international partners also remains high. The Dominican Republic continues to be one of the main Caribbean transit hubs for illicit substances destined for markets in Europe.

432. Of the 70 tons of illicit substances seized by Panama authorities in 2016, 65 tons were cocaine. That was a significant increase of 25 per cent, as Panama had reported just over 52 tons of cocaine seized in 2015. Authorities in Panama reported that despite their improved capacity to combat drug trafficking, the overall drug problem in the country continued to worsen, with drug-related violence and crime, as well as money-laundering of drug trafficking profits in the banking sector, on the rise.

433. The seizure of cocaine in Honduras saw a sharp drop, with 735 kg seized in 2016, down from 2,032 kg seized the previous year. Seizures of “crack” cocaine nearly doubled, from 3,665 pieces in 2015 to 6,401 pieces in 2016. The Honduran Government believes that the rise in “crack” cocaine seizures is due to an increased number of illicit domestic drug laboratories, in addition to an increase in trafficked chemical precursors.

434. The national authorities of Guatemala reported a significant increase in the amount of cocaine seized in 2016, which totalled 12.8 tons, more than double the 6.1 tons seized in 2015. Seizures of “crack” cocaine saw a decrease in the country, from 6.12 kg in 2015 to 5.24 kg in 2016. Authorities also reported a significant increase in the amount of heroin seized, which rose from 83 kg in 2015 to 143 kg in 2016. The country’s authorities noted that the modality of trafficking has changed significantly, as traffickers have shifted from using commercial cargo containers to using speed boats.

435. Costa Rica reports that it is no longer only a transit country for illicit drug shipments but that, based on seizure information, it has now become also a temporary holding point for illicit drugs before their final shipment to destination markets. Additionally, authorities report that they continue to find cannabis plantations in rural and urban areas and believe that most local cannabis production is for domestic consumption. Furthermore, authorities underscored that the country’s geography is an enabling factor for drug traffickers and that the terrain of the country’s border regions makes drug trafficking interdiction particularly challenging.

436. The Dominican Republic registered an increase in cocaine seizures from the end of 2015 through the first half of 2016, probably due to an increased trafficking flow, but also as a consequence of higher rates of

interdiction. Authorities report that captains of Dominican vessels, posing as licensed fishermen, travel beyond the country's territorial waters in order to facilitate the movement in the high seas of illicit drugs originating in South America, by transferring cocaine shipments to vessels bound for destination markets in North America and Europe.

437. According to the El Salvador national drug report for 2016, over the period 2011–2015, there was a considerable increase in cocaine seizures, from 649.7 kg in 2011 to 3,057.6 kg in 2015. The report suggests that this indicates an increase in the trafficking of drugs through the country, in particular via speedboats on the Pacific coast.

438. In February 2017, the Coast Guard of Trinidad and Tobago, in a joint operation with the United States Coast Guard, seized 4.2 tons of cocaine off the coast of Suriname with an estimated value of \$125 million. Local authorities considered the seizure to be one of the largest in the Atlantic basin since 1999.

439. Law enforcement authorities in the Bahamas seized a total of 7,252.9 kg of cannabis and 700 kg of cocaine in 2015. Seizures of cannabis were down by 22 per cent compared with 2014, but cocaine seizures increased by 66 per cent. Local authorities reported no heroin seizures in the Bahamas in 2015.

440. The Royal Netherlands Navy and the United States Navy, in several joint interdictions in the first half of 2017, seized over 1.1 tons of cocaine from speedboats. Seizures occurred in the southern Caribbean Sea in the waters between Curaçao and Colombia.

441. Grenada reported that the trafficking of cocaine in the country continues to decline, with 12 kg seized in 2016, from a previous high of 71 kg in 2014. In 2016, the country's law enforcement authorities also seized 1,421 kg of cannabis, over 6,000 cannabis plants and 640 grams of "crack" cocaine, and reported no seizures of opioids.

442. Honduras reported a major decline in the amount of cannabis seized, with 155 kg seized in 2016 in comparison with 2,363 kg seized in 2015. However, seizures of cannabis plants rose to 24,253 units in 2016 from 10,072 in 2015.

443. Guatemala reported a major increase in cannabis seizures in 2016, with 1.5 tons seized. That was more than a fourfold increase from 2015, when 347 kg were seized. Guatemalan authorities noted a similar increase in the number of cannabis plants seized, with 3.1 million plants seized in 2016, compared with 692,000 plants seized in 2015.

444. In El Salvador, there has been an increase in the number of young people prosecuted and tried for possession of drugs, rising from 396 cases in 2011 to 1,013 cases in 2015. Of those, 98 per cent of individuals detained for drug possession were young men between 15 and 24 years of age who were found in possession of cannabis. Authorities of El Salvador note that the country does not have large-scale cannabis production; however, there is evidence that cannabis is being trafficked from neighbouring countries for distribution on the local market.

445. Jamaica reported being a major trans-shipment area for drugs from South America destined for the United States and Europe. It also reported that corruption of law enforcement officers and staff at ports and airports facilitated trafficking and complicated interdiction. National authorities continue to make efforts to combat corruption through arrests and prosecutions.

446. Three primary trans-shipment routes have been identified in Honduras that enable the trafficking of drugs from South America to markets in North America. Honduran authorities indicate that the most frequently used route is by air through the country. Coastal routes along the Atlantic are also used to move illicit substances through the country. In border regions, both land and sea routes are typically used. Authorities also note difficulty in tracking illicit drug movements as traffickers have begun using microtrafficking techniques in the Caribbean region of Honduras, masking trafficking activity by using local fishing boats as cover.

447. The national authorities of Guatemala declared a state of emergency in the municipalities of Ixchiguán and Tajumulco, in the Department of San Marcos, initially for 30 days in May 2017. The declaration was issued to restore control after talks over land control between local communities in the area broke down, followed by violent clashes. National authorities believe that the cultivation of opium poppy and cannabis was one of the causes of the conflict. The state of emergency was finally lifted on 8 August 2017 after law enforcement officials eradicated more than 300,000 cannabis plants and nearly 360 million opium poppy plants. A police presence is being maintained in the province while the national authorities mediate disputes between local community leaders.

(b) Psychotropic substances

448. On the basis of available information, the production of and trafficking in psychotropic substances does not appear to pose a significant challenge in the region, as few countries report significant seizures.

449. In the Bahamas, seizures of 3,4-methylenedioxymethamphetamine (MDMA, commonly known as “ecstasy”) tablets more than doubled in 2015, to 195 tablets, from the annual average of 54 tablets over the period 2010–2013. In 2014, the Government made an exceptional seizure of 18,000 tablets of MDMA.

450. In Guatemala, authorities discovered that an abandoned laboratory had been used for the clandestine manufacture of amphetamine-type stimulants, although the amounts or specific substances manufactured could not be determined. Equipment at the site had trace amounts of precursors, indicating that the substances were in the early stage of production.

451. Local authorities in Honduras reported the discovery of two clandestine laboratories for the manufacture of amphetamine-type stimulants, along with other illicit substances. It was the first official report of amphetamine-type stimulants being illicitly manufactured in the country.

(c) Precursors

452. The Government of Costa Rica reported that precursor substances were not manufactured in the country, with the exception of some substances extracted from calcium carbonate, but that authorities were closely tracking the movement of precursors in the country. Authorities noted that the lack of strong international cooperation and coordination hindered efforts to track the cross-border movement of precursor chemicals, making it more difficult to prevent diversion.

453. In recent years, several countries in the region have been subject to trafficking in precursors for the illicit manufacture of drugs. In some cases, the trafficked precursors were for the supply of domestic clandestine laboratories manufacturing cocaine or amphetamine-type stimulants. In other cases, the precursors were trafficked from Guatemala and Belize to Mexico. A comprehensive review of the situation with respect to the control of precursors in the region can be found in the report of the Board for 2017 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

454. In 2017, the Board of Narcotic Drug Surveillance of the Ministry of Health of Costa Rica reported having placed ketamine on its schedule of controlled

psychotropic substances as of December 2015, and specific measures regarding the trade and movement of ketamine were implemented in July 2016.

455. **The Board wishes to thank Governments in the region for their continued interdiction and control efforts to combat the illicit production of and trafficking in substances under international control.**

5. Abuse and treatment

456. Cannabis is the most widely abused drug in the region, although other narcotics are abused at lower levels of prevalence. Prevalence rates for abuse of psychotropics and other stimulants are very low, and they account for only a small fraction of persons treated for drug abuse. In the region, governmental efforts for drug abuse prevention focus on public information campaigns and similar initiatives. The ability of Governments to provide comprehensive treatment options for persons abusing drugs is limited by structural issues in many medical systems, technical capacity and inadequate financing. In addition, many countries in the region have no country-wide prevalence studies on illicit drug abuse and treatment among the general population.

457. According to the *World Drug Report 2017*, the annual prevalence of the use of cannabis in the Caribbean is estimated at 2.1 per cent of persons aged 15–64 years, opioid use is estimated at 0.24 per cent, and opiate usage at 0.15 per cent. The prevalence of cocaine use is estimated at 0.61 per cent in Central America and at 0.62 per cent in the Caribbean. For amphetamines and prescription stimulants, the prevalence rate is estimated at 0.71 per cent in Central America and at 0.86 per cent in the Caribbean. Annual prevalence of use of “ecstasy” is the lowest among controlled substances, estimated at 0.06 per cent in Central America and 0.16 per cent in the Caribbean.

458. In Costa Rica, according to the fourth national survey on drug use among the secondary education population in 2015, published in 2017, the age of onset of use of tranquilizers and stimulants without a prescription was 13 years of age. The main source of tranquilizers and stimulants obtained without medical prescription was found to be the student’s home. Prevalence of cannabis use was found to be the same for males and females, in contrast with previous surveys that found greater prevalence among males. Prevalence of cocaine consumption was low throughout the country.

459. Costa Rican authorities report that in 2016 approximately 3.3 per cent of the population between 12 and

70 years of age needed treatment for drug abuse. That was a threefold rise from 2011, when official reporting identified 1.1 per cent of the population as requiring treatment. Of treatment services provided, approximately 86 per cent were inpatients, with the remaining 14 per cent being outpatients. Among persons receiving treatment, 87 per cent were receiving treatment for the first time. Cannabis (59 per cent) and cocaine (38 per cent) accounted for the vast majority of drug abuse cases of those being treated. Local authorities noted the lack of methadone clinics to treat people dependant on opium-derived substances. Additionally, lack of funding, training and institutional weakness were cited as challenges to delivering drug abuse treatment.

460. While Grenada has no prevalence data to track usage rates among the general population, authorities reported that the vast majority of people admitted to hospitals and treatment centres for drug abuse were males abusing cannabis.

461. The Institute on Alcoholism and Drug Dependency of Costa Rica launched a prevention campaign targeting primary age schoolchildren called “Learn to fend for myself”. The Institute initiated several other programmes in Costa Rica to promote drug abuse prevention in the workplace, as well as several media-based prevention campaigns across the country, including the television miniseries “La Urba”.

462. Based on reporting by the Government of Honduras, a host of drug prevention and intervention activities for both the general population and at-risk groups have been enacted. Preventative campaigns were conducted, in particular for the International Day against Drug Abuse and Illicit Trafficking. Additionally, vocational programmes were promoted as an alternative to drug abuse through various community networks in the country.

463. Honduras reported that it provides some drug treatment services with limited coverage to the local population, but no such services to prison populations. A lack of funding was cited as the primary reason for the limited expansion of drug treatment programmes, with the lack of qualified personnel and infrastructure being an additional contributing factor.

464. The Narcotics Division, the principal anti-narcotics unit of the Jamaica Constabulary Force, implemented a demand reduction programme aimed at reducing demand for “hard drugs” and deterring individuals from participating in the illicit drug trade. Staff of the Narcotics Division implemented the programme nationwide, in various venues including universities, schools, churches and community centres.

465. Panama’s health system is still undergoing structural changes to address the needs of drug abusers and their rehabilitation. The National Commission for the Study and Prevention of Drug-related Crime (CONAPRED) is the lead entity coordinating the changes, while hospitals, clinics and other providers in the national health system are responsible for implementation.

466. In May 2017 a national workshop in Panama, organized by the Ministry of Health along with the Pan American Health Organization, was held to address the problematic use of psychoactive substances in the country. The workshop established new guidelines to update public health policy with respect to psychoactive substances and identified competencies necessary to strengthen the public health sector’s response.

467. The Board recommends that countries in the region that have not yet 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.

468. Additionally, the Board encourages countries in the region to enhance their capacity to treat persons using drugs and encourages the international community to provide assistance to help develop cost-effective drug rehabilitation programmes and services tailored to the individual needs of countries in the region.

North America

1. Major developments

469. The proliferation of illicit fentanyl and the growing volume of fentanyl and opioids being shipped to North America by mail were major causes for concern in 2016, especially because the overall volume of international packages in general and of international packages containing fentanyl in particular continued to grow, as did global illicit supply. The prevalence of counterfeit prescription pills and of heroin and other illegal drugs containing deadly levels of fentanyl have led to substantial increases in the numbers of overdoses and deaths. Faced with this region-wide opioid crisis and overdose epidemic, the countries of North America are urgently adopting new plans, measures and legislation to combat it. In the United States, the reported number of drug overdose deaths in 2016 exceeded 64,000, with the sharpest increase being the

number of deaths related to fentanyl and fentanyl analogues (synthetic opioids), at over 20,000 overdose deaths.

470. Legislation and policy pertaining to cannabis continue to shift throughout North America. Changes to national and local laws are expected to continue throughout 2017 and into 2018, with noticeable effects on availability and demand. Public health campaigns to prevent drug abuse among young people are also expected to continue. Meanwhile, the scope for acceptance of supervised drug consumption sites is widening, especially in Canada.

2. Regional cooperation

471. Effective cooperation in law enforcement matters and in combating illicit drug manufacture and trafficking continue to be promoted through regional mechanisms for North America. Canada, Mexico and the United States have been participating in the “North American dialogue on drug policy” initiative since its inaugural meeting in October 2016. At the North American Leaders’ Summit in June 2016, the Presidents of Mexico and the United States and the Prime Minister of Canada agreed that the “North American dialogue on drug policy” should be held on an annual basis and that its purpose was to exchange information on drug trends, increase trilateral coordination on drug policy and develop initiatives to protect the citizens of Canada, Mexico and the United States from harmful drugs and drug trafficking.

472. Under the “Five eyes law enforcement group” initiative, United States federal law enforcement authorities, in cooperation with Canada, have initiated “Operation Hyperion” to develop a unified response to the growing use of the darknet by individuals trying to buy and sell illegal drugs. The aim is to identify new smuggling networks and trends, including for synthetic drugs.

3. National legislation, policy and action

473. On 19 June 2017, the President of Mexico signed a decree to amend the general health law and the federal penal code, giving authority to the Ministry of Health to regulate research into and the production of pharmacological derivatives of cannabis and their medical use. The decree institutes a legal framework for the cultivation, production, distribution and delivery of cannabis for medical and scientific purposes.

474. In December 2016, the President of the United States signed into law the Twenty-first Century Cures Act, which provides for grants to help states and territories to

combat opioid addiction. Funding is awarded on the basis of the number of overdose deaths and unmet addiction treatment needs.

475. In the United States, executive order No. 13767 on border security and immigration enforcement improvements was issued in January 2017. The executive order focuses on stopping the activities of transnational criminal organizations operating on both sides of the southern border and prioritizes the immediate construction of a physical wall with the aim of preventing drug trafficking, among other things.

476. On 29 March 2017, the President of the United States established the Commission on Combating Drug Addiction and the Opioid Crisis. The Commission focused on assessing the availability of and access to addiction treatment and overdose reversal services, and on identifying areas of the country that were underserved. The Commission also considered the effectiveness of state prescription drug monitoring and evaluated state prescription practices. Action to address the opioid epidemic has also been taken at the level of the federal states. In March 2017, the Governor of Ohio announced new opioid prescription limits aimed at reducing prescription drug abuse. On 26 October 2017, the President of the United States declared a national public health emergency to tackle the opioid overdose crisis in the country. Under the Public Health Services Act, no additional federal funding will automatically be made available to tackle the crisis, but federal agencies will be directed to allocate more of their existing budgetary resources for that purpose and to take action to overcome bureaucratic delays and inefficiencies. It was reported that the Federal Government would work with Congress to provide funding for the Public Health Emergency Fund and increase federal funding in year-end budget negotiations taking place in Congress at the time of the announcement. On 1 November 2017, the President’s Commission on Combating Drug Addiction and the Opioid Crisis presented its final report, which lists 56 recommendations, including measures to expedite federal funding for state governments; the implementation and assessment of evidence-based programmes; and the immediate and complete elimination by the Department of Health and Human Services of patient pain evaluation questions from assessments conducted by health-care providers. The report also encourages the Federal Government to establish drug courts in every federal judicial district, adjust reimbursement rates for addiction treatment and streamline federal funding used by state and local governments to implement drug treatment and prevention programmes. In addition, it recommends making changes to reimbursement rates set by federal addiction treatment

providers, allowing more emergency responders to administer naloxone and tightening requirements for prescribers. It further recommends that the Administration support the Prescription Drug Monitoring Act of 2017, which mandates states that receive grant funds to comply with the requirements of the Act, including data sharing, and directs the Department of Justice to fund the establishment and maintenance of a data-sharing hub. The Act also mandates the establishment and implementation of prescription drug monitoring programmes by states that receive federal funding to deal with the opioid crisis, imposes strict prescription drug monitoring requirements, such as a 24-hour reporting requirement following dispensation of a controlled substance, and helps to facilitate data-sharing across states. The Commission also recommended that the Administration develop a model training programme to be disseminated at all levels of medical education (including among all prescribers) on screening for substance use and mental health status to identify at-risk patients; that the Controlled Substance Act be amended to require all Drug Enforcement Administration registrants to undertake training in the proper treatment of pain; and that the Department of Health and Human Services be required to ensure additional training opportunities, including continuing education courses for staff.

477. Also in the United States, the Food and Drug Administration approved several abuse-deterrent opioid formulations, but their effectiveness in preventing the abuse of prescription opioids has been questioned. In June 2017, the Food and Drug Administration announced that it would evaluate the impact of abuse-deterrent opioid formulations on the opioid epidemic. It also requested the withdrawal of some opioid formulations from the market after determining that their public health benefits no longer outweighed the risk of abuse.

478. In July 2017, the Department of Justice and the Medicare Fraud Strike Force in the United States announced the largest enforcement action against health-care fraud. A total of 412 defendants across 41 federal districts were indicted for participation in fraud schemes, and more than 120 defendants, including doctors, were indicted for their roles in illegally prescribing and distributing opioids and other narcotics.

479. In December 2016, the Minister of Health of Canada announced the “New Canadian drugs and substances strategy”, replacing the former national anti-drug strategy. One of the main aims of the strategy is to reduce the harm associated with drug abuse, as part of the Government’s efforts to confront the current opioid crisis. Support for supervised consumption sites and increased access to naloxone are part of the strategy.

480. Also in Canada, in May 2017, Bill C-37 received royal assent. The Bill amended the Controlled Drugs and Substances Act, the Customs Act and the Proceeds of Crime (Money Laundering) and Terrorist Financing Act. The purpose of the amendment was to better equip both health-care and law enforcement officials to reduce the harms associated with drug and substance use in Canada. The Bill will simplify the process of applying for permission to open a supervised consumption site, prohibit the unregistered importation of certain devices that may be used to illicitly manufacture controlled substances, amend the Customs Act to allow border officers to open mail weighing 30 grams or less to prevent fentanyl from entering the country illicitly through the mail system, and allow accelerated temporary scheduling of new and dangerous substances. Applications for new supervised consumption sites are being received by Health Canada from many provinces, including Alberta, Ontario (Toronto and Ottawa), and a third site is set to open in Quebec (Montreal) in the autumn of 2017.

481. **The Board wishes to remind Governments that the operation of supervised injection sites should be consistent with the international drug control conventions and that certain conditions must be respected. The objective of such sites should be to reduce the adverse consequences of drug abuse through the provision of, or active referral to, treatment and rehabilitation services, and social reintegration measures. Supervised injection sites should not replace demand reduction programmes, particularly prevention and treatment activities.** While recognizing that the sites may reduce the adverse consequences of drug abuse through treatment, rehabilitation and reintegration, due consideration must be given to preventing any encouragement of drug abuse and to preventing drug trafficking in and around the sites.

482. At the end of November 2016, Canada’s task force on cannabis legalization and regulation published its final report. The report contained advice on the design of a framework for the legalization, regulation and restriction of access to cannabis. Along with research by other ministries, such as that reflected in *Measuring Illicit Cannabis Seizures in Canada: Methods, Practices and Recommendations*, the final report of the task force was part of the Government’s data collection effort in advance of measures to legalize access to cannabis in July 2018. Bill C-45, introduced by the Minister of Justice and Attorney General of Canada on 13 April 2017, would permit the non-medical use of cannabis. If the bill is enacted, adults aged 18 years or older will legally be allowed to possess up to 30 grams of dried cannabis or an equivalent amount in non-dried form. It will also become legal to grow a maximum of four cannabis plants

simultaneously for personal use, buy cannabis from licensed retailers, and produce edible cannabis products. **The Board wishes to reiterate that article 4 (c) of the 1961 Convention restricts the use of controlled narcotic drugs to medical and scientific purposes and that legislative measures providing for non-medical use are in contravention of that Convention.**

483. Also in Canada, the Precursor Control Regulations were amended on 18 November 2016 through the addition of six fentanyl precursors to Schedule IV of the Controlled Drugs and Substances Act. The goal of the amendment was to help to protect the health and safety of Canadians by instructing law enforcement agencies to take action against any person who imports, exports or possesses precursor chemicals without proper authorization.

484. On 4 May 2017, the Good Samaritan Drug Overdose Act became law in Canada. Together with the “New Canadian drugs and substances strategy”, the Act provides some legal protection for people who experience or witness an overdose and call the emergency services. The aim of the Act is to reduce the country’s growing number of overdoses and deaths caused by opioids by protecting people who call the emergency services from criminal punishment, such as for simple possession.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

485. North America continues to face an opioid and fentanyl crisis of unprecedented proportions. Large quantities of counterfeit prescription medicines contain various sorts of fentanyls, including carfentanil and other analogues that present a serious threat of overdose and loss of life. Since 2014 there also appears to be a growing trend of clandestine pill press operations working with fentanyls across North America. There have been multiple seizures of fentanyl. Although the quantities were small in terms of their weight, they represented millions of potentially lethal doses being sold on the streets in counterfeit pill form or mixed into other drugs of abuse.

486. The most significant and expanding drug threats to the region continue to be the increasing and widespread availability of heroin, the contamination of heroin with fentanyl and its analogues and the abuse of controlled prescription drugs. Most of the heroin available in the United States comes from Mexico and Colombia as the

cultivation of opium poppy and the production of heroin in Mexico continue to rise. Between July 2014 and June 2015, about 9 per cent of opium poppy worldwide was cultivated in Mexico. In contrast to the United States, Canada is typically the end point of the opiate and heroin trafficking routes from Pakistan and India, with seizures indicating South-West Asian origins. There are indications that Mexico is sometimes a trans-shipment point for fentanyls from China. The quantity of fentanyl seized by United States Customs and Border Protection increased from just under 1 kg in 2013 to approximately 200 kg in 2016.

487. In 2016, seizures of cocaine along the south-western border of the United States increased compared with 2015. Cocaine availability was likely to continue to increase in 2017, and Colombia remained the primary source country. Most cocaine was being smuggled into the United States over the south-western border. In 2016, the Canadian Armed Forces assisted in the seizure of or the disruption of the trafficking in approximately 5,750 kg of cocaine. Nonetheless, in 2016, drug offences involving cocaine continued to decline in Canada for the fourth consecutive year and were 8 per cent lower than in 2015.

488. The situation pertaining to cannabis cultivation and trafficking in North America continues to be in flux owing to the widening scope of personal non-medical use schemes in force in certain constituent states of the United States. The decriminalization of cannabis has apparently led organized criminal groups to focus on manufacturing and trafficking other illegal drugs, such as heroin. This could explain why, for example, Canada saw a 32 per cent increase from 2015 to 2016 in criminal incidents involving heroin possession. The United States saw increased domestic cultivation of cannabis leading to an overall increase in its availability. Canada’s rates of cannabis-related drug offences declined for the fifth consecutive year in 2016; the overall offence rate for possession of cannabis declined 12 per cent from 2015.

(b) Psychotropic substances

489. The *World Drug Report 2017* refers to a growing concern about methamphetamine production, trafficking and abuse in North America. The availability of methamphetamine produced in Mexico appears to be increasing: 26,044 kg were seized in 2016 along the south-western border of the United States, in comparison with 19,202 kg the year before. This increase follows the continued decrease in domestic methamphetamine production in the United States, along with some increases in liquid methamphetamine seizures near the south-western border.

490. In Canada, the rates of criminal possession of methamphetamine increased by 22 per cent in 2016. However, criminal possession of “ecstasy” declined by 40 per cent in 2016. Trafficking, production and distribution crimes declined by 18 per cent from the previous year. According to the *World Drug Report 2017*, Canada continued to be a source and transit country for “ecstasy” destined for the United States and other international markets, while Asian organized criminal groups were active in the cross-border smuggling of large quantities of “ecstasy” between Canada and the United States.

(c) Precursors

491. In 2016, a total of 5,549 operational clandestine laboratories were seized in the United States, of which 5,078 were methamphetamine laboratories. In the first half of 2016, forensic profiling showed that 94 per cent of the methamphetamine tested in the United States had been produced according to the so-called P-2-P method. That number increased to 98 per cent in the second half of 2016. A large proportion (51 per cent in the first half of 2016, and 66 per cent in the second half of that year) had been obtained through the new P-2-P production process in Mexico, also known as the nitrostyrene method, using nitroethane and benzaldehyde as the main precursors.

492. A detailed analysis 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 2017 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

493. The continued rapid emergence of new psychoactive substances in North America posed a significant challenge to the Governments in the region. The new psychoactive substances market in the United States continued to grow, with a strong and growing threat of synthetic opioids, synthetic cannabinoids and synthetic cathinones originating from parts of Asia.

494. The United States has recognized that new psychoactive substances pose a national and regional threat, given that they are inexpensive, widely available and sometimes disguised as other drugs, such as “ecstasy”. In the United States, the special testing and research laboratory of the Drug Enforcement Agency noted that, in 2016,

there were 21 substances reported as seized and analysed for the first time, and that FUB-AMB and 5F-UR-144 were the most commonly reported synthetic cannabinoids. In the first half of 2017, there were 477 synthetic cannabinoid identifications, an increase of nearly 250 per cent from the 193 identifications made in the same period in 2016. In 55 per cent of these synthetic cannabinoid identifications, the substance found was FUB-AMB.

5. Abuse and treatment

495. Fuelled by over-prescription, widespread availability, weak controls and a lack of public information, prescription drug abuse has, in recent years, emerged as one of the biggest drug control challenges in North America. The situation has been further exacerbated by the aggressive marketing of medicines containing opioids by the pharmaceutical industry to the general public and medical practitioners, as well as the industry’s lobbying efforts to influence drug policy. In an attempt to address the problem, Governments in the region have adopted a series of measures to stem prescription drug abuse, including the establishment of prescription drug monitoring systems, awareness-raising measures, the creation of safe disposal initiatives and increased oversight of the drug production and supply chain.

496. As control of the prescription and sale of prescription drugs has been strengthened, patterns of abuse have shifted towards illicit drugs. This has manifested itself in sharp increases in heroin abuse, which had previously been in decline. The consumption of heroin and other drugs adulterated with fentanyl and fentanyl analogues have led to significant increases in the number of deaths from overdose, as many people abusing those drugs are unaware that they contain fentanyl, which is much more potent than heroin itself.

497. In Canada, there were 2,458 apparent opioid-related deaths in 2016, representing a rate of 8.8 such deaths per 100,000 people. In addition, recently issued reports indicate that First Nations populations in British Columbia, Canada, are five times more likely than non-First Nations people to experience an overdose event. Members of First Nations accounted for 10 per cent of all overdose deaths in the province. They were also three times more likely to die from an overdose. According to figures released by the Coroners Service of British Columbia, the proportion of opioid-related deaths linked to fentanyl or fentanyl in combination with other drugs has risen sharply, exceeding 80 per cent of cases of death caused by overdose in 2017, compared with 4 per cent of such cases in 2012.

498. According to the Centers for Disease Control and Prevention of the United States, drug overdose deaths in the United States increased by an average of 5.5 per cent per year between 1999 and 2015, with rates increasing for all age groups. On that basis, it was estimated that every day during that period, 91 Americans died from opioid overdose. That figure increased significantly to 142 deaths per day in 2016, the estimated total number of such deaths exceeding 64,000. According to estimates by the Centers for Disease Control and Prevention, as reported by the President's Commission on Combating Drug Addiction and the Opioid Crisis, drug overdoses killed more people than gun homicides and car crashes combined. Thus, in 2016, the average number of deaths caused by drug overdose per day in the United States was 175.

499. In the United States, opioid overdoses have quadrupled since 1999, and opioids (both prescribed and obtained by illicit means) are the main substances responsible for overdose deaths. Opioids were involved in 33,091 deaths across the United States in 2015. The five states with the highest rates of overdose deaths in 2015 were West Virginia (41.5 per 100,000), New Hampshire (34.3 per 100,000), Kentucky (29.9 per 100,000), Ohio (29.9 per 100,000) and Rhode Island (28.2 per 100,000). Some local areas in the United States have been funding public service campaigns to publicize the effects of the opioid epidemic on local communities. New York City, for example, launched an online campaign entitled "Fentanyl kills" to publicize the increases in overdoses between 2015 and 2016 and the record 1,374 people who died in 2016 from drug overdoses in the city.

500. Heroin use and demand in the United States continued to increase significantly in 2016, with many younger adults turning to heroin to feed addictions they had developed to opioids initially prescribed to them for pain management. Limited access to health insurance in the United States continues to impede the management of addiction and the provision of adequate care and treatment. The percentage of persons under 65 years of age who were uninsured in 2016 remained around 28.5 per cent.

501. Cocaine use has been increasing in North America and cocaine-related overdose deaths have increased since 2010. There were 10,619 deaths in the United States in 2016 where cocaine was reported as the underlying cause of death — of which 2,278 were reported to involve cocaine without opioids and 4,506 were reported to involve cocaine combined with opioids — compared to a total of 6,784 in 2015. This recent increase has been attributed to the growing supply and simultaneous abuse of heroin and of cocaine laced with fentanyl. In British Columbia, Canada, for example, there was an increase of 194 per cent in the

number of drug overdose deaths involving fentanyl from 2015 to 2016. In New York, there were warnings that in 2016, 37 per cent of overdose deaths involved cocaine and fentanyl, without heroin, up from 16 per cent in 2015.

502. In the United States, the National Institute on Drug Abuse highlighted in April 2017 that research based on national survey data indicated that laws legalizing medical cannabis were associated with increases in illicit cannabis use and cannabis use disorders. The authors estimated that easier access to the drug following the passage of medical cannabis laws could result in an additional 1.1 million adult illicit cannabis users and an additional 500,000 adults with a cannabis disorder.

503. In 2016, the National Institutes of Health released their annual survey on substance abuse among teenagers ranging in age from 13 to 18, as part of its ongoing study "Monitoring the future". The survey showed that there was a long-term decline in the use of many substances and that past-year use of any illicit drug was the lowest in the survey's history for pupils in their eighth school year. The survey also showed that, among twelfth-year pupils in states where the medical use of cannabis was legal, cannabis use was 5 per cent higher than in states where medical use was illegal. Teenagers in states where medical use was legal also reported a higher use of cannabis edibles.

504. In states of the United States where the non-medical use of cannabis is now allowed, that substance is available for purchase in various forms, which include products that can be inhaled through smoking or vaporization or eaten, such as baked goods and candy. Since the legalization of non-medical cannabis, the states of Colorado and Washington have experienced an increase in cases of unintentional exposure of children to cannabis.

505. According to a 2016 study entitled "Unintentional Pediatric Exposures to Marijuana in Colorado, 2009-2015", "15 of the 32 exposures seen in the children's hospital in 2014 and 2015 were from recreational marijuana, suggesting that the legalization of recreational marijuana did affect the incidence of pediatric exposures."⁹⁰ Similarly, in the State of Washington, the Washington Poison Center experienced another year of increased calls relating to marijuana exposures and poisonings, reporting that in 2016 the Center received 280 cannabis-related calls, 49 of which concerned children 0-5 years of age.

⁹⁰Georg S. Wang and others, "Unintentional pediatric exposures to marijuana in Colorado, 2009-2015", *JAMA Pediatrics*, vol. 54, No. 9 (2016), pp. 840-846.

506. A national study entitled “Characterization of edible marijuana product exposures reported to United States poison centers”⁹¹ reported that over a 36-month study period from January 2013 to December 2015, 430 calls relating to exposure to edible cannabis were made to the National Poison Data System, the age group most commonly affected by such exposure being that of children under 6 years of age. Furthermore, 381 (91 per cent) of those calls came from states that had implemented medical cannabis programmes or permitted the non-medical use of cannabis.

507. In order to address public health and safety concerns, various measures have been developed. On 1 October 2017, Colorado adopted new rules regarding medical and non-medical cannabis products, including the requirement that the packaging of such products should bear standardized symbols and the warning “Contains marijuana. Keep out of the reach of children”. The packaging of every standardized edible cannabis retail product must be individually marked; if the packaging cannot be marked in this way owing to the nature of the product (as in the case of bulk goods, for example), the product must be in a childproof container; the words “candy” or “candies” must not be shown on the packaging (unless part of the name of the establishment); the product must not resemble animal shapes, cartoon characters, fruits or humans; and each container must be labelled with necessary and relevant information for consumers, including a potency statement and a statement that the product has been tested for contaminants.

508. In February 2017, the Washington State Liquor and Cannabis Board introduced a new warning label (showing a hand gesturing “Stop”, the words “Not for kids”, and the 24-hour emergency telephone hotline for poison control) to identify cannabis-infused edibles. In Alaska, edible cannabis products must identify the retail store’s logo, the establishment license number and the estimated amount of THC in the product. They must also bear warnings such as “For use only by adults 21 and older. Keep out of the reach of children.” In California, it is prohibited to market edible cannabis products that are appealing to children or which can be easily confused with commercially sold candy or other foods that do not contain cannabis, and prohibited to make cannabis-containing products in the shape of a person, animal, insect or fruit.

509. The Canadian Research Initiative in Substance Misuse issued “Lower-risk cannabis use guidelines” in 2017. The document is a health education and prevention

tool that acknowledges that cannabis use carries both immediate and long-term health risks. The guidelines contain ten recommendations on topics including the choice of cannabis products, the age of initial use, the frequency and intensity of use, and cannabis use and driving.

510. In March 2017, the Canadian Community Epidemiology Network on Drug Use issued an information bulletin entitled “Calling 911 in drug poisoning situations”. The bulletin provides estimates of how many people call the emergency services in drug overdose situations. According to data collected from 2013 to 2016, members of the public who had used a naloxone kit to treat an overdose did not call the emergency services in up to 65 per cent of overdose situations. The bulletin advises laypeople to call emergency medical services in all overdose situations, even if they already have naloxone kits, so as to reduce the number of fatalities or brain injuries. A fentanyl overdose can sometimes take more than one naloxone kit or other type of medical intervention to increase the chances of survival. After naloxone has been administered, it is advisable that the patient remain in a medical or health-care facility; naloxone wears off faster than many opioids, and the patient could return to a state of overdose. Naloxone can also cause severe withdrawal symptoms or other unpredictable complications.

511. In June 2017, the National Commission against Addictions in Mexico presented the results of the national survey on the use of drugs, alcohol and tobacco 2016–2017. One of the main findings in relation to drug use trends was that the lifetime prevalence of use of any drug had increased from 7.8 per cent in 2011 to 10.3 per cent in 2016. Also from 2011 to 2016, the prevalence of past-year use had gone from 1.8 per cent to 2.9 per cent, and past-month prevalence from 1 per cent to 1.5 per cent. Over the same period, the lifetime prevalence of the use of any illegal drug had increased from 7.2 per cent to 9.9 per cent, past-year prevalence from 1.5 per cent to 2.7 per cent and past-month prevalence from 0.8 per cent to 1.4 per cent. Again from 2011 to 2016, in the adolescent age group (12–17 years of age), the lifetime prevalence for cannabis had increased from 6 per cent to 8.6 per cent (from 10.6 per cent to 14 per cent for boys and from 1.6 per cent to 3.7 per cent for girls) and past-year prevalence from 1.2 per cent to 2.1 per cent (from 2.2 per cent to 3.5 per cent for boys and from 0.3 per cent to 0.9 per cent for girls). In the case of cocaine, lifetime prevalence rates remained stable (3.3 per cent against 3.5 per cent), while annual prevalence increased from 0.5 per cent to 0.8 per cent. In the adolescent population group (12–17 years of age), the lifetime prevalence of illegal drug use increased significantly from 2.9 per cent to 6.2 per cent, and past-year prevalence from 1.5 per cent to 2.9 per cent. Past-month

⁹¹Dazhe Cao and others, “Characterization of edible marijuana product exposures reported to United States poison centers”, *Clinical Toxicology*, vol. 54, No. 9 (2016), pp. 840–846.

prevalence remained stable (0.9 per cent in 2011; 1.2 per cent in 2016). Prevalence for cannabis had also increased significantly for both lifetime use (2.4 per cent to 5.3 per cent) and past-year use (1.3 per cent to 2.6 per cent). The abuse of cocaine and inhalants did not show any significant growth compared to 2011: 0.7 per cent for lifetime abuse of cocaine and inhalants in 2011, compared to 1.1 per cent in 2016. The corresponding figures for past-year use were 0.4 per cent compared to 0.6 per cent for cocaine, and 0.3 per cent compared to 0.6 per cent for inhalants.

512. Also in Mexico, in August 2017, the National Commission against Addictions relaunched its national programme for the prevention of psychoactive substance abuse and for citizen participation. The programme involves the participation of the federal, state and municipal levels of government and includes collaboration with the private sector and social organizations. It provides for the treatment of drug use disorders, the prevention of tobacco and alcohol consumption and restrictions on the sale of inhalants to minors, among other measures. The programme will establish 340 outpatient facilities in high-risk communities to provide early detection and intervention services for drug users. In addition, in cooperation with CICAD, Mexico will establish a pilot programme to train and certify addiction counsellors. Also, to implement the recommendations of the outcome document of the thirtieth special session of the General Assembly on the world drug problem the Government of Mexico will initiate a series of dialogues with civil society organizations and researchers to share experiences, best practices and information regarding trends with the aim of drawing up ten principles (a “Decalogue”) to address drug issues in that country.

South America

1. Major developments

513. In South America, Argentina, Colombia, Paraguay and Peru launched initiatives to regulate the sale of cannabis for medical purposes. The availability of cannabis in the region continued to increase, driven by policies and legislative initiatives aimed at permitting and regulating the medical and non-medical use of cannabis in several States, thereby lowering the perception of risks associated with its use. Cannabis continued to be the illicit drug most widely available and commonly abused in the region.

514. In the report of 2016 on the monitoring of coca bush cultivation, the Government of the Plurinational

State of Bolivia and UNODC indicated that the area dedicated to that crop had increased by 14 per cent, from 20,200 ha in 2015 to 23,100 ha in 2016, but remained smaller than that of 2006 (27,500 ha) and 2010 (31,000 ha).

515. The area under coca bush cultivation in Colombia increased by more than 50 per cent, from 96,000 ha in 2015 to 146,000 ha in 2016. Following the signing, in November 2016, of the peace accord with the Revolutionary Armed Forces of Colombia–People’s Army (FARC-EP), which contains a chapter on the solution to the illicit drug problem, the Government of Colombia agreed in October 2017 to sign with UNODC a historic multi-year project, valued at around \$315 million, focusing on the development, implementation, monitoring and evaluation of Colombia’s national policy on illicit drug crop reduction and the national strategy on territorial and rural development, as a crucial part of the country’s ongoing peacebuilding efforts. The project includes UNODC technical assistance to the Government in the implementation of the national policy and strategy on territorial and rural development, integrated monitoring of illicit crops and support for voluntary substitution of illicit crops, including interventions for sustainable alternative development and the formalization of rural property.

516. In Uruguay, in the context of the implementation of Law No. 19172, measures were put in place to establish a national regulatory framework with a view to permitting the sale of cannabis in pharmacies to registered users from July 2017.

2. Regional cooperation

517. South America strengthened cooperation at the bilateral and multilateral levels. Countries in the region improved the exchange of information to provide an adequate response to illicit drug-related activities through coordination at the policy and operational levels.

518. According to the global survey of the implementation by Member States of Security Council resolution 1373 (2001) (see S/2016/49), in spite of the efforts made by a number of Member States (e.g., subregional and international cooperation), corruption, weak public institutions, weak legislation, porous borders and a lack of human resources posed serious challenges to cooperation in the field of counter-terrorism. Owing to the linkages between counter-terrorism and counter-trafficking, these challenges may have an impact on efforts to counter drug trafficking.

519. International cooperation efforts to improve drug control in Colombia remained a priority, as the country began to implement the post-conflict transition process following the signing of the Final Agreement for Ending the Conflict and Building a Stable and Lasting Peace with the Revolutionary Armed Forces of Colombia-People's Army in November 2016. The process will require significant investments in social and economic development programmes. In that context, the European Union renewed its commitment to supporting the implementation of the Final Agreement, with special emphasis on rural reform.

520. In February 2017, the first regional meeting on new psychoactive substances in the western hemisphere was held in Colombia with the aim of exchanging information on the identification of public health risks and the use of early warning systems as effective ways of addressing the problem of new psychoactive substances.⁹²

521. The Twenty-seventh Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean, was held in Guatemala City from 2 to 6 October 2017. The meeting gathered government law enforcement experts from all countries of the Americas and focused on: (a) the coordination of the regional communication platforms supporting drug law enforcement across Latin America and the Caribbean; (b) links between drug trafficking and other forms of organized crime, including money-laundering; (c) alternatives to imprisonment for certain offences as demand reduction strategies that promote public health and safety; and (d) practical measures tailored to the specific needs of children and young people to prevent and treat drug abuse among them and to address their involvement in drug-related crime. The meeting resulted in specific recommendations on those topics to Governments in the region, which would also be considered by the Commission on Narcotic Drugs at its sixty-first session, in 2018.

3. National legislation, policy and action

522. Argentina, Colombia, Paraguay and Peru reported on initiatives to permit and regulate the medical and scientific use of cannabis.

523. Following the enactment of relevant legislation in 2016, Colombia approved the medical and scientific use

⁹²The event was organized by UNODC and based on the outcome document of the special session of the General Assembly on the world drug problem held in 2016 (General Assembly resolution S-30/1, annex). Participating countries included Argentina, Brazil, Canada, Chile, Colombia, Costa Rica and the United States.

of cannabis through decree 613 of 10 January 2017. The decree regulates the sale of cannabis derivatives, the use of seeds for grain production, the cultivation of psychoactive and non-psychoactive cannabis plants for medical and scientific use and the use of non-psychoactive cannabis plants for industrial purposes.

524. On 22 February 2017, the President of Peru transmitted to Congress draft legislation that would permit the use of cannabis for medical purposes with a medical prescription where other therapeutic options had failed. The draft legislation provides that, two years after the promulgation of the law, the Ministry of Health is to evaluate its implementation and that, on the basis of its findings, the executive branch is to assess the appropriateness of submitting further draft legislation to authorize the production of cannabis products for medicinal purposes. Also in February, the Government established, by ministerial resolution, a committee of experts to evaluate the use of cannabis as an alternative medicine in Peru.⁹³ The Committee of Experts submitted its report to the Ministry of Health in April 2017, and the congressional commission examining the draft legislation adopted it in September 2017, and the Congress approved it on 19 October, followed by promulgation by the Executive Branch in November.

525. In Argentina, in April 2017, Law No. 27350 entered into force, permitting the use of cannabis oil and its derivatives for medical purposes and setting up a regulatory framework under which to prescribe and distribute such products to patients. The Law established a regulatory framework for medical and scientific research on the medicinal and therapeutic uses of the cannabis plant and its derivatives and their use in the palliative treatment of pain with a view to guaranteeing and promoting comprehensive health care. The Law also established a national programme for the study of and research on the medicinal use of the cannabis plant and its derivatives, as well as of non-conventional treatments, under the Ministry of Health.

526. In June 2017, the House of Representatives of Paraguay considered two draft laws to allow and regulate the medical and scientific use of cannabis.

⁹³Ministerial resolution No. 096-2017, Ministry of Health, 14 February 2017. The resolution provided a deadline of one month to these experts to submit a report with concluding observations. See *Actualización de la Revisión y Síntesis de la Evidencia sobre Regulación del Uso Médico de Cannabis*, National Health Institute. Series No. 01-2017 (Lima, April 2017). The proposed legislation would authorize the import, sale and use of cannabis products for medicinal purposes as determined in regulations to be elaborated by the executive branch within a maximum of 30 days after the adoption of the bill.

527. In Uruguay, in 2016, a review and compilation of data on the indicators for monitoring the implementation of Law No. 19172 were carried out with respect to non-medical uses of cannabis. In December of the same year, the Ministry of Public Health completed the first annual report, for 2016, to the parliament of Uruguay on the status of implementation of the Law.⁹⁴ In March 2017, the National Drugs Council of Uruguay announced a series of measures aimed at widening access to cannabis for non-medical use under Law No. 19172. Foremost among those measures was the establishment of a user registry. At the same time, the Council announced the launch of a large-scale media campaign on the risks of drug abuse. The sale of cannabis in pharmacies began in July 2017, after being delayed on several occasions owing to an insufficient State-grown supply. Once the system is fully implemented, registered buyers will be able to purchase up to 40 grams of cannabis per month (capped at 10 grams per week) from registered pharmacies. Those pharmacies will have fingerprint recognition units, and each purchase will have to be recorded in a government database to ensure that individuals do not exceed their allowance.

528. **The Board reiterates that any measures that permit the use of cannabis for non-medical purposes are in clear violation of article 4, paragraph (c), and article 36 of the 1961 Convention as amended, and of article 3, paragraph 1 (a), of the 1988 Convention. INCB also reiterates that the limitation of the use of controlled substances to medicinal and scientific purposes is a fundamental principle to which no derogation is permitted under the 1961 Convention as amended.**

529. Other legislative developments in the region included the promulgation of Law No. 27283 in Argentina in October 2016, by which Congress established the Federal Council on Chemical Precursors. The Council has the mandate, inter alia, to analyse matters related to controlled substances and chemicals; make recommendations on substances to be brought under control; prepare reports and conduct research on the evolution and emergence of new chemical precursors, and produce and maintain a related map; and propose the implementation of public policies to improve the control of their production. In November 2016, Argentina enacted Law No. 27302, which amended Law No. 23737, criminalizing the international diversion of precursor chemicals and establishing additional sanctions for the production, sale and cultivation of drugs, as well as new border control measures to counter drug trafficking. Moreover, Law No. 27319 on the

prosecution of complex cases, adopted in November 2016, contained provisions on special investigative techniques.

530. In January 2016, in Uruguay, Law No. 19355 came into effect establishing the National Secretariat for Combating Money-Laundering and the Financing of Terrorism, the role of which is defined under the procedures established in the regulations of the fund of confiscated assets of the National Drug Board.

531. In March 2017, the Plurinational State of Bolivia took further steps to reform its legal framework for narcotic drugs and precursors extending government control over the production and sale of coca leaf. On 8 March, the Government adopted Law No. 906, the General Law on Coca, repealing articles 1 to 31 of Law No. 1008 of 1988 and establishing that an area of up to 22,000 ha may be devoted to the cultivation of coca bush under the reservation that the country entered in 2013 in respect of the 1961 Convention as amended, thereby nearly doubling the area permitted for supplying the demand for coca leaf for the traditional practice of chewing that had been set at 12,000 ha under Law No. 1008.

532. Law No. 906 also allows for the use of coca leaf for ritual, medicinal, nutritional, research and industrial purposes and provides for the establishment of the National Council for the Re-evaluation, Production, Sale, Industrialization and Investigation of Coca,⁹⁵ and for the implementation of a register of coca producers by the Ministry of Rural Development and Land.

533. The Board expresses its concern regarding the decision of the Government of the Plurinational State of Bolivia, through the adoption of the new General Coca Law of 2017 and pursuant to its reservation with respect to the 1961 Convention as amended to permit the almost doubling to 22,000 ha of the area designated for the cultivation of coca bush. According to a study conducted by the Government with the support of the European Union and published in 2013, the amount of coca leaf deemed sufficient in 2012 to meet the demand for the purposes described in the country's reservation was 23,219 tons per year, which could be produced from the cultivation of around 14,700 ha.⁹⁶

⁹⁵ At the bilateral meeting held between the President of INCB and a delegation of the Plurinational State of Bolivia, the Bolivian authorities stated that the 22,000 ha of permissible cultivation established by the law was an upper limit and that the Government was able to limit the actual area to a size that reflected the quantity of coca production required to meet licit needs. The Government hopes to boost the export of coca leaf products, according to the *Razón* newspaper.

⁹⁶ See UNODC, *Estado Plurinacional de Bolivia: Monitoreo de Cultivos de Coca 2016*. Available from www.unodc.org/documents/crop-monitoring/Bolivia/2016_Bolivia_Informe_Monitoreo_Coca.pdf.

⁹⁴ The assessment is being implemented under the technical cooperation agreement among the National Drug Board, the Pan American Health Organization and WHO. See www.ircca.gub.uy.

534. In March 2017, the Plurinational State of Bolivia also enacted Law No. 913 on Combating Trafficking in Controlled Substances, by which it established mechanisms for countering traffic in controlled substances by means of prevention and law-enforcement measures, the control of precursors and a strengthening of the regime for the seizure and confiscation of assets.

535. The Board notes the open dialogue that it has maintained with the Government of the Plurinational State of Bolivia over time and its ongoing requests to the Government to provide information on the measures that the Government has taken or plans to take to ensure full compliance with the provisions of the international conventions on drug control, including the reservation entered when adhering, in 2013, to the 1961 Convention as amended, and in relation to other matters, including the estimates that the Government must provide to the Board as part of its obligations under said convention. The Board trusts that the Government of the Plurinational State of Bolivia will comply fully and without delay with the Board's various requests for information.

536. Several policy initiatives were reported in the region. In December 2016, the Government of Guyana launched a new national drug strategy master plan for 2016–2020. The plan strikes a balance between public health and public security. It addresses demand and supply reduction, control measures, institutional strengthening, policy coordination and international cooperation.

537. In Colombia, in December 2016, the National Narcotics Council approved the manual eradication of illicit crops and the use of glyphosate for that purpose. The Government of Colombia aims to eradicate 50,000 ha of illicit cultivation of coca bush in 2017 and to substitute 50,000 ha of such cultivation with licit crops in 2017, as the country prepares for the implementation of its post-conflict counter-narcotics strategy. In addition, the national police have implemented a strategy against microtrafficking with the support of the Office of the Attorney General and other State authorities. In January 2017, the Government launched the comprehensive national strategy for the substitution of illicit crops with the aim of promoting the voluntary substitution of illicit crops and helping poor and marginalized rural families affected by illicit crop cultivation.

538. Peru adopted a new national drug control strategy for the period 2017–2021, which was aimed at reducing the country's coca-growing area by 50 per cent by strengthening cooperation among relevant institutions, sharing intelligence, enhancing prevention and seizing chemical precursors used for the manufacture of illicit

drugs. Peru will focus its efforts on the eradication of the cultivation of coca bush, seizure activities, alternative development strategies, weakening the population's links with armed groups and drug trafficking and restoring security and respect for the rule of law.

539. In Ecuador, situational studies on drug supply and demand are being conducted in priority areas of the country within the framework of the Emerging Intervention Strategy 2016.

540. Countries in South America have responded to the emergence of new psychoactive substances, including by establishing early warning systems, issuing alerts and introducing new legislation. By decree No. 69/2017, issued in January 2017, the Government of Argentina updated its list of controlled substances by adding 61 new such substances in January 2017. In Uruguay, decree No. 320/016 was issued to include *para*-methoxymethylamphetamine (PMMA) in the list of substances under national control. On 29 December 2016, Uruguay amended its Law on Psychotropic Substances to reflect the transfer of *gamma*-hydroxybutyric acid (GHB) from Schedule IV to Schedule II of the Convention on Psychotropic Substances of 1971.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

541. The impact on protected areas of the illicit cultivation of coca bush remains a threat to biological diversity in the region.⁹⁷ The area under such cultivation in Colombia increased significantly, from 96,000 ha in 2015 to 146,000 ha in 2016. Following the suspension of aerial spraying in October 2015,⁹⁸ the Government sought new strategies, such as the implementation of round tables with the communities affected by illicit crop cultivation and an increase in interdiction efforts. The impact that the suspension of spraying might have had on the yield will be assessed in new yield studies planned for 2017.⁹⁹

⁹⁷UNODC, Colombia, Monitoreo de territorios afectados por cultivos ilícitos 2016. Available from www.unodc.org/documents/colombia/2017/julio/CENSO_2017_WEB_baja.pdf.

⁹⁸After the suspension of fumigation of crops with the herbicide glyphosate in Colombia in 2015, the use of that substance was reintroduced in 2017 for use in manual fumigation. Since it stopped using one of its main coca eradication methods, namely, the aerial fumigation of crops with glyphosate, the Government has uprooted a far smaller amount of coca bush, according to government statistics published by the Drug Observatory of the Ministry of Justice.

⁹⁹Colombia, Monitoreo de territorios afectados por cultivos ilícitos 2016.

542. In the Plurinational State of Bolivia, monitoring results showed an increase in the area under cultivation between 2015 and 2016. In 2016, the total area of coca bush under illicit cultivation was estimated at 23,100 ha, that is, 14 per cent more than in 2015. In 2016, the potential production of sun-dried coca leaf was estimated at 38,000 tons. Similarly, the total volume of coca leaf sold on markets for traditional use reached 21,952 tons, that is, 751 tons more than 2015. The reduction of coca crop surplus in permitted areas, a process known as rationalization, and the eradication of coca bush cultivation in forbidden areas amounted to 6,577 ha nationwide, representing a decrease of 40 per cent compared with the area eradicated in 2015 (11,020 ha).¹⁰⁰

543. According to the coca cultivation survey in Peru for 2015, published by UNODC and the Government of Peru in July 2016, the area under illicit cultivation of coca bush was estimated at 40,300 ha. Peru also reported some illicit cultivation of opium poppy that could yield up to two harvests per year. At the time of finalization of the annual report of the Board for 2017 (1 November 2017), the findings of the coca cultivation survey for 2016, conducted by UNODC and the Government of Peru, had not yet been published.

544. During 2016, a majority of countries in the region cited land transport as the major means of drug trafficking. Nevertheless, the damage done to landing strips in Peru suggests that trafficking by air might have affected drug prices in the country.

545. Among the drug trafficking routes identified, it is important to mention the “Amazonian trapezoid”, also known as the tri-border area, between Brazil, Colombia and Peru. The area is on one of the main drug trafficking routes to the United States and Europe.

546. In its 2016 annual report, the Drug Trafficking Observatory in Chile reported that drug trafficking in the country was on the rise. Chile serves as a trans-shipment country between coca-producing countries and consumer markets in Europe, North America and Oceania.

547. One of the challenges faced by countries with sparsely populated areas that border drug-producing countries is that they serve as transit countries for drugs bound for North America and Europe. South American criminal organizations tend to be relatively small, local and family-based to ensure the confidentiality needed to

perform their operations. Those organizations are the basis for groups formed at the national level that seek international links, often joining larger groups that have a fragmented and decentralized structure, which makes tracking those groups difficult. Those organizations are diverse and adaptable, which allows them to modify their trafficking routes and *modi operandi* whenever necessary. In addition, South American countries lack a system to follow the price fluctuations of illicit drugs.

548. The Government of the Plurinational State of Bolivia reported the seizure, in 2016, of more than 102 tons of cannabis plants and of 29 tons of cocaine salts most of which had been trafficked by road. During the reporting period, 4,065 clandestine cocaine base laboratories were seized in the country.

549. According to information provided by the national authorities of Paraguay, the eradication of cannabis crops increased from 2006 to 2008, with 1,786 ha eradicated, then sharply declined from 2009 to 2012, to 780 ha. From 2013 to 2015, there was a marked increase in eradication efforts, with the area of cannabis crops destroyed rising from 1,803 ha in 2013 to 1,966 ha in 2014 and a reported 2,116 ha in 2015. Such crops, however, are difficult to identify in areas where they are mixed with licit crops. The authorities reported the seizure of 413,970 kg of cannabis in 2016.

550. A total of 30,150 ha of illicitly cultivated coca bush were eradicated in Peru in 2016, which is slightly above the target of 30,000 ha for that year. The quantities of cocaine base paste seized in Peru amounted to 11.1 tons in 2014, 11.6 tons in 2015 and 14.0 tons in 2016, while the corresponding figures for cocaine hydrochloride were 18.7 tons, 8.4 tons and 13.9 tons, respectively.

551. The Government of the Bolivarian Republic of Venezuela reported the seizure of more than 34 tons of cocaine salts and more than 1 ton of coca leaves, highlighting the proximity of laboratories on Venezuelan territory to border crossing points with Colombia. The Government also reported dismantling six cocaine-processing facilities in 2016. The seizures suggest that the country was also affected by the increased cultivation of coca bush in Colombia in 2015 and 2016.¹⁰¹

¹⁰⁰UNODC, *Estado Plurinacional de Bolivia: Monitoreo de Cultivos de Coca 2016*. Available from https://www.unodc.org/documents/crop-monitoring/Bolivia/2016_Bolivia_Informe_Monitoreo_Coca.pdf.

¹⁰¹The authorities of the Bolivarian Republic of Venezuela recently announced cocaine seizures of almost 3 tons, illustrating the persistent flow of drugs across the country's border with Colombia.

(b) Psychotropic substances

552. The problem of the manufacture, trafficking and abuse of psychotropic substances in South America differs from country to country. According to the Organized Crime Observatory in the Bolivarian Republic of Venezuela, the use of psychotropic substances is on the rise. During the reporting period, the Governments of Argentina and Uruguay reported seizures of more than 220,000 tablets of “ecstasy”-type substances, while the Government of Peru reported seizures of 0.25 kg of the same substance.

(c) Precursors

553. Most of the potassium permanganate seized in South American countries was reported to have been manufactured in the country of seizure. Seven countries of South America reported seizures totalling 585 tons of potassium permanganate to INCB for 2016, of which 582.5 tons were seized in Colombia. The Plurinational State of Bolivia reported 2 tons, Peru less than 250 kg, and the Bolivarian Republic of Venezuela 200 kg. Reported seizure totals in other countries of the region were of less than 10 kg. Seizures of significant amounts of chemicals not under international control were reported to INCB for 2016, especially by the three coca-producing countries. These chemicals are common acids and bases, oxidizing agents and solvents used for the manufacture of cocaine and are controlled at the national level.

554. A detailed overview of the situation in South America with respect to the control of precursor chemicals can be found in the report of the Board for 2017 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

555. Several countries in the region reported seizures of a variety of non-scheduled chemicals used in the processing, reprocessing, refinement or cutting of cocaine. Those chemicals included various hydrocarbon solvent mixtures, such as common thinners, kerosene, diesel and various types of gasoline.

556. Non-scheduled substances constituted a large share of the seizures of chemical products in the region, especially non-scheduled solvents, which were seized in volumes exceeding those of scheduled solvents. The growing number of seizures of sodium metabisulfite and calcium chloride, two chemicals used to increase the efficiency of cocaine processing, indicates increasing levels of

organization of the related illicit activities and continued high levels of recycling of solvents.

557. In its *World Drug Report 2017*, UNODC noted that countries in South America had taken action regarding the emergence of hallucinogenic new psychoactive substances, including by setting up early warning systems, issuing alerts and introducing new legislation. As examples, it noted that Colombia had set up an early warning system in 2013, and issued alerts on new psychoactive substances sold as lysergic acid diethylamide that were made available online to the general population.¹⁰² In Chile, a total of 100 new psychoactive substances, including several NBOMe compounds, were placed under national control as psychoactive substances in 2014 and 2015. In Brazil, the Brazilian Health Regulatory Agency placed 11 NBOMe compounds in the national list of controlled substances in May 2016.

558. In Argentina, the Secretariat for Planning the Prevention of Drug Abuse and the Fight against Drug Trafficking launched, in December 2016, an early warning system for the identification of new psychoactive and emerging substances and new patterns of drug use and commercialization. The early warning system, under the Argentinian Drug Observatory of the Secretariat, will assess the health risks of the substances identified and develop responses. The system will work collaboratively with the Ministry of Justice and Human Rights, the Ministry of Health, the Ministry of Security and the Ministry of Science, Technology and Productive Innovation, the national administration for medicines, food and medical technology, the national service for health and quality in agricultural food products and customs service, which all provide information to the Secretariat’s Observatory. The Observatory acts as the central repository of information, systematizing it and producing analyses in order to formulate public policies on problematic consumption of psychoactive substances, based on updated scientific data. Similar systems are already in place in Chile, Colombia, Mexico and Uruguay, with which Argentina will work in the exchange of information.

5. Abuse and treatment

559. In the South American region, the lifetime prevalence of cannabis varied from 26.1 per cent in Uruguay to 19.7 per cent in Argentina and 3.6 per cent in Bolivia (Plurinational State of) and Peru. The lifetime prevalence of opioids was reported to be under 1 per cent by all

¹⁰²UNODC, “Global SMART programme Latin America”, Information Bulletin No. 2 (September 2016).

those countries. Variations among countries were seen in lifetime prevalence rates of cocaine base paste use, ranging from 0.1 per cent in the Plurinational State of Bolivia to 0.5 per cent in Argentina and 1.47 per cent in Peru.

560. In 2017, the Secretariat for Planning the Prevention of Drug Abuse and the Fight against Drug Trafficking of Argentina, in collaboration with the National Directorate of the Argentinian Drug Observatory, conducted the sixth national study on the use of psychoactive substances. The study was based on a survey of 20,658 individuals of 12 to 65 years of age living in urban areas and gathered information on the current patterns of use and abuse of psychoactive substances in different population groups. The study found that cannabis was the most common substance of abuse in terms of prevalence of use among the surveyed population in 2016 (7.8 per cent). With a rate of use of cocaine of 7.7 per cent, individuals of 25 to 34 years of age constituted the population group with the highest rate that same year, while the rates among younger and older people were lower.¹⁰³ Furthermore, the study indicated that the lifetime prevalence rate of use of cocaine in the general population had increased to 5.3 per cent in 2017, compared with 2.6 per cent in 2010. The increase in use particularly affected teenagers of 12 to 17 years of age, whose lifetime use reached 1.2 per cent, from a rate of 0.4 per cent in 2010. In addition, 6.2 per cent of the individuals surveyed declared having consumed opioid analgesics without medical prescription at least once, and 54 per cent of those who had consumed opioid analgesics had consumed them before turning 30 years of age.

561. According to the national survey on drug use of 2016 conducted by the Drug Observatory of Colombia, the lifetime prevalence of use in the general population increased from 8.6 per cent in 2008 to 12.17 per cent in 2013. The most widely used drug in Colombia was cannabis, with an annual prevalence of 3.27 per cent in 2013, compared with 2.12 per cent in 2008, which represents an increase of 54 per cent.

562. The increased drug use in Colombia suggests that some criminal structures have been reorganizing their distribution and sale of substances. In addition, Colombia is no longer only a producer country of drugs, but has also become home to an increasing number of consumers. To confront those challenges, the Government continues to follow the national plan to promote public health, prevention and care in connection with the use of psychotropic substances for 2014–2021, which is focused on

¹⁰³Use rates for the other population groups were as follows: 1.2 per cent for people of 12 to 17 years of age; 6.5 per cent for people of 18 to 24 years of age; 6.4 per cent for people of 35 to 49 years of age; and 2.1 per cent for people of 50 to 65 years of age.

strengthening institutions, health promotion, prevention and treatment.

563. According to a study on the costs of the drug problem published by the Technical Secretariat on Drugs of Ecuador in March 2017, the estimated cost of the drug phenomenon in Ecuador in 2015 was \$13 per capita, representing 0.2 per cent of GDP.

564. Cocaine and cannabis remain the two most prevalent drugs traded and used in Guyana. The majority of cannabis produced in that country is consumed locally. The national survey on household drug prevalence of 2016, carried out with assistance from the Inter-American Drug Abuse Control Commission, revealed that cannabis had the lowest average age of first use of all drugs of abuse (18.9 years) and cocaine the highest (22.6 years). The average age of first use of crack was 19.8 years and that of “ecstasy” 23.8 years. At 0.7 per cent and 0.3 per cent, respectively, the lifetime prevalence rates for cocaine and “crack” cocaine were, however, very low.

565. According to the National Commission for Development and Life without Drugs of Peru, substance use disorders affect approximately 200,000 persons nationwide. Between 32,000 and 60,000 individuals are believed to be addicted to cocaine, while an estimated 100,000 people use cannabis. Abuse of inexpensive, highly addictive coca base paste is increasing, in particular along drug trafficking routes in mid-size cities east of the Andes and in transit cities along the coast. Public treatment facilities in Peru remain insufficient, the public offer of outpatient treatment specialized in addictions consists essentially of health facilities complemented by addiction treatment units established in health-care, judicial and penitentiary institutions.

566. The sixth national survey on household drug use carried out in Uruguay in 2016 included questions about the forms of access to cannabis and the risks associated with the acquisition of cannabis on the illegal market. Twenty-two per cent of all cannabis users in the previous 12 months (i.e., 161,475 users) answered that they had bought the substance on the illegal market, and 43 per cent of those buyers stated that they had been exposed to some type of risk. The proportion of drug offences within the total crime rate increased notably from 2004 to 2012, and the impact of Law No. 19172 remains to be ascertained.

567. With regard to demand reduction initiatives, the third epidemiological study on drug use among university students in the Andean Community was carried out under the Support Project on Reduction of Demand of Illegal Drugs in the Andean Community. In collaboration

with that Project, UNODC continued to support the Andean Youth Initiative in the Plurinational State of Bolivia by expanding young people's access to social networks to prevent drug misuse. An early warning system was developed by the Drug Observatory of Colombia to improve the monitoring of psychoactive substances. Furthermore, during the reporting period, Ecuador and Peru implemented three local selective prevention projects aimed at street children, adolescents and juvenile offenders.