

the Economic and Social Council and the Commission on Narcotic Drugs. Very positive feedback has been received in which participants stress the high relevance of the training for their work and the need to sustain, repeat and further develop INCB Learning.

344. Notwithstanding the assistance provided by INCB, it is the responsibility of Governments under the international drug control treaties to enable their competent national authorities to receive training. The importance of ensuring that national drug administrators have adequate qualifications for the effective and faithful execution of treaty provisions is highlighted in article 34 (a) of the 1961 Convention. Article 38, paragraphs 2 and 3, of the 1961 Convention and article 20, paragraphs 2 and 3, of the 1971 Convention require States parties to provide training to prevent the abuse of narcotic drugs and psychotropic substances. Such training should target, among other things, the capacity of competent national authorities to determine legitimate requirements of narcotic drugs and psychotropic substances, to monitor and control their use, and to furnish accurate reports to INCB. The need for appropriate training of law enforcement and other personnel on the control of narcotic drugs, psychotropic substances and precursor chemicals is also covered by article 9, paragraphs 2 and 3, of the 1988 Convention.

345. The international drug control conventions and the outcome document of the special session, in its paragraph 6, call on the international community to enhance cooperation and lend technical and financial assistance to countries requesting support. INCB Learning stands ready to assist, in collaboration with other United Nations entities such as WHO and UNODC, countries in fulfilling their treaty obligations in order to strengthen the international drug control system and ensure the adequate availability of narcotic drugs, psychotropic substances and precursor chemicals for licit purposes. To achieve that goal and to support Governments, the Board relies on voluntary contributions from Governments to its capacity-building activities. **The Board is grateful for the contributions to INCB Learning made by the Governments of Australia, France and the United States, and for the in-kind support provided by the Government of Thailand. The Board calls on Governments to provide further and regular contributions to sustain and expand activities under the INCB Learning initiative. Such commitment by Governments is required to ensure broad geographical coverage, the sustainability of the project and the provision of support and advice to all Governments.**

9. Upgrading the International Drug Control System platform

346. The international drug control system is based on three international conventions: the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. The 1961 Convention as amended and the 1971 Convention established control measures for narcotic drugs and psychotropic substances, whereas the 1988 Convention established control measures for precursor chemicals used in the illicit manufacture of narcotic drugs and psychotropic substances. By becoming parties to these conventions, States accept the obligation to implement in their national legislation the provisions of the conventions.

347. The international drug control conventions were elaborated in recognition of the fact that certain substances, while of great benefit to humankind, also had the potential to cause harm. Therefore, the conventions established a control system that would ensure the availability of controlled substances for medical and scientific purposes while preventing their illicit production, trafficking and abuse. If applied correctly, this system should not hinder but rather promote access to controlled substances and prevent their diversion.

348. INCB is the body responsible for monitoring the compliance of Governments with the international drug control treaties and for providing support to Governments in this respect. The capacity of INCB to monitor the functioning of the international drug control mechanisms established by the conventions relies, in part, on the ability of Governments to provide it with estimated quantities of controlled substances required for legitimate purposes in their countries. These quantities are known as estimates when referring to narcotic drugs, as assessments when referring to psychotropic substances, and as annual legitimate requirements for precursor chemicals and substances frequently used in the illicit manufacture of amphetamine-type stimulants.

349. The accurate estimation of requirements for controlled substances is an essential step in ensuring their adequate supply for medical and scientific purposes. While underestimation of requirements can contribute to problems, notably shortages, overestimation can lead to surpluses, waste and increased risk of diversion of controlled substances. To supplement its annual report, the Board publishes three technical reports on narcotic drugs, psychotropic substances and precursor chemicals. These reports are based on information furnished by Governments

to the Board in accordance with the relevant provisions of the international drug control conventions.

350. The data provided by countries are stored in the INCB International Drug Control System (IDS), an information management system that provides automated analysis tools and reporting facilities to INCB while implementing its mandate of monitoring compliance with the international drug control treaties. IDS became operational in 2004 and was formally launched at the margins of the forty-eighth session of the Commission on Narcotics Drugs in March 2005.

351. The system provides tools for INCB to monitor the implementation of the drug control treaties and facilitate the management of data received from reporting countries and territories to INCB under these treaties. It also provides tools to monitor and control the global import and export of narcotic drugs and psychotropic substances as well as precursors. The system is a tool for INCB to monitor the information on licit production, cultivation, utilization and stocks of the controlled substances by the countries and territories. The system is capable of providing several automated control mechanisms, analysis and reporting tools to the Board.

352. IDS has been used by INCB for 13 years, and it was enhanced and extended according to the requirements over the years. It is a vital tool for the Board to monitor compliance with the international drug control treaties. IDS is used for the processing of the data furnished by the countries and territories submitted in different forms to INCB throughout the year.

353. The data contained in IDS are analysed for the preparation of the publications of the Board. The publication of statistical data provides information for analytical purposes, inter alia, on the availability and use of narcotic drugs, psychotropic substances and precursor chemicals in various countries and territories. The preparation of estimates and statistics for submission to the Board requires the participation of several national administrative departments (health, police, customs, justice, etc.). IDS is used to analyse the global situation with respect to ensuring the availability of internationally controlled substances for medical and scientific purposes. The analysis tools for the quarterly statistics are used for identifying and reporting on trade discrepancies and import/export excesses.

354. One of the core activities of INCB is to monitor the licit trade of precursor chemicals listed in Tables I and II of the 1988 Convention and to assist Governments in preventing the diversion of such chemicals into illicit traffic. The exchange of pre-export notifications among

exporting and importing Governments remains the most effective means of verifying the legitimacy of individual trade transactions. The information on the licit trade of precursor chemicals is instantly recorded in the IDS database with the PEN Online system acting as the main data entry mechanism for precursors in IDS since its launch in March 2006.

355. Since the systematic collection of pre-export notifications began in 1997, about 269,000 notifications have been recorded and processed in the IDS database, of which 87 per cent have been received, in real time, via the PEN Online system. IDS enables INCB to conduct timely assessments and analyses of trade information (substances, amounts, countries, companies) to identify licit trends and possible diversion and illicit traffic, based on which potential weaknesses in national control systems can be identified and proposals for remedial action be made, thus contributing to effectively carrying out the Board's function as mandated under the 1988 Convention. Furthermore, IDS contains seizure and licit trade information received on the yearly form D submissions, which is essential for the preparation of the report of the Board on the implementation of article 12 of the 1988 Convention, as well as for the coordination and support of regional and international precursor control initiatives.

356. However, IDS needs to be upgraded. IDS was implemented with the technologies that were available more than 13 years ago. As information system technologies rapidly evolve and advance, the system is becoming obsolete. It is now becoming increasingly difficult to support and maintain the current system as the software tool underpinning it is rapidly disappearing from the market, making it increasingly difficult to find computer specialists able to provide support for the now outdated technologies used by IDS.

357. A system upgrade can take advantage of improvements in hardware and networking. Modern software systems offer better user interfaces and incorporate common user experiences. An upgraded system will make IDS more compatible with the new hardware and software tools. For example, as increasing numbers of new psychoactive substances are brought under international control following the recent scheduling of a significant number of substances by the Commission, there is a need to develop new business functionalities into IDS. The current system is not flexible enough to cover all these changing needs. An upgraded IDS will be able to interact better with the national systems of Governments, which would increase the treaty compliance monitoring capacity of the Board, while providing a more secure platform for Governments to integrate their national systems.

358. The data available to INCB would be much easier to publish on the web or in response to queries from mobile devices. The technical tables and statistical information, which are made publicly available through the INCB annual report and the supplementary technical publications, could be shared and made accessible through various media.

359. IDS currently accepts XML-based submissions of the various forms for the statistical information furnished by Governments. With an upgrade, IDS would gain the capacity to receive this information online through a secure web interface. This would enable Governments to upload their statistical information in an effective and efficient manner. Competent national authorities and the Board could save much time and resources when entering and verifying statistical information.

360. IDS is the main information management system supporting the work of INCB in implementing its mandate of monitoring compliance with the international drug control treaties. The technological advances of today were unforeseeable 13 years ago when the system was developed, and INCB should adapt its operations to these advancements and upgrade its system.

361. The effectiveness of the international drug control system relies on Member States' collective efforts to implement and monitor the implementation of the conventions. **The modernization of IDS (development and maintenance) has financial implications, and INCB would like to urge Governments to consider providing the financial support needed for upgrading the system to ensure that the Board continues to operate efficiently and effectively while also simplifying the work of competent national authorities in the submission of treaty-mandated information.**

- Illicit manufacture of methamphetamine and illicit markets for methamphetamine continue to expand in East and South-East Asia and pose serious challenges to supply and demand reduction in the region.
 - Given the continuous emergence and rising use of new psychoactive substances in East and South-East Asia, greater attention and more resources should be devoted to collecting relevant data and providing treatment services.
 - In South Asia, increases in the illicit manufacturing, trafficking and abuse of methamphetamine and the continued emergence of new psychoactive substances pose serious challenges to the Governments in the region.
 - Trafficking in and the abuse of cannabis in South Asia remain a significant drug-related challenge, as do reported increases in heroin trafficking in much of the region.
 - Drug trafficking from Afghanistan poses major challenges to drug control efforts of the countries in the West Asia region.
 - Instability and continued conflict in the Near and Middle East have led to a significant increase in drug trafficking and abuse affecting many countries in the region.
 - The number of new psychoactive substances detected in European countries continued to grow in 2016, although at a slower pace; not all detected new psychoactive substances remain on or are present on the market at all times.
 - A number of European countries introduced controls on several new psychoactive substances that are not under international control.
 - An increase in amphetamine seizures was reported in South-Eastern Europe in 2016, which may be related to the expansion of amphetamine trafficking in and through the Near and Middle East.
 - In Oceania, large seizures of cocaine made through cooperation among Australia, New Zealand and Pacific island countries demonstrate the increased targeting of the Pacific island countries and territories by drug traffickers.
 - Though the abuse of and trafficking in methamphetamine continues to pose a significant public health and law enforcement challenge in the region, a decrease in both seizures and the prevalence of the substance was observed in Australia in 2016.
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A. Africa

1. Major developments

362. The illicit production of, trafficking in and abuse of cannabis, a major drug of concern in Africa, is a persistent challenge. While cannabis herb is illicitly cultivated in all subregions, illicit cannabis resin production remains limited to a few countries in North Africa. Seizures of cannabis resin reported by Morocco increased further in 2016 to nearly 237 tons, while Algeria and Egypt reported a significant decline in seizures.

363. Although cannabis remains the substance most widely abused in Africa, the abuse of cocaine, various opioids (including tramadol), amphetamine-type stimulants and emerging new psychoactive substances is reported to be growing. Drug use, in particular heroin abuse, also appears to have intensified in all subregions of Africa.

364. Trafficking in drugs frequently occurs in parallel with other illicit activities, such as trafficking in persons and arms, thereby worsening insecurity and instability across Africa. In South Africa, drug-related crime rates have increased by 11 per cent since the previous reporting period. Eight out of nine provinces in South Africa have experienced an upsurge in drug-related crime.

365. Transnational organized crime networks in Africa, including those involved in drug trafficking, are increasingly exploiting the Internet for their illicit activities. In Nigeria, the National Drug Law Enforcement Agency reported that various web pages and blogs had become the most common sources of drugs, and that drugs were increasingly advertised and traded online.

2. Regional cooperation

366. In November 2016, INTERPOL carried out an eight-day operation code-named “Adwenpa II” to reinforce border security in the West Africa subregion. The operation built on the success of the first operation “Adwenpa”, which had been part of a capacity-building programme to strengthen border management in West Africa. “Adwenpa II” involved 28 key border crossing points between 14 countries: Benin, Burkina Faso, Côte d’Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo. It resulted, inter alia, in multiple seizures of cocaine, cannabis, heroin, methamphetamine and other drugs.

367. In 2016, UNODC, ECOWAS and the European Union launched a call for proposals for the funding of innovative drug prevention initiatives and pilot programmes. The initiatives and programmes that were selected were in Burkina Faso, Cabo Verde, Liberia, Mauritania, Sierra Leone and Togo. The main target group consists of young people. The grants were to enable civil society organizations to implement interventions and policies that the available scientific evidence has shown to be effective in preventing substance abuse, as outlined in the UNODC International Standards on Drug Prevention. Support was also provided to national authorities and institutions to promote intra-sectoral cooperation.

368. The second meeting of the African Union Specialized Technical Committee on Health, Population and Drug Control was held in Addis Ababa from 20 to 24 March 2017. Participants from 34 African Union member States, African Union organs, ECOWAS, United Nations agencies, intergovernmental and non-governmental organizations and cooperation partners attended. The African Union member States represented at the meeting were Algeria, Angola, Burkina Faso, Cameroon, Chad, the Comoros, the Congo, the Democratic Republic of the Congo, Egypt, Eritrea, Ethiopia, the Gambia, Guinea, Kenya, Lesotho, Mali, Mauritania, Morocco, Mozambique, Namibia, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Sudan, Swaziland, Togo, Tunisia, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe. The ministers’ meeting, which was part of the event, endorsed a number of recommendations, including: to consider and treat drug use disorders as health conditions; to fully develop and adopt national drug policies; to ensure that people who use drugs are provided with access to treatment and psychological services; to recognize the special risks that young women and girls face regarding drug use; and to include drug use prevention in core curricula of law enforcement and medical institutions in order to broaden the prevention workforce in Africa.

369. In January 2017, the African Union Mechanism for Police Cooperation (AFRIPOL) was officially created in Addis Ababa. AFRIPOL held its first general assembly in Algiers in May 2017. Participants from 45 African Union member States agreed on the adoption of a three-year workplan (2017–2019) that sets out strategic outcomes for various crime areas, including drug trafficking.

370. In March 2017, in Zanzibar, the representatives of the Triangular Initiative countries gathered for the first time with representatives of States of the African and Indian Ocean regions. The participating countries included six African States: Kenya, Madagascar, Nigeria, Seychelles, South Africa and the United Republic of

Tanzania. The meeting facilitated interregional sharing of experiences and best practices in detecting, investigating and disrupting the methods used by transnational organized crime groups to finance their activities.

371. The Twenty-seventh Meeting of Heads of National Drug Law Enforcement Agencies, Africa, was held in Hurghada, Egypt from 18 to 22 September 2017. Discussions focused on regional and subregional cooperation in countering drug trafficking. During the working groups, participants considered the following topics: effective measures to counter money-laundering and illicit financial flows; enhancing coordination of the regional communication platforms that support drug law enforcement across Africa; trafficking in new psychoactive substances, including khat (*Catha edulis*), benzodiazepines and tramadol, and law enforcement responses; and addressing the specific needs of women and girls in the context of the world drug problem.

3. National legislation, policy and action

372. In March 2017, Seychelles amended its Misuse of Drugs Act by inserting into Schedule I synthetic cannabinoids in any form.

373. In Somalia, the new national development plan 2017–2019, launched by the federal Government in November 2016, states that drug trafficking presents a major threat to the country's maritime security. The strategic geographic location of Somalia offers vast opportunities for illegal activities, including drug trafficking. The plan stresses that drugs are a serious problem affecting young people in Somalia today. The national development plan focuses on increasing economic opportunities for young people as a way of stopping those negative trends.

374. In May 2017, the parliament of Tunisia adopted Law No. 2017-39 amending Law No. 92-52 on narcotic drugs. The amendment provides for the repeal and replacement of article 12 of Law No. 92-52. Under the new article, judges, at their own discretion (as authorized by article 53 of the penal code), may choose not to impose the minimum jail sentence and fine provided for by Law No. 92-52. This applies only to consumption or possession of narcotics for personal use.

375. In February 2017, the Drug Control and Enforcement Authority of the United Republic of Tanzania formally replaced the Drug Control Commission as the leading organization for drug control in the country. The Authority was established under the Drug Control and Enforcement Act, 2015, which had replaced the Drugs

and Prevention of Illicit Traffic in Drugs Act, 1995. The Authority has been entrusted with coordinating a national drug response and given the power to conduct investigations, seize drugs and arrest offenders.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

376. Africa remains a key transit region for drug trafficking. Cannabis continues to present challenges on the continent. While cannabis herb is illicitly cultivated in all subregions, illicit cannabis resin production remains limited to a few countries, in North Africa in particular, with Morocco being reported most often the source country. Reportedly, most cannabis resin in North Africa is trafficked to Europe. On the other hand, the available information suggests that cannabis herb is trafficked mostly within Africa. Africa's relevance as a transit region for cocaine is also growing. While in previous years, West African countries were the main transit area for cocaine trafficking, North African countries are increasingly also being used as a transit route for cocaine originating in South America and on its way to Europe. According to UNODC, cocaine reaches Africa by various routes, but it mainly arrives directly from South America or indirectly via the Sahel region and West Africa or, to a lesser extent, via Europe. Opiates originating in Afghanistan are transiting through Africa, and then being trafficked onward to Europe, North America and other consumer markets.

377. In 2016, several African countries reported seizures of cannabis herb. Seizures reported by Egypt dropped by about 45 per cent in relation to the previous year, from 360 to 200 tons. Similarly, in Madagascar, reported seizures dropped by 62 per cent, from 8 to 3 tons, while in Zambia, the reported figures increased from 17 to 20 tons. Notable seizures of cannabis herb were also reported by Ghana (more than 2 tons), Kenya (almost 9 tons), Mozambique (more than 1 ton), Nigeria (more than 4 tons), and Sudan (45 tons).

378. In 2016, Morocco reported one of the largest seizures of cannabis resin worldwide, nearly 237 tons, compared to 235 tons in 2015. Most of the cannabis resin seized in Morocco was bound for European markets, in particular Spain and France, while some was meant for local consumption. Also, trafficking in cannabis by sea continues to be a major challenge for the Moroccan authorities.

379. Algeria and Egypt also once again reported large seizures of cannabis resin. However, the quantities reported by both Governments had significantly declined over the previous few years, in particular since 2013. In Algeria, seizures of cannabis resin declined to 109 tons in 2016, 14 per cent less than in 2015 (127 tons) and 48 per cent less than in 2013 (211 tons). It was estimated that 75 to 80 per cent of the cannabis resin was being trafficked through provinces located in the north-west of the country, including through maritime ports. The remainder, 20 to 25 per cent, was destined for local consumption. Egypt reported some 29 tons of cannabis resin seized in 2016, 12 per cent less than in 2015 (33 tons) and 65 per cent less than in 2013 (84 tons).

380. Various reports from European Union countries point to an emerging trafficking route for cannabis resin using Libya as a major transit hub. Cannabis resin originating from Morocco is increasingly being trafficked across the Mediterranean, mainly to Italy, and from there onwards to various other destinations. However, most cannabis resin leaving Morocco is still going to Spain, with only smaller amounts going to Italy, either directly or via Libya.

381. The data reported by African countries on the eradication of cannabis remain limited, therefore it is a challenge to assess their efforts in that regard. However, according to the information available, worldwide, Morocco ranked second and Nigeria third in terms of the areas of cannabis cultivation they had eradicated over the period 2010–2015. Although the area under cannabis cultivation in Morocco may have decreased in recent years as reported by the national authorities, yields seem to have stabilized owing to the introduction of high-yield varieties. New production techniques and high-potency plants have reportedly been introduced in Morocco recently. In addition, Kenyan authorities eradicated 12 ha of cannabis and seized 6,095 marijuana plants in 2016, while authorities of Zambia seized almost 40 tons of cannabis plants.

382. Africa's growing relevance as a transit region for cocaine was confirmed by a series of large cocaine seizures reported by various countries on the continent. UNODC considers that this development may be attributed to the expansion of the cocaine market worldwide.

383. Cocaine was mostly transported to Morocco from South America along commercial air and sea routes. For 2016, authorities in Morocco reported the largest quantity of cocaine ever seized in the country, totalling 1,621 kg, compared to 120 kg seized in 2015. In October 2017, Moroccan authorities reportedly seized 2.5 tons of cocaine in a single operation, taking place in two locations. The

cocaine came from Brazil and was bound for countries in Africa and Europe. In addition, in January 2017, the country's Judiciary Police reported about 116 kg of cocaine seized in Tangier.

384. Tunisia also reported unprecedented seizures of cocaine from South America. Tunisia seems to be a transit as well as a destination country for South American cocaine. In September 2016, authorities in Brazil seized 602 kg of cocaine concealed in 18 bags of organic sugar placed in a container bound for the port of Tunis via Italy. In March 2017, more than 31.5 kg of cocaine were seized in the Mediterranean by the Tunisian Maritime Guard. In 2016, seizures of cocaine were also reported by Algeria (59 kg), Egypt (26 kg), Kenya (113 kg), South Africa (191 kg), the Sudan (10 kg) and Zambia (26 kg).

385. Other countries in Africa, including Djibouti, Ghana, Madagascar, Mali, Mozambique, and Nigeria also reported seizures of cocaine. In January 2017, police in Djibouti seized 500 kg of cocaine at the main port in a shipment originating from Brazil. According to the authorities, it was the biggest seizure of cocaine in Djibouti and in East Africa as a whole since 2004. In addition, Ghana seems to be an important transit country for cocaine destined for Europe, although seizures made in Ghana have declined and are now rather modest. In 2016, Ghana reported seizing 6 kg of cocaine (which had originated in Brazil), down from 465 kg seized in 2014 and 901 kg seized in 2013. In 2016, Madagascar and Mozambique reported modest amounts of cocaine being seized, with both countries reporting less than 1 kg each.

386. In Mali, in December 2016 and January 2017, the joint airport interdiction task forces established under the UNODC-INTERPOL-World Customs Organization (WCO) Airport Communication Project (AIRCOP) seized 2 kg of cocaine in Bamako that had originated in Latin America and was being trafficked to Europe. In 2016, Nigeria reported cocaine seizures totalling 82 kg.

387. Trafficking in opiates originating in Afghanistan via the southern route has continued, and the abuse of opiates in Africa has continued to increase. In South Africa, there were several cases in which heroin had been smuggled from Pakistan to be sent onward to the United States. However, most of the heroin trafficked into South Africa was intended for local consumption. In 2016, very few African countries reported seizures of heroin; they were Algeria, Egypt, Ghana, Kenya, Madagascar, Morocco, Mozambique, Nigeria, South Africa, the United Republic of Tanzania and Zambia. The quantities seized were between 30 grams and 816 kg. Between January and June 2017, authorities in the

United Republic of Tanzania seized more than 27 kg of heroin. Seizures of heroin trafficked from Africa were also reported by authorities in Europe. The Combined Maritime Forces, operating in the Indian Ocean off the coast of Eastern Africa, regularly make seizures of several hundred kilograms each. In May 2017, for example, the Royal Navy of the United Kingdom detected and destroyed 266 kg of heroin found in a freezer on a fishing boat.

388. In South Africa, abuse of the street-drug mixture “nyaope” although illegal since March 2014, is on the rise. Its main active ingredient is heroin, and it is highly addictive. “Nyaope” is usually wrapped in a cannabis leaf and smoked. The withdrawal symptoms are very severe. “Nyaope” is consumed mostly by young people from poor backgrounds, as it is more affordable than other drugs and easily available in townships and informal settlement areas.

(b) Psychotropic substances

389. In Morocco, officials reported the seizure of more than 1 million tablets of psychotropic substances in 2016.

390. Concern about methamphetamine manufactured in West Africa is growing. In the past few years, methamphetamine was smuggled to Asia and Oceania from various African subregions, primarily North, West and Central Africa. Organized criminal networks in Nigeria manufacturing and trafficking methamphetamine primarily target markets in South-East Asian countries. Between 1 November 2016 and 1 November 2017, the National Drug Law Enforcement Agency of Nigeria reported seizures of several drugs, including methamphetamine. The total amount of methamphetamine seized was 40 kg. In 2016, authorities of Kenya and South Africa reported methamphetamine seizures of 9 kg and 440 kg, respectively.

391. Operation “Lionfish”, one of the operations led by INTERPOL, revealed a network of West African organized crime groups involved in methamphetamine trafficking. In total, more than 120 kg of methamphetamine were seized during the operation. A number of arrests were made as a result of specific intelligence-sharing. The arrests helped to identify a cocaine trafficking route via Ethiopia to the Middle East, Asia and the Pacific.

392. In 2016, the South African Police Service reported an increase in the number of clandestine laboratories manufacturing synthetic drugs, including methamphetamine, that are largely destined for the domestic market. East Asia and, to a lesser extent, South Africa are the main markets for methamphetamine manufactured in East Africa.

(c) Precursors

393. Because of the poor response rate for form D, reliable data for the region on seizures of substances listed in Tables I and II of the 1988 Convention and of substances not under international control remain limited or are non-existent. As at 1 November 2017, only 21 African countries returned form D for 2016, and in most cases data were either missing or insufficient. However, incidents communicated through PICS confirm that Africa continues to be affected by trafficking in precursor chemicals.

394. According to data communicated through PICS, between 1 November 2016 and 1 November 2017, the African countries involved in precursor-related incidents as countries of origin, transit or destination were Mozambique, Nigeria, South Africa and the United Republic of Tanzania. The main precursor communicated through PICS was ephedrine, which is used in the illicit manufacture of methamphetamine. Other precursors communicated were acetic anhydride (a key chemical in the manufacture of heroin), acetone and methyl ethyl ketone.

395. The available data suggest that South Africa remains a key destination for smuggled ephedrine and pseudoephedrine. In November 2016, the National Drug Law Enforcement Agency of Nigeria shared information through PICS about a single seizure it had made at Lagos airport of almost 84 kg of ephedrine destined for South Africa. The Narcotics Control Bureau of India seized 15 kg of pseudoephedrine, also destined for South Africa.

396. According to authorities in the United Republic of Tanzania, the diversion of precursor chemicals continued in 2017. One seizure of various chemicals included 25 litres of acetic anhydride that had originated in France. Other cases involving large quantities of precursor chemicals were still under investigation.

397. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in Africa 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

398. Trafficking in and abuse of substances not under international control remains a serious concern in a number of African countries. The available data suggest that the non-medical use of tramadol, a synthetic opioid

analgesic, is growing, as evidenced by seizures in Central, North and West Africa.

399. Increased abuse of tramadol was observed in the Sahel region. In 2016, more than 8 million tablets were seized in the Niger, which is particularly affected by tramadol misuse. Authorities in Nigeria reported seizing 3.1 tons of tramadol in 2016. Misuse has also increased in Libya, which is considered a major source of tramadol trafficked to Egypt. Drug seizures made in 2016 by Governments in West Africa as part of the UNODC Container Control Programme included more than 10 tons of tramadol. In Sudan, almost 700,000 tablets were seized in 2016.

400. In November 2017, Indian authorities reportedly seized a record 23.5 tons of methaqualone tablets. The raw materials for methaqualone were imported from Indonesia, and the final product was intended for delivery in Mozambique or South Africa. South African authorities reported seizing almost 4 tons of methaqualone in 2016.

401. Khat (*Catha edulis*) is a plant-based substance not under international control. Between 1 November 2016 and 1 November 2017, several incidents involving khat originating from African countries were reported. In 2017, authorities in Spain reported the seizure of two shipments of khat, one of 75 kg originating in Kenya and another of 100 kg originating in Ethiopia. In addition, authorities in Malaysia reported 10 incidents involving a total of 231 kg of khat originating from Ethiopia. Seizures were in the range of 8 kg to 78 kg per incident. Seizures of almost 11 tons of khat were reported by Sudan for 2016.

5. Abuse and treatment

402. Cannabis still remains the primary drug for which drug users seek treatment in Africa. Available data suggest that the annual prevalence rate of use of cannabis among Africans aged 15 to 64 continues to be high and is estimated to be 7.5 per cent, nearly double the global average. West and Central Africa are the subregions with the highest prevalence rates, estimated at 12.4 per cent. However, the true extent of drug abuse in Africa is unclear, as prevalence data are mostly outdated or unrepresentative, or are non-existent. This applies to drug types other than cannabis as well.

403. Based on the limited data available, Africa seems to be experiencing a greater increase in heroin use than other regions. According to UNODC, Côte d'Ivoire, Kenya, Mozambique, Nigeria, South Africa, the United Republic of Tanzania and Zambia reported an increase in the abuse of heroin. Of those countries, Mozambique, Nigeria, South Africa and the United Republic of Tanzania also reported

an increasing number of people seeking treatment for opioid use disorders. It is estimated that the annual prevalence of the use of opiates in Africa among people aged 15 to 64 is 0.30 per cent, or more than 2 million people, a rate comparable to the global average estimate of 0.37 per cent.

404. In Nigeria, drug abuse is on the rise, especially among women and young people. Moreover, treatment options are limited and drug users face stigma in their communities. Nonetheless, drug dependence treatment in Nigeria improved in the past years with the introduction of national minimum standards for drug dependence treatment and of a standard policy and practice guidelines for counsellors working with the National Drug Law Enforcement Agency. The strategies recommended by that agency for dealing with the rising rate of drug abuse included the orientation and education of young people, demand reduction, rehabilitation and the reintegration of drug-dependent individuals into society.

405. In June 2017, the Ministry of Health of Kenya launched a national substance disorders treatment protocol. Kenya is experiencing an increase in substance abuse. The upsurge in the abuse of drugs by injection can be attributed to increasing international drug trafficking coupled with the location of Kenya at a crossroads for international trade in the region. Statistics indicate that more than 50 per cent of drug users are aged 10 to 19, something that could have devastating effects on the socio-economic development of the country and the health of its population. Evidence suggests that the strengthening of treatment services for substance abuse disorders and the constant improvement of those services play a crucial role in reducing the demand for drugs, HIV transmission among drug users and drug-related crime.

406. Health systems in most African countries do not have the resources or the capacity to ascertain the extent and patterns of drug use or to offer adequate drug abuse prevention and treatment services. However, in Burundi, Cabo Verde, Eritrea, Ethiopia, Kenya, Liberia, Madagascar, Mauritius, Mozambique, Nigeria, Senegal, Seychelles and the United Republic of Tanzania, drug dependence treatment has improved noticeably.

407. Opioid substitution therapy is now available in several African countries including Algeria, Kenya, Mauritius, Morocco, Senegal, South Africa and the United Republic of Tanzania. In addition, Egypt is contemplating a pilot project, and Seychelles is assessing a pilot project. According to the African Union, needle and syringe programmes for people who abuse drugs by injection are available in Kenya, Mauritius and the United Republic of Tanzania. Moreover, Morocco opened two new addiction centres in 2017, while

Egypt opened a drug treatment facility in Cairo. Since 2016, buprenorphine has been approved for use in Morocco, in addition to methadone. Similarly, Mauritius introduced the use of buprenorphine and naltrexone for relapse prevention, while Zanzibar, United Republic of Tanzania, initiated the use of methadone.

408. As of 31 December 2016, the Centre for the Integrated Management of Addiction, at the University Hospital of Dakar, had had 651 drug users apply to be enrolled in its opioid substitution treatment programme but admitted only 178 due to capacity restraints. The substitution drug used was methadone.

409. In February 2017, the only drug abuse treatment and prevention centre in Tunisia, “El Amal”, reopened with the support of the Health Ministry. It had been closed several years ago. Its reopening strengthens the treatment of drug users in the country.

410. In 2016, a study was published on patterns of substance abuse among university students in South Africa. It found that current cannabis use stood at 17.3 per cent. Another study, also published in 2016, found that polydrug use among students in Botswana aged 10 to 19 combined illicit drugs and tobacco (26.6 per cent), alcohol, tobacco and illicit drugs (18.7 per cent), and illicit drugs and alcohol (12.3 per cent). In each case, males were more likely to have engaged in multiple substance use than females. Another finding was that the lifetime use of habit-forming substances was common in Botswana. The finding pointed to a need for immediate programme interventions.

411. Countries in Africa were still lagging behind in offering treatment for substance abuse. According to UNODC, only one third of countries in Africa are likely to have a budget allocated for treating substance abuse. Treatment and rehabilitation facilities, as well as basic drug-related treatment and health services were still scarce in many African countries. The bulk of the treatment provided was detoxification, sometimes with psychosocial support. Available facilities were generally poorly funded and had few qualified personnel. Care was usually provided in overcrowded psychiatric hospitals without specialized drug dependence services, or offered by non-monitored traditional healers and faith-based facilities.

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.

C. Asia

East and South-East Asia

1. Major developments

568. The illicit manufacture of, trafficking in and abuse of methamphetamine continue to be the biggest drug threat for East and South-East Asia. While illicit manufacture continues to take place mainly in China and Myanmar, it has also been detected in other countries in the region. Considerable increases or record high levels of methamphetamine seizures have been reported in recent years, with the result that the region had the greatest percentage of global methamphetamine seizures in 2015. Driven by high street prices, significant quantities of methamphetamine have also been trafficked into the region from other parts of the world, a situation also reflected in the growing levels of abuse reported by most countries in the region.

569. Illicit opium poppy cultivation and opium production continue to be concentrated in the Golden Triangle. In Myanmar, the total area under illicit opium poppy cultivation remained steady yet at 55,000 ha in 2015, considerably more than in the Lao People's Democratic Republic which was reported to have 5,700 ha. Trafficking in and abuse of heroin continue to be of concern for some countries in the region.

570. The greater integration of the region poses new challenges for border control. An increasing number of drug-related criminal activities have been detected at the borders of Brunei Darussalam, Cambodia and Viet Nam. Closer collaboration and the more timely sharing of intelligence among neighbouring countries are crucial for effective joint-border operations.

571. Online drug-related crimes have become more prevalent in some countries. In Singapore, the number of

people arrested for buying drugs and drug-related paraphernalia online increased more than sixfold, from 30 individuals arrested in 2015 to 201 in 2016. Authorities in China noted that online drug-related crimes remained widespread and stepped up the corresponding supervision and management of the situation. Legislative change has also been introduced by the Government of the Republic of Korea to prohibit the advertising of illicit drug trade via the Internet.

2. Regional cooperation

572. The Fortieth Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, was held in Colombo on 24–27 October 2016. Over 150 participants from the region discussed the status of drug control and treatment and adopted a number of expert recommendations.

573. The 22nd Asia-Pacific Operational Drug Enforcement Conference was held in Tokyo from 20 to 24 February 2017. About 130 participants exchanged views on global cooperation to counter the smuggling of amphetamine-type stimulants and actions to address the threat posed by new psychoactive substances.

574. Ministers and senior officials from countries of the Greater Mekong subregion (Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam) and UNODC met in May 2017 to endorse a new strategy to address the persistent and evolving drug issues in the region. The new Mekong Action Plan strengthened capacities in four areas: drugs and health; law enforcement cooperation; legal and judicial cooperation; and sustainable development. The new action plan has been adjusted to incorporate 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, as well as the Sustainable Development Goals.

575. The 38th Meeting of the Association of Southeast Asian Nations (ASEAN) Senior Officials on Drug Matters was held in Viet Nam from 25 to 27 July 2017. The annual meeting included meetings of five working groups (preventive education; treatment and rehabilitation; law enforcement; research; and alternative development) and serves as a platform to enhance coordination of joint operations and investigations among drug law enforcement agencies.

576. The Third BRICS Anti-Drug Working Group Meeting was held on August 16, 2017 in Weihai, China. The Working Group adopted "The Working Rule on Drug Control for the Working Group" and decided to strengthen

the bilateral cooperation in drug control under the BRICS framework (Brazil, China, India, Russian Federation and South Africa) and establish consultation mechanisms on information exchange, anti-drug law enforcement cooperation, international drug control policy coordination, personnel training and exchange of experience.

3. National legislation, policy and action

577. The Central Narcotics Bureau of Singapore continues to strengthen controls over a number of controlled substances in order to contain the rapid emergence of new psychoactive substances and their adverse impact on public health. With effect from 1 May 2017, four new psychoactive substances were transferred from the fifth to the first schedule of the Misuse of the Drugs Act. One additional substance, U-47700, was added to the first schedule of the Act, following the decision of the Commission on Narcotic Drugs to include U-47700 in Schedule I of the 1961 Convention as amended by the 1972 Protocol in March 2017. Once listed in the first schedule of the Misuse of the Drugs Act, the trafficking, manufacture, sale, possession and consumption of any of these substances become a criminal offence.

578. In China, four fentanyl-class substances (carfentanil, furanylfentanyl, valeryl fentanyl, and acryl fentanyl) were placed in the List of Non-Medicinal Narcotic Drugs and Psychotropic Substances under Control on 1 March 2017. In addition, four substances (4,4'-DMAR, MT-45, PMMA and U-47700) were added to the list of controlled substances as of 1 July 2017, following the decisions of the Commission in 2016 and 2017.

579. The Republic of Korea placed benzodiazepine diclazepam (chlorodiazepam) and 13 other substances under temporary control in August 2016. A temporary scheduling system was introduced in the country in 2011 in response to the rapid emergence of new psychoactive substances. Substances can be placed under temporary control for a maximum of three years when deemed to require urgent scheduling as if they were narcotics. Once under temporary control, the possession, management, import and export, trade and assistance in the trade of those substances, or the giving or receiving of materials that contain the temporary scheduled substance shall be prohibited.

580. A total of 15 new psychoactive substances, including several hallucinogenic (NBOME compounds) and cannabinimimetic (JWH compounds) compounds, were added to the list of controlled substances in Viet Nam in 2015 to restrict their availability.

581. An amendment was made to the Narcotic Control Act in the Republic of Korea as a response to the increasing use of bitcoin for transactions on illegal online pharmacies. As of June 2017, any dissemination of information related to the illicit cultivation, manufacturing and trade of narcotic drugs through various media shall be prohibited. Any act of advertising drug trades and the posting of a manual for processing narcotic drugs via the Internet will be subject to punishment under the Act.

582. An executive order was signed in March 2017 by the President of the Philippines creating the "Inter-Agency Committee on Anti-Illegal Drugs". The Committee, which consists of 21 State agencies, chaired by the Philippine Drug Enforcement Agency, ensures that the Government's anti-illegal drug campaign is implemented in an integrated and synchronized manner.

583. The Board is aware of the continuing extrajudicial actions, including murder, taking place in relation to purported drug-related activities and/or crimes in the Philippines.

584. **The Board reminds all Governments that extrajudicial action, purportedly taken in pursuit of drug control objectives, is fundamentally contrary to the provisions and objectives of the three international drug control conventions, as well as to human rights instruments to which all countries are bound. All drug control actions should be undertaken in full respect of the rule of law and due process of law.**

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

585. Within East and South-East Asia, the illicit cultivation of opium poppy remains concentrated in two countries of the so-called Golden Triangle. In Myanmar, illicit opium poppy cultivation fell to its lowest level in 2006 but has climbed steadily since then. The total area under illicit opium cultivation was estimated to be 55,000 ha in 2015. Myanmar thus remained the world's second largest opium-producing country after Afghanistan. Close to 90 per cent of the total cultivation comes from the north-eastern part of the country, Shan State of Myanmar. According to the latest socioeconomic survey conducted by UNODC in the villages of Shan State, illicit opium poppy cultivation became more concentrated in 2016. While the proportion of villages producing opium

poppy fell by 30 per cent, the size of the average area under opium poppy cultivation increased. Meanwhile, illicit opium poppy cultivation in the Lao People's Democratic Republic continued to be considerably lower than in Myanmar (5,700 ha in 2015).

586. A significant and growing amount of opium illicitly cultivated and produced in the region continues to be trafficked into neighbouring countries and Oceania. According to UNODC, seizures of heroin and morphine made from opiates produced in the region rose from 7.1 tons in 2010 to 13.3 tons in 2015. The latest seizure data suggest that most heroin seized in China originates in Myanmar. In 2016, China reported heroin and opium seizures of 8.8 tons and 3.1 tons, more than the preceding year. Opium seizures in Myanmar also edged up from 962 kg in 2015 to 1,005 kg in 2016.

587. The illicit cultivation of, trafficking in and abuse of cannabis continues to be of major concern in Indonesia, the Philippines and Viet Nam. Philippine authorities eradicated close to 290 cannabis plantation sites in 2015, most of them located on the island of Luzon. The country also reported considerable seizures of cannabis (dried leaves) in 2016 (1.3 tons). Cannabis herb seizures in Myanmar increased from about 88 kg in 2015 to about 188 kg in 2016. Some cannabis herb has also been trafficked into East Asia, although in much smaller quantities. In China, cannabis herb seizures fell from about 9 tons in 2015 to less than 600 kg in 2016. Close to 160 kg of cannabis herb was seized in Japan in 2016, compared with 105 kg in 2015. In the Republic of Korea, about 21,000 cannabis plants were seized in 2016, compared with about 7,000 plants in the preceding year.

588. The amount of cocaine trafficked into the region has been rather limited, owing to its relatively low prevalence of use. Recent seizure data, however, seem to suggest its growing availability. Between 2010 and 2015, East and South-East Asia accounted for more than half (56 per cent) of the cocaine seized in Asia. Specifically, the amount of cocaine seized in Viet Nam jumped from 2.4 kg in 2013 to 178 kg in 2015. In China, a total of 431 kg of cocaine was seized in 2016, more than four times the amount in 2015 (98 kg). The drug was mainly trafficked in parcels to Guangdong and Hong Kong, China. The Republic of Korea also noted increased seizures of cocaine being trafficked into the country from South America through the United Arab Emirates in 2016. About 430 kg of cocaine was seized in Hong Kong, China, in 2016, considerably more than the year before (227 kg). Meanwhile, Japan and the Philippines reported 113 kg and 70 kg of seizures of cocaine powder.

(b) Psychotropic substances

589. The region continues to witness the further expansion of the methamphetamine market. Annual seizures of methamphetamine in East and South-East Asia increased more than fivefold between 2006 and 2015, according to UNODC. In addition, the total amount of methamphetamine seized in the region in 2015 (64 tons) surpassed the amount seized in North America (55 tons), as well as all other regions, making it the subregion with the greatest amount of methamphetamine seizures worldwide. While such increases may be indicative of the effectiveness of law enforcement, they also signal that trafficking of the substance continues to escalate.

590. China continues to report the largest amount of methamphetamine seizures in the region. Methamphetamine (in tablet and crystalline forms) seized in the country rose from 19.5 tons in 2013 to 36.6 tons in 2015. About 31 tons of methamphetamine seizures was reported in 2016. Almost all methamphetamine tablets were seized in the south-western part of the country neighbouring the Golden Triangle.

591. About 2.2 tons of methamphetamine seizures were reported by the Philippines in 2016, much higher than the average level in the previous five years. A similar trend was found in Japan, where a total of 1.5 tons of methamphetamine were seized in 2016, the second largest amount on record for that country. Around 2.5 tons of methamphetamine were seized in Myanmar in 2016, 200 kg more than in 2015 (2.3 tons). While the amount of methamphetamine seized in the Republic of Korea was comparatively small (28.6 kg in 2016), law enforcement authorities noted a diversification since 2010 of the source of supply (including supply from some African countries and Mexico).

592. Substantial methamphetamine seizures were reported by Indonesia in 2015 (4,420 kg), compared with annual seizures of not more than 2,100 kg in the previous few years. According to the national authorities, the share of crystalline methamphetamine trafficked by sea increased considerably, from around 4 per cent in 2013 to 80 per cent in 2015. This trend poses particular challenges and demands specific attention in the light of the large number of islands and the lengthy coastline of the country.

593. Malaysia has been increasingly used as a transit country for the trafficking of methamphetamine to other countries in the region and Oceania. Between 2004 and 2008, an average annual seizure amount of 135 kg was reported by country officials. However, annual seizures have surged to more than 1 ton per year since 2009. Another 1.1 tons of methamphetamine were seized in 2015.

594. For the first time since 2008, the crystalline methamphetamine seized in the region in 2015 was larger by weight than that of methamphetamine tablets seized. Data for 2016 suggested that that trend was continuing.

595. More than 34 tons of crystalline methamphetamine was seized in the region in 2015, with significant quantities being reported by Cambodia, China, Indonesia, the Lao People's Democratic Republic, Myanmar, the Republic of Korea and Viet Nam. Countries in the Greater Mekong subregion (Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam) continued to account for the majority (75 per cent) of these seizures. Meanwhile, the retail price and average purity of crystalline methamphetamine remained at high levels.

596. A total of 287 million methamphetamine tablets were seized in the region in 2015. Most of those seizures were reported by the six countries of the Greater Mekong subregion. The average purity of methamphetamine tablets seized in those countries remained steady.

597. Large quantities of methamphetamine tablets (6.33 million tablets) were seized in the Lao People's Democratic Republic in 2015, almost double the level in 2014 (3.83 million tablets). While that spike was mainly due to a single large-scale seizure case, the significant quantities of methamphetamine tablets seized since 2010 suggest that the country remains a major country of transit for tablets originating in the Golden Triangle.

598. In recent years, Cambodia has been frequently used as a source, transit and destination country of amphetamine-type stimulants. A significant increase in methamphetamine seizures was reported in the country, with seizures of crystalline methamphetamine reaching a record level of 73 kg in 2015, more than twice the level in 2013 (32.5 kg). A similar trend was also observed for methamphetamine tablets. More than 260,000 methamphetamine tablets were seized in 2015, compared with around 170,000 tablets in 2013.

599. Both the number and scale of clandestine synthetic drug manufacturing facilities dismantled in the region have increased, indicating a greater capacity for illicit manufacture of methamphetamine. In 2015, close to 600 illicit manufacturing facilities were dismantled in the southern provinces of China, an 8 per cent increase over the preceding year. These facilities were mainly used for the illicit manufacture of methamphetamine. Authorities also noted that organized criminal groups engaging in the illicit manufacture of methamphetamine and ketamine have become equipped with more advanced facilities and have better manufacturing capabilities.

600. Annual total quantities of "ecstasy" seized in the region have often varied greatly due to single seizure cases involving huge drug quantities, and thus no clear pattern or trend is discerned. Large seizure cases reported recently included nearly 2.4 million "ecstasy" tablets containing MDMA seized in Myanmar in 2014, and more than 400,000 "ecstasy" tablets seized in Malaysia in 2015. Malaysia was perceived as being one of the major embarkation points for "ecstasy" found in Brunei Darussalam and Indonesia. In 2016, seven "ecstasy" tableting facilities were dismantled in Malaysia. Indonesia also reported significant seizures between 2010 and 2015, and accounted for more than half of the "ecstasy" seized in the region.

(c) Precursors

601. Despite the large and growing use of methamphetamine in East and South-East Asia, only China had reported significant seizures of ephedrine and pseudo-ephedrine to the Board in recent years. In 2015, ephedrine seizures reported by the country (23.5 tons) accounted for almost all of the region's total. The limited amounts of precursors seized contrast sharply with the data on the amount of methamphetamine seized in the region.

602. The trafficking of acetic anhydride and other precursor chemicals into China and Myanmar shows no sign of regression. In 2015, more than 11,000 litres of acetic anhydride were seized in China and 60 litres were seized in Myanmar. According to the annual report on the drug situation in China of 2016, close to 1,600 tons of precursors were seized in 2016. Increasing amounts of caffeine, an adulterant used in methamphetamine tablets, had been seized in Myanmar in 2015 and 2016.

603. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2017 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

604. Close to 170 new psychoactive substances, mostly synthetic cathinones and synthetic cannabinoids, were reported by countries in the region between 2008 and 2016.

605. The emergence of several synthetic opioids, benzodiazepine derivatives and a range of other substances suggests a growing diversity of new psychoactive substances.

They are often sold in tablet form, as “ecstasy”, or under various street names. Health authorities find the trend disturbing because users are often ignorant of the related health risks.

606. Authorities in China reported that the manufacture and trafficking of new psychoactive substances had been somewhat contained after the scheduling of 116 new psychoactive substances in 2015. However, new legal alternatives and even newly developed analogues have emerged as a way to circumvent legal and regulatory controls.

607. Considerable quantities of ketamine continue to be seized in some East and South-East Asian countries. In 2015, ketamine seizures in the region reached 20.4 tons and made up 97 per cent of the global total. In 2016, China continued to report sizeable seizures (10.4 tons). Around 940 kg of ketamine was seized in Myanmar. A total of 113 illicit ketamine manufacture facilities were dismantled by the Chinese authorities in the same year. While most of the ketamine manufactured was consumed locally, some had been trafficked into Macao and Hong Kong, China, and other countries within the region. Malaysian authorities dismantled an industrial-scale illicit ketamine laboratory in 2016. The misuse of ketamine in China is indicated to have increased over the past six years. Similarly, ketamine use in Brunei Darussalam has increased for three consecutive years since 2013, according to the government expert perception.

608. Some countries continue to report considerable seizures of kratom and khat, two plant-based psychoactive drugs, the former of which is illicitly cultivated in Malaysia, Myanmar and Thailand. Nearly 29 tons of kratom was seized in Malaysia in 2015, the greatest amount reported by that country. Close to 28 tons of kratom was also seized in Thailand. In 2016, authorities in Viet Nam seized considerable amounts of khat entering the country from South Africa and destined for Australia and the United States. In March 2017, a single operation in China resulted in the seizure of 86 kg of khat originating in Africa that was being trafficked by express mail.

5. Abuse and treatment

609. Most countries in the region have struggled with the lack of quantitative data on drug abuse among the general population for some years. Drug abuse surveys usually focus on specific population groups, like registered drug users or those receiving treatment and

rehabilitation services. Some positive developments have been observed recently, with the release of results from the 2015 national drug use survey in Indonesia and the Philippines, and the first ever national drug use survey being conducted in Myanmar, with support from UNODC. **The Board takes note of such developments and encourages UNODC and other international organizations to continue providing technical assistance in this regard, taking into consideration the continuous emergence of new psychoactive substances in the region and health threats posed by them.**

610. Qualitative information collected by UNODC on perceived trends in the abuse of drugs indicated by government experts provides an overview of the regional situation. All countries in the Greater Mekong subregion except Thailand perceived increases in the abuse of methamphetamine tablets in 2015. At the same time, almost all countries of East and South-East Asia, except Indonesia and Japan, registered increases in the perceived misuse of crystalline methamphetamine. Several countries, including Cambodia, China, the Philippines, Singapore and Viet Nam, reported perceived consecutive increases in the abuse of crystalline methamphetamine in the past few years. Heroin abuse continued to be a major concern for some countries (Myanmar, Malaysia and Viet Nam), with increasing trends of abuse being perceived in Cambodia, Malaysia, Thailand and Viet Nam in 2015.

611. For most countries, people receiving treatment for the abuse of crystalline methamphetamine constituted the largest share of people admitted for treatment. Over 90 per cent of all persons in drug treatment in Brunei Darussalam in 2015 used crystalline methamphetamine. Three quarters of the drug users admitted for treatment in Cambodia in 2014 used crystalline methamphetamine.

612. Some countries witnessed a spike in the number of drug treatment admissions. For instance, the number of temporary drug treatment admissions in Cambodia jumped from around 1,000 in 2011 to close to 5,000 in 2015. A similar surge was also found in Myanmar, where the total number of persons admitted to drug treatment centres rose from less than 2,000 in 2011 to slightly over 7,500 in 2015, the highest annual total ever reported in the country.

613. Results from the latest national drug use survey in Indonesia revealed that 0.6 per cent of the general population aged 10-59 years was estimated to have used an illicit drug at least once in 2015. Cannabis remained the major drug of concern, with an annual prevalence rate of 0.18 per cent. Second came methamphetamine (0.09 per cent). The abuse of dextromethorphan, a cough suppressant, has increased rapidly, while the abuse of heroin declined.

614. There were about 1.8 million drug users in the Philippines, according to the results of its 2015 national drug use survey. Cannabis remained the most widely used drug in the country, followed by crystalline methamphetamine. The abuse of crystalline methamphetamine continued to account for the majority of drug-related arrests and treatment admissions. The most recent drug treatment admission data (for 2016) revealed that admissions at residential facilities increased from about 5,400 in 2015 to slightly over 6,000 in 2016.

615. China estimated that there were about 2.5 million registered drug users in the country at the end of 2016. The majority of the registered drug users used synthetic drugs (60 per cent), while about 38 per cent of all users used opiates and the remaining portion used cannabis and cocaine. The proportion of synthetic drug users in the country continued to rise in recent years, making it the primary drug group of concern for the country. The trend is particularly dominant among newly identified drug users, among which over 80 per cent used synthetic drugs in 2015.

616. Recent data from Hong Kong, China, suggested a slight decline in the extent of drug use. The total number of reported drug users decreased from about 10,200 in 2013 to less than 9,000 in 2015. While heroin continued to be the most commonly used drug, the number of users of crystalline methamphetamine reached almost 2,200, slightly overtaking the number of ketamine users.

617. The Provincial Committee for Drug Control in the Lao People's Democratic Republic estimated that there were about 65,000 to 70,000 drug users in the country in 2015, equivalent to about 1 per cent of the total population. Methamphetamine tablets remained the primary drug of concern.

618. The number of registered drug users in Viet Nam rose rapidly between 2010 and 2015, from around 143,000 to slightly over 200,000. Although heroin users still accounted for the majority of registered drug users (75 per cent), the number of amphetamine-type stimulant users has grown considerably and constituted the majority of newly registered drug users in recent years. UNODC reported that about 24,000 persons received compulsory drug treatment from drug treatment centres, and another 25,000 drug users received community-based treatment in 2015.

619. Heroin remains the major drug of concern in Malaysia. Yet the number of treatment admission for amphetamine has been rising. Of the drug treatment admissions in 2015 (6,032), around 4,300 were for opiates, followed by amphetamines (1,571). The number of

admissions for amphetamine treatment in 2015 was almost twice that of the previous year (839 admissions).

620. The number of persons admitted for drug treatment in Thailand declined considerably in recent years, partly as a result of the Government's promotion of voluntary treatment for drug users. The total number of drug treatment admissions dropped from almost 230,000 in 2014 to about 120,000 in 2015. Methamphetamine continued to be the most common drug of abuse reported by those in treatment, followed by cannabis. The total number of methamphetamine users in the country was estimated to be 2.89 million in 2014; close to 80 per cent of those individuals reported abuse of methamphetamine tablets.

621. National authorities in Singapore reported that almost two thirds of the new drug users in 2016 were less than 30 years old, underscoring the problem of young drug users in the country. Methamphetamine and heroin continued to be the two most commonly used drugs, followed by cannabis.

South Asia

1. Major developments

622. In 2016, the rise in the illicit manufacturing of, trafficking in and abuse of methamphetamine, as well as of the diversion and abuse of pharmaceutical preparations containing narcotic drugs and psychotropic substances remained among the major drug-related challenges in the region. In India, the quantities of amphetamine-type stimulants seized increased tenfold over the previous year's figures. In November 2016, a large quantity of methaqualone (23.5 tons) was seized in India. In 2016, Bangladesh reported one of the largest seizures of methamphetamine tablets ever made in the country. In addition, the region continued to be particularly vulnerable to trafficking in opiates and heroin. The amount of heroin trafficked into Sri Lanka increased almost fivefold in 2016.

2. Regional cooperation

623. The Fortieth Meeting of Heads of National Drug Law Enforcement Agencies, Asia and the Pacific, was held in Colombo from 24 to 27 October 2016. Over 150 participants from the law enforcement, foreign affairs and health sectors discussed the status of drug control and treatment in the region and adopted a number of

expert recommendations focusing on the following topics: national and regional responses to the evolving threat posed by amphetamine-type stimulants and new psychoactive substances; measures to ensure comprehensive and balanced efforts at the national level to reduce drug demand; and best practices in preventing and countering drug-related money-laundering and illicit financial flows.

624. As part of the Indian Ocean Forum on Maritime Crime, Sri Lanka hosted a high-level meeting of security and interior ministers of countries in the Indian Ocean region with a view to countering drug trafficking on the high seas. The meeting, which was held on 28 and 29 October 2016, focused on developing operational priorities and mechanisms for cooperation in the region.

625. In India, the Directorate of Revenue Intelligence under the Central Board of Excise and Customs hosted the fourth regional customs enforcement meeting in New Delhi on 10 December 2016. The meeting was attended by heads of customs enforcement and senior officers from Sri Lanka, Myanmar, Bangladesh, Nepal, Bhutan, Mauritius and Maldives. The participants shared experiences in combating smuggling and evasion of duties and exchanged information about, among other topics, the *modi operandi* for the smuggling of gold, fake Indian currency notes, narcotic drugs and psychotropic substances, antiques and foreign currency.

3. National legislation, policy and action

626. The Bhutan Narcotics Control Authority held several training and capacity-building activities on drug-related issues. In January 2017, school counsellors from around the country, non-governmental organizations and government organizations completed their final curriculum on the universal treatment certification programme on addiction counselling initiated by the Authority in 2013 with the technical support of the Colombo Plan. In March 2017, a conference on addiction prevention was held for the peer counsellors from various drop-in centres in Bhutan. In June 2017, a training and awareness-raising programme on drug testing and on the provisions of drugs and tobacco laws was held for security officials of Paro Airport.

627. On 11 April 2017, the High Court of Delhi, India, in a ruling on the challenge to a conviction for ketamine trafficking, upheld the inclusion of ketamine in the list of psychotropic substances for the purposes of the Narcotic Drugs and Psychotropic Substances Act, 1985. In India, ketamine was included in the list of psychotropic substances with a notification dated 10 February 2011.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

628. Cannabis is one of the substances most cultivated, trafficked and abused in the region. Law enforcement agencies in India reported seizures of 100 tons of cannabis per year on average between 2013 and 2015. The number of cannabis seizures rose from 8,130 in 2015 to 14,401 in 2016, while the quantities of cannabis seized rose from 94.4 tons to 294 tons over the same period. It was the largest quantity of cannabis seized in India in 15 years. About 45 tons of cannabis were seized in the first half of 2017. Law enforcement authorities eradicated 3,414 ha of illicitly cultivated cannabis in 2016, the largest area since 2010 and a tenfold increase compared with the previous year (331 ha). Trafficking in cannabis from Nepal to India continued to be a major concern.

629. Seizures of cannabis in Bangladesh have been showing an upward trend since 2013. In 2016, the quantities of cannabis seized in the country increased slightly from 41 tons in 2015 to 47 tons. Bangladesh has a history of illicit cannabis production and consumption, and cannabis remained the main substance of abuse in the country. Bangladesh is exposed to drug trafficking of cannabis from its neighbours India and Nepal.

630. Despite eradication efforts and campaigns by the Government of Nepal, the illicit cultivation of cannabis continued during the reporting period. The open border between Nepal and India is vulnerable to cannabis trafficking in the region. Nepal reported seizures of over 4.4 tons of cannabis in 2016, compared with 6.6 tons seized in 2015.

631. Maldives has also emerged as a transit point for narcotic drugs being trafficked to other destinations. The geographical location of Maldives and multiple sea routes around the country make it a vulnerable trans-shipment point for illegal consignments of drugs intended for other countries. Drugs are smuggled into Maldives through seaports and airports. In Maldives, 67.4 kg of cannabis were seized in 2016.

632. Cannabis is the only plant-based drug that is illicitly cultivated in Sri Lanka. Cannabis seizures in Sri Lanka have been declining since 2011, when 203 tons were seized. Since that year, seizures have declined significantly to 81.9 tons in 2013 and 6.56 tons in 2015. In 2016, the decline in cannabis seizures continued and the amount seized was 4.17 tons.

633. In India, while cannabis seizures underwent a large increase, cannabis resin seizures declined from 3.3 tons in

2015 to 2.7 tons in 2016, whereas the number of seizures increased by 10 per cent over 2015 to 2,562 cases in 2016. In addition to having its domestic production of cannabis resin, Nepal is a major source of cannabis resin trafficked in India.

634. In Sri Lanka, about 40 kg of cannabis resin were seized in 2016. The total number of drug-related arrests in the country was 79,398 in 2016, a 4 per cent decrease compared with the previous year.

635. Cannabis resin consignments bound for Tokyo using cargo and couriers were intercepted in Kathmandu. According to the police of Nepal, Japan is becoming a drug trafficking destination for criminal syndicates in the country. In 2016, the quantity of cannabis resin seized in Nepal increased to above 1.9 tons, from 1.5 tons in 2015.

636. In recent years, the South Asia region has been experiencing the impact of the increasing use of the southern route, with larger than usual amounts of heroin from Afghanistan being seized, particularly in Sri Lanka (the southern route is a collection of trafficking routes used by organized criminal groups for the southerly flows of heroin out of Afghanistan). The southern route often originates from ports in Pakistan and the Islamic Republic of Iran. Heroin is the second most common drug of abuse in Sri Lanka. Heroin and other opiates are not manufactured in Sri Lanka. Heroin trafficking into the country has been steadily increasing. In 2016, it increased almost five-fold to 207 kg, from 46.6 kg in 2015.

637. The quantity of heroin seized in India increased to 1.67 tons in 2016, from 1.42 tons reported in 2015. It was the largest quantity of heroin India reported seized in 20 years.

638. Similar increases in heroin trafficking have been observed in Bangladesh, where seizures of heroin more than doubled from 108.7 kg in 2015 to 266.8 kg in 2016. On the other hand, heroin seizures in Nepal decreased from 6.4 kg in 2015 to 3.7 kg in 2016. In Maldives, about 46.9 kg of heroin were seized in 2016.

639. There was a decline in opium seizures in India from 2010 to 2015. However, in 2016, they increased again to 2.3 tons, 30 per cent more than the 1.69 tons seized in 2015. The number of opium seizures also increased during the same period, from 860 to 933, while the quantities of morphine seized declined from 61 kg recorded in 2015 to 28 kg in 2016.

640. Agencies in India use satellite imagery and field surveys coupled with local intelligence-gathering to track and reduce illicit opium poppy and cannabis cultivation.

The amount of illicitly cultivated opium poppy destroyed in India rose by almost 90 per cent, from 1,401 ha eradicated in 2015 to 2,635 ha in 2016, the highest in five years.

641. In 2016, authorities in Nepal made 3,696 arrests for drug trafficking offences, compared with 2,656 in 2015. The Narcotics Control Bureau of Nepal reported that the amount of opium seized in the country increased significantly to 64.2 kg in 2016, as compared with 9.8 kg seized in 2015.

642. Trafficking in cocaine in South Asia has historically been limited. The quantity of cocaine seized in India decreased significantly from about 113 kg in 2015 to 28 kg in 2016. Around 5.7 kg of cocaine were seized in Sri Lanka in 2015. In 2016, at the port of Colombo, authorities seized 928 kg of cocaine concealed in a container holding a consignment of timber from Ecuador. The consignment was en route to India and was being transhipped at the port when the seizure was made. It was the largest seizure of cocaine ever made in the history of South Asia by any law enforcement agency. In 2016, the authorities in Sri Lanka made several more cocaine seizures totalling around 500 kg. The cocaine was being trafficked in container cargo originating from Latin America.

643. In Bangladesh, less than 1 kg of cocaine was seized in 2016. That compared with 5.7 kg seized in 2015, the first reported seizure of cocaine in that country since 2009. The trend of increasing seizures of cocaine in Nepal continued in the reporting period. The first case of cocaine trafficking in Nepal was reported in 2012; since then seizures of cocaine in the country have been growing. In 2016, authorities in Nepal seized 13.62 kg of cocaine, the largest quantity of cocaine seized in the country so far and significantly more than the 11 kg seized in 2015. In Maldives, approximately 5 kg of cocaine were seized in 2016.

644. Codeine-based cough syrups were widely abused in Bangladesh and were being smuggled into the country in large quantities. In 2016, 566,525 bottles of codeine-based preparations were seized in Bangladesh. It was the lowest quantity seized in the country since 2010. Synthetic opioids such as buprenorphine (an opioid controlled under the 1971 Convention) and pentazocine in injectable form continued to be trafficked into Bangladesh. Seizures of drugs in injectable form sharply increased to 152,740 ampoules in 2016, from 86,172 ampoules seized in 2015.

(b) Psychotropic substances

645. The manufacture of, trafficking in and abuse of amphetamine-type stimulants in the region remains a challenge. According to reports by the Narcotics Control

Bureau of India, in 2016, the quantities of amphetamine-type stimulants seized increased tenfold over the previous year. In 2016, India seized 1,687 kg of amphetamine-type stimulants in 20 seizures, while in 2015, it seized 166 kg in 21 cases.

646. Seizures of methaqualone in India increased from 89 kg in 2015 to 24.1 tons in 2016. In November 2016, the Directorate of Revenue Intelligence seized 23.5 tons of methaqualone at a clandestine factory in the State of Rajasthan in the country's hinterland. It was one of the biggest seizures of methaqualone in India.

647. In January and February 2017, the anti-narcotics cell of the Mumbai police reported having made a number of mephedrone seizures. On 29 January 2017 it reported a particularly large seizure of 104 kg of mephedrone, together with 38 grams of cocaine. In the course of February 2017, Mumbai police reported a number of additional mephedrone seizures consisting of smaller quantities ranging from 1 kg to 25 kg.

648. In April 2017, the Narcotics Control Bureau of India closed down one illegal Internet pharmacy and a large quantity of psychotropic substances including alprazolam, amphetamine, diazepam, clonazepam, lorazepam was seized. Two persons were arrested in relation to this operation under the Narcotic Drugs and Psychotropic Substances Act.

649. The smuggling of "yaba" (methamphetamine) tablets from Myanmar across the country's south-eastern border to Bangladesh has continued; the quantities seized by law enforcement agencies in Bangladesh have been rapidly increasing since 2010. The Department of Narcotics Control of Bangladesh reported seizures of 29.4 million methamphetamine tablets in 2016, the largest amount seized in the country to date. It surpasses the previous high of 20.1 million tablets seized in 2015.

650. Trafficking in and the abuse of psychotropic substances continue to escalate in Nepal. In 2016, 34,977 ampoules of diazepam and 25,191 ampoules of buprenorphine were seized. In the period from January to April 2017, law enforcement authorities seized 11,640 ampoules of diazepam and 11,632 ampoules of buprenorphine.

(c) Precursors

651. Seizures of ephedrine and pseudoephedrine in India increased from 827 kg in 2015 to 21.27 tons in 2016. This sharp rise was the result of one single seizure of more than 20 tons of ephedrine from a facility allegedly

involved in the clandestine manufacture of amphetamine-type stimulants. In the same case, 2,661 litres of acetic anhydride were seized. In 2015, only one seizure of acetic anhydride was reported, totalling 4 litres.

652. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in South Asia 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

653. Ketamine seizures in India continued in 2016. In April, the Directorate of Revenue Intelligence in Bangalore seized 13.8 kg of ketamine and 170.9 kg of alprazolam in one single case.

654. The emergence of new psychoactive substances poses a unique and difficult challenge for governments and law enforcement agencies in the region. There is an urgent need to strengthen the enforcement and forensic capacities of agencies in the region to meet this challenge. In 2016, UNODC held capacity-building workshops for law enforcement officials and forensic experts from the region on the identification and detection of new psychoactive substances.

5. Abuse and treatment

655. The lack of representative surveys on household drug use and of regular national assessments concerning the nature and extent of drug abuse has made it difficult to keep track of the latest trends in the region. The Ministry of Social Justice and Empowerment of India has constituted a committee to conduct a survey on the use and abuse of drugs in the country. The last such survey was conducted in 2001.

656. According to a study by the Postgraduate Institute of Medical Education and Research, Chandigarh, entitled "Epidemiology of substance use and dependence in the State of Punjab", between 100,000 to 270,000 people, mostly young, poorly educated males, were dependent on opioids in the State of Punjab, India. Their average age was 30 years, and half of them were unmarried. The study was conducted from 2015 to 2017 and the results were released in September 2017. The study revealed that among the 6,600 Punjabis enrolled in the survey from 22 districts, 88 per cent were dependent on opioids. Lifetime

dependency was 99 per cent. The study identified opium and poppy husk as the most common types of opioids abused in the state, while injection opioid abuse was the second most common form. According to the study, there were 78,000 people who injected opioids in Punjab. Among injection opioids, heroin (61.6 per cent) was the most common drug, followed by buprenorphine (used to treat opioid addiction). The study found that the problem of substance abuse and dependence in Punjab was serious, especially in rural areas. There were more than 22 rehabilitation centres, at least one in each district, and more than 30 so-called drug de-addiction centres, in Punjab. The Government has moved forward to tackle the drug problem in the state and has expressed its plans to integrate the drug de-addiction centres with rehabilitation centres.

657. In Sri Lanka, in 2016, cannabis and cannabis resin, heroin and cocaine were the drugs most abused. The estimated number of registered drug users dependent on cannabis was 200,000, whereas for opioids the number was 45,000. According to the drug abuse monitoring system, the number of people who received drug treatment for any controlled substance in Sri Lanka in 2016 was estimated at 2,355. The number of drug users receiving treatment had increased by 59 per cent compared with 2015. Their average age was 34, and only 1.5 per cent were female. Opium and heroin were the main drugs for which they sought treatment. Of the total number of reported drug users, 35 per cent were in government treatment facilities, 29 per cent were in prison drug treatment and rehabilitation programmes and 20 per cent were in treatment facilities operated by non-governmental organizations.

658. According to the survey of the National Dangerous Drugs Control Board of Sri Lanka, among the 45,000 heroin-dependent persons in the country, about 2.5 per cent were people who injected drugs. The majority of them lived in Colombo and the coastal areas. The majority of the people who injected drugs took more than one type of drug. According to the survey findings, 69 per cent of people who injected drugs did so regularly and 31 per cent occasionally.

659. Drug abuse is on the rise in Maldives. Various drugs have become more available in Maldives in recent years. Heroin and hash oil were the most common types of drugs abused by a majority of drug-dependent people in the country.

660. Pharmaceutical preparations of codeine-based cough syrups and controlled substances such as buprenorphine, diazepam and nitrazepam were among the most commonly abused substances in Nepal.

661. In 2016, a total of 12,815 patients with drug-related disorders were treated in private treatment centres in Bangladesh, up from 9,987 patients in 2015. The abuse of “yaba” (methamphetamine) tablets and of codeine-based preparations continued to be widespread in Bangladesh, and was still increasing.

662. Bhutan reported that the majority of drug users in the country were young people and that they were mainly dependent on cannabis and controlled substances such as diazepam, nitrazepam and preparations such as codeine-based cough syrups.

663. Bhutan carried out a national survey on drug use from October to December 2016 that covered 20 districts. Beside being the largest of its kind in Bhutan, the survey was also the first for which prevalence data among young people were collected. The national drug use survey was conducted in schools and university colleges, as well as in community-based settings. The survey found that one in every five students abused cannabis and one out of six students reported abusing solvents. The survey has revealed that the average age at which young people start using tobacco and alcohol was 14 and 15 years, respectively. The average age at which they started abusing cannabis and other illicit drugs was 16 years. The research was coordinated by the Bhutan Narcotics Control Authority.

West Asia

1. Major developments

664. West Asia continues to face major challenges to drug control efforts due to opiate trafficking from Afghanistan. Accounting for two thirds of the estimated global area under illicit opium poppy cultivation, Afghanistan has itself seen increasing social, environmental and economic costs associated with the illicit cultivation, production and consumption of opiates. Moreover, drug trafficking is benefiting the insurgency and terrorism in the country at the hands of the Taliban and other groups, which has potential spillover effects for the entire region and the rest of the world.

665. Although the so-called Balkan route continues to be the main conduit for trafficking in opiates from Afghanistan worldwide, another route, one that transits the Caucasus countries, is being used more frequently. This is because Turkey, one of the countries on the Balkan route, has strengthened its border controls in response to the movement of migrants and refugees.

666. The current instability in the Near and Middle East, due to prolonged conflicts, has led to a significant increase in drug trafficking and abuse affecting many countries in the region. Most notably, recent reports of drug raids and arrests in Iraq indicate that that country's drug problem is growing more severe and, possibly, that there is a shift towards illicit local drug production. Regional instability also seems to have exacerbated the situation in Lebanon, where there are reports that cannabis resin and possibly opium are being produced illicitly. There are indications of increased cocaine trafficking affecting Jordan, Lebanon, Saudi Arabia, the Syrian Arab Republic and the United Arab Emirates. According to the very limited information available with respect to drug-related developments in Yemen, drug trafficking in that country is on the rise owing to the protracted conflict there. Concerned about the ever-stronger links between drugs and violence in the Near and Middle East, INCB urges concerned countries to enhance information-sharing and regional and international cooperation to counter drug trafficking flows into, through and out of the region. In that context, INCB encourages the countries in the region to avail themselves of the technical assistance initiatives implemented by the international community, including UNODC, in the areas of border management, container control, counter-terrorism and the strengthening of criminal justice systems in line with rule of law, and calls upon the international donor community to support such initiatives in the region.

667. In South-West Asia, challenges posed by cannabis trafficking continued to be faced by Afghanistan, Iran (Islamic Republic of) and Pakistan. In addition, there were indications of increasing activity in the synthetic drug market in Afghanistan and the wider South-West and Central Asian subregions.

668. Relatively limited information is collected and reported on trafficking in and the abuse of new psychoactive substances in most countries in West Asia. Nevertheless, the latest available information for 2016 suggests that several of those countries, including Kazakhstan, Lebanon, Tajikistan and Uzbekistan, witnessed an increase in the abuse of new psychoactive substances, in particular synthetic cannabinoids. Several countries in the region continued to see trafficking in and the abuse of tramadol, a synthetic opioid not under international control.

669. Most countries in the region faced a lack of resources for comprehensive and regular drug use surveys. Even though opioids remained a major concern in South-West and Central Asia, some countries reported decreases in the number of persons using heroin in 2016,

possibly owing to a shift towards new psychoactive substances such as synthetic cannabinoids. There were concerns about increasing methamphetamine use in South-West Asia, and there was growing evidence of tramadol trafficking and abuse in the countries of the Near and Middle East.

2. Regional cooperation

670. Central Asian countries continued to intensify their cooperation in combating drug trafficking. In 2016, the Central Asian Regional Information and Coordination Centre (CARICC) provided assistance to the competent authorities of Kazakhstan, Kyrgyzstan, the Russian Federation and Tajikistan in coordinating seven international anti-drug operations. As a result, drug deliveries were intercepted on their way from Afghanistan to Tajikistan, from Tajikistan through Kyrgyzstan to the Russian Federation, and from Kyrgyzstan to Kazakhstan, the Russian Federation and Lithuania. Forty-five organizers and active members of transnational drug trafficking organizations in Kazakhstan, Kyrgyzstan, Lithuania, the Russian Federation and Tajikistan were arrested and 192 kg of drugs were seized.

671. On 17 March 2017, the Security Council unanimously adopted resolution 2344 (2017), in which it extended the mandate of UNAMA until 17 March 2018. In that resolution, the Security Council called upon States to strengthen international and regional cooperation to counter the threat to the international community posed by the illicit production of, trafficking in and illicit consumption of drugs originating in Afghanistan, which significantly contributed to the financial resources of the Taliban and its associates, in accordance with the principle of common and shared responsibility in addressing the drug problem in Afghanistan, including through cooperation against the trafficking in drugs and precursor chemicals. The Council also expressed appreciation for the work of the Paris Pact initiative and its "Paris-Moscow" process, and the efforts of SCO. It underlined the importance of border management cooperation and welcomed the intensified cooperation of the relevant United Nations institutions with the Organization for Security and Cooperation in Europe (OSCE), the Collective Security Treaty Organization and CARICC in that regard.

672. The thirteenth Policy Consultative Group meeting under the Paris Pact initiative was held in Vienna on 1 and 2 February 2017. It was attended by more than 100 participants from 30 countries and 11 organizations. Discussions focused on the four pillars of the Vienna Declaration, which was the outcome document of the

Third Ministerial Conference of the Paris Pact Partners in Combating Illicit Traffic in Opiates Originating in Afghanistan, held in Vienna in 2012, namely regional cooperation and initiatives, preventing illicit financial flows, precursor chemicals and drug demand reduction.

673. The twelfth senior officials meeting of the Triangular Initiative, which involves Afghanistan, Iran (Islamic Republic of) and Pakistan, was held in Vienna on 3 February 2017 to take stock of progress made and discuss future cooperation in jointly addressing drug trafficking. The three countries renewed their commitment to strengthening joint operational activities and intensifying border controls, including by developing mechanisms for border meetings among the commanders of border protection forces and the counter-narcotics police to exchange information and intelligence, and by having the heads of the counter-narcotics agencies of the three countries hold regular meetings.

674. In Zanzibar, United Republic of Tanzania, in March 2017, representatives of the Triangular Initiative countries gathered for the first time with representatives of African and Indian Ocean States including Kenya, Madagascar, Nigeria, Seychelles, South Africa, the United Republic of Tanzania and the United Arab Emirates, as well as with Colombia, for the interregional sharing of experiences and best practices in detecting, investigating and disrupting the methods used by transnational organized crime groups to finance their activities. At the conclusion of the meeting, experts recommended that a similar meeting should be held every six months to exchange updates on current money-laundering threats, new methods for disrupting the finances of organized crime networks and priorities for technical assistance.

675. The seventh meeting of senior officials of the counter-narcotics agencies of the SCO member States vested with authority to combat drug trafficking was held in Astana in April 2017. Participants exchanged views on the drug control situation in the SCO member States, the prospects for developing international cooperation in countering drug trafficking and on measures to enhance practical interaction between the counter-narcotics agencies of the SCO member States. In that connection, officials stressed the need to support and preserve the current international drug control system and to adopt adequate measures to improve the regional drug control situation.

3. National legislation, policy and action

676. The Government of Armenia approved a programme of measures for 2017 aimed at tackling drug addiction and countering drug trafficking. The

programme consisted of a comprehensive set of measures for addressing prevention, treatment and rehabilitation and combating drug trafficking. Georgia reported that its Government had approved a new regulation on the import and export of precursors.

677. The Anti-Narcotics Force of Pakistan took multiple steps in 2016 to address drug trafficking. It completed the deployment of its personnel at all international airports, seaports and dry ports in Pakistan; continued the destruction of opium poppy crops in coordination with the provincial governments and the administration of the Federally Administered Tribal Areas; established sniffer dog units at each of its regional directorates (Khyber Pakhtunkhwa, North, Punjab, Sindh and Balochistan) and trained its personnel in countering trafficking in precursors and drugs. In 2016, the authorities also carried out intelligence-led operations with their counterparts from Australia, Canada, France, Italy, Qatar, South Africa, the United Arab Emirates and the United States, resulting in seizures of heroin, methamphetamine and other substances.

678. In June 2016, the Cabinet of Ministers of Uzbekistan adopted a decree approving new rules on the carrying of medicines for personal use, including medicines containing narcotic drugs and psychotropic substances.

679. From 9 to 14 July 2017, the Government of Afghanistan, with assistance from UNODC, held a campaign entitled “National mobilization against narcotics” to raise public awareness of the dangers associated with drug production and trafficking. On the first day, a national event was held in which more than 200 people participated, including the Second Vice-President, ministers, religious scholars, members of the National Assembly and representatives of national and international organizations and civil society. Speakers discussed various challenges in addressing the drug problem and called for national, regional and global efforts to overcome them. The national mobilization campaign focused on such issues as responsibilities and actions of the Government, women’s affairs, community engagement, religious platforms and engagement with the development sector.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

680. As discussed in section E of chapter II of the present report, the Board is extremely concerned about the continued substantial increase in cultivation of opium

poppy and production of opium in Afghanistan over the past two years. In 2017, opium production reached a record 9,000 tons, representing an increase of 87 per cent from 2016, according to the *Afghanistan Opium Survey 2017*, released by UNODC and the Ministry of Counter-Narcotics of Afghanistan on 15 November 2017. The area under opium poppy cultivation also increased substantially, by almost 63 per cent, reaching a record 328,000 ha in 2017. These are the highest levels ever recorded for opium poppy cultivation and opium production in Afghanistan. According to the survey, the rise in production is attributable mainly to an increase in the area under opium poppy cultivation and in opium poppy yield per hectare.

681. Opium poppy cultivation expanded into new areas, resulting in an increase from 21 to 24 provinces affected by such cultivation. The survey also indicated large increases in cultivation in almost all major opium poppy-cultivating provinces, including in Helmand (an increase of 63,700 ha, or 79 per cent), Balkh (an increase of 10,000 ha, or 37 per cent), Kandahar (an increase of 7,500 ha, or 37 per cent), Nimroz (an increase of 6,200 ha, or 116 per cent) and Uruzgan (an increase of 6,000 ha, or 39 per cent). Most of the cultivation took place in the southern region of the country (almost 60 per cent of total cultivation), followed by the western region (17 per cent), northern region (13 per cent) and eastern region (7 per cent).

682. In May 2017, UNODC and the Ministry of Counter-Narcotics of Afghanistan published the chapter of the *Afghanistan Opium Survey 2016* devoted to sustainable development in an opium production environment. According to that report, illicit drug crop cultivation and drug production have a multifaceted impact on the economic, environmental and social development of Afghanistan. Illicit drug crop cultivation and drug production have given rise to an illicit economy that affects rural society, making it to a large extent dependent on income from growing opium poppy. Agricultural productivity has also been affected owing to poor land management. In addition, drug users, their families and society in general are burdened with increasing social and economic costs associated with the consumption of opiates.

683. Also according to the chapter of the *Afghanistan Opium Survey 2016* on sustainable development in an opium production environment, the value of opiates produced in Afghanistan was estimated to be about 16 per cent of the country's gross domestic product and worth more than two thirds of the output of its entire agricultural sector. The value of the illicit opiate economy was estimated at \$3.02 billion in 2016, almost twice the amount estimated for 2015.

684. On 26 December 2016, the President of Afghanistan, along with a number of ministers and other high-ranking Government officials, held a videoconference with 34 provincial governors and officials on the counter-narcotics and opium poppy eradication operations proposed for 2017. During that videoconference, the President ordered the civilian and national military authorities of the 34 provinces to step up the fight against drugs. He also referred to the Afghan National Drug Action Plan (2015–2019) and the planned annual eradication of 5 per cent of illicit opium poppy cultivation. The President added that the 2017 opium poppy eradication programme had been approved by the National Security Council and targeted a volume of eradication higher than that in 2016. As discussed in section E of chapter II of the present report, Afghanistan began its annual opium poppy eradication campaign in March 2017. As a result, in 2017 a total of 750 ha of poppy fields were destroyed. While this represents an increase of 111 per cent in the number of hectares eradicated compared with 2016, when 355 ha were eradicated, it is a negligible amount, representing less than one quarter of 1 per cent of the total area under illicit opium poppy cultivation.

685. In Afghanistan, the illicit production of and trafficking in drugs occur mostly in areas where State institutions are weak or unable to exercise full control because of the deteriorating security situation, although trafficking is not limited to areas controlled by insurgents. According to the eighth report of the Analytical Support and Sanctions Monitoring Team submitted pursuant to Security Council resolution 2255 (2015) concerning the Taliban and other associated individuals and entities constituting a threat to the peace, stability and security of Afghanistan,¹⁰⁴ up to 90 per cent of drug production in Afghanistan currently falls within Taliban-controlled areas. The value and illicit production of drugs in Afghanistan rose markedly in 2016, as reported in the INCB annual report for 2016, and so did the income the Taliban generated from the drug trade. This compensated for the slight drop in income that the Taliban received from external sources in 2016. In its eighth report, the Analytical Support and Sanctions Monitoring Team also stated that the Taliban now play a direct part in the illicit production of, processing of and trafficking in virtually all heroin produced and trafficked from Afghanistan, rather than simply “taxing” these activities.¹⁰⁵

686. The Balkan route continues to be the main route in the world for trafficking in opiates from Afghanistan. It runs from Afghanistan to Europe through the Islamic

¹⁰⁴See S/2017/409.

¹⁰⁵Ibid.

Republic of Iran and Turkey. Almost 40 per cent of global heroin seizures are made in the countries located along the route. At the same time, according to UNODC, another route has gained importance in recent years. It transits the Caucasus countries Armenia, Azerbaijan and Georgia and then continues across the Black Sea to Ukraine and Romania. Traffickers may have started to use this route more frequently because the movement of migrants and refugees via Turkey to the European Union countries had heightened the attention of law enforcement agencies.

687. Armenia reported an increase in 2016 in seizures of cocaine, opium and cannabis resin trafficked to the country. The drugs originated mainly from South American countries (in the case of cocaine) and the Islamic Republic of Iran (in the case of cannabis resin and opium). In cooperation with the competent authorities of the Russian Federation, the authorities in Armenia dismantled several drug trafficking routes transiting Armenia from the Islamic Republic of Iran.

688. Georgia reported illicit cultivation of wild cannabis for personal consumption on its territory. Heroin is reported to enter the country mainly from Azerbaijan and Turkey. Also in Georgia, there was an increase in trafficking in preparations containing buprenorphine, such as Subutex and Suboxone, mainly from European countries.

689. Opiates continue to be trafficked from Afghanistan along two other major routes: the southern route, which runs through South Asia, the Gulf region, the rest of the Near and Middle East and Africa, and the northern route, which runs through Central Asia to the Russian Federation.

690. The Islamic Republic of Iran reported fewer incidents involving the use of sea routes by drug traffickers because it had strengthened interdiction measures in recent years. Both the Islamic Republic of Iran and Pakistan continued to be confronted with trafficking in opiates and cannabis originating in neighbouring Afghanistan.

691. In Pakistan, in 2016, the area under illicit opium poppy cultivation was 1,599 ha, of which 1,470 ha were destroyed as part of the Government's eradication efforts throughout the year. At the same time, Pakistan reported an increase of 10 per cent in opium seizures (64.6 tons in 2016, compared to 58.9 tons in 2015) and an increase of 42 per cent in heroin seizures (23.1 tons in 2016, compared to 16.3 tons in 2015).

692. There were growing concerns about drug trafficking in Iraq. Reports of drug raids and arrests in 2016 indicated that the country's drug problem was growing more severe, and that, possibly, there was a shift towards

increased illicit drug production. There were reports of illicit opium poppy and cannabis cultivation. In October 2016, the security forces reportedly discovered an opium poppy farm of 6.5 ha in Erbil.

693. Uzbekistan reported an increase in opium seizures of nearly 64 per cent to 1.4 tons in 2016, compared to 863 kg in 2015. During the same period, heroin seizures in Uzbekistan decreased by 41 per cent to 108 kg in 2016, compared to 148 kg in 2015. Tajikistan reported a decrease of nearly 56 per cent in its seizures of opiates to 700 kg in 2016, compared to 1.6 tons in 2015.

694. In 2016, Kazakhstan and Uzbekistan carried out their annual campaigns to combat trafficking and eradicate illicitly cultivated crops containing narcotic drugs. As a result, Kazakhstan seized 33.5 tons of drugs, including 52 kg of heroin, 110 kg of cannabis resin and 32.5 tons of cannabis herb. Uzbekistan seized 1.3 tons of drugs, including 3.4 kg of heroin, 49.3 kg of opium, 46 kg of cannabis resin, 462 kg of cannabis herb and 760 kg of opium poppy straw. Uzbekistan reported a substantial increase in so-called anonymous smuggling, whereby traffickers bury the packaged drugs in the ground or leave caches of drugs in the border areas to be picked up by other traffickers for further transportation.

695. Although the cocaine market in West Asia is smaller than those in other regions of the world, cocaine trafficking in West Asia continued to rise. The Near and Middle East (mainly Jordan, Lebanon, the Syrian Arab Republic and the United Arab Emirates) accounted for about 40 per cent of total cocaine seizures in Asia over the period 2010–2015. In 2016, a number of cocaine seizures were reported by Lebanon, Pakistan and Saudi Arabia. Israel and Lebanon were most frequently cited as destination countries for cocaine trafficking in the region. Two large seizures of cocaine made in October 2016, one of 18 kg at the international airport of Sao Paulo, Brazil, and one of 24.5 kg at Charles de Gaulle Airport in Paris, were destined for Lebanon. Reports indicated that King Abdullah port in Saudi Arabia had served as a transit point for cocaine from South America.

696. Nigerian criminal syndicates appeared active in the Middle East and North Africa. The National Drug Law Enforcement Agency of Nigeria reported the arrest during the reporting period of three female couriers at Murtala Muhammed International Airport. They were caught carrying cocaine to Saudi Arabia in amounts ranging from 300 grams to 1.6 kg each.

697. Afghanistan, Iran (Islamic Republic of) and Pakistan observed a substantial increase in seizures of

cannabis resin during the period 2010–2015. Both the Islamic Republic of Iran and Pakistan reported that, in 2016, they continued to be confronted by trafficking in cannabis herb and cannabis resin originating from neighbouring Afghanistan.

698. Lebanon was another country in West Asia where cannabis resin continued to be produced. From Lebanon, cannabis resin was trafficked mainly to Cyprus, Egypt, Israel, Jordan, the Syrian Arab Republic and Turkey. Lebanon also remained one of the five largest cannabis herb producers in the world. In 2016, the Lebanese authorities seized 7.6 tons of cannabis resin. In the first five months of 2017, several significant seizures of cannabis resin were made in Lebanon, including one of 5.5 tons hidden in a shipment of apples bound for Europe and another of almost 500 kg hidden in soap boxes bound for Canada. There were also reports, some based on statements made by Government officials, that the cultivation of cannabis in the Bekaa Valley was expanding because the Government's efforts to eradicate the industry had diminished significantly. In the past, annual eradication programmes had been conducted before each harvest.

(b) Psychotropic substances

699. On 27 January 2017, UNODC released its first assessment of the synthetic drug situation in Afghanistan. According to that report, there were indications of increasing activity in the synthetic drug market in Afghanistan and the wider South-West and Central Asian subregions. Although data and information remained scarce, reports suggested not only that more methamphetamine was being seized in Afghanistan, but also that illicit manufacturing facilities could be operating in the western part of the country. The report stressed that, given the presence of synthetic drugs in Afghanistan, it was important to enhance data collection and monitoring. While reporting mechanisms with regard to opiates had been established in Afghanistan, data on methamphetamine seizures might be incomplete because different law enforcement agencies were using different reporting formats. Afghanistan's current national drug control law provided for considerably lower penalties for trafficking in methamphetamine than it did for trafficking in other drugs such as heroin or cocaine.

700. Although Afghanistan was a growing source of illicitly produced methamphetamine, the Islamic Republic of Iran reported a decrease in methamphetamine trafficking through its territory due, in part, to stronger action being taken at the country's borders, including against precursor trafficking. Armenia reported an increase in

seizures of methamphetamine in 2016. The drug was being trafficked mainly from the Islamic Republic of Iran.

701. Instability and continuing conflicts in the Middle East, coupled with a lack of monitoring, led to a significant increase in the manufacture of counterfeit "captagon".¹⁰⁶ It is believed that instability was also a reason behind the major shift in the illicit manufacture of "captagon" from South-Eastern Europe to Lebanon and the Syrian Arab Republic. Furthermore, the chemical precursors needed to manufacture "captagon" seemed to be available within the region. Although data were scarce, there had been media reports of several large seizures: 1 million "captagon" tablets bound for Saudi Arabia seized at the port of Tripoli, Lebanon, at the end of 2016; 1 million tablets bound for Oman seized at Beirut Rafic Hariri International Airport in July 2017; and 250,000 tablets bound for Nigeria seized at the port of Beirut in August 2017. For the first time, "captagon" coming from Lebanon was seized at Charles de Gaulle Airport in France (one seizure of 70 kg in January 2017 and another of 67 kg in February 2017). Investigations showed that, for one of the seized consignments, the end destination was Saudi Arabia via Czechia and Turkey. In October 2016, the authorities in Lebanon intercepted a shipment of "captagon" manufacturing equipment at Beirut Rafic Hariri International Airport that originated in India. The security forces in Lebanon reported the seizure of 12.7 million "captagon" tablets in 2016.

702. Even though most of the synthetic drug seizures in the Middle East were reported by Lebanon and the Syrian Arab Republic, there were concerns that amphetamine-type stimulants (in particular "captagon") were also being manufactured in Iraq. In April 2017, police raided a drug laboratory in Kirkuk in the north of the country, arresting two suspects and seizing 51 cartons of "captagon" tablets.

703. Illicit markets for amphetamines continue to operate in the Gulf countries, in particular in Kuwait, Saudi Arabia and the United Arab Emirates. In May 2017, border guards in Saudi Arabia reported the interception of 2.1 million "captagon" pills hidden in bags of rice in Al Jawf province, near the border with Jordan. United Arab Emirates police intercepted 116 kg of "captagon" in Dubai in February 2017 and, in May 2017, another shipment comprising 1 million tablets, both having the United Arab Emirates as their final destination.

¹⁰⁶Captagon was originally the registered trade name for a pharmaceutical preparation containing fenethylamine, a synthetic stimulant. "Captagon", as encountered in seizures across West Asia today and referred to in the present report, is a counterfeit drug compressed into pills or tablets that are similar in appearance but distinct from the original pharmaceutical preparation Captagon. The active ingredient in counterfeit "captagon" is amphetamine, which is typically combined with other substances such as caffeine.

704. The authorities in Jordan reported a record seizure of more than 13 million “captagon” pills hidden inside tumble dryers in a house near Amman.

(c) Precursor chemicals

705. West Asia continues to be a target destination for precursor chemicals diverted from licit trade, such as acetic anhydride (for the manufacture of heroin), ephedrine, pseudoephedrine, P-2-P, phenylacetic acid (for the manufacture of amphetamine-type stimulants) and others.

706. With regard to seizures of precursors in Afghanistan, the declining trend of recent years was reversed in 2016. Seizures increased again, from 1.7 tons of solid precursor chemicals in 2015 to almost 72 tons in 2016, and from 3,900 litres of liquid precursor chemicals in 2015 to 15,000 litres in 2016, indicating a potential increase in the illicit production of drugs in the country.

707. Even though only one methamphetamine laboratory was officially reported to have been dismantled in Afghanistan in 2015, precursors such as ephedrine and pseudoephedrine, which can be used to manufacture methamphetamine, were widely available in the country. Afghanistan legally imported ephedrine and pseudoephedrine, and additional amounts of those substances may have entered the country across uncontrolled sections of the border. Ephedrine and pseudoephedrine were also available in the form of pharmaceutical preparations in Afghanistan. At the same time, as information was not being collected effectively, there was a lack of official data on seizures of those substances, even though there was a high risk of their being diverted for use in the production of amphetamine-type stimulants in Afghanistan.

708. As reported in the INCB annual report for 2016, a time-bound operation of the Board’s Project Prism entitled “Missing Links” was launched in October 2016 with the aim of filling information gaps with regard to the types and sources of scheduled and non-scheduled chemicals used in the illicit manufacture of counterfeit “captagon” tablets, how they were reaching clandestine laboratories, the trafficking organizations involved and any links between them. The operation was concluded in mid-January 2017 and resulted in several findings. The authorities in Lebanon informed the Board of seizures of derivatives of P-2-P methyl glycidic acid (2-methyl-3-phenylglycidic acid, methyl ester), the first time a non-scheduled “designer” amphetamine precursor chemical had been reported to have been seized outside Europe. In addition, forensic analysis of “captagon” tablets seized in the region identified traces of *alpha*-phenylacetonitrile

(APAAN), which is an immediate precursor of P-2-P and a pre-precursor of amphetamine and methamphetamine.

709. Further details about the precursor control situation in West Asia 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

710. In most countries in West Asia, relatively limited information is collected and reported on trafficking in and abuse of new psychoactive substances. The latest information available for 2016 suggests that the abuse of new psychoactive substances, in particular synthetic cannabinoids, increased in several countries in the region. In Georgia, new psychoactive substances were being trafficked into the country from countries in Europe, and their abuse was spreading among young people. Kazakhstan reported a new trend: young people under 30 were being referred to medical care for their abuse of synthetic cannabinoids, especially in the bigger cities of Almaty, Astana and Pavlodar. Similarly, Uzbekistan reported incidents involving the consumption of synthetic cannabinoids contained in so-called “Spice” products. For the first time, Tajikistan seized packages of smoking mixtures containing the synthetic cannabinoid QCBL-2201 (5F-PB-22). Lebanon saw some new patterns of drug abuse, in particular the abuse of the plant *Salvia divinorum* and of synthetic cannabinoids. In addition, in high schools in Lebanon new cases of abuse of pregabalin were detected, a medicine with relaxing properties used widely to treat epilepsy, neuropathic pain and anxiety, and GHB, a sedative-hypnotic included in Schedule II of the 1971 Convention.

711. Some countries in the region have placed many central nervous system depressants under national control owing to a recent increase in the number of those substances, in particular benzodiazepines, detected in illicit markets. Thus, Turkey placed adinazolam, deschloroetizolam, diclazepam, flubromazepam, flubromazolam, meclonazepam and pyrazolam under national control, and the United Arab Emirates did the same for diclazepam, etizolam, flubromazepam and pyrazolam.

712. Several countries in the region continued to experience trafficking and abuse relating to the prescription drug tramadol, a synthetic opioid not under international control. In the United Arab Emirates, police arrested two men in possession of 110,000 tramadol pills in June 2017, while the customs authorities reported seizing 700,000 tramadol pills at the port of Jebel Ali in 2016. According

to the authorities in Lebanon, one million pills of tramadol were seized in the country in 2016.

5. Abuse and treatment

713. Most countries in the region face problems with the availability of resources for comprehensive and regular drug use surveys. It is therefore difficult to thoroughly analyse rates of and trends in drug abuse in the region as a whole. Nonetheless, individual country reports may shed light on some possible developments and indicate overall trends in the region.

714. Even though opioid abuse remains a major concern in South-West and Central Asia, Kazakhstan, Uzbekistan and several other countries reported a decrease in the number of persons abusing heroin in 2016 as a result of heroin being replaced by other types of psychoactive drugs, such as cannabinoids.

715. In Central Asia, the Caucasus and South-West Asia, the prevalence of drug abuse by injection is above the global average. At the same time, Tajikistan and Uzbekistan reported a decrease in 2016 in the number of persons who abused drugs by injection. Within West Asia, South-West Asia had the highest prevalence of HIV among people who abused drugs by injection, at 28.5 per cent, which was almost twice the global average of 13.1 per cent.

716. Also in South-West Asia, concern was mounting about methamphetamine use. Afghanistan reported an increase in synthetic drug abuse in 2016, as reported by law enforcement agencies, health-care providers and treatment centres in certain parts of the country. The data suggest that the main cause of the rise could be an increase in the use of methamphetamine by opiate users, as smuggling and possibly illicit local manufacture had expanded the market for synthetic drugs in Afghanistan, as discussed in section 4 above.

717. As reported in section 4 above, there is growing evidence that tramadol is being trafficked and abused in the Near and Middle East, especially in Jordan, Lebanon and Saudi Arabia. Many countries in the region, including Bahrain, Iran (Islamic Republic of), Jordan, Qatar and Saudi Arabia, have placed tramadol under national control to address the increased risk of abuse.

718. **INCB urges countries in the region to allocate sufficient human, financial and institutional resources to improve access to drug treatment for all affected segments of the population, including women and youth, and to strengthen mechanisms for the effective collection of**

information, including through comprehensive national drug abuse surveys based on recognized methodologies, in order to assess the extent and patterns of drug abuse. INCB notes that effective assessments of the extent of drug abuse in the countries of the region could result in information that can be used in formulating evidence-based policies and designing prevention, treatment, rehabilitation and other services. In that regard, the Board urges all relevant stakeholders, including international organizations and partner Governments, to provide to the countries in the region financial and technical advisory support in the design and conduct of such surveys.

D. Europe

1. Major developments

719. The European illicit drug market is supplied by both domestically cultivated and manufactured drugs and drugs trafficked into Europe from other parts of the world. In the European Union alone, the illicit drug market is estimated to generate about 24 billion euros in profits per year, meaning that drug trafficking is the criminal activity generating the greatest revenue in the European Union. More than a third of the criminal groups operating in the European Union are engaged in the manufacture, trafficking and sale of illicit drugs; two thirds of organized criminal groups engaged in drug-related crime are also involved in other criminal activities. These criminal groups increasingly rely on new technologies, including the use of online marketplaces and cryptocurrencies for sales of illicit drugs, with a view to increasing the efficiency of their illicit activities and circumventing detection.

720. According to EMCDDA, the number of annual drug seizures in Europe exceeds 1 million. In 2015, seizures of cannabis accounted for 71 per cent of all seizures, followed by cocaine (9 per cent), amphetamines (5 per cent), heroin (5 per cent), MDMA (“ecstasy”) (2 per cent), and other drugs (8 per cent). Regarding illicit activities involving precursor chemicals, the Board noted a large increase in diversion attempts involving acetic anhydride identified by several European Union countries during the reporting period.

721. It is estimated that over a quarter of the general population in the European Union (more than 93 million people aged between 15 and 64 years) have tried illicit drugs at least once in their lifetime. The prevalence of cannabis abuse in the European Union is about five times higher than that for other illicit substances. In the current

reporting period, the availability and abuse of high-potency “ecstasy” products and synthetic opioids continued to increase. European Union authorities are concerned about the increasing number of drug overdose deaths, in particular those related to heroin and other opioids, which has risen in the Union for three consecutive years.

722. The so-called Balkan route dominates the Eastern European drug trafficking corridor. On the Balkan route, opioid drugs are trafficked from their original production sites in, in descending order of amount, Afghanistan, Pakistan and the Islamic Republic of Iran, and transit through Turkey and the Balkans onward to Central and Western Europe. The Balkan route has several constantly shifting branches, but the main course runs through Bulgaria, Serbia, Bosnia and Herzegovina, Croatia, Slovenia and Austria, while a smaller branch through the former Yugoslav Republic of Macedonia and Kosovo¹⁰⁷ is used for storage and repackaging. In the opposite direction, synthetic drugs are smuggled from Western Europe. Albanian criminal groups collaborate closely with criminal groups in Greece, Italy, Kosovo, Montenegro, Serbia, the former Yugoslav Republic of Macedonia and Turkey.

723. Trafficking in and abuse of new psychoactive substances, often marketed as “legal” alternatives to controlled substances of abuse, remained a considerable public health challenge in Europe. In 2016, 66 new psychoactive substances were detected for the first time via the European Union early warning system, representing a decrease compared with the 98 substances reported for the first time in 2015. The total number of the new psychoactive substances monitored by EMCDDA by the end of 2016 exceeded 620. According to UNODC, of all new psychoactive substances detected worldwide, since 2009, a group of over 80 of those substances have had an established presence on the global market and continue to be reported annually.

724. With regard to the latest development in drug control, the Board is aware of ongoing discussions among member States of the European Union on issues related to cannabis regulation, including making cannabis available for medical use and permitting cannabis production for non-medical use. In that regard, the Board noted that no legislation in the European Union allows for such non-medical or so-called “recreational” use (see paras. 737 and 738 below).

¹⁰⁷ All references to Kosovo in this report should be understood to be in the context of Security Council resolution 1244 (1999).

2. Regional cooperation

725. In November 2016, a regional round table on law enforcement cooperation in combating new psychoactive substances in Eastern Europe took place in Bucharest, with the participation of OSCE countries and INCB and UNODC. Joint investigation techniques and advantages of a common data collection system figured among the topics discussed.

726. EMCDDA has continued its active cooperation with candidates and potential candidates of the European Union, for example, by assisting Albania, Bosnia and Herzegovina, Serbia and the former Yugoslav Republic of Macedonia, as well as Kosovo, in the development of their internal early warning systems, in line with EMCDDA guidelines.

727. The Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) of the Council of Europe continued to contribute to the development of multidisciplinary and evidence-based drug policies in its member States, and to undertake a bridging role, both between European Union and non-European Union countries and between the European Union and neighbouring countries in the Mediterranean region. In 2017, Pompidou Group activities focused, among other things, on securing training for managers from government and public institutions responsible for the development and implementation of drug policies related to reduction of demand for new psychoactive substances.

728. The operation “Channel-Western Barrier” conducted under the auspices of the Collective Security Treaty Organization took place in 2017. More than 30,000 employees of the law enforcement bodies of Armenia, Belarus, Kazakhstan, Kyrgyzstan, the Russian Federation and Tajikistan, as well as of the competent bodies of the observer countries Afghanistan, China, Iran (Islamic Republic of), Lithuania and Poland, and financial intelligence units of INTERPOL member countries, CARICC and OSCE participated in the operation. More than 16.8 tons of narcotic drugs and psychotropic substances were seized, which mostly consisted of 15.5 tons of opium, approximately 647 kg of cannabis resin, 60 kg of cannabis herb, 40 kg of heroin and 220 kg of synthetic narcotic drugs.

729. The Twelfth Meeting of the Heads of National Drug Law Enforcement Agencies, Europe, took place in Vienna on 27–30 June 2017. More than 90 participants from 33 countries discussed the current situation with respect to regional and subregional cooperation in the area of drugs. The meeting covered a wide range of issues and included four working groups on the following topics: (a) use of the Internet for drug-related activities;

(b) alternatives to imprisonment for certain offences as demand reduction strategies that promote public health and public safety; (c) mainstreaming gender perspectives in drug-related policies and programmes; and (d) money-laundering, illicit financial flows and effective countermeasures.

730. The UNODC regional programme for South-Eastern Europe for the period 2016–2019 was launched at the seventh special meeting of the Programme Steering Committee held at UNODC headquarters in Vienna in November 2015. The programme is being implemented in close cooperation and partnership with the Governments of the region, as well as with relevant European Union institutions and regional organizations. The regional programme consists of three pillars: countering organized crime and trafficking, justice and rule of law, and drug demand reduction. One of the UNODC priorities in the region is countering money-laundering and the financing of terrorism, and in the reporting period a regional advisor was posted in Bosnia and Herzegovina to provide support in that area.

731. In February 2017, on the margins of the Munich Security Conference, high-level representatives of the European Union and the Government of Afghanistan signed the Cooperation Agreement on Partnership and Development. The Cooperation Agreement formalizes the European Union's commitment to Afghanistan's development during the "decade of transformation" (2014–2024), and addresses a wide range of economic and political areas such as the rule of law, rural development, health and education, as well as actions to combat corruption, money-laundering and drug-related crime.

3. National legislation, policy and action

732. During the reporting period, EMCDDA published a number of ad hoc publications, technical reports, surveys and overviews that covered a wide range of drug control-related topics, including European Union policies and measures related to drug supply reduction; legislation on cannabis in European countries; penalties for drug trafficking; high-risk drug use and new psychoactive substances; and drug-related infectious diseases in the region.

733. According to the joint publication of the European Union judicial cooperation unit (Eurojust) and EMCDDA, entitled "New psychoactive substances in Europe: legislation and prosecution — current challenges and solutions", published in November 2016, the established drug control laws struggled in recent years to address the ever-growing market for new

psychoactive substances. The legal responses addressing new psychoactive substances in the European Union were based on existing laws that focused on medicinal products or provisions related to consumer or health protection, or were based on new innovative legislation, as introduced by some Governments.

734. In 2016, the Government of Austria adopted the Addiction Prevention Strategy, which aims for a society as free as possible of addiction, treats addiction as a health condition and supports the principle of treatment instead of punishment.

735. In Cyprus, in late 2016, the Parliament adopted three amendments to the Narcotic Drugs and Psychotropic Substances Law of 1977 to revise and consolidate the Law's first schedule and replace the term "cannabis" to exclude industrial hemp from the legal definition, and adopted one amendment to the Narcotic Drugs and Psychotropic Substances Regulations of 1979 to include remifentanyl in schedule 2 of the Regulations.

736. In 2016, Switzerland added 35 new psychoactive substances to the list of narcotic substances, and Estonia added 7 new psychoactive substances to schedule I of its list of narcotic drugs and psychotropic substances, namely 4-AcO-DMT, 2C-P, ethylone, 5F-AMB, furanylfentanyl, W-18 and 5F-MDMB-PINACA. In 2016, Estonia added 15 groups of substances to schedule VI of its list of narcotic drugs and psychotropic substances, namely adamantoylindoles, benzoylindoles, phenethylamines, fentanyl derivatives, phenethylacetylindoles, indazolecarboxamides, indolecarboxamides, cathinones, naphthoylindoles, naphthoylpyrroles, naphthylmethyleneindenes, naphthoylmethylindoles, tryptamines, cyclohexylphenoles and cyclopropylcarbonylindoles.

737. In March 2017, EMCDDA published a report entitled "Cannabis legislation in Europe: an overview". According to the report, over the past two decades at least 15 European countries have amended their legislation in a way that affected penalties for cannabis use. It is not, however, clear whether the legal penalties for cannabis use offences, which were increased or reduced in the countries concerned, have had any effect on the prevalence of cannabis use in those countries. The publication points out that despite the tolerated but not condoned existence of cannabis social clubs in a number of European countries and vocal requests to change national or local policies regarding non-medical use of cannabis, European countries have not sought to legalize non-medical use of cannabis, and there is little evidence that proposals for changes in cannabis policy enjoy majority public support.

738. The Board wishes to reiterate that the 1961 Convention establishes, in its article 4 (“General obligations”), that the parties to the Convention are to take such legislative and administrative measures as may be necessary to give effect to and carry out the provisions of the Convention within their own territories and to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in and use and possession of drugs.

739. In March 2017, the European Commission proposed the European Union Action Plan on Drugs for the period 2017–2020. The new Action Plan builds on the findings of the evaluation of the European Union Drugs Strategy for 2013–2020 and the Action Plan for 2013–2016, which were published in December 2016. The Action Plan identified new priority areas, including the monitoring of new psychoactive substances, the use of new communications technology for the prevention of drug abuse and the gathering of evidence on the potential connection between drug trafficking and the financing of terrorist groups, organized crime, migrant smuggling or trafficking in persons.

740. In addition, in April 2017, EMCDDA published its Strategy 2025. The EMCDDA strategic objectives for the coming years include improved understanding of the nature and consequences of drug-related crime and an enhanced capacity to identify new drug-related health threats and a rapid response by the European Union and its member States.

741. MDMB-CHMICA was reported to the European Union early warning system in 2014. In February 2017, the Council of the European Union decided to make MDMB-CHMICA subject to control measures throughout the European Union; the member States of the European Union will have to introduce controls on the substance into their national legislation within a one-year period. In March 2017, the Commission on Narcotic Drugs included MDMB-CHMICA in Schedule II of the 1971 Convention. In early 2017, the EMCDDA carried out risk assessments of two fentanyls (acryloylfentanyl and furanylfentanyl). In April 2017, the European Commission proposed to subject acryloylfentanyl, a potent synthetic opioid, to control measures across the European Union.

742. In Germany, prior to the entry into force of the New Psychoactive Substances Act on 26 November 2016, new psychoactive substances were controlled pursuant to the provisions of the Federal Narcotics Act. The New Psychoactive Substances Act placed under control particular new psychoactive substances listed in its annex. The Act defines new psychoactive substances as any substance or preparation

belonging to the specified generic definitions for synthetic cannabinoids and compounds derived from 2-phenylethylamine. Substances already listed in the Narcotics Act or Medicines Act were excluded. The Act prohibits manufacture, trade and possession of new psychoactive substances and enables the Ministry of Health to amend the definitions of new psychoactive substances based on expert advice, and empowers police authorities to confiscate these substances using their general powers to protect life and health. The Act makes offences involving new psychoactive substances punishable by up to 3 years in prison, and up to 10 years in aggravating circumstances.

743. During the reporting period, the Government of Spain allocated 8.1 billion euros from the national Fund for Assets Seized from Illegal Drug Trafficking to programmes related to the prevention of drug addiction. The Government also adopted Decree No. 129/2017 of 24 February 2017 concerning the control of precursor chemicals and initiated the evaluation of the National Drug Strategy for 2009–2016 and the preparation of a new national drug strategy for the period 2017–2024.

744. In June 2017, the Parliament of Montenegro adopted a law amending the Criminal Code of Montenegro in accordance with the Financial Action Task Force recommendation for the prevention of money-laundering. Article 8 of the Law proposed the amendment of the definition of “property gain” obtained by the criminal offence. This amendment is harmonized with the measures of the Council of Europe’s Committee of Experts on the Evaluation of Anti-Money Laundering and the Financing of Terrorism.

745. The number of deaths in the United Kingdom associated with new psychoactive substances increased by 25 per cent, from 163 deaths in 2014 to 204 deaths reported in 2015. The Psychoactive Substances Act, which came into force in the country on 26 May 2016, criminalized the manufacture, supply or possession with intent to supply of any psychoactive substance knowing that it is to be used for its psychoactive effects. From May to December 2016, the competent authorities of the United Kingdom enforcing the new powers stopped over 300 shops across the country from selling the substances, formerly referred to as “legal highs”, and closed down several others.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

746. Accounting for 38 per cent of the value of the illicit drug retail market in the European Union, cannabis remains both the most widely abused and seized illicit drug in the region.

747. The overall potency (THC content) of both cannabis herb and cannabis resin consumed in the European Union remained historically high and ranged from 7 to 11 per cent and from 11 to 19 per cent, respectively. The black market price of both drugs was almost the same, in the range of 8–11 euros per gram and 7–12 euros per gram, respectively.

748. Cannabis herb used in the European Union is both cultivated domestically, mostly indoors, and trafficked from other regions. Albania remains the main source of cannabis herb trafficked to the European Union. In 2016, indoor cannabis cultivation of varying magnitudes was reported by several countries, including Iceland, Latvia, Lithuania, the Netherlands, Poland, Romania and Slovakia.

749. As indoor cannabis growing equipment and cannabis seeds are now readily available on the Internet and with the expansion of sophisticated growing technologies, the European Police Office (Europol) anticipates further increase of the indoor cultivation of cannabis herb in the European Union in the coming years.

750. Most of the cannabis resin destined for the European Union market was trafficked from Morocco, although there are indications that Libya is becoming a major hub for the trafficking of the drug to Europe and other destinations.

751. In 2015, the amount of cannabis resin seized in the European Union (536 tons) was six times higher than that of herbal cannabis (89 tons), with Spain, Italy and France, in that order, accounting for the largest amounts of cannabis resin seized. In 2016, total seizures of cannabis resin amounting to more than 1 ton were reported by Spain (324.4 tons), Italy (23.9 tons), the United Kingdom (7.2 tons), Denmark (3.8 tons), Norway (3.0 tons) and Germany (1.9 tons).

752. During 2016, in Romania, 75 drug trafficking groups were dismantled, which represents a 17 per cent increase from the previous year, when 64 drug trafficking groups were dismantled. The number of persons

involved in those groups also increased slightly in 2016, from 425 persons in 2015 to 528 persons in 2016. Of the 528 persons arrested in 2016 for involvement in a trafficking group, 521 persons were Romanian nationals.

753. In Albania, during 2016 the cannabis situation was characterized by an increase in the number of cultivated cannabis areas, associated with an expansion of maritime trafficking routes and attempts at drug trafficking via air routes. In 2016, due to increased supply, the retail price of cannabis in Albania decreased to a level of 100–400 euros per kg.

754. Seizures of cannabis in Albania increased by 164 per cent from 2015 to 2016, reaching a total of 30 tons in 2016, compared with 11.3 tons seized in 2015. Over the same period, the farm-gate price of cannabis decreased, from 600–1,300 euros per kg in 2015 to 100–400 euros per kg in 2016. The percentage of THC content in street-level cannabis (retail) is estimated to vary considerably, from 0.1 to 18 per cent.

755. In Romania, in 2016 there was a significant increase in the total quantity of drugs seized compared with 2015. This situation was mainly determined by the increase in the quantity of cocaine seized, from 71.2 kg to 2.3 tons, representing 39.3 per cent of the total amount of drugs seized in 2016. Seizures of cannabis plant increased from 293 kg to 2.8 tons, representing 48.2 per cent of the total amount of drugs seized in the country in 2016, and the most seized illicitly cultivated plant in the country.

756. Heroin is the most commonly trafficked and abused opioid in the European Union. Other opioids, including buprenorphine, fentanyl, methadone, morphine, opium and tramadol, that have been seized in smaller amounts in the region in 2015 might have been diverted from legitimate pharmaceutical supplies or illicitly manufactured.

757. Most of the heroin seized in the European Union originated in Afghanistan, although according to the *European Drug Report 2017: Trends and Developments*, some of the heroin that was seized in Europe could have been manufactured in Iran (Islamic Republic of) or Pakistan. Past detections of a small number of laboratories converting morphine into heroin in Czechia and Spain suggest that limited amounts of heroin could also have been manufactured in Europe. According to Europol, depending on several factors, including the possibility of an increase in demand for heroin in Europe and/or any disruptions to trafficking of the substance from Afghanistan, further illicit heroin manufacture may emerge in the European Union in the future. A seizure of heroin, acetic anhydride and other material containing traces of morphine in an illicit laboratory uncovered in

the Netherlands in 2017 might further corroborate the suspected existence of such illicit manufacture in Europe.

758. There are two main routes that traffickers continued to use extensively for smuggling heroin to Europe: the Balkan route and southern route. About 40 per cent of global heroin and morphine captured in 2015 was seized in countries on the so-called Balkan route, one of the world's principal opiate trafficking routes.

759. The so-called southern route of the Balkan route involves the Syrian Arab Republic and Iraq. The route has been increasingly used for the smuggling of heroin from Iran (Islamic Republic of) and Pakistan to Europe, either directly or via the African continent. In addition to these two trafficking routes, traffickers also use the so-called northern route and a route that passes through the southern Caucasus and across the Black Sea.

760. In 2015, the total of 36,000 seizures of heroin in the European Union amounted to 4.5 tons; this amount was considerably lower than the 8.9 tons seized in the European Union in 2014. In 2016, seizures of heroin larger than 100 kg were reported by the United Kingdom (806 kg), Italy (497 kg), Germany (330 kg), Spain (251 kg), the Netherlands (230 kg) and Croatia (120 kg).

761. The number of reports of the emergence of highly potent new synthetic opioids, mostly fentanyl derivatives, communicated through the European Union early warning system has increased since 2012. These substances, which have sometimes been sold as, or mixed with, heroin, other illicit drugs or counterfeit medicines, pose serious health risks not only to their users but also law enforcement officers responsible for combating their manufacture and trafficking and employees of post offices and express courier services who could unknowingly be involved in their transportation and delivery.

762. Trafficking of heroin mainly uses transport by road to bring the heroin to markets in Central and Western Europe, using trucks, buses and private vehicles. Greece and Italy are the main destinations for the trafficked heroin. Increasingly, some of the heroin trafficked has been retained in Albania for local consumers. According to Government statistics, seizures of heroin in 2016 indicate an increase in the quantity of seized heroin to 57.3 kg (an increase of 55 per cent) compared with 36.7 kg in 2015. Wholesale prices and retail prices remained almost identical to the previous year. The price for 1 kg of heroin ranges from 16,000 euros to 18,000 euros. In 2016, at street level, the average price for 1 gram of heroin was 22 euros. The purity of heroin at street level ranged between 1 and 15 per cent.

763. Cocaine available on the illicit markets in Europe originates in Bolivia (Plurinational State of), Colombia and Peru. The traffickers continue to use various means of transportation, including maritime containers, yachts, airfreight, private aircraft, passenger flights and postal services to transport the drug to Europe. The Caribbean countries have often been used as countries of departure for cruise ships smuggling cocaine to the European Union countries. Couriers smuggling cocaine to Europe often travelled directly from Brazil.

764. In 2015, four countries (Belgium, France, Portugal and Spain) accounted for 80 per cent of the total 69.4 tons of cocaine seized in the European Union. In 2016, the countries reporting seizures of cocaine hydrochloride of 1 ton or greater were Belgium (39 tons), Spain (15.9 tons), the Netherlands (12 tons), Italy (4.7 tons), the United Kingdom (4.2 tons), Romania (2.3 tons), Germany (1.9 tons) and Portugal (1 ton).

765. Since 2016, some European countries have reported the destruction of "secondary extraction facilities", used by criminal organizations for the recovery of cocaine from materials in which cocaine had been dissolved or incorporated.

(b) Psychotropic substances

766. The synthetic drugs market has continued to be the most dynamic drug market in the European Union. The revival of the MDMA ("ecstasy") market, combined with the increased average content of MDMA in tablets, has been associated with harms and deaths in the European Union. Criminal syndicates in Belgium and the Netherlands continued to play a major role in the manufacture and distribution of MDMA ("ecstasy") and amphetamine in Europe. The MDMA ("ecstasy") and amphetamine manufactured in those two countries, in addition to satisfying the needs of the European drug users, is also trafficked to other countries worldwide.

767. Illicit manufacture of amphetamine is also occurring in Poland, and to some extent, it may exist in Germany, Hungary and Latvia. In 2016, methamphetamine laboratories were dismantled mainly in Czechia, Slovakia and Poland. However, methamphetamine manufacture has also started appearing in Bulgaria, Lithuania and the Netherlands. According to Europol, illicit manufacture of methamphetamine may in future also emerge in other European Union countries, in particular those where the illicit manufacture of amphetamine is already taking place.

768. In Czechia, methamphetamine is mostly manufactured from pseudoephedrine preparations which are often sourced in Poland, Slovakia and Turkey. Most of the methamphetamine is manufactured in small-scale kitchen laboratories. In 2016, the country reported that methamphetamine was also manufactured in large-scale laboratories with a potential manufacture capacity of 10–12 tons of the drug per year. Most of the methamphetamine manufactured in Czechia was intended for the domestic market, but a portion of the drug was also smuggled abroad.

769. One of the recent trends observed has been an increase in the production of synthetic drugs (especially narcotic drugs of the amphetamine and fentanyl groups) in clandestine laboratories within the Russian Federation. In addition, synthetic drugs are supplied to the Russian Federation mainly from Belgium, Czechia, Lithuania, the Netherlands, Poland, Slovakia and Ukraine. Supply routes pass through Belarus, Estonia, Finland, Kazakhstan and Latvia.

770. In 2015, European Union countries reported seizures of 4.7 tons of amphetamine, 0.5 tons of methamphetamine, 185 kg of MDMA (“ecstasy”) and 3.8 million MDMA (“ecstasy”) tablets. In 2016, the dismantling of illicit laboratories manufacturing amphetamine was reported by Austria (4 laboratories), Germany (4 laboratories), Poland (18 laboratories) and Spain (2 laboratories). Methamphetamine laboratories were identified in Austria (5 laboratories), Czechia (261 laboratories), Germany (11 laboratories) and Poland (3 laboratories). The Dutch authorities reported dismantling 59 laboratories manufacturing amphetamine or MDMA (“ecstasy”) in 2016. In 2016, the Polish authorities also reported dismantling two medium-scale illicit laboratories manufacturing mephedrone.

771. Furthermore, in 2016, European Union countries also reported seizures of synthetic drugs, other than amphetamine-type stimulants. For example, Belgium, Denmark, Finland, Germany, Spain and the United Kingdom reported seizures of lysergic acid diethylamide (LSD); seizures of GHB were reported by Estonia, Finland, Latvia, Poland, Romania and Sweden.

(c) Precursors

772. In 2016 and 2017, traffickers seeking supplies of acetic anhydride targeted a number of European Union countries. The number of identified diversion attempts during that period was the highest in the past two decades. In most cases, delivery of the substance was prevented by the countries concerned in cooperation with INCB.

773. Since October 2014, when APAAN was placed under international control, only four countries in the European Union, namely Belgium, Germany, the Netherlands and the United Kingdom, have reported seizures of small amounts of APAAN.

774. In 2016, Belgium, Bulgaria, Germany and the Netherlands reported seizures of non-scheduled chemicals used in the illicit manufacture of amphetamine-type stimulants, such as 3,4-MDP-2-P methyl glycidic acid derivatives, P-2-P methyl glycidic acid derivatives and *alpha*-phenylacetoacetamide (APAA).

775. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2017 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

776. New psychoactive substances continued to be trafficked to the European region from China, where those substances are manufactured. European users can purchase these new psychoactive substances, often branded as “legal high” products, from specialized conventional stores and on the surface web. In addition, these substances are sold on the darknet and illicit markets, either under their own name, or sometimes sold falsely as being other illicit drugs such as heroin, cocaine, MDMA (“ecstasy”) or benzodiazepines.

777. Although new psychoactive substances are mostly manufactured elsewhere and only packaged and sold in the European Union, according to Europol a limited amount of manufacture of new psychoactive substances may also take place within the region. For example, in 2016, the Slovak authorities dismantled an industrial-scale laboratory illicitly manufacturing two psychoactive substances, namely 3-CMC (3-chloromethcathinone (clophedrone)) and *N*-ethylnorpentadone.

778. In 2015, the total number of seizures of new psychoactive substances reported through the European Union early warning system by the European Union member States, Norway and Turkey reached almost 80,000. This number of seizures was significantly higher than the number reported in 2014 (about 50,000 seizures). In 2015, seizures of cathinones accounted for 33 per cent; cannabinoids, 29 per cent; and benzodiazepines, 11 per cent of all 80,000 seizures. Seizures of phenethylamines, piperazines and other new psychoactive substances

accounted for the remaining 27 per cent of the total number of seizures of new psychoactive substances.

779. The most commonly seized cathinones in the European Union in 2015 were *alpha*-PVP, 3-MMC, ethylone, 4-CMC and pentedrone, and among seized synthetic cannabinoids there were ADB-FUBINACA, AB-CHMINACA, UR-144, 5F-AKB48 and ADB-CHMINACA.¹⁰⁸

780. Twenty-five new opioids, including 18 fentanyl analogues, have been identified on the European drug market since 2009. Eight of those 18 fentanyl analogues were reported for the first time in 2016. Two of those analogues, namely acryloylfentanyl and furanylfentanyl, have been sold on the illicit drug markets in the form of nasal sprays. Although the number of seizures of fentanyl and its analogues (300–400 seizures) in the European Union in 2015 was relatively low compared with seizures of other new psychoactive substances, the very high potency of the fentanyl analogues makes them a serious threat to individuals and to public health.

781. In Romania, the seizures of khat plants in 2016 increased significantly, from 247.7 tons in 2015 to 454 tons in 2016, accounting for 7.7 per cent of the total amount of drugs seized in 2016. In addition, Denmark reported significant seizures of ketamine, amounting to 3.8 tons.

5. Abuse and treatment

782. With an estimated annual prevalence of 7.0 per cent among persons 15–64 years old, and 13.9 per cent among those aged 15–34 years, cannabis remains the most prevalent drug of abuse in the European Union. Almost 1 per cent of adults in the European Union abuse cannabis on a daily or almost-daily basis (i.e., 20 days or more in the past month). The highest annual prevalence rates for cannabis abuse among persons 15–34 years old in the European Union were reported in France (22.1 per cent), Italy (19.0 per cent) and Czechia (18.8 per cent), while the lowest levels, less than 5 per cent, were reported by Cyprus, Hungary and Romania.

783. Monitoring rates of drug abuse among students provides an important insight into current youth risk behaviours and potential future trends. According to the European School Survey Project on Alcohol and Other Drugs report published in 2016, in the 35 European countries covered by the survey, one in three students (15- and 16-year olds) considered cannabis to be easily available. On average, 3 per cent of the students interviewed had

used cannabis for the first time at the age of 13 years or younger; the highest proportion of students initiating cannabis use at 13 years or younger were found in Monaco, followed by France and Liechtenstein.

784. About 17.5 million adults in the European Union countries aged 15–64 years (5.2 per cent of that age group) have used cocaine at some time in their lives, making it the second most prevalent drug of abuse in the Union. The decline in cocaine abuse in the European Union that had been reported in previous years was not observed to have continued in the most recent surveys. Last-year prevalence of cocaine abuse among adults aged 15–34 years old that was greater than 2.5 per cent was reported by Ireland (2.9 per cent), Spain (3.0 per cent), the Netherlands (3.6 per cent) and the United Kingdom (4.0 per cent). Those four countries accounted for about 85 per cent of all reported treatment admissions related to cocaine abuse in the European Union.

785. While heroin remains the most commonly abused opioid, there are indications that licit synthetic opioids, such as methadone, buprenorphine and fentanyl, have been increasingly abused in Europe. Although the latest data confirm that heroin abuse still accounts for the majority (around 80 per cent) of new requests for opioid-related treatment in the European Union, in Estonia, for example, the majority of individuals entering treatment reporting an opioid as their primary drug were using fentanyl. In Czechia, opioids other than heroin accounted for just over half of those entering treatment for opioid abuse in 2015. The average prevalence of high-risk opioid use among adults (aged 15–64 years) is estimated at 0.4 per cent of the European Union population. Of concern is the estimate for drug overdose deaths in the European Union, which has increased for the third consecutive year; opioid overdose accounted for 81 per cent of those deaths.

786. About 1.8 million people in the European Union aged 15–64 years, or 0.5 per cent of this age group have used amphetamines in the past year, and 2.7 million, or 0.8 per cent, of that age group, have used MDMA (“ecstasy”) in the past year. While abuse of amphetamine has been commonly reported by most of the countries of the European Union, the abuse of methamphetamine, mostly reported by Czechia and Slovakia, has recently also emerged in other parts of Europe, including countries in northern Europe and Germany.

787. As of January 2016, a total of 633,409 drug users were registered with specialized medical facilities of the Ministry of Health and the Federal Penitentiary Service of the Russian Federation, a decrease of 1.6 per cent in the total number of drug users compared with the previous year. Over the same period, the number of persons

¹⁰⁸In the meantime, some of these new psychoactive substances have been put under international control.

who abuse drugs by injection that are registered with the health authorities declined to 298,155.

788. According to UNODC, an increase in amphetamine seizures has been reported during the past year in South-Eastern Europe, which may be related to the expansion of amphetamine trafficked in and through the Near and Middle East. The amount of amphetamine seized in South-Eastern Europe accounted for an 8 per cent share, or almost 4 tons, of global amphetamine seized in 2015. The increase in amphetamine seizures in South-Eastern Europe is primarily due to the increase in seizures reported in Turkey, which went up from 0.2 tons in 2014 to 3.8 tons in 2015.

789. The prevalence of MDMA (“ecstasy”) abuse peaked in the European Union in the early to mid-2000s. Since then abuse of MDMA (“ecstasy”) has shown a declining trend in the Union. The latest data, however, indicate that the use of the substance might have increased again in some countries, as corroborated by an increased presence of MDMA residues in wastewater in about a half of the 32 cities monitored in Europe in 2015 and 2016. In 2016, increased prevalence of MDMA (“ecstasy”) abuse was reported in, for example, Finland, Germany, Lithuania and Slovakia.

790. The prevalence of GHB, hallucinogenic mushrooms, ketamine and LSD abuse in Europe remained low and stable.

791. Although there are not enough comparable data on the prevalence of abuse of new psychoactive substances, that prevalence is considered to be rather low among the European Union’s general population. According to the 2015 report of the European School Survey Project on Alcohol and Other Drugs, past-year prevalence of the abuse of new psychoactive substances among 15- and 16-year-old school students in the European Union member States covered by the survey and Norway was 3 per cent. An EMCDDA study entitled “High-risk drug use and new psychoactive substances”, published in June 2017, confirmed that there was some level of use of new psychoactive substances among high-risk user groups in 22 of the 30 countries monitored by EMCDDA.

792. Around 30,000 newly diagnosed HIV infections have been reported each year over the past decade in the European Union and the European Economic Area countries. However, the number of new HIV infections attributed to injecting drug use have continued declining in the European Union since the early 1990s. In 2015, 4 per cent of all HIV diagnoses in the European Union were among persons who abuse drugs by injection. At the conference on HIV organized by the Maltese Presidency of the Council

of the European Union and the European Centre for Disease Prevention and Control in January 2017 European experts deliberated on practical measures such as prioritization of prevention programmes, facilitating the uptake of HIV testing, and easier access to treatment for those diagnosed, which could help the European countries to meet the target of the Joint United Nations Programme on HIV/AIDS to end the AIDS epidemic by 2030.

793. **The Board recommends that all Governments in the region redouble their efforts to sustain the high level of treatment offered, in particular in countries in Central and Western Europe, and continue to provide necessary treatment for drug use-related disorders, including those involving new psychoactive substances and other substances of abuse not under international control. INCB further recommends strengthening the programmes aimed at the detection of such disorders among the entire population, including migrants, and ensuring appropriate referral to facilities providing treatment services.**

E. Oceania

1. Major developments

794. The Oceania region, in particular the Pacific island States, remains vulnerable to trafficking in drugs and precursors, drug-related organized crime and the potential spillover effects of drug abuse within local communities. The combination of the unique geography of the region, in particular the vast coastlines and remote, uninhabited islands, together with poor treaty adherence and the limited resources for monitoring and detecting drug and precursor trafficking, continues to pose a significant challenge.

795. Increasing tourism, enhanced air and maritime connections and improved digital connectivity are linking regions and countries that are major illicit sources of and markets for drugs. This development contributes to the increasing targeting of Pacific island countries by drug trafficking groups for use as transit points and destinations for drugs, in particular methamphetamine. A number of large-scale seizures made at sea in the past year have demonstrated the growing complexity of this challenge. Drugs such as cocaine, heroin and methamphetamine are trafficked through the Pacific island region (for example, through tourist hubs in Fiji, New Caledonia and Vanuatu) on recreational vessels such as yachts and commercial cruise ships.

796. Spillover effects from drugs trafficked through the Pacific region have been observed in some local

communities. Some Pacific island countries have reported recurrent seizures of heroin, cocaine and methamphetamine, for instance in mail packages, as well as recent increases in the availability and abuse of methamphetamine, albeit from a low baseline. However, the illicit drug market in Pacific island countries and territories continues to be dominated by locally cultivated cannabis.

797. **The Board reiterates its concern about the lack of data on the scope of the drug problem in most countries in Oceania, and encourages Governments to prioritize the collection of data on drug abuse and treatment, as well as on the extent of drug trafficking and illicit cultivation and production. In that regard, the Board has noted a number of measures taken in the region to improve data collection, and urges the international community to support such efforts.**

2. Regional cooperation

798. On 28 November 2016, the UNODC global Synthetics Monitoring: Analyses, Reporting and Trends (SMART) programme and the Pacific Islands Forum Secretariat (PIFS) held a regional law enforcement planning development meeting with officials from PIFS member States in Suva to discuss how to address the lack of drug-related data and information in the region. The participants agreed that two national workshops would be organized, one for Solomon Islands and one for Vanuatu. In August 2017, the UNODC SMART programme held national workshops on the development of drug data in Honiara, and Port Vila with the participation of national authorities including police, forensic, customs and health authorities. The workshop participants identified the roles and responsibilities of national authorities in drug-related data collection, and requested support from UNODC to develop data collection tools and provide training in data collection, management and analysis. The development of strategic data and research in the region was one of the key recommendations set out in the UNODC and PIFS publication *Transnational Organized Crime in the Pacific: a Threat Assessment*, which was launched at the Pacific Islands Chiefs of Police annual conference, held in French Polynesia in September 2016. Among other threats posed by organized crime, the publication highlighted the vulnerability of the Pacific islands to trafficking in cocaine, heroin and methamphetamine, and the limited capacity of the authorities to respond.

799. At its nineteenth annual conference, held in Guam from 2 to 5 May 2017, the Oceania Customs Organisation (OCO) endorsed its Strategic Plan for 2017–2022. OCO members endorsed further work towards the establishment of a multilateral mechanism to enable the sharing of information across the region, and acknowledged progress made

in the development of a smartphone application for reporting movements of small craft. The members also expressed support for the expansion of the UNODC Global Container Control Programme into the Pacific region.

800. From 28 to 30 November 2017, INCB held a training seminar in Sydney for the competent national authorities of the Oceania region. Representatives of the following countries participated: Australia, Fiji, Kiribati, Micronesia (Federated States of), New Caledonia, Palau, Papua New Guinea, Samoa, Solomon Islands and Vanuatu. Implemented as part of the INCB Learning project, the training seminar was supported by the Government of Australia. It was aimed at enhancing the capacity of the participating Governments to implement the drug control conventions, with a particular focus on the formulation of estimates and assessments of the quantities of narcotic drugs and psychotropic substances required to meet national medical and scientific needs, as well as to fulfil their related obligations to report to INCB. The seminar provided an opportunity to improve cooperation among the competent authorities of the region. It was also an occasion to promote accession to the international drug control treaties among States of the region, which has the lowest rate of treaty adherence worldwide.

3. National legislation, policy and action

801. The level of adherence in Oceania to the drug control conventions remains low, with seven, eight and five countries of the region not yet party to, respectively, the 1961 Convention as amended by the 1972 Protocol, the 1971 Convention and the 1988 Convention. This is of particular concern given the vulnerability of those countries to the emerging threat posed by drug and precursor trafficking and the potential spillover effect of drug abuse among their populations. **The Board reiterates its call upon the Governments of the Cook Islands, Nauru, Niue, Palau, Papua New Guinea, Samoa, Tuvalu and Vanuatu to accede to the international drug control conventions to which they are not yet parties.**¹⁰⁹ The Board stands ready to provide further support to that end and also reiterates its call to the international community, in particular UNODC, to support those countries in their

¹⁰⁹ Kiribati and Tuvalu have not adhered to any of the three international drug control conventions. The Cook Islands, Nauru, Niue, Samoa and Vanuatu are parties to neither the 1961 Convention nor the 1971 Convention. Solomon Islands is a party to neither the 1971 Convention nor the 1988 Convention. Palau and Papua New Guinea are not yet party to the 1988 Convention.

efforts to adhere to and fully implement the three international drug control treaties.

802. Seized proceeds of criminal activities were used to support a range of new initiatives in New Zealand in 2016, including a pilot of a “whole-school approach” framework to reduce alcohol and drug harm. The pilot, carried out by the New Zealand Drug Foundation, the Ministry of Health, the Ministry of Education and the Health Promotion Agency of New Zealand, as well as by service providers and schools, would integrate a range of best-practice and evidence-based strategies to prevent and address substance-related harm at every level of the school environment.

803. In December 2016, the Therapeutic Goods Administration of Australia decided that products containing codeine would no longer be sold over the counter in pharmacies, and would be available only by prescription, effective 1 February 2018. Modelling of the potential economic, social and regulatory impacts of the proposed scheduling change had found that the rescheduling would, inter alia, prevent deaths from accidental or deliberate codeine overdose, improve quality of life as a result of the adoption of more effective treatment options for moderate pain, and reduce dependence and risk of dependency.

804. As reported by the Board in its annual report for 2016, the Narcotic Drugs Amendment Act 2016 entered into force in Australia in October 2016. The Act provides a legislative framework for the cultivation of and access to cannabis for medical purposes. The first meeting of the Australian Advisory Council on the Medicinal Use of Cannabis was held on 7 April 2017. The Council was established to provide advice to the Minister for Health of Australia on issues relating to the medicinal use of cannabis, in particular the implementation of the regulatory scheme allowing for the cultivation and manufacture of medicinal cannabis, the design of prescription guidelines and the use of the Authorised Prescriber Scheme and Special Access Scheme mechanisms, and evidence supporting the use of medicinal cannabis for a variety of medical conditions. The Council comprises 16 members from various professional fields, including medical professionals; Government representatives, including law enforcement officials; patient groups and legal experts. Members also have expertise in the fields of cancer, epilepsy, palliative care, toxicology, law, pharmacology, law enforcement and botany.

805. In New Zealand, changes came into effect in September 2017. The requirement for ministerial approval for the prescription of cannabidiol products was removed, as were related requirements for import licences, the keeping of records on controlled drugs and stock-keeping.

Prescriptions from medical doctors would be allowed for a supply of up to three months rather than one, as previously. Another change was that the new Misuse of Drugs Amendment Regulations 2017 allowed for cannabidiol products containing up to two per cent of other cannabinoids, including THC.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

806. The illicit drug trade among and within Pacific island countries and territories continued to be dominated by the local illicit cultivation of cannabis. A record number of cannabis seizures were made in Australia during the 12-month reporting period 2015/16, with the majority (93.6 per cent) of seizures at the border relating to cannabis seeds. The total weight of cannabis seized at the Australian border increased from 60.2 kg during the period 2014/15 to 101.8 kg during the period 2015/16, while the total weight of cannabis seized within the country remained stable at around 6 tons.

807. The amount of cannabis herb seized in New Zealand decreased from 692.03 kg in 2015 to 524.22 kg in 2016, and the number of cannabis plants seized decreased from 112,073 to 78,358 over the same period. The New Zealand Police reported a greater focus on organized criminal groups involved in illicit cannabis cultivation, which may have had an impact on the illicit supply of cannabis. In 2016, 104,725 outdoor cannabis plants and 18,903 indoor cannabis plants were eradicated across 607 indoor sites.

808. The amount of cocaine seized in Oceania increased from 0.8 tons in 2014 to 1.2 tons in 2015, still significantly less than the peak of 1.9 tons in 2010, with Australia accounting for 99 per cent of the cocaine seized in the region. A record number of cocaine seizures were made at the Australian border and within the country during the period 2015/16, with the total weight seized increasing from 883.4 kg during the period 2014/15 to 1,378.7 kg during the period 2015/16. Owing to a single cocaine seizure of 35 kg in 2016, the total annual amount of cocaine seized in New Zealand reached a record level of 36.38 kg in 2016, compared with 129 g in 2015 and 10.2 kg in 2014.

809. The increased prominence of Colombia as a source country for cocaine seized in Australia continued, with 59.5 per cent of cocaine seized at the border from January to June 2016 originating in Colombia, compared with

49.9 per cent in 2015. Similarly, the proportion of cocaine seized within Australia originating in Colombia increased from 50.5 per cent in 2015 to 83.3 per cent during the period January–July 2016. The proportion of cocaine seized at the border originating in Peru increased slightly, from 8.9 per cent in 2015 to 11.6 per cent in the first half of 2016, still significantly less than in 2013 and 2014 (90.0 per cent and 31.8 per cent, respectively).

810. In February 2017, as a result of an investigation supported by the authorities of Fiji, French Polynesia and New Zealand, a record seizure of more than 1.4 tons of cocaine was made by Australian law enforcement authorities after having intercepted a sailing vessel that was alleged to have met with a “mother ship” in the South Pacific Ocean to collect the substance. In December 2016, an international operation that had been under way for more than two and a half years culminated in the seizure of 500 kg of cocaine trafficked by sea into Australia, in addition to 606 kg of cocaine seized by authorities in Tahiti in March 2016 and 32 kg of heroin seized by authorities in Fiji in December 2014.

811. Oceania accounted for only 1 per cent of the heroin and morphine seized globally in 2015. South-East Asia remained the prominent source region for heroin seized in Australia, and was the only source region identified in seizures at the Australian border in the first half of 2016. The total weight of heroin seized in Australia decreased by more than one half, from 796.6 kg during the period 2014/15 to 370.4 kg during the period 2015/16. A total of 49.27 g of heroin was seized in New Zealand in 2016, representing a level similar to that of 2015 (38.4 g). In 2016, New Zealand customs authorities seized two opioids, acetylfentanyl and U-47700, which were placed under international control in 2016 and 2017, respectively; and fentanyl and benzodiazepines, which are under international control, were found in the form of blotter tabs for the first time.

(b) Psychotropic substances

812. According to UNODC, in Oceania there has been an increase in both the quantities of methamphetamine seized and the prevalence of its use. Trafficking in methamphetamine and its precursor chemicals has increased in the Pacific and adjacent regions in recent years, and Pacific island countries and territories are emerging as transit and destination points for trafficking in methamphetamine within and through the region. Increased trafficking in drugs, including methamphetamine, into North Pacific countries such as Palau has been reported.

813. The total weight of amphetamine-type stimulants (ATS) seized within Australia decreased by 27 per cent, from 12,631.5 kg during the period 2014/15 to 9,218.2 kg during the period 2015/16, the second-highest weight on record in that category. The total weight of ATS (excluding MDMA) seized at the Australian border decreased by 23.4 per cent, from 3,422.8 kg during the period 2014/15 to 2,620.6 kg during the period 2015/16, the second-highest weight on record in that category. Countries in East and South-East Asia remained the main embarkation points for ATS (excluding “ecstasy”). In late March 2017, a concealed shipment of 300 kg of methamphetamine was seized in Melbourne, Australia. It had been discovered in a consignment of large metal gates originating in China. A record seizure amounting to more than 900 kg of methamphetamine, also in Melbourne, was reported in April 2017.

814. The quantity of methamphetamine seized in New Zealand increased from 15 kg in 2013 to 0.4 tons in 2015, then to almost 1 ton in 2016, including a single seizure of 500 kg. The quantity of methamphetamine trafficked into the country increased, whereas in the past methamphetamine had been more commonly manufactured illicitly within the country. At the same time, transnational organized criminal groups, primarily from Asia and South-East Asia, were targeting New Zealand, in particular in connection with methamphetamine.

815. There was extensive trafficking of “ecstasy” from Europe to Oceania, which was becoming an increasingly important market for the substance, either directly or through East and South-East Asia. The total weight of “ecstasy” detected at the Australian border decreased significantly, from 2,002.4 kg during the period 2014/15 to 141.5 kg during the period 2015/16, primarily due to a single detection of 1,917.4 kg in the period 2014/15. The total weight of “ecstasy” seized within Australia decreased by 28.7 per cent, from 6,105.6 kg during the period 2014/15 to 4,352.7 kg during the period 2015/16. In New Zealand, annual seizures of “ecstasy” have fluctuated between 5 kg and 50 kg since 2010, with seizures amounting to 11.38 kg and more than 8,000 tablets in 2016, compared with 8.85 kg and more than 5,000 tablets in 2015.

(c) Precursors

816. Ephedrine and safrole were the predominant precursors detected at the Australian border during the period 2015/16. The weight of ATS (excluding “ecstasy”) precursors seized at the Australian border more than doubled, from 500.8 kg during the period 2014/15 to 1,063.7 kg during the period 2015/16. In June 2017, a seizure of 1.4 tons of ephedrine found in a shipping

container represented the largest seizure of a precursor chemical ever made at the Australian border. The weight of “ecstasy” precursors detected at the Australian border decreased from 288.0 kg during the period 2014/15 to 81.1 kg during the period 2015/16. China represented the predominant embarkation point for amphetamine-type stimulant precursors.

817. The number of clandestine laboratories detected in Australia continued to decrease, from 667 during the period 2014/15 to 575 during the period 2015/16, but still represented a 61.5 per cent increase since the period 2006/07. Methamphetamine remained the most predominant drug to be illicitly manufactured in the detected laboratories, along with the continued prevalence of the precursors ephedrine and pseudoephedrine. However, during the period 2015/16, the number of laboratories illicitly manufacturing ATS (including “ecstasy”) and “homebake” heroin decreased, while those dedicated to the extraction of cannabis oil and pseudoephedrine increased. Two thirds of the detected laboratories were operated by users themselves, while 51 clandestine laboratories were operating on an industrial scale.

818. With regard to methamphetamine precursors seized in New Zealand, the trend observed in recent years, away from pseudoephedrine (in the form of ContacNT granules) towards bulk amounts of ephedrine powder, continued. Ephedrine made up approximately 95 per cent of all pseudoephedrine and ephedrine seizures during the previous two years, with pseudoephedrine seizures mainly comprising low volumes of medication in which pseudoephedrine was an active ingredient. Large volumes of precursors, mainly ephedrine, were seized regularly at the New Zealand border throughout 2016. The number of clandestine methamphetamine laboratories detected in New Zealand increased from 69 in 2015 to 74 in 2016. However, a decrease was observed when assessments indicating that a suspected clandestine laboratory had not met the criteria for classification as a clandestine laboratory were also taken into account. The first half of 2017 saw a substantial decline in border seizures of ephedrine, and during the first four months of 2017 the number of clandestine laboratories detected was approximately half that of the corresponding period in 2016.

819. In January 2017, the first-ever seizure in New Zealand of the chemical t-boc methamphetamine, chemically masked to prevent detection, was made in the amount of 160 litres. The discovery was made in a consignment imported from Hong Kong, China.

820. A comprehensive review of the situation with respect to the control of precursors and chemicals frequently used

in the illicit manufacture of narcotic drugs and psychotropic substances in the region can be found in the report of the Board for 2017 on the implementation of article 12 of the 1988 Convention.

(d) Substances not under international control

821. The amount of new psychoactive substances seized at the Australian border and selected for further analysis almost quadrupled, from 52.7 kg during the period 2014/15 to 204.7 kg during the period 2015/16. However, it was still significantly less than the record amount seized during the period 2013/14 (543 kg). Of those substances, a group of substances termed “amphetamine-type” accounted for 51.8 per cent (by weight), followed by cathinone-type substances (24.6 per cent), tryptamine-type substances (17.4 per cent) and synthetic cannabinoids (5.8 per cent). The number of detections of ketamine at the Australian border more than doubled, from 218 during the period 2014/15 to a new record of 487 during the period 2015/16; most of the ketamine was discovered in the international mail stream. The number of *gamma*-butyrolactone (GBL) detections at the Australian border decreased by 44 per cent, from 157 during the period 2014/15 to 88 during the period 2015/16. Twenty-eight countries were identified as embarkation points for ketamine detections during the period 2015/16, compared with 15 countries during the period 2014/15. Of those countries, the United Kingdom was the embarkation point in 56.9 per cent of cases of ketamine detection during the period 2015/16.

822. New psychoactive substances continued to be encountered in New Zealand. A joint investigation between the customs and police services of New Zealand between June and August 2017 resulted in the seizure of 11 kg of synthetic cannabis and a combined total of 3 kg of AMB-FUBINACA and AB-PINACA, which are used in the illicit manufacture of synthetic cannabis.

5. Abuse and treatment

823. The 2016 National Drug Strategy household survey carried out by the Department of Health of Australia from June to November 2016 found that 15.6 per cent of people aged 14 years or older had abused a drug, including pharmaceutical drugs, in the previous twelve months. That represented a slight increase from 2013 (15.0 per cent), when the previous survey had been conducted, and a gradual increase since 2007 (13.4 per cent). An increase was seen in the abuse of pharmaceutical drugs, with

analgesics and opioids reported as the second-most commonly abused drugs after cannabis.

824. The prevalence among Australian adults of past-year use of methamphetamine and amphetamine decreased significantly, from 2.1 per cent in 2013 to 1.4 per cent in 2016. The prevalence of past-year use of hallucinogens also decreased, from 1.3 per cent in 2013 to 1.0 per cent in 2016. Annual prevalence of cocaine abuse increased from 2.1 per cent in 2013 to 2.5 per cent in 2016, significantly higher than the reported usage in 2004 (1.0 per cent). The level of abuse of cannabis remained stable, with past-year prevalence at 10.4 per cent. The annual prevalence of “ecstasy” use decreased from 3.0 per cent in 2010 to 2.5 per cent in 2013, then to 2.2 per cent in 2016.

825. The household survey found that the average age at which people in Australia first tried any drug of abuse had increased, from 19.3 years in 2013 to 19.7 years in 2016, with increases in the average age of first use reported specifically for cannabis, amphetamines and hallucinogens. People under 30 years of age abused fewer drugs than in 2001, while for people between 40 and 69 years of age, the abuse of some drugs had increased since 2013.

826. The household survey also found that almost two thirds of people in Australia who had used cocaine in the past year had done so only once or twice per year. Similarly for “ecstasy”, just over half of those who had used the substance had done so only once or twice per year. Only 2 to 3 per cent of those reporting past-year use of cocaine and “ecstasy” had abused those substances at least once per week. In contrast, of those who reported past-year abuse of cannabis and amphetamines, 36 per cent and 20 per cent, respectively, had used the drugs at least once per week.

827. In 2016, 4.8 per cent of Australian adults surveyed had misused a pharmaceutical drug in the past twelve months, compared with 3.6 per cent in 2013. In terms of past-year use, analgesics and opioids, with an annual prevalence of 3.6 per cent, were the second-most commonly abused drug type after cannabis. Of recent users of analgesics and opioids, about 75 per cent reported having misused over-the-counter codeine products, and 40 per cent reported having misused prescription codeine products, followed by oxycodone (16.7 per cent), morphine (4.3 per cent) and fentanyl (0.9 per cent), which are controlled under the 1961 Convention as amended by the 1972 Protocol, and tramadol (9.5 per cent) and gabapentinoids (1.7 per cent), which are not under international control. The proportion of past-year users of amphetamines specifying prescription amphetamines as the main form abused

in the previous twelve months increased significantly, from an estimated 3.0 per cent in 2013 to 11.1 per cent in 2016.

828. The annual prevalence of use of synthetic cannabinoids among adults in Australia decreased from 1.2 per cent in 2013 to 0.3 per cent in 2016. The use of other new psychoactive substances decreased from 0.4 per cent in 2013 to 0.3 per cent in 2016.

829. The second report of the National Wastewater Drug Monitoring Programme of Australia is based on an analysis, conducted between August 2016 and February 2017, of wastewater from areas covering just over half of the population. The report indicates that, of the substances detected, methamphetamine remained the most-abused drug across all regions in Australia. Nonetheless, there was a slight decrease overall in 2016 compared with the previous year, in line with reported declines in seizures. Still, wastewater data continued to indicate a clear increase in methamphetamine consumption over the period 2013–2016, despite a decline in the prevalence of use of amphetamines over the same period. The programme did not test for cannabis consumption. In contrast to prevalence data, the estimated consumption of “ecstasy” was low across the country, with no consistent trends observed, although average consumption in state and territory capital cities decreased by almost one half. Increased levels of cocaine consumption were evident in a number of geographical areas. Results reported by the programme on four new psychoactive substances indicated that the market for such substances remained small in comparison with established illicit drug markets. For example, neither the synthetic cannabinoid JWH-018, which is controlled under the 1971 Convention, nor the synthetic cannabinoid JWH-073, which is not under international control, were detected at any testing sites across Australia. On the other hand, mephedrone and methylone, which are both controlled under the 1971 Convention, were detected at a number of sites, albeit at negligible levels. According to the study, a gradual reduction in use (both licit and illicit) of pharmaceutical opioids, in particular oxycodone, had been measured over the study period. Average consumption in state and territory capital cities of oxycodone and fentanyl had decreased significantly between August 2016 and February 2017, yet the report indicated that the level of consumption of the two substances continued to be of concern.

830. The aim of the Drug Use Monitoring in Australia programme is to measure drug abuse among people who have recently been apprehended by police. Under the programme, detainees who have been arrested and have been held in custody for less than 48 hours are interviewed and tested on a voluntary and confidential basis. The

findings of the programme indicated that self-reported abuse of methamphetamine had increased to exceed that of cannabis, from 50.4 per cent during the period 2014/15 to 59.7 per cent during the period 2015/16, making it the most frequently reported drug to have been abused by police detainees in the preceding twelve months. The proportion of detainees testing positive for methamphetamine increased from 38.7 per cent during the period 2014/15 to 49 per cent during the period 2015/16, and was, for the first time, higher than the proportion of detainees testing positive for cannabis. The proportion of detainees self-reporting past-year abuse of cannabis has remained relatively stable over the last decade, amounting to 58.3 per cent during the period 2015/16. The proportion of detainees testing positive for cocaine increased slightly, from 0.8 per cent during the period 2014/15 to 0.9 per cent during the period 2015/16, and the proportion of self-reported use of cocaine continued to increase, from 14.2 per cent during the period 2014/15 to 16.0 per cent during the period 2015/16. The proportion of detainees testing positive for “ecstasy” increased from 1.3 per cent during the period 2014/15 to 1.9 per cent during the period 2015/16, while the proportion of detainees self-reporting “ecstasy” abuse increased from 14.7 per cent during the period 2014/15 to 16.2 per cent during the period 2015/16. The proportion of detainees testing positive for heroin has decreased by almost one half since the period 2006/07; it amounted to 5.7 per cent during the period 2015/16, which was the lowest level observed in the past decade. The proportion of detainees self-reporting past-year use of heroin increased from 11.1 per cent during the period 2014/15 to 12.5 per cent during the period 2015/16.

831. In Australia during the period 2015/16, the main drugs causing patients to seek treatment were, after alcohol (32 per cent), amphetamines (23 per cent), cannabis (23 per cent) and heroin (6 per cent). Treatment for the use of amphetamines increased from 11 per cent of treatment episodes during the period 2010/11 to 23 per cent during the period 2015/16. Despite representing 2.7 per cent of the Australian population aged 10 and over, indigenous Australians comprised 14 per cent of clients of treatment services for alcohol and other drugs.

832. A household survey conducted in New Zealand from 2015 to 2016 found that 1.1 per cent of the population aged 16 to 64 years had abused amphetamines in the previous year, representing an increase of 22.2 per cent compared with that of the period 2014–2015 (0.9 per cent), with levels of abuse stable since the period 2011–2012. The survey found that past-year prevalence was greatest (2.4 per cent) among people aged 25 to 34 years. While

the prevalence of fentanyl abuse in New Zealand was not known, available information indicated that abuse of the substance was at low levels and had not increased.

833. Wastewater sampling conducted daily in Auckland, New Zealand, from May to July 2014 found that methamphetamine was one of the most commonly detected drugs of abuse in Auckland, having been detected consistently throughout the week. The detection of indicators of cocaine and “ecstasy” consumption was rare and limited to weekends. In December 2016, the New Zealand Police initiated a twelve-month pilot programme to test wastewater for methamphetamine, cocaine, heroin, α -PVP and “ecstasy” in Auckland and Christchurch, in order to establish a baseline of consumption levels. The initial six months of testing detected a small fluctuation in the amounts of methamphetamine, cocaine and “ecstasy” detected at both sites, while α -PVP and heroin were not detected.

834. The New Zealand Arrestee Drug Use Monitoring study monitored levels of alcohol and other drug use, and related harms and problems, among adult police detainees who had been held in custody for less than 48 hours in four central city police watch-houses, through voluntary and confidential interviews and testing. The proportion of detainees who had used cannabis in the previous year decreased from 76 per cent in 2011 to 69 per cent in 2015. Past-year abuse of methamphetamine among detainees increased from 28 per cent in 2012 to 36 per cent in 2015. The proportion of detainees who had abused “ecstasy” in the previous year continued to decline, from 28 per cent in 2011 to 19 per cent in 2015. The reported past-year abuse of cocaine and opioids among detainees remained similar to previous years, at 5 per cent and 6 per cent, respectively. The proportion of detainees who had used synthetic cannabinoids in the previous year declined from 47 per cent in 2014 to 27 per cent in 2015, subsequent to the banning of all synthetic cannabinoid products in May 2014, when all interim psychoactive product licences granted under the Psychoactive Substances Act 2013 were withdrawn.

835. In July 2017, the Chief Coroner and Police of New Zealand issued a warning following at least seven deaths that month in Auckland that appeared to be linked to the use of synthetic cannabis.

836. **In view of the lack of data on drug abuse and treatment in the other countries of Oceania, the Board reiterates its call upon Governments of those countries to collect data on drug abuse and treatment so as to inform national drug policy, and urges the international community to provide support in that regard.**

Chapter IV.

Recommendations to Governments, the United Nations and other relevant international and national organizations

837. The present chapter contains the main recommendations of INCB following the Board's review of the implementation of the international drug control conventions during the reporting period.

Treatment, rehabilitation and social reintegration of drug use disorders: essential components of drug demand reduction

838. The health and welfare of humankind are the cornerstone of the international drug control framework. A substantive review of the basic concepts of, and factors associated with, drug use disorders, treatment interventions, approaches and modalities, has led INCB to come up with a series of specific recommendations in that area. INCB reminds all Governments that parties to the international drug control treaties are required to take all practical measures for the prevention of abuse of drugs and for the early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons affected. Furthermore, treatment of drug use disorders, rehabilitation and social reintegration are among the key operational objectives of the recommendations on drug demand reduction contained in the outcome document of the thirtieth special session of the General Assembly, entitled "Our joint commitment to effectively addressing and countering the world drug problem", adopted by the General Assembly in its resolution S-30/1 of 19 April 2016.

Recommendation 1: The Board urges all Governments to:

- (a) Gather data on prevalence of drug-use disorders and the accessibility and utilization of treatment;
- (b) Invest in making treatment and rehabilitation evidence-based;
- (c) Allocate sufficient resources to treatment and rehabilitation, the two major components of demand reduction;
- (d) Pay particular attention to special population groups;
- (e) Share, nationally and internationally, best practices and build capacity;
- (f) Stimulate research into new interventions.

For additional recommendations and more details of proposed action, please refer to the section M ("Recommendations") of chapter I.

Promoting the consistent application of the international drug control treaties

839. Governments have to ensure that national legislation complies with the provisions of the international drug control treaties. Some Governments have introduced or are planning to introduce legislative measures in contravention of the requirements of the international drug control treaties. In particular, there is legislation which allows or would allow the production, trade in and use of cannabis for non-medical purposes.

Recommendation 2: All Governments are reminded that in the outcome document of the thirtieth special session of the General Assembly, Member States reaffirmed

their commitment to the goals and objectives of the three international drug control conventions.

Recommendation 3: Pursuant to those conventions, the use of narcotic drugs and psychotropic substances is limited to medical and scientific purposes. All other uses are incompatible with the international drug control legal framework, and the Board calls upon all States to respect their legal obligations in this regard.

840. The Board reiterates that in order for the operation of “drug consumption rooms” to be consistent with the international drug control conventions, certain conditions must be fulfilled. First among those conditions is that the ultimate objective of such facilities should be to reduce the adverse consequences of drug abuse without condoning or encouraging drug use and trafficking.

Recommendation 4: The Board calls upon all States having consented to the establishment of such facilities to ensure that they provide or refer patients to treatment, rehabilitation and social reintegration services, and notes that such services must not be a substitute for demand reduction programmes.

Human rights

841. The Board has repeatedly stressed the importance of respecting and protecting human rights and fundamental freedoms as part of the effective implementation of the international drug control treaties. INCB continues to emphasize that for drug control action to be successful and sustainable, it must be consistent with international human rights standards.

Recommendation 5: INCB calls upon all States to adopt drug policies that respect the rule of law and human rights, including the presumption of innocence, the prohibition of arbitrary arrest and detention, the right to a fair trial and protection against all forms of cruel and inhuman punishment.

Recommendation 6: States need to protect children from drug abuse and prevent the use of children in the illicit production of and trafficking in illicit substances, in accordance with the Convention on the Rights of the Child, in particular article 33.

Recommendation 7: The Board reminds all States of the possibility of providing for education, treatment, rehabilitation and after-care measures in addition to, or as alternatives to, punishment of drug offences of a minor nature and offences committed by persons who use drugs.

Recommendation 8: The principle of proportionality must continue to be a guiding principle in drug-related matters. Although the determination of sanctions applicable to drug-related crime remains the prerogative of States parties to the conventions, INCB reiterates its position on the issue of capital punishment for drug-related offences and encourages States that retain capital punishment for drug-related offences to consider the abolition of the death penalty for that category of offence.

Special session of the General Assembly on the world drug problem held in 2016

842. In the outcome document of the thirtieth special session of the General Assembly on the world drug problem, Member States reaffirmed their commitment to implementing the international drug control treaties and presented a practical plan of action for Member States to deal with the world drug problem.

Recommendation 9: The Board is ready to continue its cooperation with Governments, relevant international organizations and civil society with a view to improving the drug control situation worldwide in the context of the 2030 Agenda for Sustainable Development. INCB once again encourages all Governments to continue to make progress towards the implementation of the goals and targets set in the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem and undertake their review by the target date of 2019.

Availability

843. The outcome document of the thirtieth special session of the General Assembly contains important elements on improving access to controlled substances for medical and scientific purposes by appropriately addressing existing barriers.

Recommendation 10: INCB urges all Governments to fully implement the operational recommendations on improving access to controlled substances for medical and scientific purposes, while preventing their diversion and abuse, and the related recommendations contained in previous INCB annual reports. INCB further invites Governments to support and participate in concrete initiatives for the implementation of the operational recommendations and stands ready to continue to support Governments in their efforts to ensure the availability of narcotic drugs and psychotropic substances for medical and scientific purposes, in coordination with other international and national organizations.

Cannabis

Recommendation 11: Governments that are considering the medical use of cannabinoids should examine the results of scientific studies and medical trials and ensure that the prescription of such substances for medical use is performed with competent medical knowledge and supervision and that prescription practice is based on available scientific evidence and the consideration of potential side effects.

Recommendation 12: Furthermore, Governments should ensure that cannabinoids are made available to patients in line with the relevant WHO guidelines and with the international drug control conventions. The Board reminds all countries having established relevant programmes of the control measures applicable under articles 23 and 28 of the 1961 Convention.

Opioids

844. INCB stresses the need for the adequate availability of controlled drugs for medical and scientific purposes. Nevertheless, it remains of great importance for States parties to ensure rational prescribing and implement measures to prevent the diversion and of abuse of these drugs. Recent developments related to the opioids crisis, in particular in North America, demonstrate the need for such a balanced approach.

Recommendation 13: INCB encourages Governments to adopt the measures described in the section on the risk of long-term opioid use and the consumption of opioid analgesics and work together with public health officials, pharmacists, manufacturers and distributors of pharmaceutical products, physicians, consumer protection associations and law enforcement agencies to promote public education about the risks associated with prescription drugs containing narcotic drugs and psychotropic substances, their abuse and their potential to cause dependence.

Recommendation 14: INCB urges all Governments to work in a cooperative manner and adopt specific measures against the illicit manufacture of, and trafficking in opioids, including fentanyl, fentanyl analogues and their precursors.

Psychotropic substances

845. The Board acknowledges the efforts made by Governments that have already put recently scheduled psychotropic substances under national control.

Recommendation 15: The Board urges all Governments that have not put scheduled psychotropic substances under national control to amend their lists of substances controlled at the national level accordingly to apply to those substances the control measures required under the 1971 Convention and the relevant resolutions of the Commission on Narcotic Drugs and the Economic and Social Council, and inform the Board accordingly.

Recommendation 16: The Board welcomes the increasing number of countries which submit data on consumption of psychotropic substances and calls upon more Governments to do so, pursuant to Commission on Narcotic Drugs resolution 54/6, as these data are essential for the evaluation of the availability of psychotropic substances for medical and scientific purposes.

Precursors

846. The Commission on Narcotic Drugs, in its resolution 60/5 of March 2017, called for a set of voluntary measures and enhanced cooperation among Governments and with INCB to address the issue of non-scheduled precursors; in that resolution, the Commission also calls for action to address criminal activities conducted via the Internet relating to precursors. (An in-depth analysis of recent trends and developments observed can be found in the Board's report on the implementation of article 12 of the 1988 Convention).

Recommendation 17: INCB urges Governments to give priority to precursor control as an effective means of preventing the manufacture and abuse of dangerous drugs. Specifically, in addition to regulatory controls, INCB emphasizes the importance of maintaining flexible systems for monitoring the movement of precursor chemicals and exchanging information.

Internet and new psychoactive substances

847. Illegal Internet pharmacies are a growing phenomenon that has the potential to cause serious public health problems. The continued growth of Internet access around the world, the widespread availability of online communication channels and the vastness of the "deep web" all contribute to making drug trafficking over the Internet, whether through illegal Internet pharmacies or by other means, a significant crime threat.

Recommendation 18: The Board calls on Governments to use its Guidelines for Governments on Preventing the

Illegal Sale of Internationally Controlled Substances through the Internet, containing 25 individual guidelines that cover legislative and regulatory provisions, general measures and national and international cooperation.

848. As national controls are expanded to cover more new psychoactive substances, there is an increased risk of otherwise legitimate business-to-business trading platforms being used for the sale and purchase of substances under national control. At the same time, hindering the development of legitimate economic activities through the Internet needs to be avoided.

Recommendation 19: The Board encourages Governments to consider appropriate measures, in accordance with national law, to monitor and act on attempts to trade in new psychoactive substances through online trading platforms, including, possibly, voluntary monitoring and information-sharing, and to consider involving the operators of trading platforms.

Electronic tools and training

849. The effectiveness of the international drug control system relies on Member States' collective efforts to implement the conventions. A critical element in INCB support efforts is the real-time communication between Governments. Specifically, the online tools developed by INCB facilitate immediate cooperation and follow-up. Over the years, these tools have developed considerably in terms of the usage as well as the volume and the details of information provided by Governments. The maintenance and modernization of INCB electronic tools (IDS, I2ES, PEN Online, PICS and IONICS) are essential in this regard but do have financial implications.

Recommendation 20: INCB would like to urge Governments to fully utilize all INCB electronic tools and consider providing the financial support needed to ensure that the Board continues to operate efficiently and effectively while also simplifying the work of competent national authorities in the submission of treaty-mandated information.

Recommendation 21: The Board calls on Governments to provide further and regular contributions to sustain and expand activities under the INCB Learning initiative. Such commitment by Governments is required to ensure broad geographical coverage, the sustainability of the project and the provision of support and advice to all Governments.

(Signed)

Viroj Sumyai, President

(Signed)

Cornelis P. de Joncheere, Rapporteur

(Signed)

Andrés Finguerut, Secretary

Specific countries and regions

850. The Board is very concerned about the deteriorating drug control situation in Afghanistan, as evidenced by the most recent UNODC opium poppy survey in that country, as well as by information about production, trafficking and abuse of cannabis and synthetic drugs in Afghanistan.

Recommendation 22: While INCB understands the challenges and difficulties confronting Afghanistan, after many years in which Afghanistan received considerable international assistance, INCB calls upon the Government to address the illicit cultivation of opium poppy and cannabis by implementing effective crop eradication and alternative livelihood programmes. At the same time, the Board reiterates its call to Afghanistan to counter with renewed strength the production of and trafficking in drugs, to devote due attention to the emerging problem of synthetic drugs and to rapidly and significantly scale up demand reduction services in the country.

851. In several regions of the world, health-care systems lack the required resources and capacity to deal with drug problems. At the same time, regions such as Africa experience growing abuse of cocaine, opioids, amphetamine-type stimulants, tramadol and new psychoactive substances. There is no detailed and reliable information on the abuse and treatment situation in Africa, West Asia, Central America and the Caribbean and Oceania.

Recommendation 23: The Board encourages all Governments to provide the necessary political support and appropriate resources to ensure the participation of all relevant actors in the planning, implementation and monitoring of drug control policies in the above-mentioned regions. Treatment facilities for sufferers of drug-related diseases should also be set up, in addition to comprehensive programmes for rehabilitation recovery and social reintegration.

Recommendation 24: Countries in those regions should produce or update prevalence studies using internationally recognized parameters and use the results to inform the development and adoption of targeted drug demand reduction policies and programmes. The Board also encourages the international community to provide assistance to help develop drug treatment and rehabilitation services in those regions.

Annex I

Regional and subregional groupings used in the report of the International Narcotics Control Board for 2017

The regional and subregional groupings used in the report of the International Narcotics Control Board for 2017, together with the States in each of those groupings, are listed below.

Africa

Algeria	Libya
Angola	Madagascar
Benin	Malawi
Botswana	Mali
Burkina Faso	Mauritania
Burundi	Mauritius
Cameroon	Morocco
Cabo Verde	Mozambique
Central African Republic	Namibia
Chad	Niger
Comoros	Nigeria
Congo	Rwanda
Côte d'Ivoire	Sao Tome and Principe
Democratic Republic of the Congo	Senegal
Djibouti	Seychelles
Egypt	Sierra Leone
Equatorial Guinea	Somalia
Eritrea	South Africa
Ethiopia	South Sudan
Gabon	Sudan
Gambia	Swaziland
Ghana	Togo
Guinea	Tunisia
Guinea-Bissau	Uganda
Kenya	United Republic of Tanzania
Lesotho	Zambia
Liberia	Zimbabwe

Central America and the Caribbean

Antigua and Barbuda	Guatemala
Bahamas	Haiti
Barbados	Honduras
Belize	Jamaica
Costa Rica	Nicaragua
Cuba	Panama
Dominica	Saint Kitts and Nevis
Dominican Republic	Saint Lucia
El Salvador	Saint Vincent and the Grenadines
Grenada	Trinidad and Tobago

North America

Canada	United States of America
Mexico	

South America

Argentina	Guyana
Bolivia (Plurinational State of)	Paraguay
Brazil	Peru
Chile	Suriname
Colombia	Uruguay
Ecuador	Venezuela (Bolivarian Republic of)

East and South-East Asia

Brunei Darussalam	Mongolia
Cambodia	Myanmar
China	Philippines
Democratic People's Republic of Korea	Republic of Korea
Indonesia	Singapore
Japan	Thailand
Lao People's Democratic Republic	Timor-Leste
Malaysia	Viet Nam

South Asia

Bangladesh	Maldives
Bhutan	Nepal
India	Sri Lanka

West Asia

Afghanistan	Oman
Armenia	Pakistan
Azerbaijan	Qatar
Bahrain	Saudi Arabia
Georgia	State of Palestine
Iran (Islamic Republic of)	Syrian Arab Republic
Iraq	Tajikistan
Israel	Turkey
Jordan	Turkmenistan
Kazakhstan	United Arab Emirates
Kuwait	Uzbekistan
Kyrgyzstan	Yemen
Lebanon	

Europe

Eastern Europe

Belarus	Russian Federation
Republic of Moldova	Ukraine

South-Eastern Europe

Albania	Montenegro
Bosnia and Herzegovina	Romania
Bulgaria	Serbia
Croatia	The former Yugoslav Republic of Macedonia

Western and Central Europe

Andorra	Liechtenstein
Austria	Lithuania
Belgium	Luxembourg
Cyprus	Malta
Czechia	Monaco
Denmark	Netherlands
Estonia	Norway
Finland	Poland
France	Portugal
Germany	San Marino
Greece	Slovakia
Holy See	Slovenia
Hungary	Spain
Iceland	Sweden
Ireland	Switzerland
Italy	United Kingdom of Great Britain and Northern Ireland
Latvia	

Oceania

Australia

Cook Islands

Fiji

Kiribati

Marshall Islands

Micronesia (Federated States of)

Nauru

New Zealand

Niue

Palau

Papua New Guinea

Samoa

Solomon Islands

Tonga

Tuvalu

Vanuatu

Annex II

Current membership of the International Narcotics Control Board

Sevil Atasoy

Born in 1949. National of Turkey. Professor of Biochemistry and Forensic Science, Vice-Rector and Director, Institute of Addiction and Forensic Science; Head, Department of Forensic Science; Director, Center for Violence and Crime Prevention, Uskudar University, Istanbul. Director, Institute of Forensic Science, Istanbul University (1988–2010). Director, Department of Narcotics and Toxicology, Ministry of Justice of Turkey (1980–1993). Expert witness in civil and criminal courts (since 1980).

Bachelor of Science in Chemistry (1972), Master of Science in Biochemistry (1976), Doctor of Philosophy (Ph.D.) in Biochemistry (1979), Istanbul University.

Lecturer in biochemistry, criminalistics and crime scene investigation (since 1982); supervisor of more than 50 master's and doctoral theses in the area of biochemistry and forensic science. Author of over 130 scientific papers, including papers on drug testing, drug chemistry, drug markets, drug-related and drug-induced crime, drug abuse prevention, clinical and forensic toxicology, crime scene investigation and deoxyribonucleic acid (DNA) analysis.

Hubert H. Humphrey Fellow, United States Information Agency (1995–1996); Guest scientist at the School of Public Health, Department of Forensic Science, University of California, Berkeley, and the Drug Abuse Research Center, University of California, Los Angeles; Department of Genetics, Stanford University; Department of Human Genetics, Emory University; California Criminalistics Institute; Federal Bureau of Investigation, Virginia; Crime Laboratories, Los Angeles Sheriff's Department, United States; Federal Criminal Police Office (BKA), Wiesbaden;

Ludwig-Maximilian University, Munich Institute for Physical Biochemistry and Institute of Legal Medicine; Center of Human Genetics, Bremen University; Institute of Legal Medicine, Muenster University, Germany; United Nations Drug Laboratory, Vienna; Central Bureau of Investigation, New Delhi.

Member, special commission on preventing drug abuse, Office of the Prime Minister, (2014–present). Founding editor, *Turkish Journal of Legal Medicine* (1982–1993). Member of the scientific board of the *International Criminal Justice Review*. Founding President, Turkish Society of Forensic Sciences; Honorary Member of the Mediterranean Academy of Forensic Sciences. Member of the International Society of Forensic Toxicology; the Indo-Pacific Association of Law, Medicine and Science; the International Association of Forensic Toxicologists; the American Academy of Forensic Sciences; the American Society of Crime Laboratory Directors; and the American Society of Criminology.

Member of the International Narcotics Control Board (2005–2010 and since 2017).^a Member (2006) and Chair (2017) of the Committee on Finance and Administration. Member of the Standing Committee on Estimates (2007). Second Vice-President and Chair of the Standing Committee on Estimates (2006). Rapporteur (2007). First Vice-President of the Board (2008). President of the Board (2009).

^aElected by the Economic and Social Council on 5 April 2016.

Cornelis P. de Joncheere

Born in 1954. National of the Netherlands. Currently Chair of the Netherlands Antibiotics Development Platform, Vice-Chair of the Expert Advisory Group of the Medicines Patent Pool in Geneva and a consultant to WHO on pharmaceutical policies.

Doctor of Pharmacy (Pharm.D) and Master of Science (M.Sc.) in Pharmacy, University of Groningen and University of Amsterdam, the Netherlands (1975–1981); Master's in Business Administration, University of San Diego, United States of America/San José, Costa Rica; Bachelor of Science (B.Sc.). Pharmacy, cum Laude (Honorary student), University of Groningen, the Netherlands (1972–1975).

Previously held positions as Director, Department of Essential Medicines and Health Products at WHO in Geneva (2012–2016), which included work on access to controlled medicines, and the WHO Expert Committee on Drug Dependence; WHO Representative, Kiev, Ukraine (2011–2012); WHO Regional Adviser for Pharmaceuticals and Health Technologies, WHO Regional Office for Europe, Copenhagen (1996–2010); National Essential Drugs Programme Coordinator, Pan American Health Organization (PAHO)/WHO, Brazil (1994–1996); Pharmacist, Essential Drugs Projects Coordinator, PAHO/WHO, Costa Rica (1988–1993); Pharmaceutical expert, PAHO/WHO, Panama (1986–1988); Pharmaceutical supply expert in Yemen, Ministry of Foreign Affairs, Directorate for International Cooperation, the Netherlands (1982–1985); hospital and community pharmacy in Amsterdam, the Netherlands (1981–1982).

President of the WHO Europe Staff Association (2006–2010); Member of the WHO Guidelines Review Committee (2007–2011); Member of the Royal Dutch Pharmaceutical Society and the International Pharmaceutical Federation; author and co-author of numerous publications in the fields of pharmaceutical and health sciences.

Member of the International Narcotics Control Board (since 2017).^b Rapporteur (2017). Member of the Standing Committee on Estimates (2017). Member of the Committee on Finance and Administration (2017).

Wei Hao

Born in 1957. National of China. Professor of Psychiatry and Deputy Director of the Mental Health Institute, Central South University, Changsha, China. Director of WHO

Collaborating Centre for Psychosocial Factors, Substance Abuse and Health. Currently serving as Chair, Education Committee of the Asian-Pacific Society for Alcohol and Addiction Research, and as President, Chinese Association of Drug Abuse Prevention and Treatment and Chinese Association of Addiction Medicine.

Bachelor of Medicine, Anhui Medical University; Master's and Doctorate degrees of Psychiatry, Hunan Medical University.

Previously held positions as Scientist, Substance Abuse Department, WHO, Geneva (1999–2000); Medical Officer, Department of Mental Health and Substance Abuse, WHO, Western Pacific Region, and President, Chinese Psychiatrist Association (2008–2011). Membership in the Scientific Advisory Committee on Tobacco Product Regulation, WHO (2000–2004). Currently holding membership of the Expert Advisory Panel on Drug Dependence and Alcohol Problems, WHO (2006–present); and member of the Working Group on the Classification of Substance Abuse for the eleventh revision of the International Classification of Diseases (ICD-11), WHO (2011–present).

Recipient of research support from various bodies at the national level (Ministry of Health, Ministry of Science and Technology, National Natural Science Foundation) and at the international level (WHO and the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism of the United States of America). Coordinator of a series of WHO/China workshops on addictive behaviour. Member of the Expert Committee of the national project on mental health services in communities in China. Consultant for the development, implementation and evaluation of China's mental health law, and for the development of the anti-drug law and regulations in China.

Published over 400 academic articles and 50 books on alcohol and drug dependence. Selected recent publications in peer-reviewed journals include the following: "Longitudinal surveys of prevalence rates and use patterns of illicit drugs at selected high-prevalence areas in China from 1993 to 2000", *Addiction* (2004); "Drug policy in China: progress and challenges", *Lancet* (2014); "Alcohol and the sustainable development goals", *Lancet* (2016); "Transition of China's drug policy: problems in practice" *Addiction* (2015); "Improving drug addiction treatment in China", *Addiction* (2007); "Stigmatization of people with drug dependence in China: a community-based study in Hunan province", *Drug Alcohol Dependence* (2013); and "Drinking and drinking patterns and health status in the general population of five areas of China", *Alcohol & Alcoholism* (2004).

^b Elected by the Economic and Social Council on 5 April 2016.

Member of the International Narcotics Control Board (since 2015). Member of the Committee on Finance and Administration (2015–2016). Member of the Standing Committee on Estimates (since 2015). Vice-Chair of the Standing Committee on Estimates (2016). First Vice-President of the Board (2017).

David T. Johnson

Born in 1954. National of the United States. Vice-President, Janus Global Operations; retired diplomat. Bachelor's degree in economics from Emory University; graduate of the National Defence College of Canada.

United States Foreign Service officer (1977–2011). Assistant Secretary for the Bureau of International Narcotics and Law Enforcement Affairs, United States Department of State (2007–2011). Deputy Chief of Mission (2005–2007) and Chargé d'affaires, a.i. (2003–2005), United States Embassy, London. Afghan Coordinator for the United States (2002–2003). United States Ambassador to the Organization for Security and Cooperation in Europe (1998–2001). Deputy Press Secretary at the White House and Spokesman for the National Security Council (1995–1997). Deputy Spokesman at the State Department (1995) and Director of the State Department Press Office (1993–1995). United States Consul General, Vancouver (1990–1993). Assistant National Trust Examiner, Office of the Comptroller of the Currency, United States Treasury (1976–1977).

Member of the International Narcotics Control Board (since 2012). Member of the Committee on Finance and Administration (since 2012). Chair of the Committee on Finance and Administration (2014).

Galina Korchagina

Born in 1953. National of the Russian Federation. Professor, Deputy Director of the National Centre for Research on Drug Addiction (since 2010).

Graduate of the Leningrad Paediatric Medical Institute, Russian Federation (1976); doctor of medicine (2001). Thesis based on clinical and epidemiological research dealing with new ways of looking at management of drug abuse in a time of change.

Previously held positions as paediatrician at the Central District Hospital of Gatchina, Leningrad region, and doctor at a boarding school (1976–1979). Head of the Organizational and Policy Division, Leningrad Regional

Drug Clinic (1981–1989); Lecturer, Leningrad Regional Medical Academy (1981–1989); Head Doctor, City Drug Clinic, St. Petersburg (1989–1994); Assistant Lecturer (1991–1996) and Professor (2000–2001), Department of Social Technologies, State Institute for Services and Economics; Assistant Lecturer (1994–2000), Associate Professor (2001–2002) and Professor (2002–2008), Department for Research on Drug Addiction, St. Petersburg Medical Academy of Postgraduate Studies; Chief Professor and Head of the Department for Medical Research and Healthy Lifestyles, Herzen State Pedagogical University of Russia (2000–2008); Professor, Department for Conflict Studies, Faculty of Philosophy, St. Petersburg State University (2004–2008).

Member of many associations and societies, including the Association of Psychiatrists and Drug Addiction Specialists of the Russian Federation and St. Petersburg, the Kettil Bruun Society for Social and Epidemiological Research on Alcohol, the International Council on Alcohol and Addictions and the International Society of Addiction Medicine. Head of the sociology of science aspects of medical and biological research section of the Research Council on the Sociology of Science and the Organization of Scientific Research, St. Petersburg Scientific Centre of the Russian Academy of Sciences (2002–2008).

Author of more than 100 publications, including more than 70 works published in the Russian Federation, chapters in monographs and several practical guides. Award for excellence in health protection from the Ministry of Health of the Union of Soviet Socialist Republics (1987). Consultant, Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (since 2006).

Expert on the epidemiology of drug addiction, Pompidou Group of the Council of Europe (1994–2003); participation in the WHO cocaine project (1993–1994) as leading researcher; WHO Healthy Cities project (1992–1998) as leading coordinator in St. Petersburg; WHO alcohol action plan, realization on the basis of the city treatment centre, St. Petersburg (1992–1998). Co-trainer, WHO programmes “Helping people change” (since 1992) and “Skills for change” (since 1995); and temporary adviser, WHO (1992–2008). Participant in meetings of the Commission on Narcotic Drugs (2002–2008).

Member of the International Narcotics Control Board (2010–2015 and since 2017).^c Vice-Chair of the Standing Committee on Estimates (2011–2012 and 2017). First Vice-President of the Board (2013).

^cElected by the Economic and Social Council on 5 April 2016.

Bernard Leroy

Born in 1948. National of France. Honorary Deputy Prosecutor General and Director of the International Institute of Research against Counterfeit Medicines.

Degrees in Law from the University of Caen, Institute of European Studies of Saarbrücken, Germany, and University Paris X. Graduate of the French National School for the Judiciary (1979).

Previously held positions of Deputy General Prosecutor, Versailles Court of Appeal, 2010–2013. Senior Legal Adviser, United Nations Office on Drugs and Crime (UNODC) (1990–2010). Adviser in charge of international, legislative and legal affairs in the French National Drug Coordination (1988–1990). Investigating judge specializing in drug cases, Evry High Court (1979–1988). Head of the Legal Assistance Programme, UNODC, and Coordinator of the decentralized team of legal experts, Bogota, Tashkent and Bangkok (1990–2010). Leader of the legal assistance team assisting the Government of Afghanistan in the drafting process of the new drug control law, 2004. Co-author of the preparatory study for the law introducing community service sentencing as an alternative to imprisonment in France (1981). Co-founder of “Essonne Accueil”, a non-governmental organization providing treatment services for drug addicts (1982). Member of the French delegation for the final negotiations of the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988. Chair of the study group on cocaine trafficking in Europe, Council of Europe (1989). Author of the report resulting in the first European political coordinating committee to combat drugs (1989). Chair of the World Bank and UNODC joint team (the Stolen Asset Recovery (StAR) Initiative) which organized the freezing and subsequent recovery in Switzerland of the assets stolen by the former dictator Jean-Claude Duvalier in Haiti (2008).

Organizer of the lifelong learning programme on combating drug trafficking and addiction for members of the French judiciary, French National School for the Judiciary (1984–1994). Lecturer for medical graduates in psychiatry in the field of forensic expertise and responsibility, Faculty of Medicine, Paris-Sud University (1983–1990). Lecturer in the field of social work, University of Paris 13 (1984–1988). Lecturer for second year Master’s courses in Security and Public International Law, Jean Moulin Lyon 3 University (2005–2013).

Member of the Executive Board of the international section of the National Association of Drug Court Professionals (2006). External member of the Management

Board of the French Monitoring Centre for Drugs and Drug Addiction (2013). Member of the committee of the Reynaud report (2013). Honours: Chevalier of the Legion of Honour.

Selected publications include “Le travail au profit de la communauté, substitut aux courtes peines d’emprisonnement”, *Revue de science criminelle et de droit comparé*, No. 1 (Sirey, 1983); *Drogues et drogués*, École nationale de la magistrature, studies and research (1983); *Étude comparative des législations et des pratiques judiciaires européennes face à la drogue* (Commission of the European Communities, 1991); *Ecstasy*, Inserm Collective Expertise series (Editions Inserm, 1997); *The International Drug Control System*, in cooperation with Cherif Bassiouni and J.F. Thony, in *International Criminal Law: Sources, Subjects and Contents* (Martinus Nijhoff Publishers, 2007); *Routledge Handbook of Transnational Criminal Law*, Neil Boister and Robert Curie, eds. (Routledge, 2014).

Member of the International Narcotics Control Board (since 2015). Rapporteur (2015). Member of the Standing Committee on Estimates (2016).

Raúl Martín del Campo Sánchez

Born in 1975. National of Mexico. Director General of the National Commission against Addictions (May 2013–December 2016).

Bachelor’s Degree in Psychology; Honourable Mention, Autonomous University of Aguascalientes, 1998. Master’s Degree in Health Psychology, Faculty of Psychology, National Autonomous University of Mexico, with residency in Addictions, 2002. Specialization in Drug Dependence and Related Crisis Situations, Drug Dependence Treatment Centre, Health Institute of the State of Mexico, 2010.

Director of Coordination of National Programmes against Addictions, Mexican Observatory on Tobacco, Alcohol and Drugs, National Commission against Addictions (2012–2013); Director, Mexican Institute against Addictions (IMCA), State of Mexico (2007–2011); Head of the Indicator Monitoring Department, National Commission against Addictions (2003–2007); Head of Psychology Unit (treatment of drug users), Drug Abuse Treatment Centre, Municipality of Aguascalientes (1999–2000); residential therapist for drug users and psychiatric patients, Addiction Treatment and Rehabilitation Centre (CAPRA) and Neuropsychiatric Centre of Aguascalientes (1999–2000); volunteer providing social services and support to the technical team, youth integration centres, Aguascalientes (1997–2000).

Author and co-author of, and contributor to, numerous publications on drug abuse prevention, treatment, surveys and related subjects, including: *National Survey on Drug Use Among Students, 2014* (INPRFM, National Commission against Addictions, Ministry of Health of Mexico, 2015); “Is the medical use of cannabis supported by science?” (National Commission against Addictions, National Centre for the Prevention and Control of Addictions, 2014); “The treatment model used by the ‘Centros Nueva Vida’ addiction treatment centres and its relationship to primary health-care services” and “Addiction treatment based on models for the State of Mexico: cases in the study of risk factors and prevention through the Chimalli model”, *Actualidades en adicciones 2012*, vol. II (National Commission against Addictions, 2012); “Is alcohol an isolated problem in children and adolescents?”, in *Actualidades en adicciones 2012*, vol. IV (National Commission against Addictions, 2012); “*Alcohol in primary care mental health clinics*”, in *Alcohol use disorder* (World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians, 2010); *State of Mexico Survey on Alcohol, Tobacco and Drug Use among Students* (INPRFM, Mexican Institute against Addictions (IMCA), 2009).

Member of the International Narcotics Control Board (since 2016).^d Member of the Standing Committee on Estimates (2017).

Richard P. Mattick

Born in 1955. National of Australia. Professor of Drug and Alcohol Studies at the National Drug and Alcohol Research Centre, Faculty of Medicine, University of New South Wales; Professor of Brain Sciences, University of New South Wales; Principal Research Fellow, Australian Government National Health and Medical Research Council (2013–2017), and Registered Clinical Psychologist.

Bachelor of Science (Psychology), Honours, Class 1, University of New South Wales, 1982; Master of Psychology (Clinical), University of New South Wales, 1989; Doctor of Philosophy, University of New South Wales, 1988; and Certificate in Neuroanatomy, Anatomy, University of New South Wales, 1992.

Director of Research, Australian National Drug and Alcohol Research Centre (1995–2001), and Executive Director, Australian National Drug and Alcohol Research Centre, Faculty of Medicine, University of New South Wales (2001–2009). Member, Australian National Expert Advisory

Committee on Illicit Drugs (2002–2004), Australian National Expert Advisory Group on Sustained Release Naltrexone (2002–2004), Monitoring Committee of the Medically Supervised Injecting Centre for the New South Wales Government Cabinet Office (2003–2004), Australian Ministerial Council on Drug Strategy Working Party on Performance and Image Enhancing Drugs (2003–2005), Australian Government Department of Health and Ageing Expert Advisory Committee on Cannabis and Health (2005–2006), New South Wales Expert Advisory Group on Drugs and Alcohol for the New South Wales Minister of Health (2004–2013), Australian National Council on Drugs advising the Prime Minister (2004–2010), WHO/UNODC Technical Guidelines Development Group on Pharmacotherapy of Opioid Dependence (2004–2008), Australian Research Alliance for Children and Youth (2005–2015).

Served on the editorial and executive boards of *Drug and Alcohol Review* (1994–2005), and as Deputy Editor (1995–2000) and Executive Editor (2000–2005). Assistant Editor of the international peer-reviewed journal *Addiction* (1995–2005). Editor, Cochrane Review Group on Drugs and Alcohol (1998–2003). Authored over 300 books, chapters in edited volumes on substance abuse, addiction and treatment, and peer-reviewed academic journal articles on those subjects. Recent articles include “Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence”, “Young adult sequelae of adolescent cannabis use” and “The Pain and Opioids IN Treatment study: characteristics of a cohort using opioids to manage chronic non-cancer pain”.

Recipient of academic and research support from the Australian Government Department of Health; the New South Wales Government Department of Health; the Australian National Drug Law Enforcement Research Fund; the Alcohol Education and Rehabilitation Foundation; UNODC; the National Institute on Drug Abuse of the United States; the Australian Research Council; and the Australian Government National Health and Medical Research Council.

Member of the International Narcotics Control Board (since 2015). Member of the Standing Committee on Estimates (2015–2016).

Luis Alberto Otárola Peñaranda

Born 1967. National of Peru. Lawyer. Postgraduate degree in Public Policy and Public Management from the Pontifical Catholic University of Peru.

^dElected by the Economic and Social Council on 8 December 2016.

Executive Director of the National Commission for Development and Life without Drugs (2014–2016). President of the Inter-American Drug Abuse Control Commission of OAS (November 2015–September 2016). Minister of Defence (2012), Deputy Minister of the Interior (2011), Deputy Minister of Defence (2003), Officer of the Peruvian State before the Inter-American Court of Human Rights (2001), Professor of Constitutional Law and Human Rights.

Author or co-author of the following works: *Compendio sobre Tráfico Ilícito de Drogas y Desarrollo Alternativo* (2015); *La Constitución Explicada* (2011); *La Constitución de 1993: Estudio y Reforma a Quince Años de su Vigencia* (2009); *Modernización Democrática de las Fuerzas Armadas* (2002); *Parlamento y Ciudadanía* (2001); *La Constitución de 1993: Análisis Comparado* (1999).

Order of Merit for Distinguished Services at the level of Grand Cross (decoration awarded by the Constitutional President of the Republic). Also received the Order of Ayacucho (highest distinction awarded by the Peruvian Army).

Presenter at the workshop entitled “Responding to the evolving drug challenge”, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), London (2015); presenter on alternative development at the Economic and Social Council, New York (2015); Head of the Peruvian delegation to the seventh meeting of the Peruvian Colombian Joint Committee on Drugs (2014); Head of the Peruvian delegation to the Twenty-fourth Meeting of Heads of National Drug Law Enforcement Agencies, Latin America and the Caribbean (2014); speaker at the second Latin American Seminar on Democracy and Corruption, Montevideo (2014); Head of the Peruvian delegation to the eighth meeting of the Peruvian-Brazilian Joint Committee on Drugs (2014); speaker at the Latin American Seminar on Youth and Democratic Governance, Cartagena de Indias, Colombia (2012); speaker at the Latin American Seminar on Youth, Violence and Culture of Peace, Antigua, Guatemala (2009).

Member of the International Narcotics Control Board (since 2017).^e Member of the Standing Committee on Estimates (2017).

Jagjit Pavadia

Born in 1954. National of India. Graduate in English Honours (1974), Dhaka University, LL.B from Delhi

University (1988), Master’s Diploma in Public Administration, Indian Institute of Public Administration (1996). Completed dissertation “Forfeiture of Property under the Narcotics Drugs and Psychotropic Substances Act, 1985” towards completion of Master’s Diploma.

Held several senior positions in the Indian Revenue Service for 35 years in the Government of India, including Narcotics Commissioner of India, Central Bureau of Narcotics (2006–2012); Commissioner, Legal Affairs (2001–2005); Chief Vigilance Officer, Power Finance Corporation (1996–2001); Customs Training Adviser Maldives, deputed by the Commonwealth Secretariat (1994–1995); Deputy Director, Narcotics Control Bureau (1990–1994); and retired as Chief Commissioner, Customs, Central Excise and Service Tax, Nagpur, in 2014.

Recipient of Presidential Appreciation Certificate for Specially Distinguished Record of Service on the occasion of Republic Day (2005), published in the *Gazette of India Extraordinary*.

Member of the Indian delegation to the Commission on Narcotics Drugs, Vienna (2007–2012); introduced resolutions 51/15 (2008) and 53/12 (2010), adopted by the Commission on Narcotic Drugs, and organized a side event on the margins of the Commission’s 2011 session, presenting issues involved in the illegal movement of poppy seeds to producing, importing and exporting countries. As representative of the competent national authority, attended Project Prism and Project Cohesion task force meetings (2006–2012), and coordinated and organized the Project Prism and Project Cohesion meeting in New Delhi (2008). Participated in the Meeting of Heads of National Drug Law Enforcement Agencies (HONLEA), Asia and the Pacific, held in Bangkok (2006), and organized the Meeting of HONLEA, Asia and the Pacific, held in Agra, India (2011). Member of the INCB advisory expert group on the scheduling of substances (2006), and member of the advisory group finalizing the INCB *Guidelines for a Voluntary Code of Practice for the Chemical Industry* (2008). Rapporteur of the forty-first session of the Subcommittee on Illicit Drug Traffic and Related Matters in the Near and Middle East, held in Amman (2006); Chairperson of the forty-second session of the Subcommittee, held in Accra, India (2007); organized the meeting of the Paris Pact Initiative Expert Working Group on Precursors, held in New Delhi (2011), and participated in the International Drug Enforcement Conferences hosted by the United States Drug Enforcement Agency, held in Istanbul (2008) and Cancún, Mexico (2011).

^eElected by the Economic and Social Council on 5 April 2016.

Member of the International Narcotics Control Board (since 2015). Second Vice-President and Chair of the Standing Committee on Estimates (2015 and 2017). Member of the Committee on Finance and Administration (since 2016). First Vice-President of the Board (2016).

Viroj Sumyai

Born in 1953. National of Thailand. Retired Assistant Secretary-General of the Food and Drug Administration, Ministry of Public Health of Thailand, and clinical pharmacologist specializing in drug epidemiology. Professor, Mahidol University (since 2001).

Bachelor of Science degree in chemistry (1976), Chiang Mai University. Bachelor's degree in pharmacy (1979), Manila Central University. Master's degree in clinical pharmacology (1983), Chulalongkorn University. Apprenticeship in narcotic drugs epidemiology at St. George's University of London (1989). Doctor of Philosophy, Health Policy and Administration (2009), National Institute of Administration. Member of the Pharmaceutical Association of Thailand. Member of the Pharmacological and Therapeutic Society of Thailand. Member of the Thai Society of Toxicology. Author of nine books in the field of drug prevention and control, including *Drugging Drinks: Handbook for Predatory Drugs Prevention* and *Déjà vu: A Complete Handbook for Clandestine Chemistry, Pharmacology and Epidemiology of LSD*. Columnist, *Food and Drug Administration Journal*. Recipient, Prime Minister's Award for Drug Education and Prevention (2005).

Member of the International Narcotics Control Board (since 2010). Member (2010–2016) and Chair (2012, 2014 and 2016) of the Standing Committee on Estimates. Chair of the Committee on Finance and Administration (2011 and 2013). Second Vice-President of the Board (2012, 2014 and 2016). President of the Board (2017).

Francisco E. Thoumi

Born in 1943. National of Colombia and the United States. Bachelor of Arts and Doctor of Philosophy in Economics. Senior member of the Colombian Academy of Economic Sciences and Corresponding Member of the Royal Academy of Moral and Political Sciences (Spain).

Tinker Visiting Professor at the University of Texas, Professor at Rosario University and Universidad de Los Andes (Bogota) and California State University, Chico. Worked for 15 years in the research departments of the World Bank and the Inter-American Development Bank.

Founder and Director, Research and Monitoring Center on Drugs and Crime, Rosario University (August 2004–December 2007); Research Coordinator, Global Programme against Money-Laundering, Proceeds of Crime and the Financing of Terrorism; Coordinator for the *World Drug Report*, UNODC (August 1999–September 2000); Researcher, Comparative Study of Illegal Drugs in Six Countries, United Nations Research Institute for Social Development, Geneva (June 1991–December 1992); Fellow, Woodrow Wilson International Center for Scholars (August 1996–July 1997); Research Coordinator, Research Programme on the Economic Impact of Illegal Drugs in the Andean Countries, United Nations Development Programme, Bogota (November 1993–January 1996).

Author of three books and co-author of one book on illegal drugs in Colombia and the Andean region. Editor of three volumes and author of over 70 academic journal articles and book chapters on those subjects. Also authored one book, co-authored two books and published 50 articles and book chapters on economic development, industrialization and international trade issues before focusing on drug issues.

Member of the Friedrich Ebert Foundation Observatory of Organized Crime in Latin America and the Caribbean (since 2008) and the World Economic Forum's Global Agenda Council on Organized Crime (2012–2014).

Member of the International Narcotics Control Board (since 2012). Rapporteur (2012). Member of the Committee on Finance and Administration (2014–2015). Member of the Standing Committee on Estimates (2013, 2016 and 2017).

Jallal Toufiq

Born in 1963. National of Morocco. Head of the National Centre for Drug Abuse Prevention and Research; Director of the Moroccan National Observatory on Drugs and Addictions; Director of the Ar-razi University Psychiatric Hospital and Professor of Psychiatry at the Rabat Faculty of Medicine.

Medical Doctor, Rabat Faculty of Medicine (1989); Diploma of Specialization in Psychiatry (1994); and lecturer at the Rabat Faculty of Medicine (since 1995). Undertook specialized training in Paris at the Sainte-Anne Psychiatric Hospital and Marmottan Centre (1990–1991); and at Johns Hopkins University as a National Institute on Drug Abuse research fellow and Clinical Observer (1994–1995). Conducted research at the University of Pittsburgh (1995); and gained Clinical Drug Research certificates at the Vienna School of Clinical Research (2001 and 2002).

Currently holding positions in Morocco as Head of the Harm Reduction Programme, National Centre for Drug Abuse Prevention and Research; teaching and residency training coordinator, Ar-razi Hospital; Director of the National Diploma Programme on Treatment and Prevention of Drug Abuse, Rabat Faculty of Medicine; Director of the National Diploma Programme on Child Psychiatry, Rabat Faculty of Medicine and Member of the Ministry of Health Commission on Drug Abuse.

At the international level, Representative of the Mediterranean Network (MedNET) for Morocco (MedNET/Pompidou Group/Council of Europe); former permanent correspondent of the Pompidou Group for Morocco (Council of Europe) on drug abuse prevention and research and former member of the Reference Group to the United Nations on HIV and Injecting Drug Use. Founding member and steering committee member, Middle East and North Africa Harm Reduction Association (MENAHRRA); Director of Knowledge Hub

Ar-razi for North Africa, MENAHRRA; Member, Mentor International Scientific Advisory Network (drug abuse prevention in youth); former focal point/expert on prevention, United Nations Office on Drug Control and Crime Prevention (local network for North Africa); founding member, MedNET (advisory group on AIDS and drug abuse policies) of the Council of Europe, and member of the Reference Group to the United Nations on HIV and Injecting Drug Use.

Held consultancy roles with the WHO Regional Office for the Eastern Mediterranean, UNODC and other international institutions, research fellowships and the National Institute on Drug Abuse of the United States. Published widely in the field of psychiatry, alcohol and drug abuse.

Member of the International Narcotics Control Board (since 2015). Member of the Standing Committee on Estimates (2015). Member of the Committee on Finance and Administration (2016).

About the International Narcotics Control Board

The International Narcotics Control Board (INCB) is an independent and quasi-judicial control organ, established by treaty, for monitoring the implementation of the international drug control treaties. It had predecessors under the former drug control treaties as far back as the time of the League of Nations.

Composition

INCB consists of 13 members who are elected by the Economic and Social Council and who serve in their personal capacity, not as government representatives. Three members with medical, pharmacological or pharmaceutical experience are elected from a list of persons nominated by WHO and 10 members are elected from a list of persons nominated by Governments. Members of the Board are persons who, by their competence, impartiality and disinterestedness, command general confidence. The Council, in consultation with INCB, makes all arrangements necessary to ensure the full technical independence of the Board in carrying out its functions. INCB has a secretariat that assists it in the exercise of its treaty-related functions. The INCB secretariat is an administrative entity of the United Nations Office on Drugs and Crime, but it reports solely to the Board on matters of substance. INCB closely collaborates with the Office in the framework of arrangements approved by the Council in its resolution 1991/48. INCB also cooperates with other international bodies concerned with drug control, including not only the Council and its Commission on Narcotic Drugs, but also the relevant specialized agencies of the United Nations, particularly WHO. It also cooperates with bodies outside the United Nations system, especially INTERPOL and WCO.

Functions

The functions of INCB are laid down in the following treaties: Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol; Convention on Psychotropic Substances of 1971; and United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988. Broadly speaking, INCB deals with the following:

(a) As regards the licit manufacture of, trade in and use of drugs, INCB endeavours, in cooperation with Governments, to ensure that adequate supplies of drugs are available for medical and scientific uses and that the diversion of drugs from licit sources to illicit channels

does not occur. INCB also monitors Governments' control over chemicals used in the illicit manufacture of drugs and assists them in preventing the diversion of those chemicals into the illicit traffic;

(b) As regards the illicit manufacture of, trafficking in and use of drugs, INCB identifies weaknesses in national and international control systems and contributes to correcting such situations. INCB is also responsible for assessing chemicals used in the illicit manufacture of drugs, in order to determine whether they should be placed under international control.

In the discharge of its responsibilities, INCB:

(a) Administers a system of estimates for narcotic drugs and a voluntary assessment system for psychotropic substances and monitors licit activities involving drugs through a statistical returns system, with a view to assisting Governments in achieving, inter alia, a balance between supply and demand;

(b) Monitors and promotes measures taken by Governments to prevent the diversion of substances frequently used in the illicit manufacture of narcotic drugs and psychotropic substances and assesses such substances to determine whether there is a need for changes in the scope of control of Tables I and II of the 1988 Convention;

(c) Analyses information provided by Governments, United Nations bodies, specialized agencies or other competent international organizations, with a view to ensuring that the provisions of the international drug control treaties are adequately carried out by Governments, and recommends remedial measures;

(d) Maintains a permanent dialogue with Governments to assist them in complying with their obligations under the international drug control treaties and, to that end, recommends, where appropriate, technical or financial assistance to be provided.

INCB is called upon to ask for explanations in the event of apparent violations of the treaties, to propose appropriate remedial measures to Governments that are not fully applying the provisions of the treaties or are encountering difficulties in applying them and, where necessary, to assist Governments in overcoming such difficulties. If, however, INCB notes that the measures necessary to remedy a serious situation have not been taken, it may call the matter to the attention of the parties concerned, the Commission on Narcotic Drugs and the Economic and Social Council.

As a last resort, the treaties empower INCB to recommend to parties that they stop importing drugs from a defaulting country, exporting drugs to it or both. In all cases, INCB acts in close cooperation with Governments.

INCB assists national administrations in meeting their obligations under the conventions. To that end, it proposes and participates in regional training seminars and programmes for drug control administrators.

Reports

The international drug control treaties require INCB to prepare an annual report on its work. The annual report contains an analysis of the drug control situation worldwide so that Governments are kept aware of existing and potential situations that may endanger the objectives of the international drug control treaties. INCB draws the attention of Governments to gaps and weaknesses in national control and in treaty compliance; it also makes suggestions and recommendations for improvements at both the national and international levels. The annual report is based on information provided by Governments to INCB, United Nations entities and other organizations. It also uses information provided through other international organizations, such as INTERPOL and WCO, as well as regional organizations.

The annual report of INCB is supplemented by detailed technical reports. They contain data on the licit movement of narcotic drugs and psychotropic substances required for medical and scientific purposes, together with an analysis of those data by INCB. Those data are required for the proper functioning of the system of control over the licit movement of narcotic drugs and psychotropic substances, including preventing their diversion to illicit channels. Moreover, under the provisions of article 12 of the 1988 Convention, INCB reports annually to the Commission on Narcotic Drugs on the implementation of that article. That report, which gives an account of the results of the monitoring of precursors and of the chemicals frequently used in the illicit manufacture of narcotic drugs and psychotropic substances, is also published as a supplement to the annual report.

Since 1992, the first chapter of the annual report has been devoted to a specific drug control issue on which INCB presents its conclusions and recommendations in order to contribute to policy-related discussions and decisions in national, regional and international drug control. The following topics were covered in past annual reports:

- 1992: Legalization of the non-medical use of drugs
- 1993: The importance of demand reduction
- 1994: Evaluation of the effectiveness of the international drug control treaties
- 1995: Giving more priority to combating money-laundering
- 1996: Drug abuse and the criminal justice system
- 1997: Preventing drug abuse in an environment of illicit drug promotion
- 1998: International control of drugs: past, present and future
- 1999: Freedom from pain and suffering
- 2000: Overconsumption of internationally controlled drugs
- 2001: Globalization and new technologies: challenges to drug law enforcement in the twenty-first century
- 2002: Illicit drugs and economic development
- 2003: Drugs, crime and violence: the microlevel impact
- 2004: Integration of supply and demand reduction strategies: moving beyond a balanced approach
- 2005: Alternative development and legitimate livelihoods
- 2006: Internationally controlled drugs and the unregulated market
- 2007: The principle of proportionality and drug-related offences
- 2008: The international drug control conventions: history, achievements and challenges
- 2009: Primary prevention of drug abuse
- 2010: Drugs and corruption
- 2011: Social cohesion, social disorganization and illegal drugs
- 2012: Shared responsibility in international drug control
- 2013: Economic consequences of drug abuse
- 2014: Implementation of a comprehensive, integrated and balanced approach to addressing the world drug problem
- 2015: The health and welfare of mankind: challenges and opportunities for the international control of drugs
- 2016: Women and drugs

Chapter I of the report of the International Narcotics Control Board for 2017 is entitled “Treatment, rehabilitation and social reintegration for drug use disorders: essential components of drug demand reduction”.

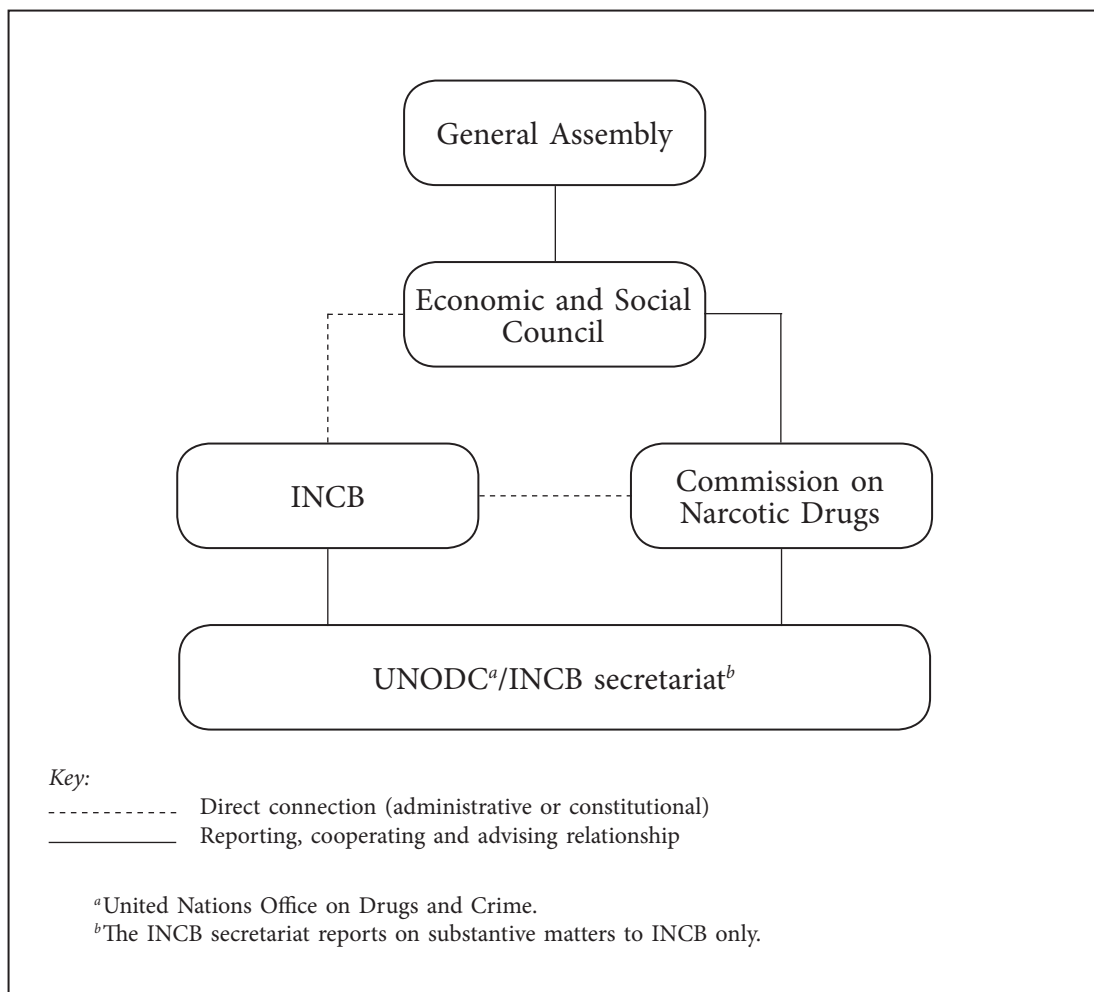
Chapter II presents an analysis of the operation of the international drug control system based primarily on information that Governments are required to submit directly to INCB in accordance with the international drug control treaties. Its focus is on the worldwide control of all licit activities related to narcotic drugs and

psychotropic substances, as well as chemicals used in the illicit manufacture of such drugs.

Chapter III presents some of the major developments in drug abuse and trafficking and measures by Governments to implement the international drug control treaties by addressing those problems.

Chapter IV presents the main recommendations addressed by INCB to Governments, UNODC, WHO and other relevant international and regional organizations.

United Nations system and drug control organs and their secretariat





INTERNATIONAL NARCOTICS CONTROL BOARD

The International Narcotics Control Board (INCB) is the independent monitoring body for the implementation of United Nations international drug control conventions. It was established in 1968 in accordance with the Single Convention on Narcotic Drugs, 1961. It had predecessors under the former drug control treaties as far back as the time of the League of Nations.

Based on its activities, INCB publishes an annual report that is submitted to the United Nations Economic and Social Council through the Commission on Narcotic Drugs. The report provides a comprehensive survey of the drug control situation in various parts of the world. As an impartial body, INCB tries to identify and predict dangerous trends and suggests necessary measures to be taken.

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