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Reports by intergovernmental organizations on drug control activities^{**}

Report of the Secretariat

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	Central Asian Regional Information and Coordination Centre for Combating Illicit Trafficking of Narcotic Drugs, Psychotropic Substances and their Precursors (CARICC) Commonwealth of Independent States (CIS) European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

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^{**} This conference room paper reproduces the contribution of intergovernmental organizations in the form in which they were received.



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^{*} E/CN.7/2018/1.

I. Introduction

1. Intergovernmental organizations active in the field of international drug control were invited to submit to the sixty-first session of the Commission on Narcotic Drugs concise reports on their activities conducted in the year 2017. By 24 February 2018, the following organizations submitted reports to the Secretariat: the Central Asian Regional Information and Coordination Centre for Combating Illicit Trafficking of Narcotic Drugs, Psychotropic Substances and their Precursors (CARICC), the Commonwealth of Independent States (CIS), the European Monitoring Centre for Drugs and Drug Addiction and the Colombo Plan.

II. Central Asian Regional Information and Coordination Centre for Combating Illicit Trafficking of Narcotic Drugs, Psychotropic Substances and their Precursors (CARICC)

2. In the territories of CARICC member States, IRA, IRI and IRP, jointly with the UNODC, implemented the Regional Operation "Reflex" aimed at counteracting the spread of NPSs, other synthetic narcotic drugs and psychotropic substances. A draft long-term Regional Programme on the system-wide fight against organized crime through the weakening of its financial resources has been developed and agreed with CARICC member States.

3. CARICC assisted in implementing eight joint operations, including controlled deliveries with the involvement of the competent authorities of CARICC member States and partners. Activities of two transnational criminal groups engaged in the distribution of synthetic drugs via the Internet were interdicted; 11 persons were arrested; more than 8 kg of heroin, 41.5 kg of opium, 36 kg of hashish, 0.4 kg of synthetic drugs were seized. An exercise controlled delivery was conducted along the "Northern" route of smuggling of Afghan opiates. As a result, methodological recommendations were prepared. Twenty-two joint verifications were carried out related to the seizure cases of particularly large consignments of narcotic drugs and their precursors, during which partners from Canada, Czechia, Georgia, Republic of Moldova, Turkey, Ukraine, and the United States of America interacted.

4. Eight reviews of the drug situation in Afghanistan and CARICC member States, trends in the illicit trafficking of precursors were prepared and sent out to the competent authorities of CARICC member States and partners. Information Bulletins on various aspects of combating drug trafficking, rapid analyses on large seizure cases, surveys on the methods to conceal drugs were distributed on a monthly basis, as well as weekly reports based on information from mass media concerning drug seizures and anti-drug events.

5. Three meetings of the National Coordinators Council of CARICC member States were held; the rotation of Director of CARICC was carried out, CARICC's Development Strategy for 2018–2022 was approved; and Mongolia was granted an observer status with CARICC.

6. Work to implement UNODC's recommendations in the field of improving the legal framework of CARICC; work on the introduction of standard operating procedures for personnel management, financial and material resources was carried out.

7. CARICC staff participated in 14 training workshops as trainers, attended by more than 160 employees of the competent authorities of CARICC member States. Thirteen training seminars were held at CARICC facilities.

8. Anniversary events were held in Almaty in honour of 10 years of the establishment of CARICC with the participation of representatives of the competent authorities of CARICC member States and partners.

III. Commonwealth of Independent States (CIS)¹

9. Within the Commonwealth of Independent States (CIS), in view of the emerging upward trend in the number of drug-related offences (which during the first nine months of 2017 increased by an average of 5.8 per cent across the CIS region) and the likelihood that the drug problem will continue to grow, efforts to further develop the legal and regulatory framework for cooperation and to strengthen the system of coordination and collaboration among the CIS member States and bodies in combating the illicit traffic in narcotic drugs, psychotropic substances and their precursors have continued.

10. On 11 October 2017, the Heads of State of the CIS member States signed a protocol on the procedure for the transfer of narcotic drugs, psychotropic substances and their precursors, firearms and their essential parts, ammunition, explosives and explosive devices where such items constitute material evidence in criminal cases. The implementation of the protocol will help to further deepen cooperation in the detection and investigation of offences committed in the territories of several States.

11. In order to strengthen the legal mechanisms for cooperation between the competent authorities in relation to the emergence of new psychoactive substances and drugs, a draft protocol amending the Agreement on Cooperation among the States Members of the Commonwealth of Independent States in Combating the Illicit Traffic in Narcotic Drugs, Psychotropic Substances and Precursors, of 30 November 2000, has been drawn up. The protocol is to be signed by the Heads of Government of the CIS member States in 2018.

12. Within the framework of implementation of the Programme for Cooperation among the States Members of the Commonwealth of Independent States in Combating the Illicit Traffic in Narcotic Drugs, Psychotropic Substances and Their Precursors and in Countering Drug Addiction, covering the period 2014–2018, a number of agreed preventive law enforcement measures were carried out over the course of 2017, as a result of which more than 12 tons of narcotic drugs, more than 60 kg of psychotropic substances and 6 tons of precursors were seized, 70 channels for their transportation were shut down, illicit drug crops covering an area of approximately 5 hectares were eradicated, 53,868 drug trafficking offences were detected and 38,724 persons were criminally prosecuted.

13. In order for the competent authorities to be able to exchange information online, an information platform for national lists of narcotic drugs, psychotropic substances and their precursors, and for registers (lists) of new potentially dangerous psychoactive substances and analogues and derivatives of narcotic drugs whose trade is prohibited under the national legislation of the CIS member States, has been created and is being updated.

14. Active cooperation in the area of training, advanced training and retraining of the personnel of counter-narcotics units has continued.

IV. European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

15. The EMCDDA provides the EU and its member States with a factual overview of European drug problems and a solid evidence base to support the drugs debate. In pursuit of these aims, in 2017, the EMCDDA undertook a number of activities to improve the quality and comparability of drug information in the EU, working closely with its Reitox network of 30 national focal points.

16. Key results of the EMCDDA's work were released in June in an annual information package — the European Drug Report — with a summary of the main developments in the European drug situation supported by web-based data and

¹ This is an official translation into English of the original text, which was submitted in Russian.

statistics and a new set of 30 Country Drug Reports, graphic rich overviews of the national trends, drug-related problems and responses in all reporting countries.

17. 2017 was the first year of the implementation of the agency's Strategy 2025 which sets the EMCDDA's vision to contribute to a healthier and more secure Europe, through better informed drug policy and action. Among the various implementing measures, the EMCDDA adopted: the Reitox Development Framework which defines the main priorities and guides the future work of the Reitox network, and the International Cooperation framework which guides its future work with third countries and international organisations.

18. The EMCDDA plays a key role in identifying, monitoring and responding to new psychoactive substances (NPS) through the EU Early Warning System (EWS), which has been operational since 1997. The monitoring of NPS in Europe continued in 2017 with 52 NPS being reported for the first time to the EMCDDA and Europol via the EU EWS. A total of over 670 NPS are monitored through the system. In 2017, the EMCDDA responded to substances that pose health concerns by conducting nine EU-level risk assessments on four new synthetic cannabinoids and on five new fentanils.

19. The EMCDDA launched the first triennial *Health and social responses to drug problems: a European guide*. This guide and its package of online materials provide a reference point for planning or delivering health and social responses to drug problems. It aims to assist those involved in tackling these challenges to develop new programmes and improve existing ones. Offering further support to policymakers, the agency produced a 7 step Guide to drug policy evaluation and initiated a cannabis policy alert system providing regular online updates of global developments in this area. The EMCDDA co-organized the second European Conference on Addictive Behaviours and Dependencies (Lisbon Addictions), a multidisciplinary conference providing a forum for networking across the addiction fields. Over 600 participants from 58 countries attended.

20. The EMCDDA and Europol published the joint report Drugs and the darknet: perspectives for enforcement, research and policy. It provides a contemporary understanding of how such markets function, including a conceptual framework for understanding the phenomenon and an EU-focused analysis of drug supply on darknet markets.

21. In 2017, the EMCDDA chaired the network of nine EU Justice and Home Affairs agencies which plays a key operational, coordination and advisory role in the implementation of EU priorities in the areas of freedom, security and justice. During the EMCDDA's chairmanship the network examined links between migration, security and health issues and put the spotlight on the increased role of the internet and the use of cyberspace for criminal purposes, as well as the implications this has for the work of the EU institutions and the agencies.

22. The EMCDDA finalized a technical cooperation project with candidate and potential candidate countries to the EU (IPA 5) and started a new one (IPA 6). Under these projects, experts from the Western Balkan countries attended EMCDDA expert meetings on key epidemiological indicators to further strengthen their capacity to collect and analyse drugs data following EU standards. The EMCDDA continued to support these countries in the establishment of an EWS at national level and providing assistance to the building of a National Drug Observatory. The EMCDDA signed a working agreement with the Federal Office of Public Health of Switzerland and continued to cooperate with countries from Latin America, the Caribbean, and Central Asia, namely in the framework of two EU-funded projects: COPOLAD II and CADAP 6, respectively.

V. The Colombo Plan

The Colombo Plan Drug Advisory Programme

23. The Drug Advisory Programme (DAP) was established as a permanent programme of the Colombo Plan with the primary aim of addressing the growing drug abuse and trafficking concerns in the Asia-Pacific region. Since its inception in 1973, DAP has assisted the Colombo Plan member and non-member countries in formulating effective policies and in crafting practical solutions to address Substance Use Disorders (SUD) through innovative science-based approaches and strong grassroots partnerships. DAP continues the partnership concept of self-help and mutual cooperation in its activities which include the opportunity for contribution and collaboration from government and civil society partners, and aims to empower each member country to identify its priority needs and seek assistance that is best suited for the country.

24. DAP conducts various programmes in both drug demand reduction (DDR) and drug supply reduction for nations in all parts of the world that require assistance. In an effort to promote evidence-based practices and build a global network of DDR professionals, DAP develops and disseminates evidence-based curricula such as Universal Treatment Curriculum (UTC), Universal Prevention Curriculum (UPC), Guiding Recovery of Women (GROW), Recovery Coach (RC) and Child Intervention for Living Drug-Free (CHILD).

25. DAP embarks on annual activities which are designed to meet the DDR and cultural needs of different countries. In 2017, DAP supported 104 specialized treatment programmes including Outreach Drop-in Centres, and outpatient, home-based, and residential facilities for children, adolescent, men and women. These programmes benefitted 25,876 individuals in Afghanistan, Indonesia, Pakistan and Philippines. To enhance the capacity of DDR workforce globally, DAP trained 2,889 treatment practitioners from 45 countries, including 450 treatment staff in Afghanistan alone. These programmes included UTC, UPC, CHILD, Preventive Drug Education (PDE) and youth.

26. Some of the key activities carried out during the period included Global Child Substance Use Disorder Treatment Programme Development Meeting, Expert Consultation on Addressing Substance Use in Asia Pacific, Southeast Asia Sub regional Drug Focal Point Meetings, Annual Consultation of Afghanistan Drug Demand Reduction Stakeholders and the 2nd International Consortium of Universities on Drug Demand Reduction (ICUDDR) International Conference. DAP brings together DDR stakeholders to discuss the common concern of substance use and abuse, and to formulate plans for both DDR and supply reduction. More than a thousand government officials, diplomats, scientists, academicians, researchers, media personnel, representatives of civil society organizations and families from 50 countries attended 16 DAP conferences and meetings.

27. For almost a decade, DAP's presence has been the biggest in Afghanistan. Each year, thousands of Afghans benefit from DAP projects such as *Preventive Drug Education (PDE)* and *Assistance to Specialised Treatment Centres for Drug Dependence in Afghanistan*. DAP supports 86 treatment programmes and PDE in schools in 24 provinces. In recent years, the development and implementation of the *Rural-based Prevention and Treatment for Substance Use Disorders for Afghanistan* has made prevention and treatment of SUDs more assessable to population in rural provinces.

28. Experts through DAP's Expert Advisory Network provide technical assistance to governments and civil society organizations globally. This group plays an integral part in sustaining DAP networks by providing consultation and capacity-building. The group, made up of diverse backgrounds, provide a dynamic, multi-perspective and wide-ranging approach towards DDR.

29. The International Centre for Credentialing and Education of Addiction Professionals (ICCE), DAP's credentialing arm, in collaboration with the National Association of Alcohol and Drug Abuse Counsellors (NAADAC) in USA developed three levels of *International Certified Addiction Professional (ICAP)* credentials i.e. *ICAP I, ICAP II and ICAP III* for treatment professionals. In addition, a *Recovery Coach (RC)* credential was also developed to aid in the public identification of individuals who are competent in the service delivery of peer-peer support, facilitating the use of resources and community reintegration. DDR professionals who have completed the UTC and RC training programmes are encouraged to sit for the ICAP and RC credentialing examinations. In the last year, 13 credentialing examinations were conducted in 12 countries and 298 Addiction Professionals received their credentials.

30. DAP is fully dedicated to meeting the challenges of the DDR field in the next decade by responding to the evolving threats of new psychoactive substances and emerging SUD populations. DAP will continued to develop special programmes which are suitable to individual country and provide technical assistance to its member and non-member countries to contribute to the global effort in DDR and supply reduction.