ORGANIZATION OF AMERICAN STATES (OAS)  
INTER-AMERICAN DRUG ABUSE CONTROL  
COMMISSION (CICAD)  

EMERGING DRUGS AND EARLY WARNING SYSTEM  
ON DRUGS (EWS) IN THE AMERICAS  

Canada  

Inter-American Drug Abuse Control Commission(CICAD)  
Inter-American Observatory on Drugs(OID)
Topics

- Opioids
- New psychoactive substances
- Internet drug sales
- Response to new challenges: EWS - SATA
OPIOIDS
What are opioids?

Generic term applied to:

- Natural opiates: Opium, morphine, codeine, thebaine
- Synthetic opioids: Tramadol, fentanyl, methadone, pethidine
- Semi-synthetic opioids: Heroin, hydrocodone, oxycodone
- NPS with opioid effects: (contains fentanyl analogues) Acetyl Fentanyl

Precursors:

- Poppy plant
- Precursors
- Morphine Derivative
- Codeine or thebaine derivative
- Thebaine derivative
- Precursors
SYNTHETIC OPIOIDS

- **Opioids**: Use for non-medical purposes can have serious health consequences.
- **Tolerance and dependence**: Tolerance and dependence develop very fast and can reach extreme levels.
- **Each episode of use**: Each episode of use for non-medical purposes carries a high risk of overdose and death from respiratory depression.


**Carfentanil**: first synthesized in 1974. Undergoing international control in 2018. It is 10,000 times more potent than morphine. It is intended only for veterinary purposes in large animals.
Deaths from overdose. United States, 2019

- **Deaths from overdose (DO):** 71,130 (81,000 until June 2020)
- **Opioid deaths (OD):** 50,178 (70.5% DO)
- **Deaths from synthetic opioids (not methadone) - fentanyl:** 36,603 (72.9% OD)

- **Cocaine deaths:** 16,024 (22.5% DO)
- **Deaths by Psychostimulants:** 16,342 (23% DO)


In the United States, 870,000 people have died from opioid-associated deaths from the early 1990s to 2019.
Number of deaths associated with synthetic opioids in Canada and the United States, 2016-2020*

- Canada: 1,628 apparent opioid toxicity deaths occurred between April and June 2020, representing the highest quarterly count since national surveillance began in 2016. This number also represents a 58% increase compared to January to March 2020 (1,029 deaths) and a 54% increase from the same time frame in 2019 (1,059 deaths).

Number of drug-related deaths in the United States, 2015-2020*

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020*</th>
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</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>13051</td>
<td>15551</td>
<td>15593</td>
<td>15102</td>
<td>14116</td>
<td>14055</td>
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<td>Cocaine</td>
<td>6841</td>
<td>10458</td>
<td>14069</td>
<td>14802</td>
<td>16024</td>
<td>18534</td>
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<tr>
<td>Psychostimulants</td>
<td>5777</td>
<td>7610</td>
<td>10435</td>
<td>12843</td>
<td>16342</td>
<td>19638</td>
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In 2019, CICAD/OID carried out a research project on opioids and other emerging drugs, in which five Latin American countries participated: Argentina, Mexico, Peru, the Dominican Republic and Uruguay.
Study in the Dominican Republic

- Descriptive quantitative-qualitative design to analyze the illicit demand for heroin and other opioids, together with the treatment available for these substances, in the Dominican provinces of Santo Domingo and Santiago.

- Data collection:
  - A census of 54 heroin users (48 men and 6 women, in outpatient and/or residential programs) of the ten treatment centers that participated in the study.
  - A non-probabilistic survey of 109 heroin users, who were not in treatment centers and who, for the most part, were surveyed in the vicinity of heroin outlets.
Results and main conclusions for the Dominican Republic

- The study found a high recidivism among people who are in treatment for opioid use.
- Patients mostly complete their treatment in residential-type programs that offer assisted medication, with some opioid agonist, mostly Suboxone.
- For the most part, people start using opioids abroad: 70% used heroin for the first time in the United States.
- 25% of heroin users started using in the Dominican Republic.
Results and main conclusions for the Dominican Republic

• In recent years, a local heroin market has emerged in the Dominican Republic.
• The diversion of opioid agonists to the illicit market has been observed.
• Establishment of specific treatment standards is required from the health authority for opioid substitution therapy under medical supervision.
Results and main conclusions for the Dominican Republic

• The statement that fewer women than men access treatment must be observed with caution, as it is very likely that this is due to a lower offer of treatment for women.

• A lack of treatment offer oriented to the specific needs of the female gender was observed where, for example, there is no caution in having spaces for the care of children or similar schedules so that they can access treatment.
General conclusions for 5 countries

Low prevalence
- In general terms and comparatively with other drugs that are produced in the region or are more traditional.

Availability facilitates use
- As observed in the health personnel of Argentina and Uruguay.

Need generates a market
- Heroin-dependent users in the Dominican Republic.

Closeness to markets generates use
- As seen in the border cities of Mexico with the United States.

Opioid use exists, but has remained invisible
- It is not recorded in large population surveys.
- Of 5 countries, in 4 of them use was observed in specific population groups.
- We also know of use in other countries that were not part of these studies:
  - Presence of the "H" in Colombia and Ecuador.
  - Increased use of opioid medications in Chile.
### Gender
- Higher use of opioids in men than in women in crude numbers.
- Higher proportion of women develop dependence after being treated with opioid medications.
- The supply of treatment for women is lower and does not take into account issues such as childcare.
- Important risk factor for starting opioid use in women:
  - Their partners had opioid use disorders.

### Onset of heroin use
- Most began heroin use in countries and regions where heroin use is more common, such as in Europe or the United States.
- The Dominican Republic is a warning to other countries that experience signs of heroin or opioid use in specific populations.
### General conclusions for 5 countries (continuation)

<table>
<thead>
<tr>
<th>Opioid medications</th>
<th>Treatment</th>
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</thead>
</table>
| - In Argentina and Uruguay, use was observed in professionals and technicians who work in healthcare.  
- There is concern about use of various opioid medications via injection.  
- The use of fentanyl patches or its use in injected form was also observed.  
- Outside of the healthcare area, tramadol, morphine and suboxone are used without medical indication.  
- Use of opioid medications in suicide attempts. | - In Argentina and Uruguay substitute treatment with methadone, buprenorphine (generic) and suboxone is limited only to patients who work in the healthcare area.  
- The interviewed patients valued the treatment in residential type programs and assisted medication with an opioid antagonist. |
It is essential to generate updated information and technical guidelines to prevent or respond early to an opioid epidemic in the countries of Latin America and the Caribbean.

The COVID-19 pandemic has shown us the importance of anticipating and being prepared to respond adequately to an emerging epidemic that affects the health of the entire population.

Recommendations

The high prevalence of opioid-related drug use, poisoning, and deaths in Canada and the United States represent new challenges not only for those countries, but also for the entire Hemisphere.
NEW PSYCHOACTIVE SUBSTANCES (NPS)
What are the New Psychoactive Substances?

- They are not controlled by international drug conventions.
- They have become available recently.
- They are associated with serious health risks.
- Imitate the effects of traditional drugs.
### Main alerts reported to SATA in 2018 and 2019

<table>
<thead>
<tr>
<th></th>
<th>Argentina</th>
<th>Chile</th>
<th>Colombia</th>
<th>Uruguay</th>
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</thead>
<tbody>
<tr>
<td><strong>Cannabis</strong></td>
<td></td>
<td>Creepy/Crippy</td>
<td>Crippy</td>
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<tr>
<td><strong>Cocaine</strong></td>
<td>Injected cocaine</td>
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<tr>
<td><strong>Ecstasy</strong></td>
<td></td>
<td>MDMA</td>
<td></td>
<td>MDMA</td>
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<tr>
<td><strong>Phenethylamines</strong></td>
<td>2,5-dimethoxy-4-ethylamphetamine (2C-E) (three alerts)</td>
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<tr>
<td></td>
<td>2,5-dimethoxy-4-iodoamphetamine (DOI)</td>
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<tr>
<td></td>
<td>25I-NBOMe (2C-I-NBOMe)</td>
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<td></td>
<td>25I-NBOH (NBOH-2CI, Cimbi-27, 2-C-I-NBOH)</td>
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<tr>
<td><strong>LSD (Lysergic acid diethylamide)</strong></td>
<td></td>
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<td>LSD</td>
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<tr>
<td><strong>Controlled prescription drugs</strong></td>
<td>Cyclopentolate</td>
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<tr>
<td><strong>Opioids</strong></td>
<td>Nalbuphine</td>
<td>Medicines</td>
<td>Other opioids</td>
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<tr>
<td></td>
<td>Remifentanil</td>
<td></td>
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<tr>
<td><strong>Plant- and animal-based substances</strong></td>
<td>Angel’s trumpet</td>
<td>DMT (N-Dimethyltryptamine)</td>
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<td>Bufotenin</td>
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<td></td>
<td>Bufotenin</td>
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<tr>
<td><strong>Chemical substances/precursors</strong></td>
<td>Butanediol</td>
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</table>
SALE OF DRUGS THROUGH THE DARKNET
Synthetic drugs: Easy to produce, transport, send (Courier), camouflage and sell - purchase / sell drugs through the darknet
Sale of drugs through the darknet

- The purchase of drugs through the Internet, in particular the "dark network", has increased in recent years.
- As the "dark network" cannot be accessed through traditional web searches, buyers and sellers access through the "Onion Router" (TOR) to ensure that their identities remain hidden.
- Products are typically paid in bitcoins or in other crypto-currencies and are often delivered through postal services.
- The content circulates in encrypted networks, which use the World Wide Web, but which require special access programs or authorizations.
RESPONSE TO NEW CHALLENGES
EARLY WARNING SYSTEM (EWS) DEFINITION

“It is a low cost mechanism to share information about new threats and trends”.

• It is a system that quickly collects and disseminates information on threats to public health and safety, posed by new or existing psychoactive substances, so that rapid and effective responses can be developed and implemented.
EARLY WARNING SYSTEM ON DRUGS HISTORY

• They originate in Europe in response to "designer drugs".

• They try to deal with the lack of regulation of these new drugs.

• In Europe, the EWS addresses 3 specific actions:
  1. Exchange of information
  2. Risks evaluation
  3. Control / Decision Making
EXAMPLE OF EWS - CHILE
The network consolidates, analyzes and disseminates drug information
EXAMPLE OF EWS - URUGUAY

GLOBAL SMART PROGRAMME - UNODC

ASSE

Armed forces

Care and Treatment Centers

Ministry of Social Development

Judiciary

Ministry of Interior

National Customs Directorate

Ministry of Health

National Drug Board

University of the Republic

Ministry of Education and Culture

General Population

EWS from other countries and SATA
HOW CICAD/OID PLAN TO ADDRESS THE DEVELOPMENT OF A EWS?

• Training and capacity building
• Technical support
• Tool delivery: training modules
• Development of a Hemispheric Early Warning System (SATA, by its Spanish acronym*)

*SATA: Early Warning System for the Americas.
Early Warning System for the Americas

SATA
(by its Spanish acronym)
VISION OF THE REGIONAL EWS (SATA)

Exchange of information

Once a new psychoactive substance or a new market trend is detected, the Member State ensures that information on the manufacture, traffic and/or drug use is transmitted to its National EWS and then to CICAD/OID /SATA, through the National Observatories or some equivalent institution.
PROGRESS IN THE EARLY WARNING SYSTEMS OF THE COUNTRIES OF Latin America
Establish an **Inter-Institutional Working Group** on the drug problem, focused on the problem of emerging drugs.

This Working Group **should meet periodically**.

The coordination of the Bureau should be at the **National Observatory on Drugs**, linked to the National EWS.

To the extent that emerging drugs are detected, **alerts should be generated**.

The EWS can also determine which drugs pose a greater risk to public health and **propose the relevant control mechanisms**.
STRATEGIC PRIORITIES IN THE HEMISPHERE

• New psychoactive substances -NPS- in the Hemisphere.
• Heroin, fentanyl, tramadol and other opioids.
• Strengthen the OID data collection system.
• Expand the work on drug supply control indicators.
• Training and capacity building.
• Generation of hemispheric reports and information bulletins - periodically.
STRATEGIC PRIORITIES IN THE HEMISPHERE

• Regional efforts, in particular to support national drug observatories and the development of DINs and EWSs.
• Extension of the treatment data protocol.
• Additional studies on the use of psychoactive substances in secondary school students and university students.
• Other national studies on drug use.
STRENGTHENING OF LABORATORIES

• Improve infrastructure and laboratory analysis capacity.
• Training for professionals who work in laboratories.
• Modernize drug analysis equipment.
• Report findings on NPS and other emerging drugs.
• Contribute to the generation of alerts and work in coordination with the National EWS.
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