

survey results indicated that the abused substances had been obtained from friends (54 per cent), purchased at specialized shops (33 per cent) or purchased over the Internet (7 per cent).

756. According to EMCDDA, an estimated 1 million people receive treatment for drug abuse in the European Union each year. In the European Union, the average age of people entering treatment for drug abuse is increasing: 20 per cent of people entering such treatment are over 40 years of age.

757. Opiates are the main problem drug among persons receiving treatment for drug abuse in Europe. According to EMCDDA statistics, in the European Union, opiates account for 51 per cent of new cases requiring such treatment; opiates are followed by cannabis (23 per cent), cocaine (17 per cent), stimulants other than cocaine (5 per cent) and other drugs. EMCDDA statistics covering 19 countries in Europe revealed that the demand for treatment for heroin abuse has been increasing in many countries in recent years and that about half of problematic opioid abusers receive opioid substitution treatment. The number of new treatment cases for which cannabis is the main drug of abuse is declining in most countries. In the United Kingdom, however, the number of people under 18 years of age who are being treated in England for cannabis abuse has increased by over 40 per cent since the period 2005-2006.

758. During the period 2004-2008, drug-induced deaths accounted for, on average, 4 per cent of all deaths among people aged 15-39 in the European Union, and three quarters of those drug-induced deaths were caused by opioids. According to the latest reports by EMCDDA, the decrease of 23 per cent in drug-related deaths in the period 2000-2003 was reversed between 2003 and 2008-2009, with over half of the reporting countries in Western and Central Europe recording an increase in the number of drug-induced deaths between 2007 and 2008. In the United Kingdom, drug-related deaths decreased by 6.2 per cent from 2008 to 2009; and the number of deaths caused by cocaine fell sharply in 2009 after peaking in 2008. Deaths caused by the abuse of cocaine in conjunction with other drugs accounted for 21 per cent of drug-related deaths. According to EMCDDA, 30-50 per cent of HIV-positive persons who abuse drugs by injection in Western and Central Europe are unaware that they have been infected with HIV; and the prevalence of drug abuse by injection in Europe is estimated at 2.5 per 1,000 adults aged 15-64.

759. Polydrug abuse remains a key problem in Europe. In many European countries, more than a quarter of the people entering treatment for drug abuse reported having

concurrently abused cocaine and heroin. In Europe, cocaine (including "crack" cocaine) was the most frequently reported secondary drug of abuse among persons entering treatment for drug abuse. Many people undergoing treatment for cannabis abuse also reported the abuse of alcohol or other drugs.

760. The European Union Integrated Project Driving under the Influence of Drugs, Alcohol and Medicines, in which the degree of impairment caused by psychoactive drugs and their impact on road safety were studied, revealed that among all seriously injured drivers sampled between 2007 and 2010 in Belgium, Denmark, Finland, Italy, Lithuania and the Netherlands, the most prevalent substances identified after alcohol were THC (0.5-7.6 per cent) and benzodiazepines (0-10.2 per cent). The study also found that, among drivers killed in the period 2006-2009 in Finland, Norway, Portugal and Sweden, the most prevalent substances sampled were benzodiazepines (1.4-13.3 per cent), amphetamines (0-7.4 per cent) and THC (0-6.1 per cent).

E. Oceania

1. Major developments

761. An increase in the smuggling of cocaine into Oceania has posed a new challenge to drug control efforts in that region. In Australia, the number of cocaine-related offences has increased significantly in the past decade. The 2010 National Drug Strategy Household Survey report of the Australian Institute of Health and Welfare reveals that the annual prevalence rate of cocaine abuse in that country is higher than ever before. Large shipments of cocaine from South and Central America continue to be detected at the Australian border. Furthermore, according to the Australian law enforcement authorities, availability of cocaine has increased nationwide, despite the fact that the price of cocaine in Australia is significantly higher than in many other countries of the region. New Zealand, Fiji and Tonga have also reported an increase in cocaine seizures.

762. Organized crime syndicates are actively involved in drug trafficking in Oceania. Evidence shows that West African drug syndicates have established a significant presence in the region by trafficking heroin and methamphetamine into Australia and New Zealand. Furthermore, Mexican, Central American and South American crime syndicates have been identified as responsible for the smuggling of large shipments of cocaine into Australia. East and South-East Asian organized crime groups continue to maintain an advantage in smuggling crystalline methamphetamine

into Oceania. Sophisticated concealment methods used by organized crime syndicates are posing a significant challenge to detection by law enforcement authorities.

763. Increased abuse of pharmaceutical preparations for non-medical purposes (mainly over-the-counter and prescription analgesics containing narcotic drugs) is another notable trend in Oceania. In Australia, the annual prevalence rate of abuse of such preparations among persons aged 14 years and older increased considerably, from 3.7 per cent in 2007 to 4.2 per cent in 2010, the second highest rate since 1995. The most widely abused preparations are analgesics: 73 per cent of abusers of such preparations used over-the-counter analgesics in the past 12 months. The number of seizures of benzodiazepines for non-medical use has also increased significantly in the past two years. Illegal Internet pharmacies and diversion from licit distribution channels continue to be the main sources of supply of benzodiazepines. In New Zealand, the abuse of pharmaceutical preparations containing morphine or codeine is becoming more common.

764. The Board welcomes the accession of the Marshall Islands to the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 in November 2010. However, the Board notes that nine States in Oceania have yet to become parties to the international drug control treaties. Many of those countries have become trans-shipment areas and destinations for trafficked drugs and precursors. Their long coastlines have facilitated drug trafficking activities, and the growing abuse of cannabis and amphetamines has also become a concern. The Board has urged all States concerned, namely the Cook Islands, Kiribati, Nauru, Palau, Papua New Guinea, Samoa, Solomon Islands, Tuvalu and Vanuatu, to accede to the international drug control treaties to which they are not yet parties without further delay.

2. Regional cooperation

765. The Australasian Chemical Diversion Congress 2010 was held in Perth, Australia, in December 2010. The Congress, which is held annually, brought together experts from countries in the region of Asia and the Pacific to develop effective solutions to the increase in the illicit manufacture of drugs, which is directly linked to the diversion of precursor chemicals. Participants in the Congress called for close cooperation between law enforcement authorities, other government agencies and the chemical and pharmaceutical industry. In February 2011, a conference on the theme “Resilience in the Pacific: addressing the critical issues” was held in Wellington with the participation of senior officials of the Pacific Islands Forum secretariat and the Government of

New Zealand. The conference highlighted drug trafficking as a threat to safety and security in the region and participants called for cohesive efforts in addressing that threat.

766. The annual meeting of the Pacific Drug and Alcohol Research Network for 2011 was held in Fiji in August 2011. Representatives from 12 countries in the region and delegates from the World Health Organization and research institutes attended the meeting. Participants presented information on current drug- and alcohol-related issues affecting their countries. The meeting highlighted the importance of strengthening drug-related research and data collection and analysis in the region, including through the implementation of a regional cannabis survey with the assistance of UNODC and regional organizations.

767. The Australian Federal Police continued to expand the Pacific Police Development Programme in 2010. The programme supports capacity-building initiatives in various countries in the region, including Nauru, Papua New Guinea, Samoa and Tonga. Under the programme, various training workshops on practice and procedures in the area of criminal investigation and forums to enhance forensic capacity have been held across the region. In 2010, the Government of New Zealand continued to provide the drug control authorities of Fiji and Tonga with technical and financial assistance.

768. The traffic in drugs and precursors from East and South-East Asia has a serious impact on Oceania. In 2010, New Zealand and China signed a joint declaration with a view to reducing the smuggling of pharmaceutical preparations containing pseudoephedrine from China to New Zealand. In March 2011, the Australian Federal Police signed a memorandum of understanding with the National Narcotics Board of Indonesia with the aim of making efforts to combat drug trafficking more effective.

3. National legislation, policy and action

769. In February 2011, the Government of Australia endorsed a national drug strategy for the period 2010-2015, the three pillars of which are demand reduction, supply reduction and harm reduction. Within the framework of the strategy, seven “sub-strategies” will be updated or developed to address specific priorities, such as the abuse of pharmaceutical preparations for non-medical purposes and the strengthening of drug-related data collection and analysis.

770. Recognizing the serious threat posed by organized crime in Australia, the Government of Australia has introduced a series of countermeasures. In December 2010, the Commonwealth Organized Crime

Response Plan 2010-2011 was adopted with the aim of guiding national action to combat three forms of organized crime identified as priority risks, namely money-laundering, trafficking in and abuse of amphetamine-type stimulants and identity crime. In February 2011, the Government of Australia passed the Crimes Legislation Amendment Bill 2010 to ensure that law enforcement agencies have the powers necessary in order for them to carry out their tasks to disrupt organized crime. Furthermore, multi-agency teams responsible for investigating organized crime have been established across Australia.

771. In April 2011, new national guidelines on the remediation of sites used for the illicit manufacture of drugs were introduced in Australia. The guidelines set out a step-by-step process to be followed by law enforcement agencies in determining the remediation of contaminated sites, since 71 per cent of clandestine laboratories in Australia are found in residential areas and thus pose serious potential health and environmental risks. In July 2011, the Customs Act was amended to allow accredited customs officers to use body-scanning technology as one of the means of detecting drug couriers who conceal drugs internally.

772. In February 2011, the New Zealand Police updated its methamphetamine control strategy, which focuses on disrupting methamphetamine supply chains through intelligence-led operational activities. In August 2011, the Misuse of Drugs Amendment Act, which establishes that pharmaceutical preparations containing ephedrine or pseudoephedrine may be purchased only with a prescription, was approved by the Parliament of New Zealand.

773. Although countries in Oceania have not reported widespread abuse of synthetic cannabinoid receptor agonists that are not under international control, a recent increase in the availability of such substances and in reports of adverse effects associated with their abuse have led to increased public concern. As a result, in August 2011, the Government of New Zealand temporarily banned 43 products containing synthetic cannabinoids for a period of 12 months pending assessment by the health authorities as to whether those substances should be controlled. Several states in Australia have prohibited the sale of products containing synthetic cannabinoid receptor agonists.

774. In view of the increasing availability and abuse of new psychoactive substances, the Government of Australia has required import authorizations for 11 substances not under international control as of December 2010. These substances included

alkoxyamphetamines, BZP and 4-methylmethcathinone (mephedrone), the so-called “designer drugs” in the groups of stimulants and piperazines. Ketamine, a substance not under international control, was classified as a controlled substance in New Zealand in May 2010.

775. The Government of Fiji, with the assistance of UNODC, has established a national learning centre against money-laundering that provides computer-based training to law enforcement officials in that country. The Government of the Marshall Islands is funding a project for the period 2009-2013 to reduce substance-abuse problems in communities and to develop prevention strategies at the national and community levels. In Solomon Islands, a national youth policy for the period 2010-2015 has been drawn up, of which one of the key pillars is to reduce youth crime, including drug-related offences.

4. Cultivation, production, manufacture and trafficking

(a) Narcotic drugs

776. Cannabis continues to be the most commonly seized drug in Oceania. In Australia, it accounted for 70 per cent of drug seizures and for 76 per cent of the volume of drugs seized nationwide from July 2009 to June 2010. Nearly six tons of cannabis were seized, compared to 5.5 tons seized during the period July 2008-June 2009. From July 2009 to June 2010, the Australian customs authorities seized about 20 kg of cannabis, most of which was concealed in mail. The United States was the main country of embarkation for those shipments, followed by the United Kingdom and Papua New Guinea. Widespread domestic cultivation remains the main source of cannabis in Australia. According to the Australian authorities, there is a well-established link between criminal groups and large-scale commercial cultivation of cannabis in Australia. Between July 2009 and June 2010, three clandestine laboratories used for the extraction of cannabis oil were detected and dismantled.

777. Illicit cultivation of cannabis plant is the primary source of cannabis supply in New Zealand. In 2010, nearly 160,000 cannabis plants were eradicated, a similar number having been seized in 2009. In addition, 820 kg of cannabis herb were seized. The Netherlands was the main country of embarkation for shipments of cannabis herb seized at the New Zealand border, followed by the United Kingdom and France. The New Zealand authorities indicate that organized criminal groups have been linked with the large-scale cultivation and distribution of cannabis in New Zealand.

778. According to UNODC, cannabis plant is cultivated widely in Fiji, Papua New Guinea, Samoa, Solomon Islands, Tonga and Vanuatu. Some varieties of cannabis illicitly cultivated in those countries are regarded as some of the most potent available worldwide. Eradication campaigns have been carried out in Fiji and Solomon Islands.

779. The quantity of heroin seized in Australia decreased by 35 per cent from 295 kg during the period July 2008-June 2009 to 192 kg during the period July 2009-June 2010. However, preliminary data for the period from July 2010 to June 2011 indicated that heroin seizures had increased significantly compared with the period July 2009-June 2010. In November 2010, the Australian authorities detected and seized a shipment from Malaysia containing 168 kg of heroin, the fifth largest heroin seizure in Australian history. South-East Asia and West Asia remain the key source regions for heroin trafficked into Australia. Cambodia and Viet Nam have become major transit countries for heroin destined for the Australian market. Between July 2009 and June 2010, most seized shipments of heroin departed, in descending order, from Cambodia, Viet Nam, Afghanistan, Singapore and Pakistan. During the same period, shipments that had departed from Bangladesh, India and Nigeria were also seized, which indicates that traffickers are looking for new trafficking routes.

780. West African criminal groups have developed a significant presence in smuggling heroin into Australia. They have established their networks in Pakistan, India and countries in South-East Asia. Furthermore, nationals of East and South-East Asian countries continue to be involved in the Australian heroin market. It is expected that organized criminal groups will continue to target Australia as a destination for heroin, mainly as a consequence of increased opium production in South-East Asia and high heroin prices in Australia.

781. Large seizures of opium are not commonly reported in Oceania. However, recent seizures show that opium is increasingly being trafficked into Australia and New Zealand from the Islamic Republic of Iran. In March 2011, a shipment from the Islamic Republic of Iran containing 170 kg of opium was detected by the Australian customs authorities. The drug was concealed in 200 glass jars labelled as tomato paste. In May 2011, a further 10 kg of opium was detected in air cargo from the Islamic Republic of Iran. New Zealand also reported seizures of opium, the bulk of which had been trafficked from the Islamic Republic of Iran via India and Thailand.

782. There are indications that the cocaine market in Australia is expanding. From July 2009 to June 2010, a total of 782 kg of cocaine was seized in Australia, most of which had originated in Colombia and Peru. Cocaine shipments seized at the Australian border arrived from a variety of countries, chiefly from countries in North America and to a lesser extent from Central America and South America. During the same period, Nigeria emerged as a major embarkation country for cocaine shipments destined for Australia. Mexican, Central American and South American criminal groups have been involved in trafficking cocaine into Australia. In a joint operation carried out in October 2010, the Australian law enforcement agencies seized 464 kg of cocaine at a small sea port in Queensland, the third largest quantity of cocaine ever seized in Australia. Three traffickers with links to organized crime syndicates in Australia and South America were arrested after the cocaine was transferred from a large vessel in the Pacific Ocean to a small craft, which was used to transport the drugs to a non-commercial port. In May 2011, a joint operation led to the disbanding of a drug syndicate operating in Australia, Colombia and Panama and the seizure of 50 kg of cocaine suspended in barrels of hydraulic oil. In September 2011, a shipment of 270 kg of cocaine that had departed from Brazil was seized in Melbourne, Australia.

783. The quantity of cocaine seized in New Zealand has also increased, from 3 kg in 2009 to nearly 10 kg in 2010. Until recently, cocaine demand in New Zealand had been limited and New Zealand had been used as a transit country for cocaine shipments destined for Australia. However, it appears that the bulk of the cocaine seized in 2010 was intended to supply the New Zealand market. Most of the cocaine seized was carried by drug couriers arriving on flights from South America. Internal concealment, a method not commonly seen in New Zealand previously, has become a common *modus operandi*. Between September 2010 and April 2011, the New Zealand Customs Service detected seven drug couriers who were carrying drugs, including cocaine, methamphetamine and opium, internally.

784. In 2011, the law enforcement authorities of Fiji and Tonga seized small amounts of cocaine, some of which were believed to be destined for other countries.

(b) Psychotropic substances

785. Trafficking in amphetamine-type stimulants continues to be a serious concern in Australia. The illicit domestic manufacture of such substances remains robust. A record 585 clandestine laboratories used for the manufacture of amphetamine-type stimulants (other than MDMA ("ecstasy")) were dismantled between July 2009

and June 2010, compared with 297 during the period July 2008-June 2009, an increase of 97 per cent. In addition, 17 clandestine “ecstasy” laboratories were dismantled between July 2009 and June 2010. In June 2011, the Australian authorities dismantled one of the largest clandestine laboratories — with the capacity to manufacture up to 70 kg of methamphetamine and comparable quantities of “ecstasy” — ever to have been discovered in Australia. The operation resulted in the arrest of five criminals and the seizure of more than 2.5 tons of precursors. The criminals operating the laboratory were identified as the principal organizers of a drug syndicate involved in the manufacture and distribution of methamphetamine and “ecstasy” in Australia.

786. A small proportion of amphetamine-type stimulants seized in Australia continues to be smuggled from abroad. From July 2009 to June 2010, South Africa and Spain were the two main embarkation countries for shipments of such substances destined for Australia, followed by China (including Hong Kong). Seizure data for the period July 2009-June 2010 indicate that Singapore was used as a significant transit point for such shipments en route to Australia. Crystalline methamphetamine was smuggled primarily by post and by drug couriers travelling on commercial flights. Australian criminal groups with links to criminal groups based in East and South-East Asia maintain an advantage in trafficking crystalline methamphetamine into Australia. The quantity of amphetamine-type stimulants seized in Australia fell from 1,640 kg during the period July 2008-June 2009 to 671 kg during the period July 2009-June 2010, a decrease of 59 per cent. However, in May 2011, the Australian authorities seized 239 kg of methamphetamine, the largest quantity of that substance ever seized in Australia.

787. In New Zealand, the quantity of methamphetamine seized in 2010 reached 30 kg, about 65 per cent of which was trafficked from abroad. For the first time, the United Arab Emirates was identified as the main embarkation country for methamphetamine shipments bound for New Zealand via Australia, Hong Kong and Indonesia in 2010. In 2011, two shipments of methamphetamine, one from South Africa and the other from Hong Kong, China, were found to have been smuggled with the involvement of West African criminal groups. In addition, drug couriers from South-East Asia continue to smuggle crystalline methamphetamine into New Zealand. Given that New Zealand legislation on precursors used in the manufacture of amphetamine-type stimulants has been strengthened, it is likely that the smuggling of

methamphetamine into New Zealand will continue to increase.

788. In New Zealand, clandestine laboratories are another important source of illicitly manufactured amphetamine-type stimulants. In 2010, a total of 130 clandestine laboratories were dismantled, the majority of which had manufactured methamphetamine. Some were used for the extraction of pseudoephedrine from pharmaceutical preparations. Operation Hammerhead of the New Zealand Police led to the detection of laboratories used for the manufacture of methamphetamine, MDMA (“ecstasy”) and other drugs. In a separate operation carried out by the New Zealand Police in February 2011, a large methamphetamine manufacturing and supply chain was successfully disrupted, a clandestine methamphetamine laboratory was dismantled, 30 people were arrested and large quantities of methamphetamine were seized.

789. During the period 2009-2010, more than 15,000 methamphetamine tablets were seized by authorities in Fiji. Samoa and Tonga also reported methamphetamine seizures during the same period.

790. The quantity of MDMA (“ecstasy”) seized in Australia decreased by 50 per cent from the period July 2008-June 2009 to the period July 2009-June 2010, consistent with falling demand for the substance in that country. All of the shipments seized were of less than 1 kg. Canada was the primary embarkation country for “ecstasy” shipments destined for Australia, followed by Taiwan Province of China, the United States and Ireland. Domestic manufacture of “ecstasy” continues to be reported in Australia. Between July 2009 and June 2010, 17 clandestine “ecstasy” laboratories were destroyed.

791. In Australia, the non-medical use of benzodiazepines is an ongoing problem. The number of seizures of unauthorized imports of benzodiazepines increased substantially from 206 seizures during the period July 2008-June 2009 to 585 during the period July 2009-June 2010. Most of those shipments were ordered through illegal Internet pharmacies and dispatched by mail from India, Thailand, the United Kingdom and Pakistan. Benzodiazepines were also diverted from domestic licit distribution channels, inter alia, through over-prescription, forged prescriptions and the practice of obtaining prescriptions for controlled substances from multiple physicians (“doctor shopping”).

(c) Precursors

792. In Australia, legislative changes are making it increasingly difficult for traffickers to divert ephedrine and pseudoephedrine. Trafficking in ephedrine and

pseudoephedrine into Australia decreased significantly from July 2009 to June 2010. While East and South-East Asian countries (mainly China and Viet Nam) continue to be the main source countries of ephedrine and pseudoephedrine seized at the Australian border, Egypt was identified as the embarkation country of two shipments of ephedrine and pseudoephedrine seized in 2009 and 2010. In spite of a decrease in the quantity of those substances seized at the border, the large number of clandestine laboratories manufacturing amphetamine-type stimulants that have been detected in Australia shows that precursors continue to be diverted from various domestic sources. Between July 2009 and June 2010, 44 clandestine laboratories used solely for the extraction of ephedrine and pseudoephedrine from pharmaceutical preparations were identified.

793. The New Zealand national action plan for tackling methamphetamine resulted in fewer seizures of ephedrine and pseudoephedrine in 2010. A total of 967 kg was seized at the New Zealand border during that year, representing a decrease of 20 per cent from the record 1.2 tons seized during 2009. However, seizure data for the first four months of 2011 showed that ephedrine and pseudoephedrine continued to be trafficked from abroad in the form of pharmaceutical preparations. Between January and April 2011, at least 194 kg of ephedrine and pseudoephedrine were seized by the New Zealand Customs Service. In April 2011, a large shipment of tablets containing a total of 68 kg of pseudoephedrine was seized in New Zealand. While China remains a major source country, there are signs of an increasing diversity of sources for ephedrine and pseudoephedrine smuggled into New Zealand. At the same time, it appears that traffickers are adapting their *modi operandi*, increasingly smuggling small but multiple packages. Another notable trend is that some clandestine laboratories manufacturing amphetamine-type stimulants that were dismantled in New Zealand used alternative methods that do not require the use of ephedrine or pseudoephedrine, such as the use of P-2-P and the extraction of ephedrine from ephedra.

794. Evidence shows that Fiji is emerging as both a transit area and a final destination for illicit shipments of pseudoephedrine. Over the course of 2009 and 2010, at least eight shipments of pharmaceutical preparations containing pseudoephedrine were seized in Fiji en route to New Zealand. In July 2010, one of the largest recorded shipments of pharmaceutical preparations containing pseudoephedrine was seized in Fiji. The shipment had arrived from China via Australia and New Zealand. That seizure pointed to the possibility of domestic manufacture of amphetamine-type stimulants in Fiji.

Very few seizures of precursors have been reported by countries in Oceania other than Australia, Fiji and New Zealand, and the extent of precursor trafficking in those other countries is unknown.

(d) Substances not under international control

795. While demand for ketamine and GBL is very limited in Oceania, seizures of those substances continue to be reported. In Australia, 22 shipments of ketamine and 44 of GBL were seized between July 2009 and June 2010, most of which had been smuggled in mail. In New Zealand, abuse of GBL is particularly common both in nightclubs and at private parties. In April 2011, New Zealand customs officers detected two packages containing a total of 1.2 litres of GBL concealed in nail polish bottles that had arrived from the United States.

796. In New Zealand, some 45,000 "ecstasy" tablets were seized in 2010, nearly three times as many as in 2009. However, forensic analysis continues to show that such tablets contain very little or no MDMA; instead, they consist mainly of other substances, such as BZP, mephedrone, ketamine and caffeine. A clandestine laboratory dismantled in New Zealand in 2010 was found to have manufactured "ecstasy" tablets containing substances other than MDMA. The laboratory appeared to have been supplying significant quantities of "ecstasy" tablets on the New Zealand market.

5. Abuse and treatment

797. Cannabis remains the drug most commonly abused in Oceania, mainly owing to its availability and low price. In Australia, the annual prevalence rate of cannabis abuse increased from 9.1 per cent in 2007 to 10.3 per cent in 2010, following a steady decline between 1998 and 2007. A total of 1.9 million people were estimated to have abused cannabis in 2010. More than 50 per cent of the population aged 30-39 years had abused cannabis at some time in their lives, a proportion similar for both males and females within that group and higher than that of any other age group. In New Zealand, while there has been a decline in cannabis abuse among the general population in the past few years, the annual prevalence rate of such abuse among persons aged 15-45 years stands at 18 per cent.

798. MDMA ("ecstasy") is the second most widely abused drug in Australia. For the first time since 1995, the annual prevalence of "ecstasy" abuse in Australia decreased from its peak of 3.5 per cent in 2007 to 3 per cent in 2010, a rate nonetheless among the highest worldwide. Such abuse was highest among the population aged 20-29 years, of whom some 10 per cent had used

“ecstasy” in the previous 12 months. Abuse of amphetamine and methamphetamine has continued to decrease in Australia in recent years, the annual prevalence rate of such abuse falling slightly from 2.3 per cent in 2007 to 2.1 per cent in 2010.

799. In New Zealand, MDMA (“ecstasy”) is the second most commonly abused drug. A survey conducted in 2009 showed that persons who frequently abused “ecstasy” had used several other illicit drugs in the previous six months, including cannabis (89 per cent of respondents) and lysergic acid diethylamide (LSD) (47 per cent of respondents).

800. Cocaine abuse in Australia has been increasing steadily since 2004 and reached its highest level in 2010. Among persons aged 14 or older, the annual prevalence rate of cocaine abuse rose significantly, from 1.6 per cent in 2007 to 2.1 per cent in 2010 (i.e., the number of abusers of cocaine increased by 100,000). That increase was largely the result of an increase in abuse of that substance among females aged 20-29 years, from 3.1 per cent in 2007 to 5 per cent in 2010. A recent survey in Australia also reveals that cocaine abuse has increased significantly among persons living in large cities, persons with higher academic qualifications, employed persons and persons of the highest socio-economic status. In New Zealand, cocaine abuse has increased since 2003. Fiji, Samoa and Solomon Islands also reported abuse of cocaine.

801. The Australian authorities reported increased abuse of pharmaceutical preparations for non-medical purposes in 2010. In terms of lifetime prevalence, males are more likely than females to have used such preparations for non-medical purposes. The rate of abuse of tranquillizers is high among persons aged 20-29 years. In New Zealand, abuse of heroin illicitly manufactured using pharmaceutical preparations containing morphine or codeine (known as “homebake heroin”) is becoming more common.

802. It is estimated that between 14,500 and 25,000 persons abuse drugs by injection in countries of Oceania other than Australia and New Zealand; of that total, an estimated 1.4 per cent are infected with HIV. In French Polynesia, persons who abuse drugs by injection account for 11.7 per cent of the total population infected with HIV; in New Caledonia, they account for 10 per cent of that total and in the Federated States of Micronesia, 3.2 per cent.

803. In Australia, cannabis was the second most common substance of abuse (after alcohol) for which treatment was sought during the period July 2008-June 2009, accounting for 23 per cent of the total number of persons treated, followed by heroin (10 per

cent), amphetamine-type stimulants (9 per cent), benzodiazepines (1.5 per cent), methadone (1.5 per cent), MDMA (“ecstasy”) (1 per cent) and cocaine (0.3 per cent). The majority of persons who received treatment were aged 20-39 years. Overall, counselling has remained the most common treatment type (37 per cent), followed by detoxification (16 per cent). Of those who received treatment, 67 per cent were male, except in the case of treatment for abuse of benzodiazepines.

804. The number of Australians receiving opioid substitution treatment continues to rise, and the proportion of older persons within that group is increasing. On a randomly selected day in June 2010, a total of 46,000 persons were receiving opioid substitution treatment, an increase of more than 2,600 persons compared with 2009, consistent with the increase in substitution treatment in recent years. Of the total number of persons receiving such treatment, the proportion of persons aged 30 years and older increased from 72 per cent in 2006 to 82 per cent in 2010. Males accounted for about two thirds of the total number of persons treated in 2010. Consistent with previous years, approximately 70 per cent of persons treated in 2010 received methadone, while 30 per cent received buprenorphine or a combination of buprenorphine and naloxone. Opioid substitution treatment is also available in prisons in Australia.

805. In New Zealand, there are a variety of drug abuse treatment services targeting different population groups, including hospital-based or specialized services that incorporate detoxification and substitution therapy and services offered by non-governmental organizations that provide counselling, support and residential and intensive day treatment programmes. The Department of Corrections funds drug treatment units in prisons. There are also some services for the treatment of children and youth who abuse alcohol or drugs. In addition, the Community Alcohol and Drug Services (CADS) provides cost-free services relating to the abuse of alcohol and other drugs to people living in the Auckland region.

806. The Government of New Zealand has taken initiatives to increase the capacity of services for the treatment of drug abuse to treat abusers of methamphetamine. Since November 2009, a total of 80 additional residential treatment beds have been established and have served nearly 280 new admissions. In November 2010, the Government of New Zealand developed guidelines for interventions and treatment for the problematic use of methamphetamine and other amphetamine-type stimulants. The purpose of the guidelines is to provide health-care workers with practical

information on potential treatment options that can be used in a variety of settings and contexts.

807. With regard to other countries in Oceania, data from UNODC and school surveys conducted in some of those countries indicate that the abuse of cannabis and amphetamine-type stimulants, in particular among young people, remains a concern. School-based prevention activities appear to be developing, and treatment, where available, appears to be part of services relating to general and mental health. However, no comprehensive data are

available with regard to the extent and nature of drug abuse among the general population in those countries. Lack of drug abuse research and surveillance makes it difficult for the Governments of those countries to devise effective and targeted prevention and treatment policies and strategies. The Board therefore encourages the Governments of Australia and New Zealand to continue to share expertise and provide assistance in establishing routine monitoring of patterns and trends in drug abuse in other parts of Oceania.