

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.**